



**City of Waterbury
Special Education Department
Training Packet**

Asthma Protocol

Managing a student with asthma in a school setting requires creating and maintaining a safe environment, recognizing symptoms, and taking focused appropriate action whenever indicated. Here is an overview of basic management practices:

1. Individualized Asthma Action Plan (AAP):

- **Asthma Action Plan:** Be fully aware of the student's physician directed individualized AAP. In addition, collaborate with the student's parents/guardians and other health team members. The plan should outline daily management strategies, medication administration, and steps for dealing with asthma symptoms or an attack.
- **Plan Access:** Ensure all relevant staff have access to the student's AAP.

2. Medication Management:

- **Inhalers and Nebulizers:** Ensure the student has quick access to their rescue inhaler (usually albuterol) and, if needed, a spacer. Depending on the student's needs, a nebulizer might also be available.
- **Permission and Training:** Obtain necessary parental permissions and medical orders to administer medication.
- **3. Symptom Monitoring and Recognition:**
- **Early Symptoms:** Be diligent to recognize the early symptoms of an asthma attack, such as coughing, wheezing, shortness of breath, and chest tightness. Be aware of the student's individual asthma triggers (e.g., exercise, allergens, cold air, acute anxiety, etc.).
- **Communication with Student:** Teach students to communicate when they feel symptoms coming on and encourage them to carry and use their inhaler when possible.

4. Environmental Control:

- **Trigger Avoidance:** Reduce exposure to common asthma triggers such as dust, pet dander, pollen, smoke, acute stress, and strong odors. Make accommodations to avoid overly strenuous physical activities during poor air quality days. Collaborate with parents when in doubt or uncertain.
- **Clean Environment:** Regular cleaning routines and observations should focus on minimizing dust, mold, and allergen exposure in classrooms and common areas.

5. Physical Activity Guidelines:

- **Pre-Activity Planning:** For students with exercise-induced asthma, allow time for pre-activity inhaler use (if prescribed) and ensure sufficient warm-up routines. Have the rescue inhaler readily accessible during all physical activities.
- **Activity Monitoring:** Ensure staff supervising physical activities are aware of the student's asthma and how to manage symptoms that may arise during exercise.

6. Emergency Response Plan:

- **Recognizing an Attack:** Staff should be able to identify signs of a severe asthma attack such as severe shortness of breath, difficulty speaking, blue lips, and persistent symptoms not relieved by medication.

- **Immediate Action:** Follow the student's AAP during an attack, provide medication, and notify the parents, physician, or designated personnel immediately. If symptoms worsen or there is no improvement, call 911.
- **Emergency Contacts:** Keep emergency contact numbers readily accessible for immediate communication with the student's parents/guardians and healthcare provider.

7. Education and Awareness:

- **Student Education:** Educate the student when possible on asthma management, including the proper use of inhalers and recognizing signs of distress. Educate the student on self-management, when appropriate, including carrying their inhaler and communicating symptoms.

8. Communication and Documentation:

- **Parent and Provider Communication:** Maintain open lines of communication with the student's parents/guardians and healthcare provider to keep the AAP current and updated as needed.
Daily Monitoring: Document any medication administration, asthma symptoms, or interventions in the student's health record. Notify the parents and physician of any significant or concerning changes.

By following these practices, the school can promote a safe and supportive environment for students with asthma.

Diabetes Protocol

Basic management of a diabetic student in a school setting should focus on ensuring the student's safety, promoting their health, and maximizing their educational experience. Here are the fundamental aspects:

1. Blood Glucose Monitoring

- Monitor blood glucose levels as per physician orders, as well as before meals, during physical activities, and whenever symptoms of low or high blood sugar are felt or observed.
- Provide a private and safe space for blood glucose checks.

2. Insulin Administration

- Permit self-administration of insulin if the student is capable. If not, ensure that trained personnel assist in administering insulin.
- Ensure insulin supplies are stored securely but are accessible when needed.

3. Hypoglycemia Management (Low Blood Sugar)

- Be alert to signs like shakiness, sweating, dizziness, confusion, or irritability.
- Keep fast-acting glucose sources like juice, glucose tablets, or candy readily available in the classroom, with the student, or in designated locations.

4. Hyperglycemia Management (High Blood Sugar)

- Recognize symptoms such as increased thirst, frequent urination, and fatigue.
- Allow the student to drink water, use the restroom freely, and monitor blood sugar levels more frequently as needed and indicated.

5. Snacks and Meal Management

- Ensure that the student has access to snacks to prevent low blood sugar, especially before physical activities or if meals are delayed.
- Communicate with the cafeteria to accommodate the student's meal needs or permit them to bring food from home.

6. Emergency Action Plan

- Develop and communicate an emergency plan for severe hypoglycemia or hyperglycemia, with steps like administering glucagon or calling emergency services.
- Have emergency contacts readily available and updated.

7. Physical Activities

- Monitor blood sugar before, during, and after physical activities.
- Adjust food intake or insulin dosages if required for sports or exercise.

Summary

By following basic management steps, practitioners can ensure that students with diabetes remain healthy, safe, and able to focus on their education. Communication, monitoring, and having emergency plans in place are key elements.

Gastrostomy Tube Feeding Protocol

Managing a student with a Gastrostomy Tube (G-Tube) in a school setting requires ensuring safe feeding and care while enabling the student to participate in regular activities. Here's a basic management plan:

1. Individualized Health Care Plan (IHCP)

- An IHCP should be created and updated as indicated in collaboration with the school nurse, parents/guardians, and healthcare providers. The plan should include feeding schedules, G-tube care instructions, and emergency procedures.

2. Feeding Management

- **Feeding Plan:** Follow a prescribed feeding plan that includes the type and amount of formula or food, feeding schedule, and method (bolus, gravity, or pump).
- **Location:** Designate a clean, private, and comfortable location for feeding to ensure privacy and hygiene.
- **Equipment Handling:** Train designated staff to use and clean feeding equipment such as feeding pumps, syringes, and extension sets.

3. Tube Care and Maintenance

- **Daily Care:** Perform or supervise daily care like checking for tube placement, cleaning around the insertion site, and securing the tube to prevent accidental removal.
- **Leakage or Dislodgement:** Be diligent to recognize signs of G-tube leakage, blockage, or dislodgement. Know when to notify the physician, parents or call for emergency medical assistance.

4. Monitoring for Complications

- Be aware of signs of complications like redness, swelling, leakage, pain around the tube site, or any unusual symptoms like vomiting or discomfort during feeding.
- If any of these symptoms occur, follow the emergency protocol as outlined in the IHCP.

5. Emergency Action Plan

- Develop a clear plan for addressing G-tube dislodgement, blockage, or feeding intolerance (e.g., vomiting, abdominal pain). This includes promptly contacting the physician, parents, and/or emergency medical personnel.
- Ensure access to emergency contact information and instructions.

6. Regular activities

- Review physician orders and the protocols for basic care, including recognizing symptoms of complications. Be diligent and prepared to respond to emergencies.
- Be certain to utilize proper hand hygiene, feeding techniques, and cleaning and securing the tube.

7. Communication with Parents

- Maintain open communication with parents/guardians to update them on any issues, changes in feeding, or signs of discomfort.
- Allow parents to provide detailed information and instructions on specific preferences for feeding and tube care.

8. Integration into School Activities

- Ensure the student can participate in regular school activities and field trips, with provisions for feeding and tube care as needed.
- Coordinate with the student and family on any accommodations required for physical activities, recess, or special events.

Summary

Managing a student with a G-tube in a school setting requires clear plans for feeding, daily care, monitoring, and emergency response. Proper training for staff and open communication with parents help ensure the student's safety, comfort, and full participation in school life.

Indwelling, Foley, or Suprapubic Catheter Protocol

For students with indwelling Foley or suprapubic catheters, nurses provide essential care and support to ensure hygiene, infection prevention, and overall comfort. Here are some key responsibilities and guidelines:

1. Assessment and Monitoring

- **Daily Check:** Perform a visual inspection of the catheter site to ensure there are no signs of infection, such as redness, swelling, unusual odor, or discharge.
- **Urine Output Monitoring:** Check for adequate urine flow and monitor for any signs of blockage. If urine appears cloudy, bloody, or if there's no flow, report this irregularity to the student's parents, physician, or healthcare provider.

2. Infection Prevention

- **Hand Hygiene:** Practice thorough handwashing before and after each handling of a catheter or collection bag.
- **Cleaning Routine:** Regularly clean the catheter insertion site and surrounding skin with mild soap and water. Avoid using harsh antiseptics that may cause irritation.
- **Gloves and Supplies:** Use disposable gloves and clean equipment for any catheter care procedures.

3. Catheter Maintenance and Collection Bag Management

- **Bag Positioning:** Ensure the collection bag is positioned below the level of the bladder to prevent backflow, which can lead to infections.
- **Emptying the Bag:** Empty the collection bag at least every 3-4 hours or more frequently as needed. Document the amount and characteristics of the urine if required by the student's care plan.
- **Tubing Checks:** Ensure there are no kinks or twists in the tubing, as these can restrict flow and increase the risk of infection.

4. Education and Communication

- **Teach Self-Care Skills:** If the student is capable, educate them on how to care for their catheter, such as cleaning, emptying, and monitoring for signs of infection.
- **Collaboration:** Communicate with the student's parents, caregivers, and healthcare provider to stay updated on any changes in the care plan and inform them of any concerns promptly.

5. Emergency Management

- **Recognize Complications:** Be vigilant to observe for symptoms of urinary tract infection (UTI), bladder spasms, or accidental dislodgement of the catheter. Report these symptoms to the student's parents and healthcare provider immediately.
- **Accidental Dislodgement:** If the catheter becomes dislodged, keep the site clean and dry, and contact the student's parents and healthcare provider for guidance.

Seizure Protocol

When managing seizures in a school setting, it is crucial to follow a protocol that ensures the student's safety while providing timely and appropriate care. Here's a standard protocol that nurses can follow:

1. Stay Calm and Ensure Safety

- **Remain calm** and reassure others around.
- **Ensure the student's safety** by clearing the area of sharp or dangerous objects that could cause injury.
- **Guide the student to the floor** if they are not already lying down to prevent a fall.
- **Place something soft** (like a jacket or folded sweater) under the student's head if it can be safely done.
- **Position the student on their side** when possible to help maintain an open airway and allow any fluids to drain from the mouth.

2. Time the Seizure

- **Note the time** the seizure begins and ends. Most seizures last between 1-3 minutes.
- Seizures lasting longer than **5 minutes** or multiple seizures without regaining consciousness require emergency intervention.

3. Do Not Restrain

- **Do not try to restrain** the student's movements unless they are in immediate danger.
- **Do not place anything in their mouth.** The belief that a person can swallow their tongue during a seizure is a myth.

4. Monitor Breathing

- Ensure the student is **breathing adequately.** After the seizure, normal breathing usually resumes.
- If the student has **difficulty breathing,** ensure the airway is open by positioning them on their side and tilting their head slightly.

5. Provide Privacy

- **Maintain the student's dignity** by moving onlookers away from the area if it is safe to do so.
- Offer calm and kind **emotional support** to the student and their peers.

6. After the Seizure (Postictal Phase)

- Once the seizure has stopped, the student may be **confused or sleepy.** Allow them to rest and recover.
- Stay with the student until they are fully aware of their surroundings and able to communicate as they are normally able.

7. Administer Emergency Medication (if prescribed)

- Some students may have a **seizure action plan** that includes emergency medications, such as rectal diazepam or intranasal midazolam. Follow the physician's orders and the

student's individualized care plan and administer the medication if as ordered and indicated.

8. Notify Parents or Guardians

- Contact the student's parents or guardians to inform them about the seizure, especially if it is the student's first seizure or if the seizure lasted longer than usual. Additionally contact the physician when ordered or indicated.

9. Document the Seizure

- **Record details** of the seizure, including the time it started and ended, what the seizure looked like, and any actions taken.
- Make note of any **triggers** or patterns if observed.

10. When to Call Emergency Medical Services (911)

- Call **911** immediately if:
 - The seizure lasts longer than **5 minutes**.
 - The student has repeated seizures without regaining consciousness.
 - The student has trouble breathing or appears to be choking.
 - It is the **student's first seizure**.
 - The seizure occurs in **water** or results in serious injury.
 - The student does not regain consciousness after the seizure ends.

Additional Considerations:

- **Know the student's care plan.** Many students with known seizure disorders will have an individualized seizure action plan.
- Provide **education and training** to other staff members on recognizing and responding to seizures, including the use of any prescribed emergency medications.

By following this protocol, the school nurse can help ensure the student's safety and well-being during and after a seizure.

Tracheostomy Protocol

Managing a student with a tracheostomy in a school setting requires that nurses be prepared to provide appropriate care and respond to emergencies. Here is an overview of basic management practices:

1. Training and Competency:

- **Staff** should adhere to the principles of safe tracheostomy care, suctioning, and emergency procedures.
- **Emergency Plan:** The nurse must be familiar with the emergency action plan (EAP) for tracheostomy complications like tube dislodgement, occlusion, or respiratory distress.

2. Daily Care:

- **Monitoring:** Regularly observe the student for signs of respiratory distress, abnormal breathing, or changes in secretions. Be aware of baseline respiratory patterns for quick recognition of concerning and/or abnormal issues.

- **Suctioning:** Depending on the student’s needs, nurses should be competent and confident to perform suctioning to clear the airway.
- **Hydration and Humidification:** Ensure the tracheostomy is kept humidified (often with humidifier bottles or trach collar) to prevent secretions from becoming thick and difficult to manage.

3. Equipment Management:

- **Tracheostomy Kit:** Keep a tracheostomy emergency kit nearby and be aware of its location. This kit should include spare trach tubes (one the same size and one smaller), lubricant, trach ties, scissors, and suction supplies.
- **Suction Equipment:** Suction machines should be available and maintained with adequate tubing, catheters, and canisters.

4. Activities and Safety Precautions:

- **Physical Activity:** Be completely familiar with the physician orders. Additionally, collaborate with the parents to determine activity restrictions and desired participation levels.
- **Safe Environment:** Consistently maintain a safe, clean environment that reduces exposure to dust or small particles that could affect the airway.

5. Emergency Response:

- **Tube Dislodgement:** If a trach tube becomes dislodged, the nurse should be skilled, confident, and prepared to reinsert the tube, or cover the stoma, and call for emergency assistance.
- **Obstruction:** Suction as needed if there is any obstruction. It is imperative to have emergency contact numbers easily accessible.

6. Communication and Documentation:

- **Communication Plan:** Maintain open communication between the student’s parents, healthcare providers, and school staff.
- **Documentation:** Keep a log of daily care and any interventions performed. Immediately report any significant or concerning changes in the student's condition.

By implementing these practices, the nurse can provide a safe and supportive environment for the student with a tracheostomy.

By signing on the line below, I attest that I have completely read, and I understand, all information included in this training packet.

Signature_____Date_____

Printed Name_____