
“General Use” Bronchodilators Plan
Archdiocese of Baltimore
Department of Schools
2025-2026 School Year

1. Purpose:

This policy is established in accordance with school health guidelines and State laws by the Department of Catholic Schools to promote health and safety through encouraging each school to proceed with acquiring, storing, and administering “general use” bronchodilators. This document is issued to ensure compliance with the requirements set forth under MD Code, Education, § 7-426.7.

2. Legal Authority

The Chancellor of the Archdiocese of Baltimore Department of Catholic Schools has granted authorization for Archdiocesan schools to acquire, administer, and store general use bronchodilators on school premises. This authorization remains in force till such time as retracted by the Chancellor of the Archdiocese of Baltimore Department of Catholic Schools. The Chancellor shall ensure this plan is reviewed and updated annually by the appropriate staff member.

3. Privacy and Confidentiality

As with all health-related information, bronchodilator administration must remain confidential as per the AOB Nurses Manual, Section 3.0.

4. Designation of School Personnel Eligible to Administer General Use Bronchodilators:

The school principal, or their designee, in partnership with the school nurse or other medical professional on staff, are to collaborate on identifying and individuals to train and authorize to administer “general use” bronchodilators. Each school is to identify appropriate candidates and request for them to participate in the training and administering the medication as required. While the school nurse is the primary provider of health services in a school, other candidates can include those identified to support the nurse such as the certified medication techs.

With respect to the administration of the bronchodilators, a school nurse or any other school personnel who respond in good faith to the asthma attack or respiratory distress of a child in accordance with this section may not be held personally liable

for any act or omission in the course of responding to the child in distress, except for any willful or grossly negligent act.

Those individuals, other than school nurse(s), identified and trained to administer the medication are to be records on the schedule under **Appendix A, List of Qualified Staff to Administer General Use Bronchodilators.**

4. Responsibilities of Training School Personnel:

Attached as **Appendix B** to this document is the training developed under § 7-426.6(c) of this subtitle for school nurses and voluntary school personnel. Those receiving training are designated by a school nurse and, in the clinical judgment of the school nurse, are appropriate recipients of the training and such training must be completed by each identified individual prior to being authorized to administer the medication under the program.

5. Consideration for Known Health Conditions:

The school nurse is responsible to develop a plan, including information on students with known medical conditions that could result in medical emergencies that would potentially mimic the symptoms of an acute respiratory condition as well as have record of those students who have known conditions that should be providing their own medication for emergency situations. Students with known conditions are to be allowed to use this program as a substitute for providing their own medications as called for in the student's health care plans.

6. Obtaining Bronchodilators and other needed supplies

To obtain the required medication for this program, each school must have a signed and authorized standing order from a medical physician. This standing order must be presented to the provider of your medication whether a pharmacy or manufacturer, to acquire the medication. Attached to this program document is a template standing order under **Appendix C, Template Standing Order.**

Ongoing oversight and monitoring is provided and available from the authorizing licensed health care practitioner; and with respect to the administration of the bronchodilators program, a health care provider who prescribes or dispenses a bronchodilator used to treat a child in accordance with paragraph (1) of this subsection may not be held personally liable for any act or omission that occurs in the course of responding to the child in distress, except for any willful or grossly negligent act.

Each school must maintain a supply of bronchodilators and modes of delivery, including inhalers with spacers for use in an emergency from a licensed pharmacy or manufacturer. Bronchodilators may be acquired from any of the following sources:

- (1) An authorized licensed health care practitioner may provide bronchodilators to a school nurse or designated volunteer for use in accordance with this section.
- (2) Licensed manufacturer
- (3) Licensed retail pharmacy
- (4) Accept donated bronchodilators and modes of administration from a licensed pharmacy or manufacturer.

Schools are responsible for funding the purchase of bronchodilators and modes of administration or finding license pharmacies or manufacturers for donations.

Schools having issues with acquiring a supply of medication please reach out to the Director of Student Services or the Office of Risk Management for assistance.

7. Storage Locations:

The principal, in consultation with the school nurse, will identify appropriate and strategic locations for storing bronchodilators, in addition to the school health suite in each school building, if any are desired. Those trained to administer the medication should be notified as to where the medications are located within the school.

8. Recognition of Signs and System Indicating the Use of a General Use Bronchodilators.

Attached as **Appendix D, Signs of Systems of Respiratory Distress** sets forth the procedures for recognizing the need to administer a bronchodilator and for administering a bronchodilator based on the severity of the symptoms experienced by a student.

9. Procedures- Emergency Administration of Bronchodilator During an episode of respiratory distress

Attached as **Appendix E, Emergency Administration of Bronchodilator** sets forth the procedures for the emergency administration of a bronchodilator by a school nurse or designated school personnel.

10. Documentation and Reporting Procedures

There is no requirement to complete a separate incident form when this medication is utilized. Rather, the incident and care administered must be clearly documented in the student's health record in Power School or the student information system used by your school.

11. Proper Follow-up Emergency Procedures

Attached as **Appendix F, Proper Follow-up Emergency Procedures** sets for the proper follow-up emergency procedures after administering the medication.

12. School-wide Awareness

Attached as **Appendix G** is the communication used for notifying the parents or guardians of students of the school's policy under this section at the beginning of each school year.

13. Program Enrollment

Attached as Appendix H is the program enrollment document. This document must be completed and signed by both the responsible administrator and the responsible medical personal from the school and the completed form is to be submitted to the Office of Risk Management at riskmanagement@archbalt.org.

Appendix A

List of Qualified Staff to Administer General Use Bronchodilators.

[illegible]

Appendix B
Public and Nonpublic Schools –
Bronchodilators –Use, Availability, Training, and Policies
Md. Code, Educ. §7-426.6 and 7-426.7

The Maryland Department of Health, in consultation with health organizations like the American Lung Association and the Asthma and Allergy Foundation of America, is required to identify and has developed training that covers:

- Identifying symptoms of asthma and respiratory distress.
- Identifying symptoms of anaphylaxis.
- Distinguishing between anaphylaxis and asthma or respiratory distress.

Training Recipients: The training is to be provided to:

- School nurses.
- Voluntary school personnel designated by a school nurse who are deemed appropriate recipients of the training in the nurse's clinical judgment.

The required reference and training materials each school is to use for this program are available at the following addresses:

Reference Materials:

<https://marylandpublicschools.org/about/Documents/DSFSS/SSSP/SHS/Bronchodilator-Guidelines-Use-of-Stock-Bronchodilators-A.pdf>

Training Materials

<https://marylandpublicschools.org/about/Documents/DSFSS/SSSP/SHS/SHSGuidelines/Bronchodilator-Training.pdf>

Appendix C Standing Order

In order to establish this policy and procedure, _____, in accordance with its rules of governance, has authorized the school nurse or other licensed health care practitioner to obtain and store general use bronchodilators and required supplies to administer the medication to be used in an emergency situation.

Effective Date: _____

Expiration Date: _____

Medication: Albuterol (short-acting beta-agonist) administered via metered dose inhaler (MDI) with spacer or nebulizer.

Purpose: To provide emergency treatment for students experiencing respiratory distress or asthma-related symptoms in accordance with Maryland law.

Authorized Personnel: School nurse or designated school personnel trained in the administration of bronchodilators and recognizing asthma/respiratory distress symptoms.

Indications for Administration:

- Student presents with signs and symptoms of mild to moderate respiratory distress or asthma-related symptoms, such as wheezing, coughing, shortness of breath, or tightness in the chest.
- Student is in perceived respiratory distress or exhibiting asthma-related symptoms, regardless of whether they have a formal diagnosis of asthma or a prescription for a bronchodilator.
- **Exception:** For prekindergarten students, a bronchodilator may not be administered without a diagnosis of asthma or reactive airway disease and a prescription for a bronchodilator from a healthcare practitioner.

Administration:

- Administer albuterol as directed by the standing order.
- Reassess the student following initial administration.
- If symptoms persist or worsen after the initial dose, a second administration of albuterol may be considered based on clinical judgment and the standing order.

Important notes:

- Never leave a student experiencing respiratory distress alone.
- Have the student sit in a chair or on the ground and restrict physical activity.
- Call for help immediately.
- Alert emergency medical services (EMS) as determined by the standing order.

- **Good Faith Immunity:** School nurses and personnel responding in good faith are protected from liability for acts or omissions in the course of responding to a child in distress, except in cases of willful or grossly negligent acts.

Follow-up Procedures:

- Notify the student's parent or legal guardian of the incident.
- Document the administration of the bronchodilator in the student's school health record.
- Follow up with the student's healthcare provider as needed.

Storage:

- Bronchodilators and modes of delivery (including inhalers with spacers) must be stored in a designated, easily accessible location within the school, to be used in emergency situations.
- Bronchodilators and modes of administration must be from a licensed pharmacy or manufacturer.

Training and Oversight:

- School nurses and designated school personnel must receive proper training in the identification of asthma and respiratory distress symptoms, the administration of bronchodilators, and follow-up procedures.
- An ongoing process for oversight and monitoring of the policy implementation by a licensed health care practitioner is required.

RESCUE ONE has agreed to and understands the requirements of providing medical authorization (a prescription) for procuring the general use bronchodilators, as well as for providing on-going medical direction for the implementation of the school's general use bronchodilator program in accordance with Education Article Md. Code, Educ. §7-426.6 and 7-426.7 of Maryland State Law (Reference A).

By signing this document, RESCUE ONE has provided a standing order for Albuterol (short-acting beta-agonist) administered via metered dose inhaler (MDI) with spacer or nebulizer, and acknowledges he or she has reviewed this document and found

_____ to be in compliance with Education Article Md. Code, Educ. §7-426.6 and 7-426.7 of Maryland State Law. It is further understood by RESCUE ONE that this policy must be reviewed and signed again annually or sooner in the event of a change in the physician/licensed prescriber or school nurse/other licensed health care practitioner.

To afford protection to the physician/licensed prescriber, school nurse/other licensed health care practitioner, and other school personnel, this policy has been developed in accordance with article Md. Code, Educ. §7-426.6 and 7-426.7 of Maryland State Law. According to this article:

Except for any willful or grossly negligent act, school personnel who respond in good faith to the respiratory distress of a child in accordance with this section may not be held personally liable for any act or omission in the course of responding to a reaction.

Under the Baltimore Archdiocese insurance plan, prescribing physicians/ licensed prescribers who are acting as a volunteer for the school are covered under the Archdiocesan policy as long as the resources are available at a school for this policy to be fully implemented by the school nurse/other licensed health care practitioner, and the physician/ licensed prescriber does not provide hands-on care.

**2025 - 2026 RESCUE ONE BLANKET SCRIPT ON FILE WITH SCHOOL AND
RISK MANAGEMENT**

Appendix D
Procedures for Recognizing the Need to Administer a Bronchodilator
Based Upon Severity of the Symptoms Being Experienced by a Student

A. Mild Symptoms (Monitor, Do Not Immediately Administer)

- Occasional cough or wheeze
- Mild shortness of breath with exertion
- Able to speak in full sentences
- No change in color (normal skin tone)

Action:

- Monitor closely
 - Escort student to the nurse's office
 - Contact parent/guardian
 - Encourage use of personal inhaler if available
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B. Moderate Symptoms (Administer Bronchodilator)

- Persistent coughing or wheezing
- Shortness of breath interfering with activity
- Mild chest tightness
- Difficulty speaking in full sentences
- Slight retractions or nasal flaring

Action:

- Administer 1–2 puffs of stock bronchodilator using a spacer
 - Stay with the student and monitor symptoms
 - Notify school nurse or administrator
 - Contact parent/guardian
 - Reassess after 10–15 minutes
 - Repeat dose if no improvement and per standing orders
 - Consider EMS if symptoms persist or worsen
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C. Severe Symptoms (Emergency Administration & Activate EMS)

- Severe difficulty breathing or wheezing
- Inability to speak more than a few words
- Cyanosis (bluish lips or fingernails)
- Nasal flaring, chest retractions
- Signs of altered consciousness
- No improvement or worsening after initial treatment

Appendix E

Procedures for the Emergency Administration of a Bronchodilator

1. Confirm Symptoms:

Assess student using the symptom severity guide (See Appendix D).

2. Administer Medication:

- Shake inhaler and attach to a spacer.
- Instruct the student to breathe out, then seal lips around the spacer mouthpiece.
- Press the inhaler once and have the student take a slow, deep breath.
- Hold breath for 10 seconds if possible, then exhale slowly.
- Wait 1 minute before administering a second puff if indicated.

3. Document:

- Record time, dosage, and response in the student's health record.
- Complete incident report as required.

4. Notify:

- School nurse and administrator.
- Parent/guardian.
- EMS, if activated

Appendix F

Follow-up Emergency Procedures

- 1. EMS Response:** Ensure student is transported to emergency care if symptoms are severe or not resolved.
- 2. Parent Communication:** Provide details of incident, medication administered, and medical recommendations.
- 3. Incident Review:** School nurse reviews incident and determines whether a student's asthma plan or health documentation needs to be updated. Follow up with the student's healthcare provider as needed.
- 4. Restocking:** After use, stock inhaler/spacer should be replaced immediately by designated staff

Appendix G

Notification Communication of the School's Policy

The following language is provided as part of the template student handbook issued by the Department of Catholic Schools. For those schools offering this program, inclusion of this language in your student handbook is required.

Bronchodilators

As of (date), (school's name) has adopted a policy allowing the availability of a stock bronchodilator through the health suite for use in the event of an emergency when a student is, or is perceived to be, experiencing asthma-related symptoms or respiratory distress and the student does not have a bronchodilator of their own readily available. The stock bronchodilator is for emergency use during normal school days. It is not available outside of normal school hours or on field trips. Students with a known history of asthma are still expected to maintain emergency action plans, medical orders, and their own supply of emergency medication.

In addition to the above handbook language, schools are encouraged to send home to the school community a letter advising of the availability of a general use bronchodilator program.

Appendix H

Statement of Affirmation of Policy Implementation

By signing below, I acknowledge receipt of and understanding of the General Use Bronchodilator Policy and the responsibility to comply with its provisions set forth. Furthermore, each signor confirms that the document has been reviewed in detail, each task has been completed and Appendix A is completed, Appendix C and the standing order obtained, and Appendix G the school community has been notified of this program for

_____.

Responsible Administrator

Date

Responsible Health Professional

Date

A copy of this page must be signed and returned to the Office of Risk Management prior to offering the General Use Bronchodilator program. Please send the completed form to riskmanagement@archbalt.org.

Reference A

§ 7-426.7. Nonpublic School Policies Authorizing Administration of Bronchodilators

Effective: July 1, 2024

MD Code, Education, § 7-426.7

§ 7-426.7. Nonpublic school policies authorizing administration of bronchodilators.

Currentness

(a)(1) In this section the following words have the meanings indicated.

(2) “Asthma” means a chronic lung disease that inflames and narrows air passages, causing recurring periods of wheezing, chest tightness, shortness of breath, and coughing.

(3) “Bronchodilator” means medication that relaxes bronchial muscles, resulting in the expansion of bronchial air passages to provide fast treatment of asthma-related symptoms and symptoms of respiratory distress.

(4) “School personnel” means individuals who are employed by a nonpublic school, including part-time employees, teachers and substitute teachers employed by the school for at least 7 days each school year, registered nurse case managers, delegating nurses, and administrative staff.

(b)(1) Except as provided in paragraph (2) of this subsection, each nonpublic school in the State may establish a policy authorizing the school nurse and designated school personnel to administer a bronchodilator to a student who is determined by an individual who has undergone the training developed under § 7-426.6(c) of this subtitle to be, or is perceived to be, experiencing asthma-related symptoms or is perceived to be in respiratory distress, regardless of whether the student:

- (i) Has been diagnosed with asthma or reactive airway disease; or
- (ii) Has been prescribed a bronchodilator by an authorized licensed health care practitioner under the Health Occupations Article.

(2) A school nurse or any other designated school personnel may not administer a bronchodilator to a prekindergarten student unless the student has been diagnosed with asthma or a reactive

airway disease and has a prescription for a bronchodilator as prescribed by the student's health care practitioner.

(c) The policy established under subsection (b) of this section shall include:

(1) The training identified or developed under § 7-426.6(c) of this subtitle for school nurses and voluntary school personnel who are designated by a school nurse and, in the clinical judgment of the school nurse, are appropriate recipients of the training;

(2) Procedures for the emergency administration of a bronchodilator by a school nurse or designated school personnel;

(3) Procedures for recognizing the need to administer a bronchodilator and for administering a bronchodilator based on the severity of the symptoms being experienced by a student;

(4) The proper follow-up emergency procedures;

(5) A provision requiring that bronchodilators and modes of delivery, including inhalers with spacers, be stored in nonpublic schools to be used in an emergency situation;

(6) A requirement that the nonpublic school develop and implement a method for notifying the parents or guardians of students of the school's policy under this section at the beginning of each school year;

(7) A provision authorizing a nonpublic school to obtain a standing order for the administration of bronchodilators; and

(8) An ongoing process for oversight and monitoring by a licensed health care practitioner of the implementation of the policy established under subsection (b) of this section.

(d)(1) An authorized licensed health care practitioner may provide bronchodilators to a school nurse or designated volunteer for use in accordance with this section.

(2) Bronchodilators and modes of administration, including inhalers with spacers, used by a school nurse or designated school personnel must be from a licensed pharmacy or manufacturer.

(3) A nonpublic school may accept donated bronchodilators and modes of administration, including inhalers with spacers, from a licensed pharmacy or manufacturer.

(4) A nonpublic school may apply for grants to obtain funding for the purchase of bronchodilators and modes of administration, including inhalers with spacers.

(e)(1) Except for any willful or grossly negligent act, a school nurse or any other school personnel who respond in good faith to the asthma attack or respiratory distress of a child in accordance with this section may not be held personally liable for any act or omission in the course of responding to the child in distress.

(2) Except for any willful or grossly negligent act, a health care provider who prescribes or dispenses a bronchodilator used to treat a child in accordance with paragraph (1) of this subsection may not be held personally liable for any act or omission that occurs in the course of responding to the child in distress.