



## DCSAA Sports Medicine Advisory Committee

### Asthma Policy for Member Schools:

- Parents must provide athletic coaches/athletic trainers with emergency (fast/quick) asthma medication if asthma is indicated on the Universal Health Certificate or Emergency Treatment Form. The canister must have sufficient medication to dose the patient during an asthma attack and must not be expired. If only one rescue inhaler is available the athlete must present it daily before participating in any athletic activity. It is recommended that a second inhaler be kept on-site for immediate access by athletic trainers/coaches/first responders. The second inhaler should be kept in accordance with the individual school systems' Administration of Medication policy.

- Rescue/fast-acting inhalers are ProAir HFA, Proventil HFA, Ventolin HFA, AccuNeb, Asmavent, Salbutamol, Ventodisk, Xopenex, Maxair, Atrovent, and Combivent

- **IF AN ATHLETE WITH A PRESCRIBED INHALER DOES NOT HAVE IT AVAILABLE AT ANY ATHLETIC SESSION, HE/SHE SHALL NOT PARTICIPATE IN ANY PRACTICE, SCRIMMAGE, OR COMPETITION**

- A completed, signed and dated Asthma Action Plan (available from the DC Department of Health) must accompany the Emergency Treatment Form.

- A label must be attached to the rescue inhaler (both canister and mouthpiece) of each patient who presents the asthma medication. Patients should NEVER be allowed to share rescue inhalers (medications of any kind!)

- Print the patient's name; specific medication (i.e., albuterol, Ventolin, etc); lot number and expiration date on the label.





- It is optimal if the medication is presented in the original packaging with the original pharmacy prescription information (label) attached.
- A patient who uses his/her inhaler two times during the same athletic session (practice or game or conditioning session) or whose symptoms do not resolve upon use of the rescue inhaler is experiencing an acute asthmatic episode and immediately removed from activity. If necessary, activate EMS. The patient must then be re-evaluated by their physician and given clearance to resume participation before engaging in any athletic activity (whether EMS was activated or not).
- During events that require the athlete to be distant from emergency medical care (i.e. cross-country) the inhaler should be affixed to the athlete in a manner that allows quick, easy access but does not interfere with the athlete's performance or may result in loss of the inhaler.

The links below will provide in-depth information about asthma and asthma management:

<http://www.nhlbi.nih.gov/health/health-topics/topics/asthma/>

<http://www.mayoclinic.com/health/asthma/DS00021>

<http://www.cdc.gov/asthma/>

## **AIR QUALITY CONCERNS**

Adults supervising athletic activities must be aware of the Air Quality Index (AQI) daily. Any AQI over 100 indicates pollutants in the unhealthy range and athletes with asthma should be monitored for signs of distress. It may take 24 hours for symptoms to appear or worsen. The following are some guidelines to minimize the effects of poor AQI:





- Avoid activity near busy roadways
- Schedule workouts for early mornings
- Outdoor athletic activities should be modified or moved indoors when AQI >100. If the AQI is >200 extreme care should be taken as well as grave consideration to rescheduling

The link below provides a table to reference in regards to AQI and health effects.

[http://scorecard.goodguide.com/env-releases/def/cap\\_psi.html](http://scorecard.goodguide.com/env-releases/def/cap_psi.html)

The following link will provide a location's specific AQI by zip code.

<http://www.airnow.gov/>

