

Loudoun County Public Schools Supplemental Oxygen Protocol and Parent Consent Form

On April 3, 2014, the General Assembly of Virginia, amended and reenacted 54.1-3408 of the Code of Virginia, relating to Athletic Trainers; possession and administration of oxygen. HB 190, as it's known, states **“Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize licensed Athletic Trainers to possess and administer topical corticosteroids, topical lidocaine, or other Schedule VI topical drugs, oxygen for use in emergency situations and epinephrine for use in emergency cases of anaphylactic shock.”** HB 190 was signed by the Governor and starting on July 1, 2014, Athletic Trainers were able to administer oxygen under protocol.

The LCPS Athletic Trainers are licensed and authorized to possess and use supplemental oxygen in the case of emergency medical situations with the following conditions:

1. Must have a written standing order signed by a physician.
2. Must have a written protocol included in their Emergency Action Plan.
3. May only be used on student athletes.
4. Must notify parents that oxygen may be utilized and allow them to opt out.
5. If oxygen is going to be used:
 - a. Notify school nurse if during normal school hours, or
 - b. Notify EMS if outside school hours or a school nurse cannot be contacted
6. Activate EMS if a Student-Athlete's injury or illness suggests the possibility of hypoxia or respiratory distress. (ie. shortness of breath, cyanosis, anxiousness, confusion, combativeness, drowsiness, excessive perspiration and inability to lie down or speak in full sentences).
7. The LCPS Athletic Trainer should initiate pulse oximetry and if the Student-Athlete's blood oxygen saturation (SpO₂) level is below 94%, supplemental oxygen therapy should be initiated.
8. High flow oxygen therapy should be administered at 15 liters per minute with a non-rebreather face mask.
9. Utilize continuous SpO₂ monitoring with pulse oximetry. Oxygen flow should be moderated to achieve a target SpO₂ level of 94-99%.
10. Monitor the Student-Athlete with AED present.
11. When not in use, the oxygen cylinder tank should be stored in a high impact case or padded duffle back and locked in a secure cabinet that is properly marked with Hazardous Material and No Smoking signs for fire department safety.

Oxygen therapy should not be given to Student-Athletes with lung damage such as emphysema and pulmonary fibrosis, those suffering from Paraquat poisoning, or those with any other contraindication to oxygen use. Oxygen should also not be administered to infants.

Parental Consent: I have carefully read this information about Supplemental Oxygen Use Protocol. I acknowledge, understand and certify by my signature below that I have received a copy of the LCPS Supplemental Oxygen Use Protocol and that I give my consent and permission to the LCPS Athletic Trainer at the school in which my child is enrolled to use Supplemental Oxygen on my son/daughter in an emergency situation.	
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Print Student Name:	Signature & Date:
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Print Parent Name:	Signature & Date:
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