

◆ **Recommended Component:**
Assure Immediate Access to Medications as Prescribed

Students must have immediate access to all medications as approved by healthcare providers and parents, regardless of the availability of the school nurse. This includes self-carry and self-administration of medication as appropriate. Access to “quick-relief” or “rescue” medications is critical, as these will immediately open the airways during an asthma episode. The longer it takes to administer quick-relief medications, the worse the episode may become. Assuring immediate access to medications will help prevent asthma emergencies by allowing students to manage their asthma as their physicians prescribe.

Many states have recently passed new legislation to allow students with asthma to carry and self-administer inhalers and other medications. In some districts, legislation is not actually required to make this exception. For information on asthma legislation, see the American Lung Association’s Action on Asthma. (See the Resources section for more information.)

“Immediate access” means that students have immediate access at any time because time can be life-saving in an asthma emergency. If self-carry/self-administration is not the school policy, the school is responsible for having a plan that assures true immediate access. For example, medications cannot necessarily be locked in the school nurse’s desk, with only the nurse and a few staff members’ having access to the medications. Such a situation could result in a lack of access to the medication in an emergency, should those few individuals not be in the school at the time.

LESSONS LEARNED!

Consider a focus on ensuring that access to medication was in compliance with current policies, laws, and best practice guidelines, which was successful for AFSI pilot sites. Sites found that working with the school’s front office was particularly helpful to improving students’ access to medications.

A Sample School Medication Policy, Sample Self-Carry/Self-Administration Form, and a Sample Self-Carry/Self-Administration Contract between a Student and School are included with this hand-out.

Assuring Access to Medication Checklist

- Review laws & policies annually and update school policies
- Assure that self-carry is appropriate for each individual student
- Assure that adequate supplies of medication are in school
- Assure adequate staffing
- Assure access to peak flow meters

A policy ensuring students’ immediate access to medications as prescribed should include the following:

- **Annual review of state laws, local laws, and school policies regarding medication administration and update policies as needed.** The school health team’s review could be done more often if feasible. In so doing, be certain that school policies are consistent with federal laws, such as Section 504 and review state laws as well as local laws and policies regarding self-carry and self-administration of asthma medications.

Keep in mind that you may encounter situations where laws and/or policies are in place but are not put into practice. Talk to your school(s) to find out what they need to implement specific policies, and work with your coalition to give schools the help they need! Coalition members can update policies, educate staff and parents about policy issues, and offer other support to the school.

- ▶ **Assurance that self-carry is appropriate for each individual student.** Even if state law or local policies permit self-carry/self-administration, it may not be appropriate for all students, and school implementation of those laws/policies must be managed carefully. The National Heart, Lung and Blood Institute has developed specific guidance on this issue; the complete document, “When Should Students with Asthma or Allergies Carry and Self-Administer Emergency Medications at School?”, is included with this hand-out.
- ▶ **Assurance that adequate supplies of medication are in school.** Establish a plan, which may include:
 - having Albuterol metered-dose inhalers available in the school emergency kits for students who have signed forms for Albuterol, for use when medication is lost or otherwise unavailable
 - having more than one supply of prescribed medication in the school per student, so that it is readily accessible (for example, a student may carry one inhaler while one is kept by the school nurse, or one is kept by the school nurse and another by the physical education teacher)
 - encouraging parents to send mostly-used inhalers (with 10-20 puffs remaining) to school to be used as spare inhalers, when they refill prescriptions and get new inhalers
 - having a system to notify parents well in advance of when an inhaler kept at school is anticipated to be empty
- ▶ **Adequate staff training.** Unlicensed support personnel administering and/or monitoring medications must be trained to understand the use and appropriate administration of the range of medications. They should receive monthly supervision from a school nurse.
- ▶ **Assurance of access to peak flow meters.** Families should be encouraged to send in a second peak flow meter for each student. Ideally, students should use the same type at home and at school. Many health insurers will pay for a second peak flow meter (“a durable medical good”) whenever the prescriber notes that it is “medically necessary.” Peak flow meters may be especially useful in schools because they add one more measure to the assessment of a student in respiratory distress and can alert staff to an emergency situation.

REFERENCE MATERIALS

- ❖ Sample School Medication Policy
(Including Self-Carry/Self-Administration of Asthma Medication)
- ❖ Sample Self-Carry/Self-Administration Form
- ❖ Sample Self-Carry/Self-Administration Contract Between Student and School
- ❖ When Should Students with Asthma or Allergies Carry and Self-Administer Emergency Medications at School?



Medication Policy

If a student requires medication during the school day, the following criteria **must** be met:

1. All medication (prescription and non-prescription) must be accompanied by written instruction from the Medical Doctor, Doctor of Osteopathy, Dentist, Physician Assistant, or Nurse Practitioner. The pharmacy label can fulfill this written requirement for prescription drugs only.
2. The request for administration of prescription or non-prescription medication must be accompanied by parent/guardian written authorization. This permission form may be obtained at the school health office.
3. All prescription medication is to be in its original labeled pharmacy container. Medication must be accompanied by a health professional's written request for administration, which includes:
 - a. name of student
 - b. name of medication
 - c. name of qualified healthcare professional
 - d. dosage and route of administration
 - e. dated
 - f. time or indication of administration
4. When an adult other than the parent/guardian delivers medication to the school:
 - a. The container should be placed in a sealed envelope with the student's name.
 - b. It should be delivered to the health office upon the student's arrival at school.
 - c. The parent or guardian assumes full responsibility for any medication sent to school.
5. Students are generally not permitted to carry medication while at school. Exceptions are inhaler medications or medications for life-threatening conditions, provided the necessary requirements are met.
6. Students are permitted to carry asthma inhaler medication in school if the following requirements are met:
 - a. A written statement from the physician that provides the name of the drug, dose, times when the medication is to be taken, and the reason the medicine is to be taken.
 - b. The health care provider shall indicate via written statement that the child is qualified and able to self-administer the medication.
 - c. A school district parental permission form for inhalers is completed. Parents and students must sign the waiver on the permission form, relieving the district and its personnel of any responsibility for the benefits or consequences of the medication and that the school bears no responsibility for ensuring that the medication is taken.
 - d. The school district reserves the right to withdraw permission at any time if the student is unable to demonstrate responsible behavior in carrying and/or taking this medication.



Authorization for Administration of Inhaled Asthma Medication
(Use a separate authorization form for each medication)

School: _____
Student's Name: (First/MI/Last) _____
Sex: (please circle) Female Male Birthdate: ____/____/____

FOR COMPLETION BY PHYSICIAN, NURSE PRACTITIONER, OR PHYSICIAN'S ASSISTANT:

Physician's Name: _____
Telephone Number: _____ Fax Number: _____
Emergency Contact Number: _____
Diagnosis: _____
Name of Medicine: _____
Form: _____ Dose: _____

Is the child knowledgeable about his/her asthma medication? Yes No
Has the child demonstrated the proper technique in administering medication? Yes No
Medicine is administered daily. Time: _____ Yes No
Medicine is administered when needed. Indications: _____

If needed, how soon can administration of medicine be repeated? _____
The medication cannot be repeated more than _____
Side effects: _____

Comments: _____

() I have instructed _____ in the proper way to use his/her inhaled asthma medications. It is my professional opinion that he/she should be allowed to carry and use this inhaled medication by him/herself.
() It is my professional opinion that _____ should not be allowed to carry and use this inhaled medication by him/herself.

Physician Signature/Date: _____

FOR COMPLETION BY PATIENT

Mother's Name: _____
Father's Name: _____
Mother's Work Telephone: _____ Father's Work Telephone: _____
Home Telephone: _____ Emergency Number: _____

Is the child authorized to carry and self-administer inhaled asthma medication? Yes No

As the parent of the above named student, I ask that assistance be provided to my child in taking the medicine(s) indicated above at school by authorized staff. If self-medicating is allowed or if no authorized staff member is available, I ask that my child be permitted to self-medicate as authorized by myself and my physician. Authorization is hereby granted to release this information to appropriate school personnel and classroom teachers.

Parent/Guardian Signature and Date: _____

When Should Students with Asthma or Allergies Carry and Self-Administer Emergency Medications at School?

When Should Students With Asthma or Allergies Carry and Self-Administer Emergency Medications at School?

Guidance for Healthcare Providers Who Prescribe Emergency Medications

Physicians and others authorized to prescribe medications, working together with parents and school nurses, should consider the list of factors below in determining when to entrust and encourage a student with diagnosed asthma and/or anaphylaxis to carry and self-administer prescribed emergency medications at school.

Most students can better manage their asthma or allergies and can more safely respond to symptoms if they carry and self-administer their life-saving medications at school. **Each student should have a personal asthma/allergy management plan on file at school that addresses carrying and self-administering emergency medications.** If carrying medications is not initially deemed appropriate for a student, then his/her asthma/allergy management plan should include action steps for developing the necessary skills or behaviors that would lead to this goal. All schools need to abide by state laws and policies related to permitting students to carry and self-administer asthma inhalers and epinephrine auto-injectors.

Healthcare providers should assess student, family, school, and community factors in determining when a student should carry and self-administer life saving medications. **Healthcare providers should communicate their recommendation to the parent/guardian and the school, and maintain communication with the school,** especially the school nurse. Assessment of the factors below should help to establish a profile that guides the decision; however, responses will not generate a “score” that clearly differentiates students who would be successful.

Student factors:

- Desire to carry and self-administer
- Appropriate age, maturity, or developmental level
- Ability to identify signs and symptoms of asthma and/or anaphylaxis
- Knowledge of proper medication use in response to signs/symptoms
- Ability to use correct technique in administering medication
- Knowledge about medication side effects and what to report
- Willingness to comply with school’s rules about use of medicine at school, for example:
 - Keeping one’s bronchodilator inhaler and/or auto-injectable epinephrine with him/her at all times;
 - Notifying a responsible adult (e.g., teacher, nurse, coach, playground assistant) during the day when a bronchodilator inhaler is used and immediately when auto-injectable epinephrine is used;
 - Not sharing medication with other students or leaving it unattended;
 - Not using bronchodilator inhaler or auto-injectable epinephrine for any other use than what is intended;
- Responsible carrying and self-administering medicine at school in the past (e.g., while attending a previous school or during an after-school program).

NOTE: Although past asthma history is not a sure predictor of future asthma episodes, those children with a history of asthma symptoms and episodes might benefit the most from carrying and self-administering emergency medications at school. It may be useful to consider the following.

- Frequency and location of past sudden onsets
- Presence of triggers at school
- Frequency of past hospitalizations or emergency department visits due to asthma

When Should Students with Asthma or Allergies Carry and Self-Administer Emergency Medications at School? (cont.)

Parent/guardian factors:

- Desire for the student to self-carry and self-administer
- Awareness of school medication policies and parental responsibilities
- Commitment to making sure the student has the needed medication with them, medications are refilled when needed, back-up medications are provided, and medication use at school is monitored through collaborative effort between the parent/guardian and the school team

School and community factors:

In making the assessment of when a student should carry and self-administer emergency medicines, it can be useful to factor in available school resources and adherence to policies aimed at providing students with a safe environment for taking medicines. Such factors include:

- Presence of a full-time school nurse or health assistant in the school all day every day
- Availability of trained staff to administer medications to students who do not self-carry and to those who do (in case student loses or is unable to properly take his/her medication); to monitor administration of medications by students who do self-carry
- Provision for safe storage and easy, immediate access to students' medications for both those who do not self-carry and for access to back-up medicine for those who do
- Close proximity of stored medicine in relationship to student's classroom and playing fields
- Availability of medication and trained staff for off-campus activities
- Communication systems in school (intercom, walkie-talkie, cell phones, pagers) to contact appropriate staff in case of a medical emergency
- Past history of appropriately dealing with asthma and/or anaphylaxis episodes by school staff
- Provision of opportunities for asthma and anaphylaxis basic training for school staff (including after-school coaches and bus drivers)

NOTE: The goal is for all students to eventually carry and self-administer their medications. However, on one hand, if a school has adequate resources and adheres to policies that promote safe and appropriate administration of life-saving medications by staff, there may be less relative benefit for younger, less mature students in this school to carry and self-administer their medication. On the other hand, if sufficient resources and supportive policies are NOT in place at school, it may be prudent to assign greater weight to student and family factors in determining when a student should self-carry.



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