

Colorado Schoolchildren's Asthma and Anaphylaxis Health Management Act Guidelines (C.R.S. 05-156)

Many students can manage their asthma or allergies better and can more safely respond to symptoms if they carry and self-administer their life-saving medications at school. Each student should have an individual asthma/allergy plan on file at school that addresses carrying and self-administering emergency medications. All schools need to abide by the Colorado School Children's Asthma and Anaphylaxis Health Management Act that authorizes students with asthma or severe allergies to possess and self-administer prescribed medications during school, while at school-sponsored activities, or while in transit to and from school-sponsored activities.

Student, family, and community factors should be assessed in determining when a student should carry and self-administer life-saving medications. Open communication must be maintained between healthcare providers, families, and school personnel, especially the school nurse. Healthcare providers, parents and school nurses, should consider the factors listed below in determining when to entrust and encourage a student with diagnosed asthma and/or anaphylaxis to carry and self-administer prescribed emergency medication in school. Assessment of the factors below should help to establish a profile that guides the decision.

Factors to Consider when Determining if a Student Should Carry & Self-Administer Life-Saving Medications

Although past asthma history is not a sure indicator of future asthma episodes, those children with a history of asthma symptoms and episodes might benefit most from carrying and self-administering emergency and preventative medications in school. In addition to the student's maturity, accountability, and mastery of technique, 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 room visits due to asthma

The goal is for all students to eventually be responsible for 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 a particular 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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Student Factors	Parent/Guardian Factors	School/Community Factors
<ul style="list-style-type: none"> • 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 to 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 in school, for example: <ul style="list-style-type: none"> ○ Keeping one's medications with him/her at all times; ○ Notifying a responsible adult during the day when an inhaler is used more than indicated by provider orders and immediately when epinephrine is used; ○ Not sharing medication with other students or leaving it unattended; ○ Not using the medication for any other use than what is intended. • Responsible carrying and self-administering medicine in school in the past (i.e. while attending another school or during an after school program). 	<ul style="list-style-type: none"> • Desire for the student to carry and self-administer • Awareness of school medication policies and parental responsibilities • Commitment to making sure: <ul style="list-style-type: none"> ○ the student has the needed medication with them, ○ medications are refilled when needed, ○ medication used at school is monitored through collaborative effort between the parent/guardian and the school team, and ○ Medications have not expired. • It is recommended that a back-up inhaler be provided in the health office for emergencies 	<p>In making the assessment of when a student should carry and self-administer emergency and preventative 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 medications. Such factors include:</p> <ul style="list-style-type: none"> • Whether or not a school nurse or trained health aide is present in the school all day every day • Availability of trained staff to administer medications to students who do not self-carry. (Presence of a trained individual may reduce the need for students to self-carry.) • Availability of trained staff to assist those who do self-carry in case of loss or inability to take the medication, and to monitor administration of medications by students. • Provision of safe storage and easy, immediate access to students' medications for both those who do self carry and need access to back-up medications and for those who do not self-carry and have medications in the health office. • Proximity of stored medications in relation to students' classrooms and playing fields • Availability of medication and trained staff for off-campus activities • Ability to disseminate information about medication use to all staff that might be involved in the process • Communication system in school 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 training for school staff (including coaches and bus drivers)

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Guidelines for Implementation of an Asthma Treatment Plan	
Treatment Plan	<ul style="list-style-type: none"> • Jointly developed in writing by the student, parent(s), school nurse, and student's health care provider. • Students whose asthma is well-controlled may benefit from a standardized asthma care plan (see example) • Must include: <ul style="list-style-type: none"> ○ Written prescription from the health care practitioner who is licensed to prescribe that includes the name, purpose, prescribed dosage, frequency, and length of time between dosages. ○ Written authorization from the parent to administer the medication. ○ List of indications for use of the medication. ○ Directions for self-administration. ○ Confirmation from the health care provider and school nurse that the student has been instructed and is capable of self-administering the medication • The treatment plan shall be effective only for the year in which it is approved or more often if changes occur to the student’s health or prescribed treatment.
Demonstration of Skill Level Necessary to Use the Medication	<ul style="list-style-type: none"> • The student must be able to state: <ul style="list-style-type: none"> ○ What medication should be taken ○ Indications for taking the medication ○ The dose of the medication ○ How often the medication may be administered ○ What might happen if the medication is not taken ○ When to seek additional help • The student must be able to demonstrate the correct use of any device that is necessary to administer the medication.
Release from Liability	<ul style="list-style-type: none"> • The school district, school employee, or volunteer is not liable for damages if there is an act or omission related to a student’s use of their own medication contained in a treatment plan unless the damages were caused by willful or wanton conduct or disregard of the criteria of the treatment plan (C.R.S. 13-21-108). • The school may request a written statement from the student’s parent or legal guardian releasing the school, school district, any associated entity, and employees and volunteers from liability as a result of an act or omission related to a student’s own use of any medication contained in an approved treatment plan. • Permission may be revoked for any reason, at the discretion of the school nurse or upon request of the parent or healthcare provider.

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Contract	A written contract between the school nurse, the student, and the student’s parents or legal guardian will be established assigning levels of responsibility for each individual. This contract will accompany orders for the medication from a healthcare provider. Agreement by all parties that noncompliance with the contract may result in withdrawal of the privilege.
Student will:	<ul style="list-style-type: none"> • Demonstrate competency in taking his/her medication safely. • Demonstrate appropriate asthma management and self-care skills. • Keep the medication with him/her while at school. • Agree to use the inhaler or Epi-pen in a responsible manner, according to health care provider’s orders. • Notify school health office when having more difficulty than usual with asthma or when exposed to an allergen that requires the use of an Epi-Pen • Not allow any other person to use the medication. • Complete and sign the Contract for Students Carrying Inhaler/Epi-pen While at School • Follow-up as agreed in the health care plan
Parent/Guardian will:	<ul style="list-style-type: none"> • Provide a written order by a health care provider • Provide written authorization by the parent/guardian • Assure that the student carries the medication. • Demonstrate knowledge about the medications and their correct use • Assure that the container is appropriately labeled by a pharmacist or health care provider, that the medication device has medication in it, and has not expired. • Review the status of the student’s asthma/allergy with the student on a regular basis as agreed in the treatment plan.
School Nurse will:	<ul style="list-style-type: none"> • Recommend that back-up medication be available in the health office. • Review the correct technique for use of the medication device(s), an understanding of the order for time and dosages, and an understanding of the appropriate use of the medication. • Review the status of the student’s asthma/allergy with the student on a regular basis as agreed in the treatment plan. • Delegate responsibility to monitor the use of emergency/preventative medications to an appropriate person who will be in the school while the student is there • Notify school staff that needs to know that the student has asthma and has permission to carry and self-administer the medication. • Assign a designee to make a 911 emergency call if the student has an exposure that results in the need to use epinephrine (Epi-pen).
Healthcare Provider will:	<ul style="list-style-type: none"> • Instruct student in the correct and responsible use of the medication. • Provide the following: prescribed medication for use by the student during school hours, at school-sponsored activities, and while in transit to and from school-sponsored activities; confirmation that the student has been instructed and is capable of self-administration of the prescribed medications; written medical authorization that includes the signature for the medication prescribed; the name, purpose, prescribed dosage, frequency, and length of time between dosages of the medications to be self-administered. • Collaborate with the school nurse to formulate a written treatment plan for managing asthma or anaphylaxis episodes of the student and for medication use. • Some schools or school districts will require healthcare provider signature in order for the student to carry his/her medication.