

**22-1-119.5. Asthma and anaphylaxis health management - self-administered medication.**

(1) This section shall be known and may be cited as the "Colorado Schoolchildren's Asthma and Anaphylaxis Health Management Act".

(2) (a) A student with asthma, severe allergies, or other related, life-threatening condition may possess and self-administer medication to treat the student's asthma, anaphylaxis, or other related, life-threatening condition if the student has a treatment plan approved pursuant to this subsection (2).

(b) A public school shall, and a nonpublic school is encouraged to, approve a treatment plan for a student enrolled in the school to possess and self-administer medication for asthma or anaphylaxis if all of the following conditions are met:

(I) A health care practitioner has prescribed medication for use by the student during school hours, at school-sponsored activities, and while in transit to or from school or school-sponsored activities and has instructed the student in the correct and responsible use of the medication.

(II) The student demonstrates to the health care practitioner or the health care practitioner's designee and the school nurse the skill level necessary to use the medication and any device that is necessary to administer the medication as prescribed.

(III) The school nurse and the health care practitioner collaborate to formulate a written treatment plan for managing asthma or anaphylaxis episodes of the student and for medication use by the student during school hours, at school-sponsored activities, and while in transit to or from school or school-sponsored activities.

(IV) The student's parent or legal guardian completes and submits to the public or nonpublic school the documentation required by rule of the state board of education, including but not limited to:

(A) A written medical authorization that includes the signature of the health care practitioner for the medication prescribed; the name, purpose, prescribed dosage, frequency, and length of time between dosages of the medications to be self-administered; and confirmation from the health care practitioner that the student has been instructed and is capable of self-administration of the prescribed medications;

(B) A written statement from the student's parent or legal guardian releasing the school, school district, any associated entity, and employees and volunteers of the school, school district, and associated entity from liability, except in cases of willful or wanton conduct or disregard of the criteria of the treatment plan; and

(C) A written contract between the school nurse, the student, and the student's parent or legal guardian assigning levels of responsibility to the parent or legal guardian, student, and school employees.

(c) A treatment plan shall be effective only for the school year in which it is approved. The public school shall approve a new treatment plan for each school year so long as the plan meets the conditions specified in paragraph (b) of this subsection (2). The parent or legal guardian shall submit a new treatment plan annually or more often if changes occur to the student's health or prescribed treatment.

(3) A student with a treatment plan approved pursuant to subsection (2) of this section may possess and self-administer his or her medication while in school, while at school-sponsored activities, and while in transit to or from school or school-sponsored activities.

(4) With the approval of the parent or legal guardian of a student with a treatment plan approved pursuant to subsection (2) of this section, a school may maintain additional asthma or anaphylaxis medication to be kept at the school in a location to which the student has immediate access in the event of an asthma or anaphylaxis emergency.

(5) Immediately after using an epinephrine auto-injector during school hours, a student shall report to the school nurse, to the designee of the school nurse, or to some adult at the school to enable the school nurse, nurse's designee, or other adult to provide the appropriate follow-up care, which shall include making a 911 emergency call.

(6) If the provisions of this section are met, a school, school district, school district director, or school or school district employee or a volunteer not otherwise provided for under section [13-21-108](#), C.R.S., shall not be liable in a suit for damages as a result of an act or omission related to a student's own use of the student's epinephrine auto-injector or any other medication contained in an approved treatment plan unless the damages were caused by willful or wanton conduct or disregard of the criteria of the treatment plan.

(7) Nothing in this section shall be interpreted to create a cause of action or increase or diminish the liability of any person.

(8) The state board of education, with assistance from the department of public health and environment, shall promulgate rules for treatment plans for the self-administration of medications pursuant to this section.

(9) The department of public health and environment is authorized to audit school records for the determination of asthma and severe **allergy** rates within the schools and to determine the proportion of those students with asthma and severe allergies in the schools that have treatment plans allowing for self-administration of asthma and severe **allergy** medications. The audit shall define the extent of asthma and severe allergies among students and determine the effect of this section on the well-being of children with asthma and severe allergies in schools. The audit shall be conducted in conformance with

the requirements of the "Family Educational Rights and Privacy Act of 1974", 20 U.S.C. sec. 1232g.

**Source: L. 2005:** Entire section added, p. 257, § 2, effective April 14.

**Cross references:** For the legislative declaration contained in the 2005 act enacting this section, see section 1 of chapter 71, Session Laws of Colorado 2005.

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