

# Students with Special Health Care Needs

## Asthma

### A. Regulations

#### **ORS 339.866 *Self-administration of Medication by Students***

(1) As used in this section:

- (a) **Asthma** means a chronic inflammatory disorder of the airways that requires ongoing medical intervention.
- (b) **Medication** means any prescription for bronchodilators or autoinjectable epinephrine prescribed by a student's Oregon licensed health care professional for asthma or severe allergies.
- (c) **Severe allergy** means a life-threatening hypersensitivity to a specific substance such as food, pollen or dust.

(2) A school district board shall adopt policies and procedures that provide for self-administration of medication by kindergarten through grade 12 students with asthma or severe allergies:

- (a) In school;
- (b) At a school-sponsored activity;
- (c) While under the supervision of school personnel;
- (d) In before-school or after-school care programs on school-owned property; and
- (e) In transit to or from school or school-sponsored activities.

(3) The policies and procedures shall:

- (a) Require that an Oregon licensed health care professional prescribe the medication to be used by the student during school hours and instruct the student in the correct and responsible use of the medication;
- (b) Require that an Oregon licensed health care professional, acting within the scope of the person's license, formulate a written treatment plan for managing the student's asthma or severe allergy and for the use of medication by the student during school hours;
- (c) Require that the parent or guardian of the student submit to the school any written documentation required by the school, including any documents related to liability;

- (d) Require that backup medication, if provided by a student's parent or guardian, be kept at the students school in a location to which the student has immediate access in the event the student has an asthma or severe allergy emergency;
- (e) Require that a school request from the students parent or guardian that the parent or guardian provide medication for emergency use by the student; and
- (f) Allow a school to revoke its permission for a student to self-administer medication if the student does not responsibly self-administer the medication or abuses the use of the medication.

(4) A school district board may impose other policies and procedures that the board determines are necessary to protect a student with asthma or a severe allergy.

(5) A school district board may not require school personnel who have not received appropriate training to assist a student with asthma or a severe allergy with self-administration of medication.

(6) This section does not apply to youth correctional facilities. [2007 c.830 §1]

### **ORS 339.867 Medication defined for ORS 339.869 and 339.870**

As used in ORS [339.869 \(Administration of medication to students\)](#) and [339.870 \(Liability of school personnel administering medication\)](#), **medication** means noninjectable medication. [1997 c.144 §1]

### **ORS 339.869 Administration of Medication to Students; Rules**

(1) The State Board of Education, in consultation with the Oregon Health Authority, the Oregon State Board of Nursing and the State Board of Pharmacy, shall adopt rules for the administration of prescription and nonprescription medication to students by trained school personnel and for student self-medication. The rules shall include age appropriate guidelines and training requirements for school personnel.

(2) School district boards shall adopt policies and procedures that provide for the administration of prescription and nonprescription medication to students by trained school personnel and for student self-medication. Such policies and procedures shall be consistent with the rules adopted by the State Board of Education under subsection (1) of this section. A school district board shall not require school personnel who have not received appropriate training to administer medication. [1997 c.144 §4; 2009 c.595 §214]

### **ORS 339.870 *Liability of School Personnel Administering Medication***

(1) A school administrator, teacher or other school employee designated by the school administrator is not liable in a criminal action or for civil damages as a result of the administration of nonprescription medication, if the school administrator, teacher or other school employee in good faith administers nonprescription medication to a pupil pursuant to written permission and instructions of the pupil's parents or guardian.

(2) A school administrator, teacher or other school employee designated by the school administrator is not liable in a criminal action or for civil damages as a result of the administration of prescription medication, if the school administrator, teacher or other school employee in compliance with the instructions of a physician, physician assistant, nurse practitioner or clinical nurse specialist, in good faith administers prescription medication to a pupil pursuant to written permission and instructions of the pupils parents or guardian.

(3) The civil and criminal immunities imposed by subsections (1) and (2) of this section do not apply to an act or omission amounting to gross negligence or willful and wanton misconduct. [Formerly [336.650](#); 1997 c.144 §2; 2001 c.143 §1; 2005 c.462 §1]

### **ORS 339.871 *Liability of School Personnel for Student Self-administering Medication***

(1) A school administrator, school nurse, teacher or other school employee designated by the school administrator is not liable in a criminal action or for civil damages as a result of a student's self-administration of medication, as described in ORS [339.866 \(Self-administration of medication by students\)](#), if the school administrator, school nurse, teacher or other school employee, in compliance with the instructions of the students Oregon licensed health care professional, in good faith assists the students self-administration of the medication pursuant to written permission and instructions of the students parent, guardian or Oregon licensed health care professional.

(2) The civil and criminal immunities imposed by this section do not apply to an act or omission amounting to gross negligence or willful and wanton misconduct. [2007 c.830 §2]

## **B. Overview**

Asthma is the most common chronic disease among children. Asthma affects the ability to breathe, with symptoms that can come and go. This disease is increasing among school-age students, with an estimated 10% of any school population having some degree of impairment. Some students only need medication when experiencing symptoms, while others require daily medication to maintain control of their asthma symptoms.

## **C. Background/Rationale**

Asthma is one of the leading causes of school absences. Asthma is not a curable disease, but it can be controlled. Controlling asthma requires a partnership among families, health care providers, schools, and the student. Schools, as a partner, play an important role in helping students control their asthma.

Many students who have frequent episodes of coughing or “chest colds” are experiencing problems related to undiagnosed asthma. Some severe episodes of asthma can be life-threatening.

Symptoms of asthma are made worse by allergic reactions to foods or airborne pollutants, pollens, or second-hand smoke. Some students with asthma are affected by cold weather, infections, fatigue, and exercise. Symptoms of asthma vary from mild to severe and often impact a student’s school attendance and performance.

Some students with asthma are able to manage their own health care, while others may need daily or periodic assistance from a competent adult. If a student requires an inhaled medication to prevent or treat his or her symptoms, he or she should be allowed to carry the inhaler with him/her at all times as long as the student remains able to safely carry and self administer the medication. As Immediate use of this inhaled medication is vital to control the episode. First aid trained or nurse-delegated staff should be assigned to provide assistance to students during episodes of asthma if necessary.

## **D. Guidance**

### **Roles and Responsibilities**

#### ***Comprehensive School Health Education***

Comprehensive school health education is based upon a K-12 developmentally appropriate curriculum that teaches students how to recognize asthma symptoms and triggers and to understand what to do in case of an asthma episode.

#### ***Physical Education***

Physical educators should have the following knowledge:

- Which students have asthma;

- Reporting procedures for newly identified students with asthma;
- How to recognize asthma symptoms;
- Understand how to respond to asthma attacks;
- Understand that most students with asthma can live normal, active lives when their asthma is in control; and
- To maintain control of asthma, students should have access to their inhalers.

### ***School Health Services***

The school nurse is responsible for assessing students with chronic health problems such as asthma and developing student health management plans, including appropriate follow-up. School health services include school-based or school-linked access to preventive services, referrals, emergency care, and chronic disease management for all students.

In order to protect the safety of students with asthma, school administrators should ensure that the following occurs at the beginning of each school year:

- Identify students with a history of asthma from their registration forms;
- Obtain additional medical history from the parent as well as an asthma action plan if the student has one from his/her health care provider;
- Ensure that the school nurse conducts an assessment (at least annually);
- Develop a school health management plan incorporating information from the parent, student, and health care provider (asthma action plan and/or prescriptions);
- Identify caregiver(s) (preferably first-aid trained) at school to assist the student with carrying out the school health management plan when there is no school nurse on site;
- Ensure that the designated caregiver has received appropriate medication training, including the use of inhaled medications;
- Follow school district policy for administration of prescription and nonprescription medications by trained school personnel and policy for self administration of medications by students; and
- Maintain ongoing communications with the student's parent regarding any changes in health status or medication.

### ***School Nutrition Services***

Occasionally, students with asthma may have a food allergy that can trigger an asthma attack (e.g., peanuts, shellfish). Therefore, if parents report to the school that their child has a known allergy to food, it is essential that school staff and food personnel be informed in order to prevent exposure to the susceptible student.

### ***School Counseling, Psychological, and Social Services***

Often children with asthma feel isolated or different and may benefit from emotional support and understanding.

### ***Healthy School Environment***

Indoor air quality can have a tremendous effect on children with asthma. Therefore, schools should have policies and procedures in place to address air quality problems. Free programs are available to assist in assessment of the school environment. (See list of resources)

### ***School-Site Health Promotion for Staff***

Health benefits provided to school staff should have policies and procedures that support good asthma management. School-based or school-linked programs that promote the physical and mental health of staff and discuss the importance of positive role modeling for students are recommended.

### ***Family and Community Involvement in Health Education***





Asthma management depends on a successful partnership among parents, schools, and health care providers. It is important that parents and health care providers remember to keep the school administrator and/or school nurse informed of the asthma status of students.

## **E. Procedures**











### ***Staff Development Needed***

- Training of school personnel to recognize signs and symptoms of asthma and appropriate response.
- Training of school personnel in the administration of medication.
- Awareness that asthma can be life-threatening.
- Awareness that asthma can be adequately controlled with the use of appropriate medication and avoidance of environmental triggers, such as tobacco smoke, animal dander, and other irritants and allergens.

## **F. Oregon Resources**

- Oregon Lung Association [www.lung.org/associations/states/oregon](http://www.lung.org/associations/states/oregon) 
- Oregon Environmental Council [www.oeconline.org](http://www.oeconline.org) 
- Oregon Tobacco Prevention and Education Program [Tobacco Prevention and Education Program](#) 
- Oregon Health Division Asthma Program [Asthma | Asthma](#) 

## G. National Resources

- American Lung Association, [Homepage - American Lung Association](#)  
- Tools for School (Indoor Air Quality Program for schools), Environmental Protection Agency, <http://www.epa.gov/iaq/>  
- Asthma and Allergy Foundation of America, <http://www.aafa.org>  
- Centers for Disease Control and Prevention: Asthma  
<http://www.cdc.gov/asthma/>  
- National Heart, Lung and Blood Institute  
<http://www.nhlbi.nih.gov/health/public/lung/index.htm#asthma>  

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