

**15221 Spectrum Charter School  
4369 Northern Pike  
Monroeville, PA 15146**

**Board of Trustees Policy 210.1**

**ASTHMA MEDICATION, EQUIPMENT, AND  
SELF-ADMINISTRATION POLICY**

The Board of Trustees of the Spectrum Charter School (“Charter School”) recognizes that students may have a medically certified asthmatic condition requiring medication, equipment or machinery to be administered during school hours in order to maintain health and to function in the school setting. A student with asthma shall be permitted to use an asthma inhaler and otherwise attend to the care and management of his or her asthma in the classroom in any area of the school or school grounds and at any school-related activity if requested by the parent or guardian in accordance with this Policy and Charter School procedures.

Additionally, the Board acknowledges that effective asthma management produces the following positive outcomes:

- Promote a healthy, productive learning environment for students with asthma;
- Reduce absences of students with asthma;
- Reduce classroom disruption;
- Help assure effective response in case of asthma-related emergency;
- Promote full participation in all areas of school curriculum and extra-curricular activities.

**Definition:**

Asthma is a chronic lung disease. For people who have asthma, certain “triggers” cause the airways and lungs to become inflamed. The airways through which a person breathes begin to narrow and excess mucus forms in them. This means that very little air can pass through the airways into the lungs and it becomes difficult to breathe. Wheezing, breathlessness, chest tightness, and coughing occur. This is what is called an

“asthma attack” or an “asthma episode.” Attacks can be mild, or they can become very severe, serious and life threatening. Common “triggers” of asthma attacks are:

- Outdoor Air Pollution
- Tobacco smoke (including secondhand smoke)
- Dust mites
- Cockroaches
- Pets
- Mold and Mildew
- Strenuous physical activity
- Extreme weather conditions such as high humidity and cold
- Strong emotions
- Viruses, certain drugs, some foods and food additives

**Asthma inhaler** shall mean a prescribed device used for self-administration of short-acting, metered doses of prescribed medication to treat an acute asthma attack.

**Self-administration** shall mean a student’s use of medication in accordance with a prescription or written instructions from a physician, certified registered nurse practitioner or physician assistant.

**Common Categories of Asthma Medication:** Asthma medications are usually divided into two types: long-term control medications and quick relief medications. Most individuals use a combination of long-term control medications and quick-relief medications to manage their asthma.

- Long-term control medicines (also called controller, maintenance, or anti-inflammatory medicines) help prevent asthma symptoms by controlling the swelling in your lungs and decreasing mucus production. These medicines work slowly but help control your asthma for hours. They must be taken regularly (even when you don’t have asthma symptoms) in order to work.
- Quick-relief medicines (also called rescue medicines) relieve or stop asthma symptoms once they have started. They are inhaled and work quickly to relax the muscles that tighten around your airways. When the muscles relax, your airways open up and you breathe easier. Quick-relief medicines can be used before you exercise to avoid asthma symptoms.

## **Nursing Implications for Rescue Inhalers:**

Assess the student for signs of an asthma attack such as coughing, wheezing, difficulty breathing, chest tightness. Assess the student for inadequate asthma control such as increase use of short-acting beta2-agonists, use of >1 canister / month, or lack of expected effect and know the *Rule of Twos*: Does the student:

- Use rescue inhaler more than 2 times / week?
- Wake up more than 2 times / month due to asthma?
- Refill his or her rescue inhaler more than 2 times / year?

If any of these occur, the School Nurse should suggest to the parent/guardian that the student be seen by his or her primary care provider for reevaluation. Communicate instructions calmly to the student. Document the date, time, medication, dose, route of administration and signature of the licensed personnel administering the medication on the student's medication record. Notify emergency services (911) if there is no improvement or condition worsens after initial treatment. Notify parent(s)/guardian(s) of incident.

## **Guidelines for Self-Administration:**

In order to ensure that a student has his or her asthma medication immediately available when an asthma attack occurs, Pennsylvania has enacted a law, Act 187, which requires schools to develop a written policy that allows school aged children to carry (possess) and use (self-administer) their asthma medication.

The Charter School's decision to allow a student to possess and self-administer asthma medication will be based on the maturity of the student, the severity of the asthma, and the likelihood of misuse. In order for a student to be allowed to possess and self-administer asthma medication, this Charter School's policy requires the following responsible behavior from the student:

- Verbally explain the reason for use of the asthma inhaler to the school doctor or school nurse;
- Identify, to the school doctor or school nurse, the signs and symptoms which indicate the need for which the inhaler is to be used;

- Identify the individual medication(s) by name;
- Identify the appropriate dosage of the individual medication(s);
- Identify the effects and the side effects of medication to the school doctor or school nurse;
- Demonstrate to the school doctor or school nurse the ability for self-administration of the inhaler using the return demonstration technique;
- Behave responsibly when using the inhaler;
- Identify placement of inhaler to be kept on his/her person at all times;
- Acknowledge the need to notify the school doctor or school nurse immediately following each use of the inhaler;
- Demonstrate knowledge of how to access assistance for help regarding use of or side effects from use of asthma medications;
- Notify the school nurse immediately following each use of an asthma inhaler;
- Understand and acknowledge that the student is restricted from making inhaler available to other students. The student's privilege to self-administer medication or equipment may be revoked or restricted if the student abuses or ignores Charter School policies. This prohibition must be set forth in the Student Code of Conduct that is distributed to all Charter School families on an annual basis.

### **Required Documentation:**

**Individualized Healthcare Plan (IHP)** – This plan is required by professional standards of practice and uses the nursing process (assessment, diagnosis, planning, implementation, and evaluation) to determine a plan of action that meets the healthcare needs of a student during the school day. This plan, initiated by the Certified this term is not used elsewhere School Nurse, provides written directions for school health personnel to follow in meeting the individual student's healthcare needs. While parental involvement is not required, it is strongly encouraged.

**Emergency Care Plan** – This plan is based on the information provided in the student's Individualized Healthcare Plan and specifically describes how to recognize and what to do when signs or symptoms of these conditions are observed in students with asthma. The school nurse usually coordinates the development of the Emergency Plan, and the plan should be distributed to all school personnel who have responsibility for students with asthma.

## **Asthma Medical Management Plan**

This plan should be part of the Individualized Healthcare Plan (IHP) and Emergency Care Plan (ECP). The following information must be provided through a written individual Asthma Medical Management Plan (“AMMP”) by the parent(s)/guardian(s) of a student with asthma. This Plan is filled out with the Student’s health care provider’s assistance and provides critical information to the Charter School if a life-threatening asthma attack occurs or worsens at school or at a school sponsored activity. If Parent is asking that the Student be permitted to self-administer medication or use medical equipment, the AMMP must contain information from the medical provider that the student has successfully demonstrated capability of independent monitoring and responsible behavior in self-administering treatment or prescribed medication. If the Charter School is not provided with an AMMP by student’s parent(s), the Charter School must contact the parent(s) and inform them of the need to have an AMMP developed with their child’s healthcare provider and to provide a copy of this plan to the Charter School Nurse as soon as possible.

The following information must be provided in the AMMP to the Charter School’s Nurse:

- The name of the medication;
- The dose and maximum dosages;
- The times when medication is to be taken;
- The diagnosis or reason medicine is needed (unless this is confidential);
- Information on serious reactions that could occur and appropriate emergency responses;
- That the child is qualified and able to self-administer the medication;
- Consent for administration of medication or equipment, contact with student’s personal and emergency health care providers and the release of information to such health care providers and school personnel;

The Charter School will require a written statement in the AMMP from the parent or guardian that states:

- The Charter School is to comply with the health care provider’s orders;
- The Charter School and/or school employee comply with the order of the healthcare provider and that the School/School employee be relieved of

- any responsibility for the benefits or consequences of the prescribed medication which is parent-authorized; and
- The Charter School bears no responsibility or liability for ensuring that the medication is taken.

The Charter School has the right to require a statement from the health care provider for continued use of any medication beyond a specified time period. The Charter School may also require updated prescriptions and parental approvals on an annual basis.

### **Section 504/IEP Considerations:**

Students with IHPs and ECPs may also have an Individualized Education Plan (IEP), or a 504 Student Accommodation Plan to ensure school nursing services and access to the learning environment.

If a student's asthma condition worsens to the point that it interferes with the student's ability to access his/her education at the Charter School, the student may be eligible for a Section 504 Plan or IEP. The Section 504 regulations define a person with a disability as any person who (i) has a physical or mental impairment that substantially limits one or more major life activities, (ii) has a record of such an impairment, or (iii) is regarded as having such an impairment.

Pursuant to IDEA, the category of "other health impairment" includes asthma as one of the health conditions listed to qualify under IDEA. The student's asthma must adversely affect educational performance to the point that the student requires special education and related services, as defined by state law.

Reference should be made to the Board of Trustee's Section 504 Plan Policy and/or the Annual Notice of Special Education for guidance as to qualifying for an IEP and contact information for Charter School personnel.

### **CEO Responsibilities:**

The Board delegates the following responsibilities to the CEO and/or his/her designee(s) for implementation:

- Participate in developing and implementing school policy related to asthma management at school;

- Ensure sufficient allocation of resources to manage students with asthma in the Charter School;
- Ensure the development & implementation of a system that keeps Charter School health services informed of the pending enrollment of students with asthma and any related enrollment changes that may occur throughout the school year and from year to year;
- Promote a supportive learning environment for students with asthma;
- Promotes a school environment and treats students with asthma the same as other students, except to be responsive to medical needs as outlined in the student's written IHP, IEP, or other education plan;
- Identify all staff members who have responsibility for students with asthma;
- Meet at least annually with the Charter School health team;
- Arrange and attend a meeting of the Charter School health team members (student, family, school nurse, 504/IEP coordinator, teacher(s), and other staff members who have primary responsibility for the student) before the school year starts, or when the child is newly diagnosed, to discuss medical accommodations, educational aids and services related to the student's needs;
- Support asthma management training for the Charter School Nurse and other staff responsible for students with asthma;
- Provide for practices that alert all Charter School-related staff members who teach or supervise a student with asthma. Ensure that these staff members, including the bus driver, are familiar with the accommodations and emergency procedures outlined in the student's IHP, AMMP, ECP, 504 Plan, IEP or other education plan;
- Provide for practices that alert all substitute personnel. Ensure that they are aware of the needs and emergency procedures for students with asthma;
- Work with the Charter School health team to ensure the implementation of the student's written plans, including the Asthma Medical Management

Plan and education plans. Monitor plan compliance through the Charter School health team, school nurse and IEP Team, if applicable;

- Ensure that the student’s confidentiality & right to privacy is respected;
- Help establish on-campus and off-campus (for field trips and school-sponsored activities) emergency protocols;
- Include asthma awareness as part of the Charter School health or cultural education;
- Facilitate & support ongoing communication between parents/guardians of students with asthma and the Charter School staff;

**TO THE EXTENT THAT ANYTHING IN THIS POLICY COULD BE CONSTRUED TO CONFLICT WITH THE SCHOOL’S CHARTER OR APPLICABLE STATE AND/OR FEDERAL LAWS, THE APPLICABLE STATE AND/OR FEDERAL LAWS AND/OR CHARTER CONTROL.**

ADOPTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
President

\_\_\_\_\_  
Secretary