



EMERGENCY RESPONSE FOR LIFE-THREATENING CONDITIONS IN SCHOOLS: ASTHMA

UTAH DEPARTMENT OF HEALTH

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Asthma Guidelines

Introduction

There are times when students in school may need medication to help with their chronic health condition. Many students with asthma take a controller medication at home to help manage their chronic condition, but some will also need rescue medication to use during an asthma emergency. Students should have their own rescue medication (typically an albuterol inhaler) available at school to use when necessary. This requires a medication authorization form (which may be combined with an Asthma Action Plan) signed by a parent and healthcare provider and submitted every year to the student's school.

The Utah State Legislature passed House Bill 344 during the 2019 legislative session which allows schools to stock albuterol to use for students:

1. Who have a diagnosis of asthma by a healthcare professional, and
2. Who have a current asthma action plan on file with the school, and
3. Who is showing symptoms of an asthma emergency as described in the student's asthma action plan.

If a student meets all of the requirements listed above, and the school has chosen to carry stock albuterol, the student may be given the medication.

The intent is to have medication available for students whose own medication has run out, or the student who accidentally left their medication at home. This statute is not meant to replace a student's own rescue medication. The choice made by the school to make stock albuterol available should "not be interpreted to relieve a student's parent or guardian of providing a student's medication or create an expectation that a school will have stock albuterol available" (UCA 26-41-103 (6)(c)).

These guidelines have been developed to instruct school staff on how to use stock albuterol since the goal is to help keep students in class and ready to learn.

What is Asthma?

Asthma is a chronic disease of the lungs and airways that may make it difficult to breathe and can be life threatening. Asthma causes inflammation or swelling, production of excess mucus, and tightening of the muscles (bronchospasm) that surround the airway. Together the bronchospasm and inflammation make it harder to move air through the airways.

Asthma may cause respiratory distress that may include symptoms such as wheezing, shortness of breath, coughing, chest tightness, color change, retractions, or breathing difficulty.

Health-Related Forms

All students with a chronic health condition should have a healthcare plan on file if there is a chance the condition might result in a health crisis while at school. This can be an individualized healthcare plan (IHP) or an emergency action plan (EAP). A healthcare plan is written by the school nurse on daily management of students with a chronic health condition. Additionally, if a student requires medication be available at school, a medication authorization must be on file with the school, and signed by a parent and provider every year.

A student with asthma may have the following forms:

- Individualized Healthcare Plan (IHP): The IHP is written by the school nurse with input from the family. The IHP outlines the plan of care necessary to keep the student safe at school.
 - Emergency Action Plan (EAP): An EAP is a type of IHP. The EAP is written by the school nurse with input from the family, but is designed for lay staff. The EAP is usually in a “if you see this – do this” format. If combined with the medication authorization, the parent and healthcare provider must sign every year.
 - Asthma Action Plan (AAP): An AAP is a type of EAP written by the healthcare provider specifically as a plan of care for the person with asthma. If combined with the medication authorization, the parent and healthcare provider must sign every year.
- Medication authorization: If emergency medication is required at school this form must be submitted to the school every year, and must be signed by a parent and healthcare provider. This can be a separate document, or may be combined with the EAP (e.g. AAP/EAP, anaphylaxis EAP).
- Section 504 of the Rehabilitation Act of 1973 (Section 504 Plan): A written plan to direct the team on accommodations necessary for the student to have Free and Appropriate Public Education (regular education students). The Section 504 plan does not take the place of an IHP, but should be used together with an IHP if the student requires certain accommodations for their chronic health condition.
- Individualized Education Plan (IEP): A written plan for students in special education who are protected by the Individuals with Disabilities Education Act (IDEA, 2004). Accommodations for students with health conditions who are served by special education can be outlined in their IEP, but may also require a separate IHP or EAP.

The Utah Department of Health (UDOH) has created a combination form that includes the AAP/EAP and the medication form. This form can be found at [Choosehealth.utah.gov](https://www.choosehealth.utah.gov).

Possible Warning Signs and Symptoms

Early warning signs may progress to an asthma emergency. Not all students will experience all of these symptoms during an asthma emergency. Symptoms may include:

- coughing

- itchy throat or chin (tickle in the throat)
- stomachache
- feeling funny in the chest
- dark circles under eyes
- behavior changes

Late stage asthma episode signs and symptoms may include:

- becoming anxious or scared
- shortness of breath
- rapid labored breathing
- persistent coughing
- tightness in chest
- wheezing while breathing in/out
- unable to talk in full sentences
- shoulders hunched over
- sweaty, clammy skin
- changes to skin color, and dark lips or fingernails
- pallor
- retractions

Student-specific information should be listed in the student's AAP/EAP or IHP.

Asthma Medication

Asthma medications generally fall into two categories: quick relief medication and long-term control medications.

- Quick relief medications (bronchodilators) open the airways by relaxing the muscles around the bronchial tubes. Bronchodilators are taken when symptoms begin to occur or when they are likely to occur (e.g., prior to recess, physical education classes, or sports events). Albuterol is a bronchodilator.
- Long-term control medications generally are anti-inflammatory medications and taken daily on a long-term basis to gain and maintain control of persistent asthma, even in the absence of symptoms.

Student-Specific Albuterol

Students may possess or possess and self-administer asthma medication if authorization is signed every year by a parent and provider. If the student is not able to possess or self-administer their medication, the medication should be kept in an unlocked, but secure location. All student-specific medication (including inhalers) must have a signed medication authorization (or AAP/EAP) on file that is updated every year.

Stock Albuterol

During the 2019 Utah State Legislative session lawmaker passed a bill allowing any public or private school to stock albuterol for use in students who:

- Have a known diagnosis of asthma by a healthcare provider, and
- Have a current AAP/EAP on file with the school, and
- Are showing symptoms of an asthma emergency as shown in that student's AAP/EAP.

Qualified Adults

Only qualified adults can administer stock albuterol to students. To qualify, a person must:

- Be the school nurse, **or**
- Be 18 years of age or older, and
- Be a school employee, and
- Volunteer to administer the medication, and
- Have completed the training program from the school nurse (or other designated healthcare professional if there is no school nurse).

Stock Albuterol Training

The training program will be developed by the UDOH. It will include the following:

- An initial and refresher training program;
- Techniques for recognizing symptoms of an asthma emergency;
- Standards and procedures for the storage and emergency use of stock albuterol;
- Emergency follow-up procedures, and contacting, if possible, the student's parent; and
- Written materials covering the information presented.

If the school has a school nurse, the nurse should be the one ensuring the training has been completed, and that the volunteer is competent to provide the service as required by the Utah Nurse Practice Act/Rules for any medication being administered in the school. If there is not a school nurse the training may be done by a nationally-recognized organization experienced in training laypersons in emergency health treatment. Additional authorized trainers include physicians, advanced practice registered nurses, physician assistants, respiratory therapists, pharmacists, paramedic, or Certified Asthma Educators. Regardless of who administers the training, it must include the stock albuterol training program developed by the UDOH (<https://usbe.instructure.com/enroll/H8KRLR>).

Procedures to Follow After Stock Albuterol Administration

After stock albuterol is administered a student must be observed by a responsible adult until:

- The respiratory distress is resolved, **or**
- The parent takes the student home, **or**
- EMS arrives.

Once the student's breathing has improved (breathing smooth and easy, no coughing or wheezing) the student may return to class.

If EMS has been called for a student experiencing an asthma emergency that student should not return to class. If not transported to the hospital the student should go home with a parent for observation.

Prescription

The qualified entity may obtain a prescription for stock albuterol from the school medical director, the medical director of the local health department, the local emergency medical services director, or other person or entity authorized to prescribe or dispense prescription drugs.

Obtaining Stock Albuterol and Supplies

The recommended device is a metered-dose inhaler with either a plastic one-way valve or cardboard spacer. To prevent the spread of disease a disposable spacer or mask should be used whenever administering stock albuterol.

The UDOH is working with outside organizations for spacer donations and at-cost inhalers. Each school may also obtain a prescription from their medical consultant for the inhaler and then fill that prescription at the pharmacy of their choice (at their cost).

Sanitation of Stock Albuterol devices

Disposable products should be used to prevent the spread of disease. This may include disposable spacers (used with inhalers) or disposable supplies including tubing, mask, or mouthpieces (used with nebulizer). These should all be thrown away after the student is finished with them. Nebulizers shall be cleaned and sanitized properly to avoid spreading infection (American Lung Association (ALA), n.d.).

Storage of Stock Albuterol

The stock albuterol shall be stored in a secure and easily accessible, unlocked location known to the school nurse and all school staff designated to administer the albuterol in case of the nurse's absence (ALA).

Disposal

Expired or empty stock albuterol should be disposed of following manufacturer's instructions.

Documentation

The school's written policy should include documentation of medication given at school and the practice for administering medications. Each dose of medication administered or witnessed by school staff should be documented on a medication log in ink or electronically. This log becomes a permanent health record for parents and health care providers, and provides legal protection to those who assist with medications at school. It also helps ensure students receive medications as prescribed, and can help reduce medication errors (UDOH, 2017).

The medication log should contain the following information:

- Student name
- Prescribed medication and dosage
- Schedule for medication administration
- Name(s) and signature(s)/initial(s) or electronic identification of individual(s) authorized and trained to supervise administration of medications
- Whether the medication administered was the student's own albuterol or stock albuterol.

Reporting

The Utah State Statute (UCA 26-41) requires schools to report aggregate asthma rescue medication data every year to the UDOH. This should be done in the School Health Workload Report submitted to the UDOH at the end of the school year. Aggregate data to be submitted may include but is not limited to:

- The number of staff trained to administer the stock albuterol,
- The number of times the stock albuterol was administered by school staff (non-nurse) and school nurse,
- The number of nurses who are familiar with the stock albuterol law, and
- The disposition of students who received the stock albuterol (returned to class, went home, EMS called).

Medication Errors

A medication incident or error report form should be used to report medication errors and must be filled out every time a medication error occurs.

Routine errors include the following:

- Wrong student
- Wrong medication
- Wrong dosage
- Wrong time
- Wrong route

All medication incident or error reports should be shared between the school nurse, the parent or guardian, and other appropriate school and health care personnel according to school policy. The school should retain all medication error forms.

The Poison Control number is (800) 222-1222 and may need to be consulted for medication errors.

Definitions

Albuterol: A bronchodilator used to open the airways by relaxing the muscles around the bronchial tubes.

Asthma Emergency: An episode of respiratory distress that may include symptoms such as wheezing, shortness of breath, coughing, chest tightness, or breathing difficulty.

Healthcare Provider: A medical/health practitioner who has a current license in the state of Utah with a scope of practice that includes prescribing medication. These include a physician, an advanced practice registered nurse, or a physician assistant.

Inhaler: A device for the delivery of prescribed asthma medication which is inhaled. This includes metered dose inhalers (MDI), dry powder inhalers, soft mist inhalers, and nebulizers.

Local Education Agency (LEA): The school district, charter or private school.

Medication: Prescribed drugs and medical devices controlled by the U.S. Food and Drug Administration and ordered by a healthcare provider. It includes over-the-counter medications prescribed through a standing order by the school physician or prescribed by the student's healthcare provider.

Medication Authorization Form: A form required before medication can be stored, administered, or carried by a student. This form must be submitted to the school every year, and must be signed by a parent and healthcare provider. This form can be the form designed by the State, or a form created by the LEA.

Medication Error: Occurs when a medication is not administered as prescribed. This includes when the medication prescribed is not given to the correct student, at the correct time, in the dosage prescribed, by the correct route, or when the wrong medication is administered.

Medication Log: A form that provides required documentation when any medication is administered to a student. This form can be the form designed by the UDOH, or a form created by the LEA.

Nebulizer: A compressor device used for the delivery of an inhaled mist containing medication to help relieve respiratory distress.

Parent: A natural or adoptive parent, a guardian, or person acting as a parent of a child with legal responsibility for the child's welfare.

School Nurse: A registered professional nurse with a current nursing license who practices in a school setting.

Self-Administration: When the student administers medication independently to themselves.

Spacer: A mouthpiece that attaches to the inhaler allowing for improved medication delivery by slowing the speed of the medication propelled from the inhaler allowing the medication particles to reach deeper into the lungs.

Stock Albuterol: A bronchodilator medication in the form of a metered-dose inhaler or albuterol solution for a nebulizer that is ordered by a healthcare provider, stored in the school to be used by a qualified adult for a student who has a current AAP, EAP, or IHP and does not have their personal albuterol available or easily accessible to use during an asthma attack.

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APPENDIX

Statute

Chapter 41 **Emergency Response for Life-threatening Conditions**

Effective 7/1/2020

26-41-101 Title.

This chapter is known as "Emergency Response for Life-threatening Conditions."

26-41-102 Definitions.

As used in this chapter:

- (1) "Anaphylaxis" means a potentially life-threatening hypersensitivity to a substance.
 - (a) Symptoms of anaphylaxis may include shortness of breath, wheezing, difficulty breathing, difficulty talking or swallowing, hives, itching, swelling, shock, or asthma.
 - (b) Causes of anaphylaxis may include insect sting, food allergy, drug reaction, and exercise.
- (2) "Asthma action plan" means a written plan;
 - (a) developed with a school nurse, a student's parent or guardian, and the student's health care provider to help control the student's asthma; and
 - (b) signed by the student's:
 - (i) parent or guardian; and
 - (ii) health care provider.
- (3) "Asthma emergency" means an episode of respiratory distress that may include symptoms such as wheezing, shortness of breath, coughing, chest tightness, or breathing difficulty.
- (4) "Epinephrine auto-injector" means a portable, disposable drug delivery device that contains a measured, single dose of epinephrine that is used to treat a person suffering a potentially fatal anaphylactic reaction.
- (5) "Health care provider" means an individual who is licensed as:
 - (a) a physician under Title 58, Chapter 67, Utah Medical Practice Act;
 - (b) a physician under Title 58, Chapter 68, Utah Osteopathic Medical Practice Act;
 - (c) an advanced practice registered nurse under Section 58-31b-302; or
 - (d) a physician assistant under Title 58, Chapter 70a, Utah Physician Assistant Act.
- (6) "Pharmacist" means the same as that term is defined in Section [58-17b-102](#).
- (7) "Pharmacy intern" means the same as that term is defined in Section [58-17b-102](#).
- (8) "Physician" means the same as that term is defined in Section [58-67-102](#).
- (9) "Qualified adult" means a person who:
 - (a) is 18 years of age or older; and
 - (b) (i) for purposes of administering an epinephrine auto-injector, has successfully completed the training program established in Section [26-41-104](#); and
 - (ii) for purposes of administering stock albuterol, has successfully completed the training program established in Section [26-41-104.1](#).

(10) "Qualified epinephrine auto-injector entity":

(a) means a facility or organization that employs, contracts with, or has a similar relationship with a qualified adult who is likely to have contact with another person who may experience anaphylaxis; and

(b) includes:

- (i) recreation camps;
- (ii) an education facility, school, or university;
- (iii) a day care facility;
- (iv) youth sports leagues;
- (v) amusement parks;
- (vi) food establishments;
- (vii) places of employment; and
- (viii) recreation areas.

(11) "Qualified stock albuterol entity" means a public or private school that employs, contracts with, or has a similar relationship with a qualified adult who is likely to have contact with another person who may experience an asthma emergency.

(12) "Stock albuterol" means a prescription inhaled medication:

- (a) used to treat asthma; and
- (b) that may be delivered through a device, including:
 - (i) an inhaler; or
 - (ii) a nebulizer with a mouthpiece or mask.

26-41-103 Voluntary participation.

(1) This chapter does not create a duty or standard of care for:

(a) a person to be trained in the use and storage of epinephrine auto-injectors or stock albuterol; or

(b) except as provided in Subsection (5), a qualified epinephrine auto-injector entity to store epinephrine auto-injectors or a qualified stock albuterol entity to store stock albuterol on its premises.

(2) Except as provided in Subsections (3) and (5), a decision by a person to successfully complete a training program under Section 26-41-104 or 26-41-104.1 and to make emergency epinephrine auto-injectors or stock albuterol available under the provisions of this chapter is voluntary.

(3) A school, school board, or school official may not prohibit or dissuade a teacher or other school employee at a primary or secondary school in the state, either public or private, from:

(a) completing a training program under Section 26-41-104 or 26-41-104.1;

(b) possessing or storing an epinephrine auto-injector or stock albuterol on school property if:

(i) the teacher or school employee is a qualified adult; and

(ii) the possession and storage is in accordance with the training received under Section 26-41-104 or 26-41-104.1; or

(c) administering an epinephrine auto-injector or stock albuterol to any person, if:

(i) the teacher or school employee is a qualified adult; and

(ii) the administration is in accordance with the training received under Section 26-41-104 or 26-41-104.1.

(4) A school, school board, or school official may encourage a teacher or other school employee to volunteer to become a qualified adult.

(5)

(a) Each primary or secondary school in the state, both public and private, shall make an emergency epinephrine auto-injector available to any teacher or other school employee who:

(i) is employed at the school; and

(ii) is a qualified adult.

(b) This section does not require a school described in Subsection (5)(a) to keep more than one emergency epinephrine auto-injector on the school premises, so long as it may be quickly accessed by a teacher or other school employee, who is a qualified adult, in the event of an emergency.

(6)

(a) Each primary or secondary school in the state, both public and private, may make stock albuterol available to any school employee who:

(i) is employed at the school; and

(ii) is a qualified adult.

(b) A qualified adult may administer stock albuterol to a student who:

(i) has a diagnosis of asthma by a health care provider;

(ii) has a current asthma action plan on file with the school; and

(iii) is showing symptoms of an asthma emergency as described in the student's asthma action plan.

(c) This Subsection (6) may not be interpreted to relieve a student's parent or guardian of providing a student's medication or create an expectation that a school will have stock albuterol available.

(7) No school, school board, or school official shall retaliate or otherwise take adverse action against a teacher or other school employee for:

(a) volunteering under Subsection (2);

(b) engaging in conduct described in Subsection (3); or

(c) failing or refusing to become a qualified adult.

26-41-104 Training in use and storage of epinephrine auto-injector.

(1)

(a) Each primary and secondary school in the state, both public and private, shall make initial and annual refresher training, regarding the storage and emergency use of an epinephrine auto-injector, available to any teacher or other school employee who volunteers to become a qualified adult.

(b) The training described in Subsection (1)(a) may be provided by the school nurse, or other person qualified to provide such training, designated by the school district physician, the medical director of the local health department, or the local emergency medical services director.

(2) A person who provides training under Subsection (1) or (6) shall include in the training:

(a) techniques for recognizing symptoms of anaphylaxis;

(b) standards and procedures for the storage and emergency use of epinephrine auto-injectors;

(c) emergency follow-up procedures, including calling the emergency EMS number and contacting, if possible, the student's parent and physician; and

- (d) written materials covering the information required under this Subsection (2).
- (3) A qualified adult shall retain for reference the written materials prepared in accordance with Subsection (2)(d).
- (4) A public school shall permit a student to possess an epinephrine auto-injector or possess and self-administer an epinephrine auto-injector if:
- (a) the student's parent or guardian signs a statement:
 - (i) authorizing the student to possess or possess and self-administer an epinephrine autoinjector; and
 - (ii) acknowledging that the student is responsible for, and capable of, possessing or possessing and self-administering an epinephrine auto-injector; and
 - (b) the student's health care provider provides a written statement that states that:
 - (i) it is medically appropriate for the student to possess or possess and self-administer an epinephrine auto-injector; and
 - (ii) the student should be in possession of the epinephrine auto-injector at all times.
- (5) The department, in cooperation with the state superintendent of public instruction, shall design forms to be used by public and private schools for the parental and health care providers statements described in Subsection (4).
- (6)
- (a) The department:
 - (i) shall approve educational programs conducted by other persons, to train:
 - (A) people under Subsection (6)(b) of this section, regarding the proper use and storage of emergency epinephrine auto-injectors; and
 - (B) a qualified epinephrine auto-injector entity regarding the proper storage and emergency use of epinephrine auto-injectors; and
 - (ii) may, as funding is available, conduct educational programs to train people regarding the use of and storage of emergency epinephrine auto-injectors.
 - (b) A person who volunteers to receive training as a qualified adult to administer an epinephrine auto-injector under the provisions of this Subsection (6) shall demonstrate a need for the training to the department, which may be based upon occupational, volunteer, or family circumstances, and shall include:
 - (i) camp counselors;
 - (ii) scout leaders;
 - (iii) forest rangers;
 - (iv) tour guides; and
 - (v) other persons who have or reasonably expect to have contact with at least one other person as a result of the person's occupational or volunteer status.

26-41-104.1 Training in use and storage of stock albuterol.

- (1)
- (a) Each primary and secondary school in the state, both public and private, shall make initial and annual refresher training regarding the storage and emergency use of stock albuterol available to a teacher or school employee who volunteers to become a qualified adult.
 - (b) The training described in Subsection (1)(a) shall be provided by the department.
- (2) A person who provides training under Subsection (1) or (6) shall include in the training:

- (a) techniques for recognizing symptoms of an asthma emergency;
 - (b) standards and procedures for the storage and emergency use of stock albuterol;
 - (c) emergency follow-up procedures, and contacting, if possible, the student's parent; and:
 - (d) written materials covering the information required under this Subsection (2).
- (3) A qualified adult shall retain for reference the written materials prepared in accordance with Subsection (2)(d).
- (4)
- (a) A public or private school shall permit a student to possess and self-administer asthma medication if:
 - (i) the student's parent or guardian signs a statement:
 - (A) authorizing the student to self-administer asthma medication; and
 - (B) acknowledging that the student is responsible for, and capable of, self-administering the asthma medication; and
 - (ii) the student's health care provider provides a written statement that states:
 - (A) it is medically appropriate for the student to self-administer asthma medication and be in possession of asthma medication at all times; and
 - (B) the name of the asthma medication prescribed or authorized for the student's use.
 - (b) Section 53G-8-205 does not apply to the possession and self-administration of asthma medication in accordance with this section.
- (5) The department, in cooperation with the state superintendent of public instruction, shall design forms to be used by public and private schools for the parental and health care provider statements described in Subsection (4).
- (6) The department:
- (a) shall approve educational programs conducted by other persons to train:
 - (i) people under Subsection (6)(b), regarding the proper use and storage of stock albuterol; and
 - (ii) a qualified stock albuterol entity regarding the proper storage and emergency use of stock albuterol; and
 - (b) may conduct educational programs to train people regarding the use of and storage of stock albuterol.

26-41-105 Authority to obtain and use an epinephrine auto-injector or stock albuterol.

- (1) A qualified adult who is a teacher or other school employee at a public or private primary or secondary school in the state, or a school nurse, may obtain from the school district physician, the medical director of the local health department, or the local emergency medical services director a prescription for:
- (a) epinephrine auto-injectors for use in accordance with this chapter; or
 - (b) stock albuterol for use in accordance with this chapter.
- (2) (a) A qualified adult may obtain an epinephrine auto-injector for use in accordance with this chapter that is dispensed by:
- (i) a pharmacist as provided under Section [58-17b-1004](#); or
 - (ii) a pharmacy intern as provided under Section [58-17b-1004](#).
- (b) A qualified adult may obtain stock albuterol for use in accordance with this chapter that is dispensed by:
- (i) a pharmacist as provided under Section [58-17b-1004](#); or

(ii) a pharmacy intern as provided under Section 58-17b-1004.

(3) A qualified adult:

(a) may immediately administer an epinephrine auto-injector to a person exhibiting potentially life threatening symptoms of anaphylaxis when a physician is not immediately available; and

(b) shall initiate emergency medical services or other appropriate medical follow-up in accordance with the training materials retained under Section 26-41-104 after administering an epinephrine auto-injector.

(4) If a school nurse is not immediately available, a qualified adult:

(a) may immediately administer stock albuterol to an individual who:

(i) has a diagnosis of asthma by a health care provider;

(ii) has a current asthma action plan on file with the school; and

(iii) is showing symptoms of an asthma emergency as described in the student's asthma action plan; and

(b) shall initiate appropriate medical follow-up in accordance with the training materials retained under Section 26-41-104.1 after administering stock albuterol.

(5) (a) A qualified entity that complies with Subsection (5)(b) or (c), may obtain a supply of epinephrine auto-injectors or stock albuterol, respectively, from a pharmacist under Section 58-17b-1004, or a pharmacy intern under Section 58-17b-1004 for:

(i) storing:

(A) the epinephrine auto-injectors on the qualified epinephrine auto-injector entity's premises; and

(B) stock albuterol on the qualified stock albuterol entity's premises; and

(ii) use by a qualified adult in accordance with Subsection (3) or (4).

(b) A qualified epinephrine auto-injector entity shall:

(i) designate an individual to complete an initial and annual refresher training program regarding the proper storage and emergency use of an epinephrine auto-injector available to a qualified adult; and

(ii) store epinephrine auto-injectors in accordance with the standards established by the department in Section 26-41-107.

(c) A qualified stock albuterol entity shall:

(i) designate an individual to complete an initial and annual refresher training program regarding the proper storage and emergency use of stock albuterol available to a qualified adult; and

(ii) store stock albuterol in accordance with the standards established by the department in Section 26-41-107.

26-41-106 Immunity from liability.

(1) The following, if acting in good faith, are not liable in any civil or criminal action for any act taken or not taken under the authority of this chapter with respect to an anaphylactic reaction or asthma emergency:

(a) a qualified adult;

(b) a physician, pharmacist, or any other person or entity authorized to prescribe or dispense prescription drugs;

- (c) a person who conducts training described in Section 26-41-104 or 26-41-104.1;
 - (d) a qualified epinephrine auto-injector entity; and
 - (e) a qualified stock albuterol entity.
- (2) Section 53G-9-502 does not apply to the administration of an epinephrine auto-injector or stock albuterol in accordance with this chapter.
- (3) This section does not eliminate, limit, or reduce any other immunity from liability or defense against liability that may be available under state law.

26-41-107 Administrative rulemaking authority.

The department shall adopt rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to:

- (1) establish and approve training programs in accordance with Sections 26-41-104 and 26-41-104.1;
- (2) establish a procedure for determining who is eligible for training as a qualified adult under Subsection 26-41-104(6)(b)(v); and
- (3) establish standards for storage of:
 - (a) emergency auto-injectors by a qualified epinephrine auto-injector entity under Section 26-41-104; and
 - (b) stock albuterol by a qualified stock albuterol entity under Section 26-41-104.1.

Rules

R426. Health, Family Health and Preparedness, Emergency Medical Services.

R426-5. Emergency Medical Services Training, Endorsement, Certification, and Licensing Standards.

R426-5-2700. Epinephrine Auto-Injector and Stock Albuterol Use.

(1) Any qualified entities or qualified adults shall receive training approved by the Department.

(a) The epinephrine auto-injector training shall include:

- (i) recognition of life threatening symptoms of anaphylaxis;
- (ii) appropriate administration of an epinephrine auto-injector;
- (iii) proper storage of an epinephrine auto-injector;
- (iv) disposal of an epinephrine auto-injector; and
- (v) an initial and annual refresher course.

(b) The stock albuterol training shall include:

- (i) recognition of life threatening symptoms of an asthma emergency;
- (ii) appropriate administration of stock albuterol;
- (iii) proper storage of stock albuterol;
- (iv) disposal of stock albuterol; and
- (v) an initial and annual refresher course.

(2) The annual refresher course requirement may be waived if:

(a) the qualified entities or qualified adults are currently licensed at the EMR or higher level by the state; or

(b) the approved trainings are the Red Cross and American Heart Association epinephrine auto-injector modules.

(3) Training in the school setting shall be based on approved Department trainings found pursuant to Section 26-41-104.

(4) To become qualified, a teacher or school employee who is 18 years of age or older shall successfully complete the training program listed in Subsection R426-5-2700(1).

(5) All epinephrine auto injectors and stock albuterol shall be kept in a secure unlocked location for use in an emergency. Devices should be disposed of following the manufacturer's specifications.

KEY: emergency medical services Date of Enactment or Last Substantive Amendment: 2020

Notice of Continuation: December 6, 2016

Authorizing, and Implemented or Interpreted Law: 26-1-30; 26-8a-302

Asthma Action Plan

<h2 style="color: green; margin: 0;">Asthma Action Plan (AAP)</h2> <h3 style="margin: 0;">Individualized Healthcare Plan (IHP)/Emergency Action Plan (EAP)/Medication Authorization & Self-Administration Form</h3> <p style="margin: 0;">in accordance with UCA 26-41-104</p> <p style="margin: 0;">Utah Department of Health/Utah State Board of Education</p>			School Year:	Picture
STUDENT INFORMATION				
Student:	DOB:	Grade:	School:	
Parent:	Phone:	Email:		
Physician:	Phone:	Fax or email:		
School Nurse:	School Phone:	Fax or email:		
Severity Classification <input type="checkbox"/> Intermittent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Severe Persistent				
Triggers <input type="checkbox"/> Illness <input type="checkbox"/> Exercise <input type="checkbox"/> Animals <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Food <input type="checkbox"/> Weather <input type="checkbox"/> Air Quality <input type="checkbox"/> Pollen <input type="checkbox"/> Other (specify):				
Air Quality Student should stay indoors when Air Quality Index is:			Exercise Take quick-relief medication (see medication order in Yellow section below):	
<input type="checkbox"/> Moderate	<input type="checkbox"/> Unhealthy for sensitive groups	<input type="checkbox"/> Unhealthy	<input type="checkbox"/> Other:	
Green: Doing Great!			Action	
Student has ALL of these:		Controller Medication (taken at home)	How Much?	How Often?
<ul style="list-style-type: none"> - Breathing is easy - No cough or wheeze - Able to work and play normally 				
Yellow: Mild to Moderate Distress			Action	
Student has ANY of these:		Quick-Relief Medication	How Much?	How Often?
<ul style="list-style-type: none"> - Coughing or wheezing - Tight chest - Shortness of breath - Waking up at night 		Administer Via	<input type="checkbox"/> Student is independent <input type="checkbox"/> Student needs assistance <input type="checkbox"/> Student needs supervision	
		<input type="checkbox"/> Inhaler <input type="checkbox"/> Nebulizer <input type="checkbox"/> Inhaler with spacer	<ol style="list-style-type: none"> 1. Restrict physical activity and allow to rest upright. 2. Do not leave student unattended. Observe continuously for 15 minutes. 3. Notify parent/guardian. 4. If improved (breathing smooth and easy, no coughing or wheezing) may return to class. 5. If no improvement call EMS and move to Red section below. 	
Red: Severe Respiratory Distress			Action	
Student has ANY of these:		Call EMS!		
<ul style="list-style-type: none"> - Trouble eating, walking or talking - Breathing hard and fast - Medicine isn't helping - Rib or neck muscles show when breathing in - Color changes in lips, nail beds, skin 		<ol style="list-style-type: none"> 1. Repeat ____ puffs of Quick-Relief Medication (each 15-30 seconds apart) every ____ minutes until medical help arrives. 2. Encourage slow breaths and allow individual to rest. 3. Update parent/guardian. 4. Do not leave student unattended. Observe continuously until EMS arrives <input type="checkbox"/> Additional Orders (specify):		
CONTINUED ON NEXT PAGE ▶				

Asthma Action Plan (AAP)

Student Name:		DOB:	School Year:
PRESCRIBER TO COMPLETE			
The above named student is under my care. <u>The above reflects my plan of care for the above named student.</u>			
<input type="checkbox"/> It is medically appropriate for the student to carry and self-administer asthma medication, when able and appropriate, and be in possession of asthma medication and supplies at all times.			
<input type="checkbox"/> It is not medically appropriate for the student to carry and self-administer this asthma medication. Please have the appropriate/designated school personnel maintain this student's medication for use if having symptoms at school.			
Prescriber Name:		Phone:	
Prescriber Signature:		Date:	
PARENT TO COMPLETE			
Parental Responsibilities:			
<ul style="list-style-type: none"> • The parent or guardian is to furnish the asthma medication and bring to the school in the current original pharmacy container and pharmacy label with the child's name, medication name, administration time, medication dosage, and healthcare provider's name. • The parent or guardian, or other designated adult will deliver to the school and replace the asthma medication when empty. • If a student has a change in their prescription, the parent or guardian is responsible for providing the newly prescribed information and dose information as described above to the school. The parent or guardian will complete an updated Asthma Action Plan before designated staff can administer the updated asthma medication prescription. 			
Parent/Guardian Authorization			
<input type="checkbox"/> I authorize my child to carry and self-administer the prescribed medication described above. My student is responsible for, and capable of, possessing or possessing and self-administering an asthma inhaler per UCA 53G-9-503. My child and I understand there are serious consequences for sharing any medication with others.			
<input type="checkbox"/> I do not authorize my child to carry and self-administer this medication. Please have the appropriate/designated school personnel maintain my child's medication for use in an emergency.			
<input type="checkbox"/> I authorize the appropriate/designated school personnel maintain my child's medication for use in emergency.			
Parent Signature:			Date:
<i>As parent/guardian of the above named student, I give my permission to the school nurse and other designated staff to administer medication and follow protocol as identified in the asthma action plan. I agree to release, indemnify, and hold harmless the above from lawsuits, claim expense, demand or action, etc., against them for helping this student with asthma treatment, provided the personnel are following prescriber instruction as written in the asthma action plan above. Parent/Guardians and students are responsible for maintaining necessary supplies, medication and equipment. I give permission for communication between the prescribing health care provider, the school nurse, the school medical advisor and school-based clinic providers necessary for asthma management and administration of medication. I understand that the information contained in this plan will be shared with school staff on a need-to-know basis and that it is the responsibility of the parent/guardian to notify school staff whenever there is any change in the student's health status or care.</i>			
Parent Name:		Signature:	Date:
Emergency Contact Name:		Relationship:	Phone:
SCHOOL NURSE (or principal designee if no school nurse)			
<input type="checkbox"/> Signed by prescriber and parent	<input type="checkbox"/> Medication is appropriately labeled	<input type="checkbox"/> Medication log generated	
Medication is kept: <input type="checkbox"/> Student Carries <input type="checkbox"/> Backpack <input type="checkbox"/> Classroom <input type="checkbox"/> Health Office <input type="checkbox"/> Front Office			
<input type="checkbox"/> Other (specify):			
Asthma Action Plan distributed to 'need to know' staff: <input type="checkbox"/> Teacher(s) <input type="checkbox"/> PE teacher(s)			
<input type="checkbox"/> Transportation <input type="checkbox"/> Front Office/Admin <input type="checkbox"/> Other (specify):			
School Nurse Signature:			Date:

Model Policy and Procedures

Model Policy: Stock Albuterol in Schools

The [insert name of LEA] Board of Education recognizes asthma is a chronic, life-threatening condition. Students with a diagnosis of asthma who are prescribed albuterol are strongly encouraged to self-carry and self-administer their medication, if appropriate. Students who are unable to self-carry and self-administer their medication should bring their inhaler to school and follow the asthma action plan written by the school nurse, student's parent/guardian, and healthcare provider.

Under this policy, the school board may allow the school to provide stock albuterol to students with asthma in the event the student is experiencing an asthma emergency and does not have access to their own inhaler.

Conditions for Administering Stock Albuterol

Students diagnosed with asthma whose personal albuterol is empty or temporarily unavailable may receive an emergency dose of school-stocked albuterol under the following conditions:

1. Have a diagnosis of asthma, and
2. Have a current Asthma Action Plan (IHP/EAP) signed by a healthcare provider and parent on file with the school, and
3. Be experiencing symptoms of an asthma emergency as described in the student's asthma action plan

For students experiencing respiratory distress without a diagnosis of asthma or without a current asthma action plan on file with the school, school personnel should call EMS immediately.

The LEA and its employees and agents, including authorized licensed prescriber providing the standing prescription of stock albuterol are to incur no liability, with the exception of gross negligence, as a result of injury arising from the administration of stock albuterol.

This policy should not be interpreted to relieve a student's parent or guardian of providing a student's medication or create an expectation that a school will have stock albuterol available.

Administering and Storing Stock Albuterol

To administer and store the stock albuterol the following procedures shall be followed:

Only the school nurse and designated personnel who have completed appropriate training shall administer the stock albuterol.

Each school may find volunteer school employees to administer the stock albuterol when the nurse is not available.

All who administer stock albuterol, including the nurse and other designated personnel, are required to complete the appropriate training.

The stock albuterol shall be stored in an unlocked, but secure and easily accessible location known to the school nurse and all school staff designated to administer the stock albuterol in case of the nurse's absence.

To minimize the spread of disease:

- inhalers shall be used with disposable spacers or disposable mouth-pieces.
- disposable tubing with mask or mouthpieces may be used with nebulizers and discarded after the student is finished with it.
- nebulizers shall be cleaned and sanitized properly to avoid spreading infection.

Each school shall document each time the stock albuterol is used, by which student, and make a note of parent/guardian notification.

Obtaining Stock Albuterol

The stock albuterol and appropriate medical devices needed for proper medication delivery shall be prescribed by the school's medical director.

A provider may prescribe stock albuterol in the name of (insert school district or school) to be maintained for use when deemed necessary based on the provisions of this section.

All stock albuterol, devices, and device components needed to appropriately administer the medication must be obtained from a licensed pharmacy, manufacturer, or national asthma organization. No stock albuterol, devices, or device components can be accepted from private individuals.

All expired medication shall be discarded in accordance with proper procedure.

Effective Date

This policy shall take effect in full on [insert date].

Reference

American Lung Association, (n.d.). Model policy on stock bronchodilators. Retrieved from <https://www.lung.org/getmedia/92bd8d3f-c5ca-46c0-9063-9d5719ec690b/model-policy-for-school.pdf.pdf>