

When Should Students With Asthma or Allergies Carry and Self-Administer Emergency Medications at School?

Guidance for Healthcare Providers Who Prescribe Emergency Medications

Physicians and others authorized to prescribe medications, working together with parents and school nurses, should consider the list of factors below in determining when to entrust and encourage a student with diagnosed asthma and/or anaphylaxis to carry and self-administer prescribed emergency medications at school.

Most students can better manage their asthma or allergies and can more safely respond to symptoms if they carry and self-administer their life-saving medications at school. **Each student should have a personal asthma/allergy management plan on file at school that addresses carrying and self-administering emergency medications.** If carrying medications is not initially deemed appropriate for a student, then his/her asthma/allergy management plan should include action steps for developing the necessary skills or behaviors that would lead to this goal. All schools need to abide by state laws and policies related to permitting students to carry and self-administer asthma inhalers and epinephrine auto-injectors.

Healthcare providers should assess student, family, school, and community factors in determining when a student should carry and self-administer life saving medications. **Healthcare providers should communicate their recommendation to the parent/guardian and the school, and maintain communication with the school,** especially the school nurse. Assessment of the factors below should help to establish a profile that guides the decision; however, responses will not generate a “score” that clearly differentiates students who would be successful.

Student factors:

- 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 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 at school, for example:
 - Keeping one’s bronchodilator inhaler and/or auto-injectable epinephrine with him/her at all times;
 - Notifying a responsible adult (e.g., teacher, nurse, coach, playground assistant) during the day when a bronchodilator inhaler is used and immediately when auto-injectable epinephrine is used;
 - Not sharing medication with other students or leaving it unattended;
 - Not using bronchodilator inhaler or auto-injectable epinephrine for any other use than what is intended;
- Responsible carrying and self-administering medicine at school in the past (e.g., while attending a previous school or during an after-school program).

NOTE: Although past asthma history is not a sure predictor of future asthma episodes, those children with a history of asthma symptoms and episodes might benefit the most from carrying and self-administering emergency medications at school. 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 department visits due to asthma

Parent/guardian factors:

- Desire for the student to self-carry and self-administer
- Awareness of school medication policies and parental responsibilities
- Commitment to making sure the student has the needed medication with them, medications are refilled when needed, back-up medications are provided, and medication use at school is monitored through collaborative effort between the parent/guardian and the school team

School and community factors:

In making the assessment of when a student should carry and self-administer emergency 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 medicines. Such factors include:

- Presence of a full-time school nurse or health assistant in the school all day every day
- Availability of trained staff to administer medications to students who do not self-carry and to those who do (in case student loses or is unable to properly take his/her medication); to monitor administration of medications by students who do self-carry
- Provision for safe storage and easy, immediate access to students' medications for both those who do not self-carry and for access to back-up medicine for those who do
- Close proximity of stored medicine in relationship to student's classroom and playing fields
- Availability of medication and trained staff for off-campus activities
- Communication systems in school (intercom, walkie-talkie, cell phones, pagers) 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 asthma and anaphylaxis basic training for school staff (including after-school coaches and bus drivers)

NOTE: The goal is for all students to eventually carry and self-administer 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 this 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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