

SECOND REGULAR SESSION
[TRULY AGREED TO AND FINALLY PASSED]

HOUSE BILL NO. 1188

96TH GENERAL ASSEMBLY

4141L.01T

2012

AN ACT

To amend chapter 167, RSMo, by adding thereto one new section relating to the administration of asthma related rescue medication by school nurses.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Chapter 167, RSMo, is amended by adding thereto one new section, to be known as section 167.635, to read as follows:

- 167.635. 1. Each school board may authorize a school nurse licensed under chapter 335 who is employed by the school district and for whom the board is responsible to maintain a supply of asthma related rescue medications at the school. The nurse shall recommend to the school board the quantity of medication the school should maintain.**
- 2. To obtain asthma rescue medications for a school district, a prescription written by a licensed physician, a physician's assistant, or nurse practitioner is required. For such prescriptions, the school district shall be designated as the patient, the nurse's name shall be required, and the prescription shall be filled at a licensed pharmacy.**
- 3. A school nurse or other school employee trained by and supervised by the nurse shall have the discretion to use asthma related rescue medications on any student the school nurse or trained employee believes is having a life-threatening asthma episode based on the training in recognizing an acute asthma episode. The provisions of section 167.624**

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

13 **concerning immunity from civil liability for trained employees administering lifesaving**
14 **methods shall apply to trained employees administering an asthma related rescue**
15 **medication under this section.**

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Model Policy for School Districts: Stock Bronchodilators

How to Implement a Model Policy

The American Lung Association has created this model policy to inform development of policies allowing use of stock bronchodilators in schools. The purpose of this model policy is to improve the health and academic outcomes of students with asthma.

The policy below assumes an ideal school setting. However, we recognize not every school or school district will have the same resources and thus may need to revise and customize the policy prior to adoption and implementation. When customizing the policy, school officials are encouraged to examine their school's additional policies related to asthma care insuring they are in line with best practices, such as those recommended by the [Centers for Disease Control and Prevention \(CDC\)](#).

Below are some frequently asked questions when adopting a model policy.

What does the red text mean?

The red text within the model policy indicates a place to customize the policy to your school or locality. Please insert the appropriate information related to your school and your policy for the red text.

Do I have to implement the policy word for word?

No. As mentioned above, the policy is written broadly, but makes some basic assumptions, such as all schools have a full time school nurse. Given this, the policy should be amended, customized as necessary, to appropriately fit your school and school district's situation and legal framework.

Should I have a lawyer and/or other relevant policy advisor review it to be sure it fits with my school district's laws and policies?

Yes. The model policy is written broadly, but cannot take into account every state and local law. Please review the policy before adoption to make sure it is consistent with your state and local laws and regulations.

What else do I need to do after adopting the model policy?

After adopting the model policy, it is strongly encouraged that each school or school district develop a "Protocol and Procedures" document. The model policy is broad and does not address specific situations that may arise in a school. This Protocol and Procedures document will govern specific situations in each school or school district. It can take into account differences in resources between schools and school districts. There is additional information on the next page about creating this document.

After adopting your school's policy, it is encouraged that you promote the policy to staff, parent/guardians and students in your community.

Is there additional information available to help the students at my school with asthma?

Yes. The American Lung Association has created numerous resources to help make your school asthma friendly. You can find those resources at www.lung.org/afsitoolkit.

Creating a Protocols and Procedures Document

Each school/school district is encouraged to create and adopt a “Protocols and Procedures” document to further clarify the Stock Bronchodilator policy and its use in specific situations to best fit the needs of their school/school district. Below is a list of questions each school/school district may want to address when creating their “Protocols and Procedures.”

Questions

- In the model policy, school personnel need to complete the appropriate training in order to administer the stock bronchodilators to students. What topics must be included in that training? Who will provide the training? Who will oversee, track and monitor the training?
- Should the school implement a system to track and record instances of use of the stock bronchodilators? If so, how?
- What is the process for notifying a student’s parent/guardian when the stock bronchodilator is used?
- What is the process for notification or communication with a student’s healthcare provider when the stock bronchodilator is used?
- Is the release of liability already addressed elsewhere in your school’s/ school district’s policies? If it is, this may not need to be addressed in the specific policy of stock bronchodilators.
- What are the procedures for sanitizing the medical devices and device components needed to use the bronchodilator?
- If there is a preference for one delivery method (i.e., nebulizers or inhalers), will that be addressed in your school policy? How will the chosen delivery method impact the implementation of the policy?

Model Policy: Stock Bronchodilators in Schools

The [INSERT NAME OF SCHOOL DISTRICT] Board of Education recognizes asthma is a chronic, life-threatening condition. Over 7 million children in the United State have asthma, including [INSERT STATE #] in [STATE]. Asthma is the third leading cause of hospitalization of children and is responsible for 10.5 million missed school days every year. Students with a diagnosis of asthma who are prescribed bronchodilator (fast-acting inhaler) 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 alternate procedure outlined by the school nurse, student’s parent/guardian and health care provider.

Under this policy, the school board shall allow the school health program, in coordination with the school administration, to provide bronchodilators to students with asthma in the event the student is experiencing an asthma episode and does not have access to their own inhaler.

[Note: For more specific details on protocols and procedures in carrying out this policy, please refer to your school’s Protocols and Procedures document.]

Definitions

For the purposes of this policy, the following definitions have the following meanings:

- 1) “Bronchodilators” means any medication used for the quick relief of asthma symptoms that dilates the airways and is recommended by the National Heart, Lung and Blood Institute’s National Asthma Education and Prevention Program Guidelines for the Treatment of Asthma, such bronchodilators may include an orally inhaled medication that contains a premeasured single dose of albuterol or albuterol sulfate delivered by a nebulizer (compressor device); or by a pressured metered dose inhaler used to treat respiratory distress, including, but not limited to, wheezing, shortness of breath, and difficulty breathing or another dosage of a bronchodilator recommended in the Guidelines for the Treatment of Asthma.
- 2) “School Nurse” means a registered nurse (RN) licensed by the state board of nursing, working in the school and meeting any additional state criteria.
- 3) “Asthma” means a chronic lung disease that inflames and narrows the airways. It causes recurring periods of wheezing, chest tightness, shortness of breath and coughing. For the purpose of this policy, “asthma” also includes “reactive airway disease” commonly referred to as RAD.

Conditions for Administering Bronchodilators

Students diagnosed with asthma whose personal bronchodilator is empty or temporarily unavailable shall be able to receive an emergency dose of school-stocked bronchodilator under the following conditions:

- The student is experiencing an asthma episode (e.g., asthma attack) or asthmatic symptoms and has been diagnosed with asthma.
 - For students experiencing respiratory distress without a diagnosis of asthma, school personnel should call 9-1-1 immediately.

- The student's parent/guardian has provided the required annual written permission for their student to be given the stock bronchodilator. This permission can be included as part of the permission for the student to self-carry asthma medication at school if applicable.
- [INSERT NAME OF SCHOOL DISTRICT OR SCHOOL OR NONPUBLIC SCHOOL] has informed the parent/guardians of the student, in writing, that the school/school district or nonpublic school and its employees and agents, including an authorized licensed prescriber providing the standing protocol or prescription of a school bronchodilator, are to incur no liability, with the exception of gross negligence, as a result of injury arising from the administration of stock bronchodilators.
 - [INSERT NAME OF SCHOOL DISTRICT OR SCHOOL OR NONPUBLIC SCHOOL] has informed the parent/guardians of the student, in writing that the stock bronchodilator is not to be used as a replacement for students bringing their prescribed asthma medications to school.
 - The parent/guardians has signed a statement that [INSERT NAME OF SCHOOL DISTRICT OR SCHOOL OR NONPUBLIC SCHOOL] and its employees and agents, including an authorized licensed prescriber providing the standing protocol or prescription of a school bronchodilator, are to incur no liability, except for gross negligence, as a result of injury arising from the administration of stock bronchodilators.

Administering and Storing Stock Bronchodilator

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

- Only school nurses and designated personnel that have completed appropriate training, as designated in [NAME OF SCHOOL DISTRICT OR SCHOOL OR NONPUBLIC SCHOOL]'s protocol, shall administer the stock bronchodilator.
 - Each school shall appoint other personnel to administer the stock bronchodilator when the nurse is not available.
 - All who will be administering stock bronchodilators, including the nurse and other designated personnel, are required to complete the appropriate training.
- The stock bronchodilator shall be stored in a secure and easily accessible, but unlocked location known to the school nurse and all school staff designated to administer the bronchodilator in case of the nurse's absence.
- To minimize the spread of disease, inhalers shall be used with disposable spacers or disposable mouth-pieces.
- To minimize the spread of disease, 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 implement a reporting system to notify parent/guardians, and if applicable, the student's healthcare provider when the stock bronchodilator has been used by a student. [INSERT NAME OF SCHOOL DISTRICT OR SCHOOL OR NONPUBLIC SCHOOL] may implement a recording system to document each time the stock bronchodilator has been used, and by which student.

Obtaining Stock Bronchodilator

The stock bronchodilator and appropriate medical devices needed for proper medication delivery shall be prescribed by:

- An authorized licensed prescriber. *[Include the following sentence only if allowed by state law]* A provider may prescribe bronchodilators 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 bronchodilators, devices and device components needed for appropriately administering the medication must be dispensed from a licensed pharmacy or manufacturer.
 - Schools shall be allowed, with a valid prescription, to accept donated bronchodilators, devices and device components and seek and apply for grants to obtain funding for purchasing bronchodilators, devices and device components.
- An authorized licensed prescriber may refill any used or expired prescription in the name of [INSERT NAME OF SCHOOL DISTRICT OR SCHOOL OR NONPUBLIC SCHOOL] to be maintained for use when deemed necessary based on the provisions of this section.
- All expired medication shall be discarded in accordance with proper procedure.

Effective Date

This policy shall take effect in full on [INSERT DATE].



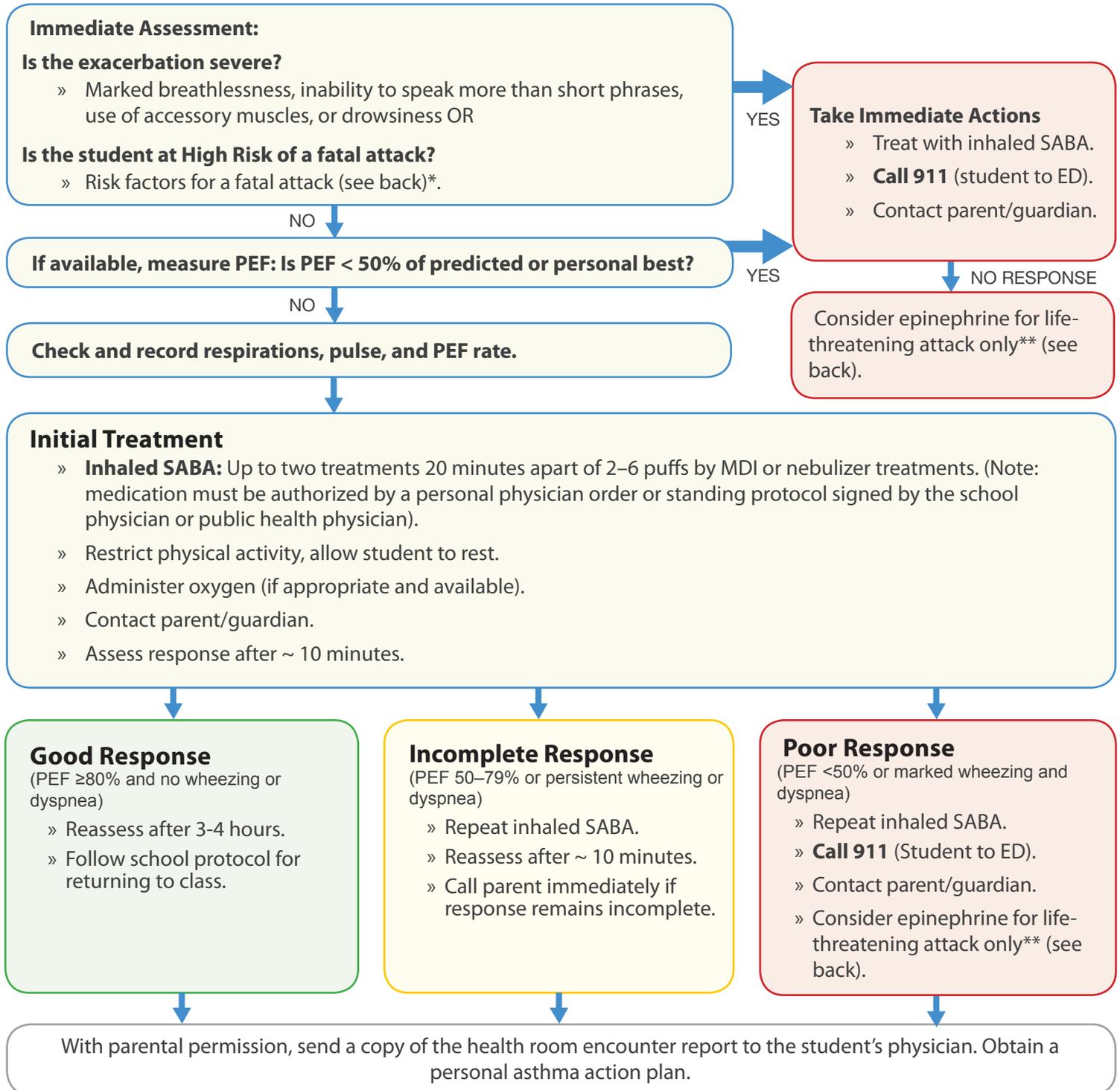
National Asthma Education and Prevention Program

MANAGEMENT OF ASTHMA EXACERBATIONS: *School Treatment*

Suggested Emergency Nursing Protocol for Students with Asthma Symptoms Who Don't Have a Personal Asthma Action Plan

A student with asthma symptoms should be placed in an area where he/she can be closely observed. Never send a student to the health room alone or leave a student alone. Limit moving a student who is in severe distress. Go to the student instead.

See list of **Possible Observations/Symptoms** on back.



ED: emergency department
PEF: peak expiratory flow

MDI: metered-dose inhaler
SABA: short-acting beta2-agonist (quick-relief inhaler)

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Possible Observations/Symptoms (May include one or more of the following):

- » Coughing, wheezing, noisy breathing, whistling in the chest.
- » Difficulty or discomfort when breathing, tightness in chest, shortness of breath, chest pain, breathing hard and/or fast.
- » Nasal flaring (nostril opens wide to get in more air).
- » Can only speak in short phrases or not able to speak.
- » Blueness around the lips or fingernails.

***Risk Factors for Death from Asthma**

Asthma history

- » Previous severe exacerbation (e.g., intubation or ICU admission for asthma).
- » Two or more hospitalizations for asthma in the past year.
- » Three or more ED visits for asthma in the past year.
- » Hospitalization or ED visit for asthma in the past month.
- » Using >2 canisters of SABA per month.
- » Difficulty perceiving asthma symptoms or severity of exacerbations.
- » Other risk factors: lack of a written asthma action plan, sensitivity to Alternaria.

Social history

- » Low socioeconomic status or inner-city residence.
- » Illicit drug use.
- » Major psychosocial problems.

Comorbidities

- » Cardiovascular disease.
- » Other chronic lung disease.
- » Chronic psychiatric disease.

**** Consider administering epinephrine** if the student is unable to use SABA because respiratory distress or agitation prevents adequate inhalation from the SABA inhaler device and nebulized albuterol is not available and the exacerbation is **life-threatening**. Administer epinephrine auto-injector in lateral thigh as per local or state epinephrine protocol. Epinephrine is NOT first line treatment for asthma. Albuterol is the treatment of choice. Administration of epinephrine should be rare and is intended to prevent a death at school from a severe asthma attack. Most school nurses will never need to administer epinephrine.