



AT THE FOREFRONT

UChicago
Medicine

Promoting Asthma Care and Self-Management at Schools through Policy

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Objectives

- Understand state laws and policies for quick-relief inhaler self-carry and administration across the United States
- Explain Illinois' laws and policies for inhaler self-carry and administration at school
- Consider opportunities to improve inhaler self-carry and use among children

Asthma self-management



ASTHMA ACTION PLAN

Name: _____ Date: _____
 Doctor: _____ Medical Record #: _____
 Doctor's Phone #: Day _____ Night/Weekend _____
 Emergency contact: _____
 Doctor's Signature: _____

AAEP Asthma and Allergy Foundation of America asthma

The colors of a traffic light will help you use your asthma medicines.

GREEN means Go Zone!
Use preventive medicine.

YELLOW means Caution Zone!
Add quick-relief medicine.

RED means Danger Zone!
Get help from a doctor.

Personal Best Peak Flow: _____

GO	Use these daily preventive anti-inflammatory medicines:		
	MEDICINE	HOW MUCH	HOW OFTEN/WHEN
You have all of these: • Breathing is good • No cough or wheeze • Sleep through the night • Can work & play Peak flow: ● from _____ to _____			
For asthma with exercise, take:			
CAUTION Continue with green zone medicine and add: You have any of these: • First signs of a cold • Exposure to known trigger • Cough • Mild wheeze • Tight chest • Coughing at night Peak flow: ● from _____ to _____			
CALL YOUR PRIMARY CARE PROVIDER.			
DANGER Take these medicines and call your doctor now. Your asthma is getting worse fast: • Medicine is not helping • Breathing is hard & fast • Nose opens wide • Lips show • Can't talk well Peak flow: ● reading below			

GET HELP FROM A DOCTOR NOW! Do not be afraid of causing a fuss. Your doctor will want to see you right away. It's important! If you cannot contact your doctor, go directly to the emergency room. **DO NOT WAIT.** Make an appointment with your primary care provider within two days of an ER visit or hospitalization.





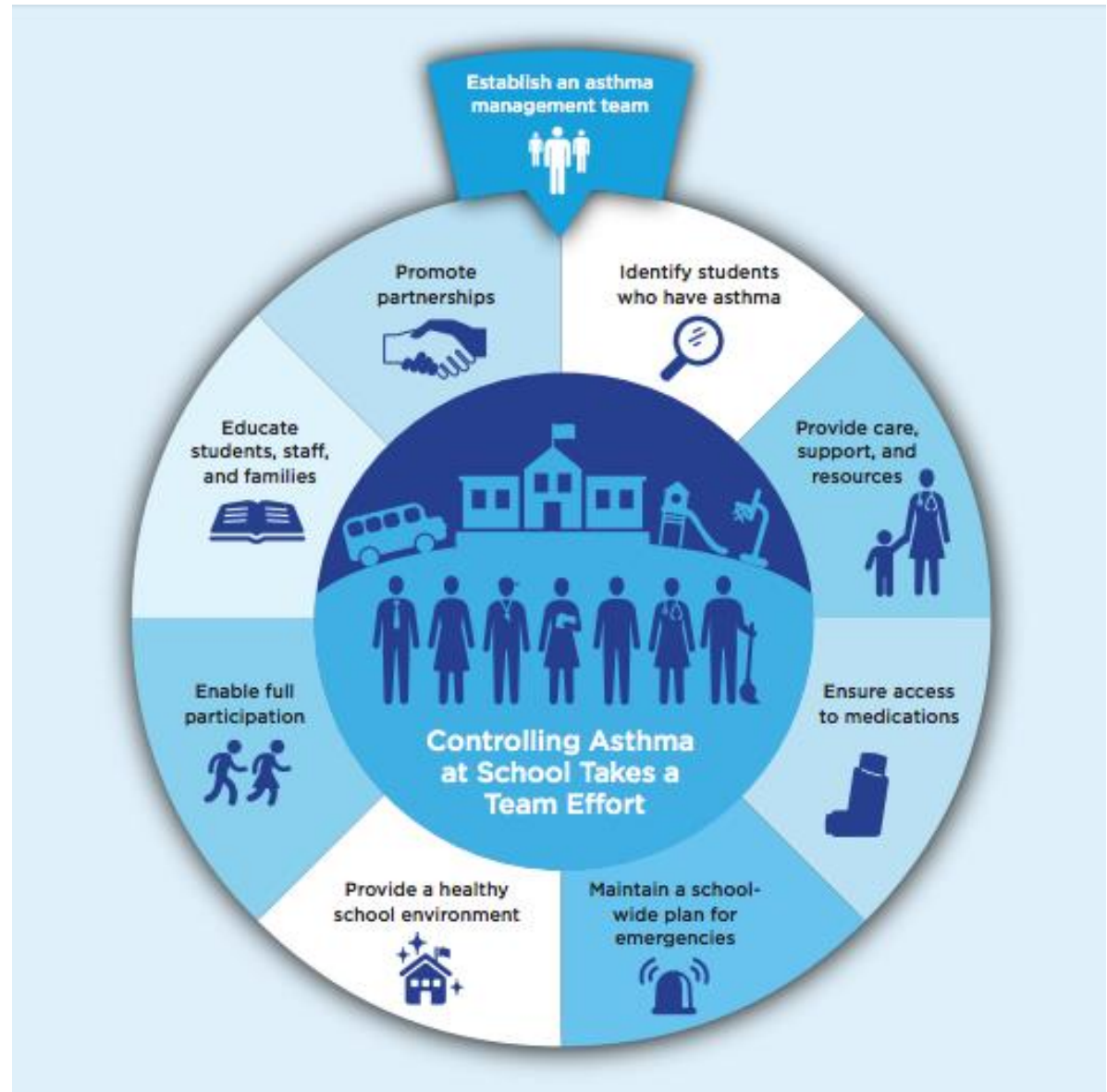
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Managing Asthma

A GUIDE FOR SCHOOLS



U.S. Department of Health and Human Services
National Institutes of Health
National Heart, Lung, and Blood Institute



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Chicago Public Schools Policy Manual

Title:	ASTHMA MANAGEMENT POLICY		
Section:	704.10		
Board Report:	12-0125-PO3	Date Adopted:	January 25, 2012

- Administration & self-administration of medications
- Identification of children with asthma
- 504 Plan
- Emergency response
- Training
- Bullying

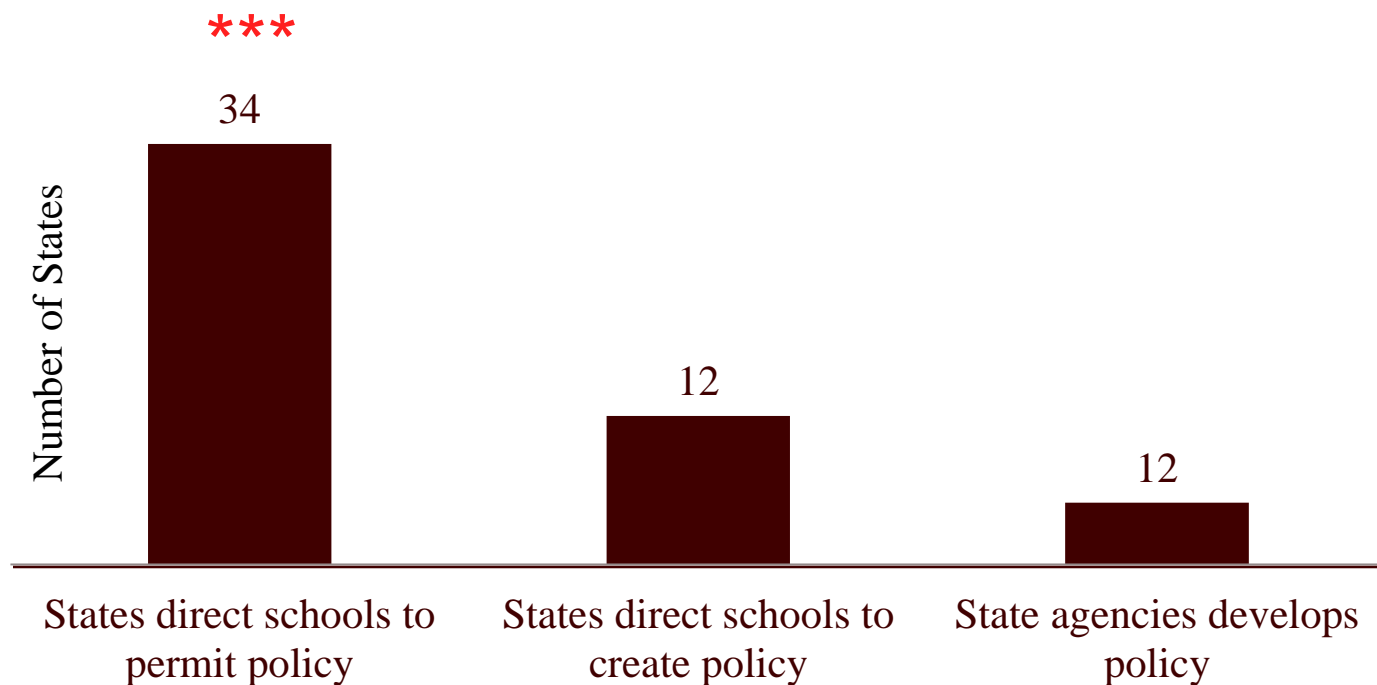
Inhaler self-carry & administration



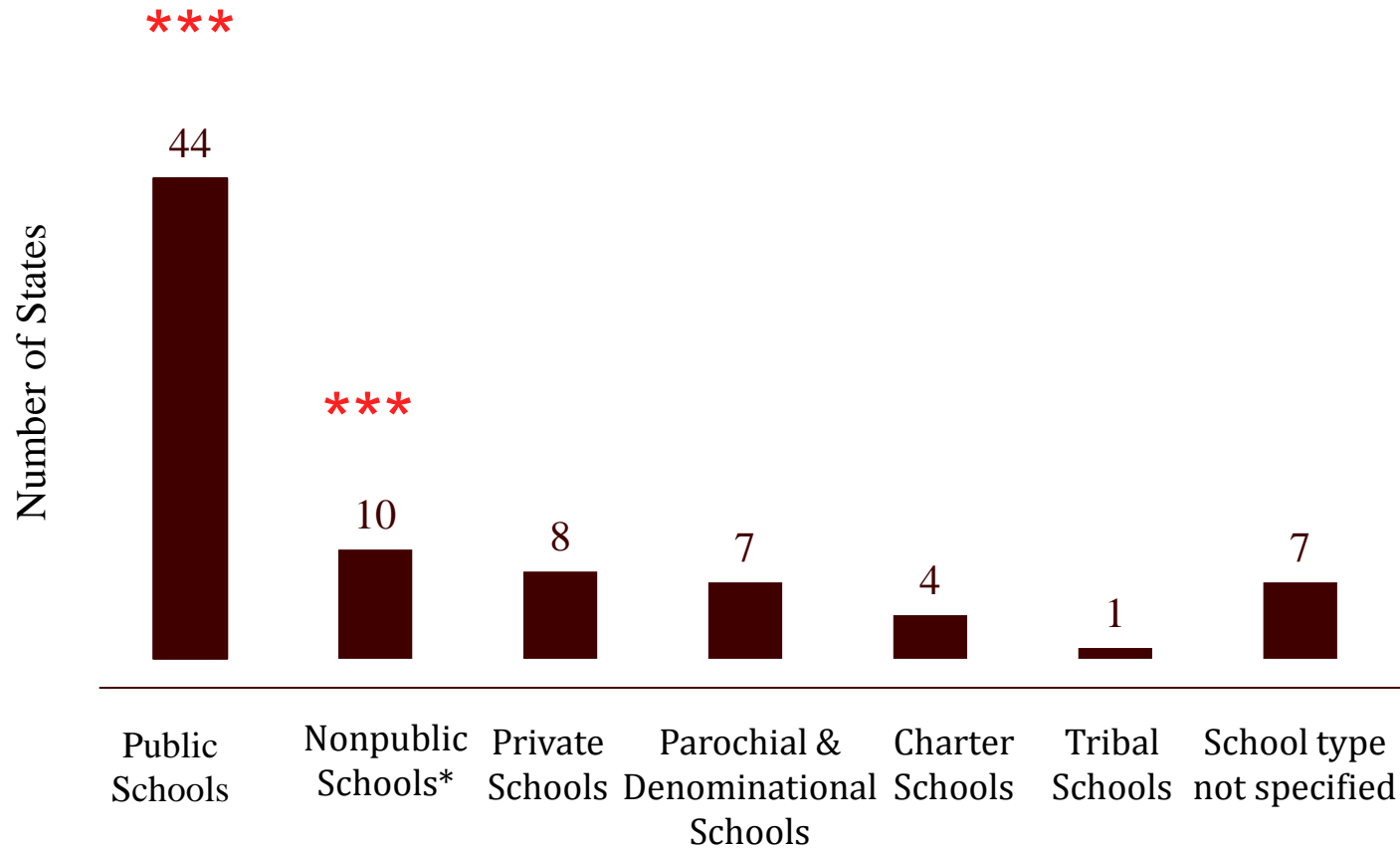
Review of self-carry laws and policies

- Laws and policies for self-carry and administration of quick-relief inhalers
- All 50 states and District of Columbia
- Children pre-kindergarten to 12th grade

Body responsible for developing policy



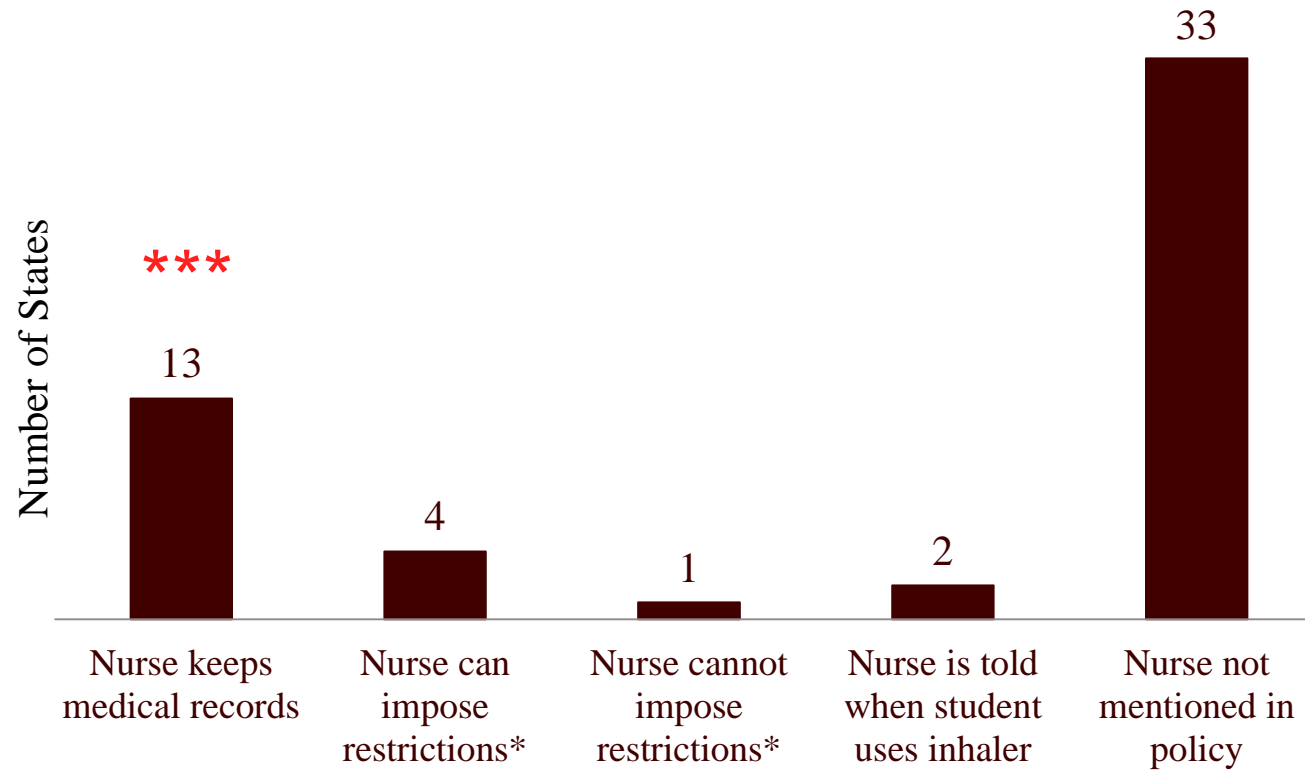
Types of school systems regulated



Relevant stakeholders

- Parents, guardians, legal caregivers
49 – written parent approval ***
- Physicians, healthcare providers
45 – written physical approval
14 – physician must provide treatment plan
6 – no physical approval required ***
- School nurses

Role of school nurse



Medical record requirements

- Health plans
- Prescriptions
- Inhaler technique demonstration
- Frequency of documentation renewal

Medical record requirements

- Health plans – 504/IEP
 - 16 – health plan required at school
 - 3 – schools can choose to require health plan
 - 32 – health plan not required

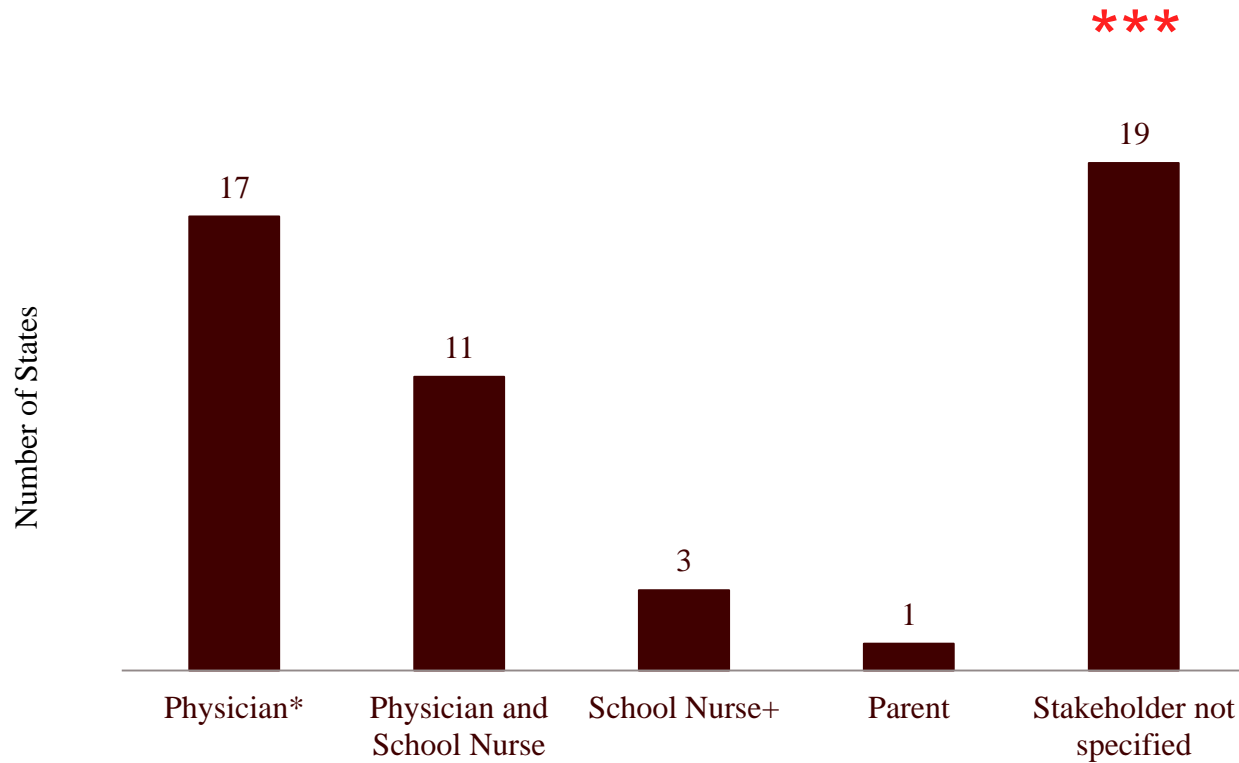
Medical record requirements

- Health plans
- Prescriptions
 - 38 – schools must have written prescription
 - 3 – also back-up medication in office
 - 13 – no prescription required

Medical record requirements

- Health plans
- Prescriptions
- Inhaler technique demonstration
32 – technique demonstration required

Stakeholders - technique demonstration



Medical record requirements

- Health plans
- Prescriptions
- Inhaler technique demonstration
- Frequency of documentation renewal
 - 31 – annual
 - 20 – do not specify

School liability

- 41 states require parents to sign a waiver dismissing the school's liability, except for malicious or illegal activity

Implications of review

- All states permit self-carry / administration
- State level variation in policy development and implementation
- Results in inconsistent policy implementation and unnecessary barriers to self-management

Potential disagreement w/ stakeholders

- Multi-stakeholder input important
- Opportunities for disagreement
- Must streamline approval process
- Integrate students in decision-making process



Mixed messages in school policy

- Additional time and effort required by parents
- Physicians unable to advise patients
- Varied messages about approval and technique
- Need to make policy clear and consistent

Self-carry policy recommendations

- Create consistent policy across all types of schools in one state
- Include students in the decision approval process to self-carry
- Streamline documentation maintained by schools
- Remove requirements for additional prescriptions to be kept at school
- Designate one stakeholder as the final authority
- Develop a sequential approval process

Considerations in Illinois

- Unknown # students who self-carry
- Self-carry without documentation
- Complicated documentation process
- Prescription fills for 2 inhalers
- Engage healthcare professionals re: self-carry
- Dissemination among parents
- Stigma reduction

Thank You!

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