

# Attacking Ga. Asthma From Multiple Fronts



**Jon A. Ramsey RN, BS, AE,  
ACE**

**Georgia Asthma  
Coalition**



# 2010 Georgia Data Summary-Oasis

## WHAT IS ASTHMA?

- Asthma is a **chronic** disorder of • the lungs and airways that causes recurrent episodes of wheezing, breathlessness, chest tightness, and coughing characterized by inflammation, bronchial constriction, and excessive mucus production.

An estimated **12% of children ages 0-17 years** in Georgia have asthma. Among children with asthma, hospitalization rates are highest for those ages four and under.

# 2010 Georgia Data Summary-Oasis

## HOSPITALIZATIONS

More than 10,000 hospitalizations for asthma occurred in Georgia in 2007. Asthma hospitalization rates were highest among young children and older adults. **Blacks were twice as likely as whites to be hospitalized with asthma.** Hospitalization charges related to asthma totaled more than \$132 million in 2007

## ASTHMA PREVALENCE

Approximately 297,000 ( 12%) children ages 0-17 years have asthma in Georgia Approximately 600,000 (9%) adults in Georgia have asthma Asthma is more common among adult women (11%) than adult men (6%) **Adults with higher education and income are less likely to be affected by asthma than adults with lower education and income**

## DEATHS

On average, from 2001 to 2007 there were 113 asthma deaths per year. **Blacks were 2.7 times more likely than whites to die from asthma. Women were 1.5 times more likely than men to die from asthma.** Death rates from asthma increased with age

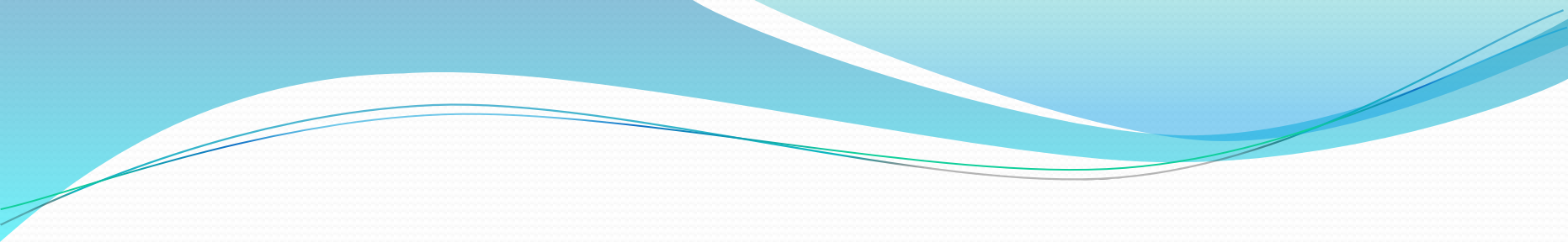


## Strategic Plan for Addressing Asthma in Georgia 2013-2018



Facilitated by the  
Georgia Department  
of Public Health





# ENVIRONMENT

**Goal 1:** Decrease exposure to environmental triggers for people with asthma

How to do this Goal:

- A. By 2018, establish statewide healthy homes standard to reduce the level of asthma triggers and indoor environments.
- B. By 2018 enact new tobacco free ordinances in at least 5 Ga. Cities/counties
- C. By 2018 increase by 50% the number of libraries, recreation areas, and other public outlets in non-attainment areas that display smog safety info.
- D. By 2018 implement an educational campaign promoting the healthy homes standard in 5 Ga. Cities/counties.





# FAMILY SUPPORT

**Goal 2:** Promote/support self-management in children ages 0-17 diagnosed with asthma and their families.

A. By 2018 increase by 5% the number of youth focused Community Based Organizations that conduct training on asthma self management.



# SCHOOLS & CHILDCARE

**Goal 7:** Reduce the negative impact of asthma on the development and academic success of Georgia's children

- A. By 2018 increase by 50% the number of school districts that adopt "Georgia's Asthma Friendly School Policy".
- B. By 2018 increase by 150 the number of childcare centers that achieve the Ga. Asthma Friendly Childcare Center Recognition.

**Goal 8:** Improve the integration of care management between health care providers and schools/childcare settings.

- A. By 2018 increase the number of certified asthma educators (AE-C's) in Ga. by 50% with focus on increasing among School Nurses
- B. By 2018 increase by 10% the number of schools and childcare setting that report receiving asthma actions plans from primary care providers from 2012 baseline.



# HEALTHCARE DELIVERY SYSTEM

**Goal 3.** Increase access to asthma services and resources

A. By 2018 increase the number of AE-C's in Ga. by 50%, Focus on AE-C working within Primary Care teams or co-located at Primary Care sites.

**Goal 4.** Promote and increase of National Asthma Education and Prevention Program (NAEPP)

A. By 2018 educate at least 500 providers on NAEPP guidelines.

B. By 2018 increase the number of children ever receiving and asthma action plan from providers 43% to 50%.

**Goal 5.** Improve coverage and reimbursement for comprehensive asthma care.

A By 2018 increase the number of Care Management Organizations and or health plans providing reimbursement for comprehensive asthma care based on NAEPP guidelines from 0-1.

**Goal 6:** Improve asthma health exchange

A. By 2018 Pilot asthma rapid-cycle data sharing via health info. Exchange between hospitals, ER's, Medicaid claims data, primary and specialty care providers.





## Senate Bill 126

By: Senators Hufstetler of the 52nd and Orrock of the 36th

AS PASSED

A BILL TO BE ENTITLED  
AN ACT

1 To amend Chapter 4 of Title 26 of the Official Code of Georgia Annotated, relating to  
2 pharmacists and pharmacies, so as to authorize certain health care practitioners to prescribe  
3 auto-injectable epinephrine to an authorized entity for emergency purposes; to authorize  
4 licensed health practitioners to prescribe levalbuterol sulfate for schools; to authorize  
5 pharmacists to fill such prescriptions; to amend Chapter 1 of Title 31 of the Official Code of  
6 Georgia Annotated, relating to health generally, so as to provide for authorized entities to  
7 acquire and stock a supply of auto-injectable epinephrine; to authorize certain individuals to  
8 administer auto-injectable epinephrine under certain circumstances; to provide for immunity;  
9 to provide for reports; to amend Part 3 of Article 16 of Chapter 2 of Title 20 of the Official  
10 Code of Georgia Annotated, relating to student health in elementary and secondary  
11 education, so as to authorize public and private schools to stock a supply of levalbuterol  
12 sulfate; to provide for definitions; to provide for requirements and reporting; to provide for  
13 arrangements with manufacturers; to provide for rules and regulations; to provide for related  
14 matters; to repeal conflicting laws; and for other purposes.

15 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

## 16 SECTION 1.

17 Chapter 4 of Title 26 of the Official Code of Georgia Annotated, relating to pharmacists and  
18 pharmacies, is amended by revising Code Section 26-4-116.1, relating to licensed health  
19 practitioners authorized to prescribe auto-injectable epinephrine for schools and pharmacists  
20 authorized to fill prescriptions, as follows:

21 "26-4-116.1.

22 (a) A physician licensed to practice medicine in this state, an advanced practice registered  
23 nurse acting pursuant to the authority of Code Section 43-34-25, and a physician assistant  
24 acting pursuant to the authority of subsection (e.1) of Code Section 43-34-103 may  
25 prescribe auto-injectable epinephrine in the name of a public or private school for use in

## Ga. Senate Bill 126

- 26 accordance with Code Section 20-2-776.2 and in accordance with protocol specified by
- 27 such physician, advanced practice registered nurse, or physician assistant.
- 28 **(b) A pharmacist may dispense auto-injectable epinephrine pursuant to a prescription**
- 29 **issued in accordance with subsection (a) of this Code section** A physician licensed to
- 30 practice medicine in this state, an advanced practice registered nurse acting pursuant to the
- 31 authority of Code Section 43-34-25, and a physician assistant acting pursuant to the
- 32 authority of subsection (e.1) of Code Section 43-34-103 may prescribe auto-injectable
- 33 epinephrine in the name of an authorized entity in accordance with Code Section 31-1-14.
- 34 **(c) A pharmacist may dispense auto-injectable epinephrine pursuant to a prescription**
- 35 **issued in accordance with subsection (a) or (b) of this Code section."**
- 36 SECTION 1A.
- 37 **Said chapter is further amended by adding a new Code section to read as follows:**
- 38 **"26-4-116.3.**
- 39 **(a) A physician licensed to practice medicine in this state, an advanced practice registered**
- 40 **nurse acting pursuant to the authority of Code Section 43-34-25, and a physician assistant**
- 41 **acting pursuant to the authority of subsection (e.1) of Code Section 43-34-103 may**
- 42 **for use in accordance with Code Section 20-2-776.3.**
- 44 **(b) A pharmacist may dispense levalbuterol sulfate or albuterol sulfate pursuant to a**
- 45 **prescription issued in accordance with subsection (a) of this Code section."**
- 46 SECTION 2.
- 47 Chapter 1 of Title 31 of the Official Code of Georgia Annotated, relating to health generally,
- 48 is amended by adding a new Code section to read as follows:
- 49 "31-1-14.
- 50 (a) As used in this Code section, the term:
- 51 **(1) 'Authorized entity' means any entity or organization, other than a school subject to**
- 52 **Code Section 20-2-776.2, in connection with or at which allergens capable of causing**
- 53 **anaphylaxis may be present, as identified by the department. The department shall,**
- 54 **through rule or other guidance, identify the types of entities and organizations that are**
- 55 **considered authorized entities no later than January 1, 2016, and shall review and update**



## Ga. Senate Bill 126

- 56 such rule or guidance at least annually thereafter. For purposes of illustration only, such
- 57 entities may include, but are not limited to, restaurants, recreation camps, youth sports
- 58 leagues, theme parks and resorts, and sports arenas.
- 59 (2) 'Auto-injectable epinephrine' means a single-use device used for the automatic
- 60 injection of a premeasured dose of epinephrine into the human body.
- 61 (3) 'Health care practitioner' means a physician licensed to practice medicine in this state,
- 62 an advanced practice registered nurse acting pursuant to the authority of Code Section
- 63 43-34-25, and a physician assistant acting pursuant to the authority of subsection (e.1) of
- 64 Code Section 43-34-103.
- 65 (b) An authorized entity may acquire and stock a supply of auto-injectable epinephrine
- 66 pursuant to a prescription issued in accordance with Code Section 26-4-116.1. Such
- 67 auto-injectable epinephrine shall be stored in a location readily accessible in an emergency
- 68 and in accordance with the auto-injectable epinephrine's instructions for use and any
- 69 additional requirements that may be established by the department. An authorized entity
- 70 shall designate employees or agents who have completed the training required by
- 71 subsection (d) of this Code section to be responsible for the storage, maintenance, control,
- 72 and general oversight of auto-injectable epinephrine acquired by the authorized entity.
- 73 (c) An employee or agent of an authorized entity, or any other individual, who has
- 74 completed the training required by subsection (d) of this Code section may use
- 75 auto-injectable epinephrine prescribed pursuant to Code Section 26-4-116.1 to:
- 76 (1) Provide auto-injectable epinephrine to any individual who the employee, agent, or
- 77 other individual believes in good faith is experiencing anaphylaxis, or to the parent,
- 78 guardian, or caregiver of such individual, for immediate administration, regardless of
- 79 whether the individual has a prescription for auto-injectable epinephrine or has previously
- 80 been diagnosed with an allergy; and
- 81 (2) Administer auto-injectable epinephrine to any individual who the employee, agent,
- 82 or other individual believes in good faith is experiencing anaphylaxis, regardless of
- 83 whether the individual has a prescription for auto-injectable epinephrine or has previously
- 84 been diagnosed with an allergy.
- 85 (d) An employee, agent, or other individual described in subsection (b) or (c) of this Code
- 86 section shall complete an anaphylaxis training program and repeat such training at least
- 87 every two years following completion of the initial anaphylaxis training program. Such
- 88 training shall be conducted by a nationally recognized organization experienced in training

## Ga. Senate Bill 126

- 89 laypersons in emergency health treatment or an entity or individual approved by the
- 90 department. Training may be conducted online or in person and, at a minimum, shall
- 91 cover:
- 92 (1) How to recognize signs and symptoms of severe allergic reactions, including
- 93 anaphylaxis;
- 94 (2) Standards and procedures for the storage and administration of auto-injectable
- 95 epinephrine; and
- 96 (3) Emergency follow-up procedures.
- (e) An authorized entity that possesses and makes available auto-injectable epinephrine
- 98 and its employees, agents, and other individuals; a health care practitioner that prescribes
- 99 or dispenses auto-injectable epinephrine to an authorized entity; a pharmacist or health care
- 100 practitioner that dispenses auto-injectable epinephrine to an authorized entity; and an
- 101 individual or entity that conducts the training described in subsection (d) of this Code
- 102 section shall not be liable for any injuries or related damages that result from any act or
- 103 omission taken pursuant to this Code section; provided, however, that this immunity does
- 104 not apply to acts or omissions constituting willful or wanton misconduct. The
- 105 administration of auto-injectable epinephrine in accordance with this Code section is not
- 106 the practice of medicine or any other profession that otherwise requires licensure. This
- 107 Code section does not eliminate, limit, or reduce any other immunity or defense that may
- 108 be available under state law, including that provided under Code Section 51-1-29. An
- 109 entity located in this state shall not be liable for any injuries or related damages that result
- 110 from the provision or administration of auto-injectable epinephrine outside of this state if
- 111 the entity:
- 112 (1) Would not have been liable for such injuries or related damages had the provision or
- 113 administration occurred within this state; or
- 114 (2) Is not liable for such injuries or related damages under the law of the state in which
- 115 such provision or administration occurred.
- 116 (f) An authorized entity that possesses and makes available auto-injectable epinephrine
- 117 shall submit to the department, on a form developed by the department, a report including
- 118 each incident on the authorized entity's premises that involves the administration of
- 119 auto-injectable epinephrine pursuant to subsection (c) of this Code section and any other
- 120 information deemed relevant by the department. The department shall annually publish



## Ga. Senate Bill 126

121 **report that summarizes and analyzes all reports submitted to it under this subsection.**

122 (g) The department shall establish requirements regarding the storage, maintenance,  
123 control, and oversight of the auto-injectable epinephrine, including but not limited to any  
124 temperature limitations and expiration of such auto-injectable epinephrine."

### 125 **SECTION 2A.**

126 Part 3 of Article 16 of Chapter 2 of Title 20 of the Official Code of Georgia Annotated,  
127 relating to student health in elementary and secondary education, is amended by adding a  
128 new Code section to read as follows:

129 "20-2-776.3.

130 **(a) As used in this Code section, the term:**

131 **(1) 'Levalbuterol sulfate' means an orally inhaled medication that contains a premeasured**  
132 **single dose of levalbuterol sulfate or albuterol sulfate delivered by a nebulizer or**  
133 **compressor device or by a pressurized metered dose inhaler used to treat perceived**  
134 **respiratory distress including, but not limited to, wheezing, shortness of breath, and**  
135 **difficulty breathing.**

136 **(2) 'Licensed practitioner' means a physician licensed to practice medicine in this state,**  
137 **an advanced practice registered nurse acting pursuant to the authority of Code Section**  
138 **43-34-25, and a physician assistant acting pursuant to the authority of subsection (e.1) of**  
139 **Code Section 43-34-103.**

140 **(b) A public or private school in this state may acquire and stock a supply of levalbuterol**  
141 **sulfate pursuant to a prescription issued in accordance with Code Section 26-4-116.3. A**  
142 **public or private school may designate an employee or agent trained in the possession and**  
143 **administration of levalbuterol sulfate to be responsible for the storage, maintenance, and**  
144 **distribution of the levalbuterol sulfate stocked by the school.**

145 **(c) Any school employee or agent of a public or private school who has completed training**  
146 **or received information pursuant to subsection (c) of Code Section 20-2-776.4 in**  
147 **recognizing the symptoms of respiratory distress and the correct method of administering**  
148 **the levalbuterol sulfate may:**

149 **(1) Provide levalbuterol sulfate to any student such employee or agent believes in good**  
150 **faith is experiencing a perceived respiratory distress for immediate self-administration;**  
151 **or**

152 **(2) Administer levalbuterol sulfate to any student such employee or agent believes in**  
153 **good faith is experiencing a perceived respiratory distress, regardless of whether the**  
154 **student has a prescription for levalbuterol sulfate.**

155 (d) A public or private school may enter into arrangements with manufacturers of  
156 approved levalbuterol sulfate or third-party suppliers of levalbuterol sulfate to obtain the  
157 products free of charge or at fair market or reduced prices.

158 (e) No later than July 1, 2015, the State Board of Education, in consultation with the  
159 Department of Public Health, shall adopt regulations as necessary to implement the  
160 provisions of this Code section.

161 **(f)(1) Any school personnel who in good faith administers or chooses not to**  
162 **administer**  
163 **levalbuterol sulfate to a student pursuant to this Code section shall be immune from**  
164 **civil**

## Ga. Senate Bill 126

**163 liability for any act or omission to act related to the administration of levalbuterol sulfate,**

**164 except that such immunity shall not apply to an act of willful or wanton misconduct.**

**165 (2) Any licensed practitioner who prescribes levalbuterol sulfate pursuant to Code  
166 Section 26-4-116.3 for use by a school in accordance with this Code section shall be  
167 immune from civil liability for any act or omission to act related to the  
administration of**

**168 such levalbuterol sulfate, except that such immunity shall not apply to an act of  
willful**

**169 or wanton misconduct.**

170 20-2-776.4.

171 (a) As used in this Code section, the term 'levalbuterol sulfate' means an orally inhaled  
172 medication that contains a premeasured single dose of levalbuterol sulfate or albuterol  
173 sulfate delivered by a nebulizer or compressor device or by a pressurized metered dose  
174 inhaler used to treat perceived respiratory distress including, but not limited to, wheezing,  
175 shortness of breath, and difficulty breathing.

**176 (b) Each local board of education shall adopt a policy authorizing school  
personnel to**

**177 administer levalbuterol sulfate, if available, to a student upon the occurrence of  
perceived**

**178 respiratory distress by the student, whether or not such student has a prescription  
for**

**179 levalbuterol sulfate.**

**180 (c) Each local board of education shall provide information to school personnel  
on how**

**181 to recognize the symptoms of respiratory distress and the correct method of  
administering**

**182 the levalbuterol sulfate.**

**183 (d) Any school personnel who in good faith administers or chooses not to  
administer**

**184 levalbuterol sulfate to a student pursuant to this Code section shall be immune  
from civil**

**185 liability for any act or omission to act related to the administration of levalbuterol  
sulfate,**

**186 except that such immunity shall not apply to an act of willful or wanton  
misconduct."**

**187 SECTION 3.**

188 All laws and parts of laws in conflict with this Act are repealed

# Toolkit for the Administration of *Epinephrine and Albuterol/Levabuterol* in the School Setting



<https://dph.georgia.gov/school-nurse-resources>



# ● Toolkit Table of Contents pg 1-2

- I. Acknowledgements
- II. Introduction
- III. Medication Administration Procedural Guidelines
  - a. Storage
  - b. Location
  - c. Administration
  - d. Training
  - e. Supervision
  - f. Returning to School After an Emergency
- IV. Developing Individualized Healthcare Plans and Emergency Action Plans
  - a. Emergency Action Plan(EAP)
  - b. Individualized HealthCare Plan(IHCP)
  - c. Legal Considerations

# ● **Toolkit Table of Contents pg 2-2**

## ● **V. Stock Epinephrine Auto-Injector In the School Setting for Treatment of Perceived Anaphylaxis**

- a. What Is Anaphylaxis?
- b. Standards and Procedures for Emergency Use of the Epinephrine Auto-Injector
- c. Training

## ● **VI. Stock Levalbuterol/Albuterol in the School Setting for Treatment of Perceived Respiratory Distress**

- a. What Is Asthma?
- b. Standards and Procedures for Emergency Use of Albuterol/Levalbuterol
- c. Training

## ● **VII. Appendix**

- a. Prescription Request (Epinephrine Auto-Injector)
- b. Prescription Request (Albuterol/Levalbuterol)
- c. Sample Memorandum of Agreement (Anaphylaxis)
- d. Sample Memorandum of Agreement (Asthma)
- e. Emergency Medication Administration Reporting Form
- f. Documentation of Emergency Administration Competencies

# A DPH Model Comprehensive Asthma Friendly School Policy

- **A Model Comprehensive Asthma Friendly School Policy for School Districts in Georgia**
- ***The (name of school district) School Board recognizes that Asthma is chronic lung disease that cannot be cured, but can be controlled. Schools can help by adopting asthma-friendly policies and procedures; coordinating communication with physicians, school personnel, patients, and families to better serve students with asthma; and providing asthma education for students and staff. Many schools in Georgia are already working to minimize the effects of asthma on students and school staff. Finally, the board recognizes that it has a legal authority and obligation pursuant to the Self-Administration of Asthma Medications law (O.G.C.A. § 20-2-774), and the School Stocking and Administration of Albuterol law (SB 126).***
- **Asthma Friendly School Policy/School Asthma Policy (Core)**
- **Asthma Awareness Education**



**Asthma Awareness education will be integrated into the school curricula.**

**Staff Training**

**Asthma related professional development training will be provided to school personnel. Schools will designate staff for a school health team.**



**School Surveillance**

**School will put procedures in place to identify students with significant asthma morbidity.**



**Asthma Medications**

**Individualized Asthma Action plans will be developed with collaboration of health care provider, parents, and school health personnel. School health services will be provided to students with Asthma Action plans by qualified personnel. Each student's prescribed medication will be stored securely and correctly administered by trained school personnel in accordance with state law and written parent/guardian approval. Students deemed competent are allowed to possess and self-administer prescribed medications on school grounds and school functions (on and off school property).**

**Tobacco Use**

**Tobacco smoke will be eliminated from all school grounds, buildings, vehicles and school sponsored events at all times.**

**100% Tobacco Free School Policy**

**Tobacco Use Prohibited**

**The policy will provide a description of tobacco use including: individuals involved, products prohibited, time of day policy effective, locations, and events.**



**Tobacco Products and Tobacco Use**

**The policy will provide an explanation of tobacco products and tobacco use under policy**

- The policy will provide an explanation of school grounds and property under policy
- Time of Day
- The policy will provide an explanation of time of day as used in policy
- Legal Reference Adopted on: *(Date)*
- Revised on: Page 1 of 6
- (Name of School District) Policy Code:
- **100% Tobacco Free School Policy (continued)**
- Enforcement Procedures
- The policy will describe the enforcement procedures for students, staff, and visitors. The enforcement procedures will also address procedures for outdoor school sponsored events on campus grounds and School sponsored events off campus. The enforcement procedures will also detail a course of action for each offense for students, staff and visitors.
- Opportunities for Cessation and Prevention Education
- The policy will describe opportunities for cessation and prevention education
- Implementation
- The policy will include procedures for implementation of the policy including effective date of the policy.
- **No Idling Zones**
- **Buses Only**
- Bus idling will be limited to 3-5 minutes during early morning warm up on all but coldest weather conditions.
- Bus idling will also be prohibited while waiting for students during fieldtrips and extracurricular activities.
- Schools will provide a bus warming station outside of the school zone during cold weather
- Schools will provide drivers a place inside during cold weather to limit idling
- Revised bus schedules to prevent caravanning & cleanest school buses assigned to longest routes
- **All Vehicles**
- Drivers should turn off engines when loading and unloading students.
- Annual communication of policy with all drivers receiving a copy of the policy at the beginning of each school year
- Service delivery drivers are require to turn off vehicles when making deliveries Request for administration of medication must be accompanied by written parent/guardian

## **Medication Policy**

- All medication will be accompanied by written instruction from healthcare provider
- Request for administration of medication must be accompanied by written parent/guardian authorization (annually)
- All prescription medication must be in original labeled pharmacy container with written healthcare provider request for administration including: student name, medication name, qualified healthcare professional name, dosage and route of administration, date, time or indication of administration
- Policy will describe the requirements for the delegation of medication administration in the absence of a school nurse

Legal Reference                      Adopted on: (Date)

Revised on:                      Page 2 of 6

## • **Medication Policy (*continued*)**

- Policy will describe the procedures for receipt of student medication from adult other than parent/guardian

- Students not allowed to carry medication while at school except for students with asthma or medications for life threatening conditions who have met self-administer requirements

- Students are allowed to carry asthma medication if: written statement from healthcare provider (annually) specifying use and administration of medication; student is identified as qualified and able to self-administer medication by healthcare professional; written parental permission for child to carry asthma medication

## • **Self-Administer Asthma Medication Policy [GA Code 20-2-774]**

- Schools must abide by this law, which authorizes:

- Students to carry and self-administer prescription Asthma medication who are identified as qualified to self-administer medication by physician

- Students to carry and use medication while in school, at a school sponsored activity, while under supervision of school personnel, or while in before-school or after-school care on school operated property

## • **Self-Administer Anaphylaxis (EpiPen) Medication [GA Code 20-2-776]**

- Schools must abide by this law, which authorizes:

- Students to carry and self-administer prescription auto injectable epinephrine who are identified as qualified to self-administer medication by physician, while at school, at school sponsored events, while under supervision of school personnel, or while in before or after-school care

- Requests for administration of auto-injectable epinephrine to be accompanied by written parent/guardian authorization (annually), which allows the school nurse or agent to consult with the physician and releases the school nurse or agent from civil liability

- Schools to receive and store auto injectable epinephrine onsite on behalf of a student who is not able to self-administer medication if parent guardian provides a written statement from physician on use of medication and provides written release of school nurse or personnel to consult physician about medication and releases school of civil liability

- School personnel to administer auto injectable epinephrine to student on actual or perceived



- anaphylactic reaction whether or not student has prescription
- Education/training/information to be provided to school personnel on how to recognize the symptoms of anaphylactic shock and the correct method of administering the auto injectable epinephrine.
- **School Stocking and Emergency Administration of Albuterol/Levalbuterol Policy [Senate Bill 126]**
- Schools to acquire a stock a supply of albuterol/levalbuterol
- School personnel to administer albuterol/levalbuterol to student or agent believed to be in respiratory distress whether or not student has prescription
- 
- Legal Reference Adopted on: (Date)
- Revised on: Page 3 of 6

## • **School Stocking and Emergency Administration of Albuterol/Levalbuterol Policy [Senate Bill 126] (continued)**


- School may designate a properly trained employee or agent to administer to medication students
- Relieving the school district and its employees from any liability (other than willful misconduct) for any injury to a student caused by this or her self-administration.
- Education/training/information to be provided to school personnel on how to recognize the symptoms of an asthma episode and the correct method of administering albuterol/levalbuterol.

## • **Indoor Air Quality (IAQ) Policy**

• The policy will describe:

- The designation of an Indoor Air Quality Coordinator, who will be responsible for leading communication, developing, and implementing plans, annual evaluations and inspections.
- The process of completing annual school building evaluations, which includes covering ventilation systems and other maintenance activities
- The annual walkthrough inspections, which will cover functional spaces (classrooms, hallways, offices, kitchens exterior, roof, mechanical rooms, bathrooms, storage rooms, and boiler rooms)
- The plan to address identified concerns/issues from evaluations and inspections
- The annual review process of IAQ plan
- Procedures for testing, handling exposure to, and disposing hazardous materials (e.g. Mercury, Asbestos, Lead, Radon)
- Prohibition of tobacco use on school grounds and in school buildings
- Procedures for addressing animals in school buildings
- An integrated pest management (IPM) policy
- Routine moisture inspections and the plan for mold remediation
- Procedures to address and limit school bus idling
- Routine and regular maintenance and inspection of HVAC systems, as well as routine cleaning, adjustment and repair of building structures
- Considerations or instructions for the use of cleaning agents
- Details for the establishment and maintenance of a chemical management and improvement plan



- 
- Annual communication to parents and staff on IAQ plan
  - Contact information for the IAQ Coordinator
  - Annual training for staff to maintain on elements of IAQ; animals, food, chemicals, idling, maintenance, etc.
  - 
  - Legal Reference    Adopted on: (Date)
  - Revised on:        Page 4 of 6

## • **Healthy School Environment Policy**

• The policy will include:

- ~~Healthy Learning Environment plan, which will include: Assessment of environmental factors that impact student learning or health; Plan for storage, use and disposal of cleaning agents and other hazardous chemicals; procedures for minimizing exposure to exhaust from vehicles; procedures for daily monitoring of outdoor air quality; mechanisms to resolve hazardous chemical exposure or water problems; action steps, strategies, and long-term goals to address identified concerns/issues~~
- A statement on considerations for products/procedures to follow for newly constructed or renovated buildings
- A description of the prohibition of tobacco use for students, staff and visitors on school grounds or sponsored event; prohibition of tobacco sponsored items; notification of prohibition of tobacco products through written channels available to all impacted (etc.)
- Procedures for the allowance or prohibition of animals and birds
- An integrated pest management (IPM) policy
- A statement addressing outdoor air pollution including: the use of Air Quality Index (AQI) and action steps/instructions for at least AQI codes orange, red and purple.
- A statement addressing diesel school bus exhaust; limiting or eliminating bus idling & utilizing exhaust reduction equipment or purchasing low emission vehicles

## • **Field Trip Medication Policy**

• The policy ensures:

- School nurses or agents will be advised in advance about field trips to prepare medications
- School nurses or agents will prepare a pack of student medications for each teacher
- A registered nurse or trained staff member will accompany field trip if student medical/medication requirements cannot be met through delegation
- Student may carry emergency medication if forms received indicate student ability to self-administer medication
- Students requiring emergency medication administered by school nurse should ride on same bus

## • **Integrated Pest Management (IPM) Policy**

• Policy will include:

- The designation of an Integrated Pest Management (IPM) Coordinator to carry out program and maintain data sheet of pesticide use and applications
- A plan to communicate with staff and parents/guardians about the IPM program, list of pesticides/bait stations that may be used in the schools & includes contact information for IPM Coordinator
-

- Procedures for emergency pesticide application when there is evidence of an immediate threat to health and safety of students with notification within 24 hours after application
- A description of pesticides that are prohibited on school grounds or within a school building while students are present or within seven (7) hours prior to normal instruction or extracurricular activities
- The development and maintenance of a pesticide notification list with notification 24 hours prior to application
- Approval by the Department of Agriculture
- 
- Legal Reference Adopted on: (Date)
- Revised on: Page 5 of 6

- (Name of School District)      Policy Code:
- **Procedures for Implementation**
- The policy will go into effect (*Date policy will go into effect*). The administration will develop a plan for communicating the policy that will include information in student and employee handbooks, announcements at school-sponsored or school-related events, and appropriate signage (as mentioned above) in buildings and around campus. Other methods will be identified for notifying students, employees and parents about this policy.
- Legal Reference    Adopted on: (Date)
- Revised on:            Page 6 of 6



**THANK YOU VERY MUCH!**

Are there  
any  
questions?