

Government of the District of Columbia  
Department of Health



Community Health Administration

## **Interim Guidelines for Implementation of the “Student Access to Treatment Act of 2007”**

D.C. Law 17-107 the “Student Access To Treatment Act of 2007” (SATA) became law on February 2, 2008. This new law: (1) allows students enrolled in public, parochial, and private schools to self-administer inhaled asthma medication and auto-injectable epinephrine at school, in transit to and from school, on school-sponsored transportation, and at school-sponsored activities; (2) permits a trained school employee or agent to administer medication to a student with a valid medication action plan on file; (3) permits a trained school employee or agent to administer medication to any student in emergency circumstances in accordance with a doctor’s standing order; (4) requires schools to maintain student medical records in an easily accessible location; (5) allows schools to store additional medication for self-administering students; (6) prohibits the misuse of self-administered medications; (7) requires the Mayor to promulgate rules to implement the provisions of this act; and (8) repeals the “Administration of Medication by Public School Employees Act of 1993”

Soon, the Department of Health (DOH) will issue rules to implement this new law. In the interim, DOH is providing guidelines to assist schools in implementing the SATA. These guidelines provide the basic parameters for implementation of the new law that all schools must follow. **For the purposes of these guidelines, whenever the term “student” is used in a context whereby the student may authorize something, the term refers to a student 18 year of age or older. A student younger than 18 requires the authorization of a parent or legal guardian.**

### **A Medication Action Plan (MAP) Is Required To Allow Student Self-Administration of Medication**

A student with a diagnosis of asthma or anaphylaxis may possess and self-administer prescribed inhaled asthma medication or auto-injectable epinephrine at the school in which the student is currently enrolled, on school-sponsored transportation to and from school, and at school-sponsored activities. To enable student self-administration of medication, the parent, legal guardian, or the student, must obtain authorization on the medication action plan from a licensed practitioner (physician or an advanced practice nurse) for the student to self-administer the prescribed medication.

### **A Licensed Practitioner Must Authorize Student Self-Administration on the MAP**

To authorize self-administration, a licensed practitioner who determines that a student has demonstrated competency in self-medicating with inhaled asthma or auto-injectable anaphylaxis medication must check the box on the MAP that states that the student is “capable and approved” to self-medicate. The licensed practitioner signs and dates the *Health Care Provider* line on the MAP. The licensed practitioner’s signature confirms that the student has been instructed in the proper technique, and has demonstrated competency in self-administering the medication. The licensed practitioner must also include the following information on the MAP:

- The name of the student.
- The name, purpose, prescribed dosage, frequency, and the directions for taking the medication that the student will self-administer.
- Possible side effects of the medication.

- Special instructions or emergency procedures.
- Emergency contact information for the parent, legal guardian, foster parent, or an alternate contact person.
- Contact information for the licensed practitioner.

If the licensed practitioner **determines that the student is not competent to self-administer** inhaled asthma or auto-injectable anaphylaxis medication, the box indicating that the “**student is not approved to self-medicate**” must be checked, and the practitioner signs and dates the *Health Care Provider* line on the MAP.

**A Parent, Legal Guardian, or the Student Must Authorize Self-Administration of Medication on the MAP**

The parent, legal guardian, or the student must sign the medication action plan to provide written authorization for self-administration of the medication **or** authorization for a nurse or trained, certified, school employee to administer the medication if the student is not authorized to self-medicate. The parent, legal guardian or the student must hand deliver the MAP to the school and submit it to either the school nurse or the principal.

The parent, legal guardian, or student must provide written acknowledgement that the District, the school and its employees or agents shall be immune from civil liability for the good-faith performance of responsibilities under the law, except for criminal acts, intentional wrongdoing, gross negligence, or wanton or willful misconduct.

The parent, legal guardian, or the student shall **submit a revised medication action plan** to the school nurse or principal immediately following **any change to the health or treatment of the student**.

The parent, legal guardian, or student, may hand deliver backup medication to the school for the student’s use in case of an emergency. The medication must be in the original container from the pharmacy, and the label must include:

- The name of the student.
- The name, purpose, prescribed dosage, and frequency of the medication that the student will self-administer.
- The date the prescription was filled.
- The expiration date of the medication.
- The name and phone number of the prescribing licensed practitioner.

The parent, legal guardian, or the student must submit an **updated MAP to the school nurse or principal at least annually**.

**A Parent, Legal Guardian, or the Student Must Provide A Written Waiver of Liability**

The parent, legal guardian, or student must check the box on the MAP that acknowledges that the District, the school, its employees, and its agents shall be immune from civil liability for the good-faith performance of responsibilities under the law, except for criminal acts, intentional wrongdoing, gross negligence, or wanton or willful misconduct.

## **School Responsibilities for Self-Administration of Medication**

### **MAP-Related Responsibilities**

Schools shall keep a copy of medication action plans in the school nurse suite; copies may also be kept in the principal's office or another designated location where they will be accessible in case of an emergency.

Schools shall create and maintain a roster of students who are authorized to self-administer prescribed asthma or anaphylaxis medication. The roster shall include emergency contact information for each student, and shall be **signed by the principal and the school nurse**. The principal may distribute this list among appropriate instructional, athletic, and security staff, in addition to trained, certified medication givers.

School principals and administrators are **strongly encouraged to schedule a MAP conference** at the beginning of the school year, between the parent or legal guardian, the student, principal, school nurse, and teaching and athletic staff, if appropriate, to review the MAP and clarify roles and responsibilities.

Schools are responsible for ensuring that self-medicating students are in compliance with legal requirements.

### **Storage of Medication**

A school **may** procure medication for the treatment of asthma, anaphylaxis, or other illnesses for use in emergency circumstances. The school must store the medication in a secure, but easily accessible location.

A school **may** store additional (backup) prescribed asthma and anaphylaxis medication that is provided by a parent, legal guardian, or the student, 18 years of age or older, if the student has a current medication action plan on file at the school.

The medication should be stored in the nurse's suite, the principal's office, or another appropriate location to allow the student immediate access in case of an emergency. Stored medication shall be labeled in the original container from the pharmacy, and the label shall include:

- The name of the student.
- The name, purpose, prescribed dosage, and frequency of the medication that the student will self-administer.
- The date the prescription was filled.
- The expiration date of the medication.
- The name and phone number of the prescribing licensed practitioner.

Schools are responsible for ensuring the security and accessibility of medications stored for self-medicating students.

### **Schools May Take Disciplinary Action for Misuse of Medication**

Schools may discipline any student who administers medication at school, on school-sponsored transportation to or from school, or at school activities for a purpose other than his or her own treatment, or, without a current medication plan, provided that the disciplinary actions does not limit or restrict student access to prescribed medication.

## **School Nurses Shall Review the MAP to Ensure Compliance with New Requirements**

The purpose of self-administration of medication is to enable students who have demonstrated competence in disease self-management to continue to manage their disease or condition at school. Under normal circumstances, the school nurse may have very limited contact with these students.

The school nurse's primary responsibility in the implementation of the student self-administration of medication procedures is to review the MAP to ensure that it is compliant with the requirements of the new laws.

### **The nurse will review the MAP to ensure that it includes:**

- The student's name.
- The name, purpose, prescribed dosage, dosage frequency, possible side effects of the medication, and special instructions or emergency procedures, as appropriate.
- Written authorization, signed by the student's health care provider.
- Written authorization signed by the parent, legal guardian, or student that authorizes either self-administration of medication, **or** the administration of medication by a nurse or trained, certified school employee.
- Emergency contact information.
- Written and signed confirmation from a licensed practitioner that the student has been instructed in the proper technique for self-administration of the medication, and has demonstrated the ability to self-administer the medication effectively.
- Written acknowledgement that the District, the school, its employees, and its agents shall be immune from civil liability for the good-faith performance of responsibilities under the law, except for criminal acts, intentional wrongdoing, gross negligence, or wanton or willful misconduct.

The nurse will seek clarification from the student's licensed practitioner when appropriate. She or he will notify the school administrator of MAPs that are not compliant, and identify the deficiencies. The nurse will inform the parents, legal guardians, or students of the corrective action necessary to allow the student to self-medicate.

### **Emergency Procedures For Self-Medicating Students with Asthma**

An acute episode of worsening airflow obstruction can be life-threatening for a student with asthma. Watch for the following symptoms:

- An anxious student or a student with decreased consciousness.
- Shortness of breath, or the inability to speak more than a 3 to 5 word sentence.
- Difficulty breathing (significant use of accessory muscles for breathing, or poor air movement).
- Significant pallor.

### **If a self-medicating asthmatic student demonstrates any of these symptoms and is unable to self-administer his or her medication:**

- Call 911.
- Summon (1) the school nurse, (2) a trained medication giver, or (3) the school principal or administrator to administer the student's rescue inhaler.
- Determine whether the student is carrying his or her albuterol or other rescue medication to enable prompt administration of the medication.
- Administer the medication in accordance with the MAP and directions on the label.

- Contact the parent, legal guardian, or, if necessary, an alternate emergency contact to notify that person of the medical emergency that has occurred, and the health facility to which the student is being transported.
- Ensure that the student is transported to a medical facility for further treatment.
- Contact the student's licensed provider. The nurse will contact the provider and inform the practitioner of the student's emergency. In the absence of the nurse, the school administrator or his or her designee will contact the provider.
- Document the steps taken and the outcomes on an incident report form.

### **Emergency Procedures for Self-Medicating Students With Anaphylaxis**

Anaphylaxis, a systemic allergic reaction, is often triggered by the sting of a bee or other insect, particular foods (including peanuts), medications, animal fur, chemicals, mold, pollen, or other allergens, which results in the body going into shock...the blood pressure falls, the pulse becomes weak, and the result of this severe reaction may be death. The more immediate the reaction to the allergen--the more severe the body's reaction. Immediate emergency medication, such as auto-injectable epinephrine (epi-pen), may need to be administered and emergency treatment may be required. Symptoms to watch include:

- Significant wheezing or poor air movement.
- Overwhelming generalized hives, or the sudden onset of swelling (for example, the lips, mouth, and tongue).
- An anxious student or a student with decreased consciousness.
- Drooling, a hoarse voice, or the inability to swallow.

**If a self-medicating student demonstrates any of these anaphylactic symptoms and is unable to self-administer his or her epi-pen:**

- Call 911.
- Summon (1) the school nurse, (2) a trained medication giver, or (3) the school administrator to administer the epi-pen.
- Determine whether the student is carrying his or her epi-pen to enable prompt administration of the medication.
- Administer the epi-pen in accordance with the MAP, and the epi-pen directions.
- Contact the parent, legal guardian, or if necessary, an alternate emergency contact to notify that person of the medical emergency that has occurred, and the health facility to which the student is being transported.
- Ensure that the student is transported to a medical facility for further treatment.
- Contact the student's licensed provider. The nurse will contact the provider and inform the practitioner of the student's emergency. In the absence of the nurse, the school administrator or his or her designee will contact the provider.
- Document all of the steps taken and the outcomes on an incident report form.