Laws and Best Practices Regarding Inhaler Self-Carry

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explain the components of the law and best practice standards that influence the decision-making process for students who self-carry

- Overview and components of the North Carolina ‘Self-Carry’ statute
- Self-Carry: what it is, and what it is not
- Importance of student skill assessment

‘Self-Carry’ Statute

- Session law passed in 2005
- Local boards of education shall adopt a policy authorizing a student with asthma or a student subject to anaphylactic reactions, or both, to possess and self-administer asthma medication on school property during the school day, at school-sponsored activities, or while in transit to or from school or school-sponsored events.

Overview and components of the North Carolina ‘Self-Carry’ statute

‘Self-Carry’ Statute

- § 115C-375.2. Possession and self-administration of asthma medication by students with asthma or students subject to anaphylactic reactions, or both.

Parameters

- Parental authorization/release of liability
- Health care practitioner statement, authorization, order
- School Nurse, or designee, assessment of student skill

Viewed as ‘permission’ when parameters are met
Self-Carry: What it is not

- Self-Carry statutes are not ...
  - a requirement that students automatically receive 'permission' to manage the related medications;
  - the same as having emergency medications in close proximity to the student;
  - substitutions for required board policy and associated procedures;
  - substitutions for the presence of a supporting individual Emergency Action Plan.

Importance of Student Skill assessment

Validation of Student Ability Prior to Self-Carry (Commonly completed by School Nurse): Maturity and Skill
- The request is reviewed by the school nurse.
- The student is provided with health counseling to include review of health condition, medications, triggers, precautions.
- Assessment of student’s knowledge and developmental ability to be independent with medication. Should include role play of self-administration and when and how to obtain help when needed.

Self-Carry: What it is

<table>
<thead>
<tr>
<th>Year</th>
<th>2014-2015</th>
<th>2015-2016</th>
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<tbody>
<tr>
<td>Grade</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-5</td>
<td>49,534</td>
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<tr>
<td>6-8</td>
<td>22,891</td>
<td>19,320</td>
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<tr>
<td>9-12</td>
<td>20,681</td>
<td>18,538</td>
</tr>
<tr>
<td>% Self-carry*</td>
<td>7.5%</td>
<td>12.9%</td>
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</tbody>
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* In early years of legislation 20-22% total reported as self-carry

The student assessed as not ready

- Parents may not understand the independent nature of true self-carry.
- The desire to have the inhaler near-by can be accommodated without self-carry.
- Review areas of knowledge and maturity needed by student.
- Help the student and family work towards these over time.

Self-carry: what it is

Upon confirmation of student maturity and skill for self-carry:
1. Review of school medication policy/procedures, disciplinary actions for sharing medication or failure to safeguard it.
2. Assure the student understands and signs a self-medication agreement.
3. Instruct the student’s teacher(s), as appropriate, on the student’s condition and authorization to self-carry and self-administer. This instruction may include cautions on usage and dosage of the medication.

What are self-carry challenges in your location?
References

http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_115C/GS_115C-375.2.pdf

North Carolina School Health Program Manual, Sixth Edition E2.9-E2.11


NC School Health Services Report Survey, 2015-

QUESTIONS?

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