

STUDENTS

Management of Asthma in the School Setting

A Virginia Asthma Action Plan (VAAP) must be completed each school year. The VAAP permits a student with a diagnosis of asthma to possess and self-administer inhaled asthma medications during the school day, at school-sponsored activities, while on a school bus, during any Prince William County Public Schools extended day or overnight field trip, at school age child care (SACC), or other school property provided the following conditions have been satisfied:

- I. A VAAP must be completed and signed by the parent/guardian and health care provider each school year dated after May 1 of the previous school year. A health care provider may use office stationary or a prescription pad in lieu of completing a VAAP. The following information must be written on the document in lay language with no abbreviations:
 - A. Student name and date of birth;
 - B. Date of order;
 - C. Duration of medication order and effective dates;
 - D. Reason for medication or diagnosis;
 - E. Name of medication;
 - F. Exact dosage to be taken in school;
 - G. Time to take medication and frequency or exact time interval dosage is to be administered;
 - H. If medication is given on an as-needed basis, specify the exact conditions or symptoms when medication is to be taken and the time at which it may be given again (repeat as necessary is unacceptable);
 - I. Statement that the student may self-carry and self-administer; and
 - J. Health care provider's signature and date.

- II. It is recommended that all students with a diagnosis of asthma provide a VAAP and asthma medication to the school health office and/or SACC (if applicable) even if the medication is not administered or indicated during the school day or during SACC. The VAAP provides vital information in the event of an emergency due to asthma or other allergies.

- III. Medication must be in the original container with a prescription label attached. Pharmacy/health care provider samples must be appropriately labeled by the health care provider to include the information stated in Section I.
- IV. The school/SACC may withdraw permission to possess and self-administer the said asthma medication at any point during the school/SACC year if it is determined the student has abused the privilege of possession and self-administration or that the student is not safely and effectively self-administering the medication.

The Associate Superintendent for Special Education and Student Services (or designee) is responsible for implementing and monitoring this regulation.

This regulation and related policy shall be reviewed at least every five years and revised as needed.

Authorization to Implement Health Treatment Plan

Student: _____ DOB: _____ School: _____

Schools/Child Care Contractor (CCC) must obtain specific written parental/guardian authorization before any medical treatment including medication administration can be provided. This written informed consent gives trained school/CCC staff authorization to implement the medical order. When parents/guardians authorize a medical treatment for their child in school/School Age Child Care (SACC) such authorization includes permission for appropriate communications between the school health professional and the medical prescriber related to the specific treatment ordered. Health treatment plans not signed and dated by the parent/guardian will not be implemented.

Communications based on the medical orders generally include the following:

- The prescription of treatment itself (e.g., questions regarding dosage, method of administration, potential drug interactions);
- Implementation of the treatment in school/SACC (e.g., questions regarding safety concerns, infection control, issues, or modifications in the treatment order related to the school setting or student’s academic schedule); and
- Student outcomes from the treatment (e.g., questions regarding observed side effects, possibly untoward reactions, observation of behavior in the classroom).

I/We are aware that non-medical personnel may perform the procedure on my child.

In accordance with the Virginia Code § 22.1-274, I agree to the following:

I will not hold the School Board, any of its employees, or CCC liable for any negative outcome resulting from the self-administration of said emergency medication by the student.

Upon review and agreement by the school nurse, parent, CCC, and health care provider, this Health Treatment Plan will remain in effect until the annual review date or the student’s medical status requires changes.

Parent’s/Guardian’s Printed Name Parent’s/Guardian’s Signature Date

School Nurse’s/CCC Printed Name School Nurse’s/CCC Signature Date

School personnel/CCC trained in the treatment procedure:

Printed Name	Signature	Trainer’s Signature	Date of Training