

**2020-2021**

# **ADMINISTERED UNASSIGNED ASTHMA MEDICATION IN SCHOOLS REPORT**



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

**Contents**

**Executive Summary ..... 3**

**Introduction ..... 4**

**Methods..... 4**

**Results..... 5**

**Analysis and Discussion ..... 7**

**Conclusion..... 7**

**Appendix A. Required Reporting of Administered Unassigned Asthma Medication to DSHS.. 8**

**Appendix B: Education Service Center Map ..... 12**

**General Informational Page..... 13**

## Executive Summary

Effective February 2021, the **Texas Administrative Code, Subchapter D, Title 25, Part 1, Chapter 40, Section 40.47** requires a school district, open-enrollment charter school, or private school that adopts an asthma medication policy under Section 40.47 to report the use of an asthma medication within ten business days to the school district, charter holder if the school is an open-enrollment charter school, or the governing body of the school if the school is a private school, the physician or other person who prescribed the asthma medication, the student's healthcare provider, and the commissioner of state health services.

The Texas Department of State Health Services (DSHS) School Health Program worked with the DSHS Chronic Disease Epidemiology Branch (CDE) to analyze data submitted through the *Required Reporting of Administered Unassigned Asthma Medication to DSHS* web form during the 2020-2021 school year.

During the 2020-2021 school year, 20 uses of an asthma medication in a school were reported. All individuals received Albuterol, which was administered by Metered Dose Inhalers (MDI) by a nurse. Most individuals who received the asthma medication had a known history of asthma and the prescribing physician was notified. Many experienced wheezing and trouble breathing or shortness of breath. Exercise was the most reported cause or trigger.

This policy was implemented in February 2021; thus, the data included in this report is from February to July 2021. Additionally, administered asthma medication reporting may have been affected by the reduced in-person attendance during the COVID-19 pandemic.

## Introduction

Effective February 2021<sup>1</sup>, the **Texas Administrative Code, Subchapter D, Title 25, Part 1, Chapter 40, Section 40.47** requires a school district, open-enrollment charter school, or private school that adopts an asthma medication policy to report the use of an asthma medication within ten business days to the school district, charter holder if the school is an open-enrollment charter school, or the governing body of the school if the school is a private school, the physician or other person who prescribed the asthma medication, the student's primary healthcare provider, and the commissioner of state health services.

The Texas Department of State Health Services (DSHS) School Health Program worked with the DSHS Chronic Disease Epidemiology Branch (CDE) to analyze data submitted through the *Required Reporting of Administered Unassigned Asthma Medication to DSHS* web form during the 2020-2021 school year.

The purpose of this report is to understand the use of asthma medication in schools across Texas. This information will be used by DSHS and the Stock Epinephrine Advisory Committee to inform future program activities and areas of focus.

## Methods

School health services personnel were required to complete *Required Reporting of Administered Unassigned Asthma Medication to DSHS* web form no later than ten business days after the date a school nurse administers unassigned asthma medication in a school (**Appendix A**). The web form consists of 16 questions, including nine open-ended question, five multiple-choice and two multi-select questions. The web form can be found on the **DSHS website**.

The data from the web form was cleaned by the School Health Program staff. In August 2021, a CDE program evaluator analyzed the records submitted between February 2021 to July 2021<sup>2</sup> using Microsoft Excel.

---

<sup>1</sup> During the 86th Legislative Session, House Bill (HB) 2243 allowed schools to adopt an asthma medication policy and the adopted rule required the report use of asthma medication.

<sup>2</sup> Data collection for administered asthma medication started in February 2021 as the rule was adopted in this month.

## Results

A total of 20 records were submitted during this period. Records were submitted from two independent school districts (ISD). Most records were submitted from Education Service Center (ESC) Region 20 (80.0 percent) and Region 13 (20.0 percent) (**Appendix B**).

Table 1 shows the frequency and percent of responses to each question on the web form. All individuals (100.0) received the medication Albuterol. Most individuals received the medication at the clinic (80.0 percent) and all (100.0 percent) medication was administered by Metered Dose Inhalers (MDI) by a nurse (100.0 percent).

Most individuals (85.0 percent) who received the unassigned asthma medication had a known history of asthma. The prescribing physician was notified in 90.0 percent of the instances asthma medication was administered. Parents or guardians were also notified in 80.0 percent of the cases. After receiving the medication, almost half (45.0 percent) of students were picked up by their parent or guardian and taken home.

Table 1: Frequency and Percent of Asthma Medication Use in Texas Schools <sup>1</sup> . (n=20)			
		Frequency (n)	Percent (%)
Education Service Center (ESC) Regions	13	4	20.0
	20	16	80.0
Location Administered	Clinic	16	80.0
	Nurse's Office	3	15.0
	Gym	1	5.0
Name of Medication	Albuterol/Albuterol Sulfate	20	100.0
Method Administered by	Metered-Dose Inhalers (MDI)	20	100.0
Doses Administered	1	7	35.0
	2	12	60.0
	4	1	5.0
History of Asthma	Yes	17	85.0
	No	3	15.0
Notified <sup>2</sup>	Prescribing physician	18	90.0
	Parent or guardian	16	80.0
	Primary healthcare provider	2	10.0
After Receiving the Asthma Medication	Parent or guardian picked up student and took them home	9	45.0
	Returned to class	8	40.0
	Parent or guardian picked up student and took them to a healthcare provider	1	5.0

	We called 911 and student went by EMS to emergency room	1	5.0
	Other (Unknown)	1	5.0
<b>Total</b>		<b>20</b>	<b>100.0</b>

<sup>1</sup>The unassigned asthma medication is prescribed to the school and not a specific student. Texas Education Code, Section 38.209 relates to unassigned asthma medication.

<sup>2</sup>Respondents could select all that apply.

Table 2 shows the frequency and percent of the reported signs and symptoms experienced by the individuals who received the asthma medication. Respondents could select all the symptoms that applied. Most respondents experienced wheezing (85.0 percent) and trouble breathing or shortness of breath (85.0 percent). Fewer respondents experienced frequent coughing (30.0 percent), chest tightness (10.0 percent), and runny nose and watery eyes (5.0 percent).

Five respondents (25.0 percent) wrote in “other” symptoms. Respondents noted that the individual experienced increased respiratory rate, paleness, retractions, and 91-94% oxygen saturation.

<b>Table 2: Frequency and Percent of Symptom Information<sup>1</sup>. (n=20)</b>		
	<b>Frequency (n)</b>	<b>Percent (%)</b>
Wheezing	17	85.0
Trouble breathing or shortness of breath	17	85.0
Frequent coughing	6	30.0
Other	5	25.0
Chest tightness	2	10.0
Runny nose and watery eyes	1	5.0

<sup>1</sup>Respondents could select all that apply.

Table 3 shows the suspected causes or triggers. Over half (55.0 percent) of the cases were suspected to be due exercise (i.e., walking, climbing stairs, intense exercise, sports) while 20.0 percent was due to pollen (i.e., weeds, trees, grass, flowers).

Only one respondent selected “other” but did not provide other suspected cause or trigger.

<b>Table 3: Frequency and Percent of Suspected Cause (n=20)</b>		
	<b>Frequency (n)</b>	<b>Percent (%)</b>
Exercise	11	55.0
Pollen	4	20.0
Unknown	2	10.0
Respiratory infections	1	5.0
Weather or air pollution	1	5.0
Other	1	5.0
<b>Total</b>	<b>20</b>	<b>100.0</b>

## Analysis and Discussion

During the 2020-2021 school year, a total of 20 uses of an asthma medication in a school were reported to DSHS through the *Required Reporting of Administered Unassigned Asthma Medication to DSHS* web form. All individuals received the medication Albuterol, which was administered by Metered Dose Inhalers (MDI) method by a nurse. Most individuals who received the asthma medication had a known history of asthma and the prescribing physician was notified. A few respondents indicated the individual who received the medication had no known history of asthma, which is in conflict with Texas Education Code, Section 38.208(b-1). Many medication recipients experienced wheezing and trouble breathing or shortness of breath. Exercise was the most reported cause or trigger.

It is important to note that this rule was implemented in February 2021. Thus, the data included in this report covers from February to July 2021. Additionally, administered asthma medication reporting may have been affected due to the reduced in-person attendance in school due to the COVID-19 pandemic and the availability of virtual learning during this school year.

The school health program plans to share this report with stakeholders who are interested in asthma and schools. The program plans to use baseline data provided in this report to monitor and guide future reporting and projects for asthma control in the school setting. These projects may include outreach to school health program networks and collaboration with the DSHS asthma program. Schools that report administering medication to children without asthma will be educated on the requirement of a written notification of a child having a history of asthma from a guardian or parent.

## Conclusion

The purpose of this report is to understand the use of the unassigned asthma medication in schools across Texas. The low reporting of asthma medication use during the 2020-2021 school year may have been due to the rule's implementation late into the school year and the reduced in-person attendance in school because of the COVID-19 pandemic. The report will be used by DSHS and the Stock Epinephrine Advisory Committee to inform future program activities and areas of focus.

# Appendix A. Required Reporting of Administered Unassigned Asthma Medication to DSHS

## Required Reporting of Administered Unassigned Asthma Medication to DSHS

If you are a school district, open-enrollment charter school, or private school there are reporting rules. The rules apply to unassigned asthma medication. The rule says you must report the administration of unassigned asthma medication. This requirement is in the Texas Administrative Code, Subchapter D, Title 25, Part 1, Chapter 40, [Section 40.47](#).

Your campus must submit a report no later than the 10th business day after the date a school nurse administers unassigned asthma medication. You must send the report to the:

- school administrator,
- prescribing physician,
- student's primary healthcare provider, and
- commissioner of the Department of State Health Services (DSHS).



**You must save a copy of the report in the student's permanent record.**

Submission of this electronic form meets the reporting requirement for DSHS. Be sure to report complete and accurate information.

Please fill out the entire form and provide detailed information.  
*All fields with an asterisk (\*) must be completed.*

Certain Entity/Venue Information
Remember to report this information to the school administrator, the prescribing physician and the student's primary healthcare provider and keep a copy in the student's permanent record.
<b>Name of school district, open-enrollment charter school, or private school: *</b> Spell out the school district, open-enrollment charter school, or private school's name. Do not use an abbreviation.



<input type="text"/>	
<b>Education Service Center Region</b> for the school district, open-enrollment charter school, or private school: *	<input type="text"/>
Email address of person completing this form:*	<input type="text"/>
<b>Location and Dosage Information</b>	
<p>List the physical location where you administered the asthma medication:*</p> <p>(Examples: nurse's office, classroom, hallway, etc. A mailing address is not needed.)</p> <input type="text"/>	
Name of medication: *	<input type="text"/>
Administered by Metered Dose Inhaler (MDI) or Nebulized Solution:	<input type="text"/>
Number of doses administered:*	<input type="text"/>
(Example: 2 puffs = 1 dose)	
Date administered:*	[None]  
<p><b>Title and name of person who administered the asthma medication: *</b></p> <p>(Must be a school nurse, as defined by statute: <a href="#">School nurse</a>--Registered nurse, as defined in <a href="#">19 TAC §153.1022</a>, authorized to administer asthma medication, or licensed vocational nurse working under supervision as described in <a href="#">Texas Occupations Code §301.353</a>.)</p> <input type="text"/>	

## Other Information

Did the student who got the asthma medication have a history of asthma? \*

- ☐ Yes  
☐ No

Did you notify the parent or guardian after the asthma medication was administered? \*

- ☐ Yes  
☐ No

Did you notify the prescribing physician when the asthma medication after the medication was administered? \*

- ☐ Yes  
☐ No

Did you notify the student's primary health care provider when you administered the asthma medication? \*

- ☐ Yes  
☐ No

After the student got the asthma medication the student: \*

- ☐ Returned to class.  
☐ Parent or guardian picked up student and took them home.  
☐ Parent or guardian picked up student and took them to a healthcare provider.  
☐ Parent or guardian picked up student, but unknown if they got medical care.  
☐ We called 911 and student went by EMS to the emergency room.  
☐ Other (Unknown)

## Symptom Information

Please select the symptoms the individual who got the unassigned asthma medication was exhibiting. **Mark all that apply.**

If no respiratory symptoms occurred, choose "N/A" and write symptoms in the "other" category. \*

- ☐ Wheezing  
☐ Frequent coughing  
☐ Trouble breathing or shortness of breath  
☐ Chest tightness  
☐ Runny nose and watery eyes  
☐ Confirmed diagnosis of a viral respiratory infection  
☐ N/A (no respiratory symptoms)  
☐ Other

Please list signs or symptoms not listed above, if applicable:

## Suspected Asthma Triggers

Please indicate the suspected cause or trigger of the asthma attack

(Check all that apply\*):

- ☐ Respiratory infections such as a cold, flu, or sinus infection
- ☐ Exercise (walking, climbing stairs, intense exercise, sports)
- ☐ Emotions (laughing or crying too hard, feeling stressed or anxious, anger, fear, yelling)
- ☐ Medicines (aspirin, fever reducers, anti-inflammatories, alternative therapies, herbal remedies)
- ☐ Food allergies (peanuts, eggs, milk, tree nuts, fish, shellfish, wheat or soy)
- ☐ Smoke (cigarette, cigar, pipe smoke, wood-burning fireplaces, burning leaves, campfire, second-hand smoke)
- ☐ Weather or air pollution (cold, windy, stormy weather, extreme temperature changes, high humidity, air pollution, smog, vehicle exhaust and fumes)
- ☐ Pollen (weeds, trees, grass, flowers)
- ☐ Animals (dander, saliva, pet allergens)
- ☐ Pests (dust mites, rodents, cockroaches)
- ☐ Mold
- ☐ Strong odor (scents from perfumes, deodorants, cleaning supplies, gas stoves, scented candles or incense, hairspray, air fresheners, personal care products)
- ☐ Unknown
- ☐ Other

If you selected "Other", please explain \*:

Remember to replace the unassigned asthma medication and the equipment used to administer the medication.

If you used a metered dose inhaler, make sure you wipe it down with a sterilizing solution.

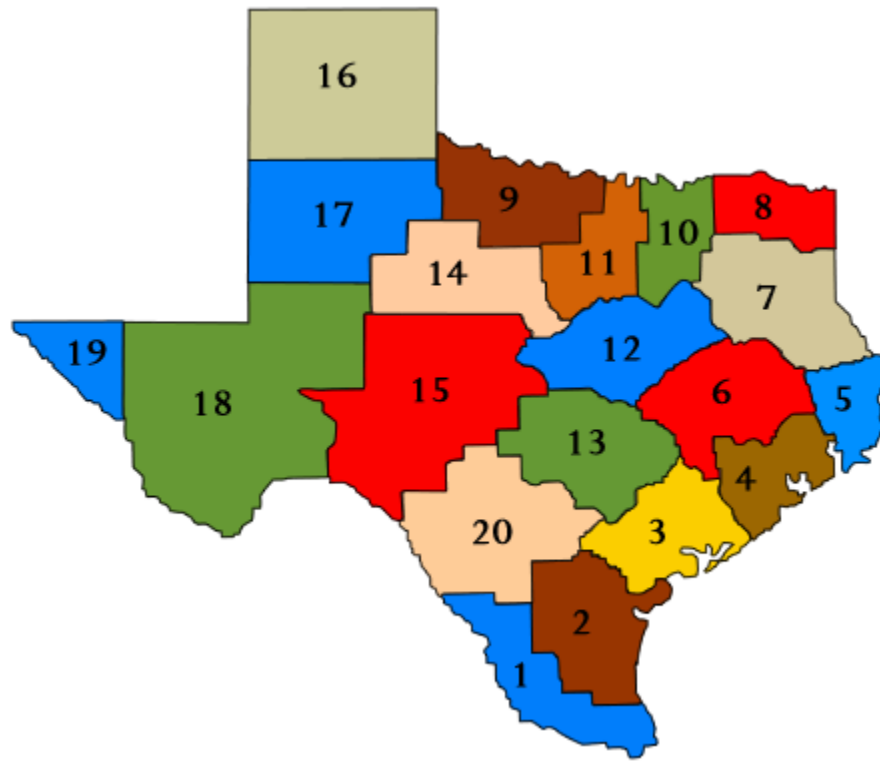


I'm not a robot

Submit Request

Clear Form

## Appendix B: Education Service Center Map



# General Informational Page

## Author Information

Prepared by Roxanne Alvarado-Torres, DrPH  
Chronic Disease Epidemiology  
Health Promotion and Chronic Disease Prevention Section

Reviewed by Rachel Wiseman, MPH  
Director, Tobacco, Diabetes, and School Health Unit  
Health Promotion and Chronic Disease Prevention Section



**TEXAS**  
Health and Human Services  

---

**Texas Department of State  
Health Services**

## Suggested Citation

*2020-2021 Administered Unassigned Asthma Medication in Schools Report* Prepared by Chronic Disease Epidemiology, Health Promotion and Chronic Disease Prevention Section, Texas Department of State Health Services

## Contact Information

Texas School Health Program  
Diabetes and School Health Branch  
PO Box 149347, MC 1945  
Austin, TX 78714-9347  
1100 West 49th Street  
Austin, Texas 78756

Phone: 512-776-7279  
Fax: 512-776 7555

***[dshs.texas.gov/schoolhealth](https://dshs.texas.gov/schoolhealth)***

Texas School Health Program

***[dshs.texas.gov/schoolhealth](https://dshs.texas.gov/schoolhealth)***