

According to the National Heart, Lung, and Blood Institute, asthma affects people of all ages, but it most often starts during childhood.¹ Just over 1 out of 12 children in the United States have been diagnosed with asthma.² The effect of asthma is compounded by Nevada's dry climate, dust & quick temperature changes – resulting high asthma rates. In Nevada, Asthma is the most common medical condition for children entering kindergarten and 24% of high schoolers reported having asthma.³ In total, an estimated 4,036 Nevadan children have been diagnosed with asthma.⁴ While in school, these children with asthma, whether diagnosed or undiagnosed, are at-risk of having an asthmatic attack. In 2010, 3 out of 5 children who have asthma had one or more asthma attacks in the previous 12 months.⁵ The symptoms include⁶:

- Coughing
- Wheezing
- Chest Tightness
- Shortness of breath

These attacks can be mitigated by the use of an albuterol inhaler. But without an inhaler, depending on the severity of the attack, these children's symptoms may worsen and become a life-threatening emergency. In 2015, there were a total of 10,301 visits to a Nevada emergency room where Asthma was the principle diagnosis – includes child and adult visits.⁷

Unfortunately, children do not always have an inhaler available for use. This may be due to them being undiagnosed, not owning an inhaler, leaving it at home, or because it is broken, or empty. The lack of owning inhalers also disproportionately affects minority children and children living in poverty. According to the Nevada State Asthma Control Plan:

“Minority children and children in poverty have a greater burden from asthma compared with white, more socioeconomically advantaged children, and the same children are less likely to

- 7.5% of kindergarteners in Nevada reported having asthma.
- 24% of High Schoolers in Nevada reported having asthma.
- 20% of children in the U.S. have reported having one or more asthma attacks in the previous 12 months.

¹ <https://www.nhlbi.nih.gov/health/health-topics/topics/asthma/atrisk>

² <http://www.cdc.gov/nchs/fastats/asthma.htm>

³ Nevada State Asthma Control Plan

⁴ Moonie S, Lucas JA. Nevada 2011-2014 Childhood Asthma Prevalence Statewide Report. University of Nevada, Las Vegas and Nevada Division of Public and Behavioral Health, Nevada State Department of Health and Human Services. April 2016

⁵ <http://www.aaaai.org/about-aaaai/newsroom/asthma-statistics>

⁶ <https://www.nhlbi.nih.gov/health/health-topics/topics/asthma/signs>

⁷ Moonie S, Lucas JA. Nevada Emergency Room – Asthma as Principle Diagnosis. University of Nevada, Las Vegas and Nevada Division of Public and Behavioral Health, Nevada State Department of Health and Human Services. April 2016

receive adequate treatment and to have family or community support for their asthma management.”

To improve access to asthma medications in schools, the American Lung Association made the following recommendations⁸:

- State and local officials must educate all school personnel on existing laws and policies, and clarify expectations for their implementation.
- Schools, asthma advocates and healthcare providers must facilitate parent and caregiver engagement in the management of their child’s asthma at school.
- School districts must implement standardized protocols and instruments for the assessment of a student’s readiness to self-carry.
- Schools must provide access to back-up medication using standing orders for quick-relief medication.

Access to emergency albuterol inhalers provides a safe guard for children who do not have access to an inhaler. This legislation would be similar to Senate Bill 453, passed in 2013, which: allowed for a physician to issue an order for auto-injectable epinephrine to a public or private school; required for public schools to obtain an order from a physician or osteopathic physician for auto-injectable epinephrine to maintain the drug at the school; allowed a school nurse or other designated employee of the public or private school, as applicable, who has received training in the storage and administration of auto-injectable epinephrine to possess and administer auto-injectable epinephrine to a pupil on the premises of the school during the school day who is reasonably believed to be experiencing anaphylaxis; and require training in the storage and administration of epinephrine to be provided to designated employees of a public or private school.⁹

Recommendations:

The Children’s Advocacy Alliance recommends that Nevada:

- Mandate schools to provide access to back-up albuterol inhalers using standing orders for quick-relief medication to be administered by a trained professional within the school. Training should include assessment for use of inhaler vs. epinephrine.
- Require school districts to implement standardized protocols and instruments for the assessment of a student need for an emergency inhaler.
- Work with pharmaceutical companies to reduce the fiscal burden on school districts purchasing the medication.
- Establish protections from liability for schools and medical providers writing the prescriptions.



Children’s Advocacy
ALLIANCE

702-228-1869

5258 South Eastern Ave, Suite 151, Las Vegas, NV 89119

3500 Lakeside Ct, #209, Reno, NV 89509

www.caanv.org

⁸ <http://www.lung.org/assets/documents/asthma/improving-access-to-asthma.pdf>

⁹ <http://www.leg.state.nv.us/Session/77th2013/Reports/history.cfm?billname=SB453>