◆ Recommended Component:
Ensure Ready Access to Pre-Medication as Prescribed and Immediate Access to Quick-Relief Medication

State legislation and/or school/district policies will determine if students self-carry and self-administer asthma medications. If self-carry/self-medication is not allowed, schools must ensure a system through which students can readily access medications for pre-exercise medication, as prescribed by personal physicians. Pre-medication, if prescribed, and physical warm-ups are essential and can help prevent asthma episodes.

Schools must also ensure immediate access to rescue medications. This may be accomplished by having teachers, trainers or coaches carrying rescue inhalers in waist packs, especially when playing fields are located far away from health rooms. Inhalers must always be properly labeled.

LESSONS LEARNED!

Several AFSI pilot sites succeeded in their schools' adopting new policies that specific medication access before and during physical activity. This very focused policy can impact any student with asthma, as well as those who experience exercise-induced asthma and/or whose asthma can be triggered by air pollution (such as during an outdoor team practice or physical education class).

A current Asthma Action Plan should be available for each student with asthma. For students with exercise-induced asthma, it should be updated at least annually (preferably each semester) and include:

- instructions for pre-medication at the appropriate time (15-30 minutes) prior to exercise
- medication dosages
- specific communications tools for teachers, athletic trainers, and coaches that highlight:
  - signs and symptoms of an asthma episode
  - peak flow measurement/personal peak flow targets
  - recommendations for length of warm-ups/cool-downs
  - triggers
  - recommended modifications for physical activity, including warm-ups
  - emergency procedures
  - pre-medication information and reminder to instructor/coach to ask student at beginning of class or practice about pre-medication