



VIRGINIA ASSOCIATION OF SCHOOL NURSES, INC.
P.O. BOX 28313, RICHMOND, VA 23228

**Briefing Session on the
School Access to Emergency Epinephrine Act
Hosted by Food Allergy and Anaphylaxis Network**

**Wednesday, May 16, 2012
1:15 pm
441 Cannon House Office Building**

School Nurse Perspective by Deborah Zeller, MSN, RN, NCSN

First, we thank Ms. Pendleton and Mr. Hom for having the courage and strength to address this serious issue with us today despite the great loss that your families have experienced. We would like to acknowledge the Food Allergy and Anaphylaxis Network for inviting us to participate in today's event. Special thanks are extended to Congressmen Roe and Hoyer and Senators Durbin and Kirk for their leadership in sponsoring the *School Access to Epinephrine Act* which has the potential to save millions of children's lives.

Today, I speak as a member of the National Association of School Nurses and the President of the Virginia Association of School Nurses. As school nurses, we are so pleased that federal legislation has been introduced to encourage the availability of epinephrine in schools for the treatment of anaphylactic reactions to food and other allergens.

Professional registered nurses in the school setting have the knowledge, assessment skills, and judgment to respond quickly and accurately in an anaphylactic emergency. The school nurse is the key school professional to lead school staff in the awareness, prevention, and treatment of life-threatening reactions, thus keeping our students safe at school and ready to learn.

Current state laws allow children with known life threatening allergies to bring individually prescribed epinephrine to school. However, school personnel are prohibited by law from administering one child's epinephrine to any other individuals experiencing anaphylaxis. For this reason, school nurses understand the importance of readily available non-specific student epinephrine auto-injectors in the school setting. Data clearly demonstrate that anaphylaxis associated fatalities occur more often away from home, and usually result from either the absence or delayed use of epinephrine. While 15 percent of school-age children with food allergies experience an allergic reaction in

school, nearly one in four of these cases involve a student with a previously unknown allergy. This bipartisan legislation would allow authorized school personnel to access and administer non-specific student epinephrine which is vital in saving a child who experiences anaphylaxis from a previously unknown allergy.

School nurses lead the delivery of health care to students in school as well as the development of specialized individual health care plans for children with known life threatening allergies. Depending upon factors like the student-to-school nurse ratio, a registered nurse is not always available in a school building, or may only be assigned on a part-time basis. This means that there is always the possibility that other school staff may be responsible for responding to health-related emergencies. As such, this legislation allows school nurses to train designated school personnel in the safe administration of epinephrine auto-injectors should a student experience an anaphylactic reaction.

In a life-threatening emergency, early recognition of symptoms and prompt therapeutic interventions are necessary. Access to stock epinephrine and the implementation of procedural policies are critical to ensuring that authorized and trained school personnel take immediate appropriate action during an emergency. School nurses know firsthand that having access to stock emergency epinephrine in schools saves lives. For example, in one Virginia Public School District this academic year, student lives have been saved on at least eight occasions due to registered nurses administering stock epinephrine for life threatening allergic reactions. In each of these cases the student survived. This bill will benefit all elementary and secondary students with severe food allergies as well as those at risk of anaphylaxis from insect stings, latex, or other allergen exposures while in school.

While several states have already adopted regulations that ensure school access to stock epinephrine, it is imperative to take a proactive approach to this issue. Virginia passed “Ammaria’s Law” after Ms. Pendleton’s daughter tragically died from anaphylaxis at school. Illinois also passed a law allowing schools to stock emergency epinephrine. Unfortunately, it passed after a child had already died from a severe allergic reaction while in school. It would be *shame* for another child to die when this nation can enact a law that has the potential to prevent student death from anaphylaxis in schools.

Thank you for your time and attention to this very important issue which puts millions of American children at risk every day. The National Association of School Nurses endorses the *School Access to Emergency Epinephrine Act*. This legislation will help to keep children safe in school and ensure that they have the opportunity to reach their full potential.

Real Stories by School RNs about Life Threatening Allergies

By Norma Bergey, MSN, RN, NCSN

In one Virginia public school system for the 2011-2012 academic years, registered nurses reported having given epinephrine eight times from their schools' stock medication. In all of these cases, students had anaphylactic reactions, received lifesaving epinephrine and survived the emergency. The school system has a life threatening allergy management protocol in place and employ RNs in all of their schools. Having epinephrine available saved the lives of eight students this year in this school system. Here are some of the stories from these school nurses.

Middle School Situation:

"Yes, I have had to give epinephrine at least once every year that I have been employed here (4 years). In three of four cases, I gave epi to kids who had known allergies and the parents had not yet brought in the medications. The other case was a girl who had never had a life threatening allergic reaction before. She came into the clinic complaining of her throat 'feeling weird.' Then her tongue puffed up to the point that she couldn't close her mouth. She has had a couple of reactions at home since then, and her mom has had to call 911 several times. This student has had extensive allergy testing, however they have not been able to identify what triggers her allergic reaction."

High School Situations:

"Yes, I have given epinephrine at least two to three times in my high school. I have used the school's stock epinephrine on one student two times. In the first case, she ate her school lunch and then came to health office complaining of nausea, tongue tingling, and her lips itching. Symptoms progressed to swelling of the eyes, hands, and lips. The tip of her tongue also started to swell. Due to multi system complaints, epinephrine was given. At that time there was no respiratory distress. Rescue was called and the student transported to ER. She survived this episode. A second episode occurred with this same student with quicker onset of symptoms. She had left behind her individually prescribed epinephrine, and her acute symptoms required the administration of the school's stock epinephrine. Emergency medical support was again activated. "

"Another student complained of her tongue swelling after drinking a sports drink while in lunchroom. She had had this flavor before without any problems. The teen's mouth was rinsed and her symptoms were closely monitored. Then her tongue began to swell even more and her vocal quality became muffled. Symptoms progressed, epinephrine was given, and rescue called."

"A teen with preexisting mental health concern came into the health office stating that he couldn't breathe since someone had sprayed cologne in the boy's bathroom, near where he was standing. We took him outside for fresh air and monitored him. At that time he did not have signs of respiratory distress. After several minutes we brought him back inside. A short while later, he began to gasp even though his lung sounds were clear. He was encouraged to take deep slow breaths, then stridor was noted. His pulse suddenly dropped to 49. Non-specific epinephrine was given. His breathing eased and

the stridor was eliminated. EMS arrived at that point and he was transported to the hospital. “

Third to Fifth Grade School Situation:

“A student with previously unknown allergies exhibited symptoms of anaphylaxis. The cafeteria monitor noticed these symptoms since she had been trained to do so by the school nurse. The student was brought to the health office, and upon being assessed by the RN, his heart rate was below normal at 40 and his lips were blue. The RN administered the school’s non-specific epinephrine and the child was transported to the hospital.”