

Anaphylaxis Update

Preventing Tragedy at School • CA Legislation Responds to an Old Problem

It's the beginning of a new year and a good time for school nurses to check their records concerning students and allergy. It would also be appropriate to see if there have been any staff changes since the school year began and ensure that all new staff are aware of the schools emergency medical procedures.

At the end of last school year, the press reported a tragic story out of Washington involving the death of a 9-year-old student with a known food allergy. The student suffered an allergic reaction during a class field trip.

News reports indicated that the teacher and a chaperone believed the student was having an asthma attack and gave him his inhaler. Officials reported that while symptoms worsened, a phone call was placed to the boy's home although it was unclear whom they spoke with. Although he was having difficulty breathing, it was decided to take him home rather than to a hospital.

While en route, the symptoms continued to worsen, and the teacher and chaperone pulled into a fire station in hopes of finding a medic. Finding only a maintenance man, they then decided to give the student his prescription of self-injectable epinephrine. Paramedics arrived soon after.

The student was transported to a nearby hospital where he succumbed to anaphylaxis a short time later. It had been more than two hours since the initial onset of symptoms before proper medication had been administered.

RESOURCE

The Food Allergy & Anaphylaxis Network
10400 Eaton Place, Suite 107
Fairfax, VA 22030-2208
(703) 691-3179; Fax: (703) 691-2713
www.foodallergy.org

HOW CAN YOUR SCHOOL PREVENT A SIMILAR TRAGEDY?

1. Train all school staff, as well as chaperones and volunteers, how to recognize a food-allergy reaction and what to do if one occurs. If a student with a known food allergy comes to a responsible adult complaining of not feeling well, the adult should ask the student to describe the symptoms. If the symptoms are similar to those of an allergic reaction, and if the student has had recent contact with food, a food-allergy reaction should be suspected.
2. Immediately after the onset of a food-allergy reaction, follow the doctor's instructions for treatment as outlined on the child's Food Allergy Action Plan. Do not delay treatment by telephoning emergency contacts to ask how to proceed. Make sure there is quick and easy access to the student's medications at all times.

It is important to note that there is only slight concern in giving epinephrine if it is not needed, whereas delaying treatment can result in tragedy.

3. Everyone responsible for the care of food-allergic students should be trained in the proper administration of epinephrine, if prescribed. Practice giving the injection with an EpiPen® trainer (included in FAAN's *School Food Allergy Program*) until its use becomes second nature.

Remember to hold the injected needle in place for 10 seconds to be sure all medication is delivered.

4. If a student has an allergic reaction, administer medication and have him or her transported to an emergency medical facility for observation (for at least four hours' duration). Sometimes symptoms will subside and then return. These second, or bi-phasic, reactions can oftentimes be more severe than the first. Have a back-up plan to deal with emergencies, especially if you are in a location where a delay in response is very likely.

IF A REACTION OCCURS

If a child is having a reaction, the school should follow the written emergency plan and

1. Give epinephrine
2. Call 911*
3. Call the parents

*or other emergency medical services

In a number of cases, during an allergic reaction the school staff called the child's parents to discuss the child's symptoms and ask for the parent's advice. If a child is having allergic symptoms, call 911. **Remember, there is little disadvantage to giving epinephrine if it is not needed, but not giving it when it is needed can be catastrophic.**

California Assembly Passes Legislation Authorizing School Nurses to Administer Self-Injectable Epinephrine

California's governor, Gray Davis, recently signed legislation allowing the use of self-injectable epinephrine in schools. The bill, authored by Assemblywoman Patricia Wiggins, authorizes school nurses and other trained personnel to administer self-injectable epinephrine to persons suffering from an anaphylactic reaction. In addition, the bill establishes training for emergency medical technicians and standards for pre-hospital emergency care regarding anaphylaxis. The legislation is instrumental in ensuring safety at school for severely allergic children, faculty and staff and educating emergency personnel about this condition.

Until now, self-injectable epinephrine, such as an EpiPen[®] epinephrine auto-injector, was only given under specific written orders from a physician. This limitation restricted school nurses from emergency administration of the life-saving medication to children, faculty or staff suffering an unexpected allergic attack.

Under the new law, a physician can write a standing order to furnish a school with the necessary epinephrine auto-injector units to provide medical aid in the event of an emergency. The law also requires school nurses or other personnel to be trained to identify the symptoms of anaphylaxis and administer the drug properly. Schools electing to use epinephrine auto-injectors will be responsible for the cost of regular training and for the auto-injectors.

"This is a significant step in providing life-saving interventions for persons suffering from an episode of anaphylaxis," said Cathy Owens, a school nurse from Murrieta, California. Owens faced an informal investigation in 1997 after administering another student's EpiPen[®] auto-injector to a student suffering from a serious and unexpected anaphylactic reaction (see *School Nurse News*, September 2001).

However, it was quickly determined that Owens had acted appropriately for the situation and she was commended for her actions. She since has advocated for this type of reform in California. "As someone

who had to break the law to treat a life-threatening allergic reaction, I applaud Assemblywoman Wiggins for taking a strong stance in allowing a first aid response for people with previously undiagnosed anaphylaxis."

While California lawmakers have now secured epinephrine in schools, legislation regarding EMTs lags further behind. Although the Wiggins bill is a step in the right direction, California EMTs, along with emergency personnel in the majority of states, are not uniformly allowed to carry and administer epinephrine. Thus, EMTs may not be equipped to treat a patient suffering from anaphylaxis. This type of legislation is crucial to protecting all individuals with severe allergies.

Other states have passed or have similar legislation pending as the national awareness of anaphylaxis grows. Do you know where your state stands on this issue? 🍷

We'd like to hear from you. Share your state and school district's policy on this topic with us. Fax your response to (973) 601-0112 or send an e-mail to sue@healthinfopubs.com.