

Anaphylaxis Legislation!

Now What?

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New Legislation

Minnesota Statutes 121A.22

Applies to all public schools and to non-public schools that are subject to ADA

Why?

- One child, one school, one principal
- Increasing number of young children with anaphylaxis, hx of & potential for
- Strong, organized, worried, parent advocates
- AFAA (Anaphylaxis and Food Allergy Association of Minnesota)

What?

- pupil may possess nonsyringe injectors
- if unable to possess, must have immediate access
- school must develop and implement written Individual Health Plan (IHP) and Emergency Care Plan (ECP)
- plan must designate responsible school staff

Anaphylaxis: Recognition & Management

School staff training

What is anaphylaxis?

- ‘without protection’
- refers to a severe, systemic, allergic reaction
- occurs in approximately 20 per 100,000 persons annually

What causes anaphylaxis?

- result of allergy to: foods, insect stings, medications, other materials
- in children, food allergy is most common
- peanuts and tree nuts are most common foods

Signs and Symptoms

- Mouth: itching/swelling of lips, tongue or mouth
- Throat: itching, sense of tightness in throat, hoarseness, hacking cough
- Skin: hives, itchy rash, swelling of face or extremities
- Gut: nausea, abdominal cramps, vomiting, diarrhea

Signs and Symptoms, continued

- Lung: shortness of breath, repetitive coughing , sneezing
- Heart: ‘thready’ pulse, ‘passing out’
- All symptoms can become life-threatening. Severity of symptoms can quickly change

Treatment

- not possible to predict severity of reaction
- approach each episode as potentially life-threatening
- need to be prepared to treat a severe reaction at all times

Treatment, continued

- emergency plan
- recognize reaction in earliest stages
- children with asthma especially at risk for anaphylaxis

Treatment, continued

- symptoms clearly indicating need for epinephrine:
- rapidly developing hives, difficulty breathing, wheezing, swelling of the tongue or face
- **always** err on the side of caution - if in doubt, give epinephrine

Epinephrine

- by injection, is the treatment of choice for anaphylactic reactions
- works quickly to reverse symptoms

Epinephrine, continued

- constricts blood vessels, relaxes smooth muscles in lungs to improve breathing, stimulates heart beat, reverses hives and swelling
- effects last 10-15 minutes
- **call 911 immediately** after giving epinephrine, then call parents

EpiPen

- disposable drug delivery system for epinephrine
- spring-activated, concealed needle
- designed for self-administration in acute emergencies
- dose based on body weight, EpiPen Jr.

How to use an EpiPen

1. Form fist around the auto-injector with **black tip facing down**
 - pull off gray safety cap
 - never put fingers over black tip

EpiPen use, continued

2. Place black tip against outer thigh, not necessary to remove clothing first
- **do not put your thumb over the end of the unit**

EpiPen use, continued

3. With quick motion ('swing and jab'), push EpiPen against thigh
 - this releases the spring-activated mechanism which injects the dose of epinephrine
 - hold EpiPen in place for ten seconds after activation

EpiPen use, continued

4. Remove EpiPen from thigh

- call 911
- call parents
- send EpiPen with 911 to hospital

Storage of EpiPen

- room temperature
- no exposure to extreme heat or direct sunlight
- store in amber –colored plastic tube it comes in

Specifics of the Legislation

‘If

parent and prescribing medical professional
annually inform the pupil’s school in
writing’

then

Legislation Specifics, continued

- The ‘Pupil may possess the epinephrine,
or,
- (if) the pupil is unable to possess the epinephrine (the pupil) requires immediate access to nonsyringe injectors of epinephrine in close proximity to the student at all times during the school day.

Legislation Continued

‘the parent provides, (EpiPen) properly labeled, to the school, for the pupil, as needed’

Legislation Specifics, continued

‘...at the start of each school year, or at the time a student enrolls in school, whichever is first, a student’s parent, school staff, *including those responsible for student health care*, and the prescribing medical professional must **develop and implement an individualized written health plan** for a student who is prescribed nonsyringe injectors of epinephrine

Legislation Specifics, continued

The plan ‘enables the student to:

- possess nonsyringe injectors of epinephrine

or

Legislation Specifics, Continued

- if the parent and prescribing medical professional determine the student is unable to possess the epinephrine, (the student must) have immediate access to nonsyringe injectors of epinephrine in close proximity to the student at all times during the instructional day”

Legislation Specifics, continued

‘The plan must:

designate the school staff responsible for implementing the student’s health plan

including

recognizing anaphylaxis and administering nonsyringe injectors of epinephrine when required’

Legislation Specifics, continued

School includes non-public schools that are subject to the Americans with Disabilities Act (ADA) requirements.

Implementation

- Procedure developed for implementation in Saint Paul
- One example of how to do this

How?

Allergic Reaction Questionnaire

- completed by parent

given:

1. annually to all students with known anaphylactic reactions
2. annually to all students who have EpiPens prescribed

Questionnaire, continued

3. Newly identified students with allergies
 4. Students with known allergies, when more information is needed
- Minimum of two attempts to gather information
 - Document in health record when sent and received
 - File form in health record

IHP And Section 504 Plan

Part 1: Individual Health Plan (IHP)

- **Includes: assessment data, health education, nursing diagnosis, and interventions**

Part 2: Section 504 health-related accommodations

Individual Health Plan

- Required by law for all students when the parent and prescribing medical professional inform the school in writing that the student may possess the epinephrine
- Plan must be written ‘at the start of each school year, or at the time a student enrolls in school, whichever is first’

IHP, continued

- Plan ‘must **designate** school staff responsible for implementing the student’s health plan, including recognizing anaphylaxis and administering epinephrine’

Section 504, health-related accommodations

- Required:
 - Staff trained to recognize anaphylaxis and provide care
 - EpiPen supplied by parent is accessible
 - Staff designated to administer EpiPen

504 Accommodations

- Reasonable and individualized for each student
- Flow from student needs, identified in assessment
- Implemented by various people, including classroom teacher, cafeteria staff, other appropriate staff

Other Possible Issues

What is 911 response time to the school?

What are your district's/bus companies policies about training for bus drivers?

Issues, continued

- Nutrition Services:
 - Are menus and lists of ingredients readily available to families?
- No ‘peanut-free’ schools, or classrooms
 - Work toward **‘peanut-sensitive’ schools**, ‘allergy-aware’ classrooms

Section 504 Team

Section 504 team: 504 team leader, school nurse, classroom teacher, cafeteria staff, building administrator, other school staff as appropriate, also parent and student, as appropriate, **are involved in identifying student needs and necessary accommodations**

Emergency Care Plan (ECP)

- Individualized
- Developed by LSN to provide specialized instructions to **designated** school staff on how to respond to an anaphylaxis emergency

Emergency Care Plan, continued

- Section I: LSN completes
- Section II: Prescribing health care professional (medication/s order)
- Section III: Parent permission for medication administration
- Section IV: EpiPen directions

Anaphylaxis and EpiPen Training

1. Awareness

- Training is offered to everyone in the building
- Includes how to administer an EpiPen
- This is not delegation. It is not student specific.

Training, continued

2. School staff responsible for implementing the student's ECP, emergency care plan.
 - part of the legislation
 - may include delegation

Training, continued

3. Medication designees.

-include EpiPen administration in your medication training

Self Carry/Self Administer

1. Health Care Provider Order
2. Parent Permission
3. Student Agreement
4. Nurse Assessment

Summary

- Students must have access to EpiPens during the instructional day
- staff must be trained to recognize symptoms and provide care.
- Students must have an IHP and ECP.

Summary

- Thoughtful, well-defined process plans for student safety, provides reasonable accommodations, and works with the intent of the law.