



SB 416
Testimony of Representative Sandy Pasch
Senate Committee on Education
December 18, 2013

Good morning, Mr. Chairman and committee members. I thank the committee for allowing me to testify in support of SB 416 today.

Current law authorizes certain school personnel to administer epinephrine to a pupil who appears to be experiencing a severe allergic reaction – but the personnel must call 911 to report the reaction and use of an epinephrine auto-injector. Current law also allows a child to self-administer epinephrine while at school, but the law does NOT require that 911 be called in this situation.

This bill was written to require each school to adopt a written policy describing the procedure for a pupil's possession and use of an epinephrine auto-injector. The policy must require that school staff inform the pupil that if he or she uses an epinephrine auto-injector, he or she must notify a school employee as soon as possible. Then, if the pupil notifies a school employee, report the pupil's use of the epinephrine auto-injector by dialing "911."

It is a generally accepted principle in the allergy/asthma communities that when an Epipen is injected into a body, the next step that must be taken is the dialing of 911. This should not be disregarded in the case of self-administration on the part of a student.

By any definition, the use of an Epipen is an emergency situation. This is particularly true in a school setting. The pupil is having trouble breathing and is most likely panic-stricken. The surrounding staff people are not adequately trained to deal with this life-threatening crisis.

In addition to managing the situation, emergency personnel may be needed to provide an additional Epipen dose. More than 20% of all anaphylactic episodes are biphasic, meaning the person will experience another reaction as soon as 20 minutes after the first one.

Calling 911 can mean the difference between life and death for a child experiencing an allergic reaction. It is simply common-sense to ensure that 911 is called when our children encounter a potentially fatal situation – no matter who administers the epinephrine.

The bottom line is that this bill will establish consistency in dealing with epinephrine auto-injectors and protect our children in potentially life-threatening situations.

As the lead Assembly author of this proposal, I thank you for your consideration of my testimony today.

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Luther S. Olsen

State Senator

14th District

Senate Bill 416

Testimony of Senator Luther Olsen

Senate Committee on Education

December 18, 2013

Thank you Committee members for hearing Senate Bill 416. I introduced this bi-partisan legislation to provide parity in emergency responses to the use of an epinephrine pen used for allergic reaction to treat students in school.

Current law authorizes certain school personnel to administer epinephrine to a pupil who appears to be experiencing a severe allergic reaction – but the personnel must call 911 to report the reaction and use of an epinephrine auto-injector. Current law also allows a child to self-administer epinephrine while at school, but the law does NOT require that 911 be called in this situation.

I believe it is simply common-sense to ensure that 911 is called when our children encounter a potentially fatal situation – no matter who administers the epinephrine.

Therefore, I authored SB 416 a bipartisan measure, which would require each school to adopt a written policy describing the procedure for a pupil's possession and use of an epinephrine auto-injector. The policy must require that school staff do the following:

1. Inform the pupil that if he or she uses an epinephrine auto-injector, he or she must notify a school employee as soon as possible.
2. If the pupil notifies a school employee, report the pupil's use of the epinephrine auto-injector by dialing "911."

Senate Amendment 1 has been drafted to remove Section 2 of this bill, which raised a few concerns during the co-sponsorship circulation. This legislation has the support of the Wisconsin Association of School Nurses. Once again, thank you for your time today; I look forward to answering any questions you may have.



WASN

Wisconsin Association of School Nurses

Testimony to the Senate Committee on Education in Support of SB 416, Requiring the Dialing of 911 When a Pupil Self-administers an Epipen

December 18, 2013

The Wisconsin Association of School Nurses (WASN) would like to thank Chairman Olsen and Representative Pasch for introducing Senate Bill 416. This important legislation will help ensure the health and safety of Wisconsin's student population by requiring the dialing of 911 when a student self-administers an epinephrine auto-injector. SB 416 will also strengthen the liability protection of school districts because it is a generally accepted principle that 911 must be called whenever an epipen is used, including in a school setting.

SB 416 will make Chapter 118.292, the statute allowing pupils to self-administer epipens, consistent with 118.29(2)(2m.), the statute that allows a school employee to administer an epipen to a pupil when the pupil appears to be experiencing a severe allergic reaction. With the adoption of SB 416, both sections of the statutes will say that the use of an epipen should be reported "by dialing the telephone number '911' or, in an area in which the telephone number '911' is not available, the telephone number for an emergency medical service provider."

Please see the attached Food Allergy Action Plan from the Food Allergy & Anaphylaxis Network, along with an excerpt from the guidelines for managing food allergies in the school setting from the Centers for Disease Control and Prevention. Both documents highlight the importance of dialing 911 when epinephrine is used.

Why do experts universally agree that 911 must be dialed when epinephrine is used? In some cases, a second dose will be needed. Having emergency personnel on the way ensures the availability of that additional dose, which can save a person's life. In addition, emergency personnel can address the hectic, and potentially life-threatening, situations that arise when a pupil is experiencing a reaction, and make sure that the pupil's health needs are being addressed.

Given that current law makes it clear that both employees and students are already exempt from liability, WASN would not object if the committee chooses to remove Section 2 from the bill.

WASN encourages the committee to support SB 416. We appreciate your commitment to improving the health and well-being of Wisconsin school children.

Attachments (2)

Food Allergy Action Plan

Emergency Care Plan

Place
Student's
Picture
Here

Name: _____ D.O.B.: ____ / ____ / ____

Allergy to: _____

Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No

Extremely reactive to the following foods: _____

THEREFORE:

- If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten.
- If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noted.

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:

- LUNG: Short of breath, wheeze, repetitive cough
- HEART: Pale, blue, faint, weak pulse, dizzy, confused
- THROAT: Tight, hoarse, trouble breathing/swallowing
- MOUTH: Obstructive swelling (tongue and/or lips)
- SKIN: Many hives over body

Or combination of symptoms from different body areas:

- SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)
- GUT: Vomiting, diarrhea, crampy pain



1. INJECT EPINEPHRINE IMMEDIATELY

2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications: *
 - Antihistamine
 - Inhaler (bronchodilator) if asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

MILD SYMPTOMS ONLY:

- MOUTH: Itchy mouth
- SKIN: A few hives around mouth/face, mild itch
- GUT: Mild nausea/discomfort



1. GIVE ANTIHISTAMINE

2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring (see box below)

Medications/Doses

Epinephrine (brand and dose): _____

Antihistamine (brand and dose): _____

Other (e.g., inhaler-bronchodilator if asthmatic): _____

Monitoring

Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

Parent/Guardian Signature _____

Date _____

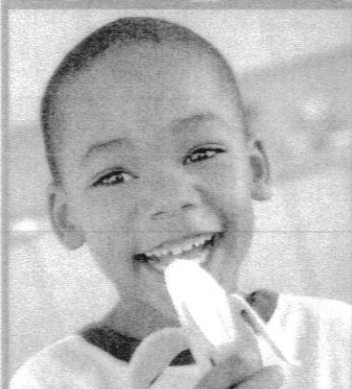
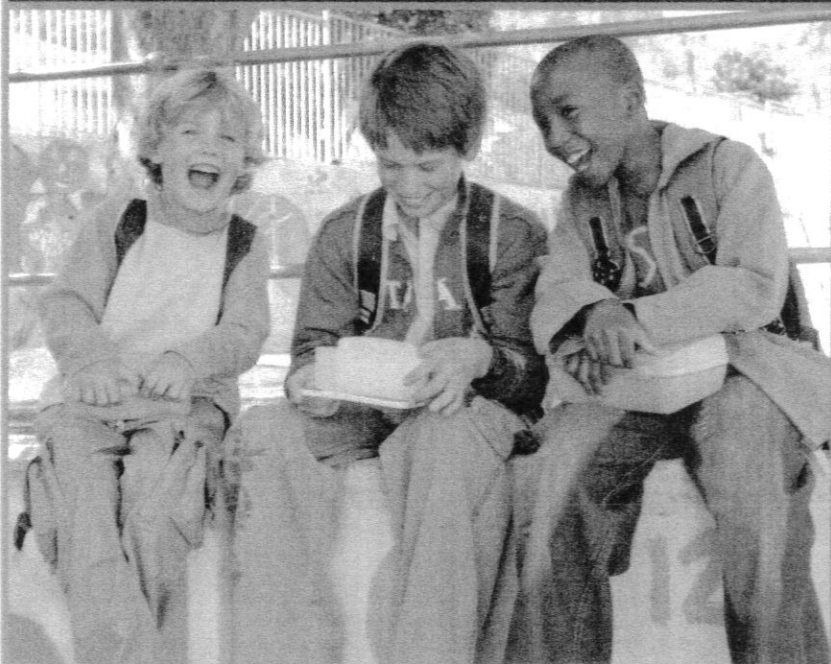
Physician/Healthcare Provider Signature _____

Date _____

TURN FORM OVER

Form provided courtesy of the Food Allergy & Anaphylaxis Network (www.foodallergy.org) 9/2011

Voluntary Guidelines for Managing Food Allergies In Schools and Early Care and Education Programs



c. Make sure that epinephrine is used when needed and someone immediately contacts emergency medical services.

Delays in using epinephrine have resulted in near fatal and fatal food allergy reactions in schools and ECE programs.^{25,36,37} In a food allergy emergency, trained staff should give epinephrine immediately. Early and appropriate administration of epinephrine can temporarily stop allergic reactions and provide the critical time needed to get medical help.

State laws, state nursing regulations, and local school board policies direct the medication administration in school and ECE programs. They often define which medications nonhealth professionals are allowed to administer in schools, including who may administer epinephrine by auto-injector. If nonhealth staff members are permitted to administer epinephrine, training should be required.^{39,71}

When epinephrine is used, school or ECE program staff must call 911 or emergency medical services (EMS). EMS should be informed that the emergency is due to an allergic reaction, if epinephrine has been administered, when it was administered, and that an additional dose of epinephrine may be needed. The child should be transported quickly in an emergency vehicle to the nearest hospital emergency department for further medical treatment and observation.¹³ Staff also should contact the child's parents to inform them of their child's food allergy emergency and tell them where the child is being transported. Because medical attention is needed urgently in this situation, staff must not wait for parents to come and pick up their children before calling EMS.

Justification for More Than One Dose of Epinephrine

Schools and ECE programs should consider keeping multiple doses of epinephrine onsite so they can respond quickly to a food allergy emergency. Although some schools allow students to carry their own auto-injectors, a second auto-injector should be available at school in case a student does not have one at the time of the emergency. School and ECE program staff may also decide that having more than one auto-injector at different locations (especially for a large building or campus) will best meet a child's needs. In addition, some symptoms of anaphylaxis may continue after one dose of epinephrine, so a second dose may be needed at school if EMS does not arrive quickly.

Some state laws allow for the prescribing of stock supply of non-patient specific epinephrine auto-injectors for use in schools, which may allow schools or ECE programs to acquire the needed additional doses of epinephrine. When allowed by state law and local policy, schools and ECE programs that have a doctor or nurse onsite can stock their emergency medical kits with epinephrine auto-injectors to be used for anaphylaxis emergencies.^{63,65,66,72}

In states where legislation does not exist or does not allow schools or ECE programs to stock epinephrine, staff will need to work with parents and their doctors to get additional epinephrine auto-injectors for students who need them.

d. Identify the role of each staff member in an emergency.

Any plan for managing food allergies should state specifically what each staff member should do in an emergency. This information should be simple and easy to follow, particularly when a staff member who is not a licensed health professional is delegated to administer epinephrine.^{24,68} Ideally, a registered nurse or doctor would be available to assess a food allergy emergency and decide