Sweeny ISD Anaphylaxis Policy, Unassigned Epinephrine Auto-injector
(Severe Allergic Reaction)

It is the policy of Sweeny ISD Public Schools to provide at least two (2) doses of auto-injectable epinephrine (hereinafter called 'unassigned or stock epinephrine') in each school, to be administered by a school nurse, the Athletic Trainer or employee of the school who is authorized and trained in the administration of epinephrine to any student believed to be having an anaphylactic reaction on school premises, during the academic day.

Policy Limitations

Parents of students with known life threatening allergies and/or anaphylaxis should provide the school with written instructions from the students' health care provider for handling anaphylaxis and all necessary medications for implementing the student specific order on an annual basis. This anaphylaxis policy is not intended to replace student specific orders or parent provided individual medications. This policy **does** extend to activities off school grounds (including transportation to and from school, field trips, etc.) or outside of the academic day (sporting events, extra-curricular activities, etc.).

Overview

Anaphylaxis is a severe systemic allergic reaction from exposure to allergens that is rapid in onset and can cause death. Common allergens include animal dander, fish, latex, milk, shellfish, tree nuts, eggs, insect venom, medications, peanuts, soy, and wheat. A severe allergic reaction usually occurs quickly; death has been reported to occur within minutes. An anaphylactic reaction can occur up to one to two hours after exposure to the allergen.

Symptoms of Anaphylaxis

- Shortness of breath or tightness of chest; difficulty in or absence of breathing
- Sneezing, wheezing or coughing
- Difficulty swallowing
- Swelling of lips, eyes, face, tongue, throat or elsewhere
- Low blood pressure, dizziness and/or fainting
- Heart beat complaints: rapid or decreased
- Blueness around lips, inside lips, eyelids
- Sweating and anxiety
- Itching, with or without hives; raised red rash in any area of the body
- Skin flushing or color becomes pale
- Hoarseness
- Sense of impending disaster or approaching death
- Loss of bowel or bladder control

- Nausea, abdominal pain, vomiting and diarrhea
- Burning sensation, especially face or chest
- Loss of consciousness

Although anaphylactic reactions typically result in multiple symptoms, reactions may vary. A single symptom may indicate anaphylaxis. **Epinephrine should be administered promptly at the first sign of anaphylaxis. It is safer to administer epinephrine than to delay treatment for anaphylaxis.**

Training

Building level administration shall be responsible for identifying at least two employees, in addition to the school nurse (RN or LVN), to be trained in the administration of epinephrine by auto-injector. Only trained personnel should administer epinephrine to a student believed to be having an anaphylactic reaction. Training shall be conducted in accordance with the most current requirements outlined by the State of Texas. Training shall be conducted annually or more often as needed.

Standing Orders

Standing orders are written to cover multiple people as opposed to individual-specific orders, which are written for one person. Sweeny ISD Public Schools shall designate an authorized medical provider (MD, DO, PA, or NP with prescriptive authority) to prescribe non-student specific epinephrine for the school division, to be administered to any student believed to be having an anaphylactic reaction on school grounds, during the academic day. Standing orders must be renewed annually and with any change in prescriber.

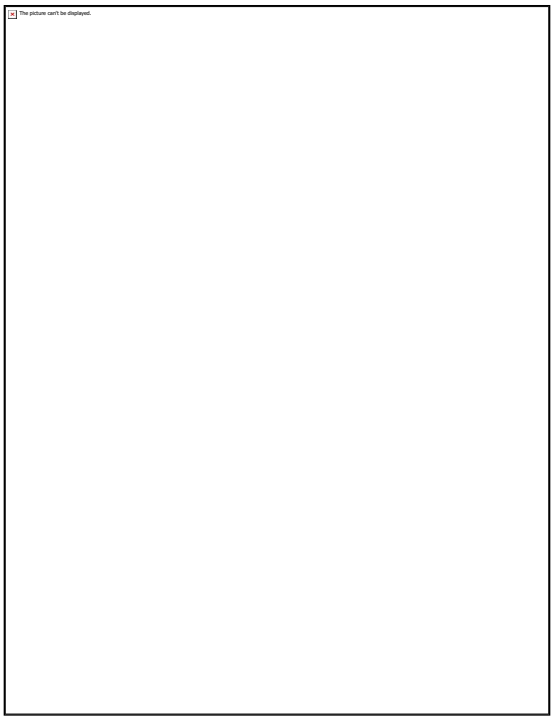
Responding to Anaphylaxis

If student-specific orders are on file they should be followed for students with known life threatening allergies and/or anaphylaxis.

For suspected anaphylaxis without specific orders:

1. Based on symptoms, determine that an anaphylactic reaction is occurring.
2. Act quickly. It is safer to give epinephrine than to delay treatment. **This is a life and death decision**.
3. Determine the proper dose and administer epinephrine. Note the time.
4. Direct someone to call 911 and request medical assistance. Advise the 911 operator that anaphylaxis is suspected and that epinephrine has been given.
5. Stay with the person until emergency medical services (EMS) arrives.
6. Monitor their airway and breathing.
7. Reassure and calm person as needed.

8. Call School Nurse/Front Office school personnel and advise of situation.
9. Direct someone to call parent/guardian
10. If symptoms continue and EMS is not on the scene, administer a second dose of epinephrine 5 to 15 minutes after the initial injection. Note the time.
11. Administer CPR if needed.
12. EMS to transport individual to the emergency room. Document individual's name, date, and time the epinephrine was administered on the used epinephrine auto-injector and give to EMS to accompany individual to the emergency room.
13. Even if symptoms subside, 911 must still respond and individual must be evaluated by a physician. A delayed or secondary reaction may occur.
14. Document the incident and complete the incident report.
15. Replace epinephrine stock medication as appropriate.



Courtesy of FAAN, 2012

Post Event Actions

- Once epinephrine is administered, local Emergency Medical Services (911) shall be activated and the student transported to the emergency room for follow care. In some reactions, the symptoms go away, only to return one to three hours later. This is called a "biphasic reaction." Often these second-phase symptoms occur in the respiratory tract and may be more severe than the first-phase symptoms. Therefore, follow up care with a health care provider is necessary. The student will not be allowed to remain at school or return to school on the day epinephrine is administered.

- Document the event

- Complete incident report

- Replace epinephrine stock medication immediately

Storage, Access and Maintenance

Epinephrine should be stored in a safe, unlocked and accessible location, in a dark place at room temperature (between 59-86 degrees F). Epinephrine should **not** be maintained in a locked cabinet or behind locked doors. Staff should be made aware of the storage location in each school. It should be protected from exposure to heat, cold or freezing temperatures. Exposure to sunlight will hasten deterioration of epinephrine more rapidly than exposure to room temperatures. The expiration date of epinephrine solutions should be periodically checked; the drug should be replaced if it is approaching the expiration date. The contents should periodically be inspected through the clear window of the auto-injector. The solution should be clear; if it is discolored or contains solid particles, replace the unit.

The school division shall maintain a sufficient number of extra doses of epinephrine for replacement of used or expired school stock on the day it is used or discarded. Expired auto-injectors or those with discolored solution or solid particles should not be used. Discard them in a sharps container.

BILL ANALYSIS

Senate Research Center
84R18690 MEW-F

C.S.S.B. 66
By: Hinojosa
Education
4/7/2015
Committee Report (Substituted)

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Anaphylaxis is a severe allergic reaction that is rapid in onset and includes a wide range of potentially life-threatening symptoms. These symptoms can occur in many combinations and are highly unpredictable. Symptoms can occur immediately or up to two hours after exposure to an allergen and may include skin reactions, constriction of the airways, swelling of the tongue and throat, a weak and rapid pulse, nausea, dizziness, and fainting.

Food allergies are among the most common medical conditions affecting children in the United States, and are also the most common cause of anaphylaxis among children. Current estimates are that one in 13 children have food allergies, and about 40 percent of those have had a severe allergic reaction. More alarmingly, 25 percent of anaphylactic reactions in schools occur among students without a previous food allergy diagnosis.

Primary treatment of anaphylaxis consists of administration of epinephrine as soon as the reaction is identified. Failure to treat anaphylaxis with epinephrine within minutes is a major risk factor for fatality from anaphylaxis.

The problem is that public schools are not currently required to have the necessary, unassigned epinephrine auto-injectors available to treat individuals suffering from anaphylaxis who may have an undiagnosed food allergy and are without a prescribed (assigned) epinephrine auto-injector.

C.S.S.B. 66 requires that Texas public and open-enrollment charter schools have unassigned epinephrine auto-injectors available on campus and at school events to treat anaphylaxis, and to have staff who are well trained in how to recognize and respond to it.

The commissioner of state health services, in consultation with the commissioner of education and an advisory committee composed of physicians with expertise in treating anaphylaxis, will adopt rules for school districts to use in carrying out this policy. The rules will establish

· The quantity of epinephrine auto-injectors to be stored at each campus, including a requirement that stock inventory be checked at regular intervals for expiration and replacement;

· The level of training required for school personnel in the administration of an epinephrine auto-injector; and

· A requirement at each campus for having one or more trained school personnel on campus during all operating hours.

C.S.S.B. 66 renames the Act, "The Cameron Espinosa Act" in honor of Cameron Espinosa, an eighth grader at Paul R. Haas Middle School in Corpus Christi, who died after having a severe allergic reaction to ant bites he sustained during a middle school football game.

C.S.S.B. 66 replaces "school employee" with "school personnel" throughout.

C.S.S.B. 66 amends current law relating to the use of epinephrine auto-injectors on public school and open-enrollment charter school campuses and at or in transit to or from off-campus school events.

RULEMAKING AUTHORITY

Rulemaking authority is expressly granted to the commissioner of state health services and the commissioner of education in SECTION 2 (Sections 38.208 and 38.214, Education Code) of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Requires that this Act be known as the Cameron Espinosa Act.

SECTION 2. Amends Chapter 38, Education Code, by adding Subchapter E, as follows:

SUBCHAPTER E. MAINTENANCE AND ADMINISTRATION OF EPINEPHRINE AUTO-INJECTORS

Sec. 38.201. DEFINITIONS. Defines "advisory committee," "anaphylaxis," "epinephrine auto-injector," and "physician" in this subchapter.

Sec. 38.202. ADVISORY COMMITTEE: ESTABLISHMENT AND COMPOSITION. (a) Requires the commissioner of state health services (commissioner) to establish an advisory committee to examine and review:

(1) the administration of epinephrine auto-injectors on a person experiencing an anaphylactic reaction on a campus of a school district or open-enrollment charter school or at or in transit to or from an off-campus school event; and

(2) the maintenance and disposal of epinephrine auto-injectors by a school district or an open-enrollment charter school.

(b) Requires the advisory committee to be composed of members appointed by the commissioner. Requires the commissioner, in making appointments, to ensure that:

(1) a majority of the members are physicians with expertise in treating anaphylaxis, including physicians who specialize in the fields of pediatrics, allergies, asthma, and immunology; and

(2) at least one member is a registered nurse employed by a school district or open-enrollment charter school as a school nurse.

(c) Provides that a member of the advisory committee serves at the pleasure of the commissioner.

(d) Provides that a vacancy of the advisory committee is filled by the commissioner in the same manner as other appointments to the advisory committee.

Sec. 38.203. ADVISORY COMMITTEE: PRESIDING OFFICER. Requires the advisory committee to elect a presiding officer.

Sec. 38.204. ADVISORY COMMITTEE: COMPENSATION AND EXPENSES. Provides that members of the advisory committee serve without compensation but are entitled to reimbursement for travel expenses.

Sec. 38.205. ADVISORY COMMITTEE: APPLICABILITY OF OTHER LAW. Provides that Chapter 2110 (State Agency Advisory Committees), Government Code, does not apply to the advisory committee.

Sec. 38.206. ADVISORY COMMITTEE: OPEN MEETINGS. Provides that meetings of the advisory committee are subject to Chapter 551 (Open Meetings), Government Code.

Sec. 38.207. ADVISORY COMMITTEE: DUTIES. Requires the advisory committee to advise the commissioner on:

(1) the storage of epinephrine auto-injectors on school campuses;

(2) the maintenance of epinephrine auto-injectors while in transit to or from an off-campus school event;

(3) the training of school personnel in the administration of an epinephrine auto-injector; and

(4) a plan for one or more school personnel members trained in the administration of an epinephrine auto-injector to be on each school campus.

Sec. 38.208. MAINTENANCE AND ADMINISTRATION OF EPINEPHRINE AUTO-INJECTORS. (a) Requires each school district and open-enrollment charter school to adopt and implement a policy requiring the maintenance, administration, and disposal of epinephrine auto-injectors at each campus in the district or school.

(b) Requires that the policy adopted under Subsection (a) provide that school personnel who are authorized and trained may administer an epinephrine auto-injector to a person who is reasonably believed to be experiencing anaphylaxis on a school campus or at an off-campus school event.

(c) Requires the commissioner, in consultation with the commissioner of education, and with advice from the advisory committee, to adopt rules regarding the maintenance, administration, and disposal of an epinephrine auto-injector at a school campus or while students are at an off-campus school event or in transit to or from an off-campus school event. Requires that the rules establish:

(1) the number of epinephrine auto-injectors available:

(A) at each campus; and

(B) while students are at an off-campus school event or in transit to or from an off-campus school event;

(2) the process for each school district and open-enrollment charter school to check the inventory of epinephrine auto-injectors at regular intervals for expiration and replacement; and

(3) the amount of training required for school personnel to administer an epinephrine auto-injector.

(d) Requires each school district and open-enrollment charter school to have a plan requiring that each campus have one or more school personnel members authorized and trained to administer an epinephrine auto-injector present during all hours the campus is open.

(e) Requires that the supply of epinephrine auto-injectors:

(1) be stored in a secure location on campus and securely maintained while at an off-campus school event or in transit to or from an off-campus school event; and

(2) be easily accessible to school personnel authorized and trained to administer an epinephrine auto-injector.

Sec. 38.209. REPORT ON ADMINISTERING EPINEPHRINE AUTO-INJECTOR. (a) Requires the school, not later than the 10th business day after the date a school personnel member administers an epinephrine auto-injector, to report the information required under Subsection (b) to:

(1) the school district or the charter holder if the school is an open-enrollment charter school;

(2) the physician who prescribed the epinephrine auto-injector;

(3) the commissioner of education; and

(4) the commissioner.

(b) Requires that the report required under this section include the following information:

(1) the age of the person who received the administration of the epinephrine auto-injector;

(2) whether the person who received the administration of the epinephrine auto-injector was a student, a school personnel member, or a visitor;

(3) the physical location where the epinephrine auto-injector was administered;

(4) the number of doses of epinephrine auto-injector administered;

(5) the title of the person who administered the epinephrine auto-injector; and

(6) any other information required by the commissioner of education.

Sec. 38.210. TRAINING. (a) Provides that each school district and open-enrollment charter school is responsible for training school personnel in the administration of an epinephrine auto-injector.

(b) Requires that training required under this section:

(1) include information on:

(A) recognizing the signs and symptoms of anaphylaxis;

(B) administering an epinephrine auto-injector;

(C) implementing emergency procedures, if necessary, after administering an epinephrine auto-injector; and

(D) properly disposing of used or expired epinephrine auto-injectors; and

(2) be provided in a formal training session or through online education and be completed annually.

(c) Requires each school district and open-enrollment charter school to maintain records on the training required under this section.

(d) Authorizes school personnel who have received training under this section, in accordance with the provisions of the subchapter, to:

(1) take an epinephrine auto-injector from a location described by Section 38.208(e)(1); and

(2) administer the epinephrine auto-injector.

Sec. 38.211. PRESCRIPTION OF EPINEPHRINE AUTO-INJECTORS. (a) Authorizes a physician to prescribe epinephrine auto-injectors in the name of a school district or open-enrollment charter school.

(b) Requires the physician to provide the school district or open-enrollment charter school with a standing order for the administration of an epinephrine auto-injector to a person reasonably believed to be experiencing anaphylaxis.

(c) Provides that the standing order under Subsection (b) is not required to be patient-specific, and the epinephrine auto-injector may be administered to a person without a previously established physician-patient relationship.

(d) Provides that, notwithstanding any other provisions of law, supervision of delegation by a physician is considered adequate if the physician:

(1) periodically reviews the order; and

(2) is available through direct telecommunication as needed for consultation, assistance, and direction.

(e) Requires that an order issued under this section contain:

(1) the name and signature of the prescribing physician;

(2) the name of the school district or open-enrollment charter school to which the order is issued;

(3) the quantity of epinephrine auto-injector to be obtained and maintained under the order; and

(4) the date of issue.

(f) Authorizes a pharmacist to dispense an epinephrine auto-injector to a school district or open-enrollment charter school without requiring the name or any other identifying information relating to the user.

Sec. 38.212. FUNDING. (a) Requires a school district or open-enrollment charter school to comply with this subchapter only if sufficient funds are available.

(b) Authorizes a school district or open-enrollment charter school to accept gifts, grants, donations, and federal and local funds to implement this subchapter.

Sec. 38.213. UNANTICIPATED LOSS OF EPINEPHRINE AUTO-INJECTORS. Provides that, if a school district or open-enrollment charter school cannot maintain an inventory of epinephrine auto-injectors because of a manufacturer's recall or any other unanticipated loss or reduction, the district of school is not required to comply with this subchapter.

Sec. 38.214. RULES. Requires the commissioner of education and the commissioner, except as otherwise provided by this subchapter, to jointly adopt rules necessary to implement this subchapter.

Sec. 38.215. IMMUNITY FROM LIABILITY. (a) Provides that a person who in good faith takes, or fails to take, any action under this subchapter is immune from civil or criminal liability or disciplinary action resulting from that action or failure to act, including:

(1) issuing an order for epinephrine auto-injectors;

(2) supervising or delegating the administration of an epinephrine auto-injector;

(3) possessing, maintaining, or disposing of an epinephrine auto-injector;

(4) prescribing an epinephrine auto-injector;

(5) dispensing an epinephrine auto-injector;

(6) administering, or assisting in administering, an epinephrine auto-injector;

(7) providing, or assisting in providing, training, consultation, or advice in the development, adoption, or implementation of policies, guidelines, rules, or plans; or

(8) undertaking any other act permitted or required under this subchapter.

(b) Provides that the immunities and protections provided by this subchapter are in addition to other immunity or limitations of liability provided by law.

(c) Provides that, notwithstanding any other law, this subchapter does not create a civil, criminal, or administrative cause of action or liability or create a standard of care, obligation, or duty that provides a basis for a cause of action or liability.

(d) Provides that a cause of action does not arise from an act or omission described by this section.

(e) Requires that the immunities and protections provided by this subchapter continue in full force and effect, regardless of whether a school district or open-enrollment charter school is excused under Section 38.212 or 38.213 from complying with this subchapter.

SECTION 3. Amends Section 38.0151, Education Code, by adding Subsection (f), to provide that a school district or open-enrollment charter school that provides for the maintenance, administration, and disposal of epinephrine auto-injectors under Subchapter E is not required to comply with this section.

SECTION 4. Provides that this Act applies beginning with the 2015-2016 school year.

SECTION 5. Effective date: upon passage or September 1, 2015.