National Association of School Nurses

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STATEMENT

OF

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ON BEHALF OF
THE NATIONAL ASSOCIATION OF SCHOOL NURSES

BEFORE THE

COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS
SUBCOMMITTEE ON CHILDREN AND FAMILIES
UNITED STATES SENATE

CONCERNING

ADDRESSING THE CHALLENGE OF CHILDREN WITH FOOD ALLERGIES

PRESENTED ON

MAY 14, 2008

Mr. Chairman, Mr. Alexander, and Members of the Subcommittee, I am Donna Kosiorowski, a practicing School Nurse Supervisor from West Haven, Connecticut School District, who is privileged to be here today representing the National Association of School Nurses (NASN) on the issue of addressing food allergies in schools. I commend the Subcommittee for bringing attention to the fact that more needs to be done to prepare our nation's schools to manage the risk of food allergy and anaphylaxis.

My testimony will explain that School Nurses are seeing increasing numbers of students with food allergies and the essential need to be prepared in the event a student has an anaphylactic reaction. I will also share with the Members of the Subcommittee personal experience with this issue over the course of my 23 years in school nursing and offer Connecticut's response to these life threatening incidents in school as a model for other states.

NASN's membership of over 13,000 School Nurses are performing duties today that go well beyond what school nursing was like 30-40 years ago when health care costs were affordable and children with chronic health conditions were not "main-streamed." Even over the last 10 years, there have been rapid societal changes reflected in schools. Today, Federal laws like the Individuals with Disabilities Education Act (IDEA), result in children attending school in wheel chairs, on tube feedings, ventilators, central lines, pumps and other complex technologies. School Nurses are there to meet the needs of all students and the importance of managing life-threatening food allergies in the school setting is something that School Nurses are currently addressing. This life-threatening

issue is recognized by NASN through the position statements we have included with our testimony and the informational resources we provide to our members.

School Nurses report an increase in the types of food allergies and other allergies in their school population. Approximately five to six percent of the general pediatric population have an incidence of food allergy, with eight foods (peanuts, shellfish, fish, tree nuts, eggs, milk, soy, and wheat) accounting for ninety percent of allergic reactions. However, children with food allergies can have good school attendance when a School Nurse is there to help them be healthy and safe at school. I think you will agree with the research that **Healthy Children Learn Better**. Knowing that healthy children learn better, School Nurses are working towards ensuring that all school districts will have the opportunity to consider adopting federal guidelines concerning the management of food allergies. Health needs and problems are not something children can leave at home. When they come to school, their health needs and problems come with them. They spend 6-8 hours per day at school. Data clearly demonstrate that fatalities associated with anaphylaxis occur more often away from home and are associated with the absence or delayed use of epinephrine. The School Nurse is a reliable and trusted health care provider and parents feel comfortable consulting with the School Nurse. It is the School Nurse who is often the child's first and only access into the health care system. We provide frontline care and if society wants children "not to be left behind," then nurses need to be there to help them stay healthy and in school so they can achieve academic success.

Now let me share with you Connecticut's 2006 law requiring the State Department of Education to develop guidelines for managing food allergies in school, which includes Food Allergy Management Plans. The Management Plan is the basis for the development of guidelines implemented at the school level and provide for consistency across the state and in schools. The guidelines clearly outline prevention, education, awareness, communication and emergency response.

Consistency is important because all children must have standardized and appropriate individualized health care plans, developed through a formal process. This is protection for the children and families and consistency helps to prevent litigations. Plans should be based on medically accurate information and evidence-based practices using a process to identify, manage, and ensure continuity of care for students throughout their school career. Connecticut law allows School Nurses to train teachers, principals, coaches, and, in the case of epinephrine auto-injector, paraprofessionals, to administer medications to students with known allergies, not limited to food.

With or without guidelines for food allergy management, schools and school boards are obligated to maintain the health and protect the safety of any child with a health problem, including food allergies. Therefore, it is **necessary** for the United States Secretary of Health and Human Services to consult with the Secretary of Education on the development of a voluntary policy for managing the risk of food allergy and anaphylaxis in schools so that children are protected in a research-based and consistent manner. The federal mandates of IDEA and Section 504 of the Rehabilitation Act require schools that

receive federal funding to provide certain medical services. In fortunate states, like Connecticut, who have a high ratio of school nurses-to-students, a plan of care is prepared and implemented by the school nurse. In a state like Tennessee, there are guidelines on the books, but the school nurse-to-student ratio is ranked 40th in the nation, which means that on average there is **1 nurse: 1,628 students**. Who will be there in those schools without nurses to implement the guidelines and ensure the safety of the children needing "rescue medication" like epinephrine? Having school-based food allergy management grants would greatly help local educational agencies throughout the country who are in need of **creating and <u>implementing</u>** guidelines, and hopefully as a result more school nurses will be placed in the schools to lead the effort.

Following are actual examples of how preparations for possible anaphylactic reactions make a difference in the lives of real school children:

Anaphylaxis has different symptoms in different people. Before Connecticut had their guidelines in place and they were implemented throughout the state, a girl with known food allergies, who I will call Sarah, came to the school nurse complaining of a stomach ache. Three times throughout the course of the day, the nurse sent her back to class. On her last trip back to the classroom, Sarah died from an anaphylactic reaction. This tragedy was clearly a result of not having a standard plan in place and a nurse who had not been properly trained to recognize all of the symptoms related to anaphylaxis. Lack of training plus no guidelines is a recipe for trouble.

On a positive note, when a family recently came to Connecticut from another state and wanted to register their little boy for kindergarten, the mother told the school nurse that her child, who I will call Danny, had severe food allergies and had been hospitalized several times for anaphylaxis. She further stated that the hospitalizations required intensive care and a tube to help him breathe. The mother claimed Danny had been denied entry to the school in the other state because there was no plan for "a child like him" and his health condition could not be managed safely in school. The previous school suggested consideration of home schooling. When coming to Connecticut, the mother was armed with information and knew the laws were on her side. The family was prepared to fight to get Danny into school with a plan to accommodate his special needs. Fortunately, the nurse was able to assure the mother that the Connecticut school district was ready and able to accommodate her child. Because Connecticut has strong guidelines, and nurses and other appropriate school staff have been trained for emergency situations, including established procedures with community EMS providers, Danny has remained safely in school.

Guidelines are a safeguard and protect both the child and the school district. Lack of guidelines can result in litigation and ultimately tragic deaths, as I described earlier. In Connecticut, I am aware of two court cases that were won by the school district because guidelines were implemented, individualized health care plans put in use, and staff training provided. Having a school district with every nurse trained to apply the same standard of care based on current guidelines is an ideal situation which has been honored by the courts. State guidelines give nurses a place to start and a process to

follow which safeguards the student and the districts throughout the state. Although voluntary, the issuance of federal guidelines would greatly help support students who move from one state to another.

On behalf of the National Association of School Nurses, I implore this Subcommittee to move legislation that will provide a voluntary policy for managing the risk of food allergy and anaphylaxis in schools and will establish school-based food allergy management grants. With the growing number of students affected by food allergies, it is imperative that School Nurses have the support of the federal and state governments for the development of individualized health care plans, emergency plans, and procedures for safe medication administration and storage. Food allergies can be like a ghost hiding in the room. When they make their presence known, School Nurses want to stand fully prepared to make sure each and every child does not succumb to a preventable medical emergency.

National Association of School Nurses

POSITION STATEMENT

The Role of School Nurses in AllergyAnaphylaxis Management

HISTORY:

Anaphylaxis can be deadly to children as well as adults. Among the general population, one to two percent are described as at risk for anaphylaxis from food and insects and a somewhat lower percentage are at risk from drugs and latex. Approximately five to six percent of the general pediatric population have an incidence of food allergy, with eight foods (peanuts, shellfish, fish, tree nuts, eggs, milk, soy, and wheat) accounting for 90% of allergic reactions. Food allergies are, in fact, the leading cause of anaphylaxis outside the hospital setting, accounting for an estimated 30,000 emergency room visits annually. It is estimated that 100 to 200 people die each year from food allergy-related reactions, and approximately 50 people die from insect sting reactions.

DESCRIPTION OF ISSUE:

Care must be taken to differentiate between a true allergic response and an adverse reaction. True allergies result from an interaction between the allergen and the immune systems. Anaphylaxis is a potentially fatal reaction of multiple body systems. It can occur spontaneously. Data clearly demonstrate that fatalities associated with anaphylaxis occur more often away from home and are associated with the absence or delayed use of epinephrine.

RATIONALE:

Education and planning are key to establishing and maintaining a safe school environment for all students. Those responsible for the care and well being of children must be aware of the potential dangers of allergies. Prevention of allergy symptoms involves coordination and cooperation within the entire school team and should include parents, students, school nurses, and appropriate school personnel. Early recognition of symptoms and prompt interventions of appropriate therapy are vital to survival.

CONCLUSION:

It is the position of the National Association of School Nurses that schools have a basic duty to care for students, utilizing appropriate resources and personnel. School nurses are uniquely prepared to develop and implement individualized health care plans within state nurse practice act parameters and to coordinate the team approach required to manage students with the potential for experiencing allergic reactions.

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References/Resources:

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Adopted: November 2001

National Association of School Nurses

POSITION STATEMENT

Epinephrine Use in Life-Threatening Emergencies

SUMMARY

It is the position of the National Association of School Nurses that school nurses create and manage the implementation of emergency care plans for the treatment of life-threatening allergies in the school setting. State regulations, including nurse practice acts, will govern the need for protocols, standing orders, and/or individual orders for epinephrine administration.

HISTORY

An increasing number of school students and staff have diagnosed life-threatening allergies, an abnormal immunologic response. Exposure to the affecting allergen can trigger anaphylaxis, an overwhelming systemic response, characterized by drop in blood pressure, respiratory distress, loss of consciousness, and potential death. Anaphylaxis requires emergent medical intervention with an injection of epinephrine but does not eliminate the need to call Emergency Medical Services (EMS). Epinephrine injection will stop the allergic response by opening the bronchiole airway passages for 10-20 minutes until more comprehensive emergency medical intervention can be obtained through the EMS system.

DESCRIPTION OF ISSUE

Avoidance of triggers, early recognition of symptoms, and immediate treatment are essential to the management of life-threatening allergies. There are both students and staff who have known life-threatening allergies, as well as those who have not been identified. Intervention with epinephrine is vital to saving lives.

Unfortunately, allergens of concern are readily encountered in the school environment and include food (5% children), insects (1% population), latex (1% population with increased incidence for those with spina bifida), medications, and exercise induced. Foods of primary concern are peanuts, tree nuts, fish, eggs, milk, wheat, and corn. Peanut allergy is rarely outgrown in adulthood. Allergy to cow's milk is more prevalent in children whereas shellfish allergy is more common in adults. Insects of concern are the species of Hymenoptera and include honeybees, wasps, yellow jackets, and hornets. Wasps and hornets are capable of stinging multiple times. Antibiotics are responsible for the majority of medication allergies and are less frequently present in the school setting (Mayo Clinic, Food Allergy).

RATIONALE

Medication and emergency policies in school districts must be developed with the safety of all students and staff in mind. Easy access to and correct use of epinephrine are necessary to avoid life-threatening complications.

The school nurse, parent, health care provider, and student should evaluate the self-managed administration of epinephrine by a student on a case-by-case basis. Written permission from the parent and health care provider must be obtained for students with known life-threatening allergies who will self-medicate or who will have epinephrine administered by a school district employee. The decision to allow a student to self-carry and self-administer epinephrine should take into consideration the age/developmental level of the student, the school nurse's assessment of the student's ability to self medicate, the recommendations of the student's parent and health care provider, the need for a back-up supply, the specific school environment and the availability of a professional school nurse. The decision to delegate epinephrine administration to unlicensed assistive personnel is determined by state law and the professional nursing judgment of the school nurse (NASN, 2002).

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An individual health care plan that includes periodic monitoring and nursing assessment, emergency plans, and evaluation should be written by the school nurse and maintained for every student with prescribed epinephrine. The school nurse should provide training for school staff in the recognition of life-threatening allergic reactions and the appropriate first aid/emergency measures that should be taken as determined by district policy and state law.

School districts must establish direction for handling episodes of anaphylaxis in students and staff with no previous history of life-threatening allergies. State laws governing nursing practice will determine the need for protocols, policies and procedures in the management of injectable epinephrine in the school setting.

References/Resources

American Academy of Allergy, Asthma, and Immunology, 611 East Wells Street, Milwaukee, WI 53202. http://www.aaaai.org

Asthma and Allergy Foundation of America (AAFA), 1233 20th Street, NW, Suite 402, Washington, DC 20036. http://www.aafa.org

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