

# AMERICAN LUNG ASSOCIATION® of Texas



## Position Statement

### *Anaphylaxis in Schools*

**SB 221** by Senator Judith Zaffirini; relating to the possession and self-administration of certain prescription medications by public school students while on school property or at a school-related event or activity.

**POSITION:** Support legislation (**SB 221**) that would allow students who have experienced or are at risk for life threatening allergic reactions to possess and self-administer epinephrine auto-injectors (non-reusable syringes) while in school, school-sponsored activities and in transit to or from school or school sponsored activities, if the school has been provided with parental and physician authorization.

**BACKGROUND:** Anaphylaxis is a systemic allergic reaction that can kill within minutes. The reaction is explosive. Common examples of potentially life threatening allergies are those to foods, such as peanuts, eggs, and shellfish, and stinging insects such as bees, wasps, and fire ants. Life threatening allergic reaction may also occur to medications or latex rubber and in association with exercise.<sup>i</sup> The Allergy and Asthma Network estimates that 4% of the general population is at risk for anaphylaxis from food allergies and insect stings and people who have asthma are at particular risk. Approximately 50 anaphylactic deaths caused by insect stings and 100 food-related anaphylactic deaths are recognized each year in the U.S.<sup>ii iii</sup>

The most important aspect of management of life-threatening allergies is avoidance but accidental food ingestion and insect stings can occur despite avoidance measures. In the event of contact with the allergen, treatment should be **immediately** available for these emergency situations. Epinephrine is the first drug that should be used in the emergency management of a child having a potential life-threatening allergic reaction.<sup>1</sup> Death from anaphylaxis can occur within minutes and the longer the delay in administering epinephrine, the greater the risk of a fatality<sup>2</sup>. Data clearly show that fatalities more often occur away from home and are associated with either not using epinephrine or a delay in the use of epinephrine treatment.<sup>liv</sup>

At least 18 States have legislation protecting the rights of children to carry and self-administer epinephrine auto-injectors. Tragic refusals of schools to permit students to carry this life saving medication have occurred, some resulting in death and spawning litigation. An increasing number of students and school staff have life-threatening allergies.<sup>vi</sup> According to the American Academy of Allergy, Asthma, and Immunology, people who have experienced symptoms of anaphylaxis previously should carry epinephrine auto-injector with them at all times, if prescribed.

In Texas, many schools require that a child go to an office or nurse for medications. The delay in medication administration caused by such a policy is dangerous for children with anaphylaxis.<sup>vii</sup> In fact, most schools in Texas do not have full-time schools nurses. According to the Department of State Health Services' School Health Program, a survey was done in the Fall of 2001 for the School Health Advisory Council. The report shows that 70% of Texas schools have some school nurse coverage, while 30% have none at all. The ratio of the number of full-time health services staff to students was an average of 1 full-time medical health personnel per 600 students.

### **What is the Current Law?**

On October 11, 2004, Congress passed H.R. 2023 (Public Law 108-337), the "Asthmatic School-children's Treatment and Health Management Act of 2004". It gives preference in grant funding for States that require schools to allow students to self-administer medication to treat that student's asthma or anaphylaxis.

Texas Statues **Section 38.015** of the Education Code allows asthmatic students to carry a metered dose inhaler on their person while in school when they have approval from their parents and their physician and requires school principal be provided with a copy of the parent's and physician's approval. This law does not extend this right to life saving epinephrine.

### **Who Supports the Changes?**

American Lung Association of Texas  
Texas Thoracic Society  
Texas Allergy, Asthma & Immunology Society  
Texas Nurses Association  
Texas Society for Respiratory Care  
Austin Asthma Coalition

**Notified- will respond individually:**  
Texas Academy of Family Physicians  
Dallas Asthma Consortium  
Asthma Coalition of Texas  
Texas Pharmacy Association

### **Nationally:**

Allergy & Asthma Network, Mothers of Asthmatics  
Asthma & Allergy Foundation of America  
American Academy of Allergy, Asthma & Immunology

**Sign up with the American Lung Association's Action Network at  
[www.lungaction.org](http://www.lungaction.org).**

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<sup>i</sup> American Academy of Allergy Asthma & Immunology. Position Statement: Anaphylaxis in schools and other child-care settings, Oct. 2004

<sup>ii</sup> Bock SA. The incidence of sever adverse reactions to food in Colorado. J Allergy Clin Immunol 1992;00:683-5

<sup>iii</sup> American Academy of Allergy, Asthma and Immunology Board of Directors. The use of epinephrine in the treatment of anaphylaxis. J Allergy Clin Immunol 1994;94:668-8

<sup>iv</sup> Valentine MD. Emergency treatment for insect stings. Ann Intern Med 1979;90:119-20

<sup>v</sup> Yunginger JW, Sweeney KG, Sturmer WQ, Giannandra LA, Teigland JD, Bray M, et al. Fatal food induced anaphylaxis. JAMA 1988;260:1450-2

<sup>vi</sup> 108<sup>th</sup> Congress 2D Session, H.R. 2023

<sup>vii</sup> Hendeles L, Altenburger KM, Benton T. Self-Administration at School of Prescribed Medication for Asthma and Anaphylaxis. J Pediatr Pharmacol Ther 2003 Vol 8 No 4