



KSNO, Inc, Support of Revised and Renamed Epi kits Legislation HB2086 With Addition of Stock Albuterol

Background Information

1. In July 2009, legislation was enacted **allowing** Epinephrine kits in Kansas schools for use with students or staff members exhibiting the signs and symptoms of a severe allergic reaction (i.e., anaphylaxis). The legislation was placed into three separate statutes (see below) and requires schools **have both** a consulting pharmacist and a physician authority.

72-6283 (originally 8258)

Chapter 72.--SCHOOLS

Article 62.--Student Health

EDUCATION

72-6283. Epinephrine kits; requirements. Any accredited school may maintain an epinephrine kit. An epinephrine kit may consist of one or more doses of epinephrine. Epinephrine from an epinephrine kit shall be used only in emergency situations when the person administering the epinephrine reasonably believes that the signs and symptoms of an anaphylactic reaction are occurring and if administered at school, on school property or at a school-sponsored event. A school may not maintain an epinephrine kit unless the school has consulted with a pharmacist licensed by the state board of pharmacy. The consultant pharmacist shall have supervisory responsibility for maintaining the epinephrine kit. The consultant pharmacist shall be responsible for developing procedures, proper control and accountability for the epinephrine kit. Periodic physical inventory of the epinephrine kit shall be required. An epinephrine kit shall be maintained under the control of the consultant pharmacist.

History: L. 2009, ch. 102, § 2; July 1.

65-1680

Chapter 65.--PUBLIC HEALTH

Article 16.--REGULATION OF PHARMACISTS

65-1680. Epinephrine kits in schools; rules and regulations. The state board of pharmacy may adopt any rules and regulations which the board deems necessary in relation to the maintenance of epinephrine kits under K.S.A. 2009 Supp. 72-8258, and amendments thereto.

History: L. 2009, ch. 102, § 3; July 1.

65-2872b

Chapter 65.--PUBLIC HEALTH

Article 28.--HEALING ARTS

65-2872b. Same; administration of epinephrine; limitation of liability.

(a) The practice of the healing arts shall not be construed to include any person administering epinephrine in emergency situations to a student or a member of a school staff if: (1) The person administering the epinephrine reasonably believes that the student or staff member is exhibiting the signs and symptoms of an anaphylactic reaction; (2) a physician has authorized, in writing, the school to maintain a stock supply of epinephrine; and (3) The epinephrine is administered at school, on school property or at a school-sponsored event.

(b) Any person who gratuitously and in good faith renders emergency care or treatment through the administration of epinephrine to a student or a member of a school staff at school, on school property or at a school-sponsored event shall not be held liable for any civil damages as a result of such care or administration or as a result of any act or failure to act in providing or arranging further medical treatment where the person acts as an ordinary reasonably prudent person would have acted under the same or similar circumstances.

History: L. 2009, ch. 102, § 1; July 1.

2. Few schools in Kansas have implemented Epinephrine kits (more commonly called stock epinephrine) as the Kansas Board of Pharmacy has yet to adopt rules and regulations specific to the statutes. The Kansas Board of Nursing pointed out the lack of rules and regulations when reviewing the latest edition of the *Guidelines for Medication Administration in Kansas Schools, 2017 edition* <http://www.ksno.org/wp-content/uploads/2011/09/2017-Guidelines-for-Medication-Administration-in-Kansas-Schools.pdf> (page 17 begins discussion of Epinephrine kits). In addition, Kansas pharmacists express reluctance to serve as a school's consulting pharmacist referencing the feasibility of meeting all the supervisory responsibilities as set forth by the current statute.
3. Kansas is *in the minority nationally* with its current *epinephrine kit* statutory language, and Kansas should consider *adding stock albuterol*, similar to recent legislation that allowed school nurses to have stock naloxone.

Key Message

Kansas schools care for a major portion of our population five days per week throughout the school year. School nurses are on the front line of health care in the school setting and must be equipped with supplies to attend to the most common life-threatening situations. Emergency devices, such as automated external defibrillators, and emergency medications, such as naloxone, are becoming increasingly common in schools, as they are lifesaving and help to fill in the gap from the time an emergency health event is recognized, emergency help is summoned, and emergency help arrives. Stock epinephrine and stock albuterol may be used for both individuals with a known diagnosis, whose medication is not readily available, and for individuals with no previous diagnosis, but displaying the signs and symptoms of a severe allergic reaction or respiratory distress. Seconds count during anaphylaxis and breathing emergencies. Access to evidence-based, life saving, equipment and medications are necessary for Kansas schools. Among these are stock epinephrine, albuterol, and naloxone. Kansas is in need of a revised stock epinephrine statute with the addition of stock albuterol.

Supporting Information

1. **Incidence of Severe Allergies and Asthma in the Children in the U.S.:** It is estimated that 8% of children in the U.S. are affected by food allergies, which is about 1 in 13 or 2 per classroom (Centers for Disease Control and Prevention [CDC], 2020b). School nurses first began noting an increase in incidence of food allergies during the 1990s. Nearly 40% of children with food allergies have a history of experiencing at least one serious reaction including anaphylaxis (Gupta et al, 2011). Initial studies with placement of stock epinephrine in schools show that 20% to 25% of anaphylactic episodes in schools involved individuals with no known history of severe allergies (McIntyre, Sheetz, Carroll, & Young, 2005). Currently, administering epinephrine subcutaneously (SC) or intramuscularly (IM) and calling 911 are the standard of care for individuals exhibiting symptoms of anaphylaxis in the school and community setting (Schoessler & White, 2013). The 2017-2018 Kansas School Nurse Survey Summary (KDHE, 2019) reported 55 doses of epinephrine administered in Kansas schools for the corresponding school year among

the survey participants. Data collected by the Kansas School Nurse Organization for the 2018-2019 school year reported 16 doses administered:

- a. 11 stock/epi-kits and 5 individually prescribed;
- b. 9 with no known history of severe allergy;
- c. 2 self-administered, 13 administered by a registered nurse; and
- d. allergic triggers unknown in 7 of the cases.

With regard to asthma, it is estimated that 7.5% to 8.3% of children have asthma, and 7.7% of adults (CDC, 2018; 2020a). Asthma is the leading chronic disease in children (CDC, 2019), is the top reason for missed school days (Zahran, et al., 2018), and in 2018, 53.8% of children age 18 and younger who had asthma reported having one or more asthma attacks in the past year (CDC, 2020a). In *Controlling Asthma in Schools*, one of the important strategies listed by the CDC is allowing schools to stock albuterol (CDC, 2018).

CDC. (2018). Asthma. *Controlling Asthma in Schools*. Retrieved from https://www.cdc.gov/asthma/controlling_asthma_factsheet.html

CDC. (2019). Asthma. *Healthy Schools*. Retrieved from <https://www.cdc.gov/healthyschools/asthma>

CDC. (2020a). Asthma - Most Recent Asthma Data. Retrieved from https://www.cdc.gov/asthma/most_recent_data.htm

CDC. (2020b). Food allergies in schools. Retrieved from <https://www.cdc.gov/healthyschools/foodallergies/index.htm>

Gupta, R., Springston, E., Warriar, M., Smith, B., Kumar, R., Pongracic, J., & Holl, J. (2011). The prevalence, severity, and distribution of childhood food allergy in the United States. *Journal of Pediatrics*, 128(1), e9-e17. doi: 10.1542/peds.2011-0204

Kansas Department of Health and Environment. Bureau of Health Promotion & Bureau of Family Health. (2019). 2017-2018 School Nurse Survey Summary. Available from https://www.kdheks.gov/bhp/pan/download/2017-18_School_Nurse_Survey_Results.PDF

McIntyre, C., Sheetz, A., Carroll, C., & Young, M. (2005). Administration of epinephrine for life-threatening allergic reactions in school settings. *Pediatrics*, 116, 1134-1140. doi:10.1542/peds.2004-1475

Schoessler, S. & White, M. (2013). Recognition and treatment of anaphylaxis in the school setting: The essential role of the school nurse. *NASN School Nurse*, 29: 407-415. doi: 10.1177/1059840513506014

Zahran, H., Bailey, C., Damon, S., Garbe, P. and Breyse, P. (2018). Vital Signs: Asthma in Children — United States, 2001–2016. DOI: <http://dx.doi.org/10.15585/mmwr.mm6705e1>

2. **Other States with Stock Epinephrine and Albuterol Legislation:** The Allergy and Asthma Network provides U.S. maps showing state adoption of stock epinephrine and stock albuterol legislation: <https://allergyasthmanetwork.org/advocacy/laws-to-protect-people-with-asthma-and-allergies/> (See next page). All states, with the exception of Hawaii, currently allow stock epinephrine in schools. KSNO reviewed every state’s *school* stock epinephrine legislation and did not find use of the term “consulting pharmacist” in statutory language except for Kansas’s current statute. The three states providing what we believe to be clear, concise, and suitable language include Indiana, Maine, and New Mexico.



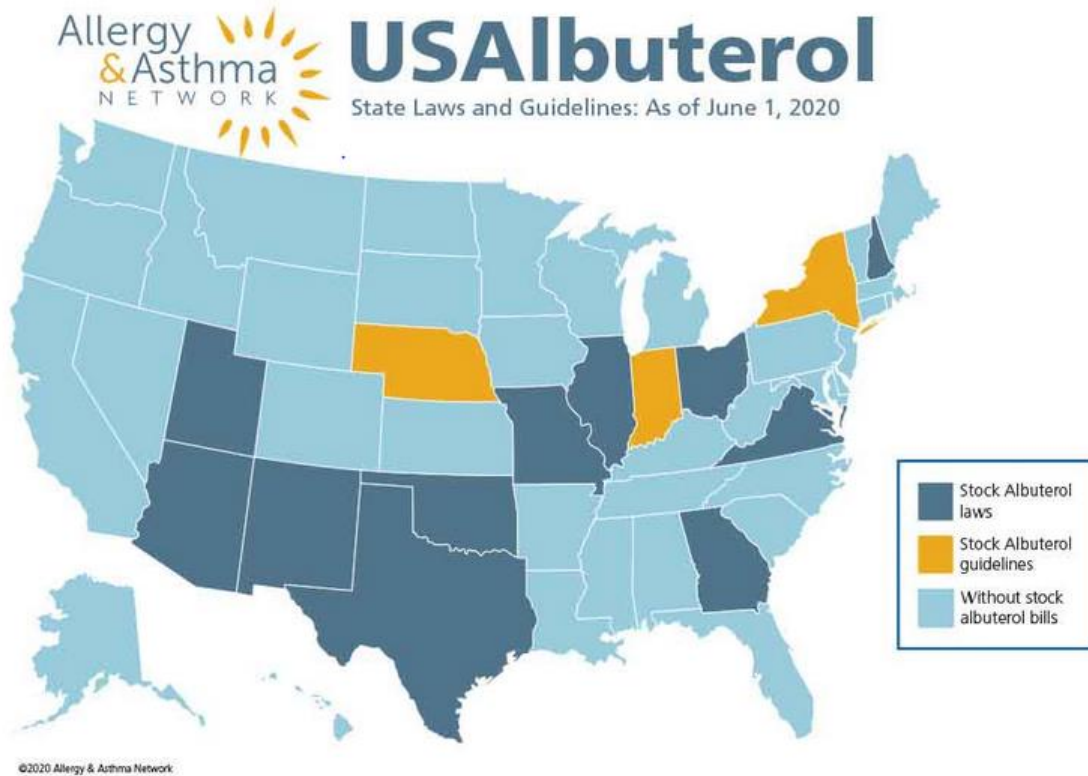
USAnaphylaxis™

State Laws and Legislation: As of June 1, 2020



©2020 Allergy & Asthma Network

3. **Additional Information about Stock Albuterol:** The National Association of School Nurses provides a position brief explaining the rationale and encouraging the availability of stock albuterol in the school setting at the following link:
<https://www.nasn.org/nasn/advocacy/professional-practice-documents/positionbriefs/pb-albuterol>
4. **Cost of Stock Medication to School Districts:** Albuterol and albuterol solution are relatively inexpensive, less than the medication Naloxone recently enacted with permission for stock



supply in Kansas Schools. With regard to epinephrine, the more expensive of the two medications, national programs have been in existence for several years offering free epinephrine auto-injectors to school districts upon submission of a request that includes prescribing information from the physician authority.

Summary

The Kansas School Nurses Organization, Inc. is strongly in favor of the revised legislation correcting the original epi kit legislation by:

- modifying language to include the word “stock”,
- adding albuterol to stock medications allowed in school,

- bringing the role of the pharmacist in align with other states and adding liability exclusion language for pharmacists,
- expanding liability exclusion for schools,
- expanding the persons who may receive the medication to be any individual (not just students and staff) as long as the stock medication is administered at school, on school property or at a school-sponsored event,
- and requiring schools who desire to stock epinephrine and/or albuterol to establish related school policies and procedures.

KSNO recently confirmed support of this revised legislation by the following organizations:

- Kansas Board of Pharmacy
- Kansas Board of Nursing
- Kansas Association of School Boards
- Kansas Chapter of the American Academy of Pediatrics
- Kansas State Nurses Association.

KSNO also kept other groups informed of the legislation and did not receive concerns with moving the legislation forward including the Kansas Department of Health and Environment and the Kansas State Department of Education.