Testimony in support of:

HB2086

Submitted by:
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Dear Rep. Steve Huebert and members of the Education Committee,

My name is Shannan Grilliot and I live in Wichita, Kansas.

I am a school nurse in Goddard USD 265.

Please consider supporting the proposed legislation regarding stocking Albuterol and Epinephrine in the schools for emergency situations.

Problem:

1. We need new legislation that decreases the barriers to stocking Epinephrine at schools. Epinephrine is the first-line treatment for anaphylaxis, a severe and potentially life-threatening allergic reactions
2. We need to be able to stock Albuterol at schools for respiratory emergencies related to asthma symptoms.

As a School Nurse, having access to life-saving medication is a must. We operate as an island, often the only medical professional in the building, and sometimes the only medical professional our students have access to. Even for the students that do have insurance and a Primary Care Physician, medications can be extremely costly, and some families cannot afford necessary, even life-saving, medications. Or they can only afford one Albuterol inhaler or one Epi-pen and don't have a second one available to leave at school, since it's also needed at home. For our students that are old and responsible enough to self-carry, and sometimes even self-administer their medications, they are still children.

Being children, they have a tendency to sometimes forget their medications, or even lose them. Even adults can have lapses in memory, and they tend to understand better the severity of being without emergency medications in their reach at all times. We cannot always safely count on having an emergency medication on-hand, even in the best of circumstances (health insurance, access to routine health care, ability to pay for necessary medication, and a responsible child). That puts many of our children at risk for life-threatening emergencies while at school and no medication available to help them, potentially saving their lives.

Per the CDC's latest data, an estimated 8% of children in the United States are affected by food allergies, for which there is currently no cure. Regarding food allergies with the potential for

anaphylaxis, the CDC also states, “Early and quick recognition and treatment can prevent serious health problems or death.” Avoidance of known food allergens in the diet is the only known preventative, but is not always possible, unfortunately. The top eight food allergens identified in the US currently are: milk, eggs, wheat, soy, fish, crustacean shellfish, peanuts, and tree nuts. Many students have multiple food allergies, including things not on the list of common allergens. As students gain more independence at school, they also have access to foods with potential allergens, and if they are not aware of the allergen content, or do not inspect the food closely prior to eating, there is a risk. Also, 25% of allergic reactions that occur at school happen to children who didn’t know they had a food allergy. It’s a first-time reaction, and can even affect adults.

Up to 3% of anaphylactic reactions are due to insect stings, and approximately 40-100 deaths from anaphylaxis in the US each year are due to insect stings. There are also students and staff with severe latex allergies, as many as 16 million people in the US are affected, and while we make every attempt to eliminate latex in the schools, it is not always possible to do so.

With all of these very real obstacles and risk factors in our public schools, we need access to potentially life-saving medications, especially Albuterol and Epinephrine, at all times.

I have been extremely lucky in that I have not had to experience a lack of access to Epinephrine in the schools since I started as a School Nurse more than 5 years ago. It has been total luck that I have not had a child react to an unknown food allergen, medication, or a bee sting, or contact with latex while at school. All of these things have occurred in students of mine since I started school nursing, but they have occurred while at home, not school. The bee sting was the one exception. I had a student actually get stung in the neck by a bee while on the bus. We were able to remove the stinger when he arrived to school, but it was the child’s first bee or insect sting. Luckily, he did not have an allergic reaction, and we observed him for 30 minutes and throughout the day to make sure they didn’t show signs of reaction. If that student had reacted, I would not have had access to basic life-saving medication to provide them with, prolonging the effects of severe reaction, even lack of oxygen, while awaiting EMS to arrive on site. EMS takes an average of 11 minutes to respond to suburban areas in our county. Permanent brain damage can occur after 4 minutes without oxygen, death within 4-6 minutes. Every minute matters.

Unfortunately, I have been in a situation where a student was having an asthma attack and their inhaler had run empty. The child was a chronic asthmatic, treated multiple times a week, and sometimes a day, for asthma exacerbations. We had restricted recess, time outdoors, pre-treated prior to PE, eventually scaling back PE, and the student was still experiencing asthma attacks on a frequent basis. Mom had been notified that he was out of Albuterol, and contacted immediately when they started to experience wheezing and shortness of air. Mom was close, and on her way with more rescue medication. I helped the student with pursed lip breathing exercises and administration of caffeine, but they were still wheezing and struggling to breathe. Mom was able to arrive with medication before EMS, but they were at severe risk for complications, even death, for those few minutes before we had any medications available

at the school. This student was particularly fragile, but it could happen to any asthmatic that doesn't have immediate access to their medication when it's needed. People still die of asthma; in the US 3,441 asthma-related deaths occur annually. Access to emergency medication during a health crisis is critical.

Per information from the Kansas School Nurse Organization, in Kansas we do have legislation that would allow for Epinephrine kits (or stock Epinephrine), but we have been unable to implement as the Kansas Board of Pharmacy has yet to adopt rules of regulations specific to the statutes. Currently all states, except Hawaii, allow stock Epinephrine in school. Without specific rules and regulations in place in the current Guidelines for Medication Administration in Kansas Schools, and with Kansas pharmacists reluctant to serve as a school's consulting pharmacist, due to the supervisory responsibilities set forth in the current statute, we cannot currently implement stock Epinephrine in schools throughout much of the state, including schools in Sedgwick County.

Solution:

1. We need to **allow** Albuterol to be **stocked** and used in schools for emergencies.
2. We need new wording in our legislation that gets rid of the barriers Kansas Schools face when trying to get Epinephrine in their buildings. We can do that with this new language that aligns with the other 48 states who allow Epinephrine.
3. We need to expand wording that allows it to be given to visitors on school property.
4. Expand liability exclusion for schools

I urge you to support the proposed Albuterol and Epinephrine legislation

Thank you for your consideration.

Shannan Grilliot, BSN, RN
NASN & KSNO member

References:

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