



Stock Epinephrine Advisory Committee
Texas Department of State Health Services
Tower Building, 1100 West 49th Street, Room 607
Austin, TX 78756
Friday, April 7, 2017
10:00 a.m.
Meeting Minutes

Members Present:

Louise Bethea, MD
Drew Bird, MD
Carla Davis, MD
Doug Jeffrey, MD
Karen Schwind, BSN, RN
Wesley Stafford, MD
Pooja Varshney, MD

Members Absent:

Theodore Freeman, MD
Jannifer Fulbright, BSN, RN
Erika Gonzalez-Reyes, MD

Staff Present:

Anita Wheeler, Texas Department of State Health Services
Crystal Beard, Texas Department of State Health Services

Guests Present:

Michelle Peng, student from the University of Texas
Mariana Cardenas, student from the University of Texas

Agenda item 1 was the call of the meeting to order at 10:19 am by Dr. Davis and the introduction of members, guests, and staff.

Agenda item 2 was the approval of the agenda for the April 7, 2017 Stock Epinephrine Advisory Committee (SEAC). A motion was made by Dr. Stafford to approve the agenda. The motion was seconded by Dr. Bird and passed.

Agenda item 3 was the approval of the minutes from the February 3, 2017 Stock Epinephrine Advisory Committee meeting. A motion was made by Dr. Bethea to approve the minutes. The motion was seconded by Dr. Stafford and passed.

Agenda item 4 was the review of the feedback provided by school nurses and administrators in response to the Stock Epinephrine Feedback Form. Ms. Wheeler-Hill stated that the responses provided by the schools were informal and, therefore, not

officially approved by the school districts. The schools were not identified by name. They were only identified by Education Service Center region.

Findings from schools who reported “Yes” – currently have “unassigned epinephrine auto-injector” policies:

- Mostly schools from larger school districts
- Several stated storing the epinephrine auto-injectors in or near the nurse’s office or near the Automated External Defibrillator
- Some reported using epinephrine vial and syringe method with only RN’s approved to administer

Findings from schools who reported “No” – currently do not have “unassigned epinephrine auto-injector” policies:

- A few stated that they were waiting on the adoption of the epinephrine auto-injector rule
- Several stated that the cost of the epinephrine auto-injector was the main factor for not implementing a policy
- Several stated that they could not find a physician or medical provider to write the order for the epinephrine auto-injector
- Several stated that they were afraid to diagnose anaphylaxis and/or afraid to administer epinephrine

Based on the results of the survey, guidance documents will be created to address the following issues:

- List of possible epinephrine auto-injector training resources
- List of possible organizations who may offer hands-on skills training
- List of resources discussing allergies, allergic reactions, and identifying anaphylaxis
- List of suggested local medical personnel who may write epinephrine auto-injector prescription orders, including local emergency medical services (EMS) or local physicians
- Example documents and/or templates for schools to utilize
- List of suggested best practices

There was general agreement that school personnel and volunteers who volunteer to administer the epinephrine auto-injectors, including school nurses, need to be comfortable and have the confidence to administer the epinephrine auto-injector to a person suspected of experiencing anaphylaxis. The committee agreed that if the school personnel or volunteer is questioning whether or not to administer the epinephrine auto-injector, the person should assume anaphylaxis is occurring and administer the epinephrine auto-injector. Dr. Varshney stated that she was aware of day care centers delaying the administration of epinephrine auto-injectors because the day care centers were calling parents and asking for permission to administer the medication on children

suspected of experiencing anaphylaxis. The committee agreed that the administration of possible life-saving medication should not be delayed. Ms. Wheeler-Hill stated that the School Health Program will create a School Nurse Notes publication focusing on anaphylaxis. Ms. Wheeler-Hill also stated that the medical personnel who prescribes the epinephrine auto-injector should develop a relationship with the school and address his/her expectations of when to administer epinephrine and what to do.

Dr. Bird asked if there were data available regarding epinephrine usage in schools from other states. Dr. Davis will do research and report on her findings at the next SEAC meeting. Dr. Bethea asked if it was possible to identify the areas in Texas where local EMS are not available. Ms. Wheeler-Hill stated that she will try to find out how EMS is structured in Texas.

Agenda item 5 was the discussion and possible action regarding the latest draft of the stock epinephrine rule language. Ms. Wheeler-Hill reminded the committee that the current draft is not for distribution at this time and should not be shared with anyone outside of the committee. The draft has not been approved by anyone with DSHS, Health and Human Services (HHS), or the Texas Education Agency (TEA). Once the draft has been revised as necessary and approved by the appropriate parties, it will be shared with stakeholders for informal feedback. After informal stakeholder feedback is received, it will then be presented at the Health and Human Services Executive Council meeting and posted in the *Texas Register* for 30 days of public comment. After the formal comment period ends, the adoption process will begin. There was a discussion among members regarding whether the rule language should specifically state “unassigned” epinephrine auto-injectors. There was general consensus that “unassigned” will not be stated in the rule because Senate Bill 66 from the 84th Legislative Session did not specify “unassigned” epinephrine auto-injectors. Ms. Wheeler-Hill stated that the legal department within DSHS may add “unassigned” or a similar term to the rule when the draft is routed for legal review.

Ms. Wheeler-Hill stated that language will be added, if necessary, to reflect the intention of the phrase “all hours the campus is open”. Language will also be added to include private schools if Senate Bill 579 or House Bill 1583 of the 85th Legislative Session passes. Ms. Wheeler-Hill also stated that the current draft states that if a public school or open enrollment charter school adopts an epinephrine auto-injector policy, the school must obtain at least 1 adult epinephrine auto-injector pack (2 doses) per campus. This language reflects the recommendation of the SEAC. Ms. Wheeler-Hill also stated that the current draft states that the epinephrine auto-injector training must include a hands on training with an epinephrine auto-injector training device, per the request of the SEAC. In the Report of Administering Epinephrine Auto-Injector section, Dr. Stafford recommended including the statutory requirement of reporting the administration to all parties outlined in Senate Bill 66 of the 84th Legislative Session. Ms. Wheeler-Hill stated that this language will be added.

Agenda item 6 was the discussion on the required reporting webpage. Ms. Wheeler-Hill briefly described the draft of the webpage. The current draft lists the requirements found in the statute. Ms. Wheeler-Hill reminded the committee members that the online submission form must be accessible to individuals who are visually impaired and require screen readers. A suggestion was made by the committee to include a check-box list of specific signs and symptoms of anaphylaxis for individuals to check off. Ms. Wheeler-Hill stated that she will ask the information technology team if this is feasible. A revised draft will be shared with the committee at the next meeting.

Agenda item 7 was the discussion and possible action regarding future updates on the rule process and resource development to implement Senate Bill 66. Ms. Wheeler-Hill stated that the current rule draft is in the very early stages of the rule making process. The draft will have to be approved by multiple parties in DSHS, HHS, and TEA. The draft will also be shared with the public for feedback prior to the HHS Executive Council meeting. The draft will continue to move through the rule process, and the goal is to present the rule at an HHS Executive Council meeting in the fall of 2017.

Agenda item 8 was public comment. There was no public comment. During this item, there was general agreement that the next Stock Epinephrine Advisory Committee meeting will be in Austin on Friday, July 28, 2017.

Agenda item 9 was adjournment. The meeting adjourned at 12:35pm.

****Approved at the 7/28/17 SEAC Meeting****