

Anaphylaxis and Epinephrine Auto Injector Policies in New Jersey and Virginia

A raft of studies and reports demonstrate that food allergies have significantly increased in recent decades, with one report indicating that 8 percent of children have some food-related allergy. That same report also concluded that nearly 40 percent of those children had histories of severe allergic reactions to food.¹

As state education policymakers and legislators grapple with these facts—as well as considering students attending school with undiagnosed allergies and those anaphylactic reactions to other stimuli, such as bee stings—more laws and policies are being enacted nationwide regarding the use and availability of epinephrine auto injectors in schools. Such policies are often spurred by student deaths due to anaphylaxis when no remedy was available.

In this *State Innovations*, we look at the different approaches to epinephrine auto-injector policies in New Jersey and in Virginia.

New Jersey

New Jersey has had the current version of its epinephrine auto-injector law on the books since 2007 and revisions have been proposed in the state legislature. Under the law (www.njleg.state.nj.us/2006/Bills/AL07/57_.HTM), each district conceives and executes its own policy within the parameters set by the state. Among the mandate's titles is that such policies “permit the self-administration of medication by a pupil for asthma or other potentially life-threatening illnesses or a life-threatening allergic reaction...” or a school nurse or designated and trained staff member be allowed to administer medication via an epinephrine auto-injector.

In the wake of the law's enactment, the state education department included a wide array of stakeholders in the development of guidance for districts (www.state.nj.us/education/students/safety/health/services/allergies.pdf), said Christene DeWitt Parker, coordinator of the School Health Unit in the Department's Office of Student Support Services.

This guidance was developed by New Jersey Department of Education staff, who brought in many experts and stakeholders to assist the work. The final product, DeWitt said, accounts for the roles and responsibilities of “every layer” of school staff, administrators, and parents. Likewise, the framework recommends districts convene a similar committee to help draft their local policies. Ultimately, the state guidelines serve as the basis for the local plans, and may in fact be adopted in whole as district policy.

New Jersey's law pertains to students with a known history of anaphylaxis. That being known, parents must fill out consent forms for epinephrine administration every year and provide the auto injector(s) for their child(ren). If a student with no known allergies appears to have an anaphylactic reaction to a stimulus, school personnel must call 911. As such, local policies drill down into school and per-pupil decisions to be made by school nurses in conjunction with families and primary health care providers. The Individualized Emergency Health Plan (IEHP) must also be shared with that student's trained delegate, teachers and other appropriate staff.

Under the state guidelines, the auto-injectors must be stored in unlocked, easily accessible locations, including the nurse's office (or, if allowed by policy, on a teacher's desk) or with the student at all times. The last is even more critical in cases where the student is permitted or cleared to self-inject.

In addition to creating IEHPs, school nurses are also in charge of ensuring volunteer school staff members are trained to deliver an injection in an emergency. Such training is guided by state protocols (www.state.nj.us/education/students/safety/health/services/epi.pdf). In addition to a review of students' IEHPs, as part of this instruction staff members are taught to look for signs and symptoms of anaphylaxis. If a student exhibits tell-tale symptoms, staff members are trained to call 911 and then follow district emergency protocols for administering epinephrine.

Further, New Jersey's state guidelines extend beyond the school grounds and school day to field trips, school buses, after-school activities, and athletic events. In the case of field trips, a school nurse is required to accompany a student with an IEHP unless the student's teacher or another teacher on the trip has been trained and approved by the school nurse as their delegate. Bills that would update the state law to mandate schools to have a supply of epinephrine auto-injectors in the school nurse's office and would permit the school nurse or delegate to administer to "to any pupil whose parent or guardian has not met the" standing law's requirements died in committee last year.

Virginia

Virginia's law requiring local policies on the use and administration of epinephrine was adopted in April 2012 just months after an elementary school student died from a peanut allergy reaction (legiscan.com/gaits/text/632287). As in New Jersey, this law requires local districts to write and adopt their own policies. However, in other significant ways this law and the resultant policies are very different.

According to Tia Campbell, School Health Specialist at the Virginia Department of Education, she and a colleague at the state health department saw an early draft of the bill and were able to start preparing for its mandates before it was passed. Until the law was enacted, there was no overarching state policy—just local policies in some areas that covered epinephrine administration by licensed staff only. "It was like a time bomb waiting to go off," Campbell said.

Once the law was passed, stakeholders including school nurses, district leaders, education and health department professionals, and others contributed to the final policy guidelines (www.doe.virginia.gov/administrators/superintendents_memos/2012/171-12a.pdf) distributed to districts. The districts had to have a policy in place before the start of the current school year. Local school boards had the option of adopting a sample policy developed with the guidelines by the state or drafting their own policies as long as they complied with the law.

Also as in New Jersey, the school nurse on staff is authorized to administer epinephrine via auto-injector, as can staff members trained in anaphylaxis recognition and delivery of the remedy. Further, local policies must include provisions for students to be allowed to self-administer via auto-injector. The Virginia Education

Department's Anaphylaxis/Epinephrine web page has links to the guidelines, as well as a skills checklists and an auto-injector training video (www.doe.virginia.gov/support/health_medical/anaphylaxis_epinephrine/index.shtml)

Where it differs from New Jersey is significant. In Virginia, the guidelines require districts to designate an appropriate medical provider to write non-student-specific prescriptions for auto-injectors and for each school to maintain a stock of epinephrine for any student having an anaphylaxis emergency. If the district has difficulty finding someone to do that, personnel are encouraged to work with their local health department or state or local medical societies to obtain prescriptions.

While the law requires an autoinjector be stocked at every school, guidance based on the law suggests each school stock two doses each of 0.15mg and 0.3mg epinephrine available via auto-injector (or vial). This stock is for use only in the school—not for field trips or other off-site official school activities. The guidelines do, however, specify that other arrangements and auto-injectors be made available for those occasions.

Although the mandate was seeded with \$200,000 for districts to purchase the required doses, each twin pack costs approximately \$175 at a pharmacy, Campbell said. Providing enough epinephrine for one county—Fairfax—accounted for almost half of that fund, and the auto-injectors have relatively short shelf lives of about a year. This means that unless the state General Assembly approves more funds in the future, districts will have to bear that expense. However, Mylan Specialty, which distributes EpiPens, is currently operating the EpiPen4Schools program, through which eligible schools can receive up to four free EpiPen or EpiPen Jr. Auto-Injectors, as well as discounts on additional EpiPens (see www.epipen4schools.com/).

For more information, contact

- Tia Campbell: Tia.campbell@doe.virginia.gov
- Christene DeWitt-Parker: christene.dewitt-parker@doe.state.nj.us

1. Ruchi Gupta, Elizabeth Springston, Manoj Warriar, et al., "The Prevalence, Severity, and Distribution of Childhood Food Allergy in the United States," *Pediatrics* (June 20, 2011), pediatrics.aappublications.org/content/early/2011/06/16/peds.2011-0204.full.pdf+html.

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