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How May School Nurses Facilitate Policies and Regulations Ensuring the Safety of Children With Life-Threatening Allergies During the School Day?

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Keywords: life-threatening allergies; anaphylaxis; epinephrine; policy development; school nursing regulations

The Problem

Increasing numbers of students with life-threatening allergies (LTA) are attending the nation's schools. Like several other states, Massachusetts has had to address safety issues for these students through regulation and policy development. Massachusetts Essential School Health Services data (MDPH, 2008b) indicate a rise in the numbers of students prescribed epinephrine by auto injector from 7.2 students per thousand in 2001 to 15.3 per thousand in 2007. A recent study of the epidemiology of EpiPen® prescriptions (Camargo et al., 2007) demonstrated a strong north-south gradient with New England having the highest rates

of EpiPen® prescriptions (Massachusetts leading, followed by Connecticut, Rhode Island, Delaware, Washington DC, Vermont, New Hampshire, etc.) and the southern states with the lowest rates (Hawaii with the fewest, followed by New Mexico, California, Arizona, and Mississippi). These data, particularly for northern and central states, suggest that all school nurses need to become actively involved in the development of state legislation, regulations, and guidelines for schools both to ensure a safe environment for students with LTAs and to prepare for an emergency response should an unintended exposure to the allergen occur.

Becoming Involved

Increasingly, school nurses need to be proactive in identifying issues such as the

management of LTAs, rather than reactive to proposed policies or legislation that might impact negatively on safety and nursing practice. School nurses are the clinical health professionals in the school setting and, therefore, uniquely qualified *and essential* to providing consultation on legislation, regulations, guidelines, and school-based policies governing health practice in this area. They understand their state's nurse practice act, school culture, environmental risks, and the challenges of LTA program implementation. They also understand the need for practical policies consistent with nursing practice standards.

Providing Leadership

In some states, the state school nurse consultant may provide leadership in policy development, ensuring that

practicing school nurses are appointed to committees charged with this responsibility. In other states, the lead may be assumed by the state school nurse organization. In *all* states, school nurses should be encouraged to contact their legislators on a regular basis to apprise them of issues relating to the health of large student populations, as well as to share data and offer assistance in crafting statewide policies or legislation. Information shared with them can raise their awareness of the school health issues, such as students with LTAs and the school nursing role.

In 1993, Massachusetts school nurses actively participated in developing the original *Regulations Governing the Administration of Prescription Medications in Public and Private Schools* (105 CMR 210.000), under the leadership of the state school nurse consultant. In 2002, after three school-related deaths from anaphylaxis, parents' groups approached the MDPH and Massachusetts Department of Education (MDOE) to develop specific multidisciplinary guidelines for schools. Again, school nurses and the Massachusetts School Nurse Organization played a critical role, along with their educator, food service, school physician, allergist, and parent colleagues. The MDOE Commissioner shared the resultant comprehensive *Guidelines for Managing Life Threatening Food Allergies in Massachusetts Schools* with all of the Commonwealth's schools (Sheetz et al., 2004).

Using Data Effectively

Data are essential to supporting the need for regulations and/or guidelines ensuring the safety of students with LTAs in the school setting. Data may be collected at the school district level, through statewide data systems, or brief surveys to school nurses using such tools as Survey Monkey. Critical elements include (a) numbers of students with prescriptions for epinephrine by auto injector, (b) number of administrations, and (c) outcomes

(McIntyre, Sheetz, Carroll, & Young, 2005). In 2004, the MDPH amended its regulations to include a detailed subset addressing epinephrine administration in the schools; also included was a requirement that each time epinephrine is administered, a report must be filed with the MDPH. In 2007, there were 158 administrations in the school setting; all of the individuals survived, although some were hospitalized. This is critical information to share with decision makers, emphasizing that the vast majority were administered by school nurses (MDPH, 2008a). The annual Massachusetts data have consistently indicated that 20% to 27% of the individuals receiving epinephrine for anaphylaxis did not know they had an allergy. Again, lives were saved because of the rapid assessment and treatment by school nurses—further emphasizing the need for these health professionals in all schools. These findings led to policy change whereby all schools are requested to have a standing order for epinephrine for life-threatening allergic events (written by the school physician), as well as stock supplies of epinephrine.

The Massachusetts experience with LTAs demonstrates that when school nurses respond to an emerging critical health issue, collect and use data to inform a range of stakeholders, and become involved in developing policy, the health and safety of students is supported—and school nursing practice enhanced. ■

For more information, please contact you state school nurse consultant. To locate contact information for your state school nurse consultant, please visit the National Association of State School Nurse Consultants' (NASSNC) Web site at www.nassnc.org and click on "About Us" to gain access to a listing of our members.

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