

Testimony for House Bill 773

“Public and Nonpublic Schools – Bronchodilator Availability and Use – Policy 3 (Bronchodilator Rescue Inhaler Law).”

February 19, 2020

Written Copy of Oral Testimony

Thank you for the opportunity to provide oral testimony on this bill. My Name is Elaine M. Papp. I am a Master’s prepared Registered Nurse. I retired from my full time job in 2015. In 2017, through a contracting agency, I began working as a school health nurse in Baltimore City Schools, two-three days per week.

In 2018, I saved a student’s life, but lost my job! This spurred me to begin a campaign to have asthma inhalers placed in every school in Maryland as an emergency stock medication. Thus, I am here before you to share my story and to advocate for passage of bill HB 773, “Public and Nonpublic Schools – Bronchodilator Availability and Use – Policy 3 (Bronchodilator Rescue Inhaler Law).”

Please note, I began this grassroots effort as a political novice with an informal, ad hoc group of advocates.. I have been joined by a pediatric pulmonologist from Johns Hopkins University (JHU), a pediatrician from JHU and an emergency pharmacist from JHU. In addition, the advocacy team includes representatives from the Allergy Asthma Network, the American Lung Association and asthma researchers from the University of Arizona.

As advocates, we are dedicated to the idea of helping students, families, school personnel and school health staff cope with asthma emergencies in school. Regarding asthma emergencies, we are dedicated to:

- reducing number of lost days from school,
- reducing number of 911 calls,
- reducing the number of hospitalizations and
- the length of hospital stay by providing effective and efficient emergency care at the moment of an asthma flare.

We believe enactment of this bill will assist in accomplishing these goals.

Thirteen other states have laws re: asthma stock inhalers on their books. We want Maryland to be the fourteenth. Virginia and Colorado are in the process of developing legislation re: stock inhalers, now.

Let me explain how I became involved.

I was working as a school nurse in 2018, at Vivien T. Thompson Medical Arts Academy, Baltimore City High School. A student who had exercise-induced asthma experienced a serious asthma flare. Her inhaler was locked in the gym teacher’s desk and the gym teacher was not in the building. Although 911 was called, they were very delayed in responding.

While the principal, teachers and other staff were trying valiantly to find the keys to the gym teacher’s office and desk, the student lost consciousness. I, without any medication to administer, could just watch the student dying and monitor her as her respiratory rate increased to gasping at 70 per minute and her hearty raced at 124 per minute. I knew that after loss of consciousness, the student would have a

maximum of 15 minutes of life left, if untreated. This was dependent on depending on the strength of the bronchospasm and whether any oxygen was able to get through the spasm.

The ambulance had not yet arrived, and not knowing when it would arrive, I requested that the principal find a rescue inhaler. Thus, I gave the unconscious student another's asthma rescue inhaler - albuterol sulfate. .

Within a few minutes her respirations lessened and her pulse rate came down. Her mother arrived. I told her what I had done. Her mother was grateful. Soon, the student regained consciousness. By the time the ambulance arrived, the student was sitting in a chair, talking to her mother. The paramedic said, "I guess it was more important for the dispatcher to get a cup of coffee than to tell us where we needed to go. "

I made a choice. I broke the rules to save the student's life. - The rules:

- 1) never give a student another's medication.
- 2) Never give a medication if you do not have doctor's orders in the student health file.

I wrote a medical incident report and reported the incident to my superiors, I lost my job. I was told that a representative from the Baltimore City Public Health Department said, that I had violated the student's rights by giving her a medication that she was not prescribed. However, that is not the case. I gave the student a medication she was prescribed. I gave the correct dosage. I just used a device to administer the medication that belonged to another student. I realized there was a problem with the system.

So I began a quest to get emergency use stock inhalers placed in all schools in Maryland. If I had not broken the rules, it is quite possible the student would have died or suffered brain damage. .

In the US, the average rate of lifetime asthma in children is 9.4%. In Maryland it is 16.4% (lifetime asthma prevalence in 2010 - approximately 216,000 children) But in Baltimore, the rate of asthma in school-age children is approximately 20%, with pockets in the city higher than 20%.

At the time of the event, there were over 400 students enrolled at Vivien T Thompson. Thus, If 20% of the students had asthma, I should have had a minimum of 80 doctor's orders on file in the health unit. I had none. Yet, I often saw students with inhalers in the school hallways. I contacted students and gave them forms to complete and return. I called parents and asked them to bring in doctor's orders. I did not receive any doctor's orders.

I am a registered nurse. I had access to Maryland's guidelines on how to manage asthma in school age children. But I did not have a medication to use in an asthma emergency. I was handicapped.

I do not believe that I am the only nurse that has experienced this. I may be one of the few who reported it. I base this on the results of a study conducted in Arizona - Pima County where school health nurse were asked, anonymously, if they had ever given one student another's inhaler. Many said "yes" . Asked if they reported it , they stated "No." When asked ,why, they replied "fear of losing my job."

School health nurses are placed in a position of responsibility without authority. I had no way to enforce the requirement to bring in a doctor's order. I was the only health care professional on site. But I have no emergency medications to administer for asthma exacerbations. I had epipen for allergic reactions I had Narcan for opiate overdoses. Yet, I did not have a medication to administer for the most common life threatening illness among Maryland's children.

I strongly advocate for passage of this bill HB 773 to remedy this problem. Please give nurses and others in the school system a way to cope with a serious life-threatening emergency.

I am aware that the Maryland School Health Nurse Association (MSHNA) opposes the bill. One reason given was the thought of delegating authority to administer medications falls on the nurse and her license. They are concerned about training non-medical personnel to administer medications. However, when I worked as a school nurse, it was routine to train a teacher or a coach to use an albuterol inhaler, if a student with asthma was going on a field trip or to a sporting event off campus. In fact, the Maryland State School Health Services Guideline for Management of Students with Asthma, has specific procedures for training non-medical personnel in administering rescue inhalers when the student is on a field trip. Thus this concept is not new.

In the case of HB 773, this training would be extended to recognizing respiratory distress in a child and administering the life-saving rescue inhaler, while calling emergency medical personnel; thus ,minimizing the extent of damage from lack of oxygen

As you will hear from other advocates, albuterol sulfate is a very safe medication to administer and yet has life-saving properties.

As advocates we tied the bronchodilator to the epipen legislation because the two drugs are so similar — used in life-threatening emergency situations ,simple administration, safe and effective. I

Lastly please note that non-medical people administer albuterol inhalers to children thousands of times a day - parents, grand parents, brothers and other family members, babysitters etc, who are involved with a child with asthma.

I urge you to pass this important life-saving legislation.

Again Thank you for this opportunity to tell my story. I am available to answer questions.

Sincerely,

Elaine M. Papp RN MSN COHN-S(R),, CM(R), FAAOHN
(signed electronically)

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