

To: Maryland Education, Energy, and Environment Committee

Senate Office Building Annapolis, MD 21401

From: Maryland State Council of the Emergency Nurses Association

Date: January 16, 2024

Re: SB 108 Public and Nonpublic Schools-Bronchodilator and Epinephrine Availability and

**Use-Policies** 

Good day Chairman Feldman, Vice Chair Kagan, and Committee members,

The Maryland Emergency Nurses Association (MD ENA) is opposed to SB 180 Public and Nonpublic Schools-Bronchodilator and Epinephrine Availability and Use-Policies, as written, but will support SB 180 if certain amendments are made to the bill for the safety of children in respiratory distress.

This bill advocates for all Maryland schools to maintain a stock of two respiratory distress rescue medications and for them to be administered by nurses, teachers, and other trained school staff.

Physicians, nurses, and paramedics are trained in the assessment and recognition of distinct types of respiratory conditions and their appropriate treatments. They are licensed, trained, and knowledgeable in following doctors' orders for administering emergency medications. They know the indications and contraindications for each medication. This knowledge can make the difference between good outcomes or poor outcomes for children, and even life or death. These licensed healthcare providers know that:

- Epinephrine and bronchodilators are drugs from two different drug classes that are used for varied reasons and at different times during a specific type of respiratory emergency.
- The drug of choice for a patient experiencing anaphylaxis is epinephrine, which stimulates  $\alpha$  and  $\beta$ -adrenergic receptors.
- Epinephrine treats both anaphylactic shock and severe asthma.
- Bronchodilators, such as albuterol, are selective β2 adrenergic receptor agonists, which open the medium and large airways in the lungs. Bronchodilators also relax smooth muscles and prevent bronchospasms in asthmatics.
- Epinephrine relieves low blood pressure in shock and reduces swelling in the upper airway. Bronchodilators do not have these effects and therefore, bronchodilators should never be substituted for Epinephrine.

When a child is in respiratory distress in school, 911 should be called immediately. The on-site licensed healthcare professional should also be called if they are present. The goal is to assure that the child's immediate and long-term medical care needs are addressed. Only licensed health care professionals are trained to recognize and respond to emergencies. They are trained in pharmacology and can safely administer bronchodilators and monitor for side-effects and worsening symptoms. They are equipped to make an assessment and determine which drug should be administered in anaphylaxis vs. asthma vs. airway obstruction vs. another type of respiratory emergency. Teachers or other educational paraprofessionals should not be asked to practice medicine or nursing without a license. MD ENA cannot support unlicensed personnel blindly administering bronchodilators without an order to an undiagnosed child.

Last year the House passed this bill with amendments, and they addressed the above concerns. (In 2023 it was HB 266). The amendments allowed for the creation of a stock of bronchodilators at each school that could be given to a child who was previously diagnosed with asthma and who already had an order for a bronchodilator from a personal physician. The school's bronchodilator stock could be used if the student's own bronchodilator was not available, or if it became contaminated or damaged. The amendments also allow for an enhanced group of school personnel to be trained in the use of epinephrine.

Please know that the Maryland Emergency Nurses Association endorses the current Epinephrine school protocols that allow the use of Epinephrine when a child has an undiagnosed respiratory emergency. (See Education Article 7-426.2). An amendment would allow a child with asthma to receive a previously ordered rescue bronchodilator from the school's stock.

Sincerely,

## Lisa Tenney

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## Resources:

American Heart Association. 2020. Advanced Cardiac Life Support Provider Manual. American Heart Association. 2020. Advanced Pediatric Life Support Provider Manual.