

Department of Legislative Services
Maryland General Assembly
2008 Session

FISCAL AND POLICY NOTE

House Bill 616

(Delegate Kullen, *et al.*)

Ways and Means

Education, Health, and Environmental
Affairs

Public Schools - Children With Anaphylactic Allergies - Reduction of Risk

This bill requires a principal of a public school in which a student has an anaphylactic allergy to take steps to reduce the child's risk of exposure to anaphylactic causative agents, maintain an individual file and health plan for the student, and train school staff to treat children having anaphylactic allergic reactions. It also limits the liability of school staff who respond in good faith with respect to treatment of students having anaphylactic allergic reactions.

Fiscal Summary

State Effect: None, the bill affects only local school systems.

Local Effect: No material effect on local school system finances because most schools already carry out the bill's provisions.

Small Business Effect: None.

Analysis

Bill Summary: The principal's responsibilities under this bill are contingent upon the receipt of relevant medical information from the child's parent or guardian regarding the child's allergy. Upon receipt of the relevant medical information, the school principal must:

- disseminate information on life-threatening allergies to parents, guardians, students, and employees, including posting notices at all school entrances and in the

cafeteria; • designate a peanut and tree nut free table in the cafeteria; and • require periodic State-certified training regarding life-threatening allergies for school employees.

The individual file and health plans required by the bill must be updated routinely and contain:

- current treatment guidelines;
- copies of any prescriptions and medical instructions;
- a current emergency contact list;
- procedures for informing employees who are in regular contact with the child regarding the child's allergy;
- a readily accessible emergency response plan;
- and procedures for the secure placement and accessibility of prescribed anaphylaxis or asthma management devices at school, on a school bus, or at a school activity or event.

School employees who must receive training under this bill includes all employees of the local board of education including substitute teachers employed for at least seven days each school year.

Current Law: The Maryland State Department of Education and the Maryland Department of Health and Mental Hygiene are jointly responsible for developing public standards and guidelines for school health programs. Pursuant to that statutory authority, they have issued guidelines entitled *Emergency Management of Students with Known History of Anaphylaxis or Severe Allergic Reactions*. The guidelines contain recommendations for minimum standards of care and current best practices for students with anaphylactic allergies.

The State guidelines assign primary responsibility for their implementation to school nurses, who must:

- maintain emergency plans;
- develop individual health care plans for each affected child;
- apprise relevant school staff of the student's allergy and train them to respond in the event of an allergic reaction;
- assess each student's ability to self-administer epinephrine;
- and manage storage and access to epinephrine injectors.

The guidelines also require that any child treated with epinephrine be transported to a hospital by paramedics for continued care.

Background: According to the National Institutes of Health, the prevalence of food allergies is between 6% and 8% in children under age four and 3.7% in adults, and appears to be increasing. Kidshealth.org attributes most food allergies to eight common foods:

- milk;
- eggs;
- peanuts;
- soy;
- wheat;
- tree nuts;
- fish;
- shellfish.

Allergic reactions can range from mild skin rashes to gastrointestinal discomfort to severe anaphylaxis, which causes a swelling of the airwaves and breathing difficulty. In severe cases, it can lead to loss of consciousness or death. The most common treatment for anaphylaxis is epinephrine, which often comes in the form of a pre-dosed auto-injector that can be administered with minimal training.

Local Fiscal Effect: Based on current guidelines put forth by MSDE and DHMH, schools are already required to conduct most if not all the planning, training, and notifications specified in this bill. MSDE advises that the guidelines are currently being

updated. With respect to staff training, MSDE estimates that each of the State's 992 school nurses already conducts an average of four two-hour workshops for school staff each year on dealing with anaphylaxis and administering epinephrine. Although the bill specifically charges school principals rather than school nurses with responsibility for implementing its requirements, Legislative Services believes that for practical purposes, most principals will delegate these responsibilities to school nurses, who already perform these tasks. Therefore, Legislative Services believes that the bill will not have a material effect on expenditures by local school systems.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Maryland State Department of Education, Department of Health and Mental Hygiene, National Institutes of Health, Kidshealth.org, Department of Legislative Services

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