OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 38 – 2025

Introduced by: Medical Student Section

Subject: Support for Mandatory Stock of Epinephrine Autoinjectors and Dispense Training for K-12 School Administrators and Staff

Referred to: Resolutions Committee No. 2

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WHEREAS, studies have reported that 1-20% of anaphylactic reactions occur in school settings[1]; and

WHEREAS, approximately, 24.65% of elementary students and 28% of middle school students have an unknown allergy, with prevalence of food allergies increasing in school aged children[1,2,] ; and

WHEREAS, twenty-five percent of children older than five years of age with a known food allergy were reported to be carrying an epinephrine autoinjector (EpiPens) while eating school lunch or snacks[3]; and

WHEREAS, only 58.5% of patients have epinephrine in their house or office, and 49% of students between the ages of 10 and 14 do not always carry their epinephrine autoinjector[4,5]; and

WHEREAS, forty-eight school districts reported 115 total administrations of epinephrine during a 2-year period, where 24% of cases involved an individual with no known life-threatening allergy[6]; and

WHEREAS, anaphylaxis hospitalizations have increased significantly in children aged six to twelve from 2006-2015[7]; and

WHEREAS, the time interval from exposure to onset of signs and symptoms occurred immediately in 30% of the anaphylactic incidents[8]; and

WHEREAS, a review highlighted causes of underutilization of epinephrine autoinjectors including fear of usage, lack of reaction recognition, and first-time allergic reactions[9]; and

WHEREAS, training in the use of epinephrine autoinjectors in a scholastic setting can improve confidence in preventing, recognizing, and treating allergic reactions[10]; and

WHEREAS, one of the most common barriers to filling an epinephrine autoinjector prescription is cost, and therefore providing them in schools would help mitigate this barrier[11]; and

WHEREAS, early administration of epinephrine for anaphylaxis results in better outcomes including less need for hospitalizations and reduction in mortality rates[12]; and

WHEREAS, Ohio Revised Code 3313.7110 supports the procurement of epinephrine autoinjectors[13]; and

WHEREAS, Ohio Revised Code 3728 supports required training for those schools who choose to procure epinephrine autoinjectors, but does not mandate epinephrine autoinjector stock in K-12 public schools[14,15]; and

WHEREAS, AMA Policy D-60.976, supports increased legislation, research, and education surrounding epinephrine autoinjector usage and procedures in schools with preschool through 12th grade students[16]; and therefore be it

RESOLVED, that our OSMA supports mandatory stocking of epinephrine injection autoinjectors in K-12 public schools; and be it further

RESOLVED, that our OSMA supports mandatory dispense training of epinephrine injection autoinjectors for K-12 public school staff and administration.

Fiscal Note: $ (Sponsor)
$ 500+(Staff)

References:

1. *White MV, Hogue SL, Odom D, et al. Anaphylaxis in Schools: Results of the EPIPEN4SCHOOLS Survey Combined Analysis. Pediatr Allergy Immunol Pulmonol. 2016;29(3):149-154. doi:10.1089/ped.2016.0675*
2. Portnoy JM, Shroba J. Managing food allergies in schools. Curr Allergy Asthma Rep. 2014;14(10):467. doi:10.1007/s11882-014-0467-z
3. DeMuth KA, Fitzpatrick AM. Epinephrine autoinjector availability among children with food allergy. Allergy Asthma Proc. 2011;32(4):295-300. doi:10.2500/ajra.2011.32.3458
4. Sánchez J. Anaphylaxis. How often patients carry epinephrine in real life?. Rev Alerg Mex. 2013;60(4):168-171.
5. Robinson M, Koplin JJ, Field MJ, et al. Patterns of Carriage of Prescribed Adrenaline Autoinjectors in 10- to 14-Year-Old Food-Allergic Students: A Population-Based Study. J Allergy Clin Immunol Pract. 2019;7(2):437-443. doi:10.1016/j.jaip.2018.06.025

6. McIntyre CL, Sheetz AH, Carroll CR, Young MC. Administration of epinephrine for life-threatening allergic reactions in school settings. Pediatrics. 2005;116(5):1134-1140. doi:10.1542/peds.2004-1475
7. Robinson LB, Arroyo AC, Faridi MK, Rudders SA, Camargo CA Jr. Trends in US hospitalizations for anaphylaxis among infants and toddlers: 2006 to 2015. Ann Allergy Asthma Immunol. 2021;126(2):168-174.e3. doi:10.1016/j.anai.2020.09.003
8. Bohlke K, David RL, DeStefano, F, et al. epidemiology of anaphylaxis among children and adolescents enrolled in a health maintenance organization. The Journal of Allergy and Clinical Immunology. Volume 113, Issue 3, 536-542.
9. Glassberg B, Nowak-Wegrzyn A, Wang J. Factors contributing to underuse of epinephrine autoinjectors in pediatric patients with food allergy. Ann Allergy Asthma Immunol. 2021;126(2):175-179.e3. doi:10.1016/j.anai.2020.09.012
10. Wahl A, Stephens H, Ruffo M, Jones AL. The evaluation of a food allergy and epinephrine autoinjector training program for personnel who care for children in schools and community settings. J Sch Nurs. 2015;31(2):91-98. doi:10.1177/1059840514526889
11. Warren CM, Zaslavsky JM, Kan K, Spergel JM, Gupta RS. Epinephrine auto-injector carriage and use practices among US children, adolescents, and adults. Ann Allergy Asthma Immunol. 2018;121(4):479-489.e2. doi:10.1016/j.anai.2018.06.010
12. Golden DBK, Wang J, Waserman S, et al. Anaphylaxis: A 2023 practice parameter update. Ann Allergy Asthma Immunol. 2024;132(2):124-176. doi:10.1016/j.anai.2023.09.015
13. Section 3313.7110 - Ohio Revised Code | Ohio Laws. Ohio.gov. Published 2023. Accessed January 17, 2025. https://codes.ohio.gov/ohio-revised-code/section-3313.7110
14. Section 3728.03 - Ohio Revised Code | Ohio Laws. Ohio.gov. Published 2019. Accessed January 17, 2025. https://codes.ohio.gov/ohio-revised-code/section-3728.03
15. Supporting Students With Food Allergies | Ohio Department of Education and Workforce. Ohio.gov. Published 2021. https://education.ohio.gov/Topics/Student-Supports/School-Wellness/Student-Health-and-Medication-Supports/Promoting-Student-Health/Supporting-Students-With-Food-Allergies
16. Childhood Anaphylactic Reactions D-60.976. Ama-assn.org. Published 2025. Accessed January 17, 2025. https://policysearch.ama-assn.org/policyfinder/detail/D%2060.976?uri=%2FAMADoc%2Fdirectives.xml-0-1788.xml

Relevant OSMA Policy:

No Relevant OSMA Policy

Relevant AMA and AMA-MSS Policy

Childhood Anaphylactic Reactions D-60.976

1. Our American Medical Association will urge all schools, from preschool through 12th grade, to:
    a. develop Medical Emergency Response Plans (MERP);
    b. practice these plans in order to identify potential barriers and strategies for improvement;
    c. ensure that school campuses have a direct communication link with an emergency medical system (EMS);
    d. identify students at risk for life-threatening emergencies and ensure these children have an individual emergency care plan that is formulated with input by a physician;
    e. designate roles and responsibilities among school staff for handling potential life-threatening emergencies, including administering medications, working with EMS and local emergency departments, and contacting families;
    f. train school personnel in cardiopulmonary resuscitation;
    g. adopt the School Guidelines for Managing Students with Food Allergies distributed by FARE (Food Allergy Research & Education); and
    h. ensure that appropriate emergency equipment to deal with anaphylaxis and acute asthmatic reactions is available and that assigned staff are familiar with using this equipment;
2. Our AMA will work to expand to all states laws permitting students to carry prescribed epinephrine or other medications prescribed by their physician for asthma or anaphylaxis.
3. Our AMA supports increased research to better understand the causes, epidemiology, and effective treatment of anaphylaxis.
4. Our AMA urges the Centers for Disease Control and Prevention to study the adequacy of school personnel and services to address asthma and anaphylactic emergencies.
5. Our AMA urges physicians to work with parents and schools to ensure that all their patients with a food allergy have an individualized emergency plan.
6. Our AMA will work to allow all first responders to carry and administer epinephrine in suspected cases of anaphylaxis.

Expansion of Epinephrine Entity Stocking Legislation H-115.966

Our American Medical Association supports the adoption of state laws that allow state-authorized entities to permit the storage of auto-injectable epinephrine for use in case of anaphylaxis.

Improvement in US Airlines Aircraft Emergency Kits H-45.981

Our American Medical Association urges federal action to require all US air carriers to report data on in-flight medical emergencies, specific uses of in-flight medical kits and emergency lifesaving devices, and unscheduled diversions due to in-flight medical emergencies; this action should further require the Federal Aviation Administration to work with the airline industry and appropriate medical specialty societies to periodically review data on the incidence and outcomes of in-flight medical emergencies and issue recommendations regarding the contents of in-flight medical kits and the use of emergency lifesaving devices aboard commercial aircraft.

Our AMA will:

1. support the addition of naloxone, epinephrine auto injector and glucagon to the airline medical kit.
    a. encourage airlines to voluntarily include naloxone, epinephrine auto injector and glucagon in their airline medical kits.
    b. encourage the addition of naloxone, epinephrine auto injector and glucagon to the emergency medical kits of all US airlines (14CFR Appendix A to Part 121 - First Aid Kits and Emergency Medical Kits).
2. That our American Medical Association advocates for U.S. passenger airlines to carry standard pulse oximeters, automated blood pressure cuffs and blood glucose monitoring devices in their emergency medical kits.