

The Nevada State School Nurses Association (NSASN) is in support of the concept of allowing but not requiring bulk or school districts to stock non-patient-specific EpiPen® (Epi) medication for administration by unlicensed staff to students who may be experiencing symptoms of anaphylaxis. ~~patient specific epi to be maintained at schools for the administration to~~ for both known and undiagnosed persons. However, (I am not sure what qualified person refers to so it needs to be put in context here with more detail) we are not in support of the language "or qualified person" and suggest its removal from the spell out BDR-what does that mean? BDR for the following reasons: Currently, the mandates of NAC 632.226 allow parent-provided and physician-prescribed Epi is allowed to be administered to a students who is known to have a life threatening allergy and who experience potentially life-threatening symptoms to food or insect via the AG opinion \_\_\_\_\_ on school nursing. while at school or participating in school-sponsored activities. Such administration must be within the parameters of a authorized prescription for an individual student from an authorized provider. It must be under the direction of an emergency plan written by the school nurse with clear protocols for administration for an individual student's known symptoms. NV nurse practice acts and the AG opinion allow only a licensed nurse to make an assessment of a student's condition outside of a individual protocol. This law would be in clear violation of the nurse practice acts by allowing an unlicensed person to perform a nursing function which requires the knowledge and skills of a licensed nurse. Giving a medication with clear guidelines for an individual student based on known allergies, symptoms, and expected response is very different than performing an assessment on a person undiagnosed with an allergy but showing unusual symptoms. These symptoms could be cause by other conditions for which epi is not indicated. This position is supported by the June 2012 position statement from the National Association of school Nurses which can be found here:

<http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/9/Allergy-Anaphylaxis-Management-in-the-School-Setting-Revised-June-2012>. We recognise that not all schools have school nurses available to immediately administer epi when needed. However, the answer is not to allow unlicensed personnel to administer epi, but to work

toward increasingsg the number of school nurses available to provide the necessary care to our children in schools. Why should we settle for a lower standard of medical care for our children because they are in a school?

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