



# Oregon Department of Education

Kate Brown, Governor

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**SB 875:** Requires State Board of Education to adopt rules under which school personnel may administer medications that treat adrenal insufficiency to students experiencing adrenal crisis.

Senate Education Committee

March 12, 2015

Good afternoon Chair Roblan and members of the Senate Education Committee. For the record, I am Ely Sanders, Sexual Health and School Health Specialist with the Oregon Department of Education. I appreciate the opportunity to provide written testimony on SB 875.

### Background

Emergency protocol for adrenal crisis is to administer appropriate dosage via injection of hydrocortisone or methylprednisolone. Currently, in schools where there is no on-site nurse, the school nurse for the district arranges for local EMTs to administer the medication. EMTs have training in intramuscular injection. The EMTs confirm the crisis, administer the medication, and transport the student to a medical facility.

### Legislation

SB 875 seeks to allow non-licensed school personnel who have the training, capacity and ability to treat a student who is experiencing an adrenal insufficiency crisis to inject prescribed adrenaline medication.

SB 875 will amend ORS 339.867, 339.869, 433.800, 433.805, 433.815 and 433.825 to include Adrenal Insufficiency as a condition to which schools will be trained to diagnose and treat by administering, through injection, prescribed adrenaline medication. This language will be in addition to current language allowing trained school personnel to administer prescription epinephrine for a student experiencing a severe allergic reaction.

### Concerns

The primary concern is the feasibility for school personnel to be trained to diagnose and treat adrenal insufficiency. Adrenal crisis symptoms include: Poor appetite, vomiting, diarrhea, lethargy, unresponsiveness, headache, confusion, unexplained hypoglycemia, seizure, and cardiovascular collapse. The injection would require school staff to mix a sterile solution, draw it up correctly in a syringe, and give the intermuscular injection correctly. Adrenal insufficiency

occurs in an estimated 1/16,000 children. (<http://emedicine.medscape.com/article/919077-overview#a0156>) As such schools will likely see very few if no cases. This may have implications on training and staff readiness to respond in a medically competent method due to lack of familiarity to adrenal insufficiency.

Approval from the Oregon State Board of Nursing would be needed for a school nurse to delegate the responsibility of administration of intramuscular injection to a student experiencing an adrenal crisis.

Adequate safeguards would need to be in place. An adrenal crisis may jeopardize a student if they receive the wrong dosage of medicine or it is given incorrectly.