

## ALLOW INHALER/EPINEPHRINE AT CAMPS

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**Senate Bill 335 (Substitute H-1)**

**Sponsor: Sen. Gilda Z. Jacobs**

**House Committee: Health Policy**

**Senate Committee: Health Policy**

### **First Analysis (6-29-05)**

**BRIEF SUMMARY:** The bill would allow children to possess and use an asthma inhaler or epinephrine auto-injector or inhaler at a children's camp.

**FISCAL IMPACT:** The bill would have no fiscal impact on the state or local units of government.

### **THE APPARENT PROBLEM:**

Asthma and anaphylaxis are two common maladies affecting children that need to be treated, sometimes immediately, through the use of an inhaler or epinephrine auto-injector, respectively. Asthma is a chronic breathing disorder characterized by tightness in the chest, shortness of breath, and a suffocating feeling. Anaphylaxis is a severe allergic reaction to certain insect bites, foods (peanuts especially), medications, and other substances, with symptoms that include itchy hives; swelling of the lips, tongue, throat, or eyes; nausea and vomiting; and difficulty breathing. When a child has an asthma attack or an anaphylaxis reaction, treatment should be provided immediately.

In the past few years, the legislature and governor have amended to Revised School Code to permit students to possess and use an inhaler or epinephrine auto-injector to alleviate symptoms of an asthma attack or anaphylactic reaction. Given that each year, more than 350,000 children attend camp in Michigan, it has been suggested that children should also be permitted to possess and use an asthma inhaler or epinephrine injector at camp as well.

### **THE CONTENT OF THE BILL:**

The bill would amend the child care licensing act (Public Act 116 of 1973) to allow a minor child to possess and use a metered dose or dry powder inhaler or an epinephrine auto-injector or inhaler at a children's camp.

Under the bill, if certain conditions (described below) were met, notwithstanding any children's camp policy to the contrary, a minor child could possess and use any of the following at the camp, on camp-sponsored transportation, or at any activity, event, or program sponsored by the camp or in which the child was participating:

- A metered dose inhaler or a dry powder inhaler to alleviate asthmatic symptoms or for use before exercise to prevent the onset of asthmatic symptoms.
- An epinephrine auto-injector (e.g., EpiPen) or epinephrine inhaler to treat anaphylaxis.

A minor child could possess and use the devices only if all of the following conditions were met:

- The child had written approval to possess and use the inhaler or auto-injector from his or her physician or other health care provider authorized by law to prescribe an inhaler or epinephrine auto-injector and from the child's parent or legal guardian.
- The director or other chief administrator of the camp had received a copy of the written approval.
- There was on file at the camp a written emergency care plan that contained specific instructions for the child's needs, that was prepared by a licensed physician in collaboration with the child and his or her parent or legal guardian, and that was updated as necessary for changing circumstances.

A children's camp or an owner, director, or employee would not be liable for damages in a civil action for injury, death, or loss to person or property allegedly arising from either of the following:

- A camp employee's having prohibited a child from using an inhaler or auto-injector because the specified conditions had not been satisfied.
- A camp employee's having permitted a child to use or possess an inhaler or auto-injector because the prescribed conditions had been satisfied.

The bill specifies that this provision would not eliminate, limit, or reduce any other immunity or defense that a camp or an owner, director, or employee could have under other state law.

A camp could request that a child's parent provide an extra inhaler or auto-injector to designated camp personnel for use in case of emergency. A parent or legal guardian, however, could not be required to do so.

A director or other chief administrator of a camp who was aware that a child possessed an inhaler or epinephrine auto-injector as authorized under the bill would have to notify each camp employee who supervised the child of that fact and the bill's provisions.

MCL 722.117a

### **HOUSE COMMITTEE ACTION:**

The House Committee on Health Policy reported out a substitute that incorporates one amendment specifying that the physician writing the emergency care plan for a child would have to be licensed, but not specifically in Michigan. (This recognizes that children from throughout the country attend summer camp in Michigan, and their physician wouldn't necessarily be licensed in Michigan.)

### **BACKGROUND INFORMATION:**

#### **Health Appraisal Guidelines for Day Camps and Resident Camps**

The June 2005 edition of *Pediatrics*, the official journal of the American Academy of Pediatrics, includes the AAP's recommended guidelines, supported by the American Camp Association, regarding health appraisals of children attending day and resident camps. Of particular relevance to this bill, the guideline states, "[w]ith regard to emergency medications or medical devices such as inhalers or epinephrine auto-injectors, campers should be given instruction for their use before arrival at camp. Parents also should make clear to the camp staff primarily responsible for the camper the situation that may require use of these medications and whether the child is competent in their administration. Specific protocols for administration of these medications by counselors or other nonlicensed providers should be created. These devices should be kept in locations that are easily accessible to individuals who may need them." A copy of the guideline is available on the AAP's internet website at <http://www.pediatrics.org>.

#### **Camp Health Services in the State of Michigan**

The December 2004 edition of *Wilderness and Environmental Medicine*, the official journal of the Wilderness Medical Society, included an article by researchers from the University of Michigan studying the medical training, local emergency medical services and physician support, and off-camp medical facility use of camp health officers at Michigan-licensed camps operating in the summer of 2001. The article notes that nearly one-third of camp health officers responding to the survey reported caring for persons with asthma. The article concludes that, while camps responding the survey camp health officers "have minimal medical training and experience. They are often placed in situations in which definitive care is a prolonged distance away. While they are expected to have a 'camp physician' who has reviewed their standing orders and is their medical backup, some [camp health officers] do not know who their 'camp doctor' is. Often, [camp health officers] do not know the training and capabilities of the local EMS providers who respond when they call 911. In addition, much of the medical care of campers outside camp takes place in an acute care setting, even though primary care coverage should have been arranged." The study sent out surveys to all 258 licensed camps and had a response rate of 50 percent. The article is available on the WMS's internet website at <http://www.wemjournal.org>.

## **Camp Licensing Regulations**

Children's camps are now licensed by the Office Children and Adult Licensing within the Department of Human Services. The license regulations require camps to have and follow a written health service policy that is appropriate for the campers and the environment of the campsite and is established in consultation with, and annually reviewed by, a licensed physician. The policy should contain provisions related to the following: (1) procedures for camper health screening; (2) arrangements for on-call health care consultation services; (3) arrangements for emergency health care services and emergency transportation to an emergency health care facility; (4) standing health care orders - i.e. written instructions from the camp's consulting physician for the handling of injuries and illnesses of campers; (5) first aid and health care supplies; (6) the storage and administration of prescription and nonprescription drugs and medications; (7) medical procedures for camper trips away from a campsite; (8) procedures for daily observation of each camper's physical state; (9) procedures for prompt and responsive notification of the camper's authorized person; (10) health officer staffing; and (11) procedures for preventing disease transmission. (See R. 400.11119)

Additionally, camps are required to employ a health officer who is on duty or in residence at the camp. The health officer may be a licensed physician, registered nurse, licensed practical nurse, licensed emergency medical technician, licensed medical first responder, or an adult meeting certain American Red Cross training and certification requirements. (See R. 400.11121)

Camps are also required to maintain a health history statement signed by an authorized person for each camper that includes current prescription and nonprescription drugs and medications, immunization statutes, physical limitations, allergies, and any special health and behavioral considerations.

### ***ARGUMENTS:***

#### ***For:***

Modeled after the inhaler and epinephrine injector provisions in the Revised School Code, the bill better ensures the health and safety of children attending summer camp by permitting them to possess and use, if necessary, an asthma inhaler or epinephrine injector. Given the setting and activities of many summer camps, it would appear that children with asthma or severe allergic reactions are even more susceptible to medical situations that necessitate the immediate use of an asthma inhaler or epinephrine injector. When an asthma attack or allergic reaction occurs, treatment must be provided immediately. However, there appears to be no uniform standard regarding storage and access of these medications, which may cause children to go without treatment for a longer period of time.

***POSITIONS:***

The Department of Human Services supports the bill. (6-28-05)

The American Red Cross supports the bill. (6-28-05)

The Allergy & Asthma Network Mothers of Asthmatics supports the bill. (6-28-05)

The Food Allergy and Anaphylaxis Network supports the bill. (6-28-05)

The Asthma and Allergy Foundation of America supports the bill. (6-28-05)

The Michigan Nurses Association supports the bill. (6-28-05)

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■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.