

State of Vermont – Legislative Briefing

Protecting Vermont’s Youngest Children from Anaphylaxis

A Preventable Emergency Requires Immediate Access to Epinephrine

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Note: Chatbot was used to develop a list of citations to support statements made in the Legislative Briefing. Citations were reviewed, in some cases rejected for small sample size or lack sufficient review.

I would like you to imagine you are visiting your grandchild’s preschool. You are on the playground when suddenly a child screams and holds her neck. Within minutes her face turns red, she is suddenly having problems breathing, and her neck is swelling. You yell for help to the teachers and staff “Call 911, Get an EpiPen,” and they look at you with real fear in their voices and face and say “We don’t have one.”

This is not a story this is a real event.

That is the problem. Anaphylaxis can occur without warning. The children most at risk are under age five. Epinephrine is the only first-line, life-saving treatment. Benadryl does not stop anaphylaxis. When we delay epinephrine, we increase the risk of death. We prepare for asthma. We prepare for injuries. But first-time anaphylaxis is unpredictable, and many children have no diagnosis and no Epinephrine Auto Injector (such as Epi Pen) available.

Vermont has taken steps to allow our public schools to have Epinephrine on hand, but childcare settings are not all equally prepared. This is not a medical debate. It is a preparedness issue. Will the adults present have what they need to save a child’s life? Because when this happens, there is no time to wait. Thank you.

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The Reality

Severe allergic reactions (anaphylaxis) can occur without warning in children with no known allergies

- These reactions can become life-threatening within minutes
- The children at highest risk of hospitalization are infants, toddlers, and preschoolers under age 5

The Critical Gap

Many early childhood and childcare settings:

- Vermont does require registered Pre-School staff to be trained and prepared to use an Epinephrine auto injector **but are not legally allowed to have stocked epinephrine readily available.**
- In a first-time reaction, a child will not have a personal Epinephrine auto injector on file

What Works — and What Doesn’t

⊘ What does NOT save lives:

- Diphenhydramine (Benadryl)
 - Cannot be used as a first line of treatment,
 - if used as a first-time treatment may delay life-saving treatment
 - Does NOT treat airway swelling, breathing failure, or shock

☑ What DOES save lives:

- Epinephrine (Epi Pen or equivalent)
 - First-line, life-saving treatment for anaphylaxis
 - Works by:
 - Opening airways
 - Reducing swelling
 - Supporting blood pressure
 - Must be given **immediately**
 - **Is only effective for 15 to 20 minutes before a second dose is required**

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Medical Consensus

- Epinephrine is the **only first-line treatment** for anaphylaxis
- Antihistamines are **secondary only**—used *after* epinephrine for mild symptoms
- Delayed epinephrine is associated with **worse outcomes and preventable deaths**

Vermont Context

- Vermont law allows **public schools to stock and administer (under good faith administration) epinephrine in emergencies.**
- However, **this law does not apply to all childcare and early education settings.**
- This creates a **gap in protection for Vermont’s youngest children.**

Why This Matters

- First-time reactions are **unpredictable**
- Young children often **cannot communicate symptoms clearly**
- Emergencies escalate in **minutes—not hours**

The Policy Question

Should every setting responsible for young children be prepared to treat a first-time, life-threatening allergic reaction immediately?

The Goal

Ensure that:

- Epinephrine is **readily available** wherever young children are cared for
- Staff are **trained and authorized** to use it
- No child’s survival depends on **luck or prior diagnosis**

Bottom Line

When anaphylaxis occurs, there is no time to wait.

Access to epinephrine is the difference between life and death.

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Selected References

- American Academy of Allergy, Asthma & Immunology (AAAAI), *Anaphylaxis Practice Parameter Update (2023)*
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