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Association of School Nurses of Connecticut

Raised Bill No. 369

AN ACT CONCERNING AUTHORIZATION FOR THE USE OF FEEDING TUBES AND ANTIEPILEPTIC MEDICATIONS IN SCHOOL SETTINGS

Members of the Public Health Committee:

As a nurse with 41 years of experience, 27 of which have been as a school nurse and a school nurse supervisor, this testimony is submitted in opposition to Raised Bill 369.

Antiepileptic medications include a sedative medication, diastat, also known as valium, may be administered rectally, the primary method of administration ordered for school age children. Side effects from diazepam are common and include, but are not limited to, the following:

- drowsiness
- dizziness
- weakness
- respiratory depression

Directions for the use of diastat are:

" Rectal: Diastat® AcuDial™: Prior to administration, confirm that the syringe is properly set to the correct dose and that the green "ready" band is visible.

Diastat® AcuDial™ and Diastat®: Place patient on side (facing person responsible for monitoring), with top leg bent forward. Insert rectal tip (lubricated) gently into rectum until rim fits snug against rectal opening; push plunger gently over 3 seconds. After additional 3 seconds, remove syringe; hold buttocks together while slowly counting to 3 to prevent leakage; keep patient on side, facing towards you and continue to observe patient for:

Heart rate, respiratory rate, blood pressure, mental status."

"Administration of rectal gel should only be performed by individuals trained to recognize characteristic seizure activity for which the product is indicated and who are capable of monitoring patient's response to determine need for additional medical intervention."

(retrieved from http://www.uptodate.com/contents/diazepam-pediatric-drug-information?source=search_result&search=diastat&selectedTitle=1%7E150)

Knowing this information:

1. Do you think it is safe to let "other people" indicated in Section 2 (1) lines 15, 17 and 21 and Section 2 (2) line 6 administer this medication?
2. Who are these "other people? Teachers, principals, paras, coaches, bus drivers, lunch aides, the business manager.

Regarding tube feedings for students with Glycogen Storage Disease, this legislation was heard last session. I testified then, and I testify now, against this. Single disease legislation, especially so narrow that it applies to an extremely limited, if not a single individual, with Glycogen Storage Disease and a feeding disorder, serves no purpose except to set a precedent for more and more legislation based on case specific scenarios.

The Board of Nursing Examiners, in a statement issued on October 3, 2007, expressed concern:

- ...that the employment of critical thinking skills, part of the ongoing nursing assessment process, that... involves...patient assessments as the patient's tolerance to the procedure and providing interventions that may be required during...procedures... is not a skill expectation of unlicensed... assistants."
- ... concern extended to **tube feeding,** which they also felt was... inappropriate delegation by licensed nurses to unlicensed assistive personnel in a skilled nursing facility."

If this concern applies to skilled nursing facilities, how much greater is the concern in a school setting where they may or may not be a health professional present?

Section I, paragraph 1, lines 4 and 5 of Bill 369, states:

- "assisting in the nursing care of patients **if adequate medical and nursing supervision is provided."**

In the same section, lines 50-53, "full medical disclosure concerning such feeding is provided to the supervising nurse"... "such supervising nurse is granted permission to consult with the physician, advanced practice registered nurse, or physician assistant who issued the written order authorizing the administration of such tube feeding." A physician may issue written orders only to a nurse, not unlicensed personnel or "other persons". A nurse may discuss a provider's orders for treatment "without being granted permission" in order to ensure safe and appropriate care.

There is only one way to provide safe and appropriate care in school; that is to make sure a qualified school nurse, with reasonable case loads, is available in every school every day. Otherwise, what are we saying? That the training and education nurses receive is equal to the services of unlicensed personnel including "other persons"? Because the care occurs in a school, anyone can do it?

Summary of the Issue

RB 369, regarding unlicensed personnel providing care in school, compromises the safety of children. Unlicensed personnel and "other persons" must be supervised by a nurse and provide care that is safe and appropriate, no matter the setting.

The school nurse is responsible for using professional judgment to determine the appropriate level of care for each student, including whether or not tasks can be delegated. The determination to delegate must be made on a case by case basis because each student's health condition, response, and needs are different.

Rather than continue to create such legislation, is it not in the best interests of our school children to have professional school nurses provide care? Rather than pass single issue legislation, would it not be better to insure a standard of care to protect all children as they spend the better part of each day in school? For the health and safety of children, I urge you to oppose Raised Bill number 369.

Let teachers teach, let principals lead, coaches coach, paras support, bus drivers drive.... Let nurses nurse.