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TESTIMONY RE: *S.B. No. 369 (RAISED) AN ACT CONCERNING AUTHORIZATION FOR THE USE OF FEEDING TUBES AND ANTIPILEPTIC MEDICATIONS IN SCHOOL SETTINGS.

Public Health Committee
March 16, 2012

Good Morning Senator Gerrantana, Representative Ritter, and esteemed members of the Public Health Committee.

Thank-you for the opportunity to provide testimony on behalf of the Connecticut Nurses' Association (CNA), the professional organization for registered nurses in Connecticut. I am Dr. Mary Jane Williams, current chairperson of its Government Relations Committee and professor emeritus from Central Connecticut State University. I have practiced nursing for over 48 years and have educated nurses in Connecticut in both the public and private sector for over 40 years.

I am speaking in strong opposition to
***S.B. No. 369 (RAISED) AN ACT CONCERNING AUTHORIZATION FOR THE USE OF FEEDING TUBES AND ANTIPILEPTIC MEDICATIONS IN SCHOOL SETTINGS**

We are extremely concerned with a request to allow a non professional with unsupervised training administer any form of therapy in a school setting with delegation from a outside health practitioner not associated with the school in question. This process violates the "Declaratory Ruling", which requires that the Registered Professional nurse after careful assessment makes the decision as to whether the individual is in fact capable and responsible for the task being delegated. It also places direct responsibility for the individual performing the task on the Registered Professional Nurse.

“Delegation by nurses is defined by the American Nurses Association (ANA) as “transferring the responsibility of performing a nursing activity to another person while retaining accountability for the outcome” (ANA/NCSBN, 2006; National Association of State School Nurse Consultants [NASSNC], 2010). Nurses remain accountable to:

- State laws, rules, and regulations;
- Employer/agency regulations, and
- Standards of professional school nursing practice, including those pertaining to delegation.

The decision to delegate is a serious responsibility that the school nurse determines on a case-by-case basis based on the needs and condition of the student, stability and acuity of the student’s condition, potential for harm, complexity of the task, and predictability of the outcome (ANA, 2005). This assessment will guide the school nurse in determining if the task can be delegated and what level of training and supervision is required for safe delegation for this specific student and assignment (Gursky & Ryser, 2007).”

At a time when top level administrators in the State of Connecticut are working diligently to enhance the student learning outcomes we are attempting to write legislation that devalues the role of the School Nurse in school setting. The value of the school nurse in terms of educational outcomes is supported with data from the Connecticut Health Services Survey. When a school nurse is not present, students usually are sent home and achievement hampered.

Inclusion of students with multiple special needs increases demand that the school nurse have a direct role in the assessment, design and planning, implementation and evaluation of the individual. School nurses are key to the continued health of children in our schools and it is essential that they be the individual who makes decisions for the students in their settings in collaboration with school administration.

In an unstable economy, this is precisely the time to ensure that every child has access to quality health care in school provided by a qualified school nurse. The National Council of School Nurses (NASN) reports “There has been a dramatic increase in the range of medications used in schools, making the medication administration process in school more complex, not less (McCarthy, Kelly, Johnson, Roman, & Zimmerman, 2006). Medication non-adherence at school has been linked to a variety of poor educational, social/emotional and physical outcomes. In addition, non-adherence to medication treatment regimes can lead to an array of educational, behavioral, and academic consequences for a child with chronic health conditions (Clay, Farris, McCarthy, Kelly, & Howard, 2008).”

Further “Policies regarding administration or carrying of any medication or product should be applied consistently with all students. The school nurse should assess each request for administration or student self-administration of any medication based on school district medication policies.

The school nurse can administer medication safely and effectively while adhering to the following set of guidelines that include:

- Adherence to school district specific medication handling and administration procedures/policies, national school nurse standards of practice, state nurse practice acts and state laws governing these practices.
- The administration of a specific medication is in accordance with existing State Board of Nursing rules and regulations, school district policies, school nursing protocols or standing orders.
- District policies must address how over-the-counter (OTC) medications are received, stored, and labeled.
- Procedures must be established and periodically reviewed for receiving, storing, administering, clarifying prescriptive orders, determining the prescribed dosage is within the safe dose range for the child’s age and weight and accounting for all medications held or administered in the school setting.

- District policies must require parental consent for exchange of information between the school nurse and prescriber for clarification of administration and report of response to medication and adverse effects.
- Student confidentiality is maintained in all written and verbal communications, in accordance with FERPA regulations.
- Specific issues and procedures are addressed on a district-by-district basis including medication errors, missed doses, transportation concerns and monitoring unlicensed assistive personnel (UAP) administration (NASN).

“It is the position of the National Association of School Nurses (NASN) that school districts develop written medication administration policies and procedures that focus on safe and efficient medication administration at school by a registered professional school nurse (hereinafter referred to as school nurse). Policies should include prescription and non-prescription medications, and address alternative, emergency, research medication, controlled substances, and medication doses that exceed manufacturer's guidelines. These policies shall be consistent with federal and state laws, nursing practice standards and established safe practices in accordance with evidence based information. The Individuals with Disabilities Education Act, and Section 504, mandate schools receiving federal funding to provide “required related service”, including medication administration (O’Dell, O’Hara, Kiel, & McCullough, 2007)”.

The Nurse Practice Act guides the nurses’ practice and the State Board of Nurse Examiners (SBNE) are responsible for regulation of nursing practice. The goal of this role is to “Protect the Public”. In the interest of “Public Safety” we want the most qualified person making the delegation decision in accordance with the rules and regulations promulgated by the state. Therefore we do not support either concept as presented in this proposed legislation related to tube feeding and epileptic medication administration.

I thank you for your time and I urge you to oppose this proposed legislation.

<http://www.sde.ct.gov/sde/cwp/view.asp?a=2678&Q=320768&pm=1&dsftns=45539>