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HB Bill 5299

AN ACT CONCERNING ANTIEPILEPTIC MEDICATIONS IN SCHOOL SETTINGS

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Greetings Co-Chairs and Members of the Public Health Committee:

As a pediatric nurse practitioner and the president-elect of the Association of School Nurses of CT (ASNC), I appreciate the intent within this proposed bill to “facilitate prompt medicinal response to an epileptic seizure to certain children attending public and nonpublic schools”. This is a personal as well as professional issue for me. My son was diagnosed with a seizure disorder in 3rd grade. We were faced with many daily concerns and worked closely with his school and camp staff to ensure his safety, while also being advocates to ensure his inclusion in appropriate activities and events. Professionally, I am also the Health Coordinator of the ACES school district where we provide safe educational programs for an average of 1,000 special education students per year, many with very complex medical conditions. Although I truly empathize with the basic intent of this bill, I am obligated to respond with the professional objectivity that my role demands, and as such, the following are a brief background, summary of my concerns with the current wording of this bill, and some proposed alternative solutions that might improve the safe and effective care of students with epilepsy in school.

Background:

Epilepsy is a medical condition that produces seizures affecting a variety of mental and physical functions. It’s also called a seizure disorder. When a person has two or more unprovoked seizures, they are considered to have epilepsy.

A seizure happens when a brief, strong surge of electrical activity affects part or all of the brain. One in 10 adults will have a seizure sometime during their life.

Seizures can last from a few seconds to a few minutes. They can have many symptoms, from convulsions and loss of consciousness to some that are ***not always recognized as seizures by the person experiencing them or by health care professionals***: blank staring, lip smacking, or jerking movements of arms and legs.

(<http://www.epilepsyfoundation.org>)

Concerns:

- The proposed wording “...to allow certain unlicensed persons to administer antiepileptic medication...” makes it very difficult to determine the appropriateness of the unlicensed person to administer the

antiepileptic medication without specifying the type and route of administration. Other current CT legislation that allows the delegation of medications to unlicensed persons clearly specifies the exact medication and how it is to be administered, i.e. epinephrine autoinjectors.

- These medications are an evolving field, with new options being tested and approved on an ongoing basis. Currently the routes of administration for emergency antiepileptic medication include oral, nasal, rectal, and intravenous. This proposed bill does not specify which of these administration routes would or would not be appropriate for the qualified school nurse to “authorize” a “surrogate” to administer.
- Another important consideration is that the vast majority of these medications are benzodiazepines, like valium, ativan, and versed. These are all controlled substances and have significant side effects, abuse potential, and drug interactions.
- Also lacking is specification that a medication authorization in accordance with current CT regulations is required. A school nurse cannot legally delegate any medication without an authorization from a qualified health care provider and the parent/guardian.
- Lastly, the very nature of epilepsy and the varied and often subtle manifestations of seizure activity can be challenging for health care providers to recognize and assess, let alone “certain unlicensed persons”. This proposed bill does not include any reference for how anyone is supposed to determine what is considered an “epileptic seizure” and its “required medication in a timely manner”. In our district we have students who have multiple seizures everyday and don’t require emergency interventions and we have students who require rectal Diastat and 911 for the one seizure they might have if it lasts more than 5 minutes.

Proposed options:

- The ability for a qualified school nurse, let alone any other school staff, to determine the appropriate course of action for a student who may be experiencing a seizure is primarily dependent on the student’s *seizure action plan*, which is determined by the student’s health care provider, usually a pediatric neurologist. The Epilepsy Foundation supports the use of the *seizure action plan*, especially in school and is considered an integral component of the student’s Individual Health Care Plan (IHCP). However, there is currently no legislation or regulation that requires that students with epilepsy have a *seizure action plan*, and many students attend school without one. I propose that before we continue to discuss who can administer emergency seizure medication, we first require that these students have their individualized *seizure action plan* in school so they can be used in conjunction with their medication administration authorizations to ensure their safe and appropriate treatment. How is a nurse, let alone an unlicensed school staff, to know when this medication is indicated without the type of clear parameters that the health care provider identifies in a *seizure action plan*? Attached is a sample of the Epilepsy Foundation’s *seizure action plan*.
- I would also like to propose that, once we ensure individual plans are in place, the potential list of routes of administration be narrowed to those that are reasonably safe and appropriate. My colleagues have submitted detailed testimony describing the technique involved in administering rectal Diastat, a form of valium. Adding to the complexity of inserting and injecting a rectal device is the fact that this would be done under very difficult conditions, during a prolonged seizure of unpredictable physical manifestations, and at a location that may be unavoidably public.

In conclusion, I support the advocacy of access to emergency medication and treatment for any student health condition. However, I do oppose this bill based on the previously stated points, and would like to work with this committee to strategically plan related school health legislation that systematically improves the potential for safe and effective care of all our students. I propose that legislation regarding *seizure action plans* is a simple and no-cost alternative that can provide the foundation for subsequently examining the potential for which types of emergency seizure medication may be appropriate for the qualified school nurse to delegate.

Respectfully Submitted,

Michael Corjulo APRN, CPNP, AE-C



SEIZURE ACTION PLAN

Effective Date _____

THIS STUDENT IS BEING TREATED FOR A SEIZURE DISORDER. THE INFORMATION BELOW SHOULD ASSIST YOU IF A SEIZURE OCCURS DURING SCHOOL HOURS.

Student's Name: _____ Date of Birth: _____
 Parent/Guardian: _____ Phone: _____ Cell: _____
 Treating Physician: _____ Phone: _____
 Significant medical history: _____

SEIZURE INFORMATION:

<i>Seizure Type</i>	<i>Length</i>	<i>Frequency</i>	<i>Description</i>

Seizure triggers or warning signs: _____

Student's reaction to seizure: _____

BASIC FIRST AID: CARE & COMFORT:

(Please describe basic first aid procedures)

Does student need to leave the classroom after a seizure? YES NO
 If YES, describe process for returning student to classroom _____

Basic Seizure First Aid:

- ✓ Stay calm & track time
 - ✓ Keep child safe
 - ✓ Do not restrain
 - ✓ Do not put anything in mouth
 - ✓ Stay with child until fully conscious
 - ✓ Record seizure in log
- For tonic-clonic (grand mal) seizure:**
- ✓ Protect head
 - ✓ Keep airway open/watch breathing
 - ✓ Turn child on side

EMERGENCY RESPONSE:

A "seizure emergency" for this student is defined as: _____

Seizure Emergency Protocol: *(Check all that apply and clarify below)*

- Contact school nurse at _____
- Call 911 for transport to _____
- Notify parent or emergency contact
- Notify doctor
- Administer emergency medications as indicated below
- Other _____

A Seizure is generally considered an Emergency when:

- ✓ A convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- ✓ Student has repeated seizures without regaining consciousness
- ✓ Student has a first time seizure
- ✓ Student is injured or has diabetes
- ✓ Student has breathing difficulties
- ✓ Student has a seizure in water

TREATMENT PROTOCOL DURING SCHOOL HOURS: (include daily and emergency medications)

Daily Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Emergency/Rescue Medication _____

Does student have a Vagus Nerve Stimulator (VNS)? YES NO
 If YES, Describe magnet use _____

SPECIAL CONSIDERATIONS & SAFETY PRECAUTIONS: *(regarding school activities, sports, trips, etc.)*

Physician Signature: _____ Date: _____
 Parent Signature: _____ Date: _____