

Michael Corjulo APRN, CPNP, AE-C  
President Association of School Nurses of Connecticut  
Health Coordinator Area Cooperative Education Services (ACES)  
350 State Street North Haven, CT 06473  
203-498-6857  
[mcorjulo@aces.org](mailto:mcorjulo@aces.org)

March 11, 2014

**HB Bill 5521**

**AN ACT CONCERNING THE STORAGE AND ADMINISTRATION OF EPINEPHRINE AT PUBLIC SCHOOLS AND PUBLIC INSTITUTIONS OF HIGHER EDUCATION**

**Education Committee**

Greetings Senator Stillman and Representative Fleischman and members of the Education Committee:

I am the Health Coordinator of the ACES school district, the President of the Association of School Nurses of CT (ASNC), and a practicing primary care pediatric nurse practitioner. I have spearheaded efforts to improve school district food allergy plans, and have worked with state and national allergy experts to format individual student plans that safely address emergency allergy treatment. I am also an Advisory Board Member of the Food Allergy Education Network (<http://foodallergyednetwork.org/mission/>), a CT-based non-profit organization dedicated to the health and safety of children with food allergies. While I fully appreciate that no student should suffer a fatal anaphylactic reaction in school due to the lack of access to epinephrine, and that CT has been one of only six states in the nation that has no stock epinephrine legislation for schools (<http://www.foodallergy.org/advocacy/epinephrine/map>), the following points summarize concerns regarding the wording of this proposed legislation:

- The 2006 PA 05-104 **AN ACT CONCERNING FOOD ALLERGIES AND THE PREVENTION OF LIFE-THREATENING INCIDENTS IN SCHOOL** includes “protocols to prevent exposure to food allergens”, which the American Academy of Pediatrics (AAP), in conjunction with the American Academy of Allergy, Asthma, and Immunology identify as a fundamental component to food allergy management, yet is not addressed in this proposed legislation, despite support from parent advocacy groups.
- Since we know that peanuts and tree nuts are responsible for the majority of potential life-threatening allergies in school-age children, we should consider proposing policy that minimizes exposure to students with known and unknown (the 20-25% of first-time anaphylactic reactions that occur in school) allergies, including recommendations found in the AAP Clinical Report – Management of Food Allergy in the School Setting (<http://pediatrics.aappublications.org/content/126/6/1232.full.pdf+html>)
- “Qualified school professionals” who might be authorized to administer this medication would require a structured training program to reach the level of competency required to ensure student safety. This legislation should specify the minimal requirements of such a training program, and consider how this is to occur in the context of the scope of educational and health-related mandatory trainings required by school staff.
  - Factors involved in training a potentially large group of includes:
    - Being competent in recognizing the need for epinephrine injection, which in the case of food allergy is not always obvious, i.e. itchy ear canals and abdominal cramping can be indicative of anaphylaxis

- Emphasis on prevention of allergic reactions, especially on field trips where students may be exposed to high-risk foods, i.e. Chinese buffets, ice cream and dessert products cross-contaminated with nuts
- Recognize and manage potential side effects
- The appropriate and safe care of the student after administration of epinephrine, including policies that address activation of EMS
- Epinephrine requires storage in stable temperatures, i.e. leaving in a hot or cold car or bus can deactivate the medication
- Epinephrine auto-injectors are expensive (\$90 - \$120 each), and tend to have expiration dates within 12-15 months of distribution.

I respectfully propose that, given these and other complex considerations involved in this issue, the Committee assign this topic to the School Nurse Advisory Council for its next set of legislative recommendations. The Council was created by legislation last year to provide a structured approach to addressing complex school health-related issues, in consideration to the multiple stakeholders invested in providing safe and effective healthcare to students in CT schools.

Section one of Public Act No. 13-187, *An Act Concerning a School Nurse Advisory Council and An Advisory Council on Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections*, calls for the establishment of a School Nurse Advisory Council, effective July 1, 2013. The Council shall advise the Commissioners of Public Health and Education and the joint standing committees of the General Assembly having cognizance of matters relating to education and public health concerning (1) professional development for school nurses, (2) school nurse staffing levels; (3) the delivery of health care services by school nurses **(4) protocols for Emergency Medication Administration** (5) protocols for evaluating certain temporary medical conditions that may be symptomatic of serious illnesses or injuries.

I am confident that the Council can provide the Committees with recommendations that provide a comprehensive and effective approach to addressing the issues regarding food allergy in school and improve the management and safety of students with known and unknown life-threatening food allergies.

Respectfully Submitted,

Michael Corjulo APRN, CPNP, AE-C