

Testimony of **Rachel Alagna of Brookfield, CT** in Support of **HB 6975 AN ACT ESTABLISHING A TASK FORCE TO STUDY LIFE-THREATENING FOOD ALLERGIES IN SCHOOLS**

My youngest daughter, Madeleine Alagna, is severely contact and ingestion allergic to PEANUTS and ALL TREE NUTS, to the extent that Epinephrine should be administered immediately either at the first sign of a reaction or if she is suspected to have ingested any kind of nut. If, after 10-15 minutes an ambulance has not arrived and she is having difficulty breathing, a second injection needs to be administered. And even a prompt reaction as stated above is not a guarantee that she will survive exposure.

Young children have no one to advocate for them on a daily basis in the school environment. This is the only point in their lives that they will be forced to be in such close contact with their allergens with NO recourse if something makes them feel unsafe or uncomfortable.

I have withdrawn my daughter from the **Academy of International Studies in Danbury, CT** due to their poor understanding of food allergies, despite their many reassurances that they were capable of handling such a situation. Both their rules for bus transportation and classroom safety were disheartening; there was no possible way for me to allow my daughter to attend without feeling that her life was at stake on a daily basis.

I have withheld from enrolling my daughter in the **Brookfield Public School** system as well, due to insufficient policies in place to allow her to attend without risking her life.

Due to the nature and severity of the harm that could result from accidental exposure, implementing a nut free environment would certainly be a reasonable accommodation for schools in Connecticut. Peanut and tree nut are the most prevalent food allergy according to the Journal of Pediatrics. And this IS a medical condition, so it should not be exposed by way of segregation to the entire student body. Schools implementing Peanut-Free tables, while a step in the right direction, only increases the likelihood of food allergy bullying as children get older.

A nut free environment protects the patient's rights and privacy – the medical information released by myself and my daughter's physicians is confidential and provided to said school systems for the education and health of the student. This information should not be used in a manner which isolates the child, revealing him/her as medically & socially different from his/her peers. The psychosocial climate is influenced by clear and consistent school policies, supportive behavior by staff and parents, and the opportunity for full participation without jeopardizing a student's safety.

My opinion is that the education of teachers, school professionals, aides, school nurses, the Board of Education, and the entire parent body is of the utmost importance. And there has to be an inclusive way for schools to manage these disabilities. Removing nuts from the environment certainly does not provide a false sense of security – parents of children with life-threatening allergies spend hours on phone calls to companies to try to determine if their products are safe for consumption insofar as issues such as cross contamination, manufacturing procedures, and ingredient sourcing. But the removal of the allergen itself decreases the risk so significantly for these children, that to do otherwise seems negligent. I wouldn't expect –or trust– other parents to dissect labels for the benefit of my child. But I wouldn't feel comfortable sending my daughter to these schools, knowing that she will be so openly and directly exposed to her allergens.

Other issues which I saw lacking in the school environments would be:

- Strict enforcement of a **NO FOOD SHARING** policy.
- My daughter's EpiPen should be steps away from her at all times; in the classroom, in the lunchroom, in the hallways, at recess, **on the bus**, music room, gym, library, etc. The earlier the Epinephrine is administered, the less likely a reaction is to be fatal. These children should be learning as early as possible that wherever they go, their Epinephrine goes with them.
- Training of all staff in the administration of Epinephrine and Food Allergy awareness should be mandatory. If possible, extra Epinephrine should be available in the school in the event that an undiagnosed child has a reaction; this could mean the difference between life and death, as an anaphylactic allergy can present itself at any point in a person's life.
- The student body and their parents should be educated on the subject of Food Allergies & Anaphylaxis, with a focus on the necessity to be a part of the movement to keep their friends and classmates safe; students have a role to play in this as well. With so many food "intolerances" and special diets, many parents don't understand that nut exposure doesn't just cause a rash or a stomach ache.
- Students should wash hands upon arriving at school, as well as after snack and lunch.
- School run events should also maintain a nut free mentality so that all students may safely attend and participate.

While I understand my beliefs may sound extreme to those who are not personally familiar with the horrific and deadly effects these allergies can produce, they are a fact of daily life for Madeleine and all of her peers who suffer from life-threatening allergies. This is particularly important in an Elementary & Middle School setting, when children don't truly understand the severity of the allergy or the permanence of death. The children who suffer from these allergies will never be able to go to a bakery or ice cream parlor, or attend birthday parties, carnivals, meals at restaurants, egg hunts, trick-or-treating, or even playdates in the same carefree manner as their peers. But they do have a federally protected right to safety and inclusion in the public schools. Although these conditions, if implemented, may be met with anger and rebellion, the right to the life and safety for the allergic child takes precedence over a popular childhood food item, and could well prevent the trauma of the entire student body – and faculty – having to witness the anaphylactic shock, and possibly the death, of a child, friend, and student.

Rachel Alagna

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