



Connecticut Education Association
Before the
Public Health Committee

Raised Bill 5460

RE: An Act Concerning the Administration of Glucagon in Schools

March 2, 2016

Good afternoon Senator Gerratana, Representative Ritter, and members of the Public Health Committee. My name is Bob Namnoum, an appointee to Connecticut's Nonstate Public Health Advisory Committee and a UniServ Representative for the Connecticut Education Association. CEA represents 43,000 members who are active and retired teachers across the state. We are testifying today against ***Raised Bill 5460 An Act Concerning the Administration of Glucagon in Schools***

CEA employs UniServ Representatives who work day-to-day with local affiliate associations and their members. We provide many professional services from coordinating professional development activities to negotiating contracts and terms of employment. In this latter role, we frequently confront health issues of students and the role teachers play in providing the proper care for those students in need of medications during the school day.

CEA does not support this bill for it makes a major change in the original statute by changing the role of teachers in responding to medical needs of students in their care. In the current law, which CEA testified in support in 2014, teacher participation was voluntary. In this proposal, the section

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deletes the phrase “qualified school employee voluntarily agree to serve...” which means any teacher can be designated as a qualified school employee charged with the responsibility of administering medications to a student in a medical emergency.

Back in 2014, CEA testified before the Education Committee on HB 551 which was the basis for the current law found in Section 10-212a. At the time the bill was thoroughly vetted by the Education Committee and also agreed upon that participation by teachers would be voluntary.

Furthermore, a committee was created, the Connecticut Nonstate Public Health Advisory Committee, to carefully review the language of the bill prior to becoming law. Members of the committee comprised Supervisors of Nursing units in public schools, a superintendent of schools, members of Boards of Education, representation from American Federation of Teachers and the Connecticut Education Association and CAFE. As the representative for CEA, I can testify the discussion of the voluntary participation by teachers in administration of medicines of this nature was consistent in its view and the current law reflects a unanimous agreement of the members of the Committee: participation was to be voluntary.

One only has to look at the addition of glucagon as to the further importance of teachers’ volunteering to perform this medical task. One only has to review the Mayo Clinic Web page to learn the following regarding injection of glucagon.

“Dosing: Glucagon is packaged in a kit with a vial of powder containing the medicine and a syringe filled with liquid to mix with the medicine. Directions for mixing and injecting the medicine are in the package. Read the directions carefully and ask your health care professional for additional explanation, if necessary.

If it becomes necessary to inject glucagon, a family member or friend should know the following:

- After the injection, turn the patient on his or her left side. Glucagon may cause some patients to vomit and this position will reduce the possibility of choking.
- The patient should become conscious in less than 15 minutes after glucagon is injected, but if not, a second dose may be given. Get the patient to a doctor or to hospital emergency care as soon as possible because being unconscious too long can be harmful.”

As one can conclude, this drug is vastly more complicated than the injection of an epi-pen. For this reason alone it would make sense that only a teacher who elects to have such a responsibility be charged with administering this drug. CEA will not support any bill that requires a teacher to administer any medications to students.