

November 22, 2016

Education Committee  
Room 310, Legislative Office Building  
Hartford, CT 06106

RE: Substitute House Bill No. 5521, Public Act No. 14-176, An Act Concerning the Storage and Administration of Epinephrine at Public Schools

To whom it may concern,

Allergy & Asthma Network (“Network”) is the nation’s leading nonprofit dedicated to ending needless death and suffering due to asthma, allergies and related conditions through outreach, education, advocacy and research. The Network works closely with states and state school nursing organizations to promote appropriate, safe and effective care for students in a school setting. Connecticut has long been a leader in school health, however the Network has concerns regarding Substitute House Bill No. 5521, Public Act No. 14-176, *An Act Concerning the Storage and Administration of Epinephrine at Public Schools*.

- The “opt-out” option in the 2014 stock epinephrine bill creates some legal and ethical issues for school nurses. While parental control is important, it is not reasonable to ask a nurse or any school personnel trained to give available epinephrine to not administer this life-saving drug and watch as a student dies.
- State Department of Education guidance should be updated to reflect current evidence-based practice, including:
  - Not serving peanut, tree nut, and shellfish products in cafeteria – which also promotes lunch-time inclusion for food allergic students who can then sit with any of their peers who get lunch at school
  - Not using food for celebrations or rewards
  - Evaluating students with food allergies for 504 plans
  - Promoting emergency allergy plans that specify epinephrine as the first-line medication rather than antihistamine (i.e., Benadryl). Current guidance from the leaders in the field support “epinephrine first and epinephrine fast” as the first line and ONLY treatment for anaphylaxis, a life-threatening allergic reaction.
- We believe that every student should have access to a qualified school nurse every day. There is no shortage of school nurses, just a shortage of funded school nursing positions. School nurses bring the skills of care coordination, leadership, quality improvement and community and public health nursing to our most vulnerable population - our children.
  - Eight percent of all children have a food allergy, with almost 40% having a history of a severe reaction (Gupta, et al., 2011). The

prevalence of food allergy among children under the age of 18 increased 18% percent from 1997 to 2007 (Branum & Lukacs, 2008).

- Peanut allergy doubled in children from 1997-2002 (Sicherer et al, 2003). Fatal food anaphylaxis is most often caused by peanuts (50-62%) and tree nuts (15-30%) (Keet & Wood, 2007).
- In a survey of school epinephrine administration, approximately 25% of had no previous food allergy diagnosis. (McIntyre, Sheetz, Carroll, & Young, 2005).

The unintended consequences of the Connecticut guidelines are too great as the matter of life and death is weighed. School nurses bring assessment skills to our children where they spend most of their day and can provide preventative and direct care to allow them to fully access their educational program and lead healthy and productive lives.

Thank you for your consideration of these comments.

Sincerely,  
Tonya Winders  
President and CEO