

Testimony of
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as reported to
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In Opposition to L.D. 1491
An Act to Allow Trained, Nonmedical Employees in Schools to Administer Emergency Medications
Sponsored by Representative Justin Chenette
Before the Joint Standing Committee on Education and Cultural Affairs

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Diastat administration by the unlicensed person is not safe for anyone.

As the school nurse in a school of about 280 students, I care for students with a variety of health conditions on a daily basis. These health conditions include chronic migraines, severe food allergies, diabetes, seizures and many others. Eight of my students either have a history of seizures or have an active diagnosis of a seizure disorder.

One of my students has had a seizure disorder since birth. This has resulted in many doctors' visits, tests, scans and medication changes to keep her seizures under control. When she has episodes of seizures, she often is often seen in the emergency room. For much of her life she has been surrounded by healthcare professionals trying to keep her healthy and safe.

Over the past five months, I have witnessed this student experience multiple seizures. The seizure activity has ranged from an absence seizure, where the student seems not to be paying attention and stares off into space (absence seizures are characterized by a brief loss and return of consciousness, generally not followed by a period of fatigue) to a much more significant seizure event sometimes called a "grand mal seizure." During a grand mal seizure the student exhibits tonic/clonic muscle activity, is not conscious and is seen thrashing about with no ability to control her movements. A grand mal seizure in this student requires emergency medication and transportation to the hospital by ambulance. Twice now I have administered Diastat rectally to this student and three times I have had the student transported to the hospital by ambulance.

Before rectal Diastat is administered to this student or to any other person, a determination must be made that a seizure is, in fact, occurring. Not all seizures look alike and they may manifest in various ways. Determining if seizure activity is occurring is not straightforward. The unlicensed person does not have the professional education needed to make this determination. An assessment made by a nurse or other licensed health care provider is needed to verify that what is being observed is consistent with seizure activity.

I am optimistic that sharing the following examples from my professional experiences as a school nurse will help to illustrate why L.D. 1491 does not provide safe delivery of care to students with seizure disorders.

1. I was called to the student's classroom because she was showing what the educational technicians felt were seizure-like symptoms. Upon my arrival I found the student on a beanbag on the floor. She was unresponsive to verbal stimuli and staring off and was not having muscle spasms or jerking movements. Within less than a minute she had regained consciousness. At this point, the student was tired and needed to rest. Her parents were notified and she was able to finish her day at school as per her healthcare plan. She had experienced an absence seizure and did not require Diastat administration.

2. The student was running and playing at recess, when she suddenly stopped, and began to seize. The educational technician was able to get her to the ground safely and call for help. When I arrived the student was on the ground having tonic clonic muscle activity. She was unresponsive to verbal or physical stimuli. In adhering to her health care plan and since the duration of the seizure was more than three minutes, 911 was called and the next step on the plan was to administer Diastat. I pulled the student's pants down so that I could visualize her rectal area and I proceeded to administer Diastat rectally. This administration was happening while the student was actively seizing and still exhibiting generalized tonic and clonic muscle activity.

During the Diastat administration process, my professional knowledge informed my other interventions:

- keeping her safe and attempting to prevent her from injuring herself
- insuring that she was positioned on her side so that if she vomited she would not aspirate thereby potentially having a compromised airway
- clearing the area of other students to attempt to insure her privacy and personal integrity.

Until the arrival of emergency personnel and the ambulance, it was vital that I continue to monitor this student and respond appropriately to any other health consequences of the seizure or of the Diastat administration. Intervening in this situation required various nursing assessments and the execution of many activities simultaneously. To expect that an unlicensed individual could negotiate this process is not realistic. Of note is that on one occasion, when the student had been actively seizing for over 3 minutes, I was unable to safely administer the rectal Diastat because the student had become combative.

3. I was called to the student's classroom because the educational technician was unsure if the student was having a seizure. I found the student laying on the beanbag and when I observed the student I knew immediately that she was not having a seizure. She was "pretending" to have a seizure as she has done on other occasions. She was responsive to verbal and physical stimuli and was able to make quick eye contact. Her speech was clear and intelligible. She was also resting calmly and being silly, which for this student is a good indication she is feeling well. Had a registered nurse not been there to assess the student she may have received rectal Diastat unnecessarily, putting her at risk for one or more of the drug's potential side effects. She would have also been transported to the hospital. This event would have been reported as a seizure

when it really was not, thereby giving false information to her health care team. Her doctors would not have received accurate information upon which to rely in making medication changes and treatment plans.

In Maine, a School Nurse is a registered nurse, who has a professional education, holds a professional license and is certified by the Maine Department of Education to provide healthcare to students in school. The role of making health care assessments and administering medication rectally to a seizing student should be the responsibility of the nurse and this role cannot and should not be delegated to the unlicensed individual.

A four year college education and years of practical experience in the healthcare field have given me the skills and knowledge necessary to intervene in an emergency situation. School nurses or other licensed health care professionals should be rendering health care, not unlicensed individuals. L.D. 1491 establishes circumstances where the health of students in Maine schools may be potentially jeopardized and I fear that more harm could be done as a result of this legislation. I urge you **NOT** to vote in favor of L.D. 1491.