

**Letter of Opposition**

**Bill S04650 2021-22 Session Bill A08049**

**Sponsored by**

**Senator Mannion Assemblyman Hunter**

**AN ACT to amend the education law, in relation to allowing for unlicensed personnel to administer seizure rescue medication**

**NYSASN’s Position:**

The mission of the New York State Association of School Nurses (NYSASN) is to advance the practice of school nursing and enhance the educational success of students by promoting quality health services. NYSASN advocates for our students and for more than 5,000 school nurses that are practicing in New York State.

We, the Board of Directors of the New York State Association of School Nurses, wish to voice our opposition to the passage of New York State bills S04650 and A08049 as it will hinder the quality of health services for our students in New York. These bills allow for unlicensed personnel to administer certain seizure rescue medication in schools, on school grounds and at school events; and provide that such medicine may be left with a school health official to be used as needed.

**Background:**

The National Association of School Nurses as well as the American Academy of Pediatrics recommends every student with seizures have an individualized healthcare plan (IHP) which includes a seizure action plan, ideally written by the school nurse. Student safety depends on accurate assessment of the student condition prior to, during and after any treatment for a seizure. Registered Professional Nurses (RNs) have the knowledge and skill to accurately assess students who are exhibiting seizure activity and act accordingly as per an individualized health care plan. **The most appropriate and safe method for the administration of rescue medications to treat students having a seizure are by an RN or Licensed Practical Nurse (LPN) acting under the direction of an RN.**

There are approximately 26,600 children aged 0-17 in New York State who live with epilepsy. Seizures, which can lead to a diagnosis of epilepsy, are individualized events, unique to each person, and variable in their presentation and duration. Students with severe epilepsy are eligible for special education services as outlined in their Individualized Education Program (IEP) or Section 504 Plan, and, if deemed necessary, skilled nursing services may also be ordered as part of their IEP. Knowledge of an individual student’s seizure pattern and an understanding of seizures in general is necessary for maintaining student safety in the school setting.

While most seizures are self limiting, and last from seconds to less than five minutes, seizure rescue medications are prescribed for use when seizures last for an extended period of time (usually more than five minutes) in situations known as status epilepticus or when a person is experiencing acute repetitive seizures known as seizure clusters. Not all persons with an epilepsy diagnosis will be prescribed emergency rescue medication. A student’s seizure action plan (SAP) provides the necessary guidelines recommended by the healthcare provider for when a student returns to the classroom, when to call emergency services and when to administer emergency medication.

**Implications for Students:**

Medications used for seizure rescue include midazolam (Versed) and diazepam (Valium), both from the drug classification benzodiazepine, and are classified as a Schedule IV controlled substance. These medications are strong central nervous system depressants and can have side effects such as respiratory depression and excessive sedation, among others.

Medical intervention of the seizure event does not end upon administration of the rescue medication. A student who is recovering from a seizure may display symptoms similar to these side effects in the postictal (phase when the seizure subsides until the student returns to baseline) period. It is important for the student to be monitored and assessed for complications resulting from either the seizure or the rescue medication in the period immediately following medication administration.

While having a seizure, a student is not self-directing, nor able to self-administer a rescue medication. Unlike an anaphylactic episode, a student is not conscious while actively having a seizure. This medication cannot be self administered in the manner prescribed as outlined in the bill's language. In addition, there is a serious concern, and it is not best practice, to allow students to carry any controlled substance whether it is a daily medication or a rescue medication, especially at the secondary level, where abuse due to diversion of the medication is a possibility.

In addition, school nurses must consider several factors before a task is delegated to unlicensed personnel: the complexity of performing the task; the nature and predictability of the outcome; the medical stability of the student; and, potential to do harm to the student receiving the intervention. The delegate should be CPR certified. Selecting a delegate requires the professional judgment of the school nurse and is not a simple task of offering training to any school personnel available. It requires periodic assessment of the delegate's competence and ultimately the school nurse retains accountability for the outcome taken by the non-licensed individual. While the proposed legislation aims to provide rescue medication available to a student when a school nurse may not be in attendance, it is important to understand that school nurses are invested in the healthcare needs of students, while non-licensed personnel are focused on other aspects of a student's learning environment. For the welfare and safety of our students, there should be no substitute for medical services provided by school nurses in the educational setting.

**Conclusion:**

The New York State Association of School Nurses believes that the most appropriate and safest method of administration of midazolam or diazepam, regardless of route, is by a Registered Professional Nurse or a Licensed Practical Nurse under the supervision of an RN. While it may appear that the administration of a rescue nasal medication is a simple task to delegate, it is a complex situation in the school setting. NYSASN requests that proposed bills S04650 and A08049 be rejected.

Bibliography:

Adam L. Hartman and Cynthia Di Laura Devore, “Rescue Medicine for Epilepsy in Education Settings,” *Pediatrics* 137, no. 1 (December 28, 2015): e20153876, https://doi.org/10.1542/peds.2015-3876.

Dean, Patricia, Kathryn O’Hara, Lai Brooks, Ruth Shinnar, Genei Bougher, and Nancy Santilli. 2021. “Managing Acute Seizures: New Rescue Delivery Option and Resources to Assist School Nurses.” *NASN School Nurse* 36 (6): 346–54. https://doi.org/10.1177/1942602x211026333.

“Delegation in the School Setting: Is It a Safe Practice?” n.d. Ojin.nursingworld.org. Accessed March 5, 2022. https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol152010/No2May2010/Delegation-in-the-School-Setting.html.

“Diazepam: Side Effects, Dosage, Uses, and More.” Medical News Today. MediLexicon International. Accessed March 3, 2022. https://www.medicalnewstoday.com/articles/diazepam-oral-tablet.

“Highlights of Prescribing Information.” n.d. Accessed March 5, 2022. https://www.valtoco.com/sites/default/files/pdf/Prescribing\_Information.pdf.

Patterson, Eric, MSCP, NCC, LPC Last updated on February 19, "last Reviewed": "2021-02-19T13:27:46", name": "Eric Patterson, MSCP, et al. n.d. “Diazepam Abuse | Signs, Symptoms & Effects of Valium Abuse.” DrugAbuse.com. https://drugabuse.com/benzodiazepines/valium/.

“Valium Addiction and Abuse - Diazepam Addiction.” 2011. AddictionCenter. 2011. Accessed March 3, 2022 <https://www.addictioncenter.com/benzodiazepines/valium/>.

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