2/11/2025  
Dear Commissioner Robert Goldstein, MD, PhD and Members of the Public Health Council,  
  
Please close your eyes and imagine this scenario if you can bring yourself to do so….It’s a normal Tuesday morning and you hear an overhead for an emergency school lockdown due to an active shooter. You are the teacher in an elementary school for children in grades two, three and four. Stress is high. People are frightened. Children are crying. Everyone is running to barricade in their classrooms with doors locked and children/teachers hiding. Now picture one of your students with type 1 diabetes begins having a medical emergency. She was dosed with insulin before the active shooting happened but now she is unable to eat due to the circumstances. She is a loved student; a friend to many. Funny, smart and has her whole life ahead of her. She is laying on the floor, has lost consciousness and is now having a seizure. Her glucose monitor is alarming critically low. She is experiencing a hypoglycemic emergency and she cannot rescue herself due to the cognitive and physical effects of low blood sugar. All she needs is a nasal form of glucagon, called baqsimi, sprayed in her nostril to save her life. Unfortunately for her and the 27 other children watching her terrified, the nurse is locked in another room and unable to render aid. There are two other perfectly capable adults in the classroom including yourself.  Due to restrictive Massachusetts regulations, you are unable to render emergency care and provide her with this life saving medication. She dies there in the classroom.

This terrifying situation is a potential reality in public schools in Massachusetts.

My name is Kelly Wietecha and I am a Registered Nurse and also the mother to a 7 year old named Caroline Wietecha who lives with Type 1 Diabetes. Caroline was diagnosed shortly after her third birthday. In just over 4 years Caroline has begun to learn how to check her blood sugar, change her continuous glucose monitor device, read nutrition labels and calculate carbohydrates to dose herself with insulin by using her insulin pump. One thing Caroline cannot do, unfortunately, is save her own life in the event of a true hypoglycemic emergency. Caroline is dependent on caregivers for life saving treatment to prevent seizures, brain damage and even death if not promptly treated.

Every day when my husband and I send Caroline to school, in the back of our minds is always the worry “Who can save Caroline’s life when we aren’t physically able and present?”  
Unfortunately, in public schools across the commonwealth, only a school nurse is able to administer this life saving medication-glucagon. This medication is available in a variety pre dosed forms, including intramuscular and intranasal. There are zero serious adverse effects even if given incorrectly or at the wrong time, yet if not given, the results can be deadly.

In the event of a school lockdown where a nurse or 911 emergency personnel are unable to access my daughter, legally no other staff members are allowed to intervene to save her life. This is unacceptable and unnecessary and puts her life in danger. This needs to change and it needs to change now! The power is in your hands.

If parents are able to receive a crash course in this life saving treatment within minutes of diagnosis, why can’t school teachers or other staff learn the necessary steps to save the life of children such as my daughter? Why is this not the standard of care? Massachusetts is behind the times in emergency medication administration and needs to urgently revisit this topic.

Please make this very important change to protect the lives of the medically vulnerable. Please make this very important change to keep my daughter safe at school 100% of the time. Please make this very important change so that nobody working in public schools must choose between protecting their job or saving the life of a child.  
  
Thank you for your consideration  
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