**From:** Rebecca Deaton

**To:** [DPH-Testimony, Reg (DPH)](mailto:RTestimony@MassMail.State.MA.US)

**Subject:** Fwd: Written statement regarding the revision of 105 CMR 210

**Date:** Thursday, February 13, 2025 3:04:09 PM

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Hello,

I am writing with comments both as a school nurse and the parent of two Type 1 Diabetics. Managing Type 1 children is a round the clock, ever changing task that is shared by caregivers, school nurses, and the children themselves. The restriction of care for T1D children in schools significantly impacts all parties involved and increases the burden we already bear. Despite the ability for us to train unlicensed personnel to administer Epinephrine and Narcan and to delegate a host of other medications, only a school nurse may adminster lifesaving medication for diabetic students. This means that there is a potential for delay in administering lifesaving medication in the event of a hypoglycemic event. It also means that schools are required to send registered nurses along for all field trips and school sponsored events where a T1D student is attending so that rescue medication can be present. Allowing school nurses to train unlicensed personnel in the administration of glucagon in all its forms would truly be a movement toward fair and equitable care. It would relieve the strain put on parents to attend field trips as well as the pressure put on nurses as the sole medical providers in each school building. It would also relieve some of the financial pressure put on schools to provide per diem nurses on field trips and after school events. As we have heard during the public hearing this afternoon, the ability to train unlicensed personnel in the use of glucagon is supported not just by parents and school nurses but by physicians and other medical professionals in the diabetes community.

Lastly, but aligned with my above comments, there should be the consideration of seizure rescue medications. Many of the comments above hold true for epileptic students due to the limitations on training or delegating seizure rescue medication.

By expanding 105 CMR 210 to allow unlicensed personnel in schools to be trained in the use of both diabetes and seizure rescue medications, DPH would be improving the ability for schools to keep children safe and mitigate some of the school nurse staffing challenges we currently face, as well as provide parents and caregivers peace of mind that their students have access to lifesaving medication no matter where they are during school hours.

Thank you for your consideration. Regards,

Rebecca Deaton

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