

My name is Deborah Findley and I am from Westport, CT. My testimony here today comes from my experiences in the role of Mother, advocate and School Nurse. My first role is as mother to Colin who is 18 and allergic to nuts, peanuts and sesame. My second role is as co-chair of the Advocacy Committee for FARE of CT. FARE (Food Allergy Research and Education) is the nation's largest non profit advocacy group for food allergies and the Fairfield County chapter represents over 100 families in Fairfield County. Finally, I am a substitute School Nurse in the Westport Public School system where I have worked for 4 1/2 years.

My story begins with my role as mother: When Colin was three years old, a friend offered him a cookie. After he took a bite, he reached for his throat and said "Mommy, I feel chokable." We were luckier than I can say that day because the Benadryl that I gave Colin was enough to reverse the reaction. I didn't know then that food allergies could be unpredictable. I didn't know that if individuals waited too long before receiving Epinephrine, they can go past a point of no return and then no amount of Epinephrine or medical intervention is effective. For many years we were able to keep Colin safe from allergen exposure. Then when he was 16 and on a college visit our luck ran out. We arrived late to a hotel one night and I ordered room service. I personally discussed Colin's allergies and the ingredients of the meal with the chef on the phone and he assured me the cheeseburger was safe. When the burger arrived Colin took one bite and realized something wasn't right. We later discovered that a mistake had been made and a veggie burger filled with cashews had been sent to our room in place of the cheeseburger. Colin immediately injected himself with Epinephrine and as we made our way to the hospital his swelling throat began to ease and we began to relax a little, hoping that he would be monitored briefly and sent on his way. But how wrong we were... it was about to be the longest and scariest night of our lives. After an hour of feeling better, Colin began experiencing what is known as a biphasic reaction. Biphasic reactions can occur in individuals from 1-8 hours after the initial reaction and they can require a second dose of Epinephrine. In Colin's case he began having difficulty breathing, suffered from severe nausea and his entire body was covered in hives. It was clear on the faces of the physicians and caregivers attending to Colin that they had deep concerns about his condition. The second dose of Epinephrine was administered and with some very effective treatments and good medical care we were grateful to leave the hospital the next morning with our Colin. I am convinced that given Colin's severe reaction that night, if he had not had an Epinephrine auto injector and been forced to wait for an Emergency Medical Response team or for a visit to the Emergency Room, the reaction would have been fatal.

1 in 13 children suffer from food allergies and as a school nurse I am constantly on alert for reactions. Chicago Public Schools recently adopted a stock Epinephrine program called Epipen4schools and some very powerful statistics were recently revealed: for the 2012-2013 school year alone 38 stock Epinephrine were administered to individuals and of those, 22 did not previously know they had an allergy. A three-year Massachusetts study showed the 24% of allergic reactions in schools were in previously undiagnosed individuals. On one occasion I recently

treated a ten-year-old student with Epinephrine for a reaction to peanut butter that was in a pancake another student shared with him. He was lucky to have Epinephrine prescribed and available in the health office and his stomachache and swelling throat were quickly treated and he was transported to the hospital. Other children like Amarria Johnson, a 7 year old who died of a peanut allergy at a school in Virginia and Katelyn Carlson who died of a peanut allergy in a Chicago School weren't so lucky. There was no Epinephrine available for them at school and by the time it was administered by Emergency Medical Services it was too late.

More than 30 other states have passed legislation to provide emergency access to Epinephrine in schools. I urge this committee to approve this bill. You may be responsible for saving a life.