



**Substitute House Bill No. 5348**

**Public Act No. 12-198**

**AN ACT CONCERNING THE ADMINISTRATION OF MEDICINE TO STUDENTS WITH DIABETES, THE DUTIES OF SCHOOL MEDICAL ADVISORS, THE AVAILABILITY OF CPR AND AED TRAINING MATERIALS FOR BOARDS OF EDUCATION AND PHYSICAL EXERCISE DURING THE SCHOOL DAY.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Section 10-220j of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) No local or regional board of education may prohibit blood glucose self-testing by children with diabetes who have a written order from a physician [or an advanced practice registered nurse] stating the need and the capability of such child to conduct self-testing. No local or regional board of education may restrict the time and location of blood glucose self-testing by a child with diabetes on school grounds who has written authorization from a parent or guardian and a written order from a physician stating that such child is capable of conducting self-testing on school grounds.

(b) The Commissioner of Education, in consultation with the Commissioner of Public Health, shall develop guidelines for policies and practices with respect to blood glucose self-testing by children pursuant to subsection (a) of this section. Such guidelines shall not be

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construed as regulations within the scope of chapter 54.

Sec. 2. Section 10-212a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) (1) A school nurse or, in the absence of such nurse, any other nurse licensed pursuant to the provisions of chapter 378, including a nurse employed by, or providing services under the direction of a local or regional board of education at, a school-based health clinic, who shall administer medical preparations only to students enrolled in such school-based health clinic in the absence of a school nurse, the principal, any teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, or coach of intramural and interscholastic athletics of a school may administer, subject to the provisions of subdivision (2) of this subsection, medicinal preparations, including such controlled drugs as the Commissioner of Consumer Protection may, by regulation, designate, to any student at such school pursuant to the written order of a physician licensed to practice medicine, or a dentist licensed to practice dental medicine in this or another state, or an optometrist licensed to practice optometry in this state under chapter 380, or an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a, or a physician assistant licensed to prescribe in accordance with section 20-12d, and the written authorization of a parent or guardian of such child. The administration of medicinal preparations by a nurse licensed pursuant to the provisions of chapter 378, a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, or coach shall be under the general supervision of a school nurse. No such school nurse or other nurse, principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach or school paraprofessional administering medication pursuant to [subsection] subsections (d) and (e) of this section shall be liable to

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such student or a parent or guardian of such student for civil damages for any personal injuries that result from acts or omissions of such school nurse or other nurse, principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach or school paraprofessional administering medication pursuant to [subsection] subsections (d) and (e) of this section in administering such preparations that may constitute ordinary negligence. This immunity does not apply to acts or omissions constituting gross, wilful or wanton negligence.

(2) Each local and regional board of education that allows a school nurse or, in the absence of such nurse, any other nurse licensed pursuant to the provisions of chapter 378, including a nurse employed by, or providing services under the direction of a local or regional board of education at, a school-based health clinic, who shall administer medical preparations only to students enrolled in such school-based health clinic in the absence of a school nurse, the principal, any teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, or coach of intramural and interscholastic athletics of a school to administer medicine or that allows a student to self-administer medicine, including medicine administered through the use of an asthmatic inhaler or an automatic prefilled cartridge injector or similar automatic injectable equipment, shall adopt written policies and procedures, in accordance with this section and the regulations adopted pursuant to subsection (c) of this section, that shall be approved by the school medical advisor or other qualified licensed physician. Once so approved, such administration of medication shall be in accordance with such policies and procedures.

(3) A director of a school readiness program as defined in section 10-16p or a before or after school program exempt from licensure by the Department of Public Health pursuant to subdivision (1) of

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subsection (b) of section 19a-77, or the director's designee, may administer medications to a child enrolled in such a program in accordance with regulations adopted by the State Board of Education in accordance with the provisions of chapter 54. No individual administering medications pursuant to this subdivision shall be liable to such child or a parent or guardian of such child for civil damages for any personal injuries that result from acts or omissions of such individual in administering such medications which may constitute ordinary negligence. This immunity shall not apply to acts or omissions constituting gross, wilful or wanton negligence.

(b) Each school wherein any controlled drug is administered under the provisions of this section shall keep such records thereof as are required of hospitals under the provisions of subsections (f) and (h) of section 21a-254 and shall store such drug in such manner as the Commissioner of Consumer Protection shall, by regulation, require.

(c) The State Board of Education, in consultation with the Commissioner of Public Health, shall adopt regulations, in accordance with the provisions of chapter 54, determined to be necessary by the board to carry out the provisions of this section, including, but not limited to, regulations that (1) specify conditions under which a coach of intramural and interscholastic athletics may administer medicinal preparations, including controlled drugs specified in the regulations adopted by the commissioner, to a child participating in such intramural and interscholastic athletics, (2) specify conditions and procedures for the administration of medication by school personnel to students, and (3) specify conditions for self-administration of medication by students, including permitting a child diagnosed with: (A) Asthma to retain possession of an asthmatic inhaler at all times while attending school for prompt treatment of the child's asthma and to protect the child against serious harm or death provided a written authorization for self-administration of medication signed by the

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child's parent or guardian and an authorized prescriber is submitted to the school nurse; and (B) an allergic condition to retain possession of an automatic prefilled cartridge injector or similar automatic injectable equipment at all times while attending school for prompt treatment of the child's allergic condition and to protect the child against serious harm or death provided a written authorization for self-administration of medication signed by the child's parent or guardian and an authorized prescriber is submitted to the school nurse. The regulations shall require authorization pursuant to: (i) The written order of a physician licensed to practice medicine in this or another state, a dentist licensed to practice dental medicine in this or another state, an advanced practice registered nurse licensed under chapter 378, a physician assistant licensed under chapter 370, a podiatrist licensed under chapter 375, or an optometrist licensed under chapter 380; and (ii) the written authorization of a parent or guardian of such child.

(d) (1) With the written authorization of a student's parent or guardian, and (2) pursuant to the written order of the student's (A) physician licensed [to practice medicine] under chapter 370, (B) an optometrist licensed to practice optometry under chapter 380, (C) an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a, or (D) a physician assistant licensed to prescribe in accordance with section 20-12d, a school nurse and a school medical advisor may jointly approve and provide general supervision to an identified school paraprofessional to administer medication, including, but not limited to, medication administered with a cartridge injector, to a specific student with a medically diagnosed allergic condition that may require prompt treatment in order to protect the student against serious harm or death. For purposes of this subsection, "cartridge injector" means an automatic prefilled cartridge injector or similar automatic injectable equipment used to deliver epinephrine in a standard dose for emergency first aid response to allergic reactions.

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(e) (1) With the written authorization of a student's parent or guardian, and (2) pursuant to a written order of the student's physician licensed under chapter 370, a school nurse or a school principal shall select, and a school nurse shall provide general supervision to, a qualified school employee to administer medication with injectable equipment used to administer glucagon to a student with diabetes that may require prompt treatment in order to protect the student against serious harm or death. Such authorization shall be limited to situations when the school nurse is absent or unavailable. No qualified school employee shall administer medication under this subsection unless (A) such qualified school employee annually completes any training required by the school nurse and school medical advisor in the administration of medication with injectable equipment used to administer glucagon, (B) the school nurse and school medical advisor have attested, in writing, that such qualified school employee has completed such training, and (C) such qualified school employee voluntarily agrees to serve as a qualified school employee. For purposes of this subsection, "injectable equipment used to administer glucagon" means an injector or injectable equipment used to deliver glucagon in an appropriate dose for emergency first aid response to diabetes. For purposes of this subsection, "qualified school employee" means a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach or school paraprofessional.

Sec. 3. Subsection (a) of section 10-207 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2012*):

(a) Each school medical advisor shall [make a prompt examination of all pupils referred to such medical advisor by the school nurse, teacher, principal or superintendent, and shall interpret to such nurse, teacher, principal or superintendent, and to the parents of each such

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pupil, such medical advisor's findings, with recommendations as to how the pupil should be cared for and what provisions, if any, should be made at the school for the care and welfare of such pupil. Each such school medical advisor shall also make examinations of teachers, janitors and others in the employment of the board of education when requested to do so by the board of education or when, in such medical advisor's opinion, such examinations are necessary for the protection of health, provided such medical advisor shall accept the report of an equivalent physical examination by any reputable physician chosen by such teacher, janitor or other employee in lieu thereof. Such medical advisor shall make such sanitary inspection of school buildings as, in such medical advisor's opinion, is necessary for the protection of the health of pupils. The school medical advisor shall take steps to preserve and improve the health of pupils in accordance with the requirements of the Public Health Code of this state established by the Commissioner of Public Health under the provisions of section 19a-36 or the sanitary regulations in force in such town or district in excluding and readmitting pupils or teachers or other school employees suspected of being ill, or ill, with any communicable disease. In cooperation with the director of health, the school medical advisor shall interpret to teachers and nurses factors dealing with communicable disease control] work with the local or regional board of education that appointed such school medical advisor and the board of health or health department for the school district under the jurisdiction of such board to (1) plan and administer the health program for each school, (2) advise on the provision of school health services, (3) provide consultation on the school health environment, and (4) perform any other duties that may be agreed on by the school medical advisor and the local or regional board of education that appointed such school medical advisor.

Sec. 4. Subsection (d) of section 10-16b of the 2012 supplement to the general statutes is repealed and the following is substituted in lieu

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thereof (*Effective July 1, 2012*):

(d) The State Board of Education shall make available curriculum materials and such other materials as may assist local and regional boards of education in developing instructional programs pursuant to this section. The State Board of Education, within available appropriations and utilizing available resource materials, shall assist and encourage local and regional boards of education to include: (1) Holocaust and genocide education and awareness; (2) the historical events surrounding the Great Famine in Ireland; (3) African-American history; (4) Puerto Rican history; (5) Native American history; (6) personal financial management; (7) training in cardiopulmonary resuscitation and the use of automatic external defibrillators; and ~~[(7)]~~ (8) topics approved by the state board upon the request of local or regional boards of education as part of the program of instruction offered pursuant to subsection (a) of this section.

Sec. 5. Section 10-221o of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2012*):

Each local and regional board of education shall require each school under its jurisdiction to (1) offer all full day students a daily lunch period of not less than twenty minutes, and (2) include in the regular school day for each student enrolled in grades kindergarten to five, inclusive, [a period of] time devoted to physical exercise of not less than twenty minutes in total, except that a planning and placement team may develop a different schedule for a child requiring special education and related services in accordance with chapter 164 and the Individuals With Disabilities Education Act, 20 USC 1400 et seq., as amended from time to time. In the event of a conflict with this section and any provision of chapter 164, such other provision of chapter 164 shall be deemed controlling.

Sec. 6. Section 10-212c of the general statutes is repealed and the

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following is substituted in lieu thereof (*Effective from passage*):

(a) Not later than [January 1, 2006] July 1, 2012, the Department of Education, in conjunction with the Department of Public Health, shall develop and make available to each local and regional board of education guidelines for the management of students with life-threatening food allergies and glycogen storage disease. The guidelines shall include, but need not be limited to: (1) Education and training for school personnel on the management of students with life-threatening food allergies and glycogen storage disease, including training related to the administration of medication with a cartridge injector pursuant to subsection (d) of section 10-212a, and the provision of food or dietary supplements, (2) procedures for responding to life-threatening allergic reactions to food, (3) a process for the development of individualized health care and food allergy action plans for every student with a life-threatening food allergy, (4) a process for the development of individualized health care and glycogen storage disease action plans for every student with glycogen storage disease and such plan shall include, but not be limited to, the provision of food or dietary supplements by the school nurse, or any school employee approved by the school nurse, to a student with glycogen storage disease provided such plan shall not prohibit a parent or guardian, or a person designated by such parent or guardian, to provide food or dietary supplements to a student with glycogen storage disease on school grounds during the school day, and [(4)] (5) protocols to prevent exposure to food allergens.

(b) Not later than [July 1, 2006] August 15, 2012, each local and regional board of education shall: (1) Implement a plan based on the guidelines developed pursuant to subsection (a) of this section for the management of students with life-threatening food allergies and glycogen storage disease enrolled in the schools under its jurisdiction; (2) make such plan available on such board's web site or the web site of

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each school under such board's jurisdiction, or if such web sites do not exist, make such plan publicly available through other practicable means as determined by such board; and (3) provide notice of such plan in conjunction with the annual written statement provided to parents and guardians as required by subsection (b) of section 10-231c. The superintendent of schools for each school district shall annually attest to the Department of Education that such school district is implementing such plan in accordance with the provisions of this section.

Sec. 7. (NEW) (*Effective July 1, 2012*) No claim for damages shall be made against a town, local or regional board of education or school employee, as defined in section 10-222d of the general statutes, for any injury or damage resulting from the provision of food or dietary supplements by a parent or guardian, or a person designated by such parent or guardian on school grounds to a student with glycogen storage disease on school grounds under an individualized health care and glycogen storage disease action plan, pursuant to section 10-212c of the general statutes, as amended by this act.

Approved June 15, 2012