



House of Representatives

General Assembly

File No. 442

February Session, 2012

Substitute House Bill No. 5348

House of Representatives, April 16, 2012

The Committee on Public Health reported through REP. RITTER, E. of the 38th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING THE ADMINISTRATION OF MEDICINE TO STUDENTS WITH DIABETES, THE DUTIES OF SCHOOL MEDICAL ADVISORS, THE INCLUSION OF CPR AND AED TRAINING IN THE PUBLIC SCHOOL CURRICULUM AND PHYSICAL EXERCISE DURING THE SCHOOL DAY.

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

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 Section 10-220j of the general statutes is repealed and the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

3 (a) No local or regional board of education may prohibit or restrict
4 the time and location of blood glucose self-testing by children with
5 diabetes who have a written order from a physician or an advanced
6 practice registered nurse stating the need and the capability of such
7 child to conduct self-testing.

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

12 construed as regulations within the scope of chapter 54.

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 Section 10-212a of the general statutes is repealed and the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

15 (a) (1) A school nurse or, in the absence of such nurse, any other
16 nurse licensed pursuant to the provisions of chapter 378, including a
17 nurse employed by, or providing services under the direction of a local
18 or regional board of education at, a school-based health clinic, who
19 shall administer medical preparations only to students enrolled in such
20 school-based health clinic in the absence of a school nurse, the
21 principal, any teacher, licensed athletic trainer, licensed physical or
22 occupational therapist employed by a school district, or coach of
23 intramural and interscholastic athletics of a school may administer,
24 subject to the provisions of subdivision (2) of this subsection,
25 medicinal preparations, including such controlled drugs as the
26 Commissioner of Consumer Protection may, by regulation, designate,
27 to any student at such school pursuant to the written order of a
28 physician licensed to practice medicine, or a dentist licensed to practice
29 dental medicine in this or another state, or an optometrist licensed to
30 practice optometry in this state under chapter 380, or an advanced
31 practice registered nurse licensed to prescribe in accordance with
32 section 20-94a, or a physician assistant licensed to prescribe in
33 accordance with section 20-12d, and the written authorization of a
34 parent or guardian of such child. The administration of medicinal
35 preparations by a nurse licensed pursuant to the provisions of chapter
36 378, a principal, teacher, licensed athletic trainer, licensed physical or
37 occupational therapist employed by a school district, or coach shall be
38 under the general supervision of a school nurse. No such school nurse
39 or other nurse, principal, teacher, licensed athletic trainer, licensed
40 physical or occupational therapist employed by a school district, coach
41 or school paraprofessional administering medication pursuant to
42 subsection (d) of this section shall be liable to such student or a parent
43 or guardian of such student for civil damages for any personal injuries
44 that result from acts or omissions of such school nurse or other nurse,
45 principal, teacher, licensed athletic trainer, licensed physical or

46 occupational therapist employed by a school district, coach or school
47 paraprofessional administering medication pursuant to subsection (d)
48 of this section in administering such preparations that may constitute
49 ordinary negligence. This immunity does not apply to acts or
50 omissions constituting gross, wilful or wanton negligence.

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

70 (3) A director of a school readiness program as defined in section
71 10-16p or a before or after school program exempt from licensure by
72 the Department of Public Health pursuant to subdivision (1) of
73 subsection (b) of section 19a-77, or the director's designee, may
74 administer medications to a child enrolled in such a program in
75 accordance with regulations adopted by the State Board of Education
76 in accordance with the provisions of chapter 54. No individual
77 administering medications pursuant to this subdivision shall be liable
78 to such child or a parent or guardian of such child for civil damages for
79 any personal injuries that result from acts or omissions of such

80 individual in administering such medications which may constitute
81 ordinary negligence. This immunity shall not apply to acts or
82 omissions constituting gross, wilful or wanton negligence.

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

88 (c) The State Board of Education, in consultation with the
89 Commissioner of Public Health, shall adopt regulations, in accordance
90 with the provisions of chapter 54, determined to be necessary by the
91 board to carry out the provisions of this section, including, but not
92 limited to, regulations that (1) specify conditions under which a coach
93 of intramural and interscholastic athletics may administer medicinal
94 preparations, including controlled drugs specified in the regulations
95 adopted by the commissioner, to a child participating in such
96 intramural and interscholastic athletics, (2) specify conditions and
97 procedures for the administration of medication by school personnel to
98 students, and (3) specify conditions for self-administration of
99 medication by students, including permitting a child diagnosed with:
100 (A) Asthma to retain possession of an asthmatic inhaler at all times
101 while attending school for prompt treatment of the child's asthma and
102 to protect the child against serious harm or death provided a written
103 authorization for self-administration of medication signed by the
104 child's parent or guardian and an authorized prescriber is submitted to
105 the school nurse; and (B) an allergic condition to retain possession of
106 an automatic prefilled cartridge injector or similar automatic injectable
107 equipment at all times while attending school for prompt treatment of
108 the child's allergic condition and to protect the child against serious
109 harm or death provided a written authorization for self-administration
110 of medication signed by the child's parent or guardian and an
111 authorized prescriber is submitted to the school nurse. The regulations
112 shall require authorization pursuant to: (i) The written order of a
113 physician licensed to practice medicine in this or another state, a

114 dentist licensed to practice dental medicine in this or another state, an
115 advanced practice registered nurse licensed under chapter 378, a
116 physician assistant licensed under chapter 370, a podiatrist licensed
117 under chapter 375, or an optometrist licensed under chapter 380; and
118 (ii) the written authorization of a parent or guardian of such child.

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

135 (e) (1) With the written authorization of a student's parent or
136 guardian, and (2) pursuant to the written order of the student's (A)
137 physician licensed under chapter 370, (B) an advanced practice
138 registered nurse licensed to prescribe in accordance with section 20-
139 94a, or (C) a physician assistant licensed to prescribe in accordance
140 with section 20-12d, a school nurse and a school medical advisor may
141 jointly approve and provide general supervision to an identified
142 teacher, principal or school paraprofessional to administer medication,
143 including, but not limited to, medication administered with injectable
144 equipment used to administer glucagon or insulin, to a student with
145 diabetes that may require prompt treatment in order to protect the
146 student against serious harm or death. For purposes of this subsection,
147 "injectable equipment used to administer glucagon or insulin" means

148 an injector or injectable equipment used to deliver glucagon or insulin
149 in an appropriate dose for emergency first aid response to diabetes.

150 Sec. 3. Subsection (a) of section 10-207 of the general statutes is
151 repealed and the following is substituted in lieu thereof (*Effective July*
152 *1, 2012*):

153 (a) Each school medical advisor shall [make a prompt examination
154 of all pupils referred to such medical advisor by the school nurse,
155 teacher, principal or superintendent, and shall interpret to such nurse,
156 teacher, principal or superintendent, and to the parents of each such
157 pupil, such medical advisor's findings, with recommendations as to
158 how the pupil should be cared for and what provisions, if any, should
159 be made at the school for the care and welfare of such pupil. Each such
160 school medical advisor shall also make examinations of teachers,
161 janitors and others in the employment of the board of education when
162 requested to do so by the board of education or when, in such medical
163 advisor's opinion, such examinations are necessary for the protection
164 of health, provided such medical advisor shall accept the report of an
165 equivalent physical examination by any reputable physician chosen by
166 such teacher, janitor or other employee in lieu thereof. Such medical
167 advisor shall make such sanitary inspection of school buildings as, in
168 such medical advisor's opinion, is necessary for the protection of the
169 health of pupils. The school medical advisor shall take steps to
170 preserve and improve the health of pupils in accordance with the
171 requirements of the Public Health Code of this state established by the
172 Commissioner of Public Health under the provisions of section 19a-36
173 or the sanitary regulations in force in such town or district in excluding
174 and readmitting pupils or teachers or other school employees
175 suspected of being ill, or ill, with any communicable disease. In
176 cooperation with the director of health, the school medical advisor
177 shall interpret to teachers and nurses factors dealing with
178 communicable disease control] work with the local or regional board
179 of education that appointed such school medical advisor and the board
180 of health or health department for the school district under the
181 jurisdiction of such board to (1) plan and administer the health

182 program for each school, (2) advise on the provision of school health
183 services, (3) provide consultation on the school health environment,
184 and (4) perform any other duties that may be agreed on by the school
185 medical advisor and the local or regional board of education that
186 appointed such school medical advisor.

187 Sec. 4. Subsection (a) of section 10-16b of the 2012 supplement to the
188 general statutes is repealed and the following is substituted in lieu
189 thereof (*Effective July 1, 2012*):

190 (a) In the public schools the program of instruction offered shall
191 include at least the following subject matter, as taught by legally
192 qualified teachers, the arts; career education; consumer education;
193 health and safety, including, but not limited to, human growth and
194 development, nutrition, first aid, including training in
195 cardiopulmonary resuscitation and the use of automatic external
196 defibrillators, disease prevention, community and consumer health,
197 physical, mental and emotional health, including youth suicide
198 prevention, substance abuse prevention, safety, which may include the
199 dangers of gang membership, and accident prevention; language arts,
200 including reading, writing, grammar, speaking and spelling;
201 mathematics; physical education; science; social studies, including, but
202 not limited to, citizenship, economics, geography, government and
203 history; and in addition, on at least the secondary level, one or more
204 world languages and vocational education. For purposes of this
205 subsection, world languages shall include American Sign Language,
206 provided such subject matter is taught by a qualified instructor under
207 the supervision of a teacher who holds a certificate issued by the State
208 Board of Education. For purposes of this subsection, the "arts" means
209 any form of visual or performing arts, which may include, but not be
210 limited to, dance, music, art and theatre.

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

213 Each local and regional board of education shall require each school
214 under its jurisdiction to (1) offer all full day students a daily lunch

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact:

Municipalities	Effect	FY 13 \$	FY 14 \$
Local and Regional School Districts	STATE MANDATE - Cost	Less than \$10,000 per district	Less than \$10,000 per district

Explanation

Section 1, which allows school boards to let diabetic students test their own blood glucose levels, is not anticipated to result in a fiscal impact.

Section 2, which allows a principal, teacher, or school paraprofessional to administer glucagon or insulin to a diabetic student in the event of an emergency, is anticipated to result in minimal cost to local and regional boards of education. In order to properly train and oversee principals, teachers and paraprofessionals who can administer the medication, additional nursing or medical advisor services will be required. It is anticipated that such services would result in a cost of less than \$5,000 per district.

Section 3 revises and updates school medical advisors' duties, and is not anticipated to result in a fiscal impact.

Section 4 requires that schools offer training in cardiopulmonary resuscitation and the use of automatic external defibrillators. This is anticipated to result in a minimal cost to local and regional boards of education. The bill requires that the training be incorporated in the health and safety curriculum, which is already a requirement.

However, there will be a minimal cost, of less than \$5,000 per district associated with supplies.

Section 5, which requires that kindergarten through fifth grade schools offer twenty minutes physical exercise during each school day, is not anticipated to result in a fiscal impact.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis**sHB 5348*****AN ACT CONCERNING THE ADMINISTRATION OF MEDICINE TO STUDENTS WITH DIABETES, THE DUTIES OF SCHOOL MEDICAL ADVISORS, THE INCLUSION OF CPR AND AED TRAINING IN THE PUBLIC SCHOOL CURRICULUM AND PHYSICAL EXERCISE DURING THE SCHOOL DAY.*****SUMMARY:**

This bill allows an identified teacher, principal, or school paraprofessional to administer medication, including glucagon or insulin injections, to a student with diabetes in an emergency. The principal, teacher or paraprofessional must have a written authorization from the student's parents and a written order from a Connecticut-licensed physician, advanced practice registered nurse (APRN), or physician assistant.

Current law already allows a principal or teacher, along with other specified school personnel, to give any student medication in the absence of the school nurse, with the written authority of the student's parents and according to a written order from a specified health practitioner. But, under current law, an identified school paraprofessional may give medicine only to a specific student who has a medically diagnosed allergy that may require prompt treatment to protect the student from serious harm or death.

The bill also:

1. prohibits school boards from restricting the times and places where a qualified student with diabetes may perform blood glucose self- testing;
2. updates and broadens the duties of a school medical advisor;

3. requires public schools to offer, as part of the health and safety curriculum, training in cardiopulmonary resuscitation (CPR) and the use of automatic external defibrillators (AEDs); and
4. requires public schools to include a total of 20 minutes of physical exercise in each regular school day for students in kindergarten through grade five.

Finally, the bill allows only a Connecticut-licensed physician, rather than any licensed physician, to give a written order for a school paraprofessional to administer medication to a student with a medically diagnosed allergy.

EFFECTIVE DATE: July 1, 2012, except for the provisions concerning blood glucose self-testing and emergency medication for students with diabetes, which are effective on passage.

§§ 1 & 2 - STUDENTS WITH DIABETES

Blood Glucose Self-Testing (§1)

The law requires school boards to let diabetic students test their own blood glucose levels in school if a physician's or APRN's written order states the student needs to self-test and is capable of doing so. This bill bars a school district from limiting the times when, and locations where, such a student can carry out the tests.

The State Department of Education's (SDE) current blood-glucose self-testing guidelines recommend that individualized health care plans for students with diabetes designate appropriate self-testing locations and specify that, once the locations are designated, testing occur only in those locations.

Administering Emergency Medication (§ 2)

This bill explicitly allows an identified principal, teacher, or school paraprofessional to give medicine, including appropriate doses of glucagon or insulin administered with an injector or injectable equipment as emergency first aid, to a student with diabetes who may require prompt treatment to protect him or her from serious harm or

death. The principal, teacher, or paraprofessional must have (1) written authority from the student's parent or guardian and (2) written authorization from a Connecticut-licensed physician, APRN, or physician assistant. They may give the medicine only with the joint approval, and under the general supervision, of the school nurse and medical advisor.

Under current law, in the school nurse's absence, a principal, any teacher, a licensed athletic trainer or physical or occupational therapist who is a school employee, or an intramural or interscholastic athletic coach can give a student medicine, in an emergency or nonemergency situation. To do so, they must have (1) written authority from the student's parent or guardian and (2) written authorization from a licensed physician or dentist or a Connecticut-licensed optometrist, APRN, or physician assistant. These school personnel must follow written school board policies and state regulations in administering the medicine.

Current law also allows an identified school paraprofessional to give medicine to a specific student but only if the student has a medically diagnosed allergy that may require prompt treatment to protect him or her from serious harm or death. The medicine can include a standard dose of epinephrine delivered through an automatic prefilled cartridge or other injector (epipen) as an emergency first aid response to allergic reactions. The paraprofessional must have (1) written authority from the student's parent or guardian and (2) written authorization from a licensed physician or a Connecticut-licensed optometrist, APRN, or physician assistant. The paraprofessional must also have approval, and act under the general supervision, of the school nurse and school medical advisor.

Immunity from Civil Damages (§ 2)

By law, school principals, teachers, and other specified school personnel who give medicine according to the law are immune from civil damages for negligent acts or omissions, but not gross, willful, or wanton negligence in doing so. The bill extends this immunity to the

emergency administration of glucagon or insulin by principals and teachers. But, under current law, unchanged by the bill, a school paraprofessional has immunity only for emergency medicine administered to a specific student who has a medically diagnosed allergy that may require prompt treatment to protect him or her from serious harm or death (see COMMENT).

§ 3 - DUTIES OF SCHOOL MEDICAL ADVISORS

By law, boards of education in towns with 10,000 or more people must, and those in smaller towns may, appoint one or more legally qualified medical practitioners as school medical advisors.

This bill revises and updates school medical advisors' duties and responsibilities. It eliminates requirements that advisors (1) examine referred students, teachers, and other school staff; (2) make sanitary inspections of school buildings; (3) help enforce the Public Health Code or town sanitary regulations by deciding when students and school staff who are, or are suspected to be, sick must be excluded from, or may return to, school; and (4) interpret to school nurses and teachers factors relating to controlling communicable diseases.

Instead, it requires advisors to work with their appointing school boards and the local boards of health or health departments for their school districts to:

1. plan and administer each school's health program,
2. advise on school health services,
3. consult on school health environments, and
4. perform other duties as agreed between the advisor and his or her appointing school board.

§ 4 - TRAINING IN CPR AND USE OF AEDS

By law, public schools must offer instruction in specified subjects, taught by legally qualified teachers. This bill requires schools, as part of the first aid training included in the required health and safety

curriculum, to train students in CPR and the use of AEDs.

§ 5 - PHYSICAL ACTIVITY REQUIREMENT

Under current law, each public school that enrolls students in grades K-5 must provide those students with a physical exercise period of unspecified length as part of the regular school day. The bill instead requires such schools to provide a total of 20 minutes of physical exercise during each regular school day.

COMMENT

Immunity from Civil Damages for School Paraprofessionals

CGS § 10-212a (a)(1) gives school paraprofessionals immunity from civil damages for negligent acts or omissions in administering medication to a specific student with a medically diagnosed allergy that may require prompt treatment to protect the student against serious harm or death (§ 10-212a (d)). However, the bill's new authority for a paraprofessional to administer glucagon or insulin injections to a student with diabetes in an emergency appears in a new subsection (e) of § 10-212a. Thus, the bill extends the authority to paraprofessionals to administer glucagon or insulin but not the immunity that protects other school district personnel authorized to administer such medicine.

COMMITTEE ACTION

Education Committee

Joint Favorable Substitute Change of Reference

Yea 32 Nay 0 (03/14/2012)

Public Health Committee

Joint Favorable

Yea 20 Nay 6 (03/30/2012)