
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)