



PA 12-198—sHB 5348

Education Committee

Public Health Committee

Appropriations Committee

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

SUMMARY: This act allows a qualified school employee selected by the school nurse or principal to administer an emergency glucagon injection to a student with diabetes, under certain conditions and with a written authorization from the student's parents and a written order from the student's Connecticut-licensed physician. The law already allows specified school personnel to give students medicine in specified situations if the school nurse is absent. The act also bars a school district from restricting the time or place on school grounds where a student with diabetes may test his or her blood-glucose levels, if the student has written permission from his parents or guardian and a written order from a physician.

The act extends required educational guidelines for school districts in how to manage students with life-threatening allergies to cover students with glycogen storage disease. It requires the State Department of Education (SDE) and the Department of Public Health (DPH) to issue the new guidelines by July 1, 2012, and school districts to develop individualized health care and glycogen storage disease action plans for their students with the disease by August 15, 2012. The plans must allow parents or guardians of students with the disease, or those they designate, to administer food or dietary supplements to their children with the disease on school grounds during the school day. The act bars claims against towns, school districts, and school employees for damages resulting from these actions.

Finally, the act:

1. updates and broadens the duties of a school medical advisor;
2. requires the State Board of Education to make available curriculum and other material to help school districts offer training to students in cardiopulmonary resuscitation (CPR) and the use of automatic external defibrillators (AEDs) (§ 4);
3. 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; and
4. allows only a Connecticut-licensed physician, rather than any licensed

OLR PUBLIC ACT SUMMARY

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 relating to students with diabetes and the required guidelines and plan for students with glycogen storage disease, which are effective on passage.

§§ 1 & 2 — STUDENTS WITH DIABETES

Administering Emergency Glucagon

The act requires a school nurse or principal to select a qualified school employee to, under certain conditions, give a glucagon injection to a student with diabetes who may require prompt treatment to protect him or her from serious harm or death. The nurse or principal must have (1) written authority from the student's parent or guardian and (2) a written order from the student's physician, who must be licensed in Connecticut. Such injections must be given through an injector or injectable equipment used to deliver an appropriate dose of glucagon as an emergency first aid response to diabetes.

The act allows the school nurse or principal to select any of the following as qualified school employees: a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the school board, coach, or school paraprofessional. Such employees may administer the injections only if the:

1. school nurse is absent or unavailable;
2. employee has completed any annual training in how to administer glucagon injections that the school nurse and medical advisor require;
3. nurse and medical advisor attest, in writing, that the employee has completed the training; and
4. employee voluntarily agrees to the selection.

The school nurse must provide general supervision to the qualified employee.

Under existing law, with the proper written authority and in the school nurse's absence, any licensed nurse, 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 may give a student medicine, in an emergency or nonemergency situation. These school personnel must follow written school board policies and state regulations in administering the medicine. An identified school paraprofessional may also give medicine to a specific student if the student has a medically diagnosed allergy that may require prompt treatment to protect him or her from serious harm or death.

Immunity from Civil Damages

By law, school principals, teachers, nurses, 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. The act extends this immunity to qualified school employees who administer glucagon under the specified conditions.

Blood Glucose Self-Testing

OLR PUBLIC ACT SUMMARY

Existing law requires school boards to allow diabetic students to test their own blood glucose levels in school if a physician's or advance practice registered nurse's (APRN's) written order states that the student needs to self-test and is capable of doing so. This act:

1. bars a school district from limiting the times when, and locations on school grounds where, such a student can carry out the tests;
2. eliminates the authority of an APRN to give the written order; and
3. requires the student's parents or guardian to authorize the self-testing on school grounds in writing.

§§ 6 & 7 — STUDENTS WITH GLYCOGEN STORAGE DISEASE

Guidelines and Plans for Managing Students with Glycogen Storage Disease

By law, the SDE, in conjunction with DPH, must develop guidelines for managing students with life-threatening food allergies and make them available to boards of education. The act extends the guidelines to cover glycogen storage disease and requires the departments to make the guidelines available to school districts by July 1, 2012.

The additional guidelines must include:

1. education and training for school personnel on managing students with life-threatening glycogen storage disease, including training in how to provide food or dietary supplements and
2. a process for developing individualized health care and glycogen storage disease action plans for every student with the disease that include provision of food or dietary supplements to such a student by (a) the school nurse or (b) any school employee approved by the nurse.

Such plans must also allow the student's parent or guardian or anyone they designate to provide food or dietary supplements to a student with the disease on school grounds during the school day.

By August 15, 2012, school boards must implement a plan, based on the guidelines, for managing students with glycogen storage disease enrolled in schools in their jurisdictions. As under existing law, boards must make their plans available on the board's or each school's website, or, if such websites do not exist, by some other means they select. Boards must also provide notice about the plan along with the written statement about pesticide applications they must, by law, provide parents and guardians. School superintendents must attest annually to SDE that their districts are implementing the plans.

Immunity from Liability

The act bars anyone from making a claim against a town, board of education, or school employee for damages resulting from the student's parent or guardian, or person they designate, providing food or dietary supplements to a student with glycogen storage disease on school grounds during the school day. To be covered by the immunity, the food or supplements must be given according to an individualized health care and glycogen storage disease action plan.

The immunity covers anyone who (1) is employed by a local or regional board

OLR PUBLIC ACT SUMMARY

of education or works in a public school as a teacher, substitute teacher, school administrator, school superintendent, guidance counselor, psychologist, social worker, nurse, physician, school paraprofessional, or coach or (2) provides services to or on behalf of students in a public school under a contract with the school board and whose duties involve regular student contact.

§ 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.

The act revises and updates school medical advisors' duties and responsibilities. It eliminates requirements that advisors (1) examine teachers and other school staff and referred students; (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) explain to school nurses and teachers factors relating to controlling communicable diseases, and to school staff and parents medical findings related to a referred student's health.

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.

§ 5 — PHYSICAL ACTIVITY REQUIREMENT

Under prior law, each public school that enrolls students in kindergarten through fifth grade had to provide those students with a physical exercise period of unspecified length as part of the regular school day. The act instead requires such schools to provide a total of 20 minutes of physical exercise during each regular school day.

BACKGROUND

Related Acts

PA 12-116 (§ 9) includes the same provision as this act concerning physical activity for students enrolled in kindergarten through grade five. PA 12-120 (§ 25) also includes the updated duties for school medical advisors.

OLR Tracking: JSL:JO:VR:eh