



House of Representatives

File No. 715

General Assembly

February Session, 2014

(Reprint of File No. 473)

Substitute House Bill No. 5521
As Amended by House Amendment
Schedule "A"

Approved by the Legislative Commissioner
April 30, 2014

AN ACT CONCERNING THE STORAGE AND ADMINISTRATION OF EPINEPHRINE AT PUBLIC SCHOOLS.

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

1 Section 1. Section 10-212a of the 2014 supplement to the general
2 statutes is repealed and the following is substituted in lieu thereof
3 (*Effective July 1, 2014*):

4 (a) (1) A school nurse or, in the absence of such nurse, any other
5 nurse licensed pursuant to the provisions of chapter 378, including a
6 nurse employed by, or providing services under the direction of a local
7 or regional board of education at, a school-based health clinic, who
8 shall administer medical preparations only to students enrolled in such
9 school-based health clinic in the absence of a school nurse, the
10 principal, any teacher, licensed athletic trainer, licensed physical or
11 occupational therapist employed by a school district, or coach of
12 intramural and interscholastic athletics of a school may administer,
13 subject to the provisions of subdivision (2) of this subsection,
14 medicinal preparations, including such controlled drugs as the

15 Commissioner of Consumer Protection may, by regulation, designate,
16 to any student at such school pursuant to the written order of a
17 physician licensed to practice medicine, or a dentist licensed to practice
18 dental medicine in this or another state, or an optometrist licensed to
19 practice optometry in this state under chapter 380, or an advanced
20 practice registered nurse licensed to prescribe in accordance with
21 section 20-94a, or a physician assistant licensed to prescribe in
22 accordance with section 20-12d, and the written authorization of a
23 parent or guardian of such child. The administration of medicinal
24 preparations by a nurse licensed pursuant to the provisions of chapter
25 378, a principal, teacher, licensed athletic trainer, licensed physical or
26 occupational therapist employed by a school district, or coach shall be
27 under the general supervision of a school nurse. No such school nurse
28 or other nurse, principal, teacher, licensed athletic trainer, licensed
29 physical or occupational therapist employed by a school district, coach
30 or school paraprofessional administering medication pursuant to
31 [subsections (d) and (e) of] this section shall be liable to such student or
32 a parent or guardian of such student for civil damages for any personal
33 injuries that result from acts or omissions of such school nurse or other
34 nurse, principal, teacher, licensed athletic trainer, licensed physical or
35 occupational therapist employed by a school district, coach or school
36 paraprofessional administering medication pursuant to [subsections
37 (d) and (e) of] this section in administering such preparations that may
38 constitute ordinary negligence. This immunity does not apply to acts
39 or omissions constituting gross, wilful or wanton negligence.

40 (2) Each local and regional board of education that allows a school
41 nurse or, in the absence of such nurse, any other nurse licensed
42 pursuant to the provisions of chapter 378, including a nurse employed
43 by, or providing services under the direction of a local or regional
44 board of education at, a school-based health clinic, who shall
45 administer medical preparations only to students enrolled in such
46 school-based health clinic in the absence of a school nurse, the
47 principal, any teacher, licensed athletic trainer, licensed physical or
48 occupational therapist employed by a school district, [or] coach of

49 intramural and interscholastic athletics or school paraprofessional of a
50 school to administer medicine or that allows a student to self-
51 administer medicine, including medicine administered through the
52 use of an asthmatic inhaler or an automatic prefilled cartridge injector
53 or similar automatic injectable equipment, shall adopt written policies
54 and procedures, in accordance with this section and the regulations
55 adopted pursuant to subsection (c) of this section, that shall be
56 approved by the school medical advisor, if any, or other qualified
57 licensed physician. Once so approved, such administration of
58 medication shall be in accordance with such policies and procedures.

59 (3) A director of a school readiness program as defined in section
60 10-16p or a before or after school program exempt from licensure by
61 the Department of Public Health pursuant to subdivision (1) of
62 subsection (b) of section 19a-77, or the director's designee, may
63 administer medications to a child enrolled in such a program in
64 accordance with regulations adopted by the State Board of Education
65 in accordance with the provisions of chapter 54. No individual
66 administering medications pursuant to this subdivision shall be liable
67 to such child or a parent or guardian of such child for civil damages for
68 any personal injuries that result from acts or omissions of such
69 individual in administering such medications which may constitute
70 ordinary negligence. This immunity shall not apply to acts or
71 omissions constituting gross, wilful or wanton negligence.

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

77 (c) The State Board of Education, in consultation with the
78 Commissioner of Public Health, shall adopt regulations, in accordance
79 with the provisions of chapter 54, determined to be necessary by the
80 board to carry out the provisions of this section, including, but not
81 limited to, regulations that (1) specify conditions under which a coach

82 of intramural and interscholastic athletics may administer medicinal
83 preparations, including controlled drugs specified in the regulations
84 adopted by the commissioner, to a child participating in such
85 intramural and interscholastic athletics, (2) specify conditions and
86 procedures for the administration of medication by school personnel to
87 students, including the conditions and procedures for the storage and
88 administration of epinephrine by school personnel to students for the
89 purpose of emergency first aid to students who experience allergic
90 reactions and who do not have a prior written authorization for the
91 administration of epinephrine, in accordance with the provisions of
92 subdivision (2) of subsection (d) of this section, and (3) specify
93 conditions for self-administration of medication by students, including
94 permitting a child diagnosed with: (A) Asthma to retain possession of
95 an asthmatic inhaler at all times while attending school for prompt
96 treatment of the child's asthma and to protect the child against serious
97 harm or death provided a written authorization for self-administration
98 of medication signed by the child's parent or guardian and an
99 authorized prescriber is submitted to the school nurse; and (B) an
100 allergic condition to retain possession of an automatic prefilled
101 cartridge injector or similar automatic injectable equipment at all times
102 while attending school for prompt treatment of the child's allergic
103 condition and to protect the child against serious harm or death
104 provided a written authorization for self-administration of medication
105 signed by the child's parent or guardian and an authorized prescriber
106 is submitted to the school nurse. The regulations shall require
107 authorization pursuant to: (i) The written order of a physician licensed
108 to practice medicine in this or another state, a dentist licensed to
109 practice dental medicine in this or another state, an advanced practice
110 registered nurse licensed under chapter 378, a physician assistant
111 licensed under chapter 370, a podiatrist licensed under chapter 375, or
112 an optometrist licensed under chapter 380; and (ii) the written
113 authorization of a parent or guardian of such child.

114 (d) (1) (A) With the written authorization of a student's parent or
115 guardian, and [(2)] (B) pursuant to the written order of [(A) a physician

116 licensed under chapter 370, (B) an optometrist licensed to practice
117 optometry under chapter 380, (C) an advanced practice registered
118 nurse licensed to prescribe in accordance with section 20-94a, or (D) a
119 physician assistant licensed to prescribe in accordance with section 20-
120 12d] a qualified medical professional, a school nurse and a school
121 medical advisor, if any, may jointly approve and provide general
122 supervision to an identified school paraprofessional to administer
123 medication, including, but not limited to, medication administered
124 with a cartridge injector, to a specific student with a medically
125 diagnosed allergic condition that may require prompt treatment in
126 order to protect the student against serious harm or death.

127 (2) A school nurse or, in the absence of a school nurse, a qualified
128 school employee shall maintain epinephrine in cartridge injectors for
129 the purpose of emergency first aid to students who experience allergic
130 reactions and do not have a prior written authorization of a parent or
131 guardian or a prior written order of a qualified medical professional
132 for the administration of epinephrine. A school nurse or a school
133 principal shall select qualified school employees to administer such
134 epinephrine under this subdivision, and there shall be at least one such
135 qualified school employee on the grounds of the school during regular
136 school hours in the absence of a school nurse. A school nurse or, in the
137 absence of such school nurse, such qualified school employee may
138 administer such epinephrine under this subdivision, provided such
139 administration of epinephrine is in accordance with policies and
140 procedures adopted pursuant to subsection (a) of this section. Such
141 administration of epinephrine by a qualified school employee shall be
142 limited to situations when the school nurse is absent or unavailable.
143 No qualified school employee shall administer such epinephrine under
144 this subdivision unless such qualified school employee annually
145 completes the training program described in section 2 of this act. The
146 parent or guardian of a student may submit, in writing, to the school
147 nurse and school medical advisor, if any, that epinephrine shall not be
148 administered to such student under this subdivision.

149 (3) For purposes of this subsection, (A) "cartridge injector" means an

150 automatic prefilled cartridge injector or similar automatic injectable
151 equipment used to deliver epinephrine in a standard dose for
152 emergency first aid response to allergic reactions, (B) "qualified school
153 employee" means a principal, teacher, licensed athletic trainer, licensed
154 physical or occupational therapist employed by a school district, coach
155 or school paraprofessional, and (C) "qualified medical professional"
156 means (i) a physician licensed under chapter 370, (ii) an optometrist
157 licensed to practice optometry under chapter 380, (iii) an advanced
158 practice registered nurse licensed to prescribe in accordance with
159 section 20-94a, or (iv) a physician assistant licensed to prescribe in
160 accordance with section 20-12d.

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

184 school paraprofessional.

185 Sec. 2. (NEW) (*Effective July 1, 2014*) Not later than December 31,
 186 2014, the Departments of Education and Public Health shall jointly
 187 develop, in consultation with the School Nurse Advisory Council,
 188 established pursuant to section 10-212f of the general statutes, an
 189 annual training program regarding emergency first aid to students
 190 who experience allergic reactions. Such annual training program shall
 191 include instruction in (1) cardiopulmonary resuscitation, (2) first aid,
 192 (3) food allergies, (4) the signs and symptoms of anaphylaxis, (5)
 193 prevention and risk-reduction strategies regarding allergic reactions,
 194 (6) emergency management and administration of epinephrine, (7)
 195 follow-up and reporting procedures after a student has experienced an
 196 allergic reaction, (8) carrying out the provisions of subdivision (2) of
 197 subsection (d) of section 10-212a of the general statutes, as amended by
 198 this act, and (9) any other relevant issues and topics related to
 199 emergency first aid to students who experience allergic reactions. The
 200 Department of Education shall make such annual training program
 201 available to local and regional boards of education.

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|---|---------------------|-------------|
| This act shall take effect as follows and shall amend the following sections: | | |
| Section 1 | <i>July 1, 2014</i> | 10-212a |
| Sec. 2 | <i>July 1, 2014</i> | New section |

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 15 \$ | FY 16 \$ |
|-------------------------------------|----------------------------|----------|----------|
| Local and Regional School Districts | STATE MANDATE - Cost | 270-360 | 270-360 |

Explanation

The bill results in a cost of approximately \$270-\$360 per school, associated with maintaining and storing epipens. Epipens cost, on average, \$90-\$120 per two-pack, and it is estimated that each school would require two to three packs. The bill requires school nurses or school principals to select qualified school professionals to be trained and administer epipens under the bill's provisions. The professionals must meet training and other requirements before being allowed to administer epipens. Schools must (1) have at least one qualified professional on the school grounds during regular school hours and (2) maintain storage of epipens for emergency use.

House "A" struck the underlying bill and its associated fiscal impact and replaced it with the same impact described above.

The Out Years

Epipens expire yearly. Therefore, schools would be responsible for refilling their prescription, annually. The cost in the outyears would be dependent on the number of prescriptions filled, and the increasing cost of the medication.

Sources: *President Association of School Nurses of Connecticut*

OLR Bill Analysis**sHB 5521 (as amended by House "A")******AN ACT CONCERNING THE STORAGE AND ADMINISTRATION OF EPINEPHRINE AT PUBLIC SCHOOLS.*****SUMMARY:**

This bill requires schools to designate and train nonmedical staff to administer emergency epinephrine in cartridge injectors ("epipens") to students having allergic reactions who were not previously known to have serious allergies. It authorizes the emergency use of epipens by nonmedical staff only if (1) the school nurse is not present or available and (2) certain conditions are met.

The bill permits the following individuals (i.e., "qualified school employees") to be trained and authorized: principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach of school intramural or interscholastic athletics, and school paraprofessional. By law, (1) all of these individuals can, under specific circumstances, administer glucagon via injection to a student with diabetes and (2) a specifically designated paraprofessional can administer an epipen to a student with a known allergy.

The bill requires the school nurse or school principal to select qualified school employees to be trained and administer epipens under the bill's provisions. The professionals must meet training and other requirements before being allowed to administer epipens. Schools must (1) have at least one qualified professional on the school grounds during regular school hours and (2) maintain a store of epipens for emergency use.

The bill also:

1. extends the existing immunity from liability for employees and local boards provided under the existing glycogen and epipen law to the epinephrine provisions:
2. requires the departments of Education (SDE) and Public Health (DPH) to jointly develop an annual training program for emergency epipen administration, and
3. requires SDE to adopt the necessary regulations to carry out the bill's provisions.

*House Amendment "A":

1. requires SDE and DPH to jointly develop an annual training with specific elements for nonmedical staff to administer epipens in emergencies to students who were not previously known to have severe allergies,
2. removes the provisions that (a) broaden the types of drugs a school-based health center nurse can administer and (b) permits only Connecticut licensed physicians or dentists to authorize the existing asthma and epipen provisions,
3. deletes dentists from the list of personnel authorized to administer emergency epipens, and
4. makes conforming and technical changes.

EFFECTIVE DATE: July 1, 2014

STUDENTS WITH ALLERGIES

Administering Emergency Epinephrine

The bill requires a school nurse or principal to select qualified school professionals to, under certain conditions, give an emergency epipen injection to a student having an allergic reaction without a prior written authorization from a parent or guardian or a written order from a qualified medical professional for the administration of epinephrine. It defines "qualified medical professional" as a

Connecticut-licensed physician, optometrist, advanced practice registered nurse, physician assistant, or podiatrist.

Current law only allows (1) nonmedical staff to give emergency glucagon injections to diabetic students requiring prompt treatment to avoid serious harm or death and (2) a specifically designated paraprofessional to administer an epipen to a student with a known allergy. In both scenarios, nonmedical staff can administer injections if there is written authorization from the student's parents and a written order from a physician.

The bill applies the same conditions and training requirements to employees administering epinephrine as currently exist for glucagon, except the new provisions do not require that the employee volunteer to become an epipen administrator.

Nonmedical staff can administer the injections only if the:

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

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

Maintaining Store of Emergency Epinephrine

The bill requires the school nurse or, in the nurse's absence a qualified school employee, to maintain a store of epinephrine cartridge injectors for emergency use. The bill defines cartridge injector as 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.

REQUIREMENTS ON LOCAL AND REGIONAL BOARDS OF EDUCATION

As with glucagon, the bill requires local and regional boards of education to adopt policies and procedures allowing emergency administration of epinephrine. The policies and procedures must (1) conform with the bill's provisions and with State Board of Education (SBE) regulations and (2) be approved by the local board's medical advisor, or if there is none, a qualified licensed physician.

Each school that administers medication under the bill must record the administration as required by state law and store the medication as prescribed by Department of Consumer Protection regulations.

SBE REGULATIONS

The bill requires SBE, in consultation with DPH, to adopt regulations that specify the conditions and procedures for the storage and administration of epinephrine for emergency first aid for students having allergic reactions who do not have a prior written parental authorization or a prior written order of a qualified medical professional for epinephrine administration.

IMMUNITY FROM LIABILITY

The bill extends the existing immunity from liability for employees and local boards provided under the glycogen law to the epinephrine provisions.

It bars anyone from making a claim against a town, board of education, or school employee for damages resulting from administration of medication under the bill. The immunity covers the qualified school personnel. It does not apply to acts or omissions that constitute gross, wilful, or wanton negligence.

The bill also extends immunity to those acting under an existing statute that allows specified school employees, other than the school nurse, to administer medicinal preparations, including controlled drugs the consumer protection commissioner designates, to a student

pursuant to a written medical order. The specified employees are a principal, teacher, licensed nurse, licensed athletic trainer, licensed physical or occupational therapist employed by the school board, or coach

REQUIRED TRAINING

By December 31, 2014, the bill requires SDE and DPH to jointly develop, in consultation with the School Nurse Advisory Council, an annual training program for emergency first aid to students who experience allergic reactions.

The program must include instruction in:

1. cardiopulmonary resuscitation (CPR),
2. first aid,
3. food allergies,
4. signs and symptoms of anaphylaxis,
5. prevention and risk-reduction strategies regarding allergic reactions,
6. emergency management and administration of epinephrine,
7. follow-up and reporting procedures after a student has experienced an allergic reaction,
8. carrying out the bill's provisions, and
9. any other relevant issues related to emergency first aid for students with allergic reactions.

SDE must make the training program available to local and regional boards of education.

COMMITTEE ACTION

Education Committee

Joint Favorable Substitute

Yea 32 Nay 0 (03/21/2014)

Appropriations Committee

Joint Favorable

Yea 48 Nay 2 (04/22/2014)