



**Substitute House Bill No. 5452**

**Public Act No. 18-185**

**AN ACT CONCERNING THE RECOMMENDATIONS OF THE TASK FORCE ON LIFE-THREATENING FOOD ALLERGIES IN SCHOOLS.**

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

Section 1. Section 10-212c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

(a) (1) Not later than 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 Department of Education shall make the guidelines available to each local and regional board of education. The guidelines shall include, but need not be limited to: [(1)] (A) 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, as amended by this act, and the provision of food or dietary supplements, [(2)] (B) procedures for responding to life-threatening allergic reactions to food, [(3)] (C) a process for the development of individualized health care and food allergy action plans for every student with a life-threatening food

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allergy, [(4)] (D) 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 [(5)] (E) protocols to prevent exposure to food allergens.

(2) Not later than January 1, 2020, in addition to the requirements in subdivision (1) of this subsection, the Department of Education, in consultation with the Department of Public Health, shall revise such guidelines to include (A) training for the identification and evaluation of students with life-threatening food allergies or glycogen storage disease, and (B) protocols that comply with the protections and accommodations under Section 504 of the Rehabilitation Act of 1973, as amended from time to time, the Individuals with Disabilities Education Act, 20 USC 1400 et seq., as amended from time to time, and the Americans with Disabilities Act, 42 USC 12101 et seq.

(3) Not later than January 1, 2020, and biennially thereafter, the Department of Education, in consultation with the Department of Public Health, shall review and update as the Commissioner of Education deems necessary, the guidelines for the management of students with life-threatening food allergies and glycogen storage disease. The department shall make any such updated guidelines available to each local and regional board of education.

(b) Not later than 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

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glycogen storage disease enrolled in the schools under its jurisdiction; (2) make such plan available on such board's Internet web site or the Internet web site of each school under such board's jurisdiction, or if such Internet web [sites do] site does 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. 2. (*Effective from passage*) Not later than January 1, 2020, the Department of Education shall (1) update the Healthy and Balanced Living Curriculum Framework, issued by the department in 2006, to include life-threatening food allergies, (2) update any culinary arts programs or curriculum standards related to the National Family and Consumer Sciences Standards adopted by the State Board of Education to include dietary restrictions, cross-contamination and allergen identification, and (3) apply for any available federal or private funding, in consultation with the Department of Public Health, to promote public awareness and education about food allergies.

Sec. 3. (NEW) (*Effective July 1, 2018*) (a) As used in this section:

(1) "Carrier" has the same meaning as provided in section 14-212 of the general statutes;

(2) "School bus driver" means any person who holds a commercial driver's license with a public passenger endorsement to operate a school bus pursuant to subsection (a) of section 14-44 of the general statutes;

(3) "School bus" has the same meaning as provided in section 14-1 of

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the general statutes; and

(4) "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.

(b) (1) Not later than June 30, 2019, each carrier shall provide the training described in subsection (c) of this section to all of its school bus drivers.

(2) On and after July 1, 2019, each carrier shall provide the training described in subsection (c) of this section to a school bus driver as follows:

(A) In the case of a school bus driver who is employed by such carrier, such training shall be provided to such school bus driver following the issuance or renewal of a public passenger endorsement to operate a school bus pursuant to subsection (a) of section 14-44 of the general statutes, to such school bus driver; and

(B) In the case of a school bus driver who is not employed by such carrier at the time when such endorsement is issued or renewed to such school bus driver, upon the hiring of such school bus driver by such carrier, except such carrier shall not be required to provide such training to any school bus driver who has previously received such training following the most recent issuance or renewal of such endorsement to such school bus driver.

(c) The training required under this section shall include, but need not be limited to, instruction on (1) the identification of the signs and symptoms of anaphylaxis, (2) the administration of epinephrine by a cartridge injector, (3) the notification of emergency personnel, and (4) the reporting of an incident involving a student and a life-threatening allergic reaction. Such training may be completed using an online

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module, provided such online module meets the requirements of this section.

Sec. 4. Subdivision (2) of subsection (a) of section 10-212a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

(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, coach of intramural and interscholastic athletics or school paraprofessional of a school to administer medicine or that allows a student to possess, self-administer or possess and 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, if any, or other qualified licensed physician. Once so approved, such administration of medication shall be in accordance with such policies and procedures.

Sec. 5. Subsection (c) of section 10-212a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

(c) The State Board of Education, in consultation with the Commissioner of Public Health, shall adopt regulations, in accordance

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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, including the conditions and procedures for the storage and administration of epinephrine by school personnel to students for the purpose of emergency first aid to students who experience allergic reactions and who do not have a prior written authorization for the administration of epinephrine, in accordance with the provisions of subdivision (2) of subsection (d) of this section, and (3) specify conditions for the possession, self-administration or possession and 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 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, including while attending school or receiving school transportation services, 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

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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.

Sec. 6. Subsection (d) of section 10-212a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

(d) (1) (A) With the written authorization of a student's parent or guardian, and (B) pursuant to the written order of a qualified medical professional, a school nurse and a school medical advisor, if any, 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.

(2) A school nurse or, in the absence of a school nurse, a qualified school employee shall maintain epinephrine in cartridge injectors for the purpose of emergency first aid to students who experience allergic reactions and do not have a prior written authorization of a parent or guardian or a prior written order of a qualified medical professional for the administration of epinephrine. A school nurse or a school principal shall select qualified school employees to administer such epinephrine under this subdivision, and there shall be at least one such qualified school employee on the grounds of the school during regular school hours in the absence of a school nurse. A school nurse or, in the absence of such school nurse, such qualified school employee may administer such epinephrine under this subdivision, provided such administration of epinephrine is in accordance with policies and procedures adopted pursuant to subsection (a) of this section. Such administration of epinephrine by a qualified school employee shall be

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limited to situations when the school nurse is absent or unavailable. No qualified school employee shall administer such epinephrine under this subdivision unless such qualified school employee annually completes the training program described in section 10-212g. The parent or guardian of a student may submit, in writing, to the school nurse and school medical advisor, if any, that epinephrine shall not be administered to such student under this subdivision.

(3) In the case of a student with a medically diagnosed life-threatening allergic condition, (A) with the written authorization of such student's parent or guardian, and (B) pursuant to the written order of a qualified medical professional, such student may possess, self-administer or possess and self-administer medication, including, but not limited to, medication administered with a cartridge injector, to protect such student against serious harm or death.

[(3)] (4) For purposes of this subsection, (A) "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, (B) "qualified school employee" means a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach or school paraprofessional, and (C) "qualified medical professional" means (i) a physician licensed under chapter 370, (ii) an optometrist licensed to practice optometry under chapter 380, (iii) an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a, or (iv) a physician assistant licensed to prescribe in accordance with section 20-12d.

Sec. 7. Section 52-557b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

(a) A person licensed to practice medicine and surgery under the provisions of chapter 370 or dentistry under the provisions of section



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20-106 or members of the same professions licensed to practice in any other state of the United States, a person licensed as a registered nurse under section 20-93 or 20-94 or certified as a licensed practical nurse under section 20-96 or 20-97, a medical technician or any person operating a cardiopulmonary resuscitator or a person trained in cardiopulmonary resuscitation in accordance with the guidelines set forth by the American Red Cross or American Heart Association, or a person operating an automatic external defibrillator, who, voluntarily and gratuitously and other than in the ordinary course of such person's employment or practice, renders emergency medical or professional assistance to a person in need thereof, shall not be liable to such person assisted for civil damages for any personal injuries which result from acts or omissions by such person in rendering the emergency care, which may constitute ordinary negligence. A person or entity that provides or maintains an automatic external defibrillator shall not be liable for the acts or omissions of the person or entity in providing or maintaining the automatic external defibrillator, which may constitute ordinary negligence. The immunity provided in this subsection does not apply to acts or omissions constituting gross, wilful or wanton negligence. With respect to the use of an automatic external defibrillator, the immunity provided in this subsection shall only apply to acts or omissions involving the use of an automatic external defibrillator in the rendering of emergency care. Nothing in this subsection shall be construed to exempt paid or volunteer firefighters, police officers or emergency medical services personnel from completing training in cardiopulmonary resuscitation or in the use of an automatic external defibrillator in accordance with the guidelines set forth by the American Red Cross or American Heart Association. For the purposes of this subsection, "automatic external defibrillator" means a device that: (1) Is used to administer an electric shock through the chest wall to the heart; (2) contains internal decision-making electronics, microcomputers or special software that allows it to interpret physiologic signals, make medical diagnosis and, if

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necessary, apply therapy; (3) guides the user through the process of using the device by audible or visual prompts; and (4) does not require the user to employ any discretion or judgment in its use.

(b) A paid or volunteer firefighter or police officer, a teacher or other school personnel on the school grounds or in the school building or at a school function, a member of a ski patrol, a lifeguard, a conservation officer, patrol officer or special police officer of the Department of Energy and Environmental Protection, or emergency medical service personnel, who has completed a course in first aid offered by the American Red Cross, the American Heart Association, the National Ski Patrol, the Department of Public Health or any director of health, as certified by the agency or director of health offering the course, and who renders emergency first aid to a person in need thereof, shall not be liable to such person assisted for civil damages for any personal injuries which result from acts or omissions by such person in rendering the emergency first aid, which may constitute ordinary negligence. No paid or volunteer firefighter, police officer or emergency medical service personnel who forcibly enters the residence of any person in order to render emergency first aid to a person whom such firefighter, police officer or emergency medical service personnel reasonably believes to be in need thereof shall be liable to such person for civil damages incurred as a result of such entry. The immunity provided in this subsection does not apply to acts or omissions constituting gross, wilful or wanton negligence.

(c) An employee of a railroad company, including any company operating a commuter rail line, who has successfully completed a course in first aid, offered by the American Red Cross, the American Heart Association, the National Ski Patrol, the Department of Public Health or any director of health, as certified by the agency or director of health offering the course, and who renders emergency first aid or cardiopulmonary resuscitation to a person in need thereof, shall not be

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liable to such person assisted for civil damages for any personal injury or death which results from acts or omissions by such employee in rendering the emergency first aid or cardiopulmonary resuscitation which may constitute ordinary negligence. The immunity provided in this subsection does not apply to acts or omissions constituting gross, wilful or wanton negligence.

(d) A railroad company, including any commuter rail line, which provides emergency medical training or equipment to any employee granted immunity pursuant to subsection (c) of this section shall not be liable for civil damages for any injury sustained by a person or for the death of a person which results from the company's acts or omissions in providing such training or equipment or which results from acts or omissions by such employee in rendering emergency first aid or cardiopulmonary resuscitation, which may constitute ordinary negligence. The immunity provided in this subsection does not apply to acts or omissions constituting gross, wilful or wanton negligence.

(e) (1) 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.

(2) Any volunteer worker associated with, or any person employed to work for, a program offered to children sixteen years of age or younger by a corporation, other than a licensed health care provider, that is exempt from federal income taxation under Section 501 of the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United States, as from time to time amended, who (A) has been trained in the use of a cartridge injector by a licensed physician, physician assistant, advanced practice registered nurse or registered nurse, (B) has obtained the consent of a parent or legal guardian to use a cartridge injector on his or her child, and (C) uses a cartridge injector on such child in apparent need thereof

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participating in such program, shall not be liable to such child assisted or to such child's parent or guardian for civil damages for any personal injury or death which results from acts or omissions by such worker in using a cartridge injector which may constitute ordinary negligence. The immunity provided in this subsection does not apply to acts or omissions constituting gross, wilful or wanton negligence.

(3) A corporation, other than a licensed health care provider, that is exempt from federal income taxation under Section 501 of the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United States, as from time to time amended, which provides training in the use of cartridge injectors to any volunteer worker granted immunity pursuant to subdivision (2) of this subsection shall not be liable for civil damages for any injury sustained by, or for the death of, a child sixteen years of age or younger who is participating in a program offered by such corporation, which injury or death results from acts or omissions by such worker in using a cartridge injector, which may constitute ordinary negligence. The immunity provided in this subsection does not apply to acts or omissions constituting gross, wilful or wanton negligence.

(f) A teacher or other school personnel, on the school grounds or in the school building or at a school function, who has completed both a course in first aid in accordance with subsection (b) of this section and a course given by the medical advisor of the school or by a licensed physician in the administration of medication by injection, who renders emergency care by administration of medication by injection to a person in need thereof, shall not be liable to the person assisted for civil damages for any injuries which result from acts or omissions by the person in rendering the emergency care of administration of medication by injection, which may constitute ordinary negligence. The immunity provided in this subsection does not apply to acts or omissions constituting gross, wilful or wanton negligence.

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(g) The provisions of this section shall not be construed to require any teacher or other school personnel to render emergency first aid or administer medication by injection.

(h) Any person who has completed a course in first aid offered by the American Red Cross, the American Heart Association, the National Ski Patrol, the Department of Public Health or any director of health, as certified by the agency or director of health offering the course, or has been trained in the use of a cartridge injector by a licensed physician, physician assistant, advanced practice registered nurse or registered nurse, and who, voluntarily and gratuitously and other than in the ordinary course of such person's employment or practice, renders emergency assistance by using a cartridge injector on another person in need thereof, or any person who is an identified staff member of a before or after school program, day camp or child care facility, as defined in section 19a-900, and who renders emergency assistance by using a cartridge injector on another person in need thereof, shall not be liable to such person assisted for civil damages for any personal injuries which result from acts or omissions by such person in using a cartridge injector, which may constitute ordinary negligence. The immunity provided in this subsection does not apply to acts or omissions constituting gross, wilful or wanton negligence. For the purposes of this subsection, "cartridge injector" has the same meaning as provided in subdivision (1) of subsection (e) of this section.

(i) A school bus driver, on or in the immediate vicinity of a school bus during the provision of school transportation services, who renders emergency care by administration of medication with a cartridge injector to a student in need thereof who has a medically diagnosed allergic condition that may require prompt treatment in order to protect the student against serious harm or death, shall not be liable to the student assisted for civil damages for any injuries which result from acts or omissions by the school bus driver in rendering the

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emergency care of administration of medication with a cartridge injector, which may constitute ordinary negligence. The immunity provided in this subsection does not apply to acts or omissions constituting gross, wilful or wanton negligence. For the purposes of this subsection, "cartridge injector" has the same meaning as provided in subdivision (1) of subsection (e) of this section.

Approved June 14, 2018