

ESB 5104 - H COMM AMD  
By Committee on Education

NOT CONSIDERED 04/16/2013

1 Strike everything after the enacting clause and insert the  
2 following:

3 "NEW SECTION. **Sec. 1.** (1) The legislature finds that allergies  
4 are a serious medical disorder that affect more than one in five  
5 persons in the United States and are the sixth leading cause of chronic  
6 disease. Roughly one in thirteen children has a food allergy, and the  
7 incidence is rising. Up to forty percent of food-allergic children may  
8 be at risk for anaphylaxis, a severe and potentially life-threatening  
9 reaction. Anaphylaxis may also occur due to an insect sting, drug  
10 allergy, or other causes. Twenty-five percent of first-time  
11 anaphylactic reactions among children occur in a school setting.  
12 Anaphylaxis can occur anywhere on school property, including the  
13 classroom, playground, school bus, or on field trips.

14 (2) Rapid and appropriate administration of the drug epinephrine,  
15 also known as adrenaline, to a patient experiencing an anaphylactic  
16 reaction may make the difference between life and death. In a school  
17 setting, epinephrine is typically administered intramuscularly via an  
18 epinephrine autoinjector device. Medical experts agree that the  
19 benefits of emergency epinephrine administration far outweigh the  
20 risks.

21 (3) The legislature further finds that, on many days, as much as  
22 twenty percent of the nation's combined adult and child population can  
23 be found in public and nonpublic schools. Therefore, schools need to  
24 be prepared to treat potentially life-threatening anaphylactic  
25 reactions in the event a student is experiencing a first-time  
26 anaphylactic reaction, a student does not have his or her own  
27 epinephrine autoinjector device available, or if a school nurse is not  
28 in the vicinity at the time.

1        NEW SECTION.    **Sec. 2.**    A new section is added to chapter 28A.210

2    RCW to read as follows:

3        (1) School districts and nonpublic schools may maintain at a school  
4    in a designated location a supply of epinephrine autoinjectors based on  
5    the number of students enrolled in the school.

6        (2)(a) A licensed health professional with the authority to  
7    prescribe epinephrine autoinjectors may prescribe epinephrine  
8    autoinjectors in the name of the school district or school to be  
9    maintained for use when necessary. Epinephrine prescriptions must be  
10   accompanied by a standing physician's order for the administration of  
11   school-supplied, undesignated epinephrine autoinjectors for potentially  
12   life-threatening allergic reactions.

13        (b) There are no changes to current prescription or self-  
14   administration practices for children with existing epinephrine  
15   autoinjector prescriptions or a physician guided anaphylaxis action  
16   plan.

17        (c) Epinephrine autoinjectors may be obtained from donation  
18   sources, but must be accompanied by a prescription.

19        (3)(a) When a student has a prescription for an epinephrine  
20   autoinjector on file, the school nurse or designated trained school  
21   personnel may utilize the school district or school supply of  
22   epinephrine autoinjectors to respond to an anaphylactic reaction under  
23   a standing protocol from a physician employed under RCW 28A.210.300 or  
24   any other physician with which the school has contracted for medical  
25   services.

26        (b) When a student does not have an epinephrine autoinjector or  
27   prescription for an epinephrine autoinjector on file, the school nurse  
28   may utilize the school district or school supply of epinephrine  
29   autoinjectors to respond to an anaphylactic reaction under a standing  
30   protocol from a physician employed under RCW 28A.210.300 or any other  
31   physician with which the school has contracted for medical services.

32        (c) Epinephrine autoinjectors may be used on school property,  
33   including the school building, playground, and school bus, as well as  
34   during field trips or sanctioned excursions away from school property.  
35   The school nurse or designated trained school personnel may carry an  
36   appropriate supply of school-owned epinephrine autoinjectors on field  
37   trips or excursions.

1 (4)(a) If a student is injured or harmed due to the administration  
2 of epinephrine that a licensed health professional with prescribing  
3 authority has prescribed and a pharmacist has dispensed to a school  
4 under this section, the licensed health professional with prescribing  
5 authority and pharmacist may not be held responsible for the injury  
6 unless he or she issued the prescription with a conscious disregard for  
7 safety.

8 (b) In the event a school nurse or other school employee  
9 administers epinephrine in substantial compliance with a student's  
10 prescription that has been prescribed by a licensed health professional  
11 within the scope of the professional's prescriptive authority, if  
12 applicable, and written policies of the school district or private  
13 school, then the school employee, the employee's school district or  
14 school of employment, and the members of the governing board and chief  
15 administrator thereof are not liable in any criminal action or for  
16 civil damages in their individual, marital, governmental, corporate, or  
17 other capacity as a result of providing the epinephrine.

18 (c) School employees, except those licensed under chapter 18.79  
19 RCW, who have not agreed in writing to the use of epinephrine  
20 autoinjectors as a specific part of their job description, may file  
21 with the school district a written letter of refusal to use epinephrine  
22 autoinjectors. This written letter of refusal may not serve as grounds  
23 for discharge, nonrenewal of an employment contract, or other action  
24 adversely affecting the employee's contract status.

25 (5) The office of the superintendent of public instruction shall  
26 review the anaphylaxis policy guidelines required under RCW 28A.210.380  
27 and make a recommendation to the education committees of the  
28 legislature by December 1, 2013, based on student safety, regarding  
29 whether to designate other trained school employees to administer  
30 epinephrine autoinjectors to students without prescriptions for  
31 epinephrine autoinjectors demonstrating the symptoms of anaphylaxis  
32 when a school nurse is not in the vicinity."

33 Correct the title.

EFFECT: Makes the following changes to the underlying bill:

Permits school nurses or designated trained school personnel to utilize the school district or school supply of epinephrine autoinjectors to respond to an anaphylactic reaction under a standing protocol from a physician for students who have a prescription for epinephrine on file;

Permits school nurses to utilize the school district or school supply of epinephrine autoinjectors to respond to an anaphylactic reaction under a standing protocol from a physician for students who do not have a prescription for epinephrine on file;

Modifies the liability for school employees, schools, and school districts that administer epinephrine, so that they are not liable if school employees administer epinephrine in substantial compliance with a prescription and written policies of the school district or private school;

Requires OSPI to make a recommendation to the legislature by December 1, 2013, based on student safety, regarding whether to designate other trained school employees to administer epinephrine autoinjectors to students without prescriptions for epinephrine demonstrating the symptoms of anaphylaxis when a school nurse is not in the vicinity; and

Replaces the physician with the term licensed health professional with the authority to prescribe epinephrine autoinjectors in various places as the individual who can prescribe school epinephrine autoinjectors.

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