

SENATE BILL REPORT

SHB 1541

As Reported by Senate Committee On:
Early Learning & K-12 Education, March 27, 2013

Title: An act relating to expanding the types of medications that a public or private school employee may administer to include nasal spray.

Brief Description: Expanding the types of medications that a public or private school employee may administer to include nasal spray.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Klippert, Cody, Schmick, Green, Harris, Chandler, Kristiansen, Morrell, Ryu, Angel, Jinkins, Van De Wege and Pollet).

Brief History: Passed House: 3/05/13, 97-0.

Committee Activity: Early Learning & K-12 Education: 3/20/13, 3/27/13 [DPA, w/oRec].

SENATE COMMITTEE ON EARLY LEARNING & K-12 EDUCATION

Majority Report: Do pass as amended.

Signed by Senators Litzow, Chair; Dammeier, Vice Chair; McAuliffe, Ranking Member; Rolfes, Assistant Ranking Member; Billig, Brown, Cleveland, Fain, Hill and Mullet.

Minority Report: That it be referred without recommendation.

Signed by Senator Rivers.

Staff: Katherine Taylor (786-7434)

Background: A public or private school employee may administer oral medications, topical medications, eye drops, or ear drops to children who are in the custody of the public or private school at the time of administration if conditions are met, including the following:

1. the school district or the private school has policies that address the following:
 - a. the designation of the employees who may administer the medications;
 - b. the acquisition of parent requests and instructions; and
 - c. requests from licensed health professionals prescribing within the scope of their prescriptive authority and instructions regarding students who require medication for more than 15 consecutive school days, the identification of the medication to be administered, the means of safekeeping medications, and the means of maintaining records of the administration of the medications;

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2. the school district or private school possesses a written, current, and unexpired request of a parent, legal guardian, or other person having legal control over the student to administer the medication to the student;
3. the public school district or private school possesses the following:
 - a. a written, current, and unexpired request from a licensed health professional acting within the scope of their prescriptive authority for administration of the medication, because there exists a valid health reason that makes administration of the medication advisable during school hours or the hours when the student is under the supervision of school officials; and
 - b. written, current, and unexpired instructions from the licensed health professional regarding the administration of the medication to students who require medication for more than 15 consecutive work days;
4. the medication is administered by a designated school employee in compliance with the prescription or written instructions;
5. the medication is first examined by the employee administering the medication to determine whether it appears to be in the original container and properly labeled; and
6. a physician, advanced registered nurse practitioner, or registered nurse is designated to train and supervise the designated employee in proper medication procedures.

A school employee, school district, or private school is immune from civil or criminal liability arising from the administration of medications in a manner that complies with state law, the applicable prescription, and applicable written instructions. Similarly, a school employee, school district, or private school is immune from criminal or civil liability for the discontinuance of the medication as long as notice is given to the parent, legal guardian, or other person having legal control over the student.

Summary of Bill (Recommended Amendments): The type of medication that may be administered by a school employee is expanded to include nasal spray. If a school nurse is on the premises, the nurse must administer a nasal spray that is a legend drug or a controlled substance. If no school nurse is on the premises, a non-nurse trained employee or parent-designated adult may administer a spray that is a legend drug or a controlled substance as long as that employee summons emergency medical assistance as soon as practicable.

A school board must allow school personnel who received appropriate training and volunteered for such training to administer nasal spray that is a legend drug or a controlled substance. A parent-designated adult may administer a nasal spray that is a legend drug or a controlled substance. A definition of parent-designated adult and procedures concerning a parent-designated adult are added.

EFFECT OF CHANGES MADE BY EARLY LEARNING & K-12 EDUCATION COMMITTEE (Recommended Amendments): Adds that a school board must allow school personnel who received appropriate training and volunteered for such training to administer nasal spray that is a legend drug or a controlled substance. Adds that a parent-designated adult may administer a nasal spray that is a legend drug or a controlled substance. Adds a definition of parent-designated adult and procedures concerning a parent-designated adult. Includes the underlying portions of the bill.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony on Substitute House Bill: PRO: When your child has a grand mal seizure for the first time, you feel helpless. Sometimes it feels like it takes forever for the emergency medical response to get there. We are just talking about nasal spray today. School employees get training on first aid and epinephrine pens. We must come together to help children. Children can be trained to give this life-saving nasal spray. This is easy to do. Training people to do this is not hard. This will save lives. The drug is very fast acting. A lot of schools said they cannot take epileptic children. Most schools rely on calling 911 to deal with epileptic episodes. The bill does not cost a lot. We get calls from a lot of frustrated parents. Families and children have so much anxiety about when a seizure will come. Early intervention can shorten the length of a seizure.

CON: Administration of the nasal spray requires training because it can reduce or stop breathing. Delegation is not appropriate in all settings. Other school employees often do not have first aid training. This medicine is given in hospitals when life saving equipment is near by. Only a nurse should do this. We could harm our children. It is misleading to call it a nasal spray. It is a schedule II drug. It is given to surgical patients. Do not fix it if it is not broken. We are already dealing with this. We want the nursing professional association to put out an opinion on this first. School districts do everything they can to make schools safe. Non-repairable harm could be done. We oppose this bill because it is not voluntary. Non-health care workers giving health care in schools is becoming a slippery slope. Some school employees are not comfortable administering medicine. We just need to fully fund K-12.

Persons Testifying: PRO: James Marvin, Brent Herrmann, Epilepsy Foundation NW; Heather Franklin, Kiona-Benton School District; Kim Sistik, Robert York, Christian Schormann, Pastor Brian Wiele, citizen.

CON: Lynn Nelson, School Nurse Organization of WA; Robin Fleming; WA State Nurses Assn.; Doug Nelson, Public School Employees, Service Employees International Union 1948; Barbara Roessler, Public School Employees; Lucinda Young, WA Education Assn.