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HOUSE BILL 1578

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State of Washington

63rd Legislature

2013 Regular Session

By Representatives Rodne, Santos, Ross, Haigh, Ryu, Johnson, Roberts, Appleton, Pollet, Manweller, and Magendanz

Read first time 01/31/13. Referred to Committee on Education.

1 AN ACT Relating to placing epinephrine autoinjectors in schools;  
2 adding a new section to chapter 28A.210 RCW; and creating a new  
3 section.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

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

16 (2) Rapid and appropriate administration of the drug epinephrine,  
17 also known as adrenaline, to a patient experiencing an anaphylactic  
18 reaction may make the difference between life and death. In a school  
19 setting, epinephrine is typically administered intramuscularly via an

1 epinephrine autoinjector device. Medical experts agree that the  
2 benefits of emergency epinephrine administration far outweigh the  
3 risks.

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

12 NEW SECTION. **Sec. 2.** A new section is added to chapter 28A.210  
13 RCW to read as follows:

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

17 (2)(a) A physician may prescribe epinephrine autoinjectors in the  
18 name of the school district or school to be maintained for use when  
19 necessary. Epinephrine prescriptions must be accompanied by a standing  
20 physician's order for the administration of school-supplied,  
21 undesignated epinephrine autoinjectors for potentially life-threatening  
22 allergic reactions.

23 (b) There are no changes to current prescription or self-  
24 administration practices for children with existing physician  
25 prescribed epinephrine autoinjectors or a physician guided anaphylaxis  
26 action plan.

27 (c) Epinephrine autoinjectors may be obtained from donation  
28 sources, but must require a physician's prescription.

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

36 (b) Epinephrine autoinjectors may be used on school property,  
37 including the school building, playground, and school bus, as well as

1 during field trips or sanctioned excursions away from school property.  
2 The school nurse or designated trained school personnel may carry an  
3 appropriate supply of school owned epinephrine autoinjectors on field  
4 trips or excursions.

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

10 (b) If a student is injured or harmed due to the administration of  
11 epinephrine that a school employee has administered to a student, the  
12 school employee may not be held responsible for the injury if he or she  
13 acted in good faith professionally and according to his or her training  
14 level. The school employee may be held responsible for the injury if  
15 he or she administered the epinephrine injection with a conscious  
16 disregard for safety.

17 (c) A school, school district, nonpublic school, or the office of  
18 the superintendent of public instruction is not responsible for any  
19 injury that occurs under (a) or (b) of this subsection.

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