

SENATE BILL REPORT

SB 5240

As Reported by Senate Committee On:
Early Learning & K-12 Education, February 11, 2025

Title: An act relating to anaphylaxis medications in schools.

Brief Description: Concerning anaphylaxis medications in schools.

Sponsors: Senators Wellman, Slatter, Boehnke, Hasegawa, Nobles, Stanford, Trudeau and Wilson, C..

Brief History:

Committee Activity: Early Learning & K-12 Education: 1/29/25, 2/11/25 [DPS].

Brief Summary of First Substitute Bill

- Allows a school nurse or designated trained school personnel to use any available epinephrine on school property to respond to an anaphylactic reaction when certain requirements are met.
- Requires the school district, private school, charter school, or state-tribal education compact school to reimburse the cost of the epinephrine to the owner if it is not school-owned epinephrine and not owned by the individual who received the epinephrine.
- Provides liability protections when epinephrine is administered in substantial compliance with the written policies of the school district if they are aligned with a standing protocol.
- Requires an entity that conducts training to prevent and respond to anaphylaxis to issue a certificate and requires that it be kept on file at the school.

SENATE COMMITTEE ON EARLY LEARNING & K-12 EDUCATION

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

Majority Report: That Substitute Senate Bill No. 5240 be substituted therefor, and the substitute bill do pass.

Signed by Senators Wellman, Chair; Nobles, Vice Chair, K-12; Wilson, C., Vice Chair, Early Learning; Harris, Ranking Member; Cortes, Dozier, Hansen, Krishnadasan and McCune.

Staff: Ailey Kato (786-7434)

Background: School Supply of Epinephrine. Current state law allows school districts and private schools to maintain a school-supply of epinephrine based on the number of students enrolled in the school if it is accompanied by a standing order.

When a student has a prescription for epinephrine on file, the school nurse may use the school supply of epinephrine, and the school nurse and the designated trained school personnel may use it to respond to an anaphylactic reaction under a standing protocol.

When a student does not have epinephrine or a prescription on file, only the school nurse may use the school supply of epinephrine.

In the event a school nurse or other school employee administers epinephrine in substantial compliance with a student's prescription or by statewide standing order if applicable, and written policies of the school district or private school, then the school employee, school district or school, and the members of the governing board and chief administrator are not liable in any criminal action or for civil damages.

Anaphylactic Policy Guidelines. The Office of the Superintendent of Public Instruction (OSPI), in consultation with the Department of Health (DOH), must develop anaphylactic policy guidelines for schools to prevent anaphylaxis and deal with medical emergencies resulting from it. The policy guidelines must include, but are not limited to:

- a procedure for each school to follow to develop a treatment plan including the responsibilities of school nurses and other appropriate school personnel for responding to a student who may be experiencing anaphylaxis;
- the content of a training course for appropriate school personnel for preventing and responding to anaphylaxis;
- a procedure for the development of an individualized emergency health care plan for children with food or other allergies;
- a communication plan for the school to follow to gather and disseminate information on students with allergies; and
- strategies for reduction of the risk of exposure to anaphylactic causative agents.

In 2009, school districts were required to use the OSPI guidelines and adopt a school district policy for each school to follow to assist schools to prevent anaphylaxis.

Summary of Bill (First Substitute): Use of Any Available Epinephrine. When a student

has a prescription for epinephrine on file, the school nurse and the designated trained school personnel may use any available epinephrine on school property, in addition to a school supply, to respond to an anaphylactic reaction under a standing protocol.

When a student does not have epinephrine or a prescription on file, only the school nurse may use any available epinephrine on school property.

In the event a school nurse or other school employee administers any available epinephrine on school property, the school district or private school must reimburse the cost of the epinephrine to the owner if it is not school-owned epinephrine and not owned by the individual who received the epinephrine.

Liability protections are extended to include when a school nurse or other school employee administers epinephrine in substantial compliance with the written policies of the school district or private school if the policies are aligned with the standing protocol developed in OSPI's anaphylactic policy guidelines.

These provisions are applied to charter schools and state-tribal education compact schools.

References to epinephrine autoinjectors are changed to epinephrine, which can include epinephrine autoinjectors.

Certificate of Training. The OSPI anaphylactic policy guidelines must include that the entity that conducts a training course for preventing and responding to a student who may be experiencing anaphylaxis must issue a certificate, on a form developed or approved by DOH, to each person who completes the training and the form must be kept on file at the school.

EFFECT OF CHANGES MADE BY EARLY LEARNING & K-12 EDUCATION COMMITTEE (First Substitute):

- Specifies that schools must reimburse the cost of the epinephrine to the owner if it is not school-owned epinephrine as well as not owned by the individual who received the epinephrine.
- Revises the language related to limiting liability.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

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

Staff Summary of Public Testimony on Original Bill: *The committee recommended a different version of the bill than what was heard.* PRO: While every school should have a supply of EpiPens, there have been a lot of expensive requirements put on schools. Many schools already have EpiPens on campus provided by families for certain students. This bill would allow any EpiPen to be used in an emergency and the cost for the EpiPen would be reimbursed. Trained personnel, other than a school nurse, should be able to administer the epinephrine.

OTHER: There are concerns that some provisions in this bill conflict with the State Nurse Practice Act and raise liability concerns among other issues. This bill should look at options to expand stock epinephrine at schools.

Persons Testifying: PRO: Senator Lisa Wellman, Prime Sponsor; Suzanne Hanson, Washington Federation of Independent Schools.

OTHER: Elizabeth Pray, School Nurse Organization of Washington.

Persons Signed In To Testify But Not Testifying: No one.