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SENATE BILL 5240

State of Washington 69th Legislature 2025 Regular Session

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

Read first time 01/14/25. Referred to Committee on Early Learning & K-12 Education.

- AN ACT Relating to anaphylaxis medications in schools; and amending RCW 28A.210.383 and 28A.210.380.
- 3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 4 **Sec. 1.** RCW 28A.210.383 and 2024 c 81 s 2 are each amended to read as follows:
 - (1) School districts and ((nonpublic)) private schools may maintain at a school in a designated location a supply of epinephrine ((and)), including epinephrine autoinjectors, based on the number of students enrolled in the school.
 - (2)(a) A licensed health professional with the authority to prescribe epinephrine, including, but not limited to, the secretary health or the secretary's designee in accordance with 43.70.827, may prescribe epinephrine, including epinephrine autoinjectors, in the name of the school district or school to be maintained for use when necessary. Epinephrine prescriptions must be accompanied by a standing order issued in accordance with this section or RCW 43.70.827 for the administration of school-supplied, undesignated epinephrine and epinephrine autoinjectors potentially life-threatening allergic reactions.

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(b) There are no changes to current prescription or self-administration practices for children with existing epinephrine autoinjector prescriptions or a guided anaphylaxis care plan.

- (c) Epinephrine and epinephrine autoinjectors may be obtained from donation sources, but must be accompanied by a prescription.
- (3) (a) When a student has a prescription for ((an)) epinephrine ((autoinjector)) on file, the school nurse may utilize the school district or school supply of epinephrine, authorized under subsection (1) of this section, and the school nurse and the designated trained school personnel may utilize the school district or school supply of epinephrine ((autoinjectors)) or any available epinephrine on school property to respond to an anaphylactic reaction under a standing protocol according to RCW 28A.210.380.
- (b) When a student does not have ((an)) epinephrine ((autoinjector)) or a prescription for ((an)) epinephrine ((autoinjector)) on file, the school nurse may utilize the school district or school supply of epinephrine ((or epinephrine autoinjectors)) authorized under subsection (1) of this section or any available epinephrine on school property to respond to an anaphylactic reaction under a standing protocol according to RCW 28A.210.380.
- (c) <u>In the event a school nurse or other school employee</u> 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.
- (d) Epinephrine and epinephrine autoinjectors may be used on school property, including the school building, playground, and school bus, as well as during field trips or sanctioned excursions away from school property. The school nurse or designated trained school personnel may carry an appropriate supply of school-owned epinephrine or epinephrine autoinjectors on field trips or excursions.
- (4) (a) If a student is injured or harmed due to the administration of epinephrine that a licensed health professional with prescribing authority has prescribed and a pharmacist has dispensed to a school under this section, the licensed health professional with prescribing authority and pharmacist may not be held responsible for the injury unless he or she issued the prescription with a conscious disregard for safety.

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(b) In the event a school nurse or other school employee administers epinephrine in substantial compliance with a student's prescription that has been prescribed by a licensed health professional within the scope of the professional's prescriptive authority ((ex)), by statewide standing order in accordance with RCW 43.70.827, if applicable, ((and)) or in substantial compliance with the written policies of the school district or private school if the policies are aligned with the standing protocol developed under RCW 28A.210.380, then the school employee, the employee's school district or school of employment, and the members of the governing board and chief administrator thereof are not liable in any criminal action or for civil damages in their individual, marital, governmental, corporate, or other capacity as a result of providing the epinephrine.

- (c) School employees, except those licensed under chapter 18.79 RCW, who have not agreed in writing to the use of epinephrine autoinjectors as a specific part of their job description, may file with the school district a written letter of refusal to use epinephrine autoinjectors. This written letter of refusal may not serve as grounds for discharge, nonrenewal of an employment contract, or other action adversely affecting the employee's contract status.
- 22 (5) This section governs school operation and management under 23 RCW 28A.710.040 and 28A.715.020 and applies to charter schools 24 established under chapter 28A.710 RCW and state-tribal education 25 compact schools subject to chapter 28A.715 RCW.
- **Sec. 2.** RCW 28A.210.380 and 2008 c 173 s 1 are each amended to read as follows:
 - (1) The office of the superintendent of public instruction, in consultation with the department of health, shall develop anaphylactic policy guidelines for schools to prevent anaphylaxis and deal with medical emergencies resulting from it. The policy guidelines shall be developed with input from pediatricians, school nurses, other health care providers, parents of children with lifethreatening allergies, school administrators, teachers, and food service directors.
- 36 The policy guidelines shall include, but need not be limited to:
- 37 (a) A procedure for each school to follow to develop a treatment 38 plan including the responsibilities ((for [of])) of school nurses and

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other appropriate school personnel responsible for responding to a student who may be experiencing anaphylaxis;

- (b) (i) The content of a training course for appropriate school personnel for preventing and responding to a student who may be experiencing anaphylaxis;
- (ii) The entity that conducts the training shall issue a certificate, on a form developed or approved by the department of health, to each person who successfully completes the anaphylaxis training program, and this form must be kept on file at the school;
- (c) A procedure for the development of an individualized emergency health care plan for children with food or other allergies that could result in anaphylaxis;
- (d) A communication plan for the school to follow to gather and disseminate information on students with food or other allergies who may experience anaphylaxis;
- (e) Strategies for reduction of the risk of exposure to anaphylactic causative agents including food and other allergens.
- (2) For the purpose of this section "anaphylaxis" means a severe allergic and life-threatening reaction that is a collection of symptoms, which may include breathing difficulties and a drop in blood pressure or shock.
- (3)(((a) By October 15, 2008, the superintendent of public instruction shall report to the select interim legislative task force on comprehensive school health reform created in section 6, chapter 5, Laws of 2007, on the following:
- (i) The implementation within school districts of the 2008 guidelines for care of students with life-threatening food allergies developed by the superintendent pursuant to section 501, chapter 522, Laws of 2007, including a review of policies developed by the school districts, the training provided to school personnel, and plans for follow-up monitoring of policy implementation; and
- (ii) Recommendations on requirements for effectively implementing the school anaphylactic policy guidelines developed under this section.
- (b) By March 31, 2009, the superintendent of public instruction shall report policy guidelines to the appropriate committees of the legislature and to school districts for the districts to use to develop and adopt their policies.
- (4+)) By September 1, 2009, each school district shall use the guidelines developed under subsection (1) of this section to develop

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- 1 and adopt a school district policy for each school in the district to
- 2 follow to assist schools to prevent anaphylaxis.

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