

2008 -- H 7014 SUBSTITUTE A AS AMENDED

LC00026/SUB A/2

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2008

A N A C T

RELATING TO EDUCATION -- HEALTH AND SAFETY OF PUPILS

Introduced By: Representatives Gemma, Schadone, Singleton, Picard, and Rice

Date Introduced: January 02, 2008

Referred To: House Health, Education & Welfare

It is enacted by the General Assembly as follows:

1 SECTION 1. Chapter 16-21 of the General Laws entitled "Health and Safety of Pupils" is
2 hereby amended by adding thereto the following sections:

3 **16-21-28.1. Legislative findings.** – (a) Approximately one in five hundred (500) school
4 children have diabetes. Individuals with diabetes need to manage their diabetes carefully to keep
5 their blood glucose levels within target range.

6 (b) High blood glucose levels contribute to medical complications, such as blindness,
7 kidney failure, amputations and cardiovascular disease, while severely low blood glucose levels
8 can lead to unconsciousness or seizures with a potential for brain damage or death.

9 (c) While episodes of unconsciousness or seizures are uncommon, schools should be
10 prepared to promptly respond to such emergencies due to the urgency of the situation, and the
11 inability of the student to drink or ingest food that might restore their blood sugar level.

12 (d) Across the country, schools are increasingly more prepared and trained for medical
13 emergencies using defibrillators and giving injections to counter allergic reactions.

14 (e) The American academy of pediatrics September 2003 policy guidelines on
15 administration of medication in school states: "Some medications, such as epinephrine injections
16 for severe allergic reactions or glucagons for hypoglycemia (low blood sugar), have few
17 significant adverse effects. Because these episodes, by nature, occur at unpredictable times when
18 a school nurse may not be available, trained designated school staffs should be available."

19 (f) The Rhode Island chapter of the American academy of pediatrics states (November

1 20, 2005) that: "While quite rare, such episodes (of hypoglycemic unconsciousness or seizure)
2 run the risk of serious long-term complications, and potentially death, if there is a delay in
3 appropriate treatment."

4 **16-21-28.2. Requirements for glucagon administration in a school setting.** – (a) The
5 department of elementary and secondary education and the department of health shall incorporate
6 into their policies, rules and regulations for addressing incidents of hypoglycemia resulting in
7 unconsciousness, seizure and/or the inability to swallow in order to provide for the health and
8 safety of children who have been medically identified as having diabetes. The policies, rules and
9 regulations shall include procedures whereby:

10 (1) a parent or legal guardian of any child may expressly authorize school employees or
11 those employed on behalf of the school, for when there is no school nurse immediately available,
12 to administer glucagon on such child in case of an emergency, while at school or school-
13 sponsored activities;

14 (2) the glucagon shall be kept in a conspicuous place, readily available; and

15 (3) glucagon administration training may be provided by a licensed physician, physician
16 assistant, advanced practiced registered nurse, or registered nurse, however in no case shall
17 school nurse teachers be required to provide training; and the school administration shall allow
18 staff to voluntarily assist with the emergency administration of glucagon when authorized by a
19 parent or legal guardian.

20 (b) A school employee, including administrative staff, shall not be subject to penalty or
21 disciplinary action for refusing to be trained in glucagon administration.

22 (c) A parent or legal guardian shall provide a diabetes management plan or physician's
23 order, signed by the student's health care provider, that prescribes the care and assistance needed
24 by the student including glucagon administration.

25 **16-21-28.3. Performance standards.** – The department of health, in conjunction with
26 the American diabetes association, and the Rhode Island chapter of American academy of
27 pediatrics, shall develop performance standards and guidelines for the training and supervision of
28 personnel, other than the school nurse, who provide emergency medical assistance to students
29 under this section. Such personnel shall only be authorized to provide such assistance upon
30 successful completion of glucagon administration training.

31 **16-21-28.4. Immunity for those using glucagon.** – No school teacher, school
32 administrator, school health care personnel, person employed on behalf of the school, any other
33 school personnel, nor any local educational authority shall be liable for civil damages which may
34 result from acts or omissions in use of glucagon which may constitute ordinary negligence. This

1 immunity does nor apply to acts or omissions constituting gross negligence or willful or wanton
2 conduct.

3 **16-21-28.5. Training of school personnel.** – Training on the administration of
4 epinephrine or glucagon for school personnel, or those employed on behalf of the school, shall
5 not be considered the delegation of nursing practice.

6 **16-21-28.6. Administration.** – The administration of epinephrine or glucagon by school
7 personnel, or those employed on behalf of the school, shall not be considered the practice of
8 nursing.

9 SECTION 2. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
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1 This act would require school departments to develop policies and procedures for
2 administering injections to diabetic students in the event of an emergency. The policy would
3 include parent authorization and the training of school personnel.

4 This act would take effect upon passage.

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