- 1 HB233
- 2 154426-3
- 3 By Representative Johnson (R)
- 4 RFD: Health
- 5 First Read: 15-JAN-14

154426-3:n:01/09/2014:FC/mfc LRS2013-2953R2

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SYNOPSIS: Under existing law, the practice of nursing includes administration of medications. Existing rules of the State Board of Nursing authorize a school nurse to delegate certain tasks to assistive personnel in a school setting. The administration of injectable medications, other than premeasured medication for allergic reactions, is not

authorized in the rules.

This bill would provide for the training of voluntary diabetes care personnel and the delivery of diabetes care to a student with diabetes in a public or private school according to a diabetes care management plan approved and signed by the treating physician and parent or guardian of the student with diabetes. Guidelines for training voluntary diabetes care personnel would be adopted by the Department of Education and the Department of Public Health. Diabetes care would include the administration of injectable medications to a patient pursuant to a diabetes care management

| 1  | plan. The bill would limit the liability of                    |
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| 2  | schools, school personnel, and volunteers providing            |
| 3  | care under this act.   |
| 4  |  |
| 5  | A BILL   |
| 6  | TO BE ENTITLED   |
| 7  | AN ACT   |
| 8  |  |
| 9  | Relating to health; to provide for the health care             |
| 10 | of students with diabetes in public and private schools; to    |
| 11 | provide for the training of voluntary diabetes care personnel  |
| 12 | pursuant to guidelines adopted by the Department of Education  |
| 13 | and the Department of Public Health; to provide for the        |
| 14 | delivery of health care to students with diabetes in schools   |
| 15 | according to diabetes care management plans approved by the    |
| 16 | treating physician and the parent or guardian of a student     |
| 17 | with diabetes; and to limit the liability of schools, school   |
| 18 | personnel, and volunteers under this act.                      |
| 19 | BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:                   |
| 20 | Section 1. This act shall be known as the Alabama              |
| 21 | Safe at Schools Act.   |
| 22 | Section 2. For purposes of this act, the following             |
| 23 | words have the following meanings:                             |
| 24 | (1) DIABETES MEDICAL MANAGEMENT PLAN. A document               |
| 25 | developed by the treating physician of a student that sets out |

health services needed by the student at school and is signed

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by the treating physician and parent or guardian of the
student.

- 3 (2) SCHOOL. Any primary or secondary public school 4 or private school located in the state.
  - (3) SCHOOL EMPLOYEE. Any person employed by a public school system or private school, any person employed by a local health department who is assigned to a public or private school, or any subcontractor designated for this function.
  - (4) TRAINED DIABETES CARE PERSONNEL. A school employee or employees who volunteer to be trained in accordance with this act. The employee does not need to be a health care professional.

Section 3. (a) Within 180 days of the effective date of this act, the Department of Education and the Department of Public Health shall adopt guidelines for the training of school employees in the care needed for students with diabetes. These guidelines shall be developed in consultation with the: American Diabetes Association, State Board of Nursing, Alabama Nurse's Association, Alabama School Nurses Association, Alabama Association of School Boards, School Superintendents of Alabama, and the Alabama Association of Diabetic Educators. The guidelines shall comply with the recommendations of the American Academy of Pediatrics and the publication "Helping the Student with Diabetes Succeed: A Guide for School Personnel" published by the National Diabetes Education Program and shall specify that each local board of education and the governing body of each private school shall

- insure that annual diabetes training programs are provided for all school nurses and diabetes care personnel at schools under their jurisdiction. The training guidelines shall at a minimum address all of the following:
  - (1) Recognition and treatment of hypoglycemia and hyperglycemia.

- (2) Training on appropriate actions to take when blood glucose levels are outside of the target ranges indicated by a student's diabetes medical management plan.
- (3) Training on diabetes medication drug dosage, frequency, and the manner of administration according to physician instructions.
- (4) The performance of finger-stick blood glucose checking, ketone checking, and recording the results.
- (5) The administration of glucagon and insulin and the recording of results.
- (6) Training on the performance of basic insulin pump functions.
- (7) Training on the recognition of complications that require emergency assistance.
- (8) Training on recommended schedules and food intake for meals and snacks, the effect of physical activity upon blood glucose levels, and actions to be implemented in the case of schedule disruption.
- (b) Each local school system and the governing body of each private school shall ensure that the training outlined in subsection (a) is provided to a minimum of three school

employees at each school attended by a student with diabetes except in schools where there is a full-time school nurse, there shall be a minimum of two school employees trained in addition to the school nurse. If at any time fewer than three school employees are available to be trained at a school, the principal or other school administrator shall distribute to all staff members a written notice stating that it is seeking volunteers to serve as diabetes care personnel. The notice shall inform staff of all of the following:

- (1) The school is seeking to provide diabetes care to one or more students with diabetes and is seeking personnel willing to be trained to provide that care.
  - (2) The tasks to be performed.
- (3) Participation is voluntary and the school system or school will take no action against any staff member who does not volunteer.
- (4) Training will be provided to employees who volunteer to provide care. The school nurse or the school principal shall approve which employees or providers are to be trained and shall assess their qualifications to perform diabetes care tasks.
- (5) Trained personnel are protected from liability pursuant to Section 8.
- (6) The identity of the individual who should be contacted to volunteer.

- 1 (c) (1) School employees shall not be subject to any 2 penalty or disciplinary action for refusing to serve as 3 trained diabetes care personnel.
  - (2) A school or school system may not discourage employees from volunteering for training.

- (d) The training outlined in subsection (a) shall be coordinated by a school nurse if the school system or private school has a school nurse. The training shall be provided by a school nurse or another health care professional with expertise in diabetes. The training shall take place prior to the commencement of each school year, or as needed when a student with diabetes is newly enrolled at a school or a student is newly diagnosed with diabetes, but in no event more than 30 days following enrollment or diagnosis. The school nurse or another health care professional with expertise in diabetes shall promptly provide follow-up training and supervision as needed.
- (e) Each local board of education and private school shall provide training in the recognition of hypoglycemia and hyperglycemia and actions to take in response to emergency situations to all school personnel who have primary responsibility for supervising a child with diabetes during some portion of the school day and to bus drivers responsible for the transportation of a student with diabetes.

Section 4. The parent or guardian of each student with diabetes who seeks diabetes care while at school shall

submit to the school a diabetes medical management plan, which upon receipt shall be reviewed and implemented by the school.

Section 5. (a) The local board of education and the governing body of each private school shall ensure that each student with diabetes in the school or system receives appropriate and needed diabetes care as specified in his or her diabetes medical management plan. In accordance with the request of the parent or guardian of a student with diabetes and the student's diabetes medical management plan, the school nurse or, in the absence of the school nurse, trained diabetes care personnel, shall perform diabetes care functions including, but not limited to, all of the following:

- (1) Checking and recording blood glucose levels and ketone levels or assisting a student with such checking and recording.
- (2) Responding to blood glucose levels that are outside of the student's target range.
- (3) Administering glucagon and other emergency treatments as prescribed.
- (4) Administering insulin or assisting a student in administering insulin through the insulin delivery system the student uses.
  - (5) Providing oral diabetes medications.
- (6) Following the diabetes medical management plan of the student regarding meals, snacks, and physical activity.
- (b) The school nurse or at least one of the trained diabetes care personnel shall be on site and available to

provide care to each student with diabetes as set forth in subsection (a) during regular school hours and during all school-sponsored activities in which the student is a direct participant, including school-sponsored before school and after school care programs, field trips, extended off-site excursions, extracurricular activities, and on buses when the bus driver has not completed the necessary training.

Section 6. (a) Notwithstanding any other provision of law, the activities set forth in subsection (a) of Section 5 shall not constitute the practice of nursing and shall be exempted from all applicable statutory and regulatory provisions that restrict what activities can be delegated to or performed by a person who is not a licensed health care professional.

(b) Notwithstanding any other provision of law, it shall be lawful for a licensed health care professional to provide training to school employees in the activities set forth in Section 5 and to supervise the school employees in performing these tasks.

Section 7. A student in public schools with diabetes may attend the school the student would otherwise attend if the student did not have diabetes, and the diabetes care specified in Section 5 shall be provided at the school. A school system may not restrict a student who has diabetes from attending any school on the basis that the student has diabetes, that the school does not have a full-time school nurse, or that the school does not have trained diabetes care

personnel. In addition, a school shall not require or pressure parents or guardians to provide diabetes care for a student with diabetes at school or school-related activities.

Section 8. No physician, nurse, school employee, or school system shall be liable for civil damages or subject to disciplinary action under professional licensing regulations or school disciplinary policies as a result of the activities authorized by this legislation when such acts are committed as an ordinarily, reasonably prudent person would have acted under the same or similar circumstances.

Section 9. (a) Each local board of education shall provide a report to the Department of Education annually on or before October 15 concerning compliance with this act. The report shall state how many students with diabetes are attending schools in each public school system and provide documentation regarding the compliance of the system with this act. The Department of Education shall determine the format of the report and the criteria for documentation, and publish each report on its website by November 15 of each year.

(b) A student with diabetes or the parent or guardian of a student with diabetes, or both, shall have the right to pursue all available legal remedies against any school or school system that fails to meet its obligations to train school personnel to provide diabetes care as provided in Section 3, to provide the diabetes care described in Section 5, or to permit self-management of diabetes as outlined in Section 16-1-39(a) of the Code of Alabama 1975.

Section 10. The provisions of this act are

severable. If any part of this act is declared invalid or

unconstitutional, that declaration shall not affect the part

which remains.

Section 11. This act shall become effective January

1, following its passage and approval by the Governor, or its

otherwise becoming law.