

HB 494 – AS INTRODUCED

2013 SESSION

13-0007
04/05

HOUSE BILL

494

AN ACT

relative to the administration of glucagon injections for pupils.

SPONSORS:

Rep. Parison, Hills 25; Rep. Coffey, Hills 25; Rep. Leishman, Hills 24;
Sen. Gilmour, Dist 12

COMMITTEE:

Health, Human Services and Elderly Affairs

ANALYSIS

This bill permits a school nurse or other school personnel to administer a glucagon injection to a pupil.

Explanation:

Matter added to current law appears in ***bold italics***.

Matter removed from current law appears [~~in brackets and struck through.~~]

Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Thirteen

AN ACT relative to the administration of glucagon injections for pupils.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 Legislative Findings. The general court hereby finds that:

2 I. Approximately one in 500 school children have diabetes. Individuals with diabetes need to
3 manage their diabetes carefully to keep their blood glucose levels within target range.

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

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

10 IV. Across the country, schools are increasingly more prepared and trained for medical
11 emergencies using defibrillators and giving injections to counter allergic reactions.

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

17 VI. The Rhode Island chapter of the American academy of pediatrics states (November 20,
18 2005) that: “While quite rare, such episodes (of hypoglycemic unconsciousness or seizure) run the
19 risk of serious long-term complications, and potentially death, if there is a delay in appropriate
20 treatment.”

21 2 New Section; School Health Services; Glucagon Injections. Amend RSA 200 by inserting after
22 section 40-a the following new section:

23 200:40-b Glucagon Injections.

24 I.(a) The state board of education and the department of health and human services shall
25 adopt rules pursuant to RSA 541-A for addressing incidents of hypoglycemia resulting in
26 unconsciousness, seizure and/or the inability to swallow in order to provide for the health and safety
27 of children who have been medically identified as having diabetes. The policies, rules, and
28 regulations shall include procedures whereby:

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

1 activities;

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

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

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

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

13 II. The state board of education, in conjunction with the American Diabetes Association, and
14 the New Hampshire chapter of American Academy of Pediatrics, shall develop standards and
15 guidelines for the training and supervision of personnel, other than the school nurse, who provide
16 emergency medical assistance to students under this section. Such personnel shall only be
17 authorized to provide such assistance upon successful completion of glucagon administration
18 training.

19 III. No school teacher, school administrator, school health care personnel, person employed
20 on behalf of the school, any other school personnel, nor any local educational authority shall be liable
21 for civil damages which may result from acts or omissions in use of glucagon which may constitute
22 ordinary negligence. This immunity does nor apply to acts or omissions constituting gross negligence
23 or willful or wanton conduct.

24 IV. Training on the administration of epinephrine or glucagon for school personnel, or those
25 employed on behalf of the school, shall not be considered the delegation of nursing practice.

26 V. The administration of epinephrine or glucagon by school personnel, or those employed on
27 behalf of the school, shall not be considered the practice of nursing.

28 3 Effective Date. This act shall take effect 60 days after its passage.