

RCW 28A.210.383 Epinephrine autoinjectors (EPI pens)—School supply—Use.

(1) School districts and nonpublic schools may maintain at a school in a designated location a supply of epinephrine autoinjectors based on the number of students enrolled in the school.

(2) (a) A licensed health professional with the authority to prescribe epinephrine autoinjectors may prescribe 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 for the administration of school-supplied, undesignated epinephrine autoinjectors for potentially life-threatening allergic reactions.

(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 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 or designated trained school personnel may utilize the school district or school supply of epinephrine autoinjectors 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 prescription for an epinephrine autoinjector on file, the school nurse may utilize the school district or school supply of epinephrine autoinjectors to respond to an anaphylactic reaction under a standing protocol according to RCW 28A.210.300.

(c) 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 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.

(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, if applicable, and written policies of the school district or private school, 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.

(5) The office of the superintendent of public instruction shall review the anaphylaxis policy guidelines required under RCW 28A.210.380 and make a recommendation to the education committees of the legislature by December 1, 2013, based on student safety, regarding whether to designate other trained school employees to administer epinephrine autoinjectors to students without prescriptions for epinephrine autoinjectors demonstrating the symptoms of anaphylaxis when a school nurse is not in the vicinity. [2014 c 34 § 1; 2013 c 268 § 2.]

Findings—2013 c 268: "(1) The legislature finds that allergies are a serious medical disorder that affect more than one in five persons in the United States and are the sixth leading cause of chronic disease. Roughly one in thirteen children has a food allergy, and the incidence is rising. Up to forty percent of food-allergic children may be at risk for anaphylaxis, a severe and potentially life-threatening reaction. Anaphylaxis may also occur due to an insect sting, drug allergy, or other causes. Twenty-five percent of first-time anaphylactic reactions among children occur in a school setting. Anaphylaxis can occur anywhere on school property, including the classroom, playground, school bus, or on field trips.

(2) Rapid and appropriate administration of the drug epinephrine, also known as adrenaline, to a patient experiencing an anaphylactic reaction may make the difference between life and death. In a school setting, epinephrine is typically administered intramuscularly via an epinephrine autoinjector device. Medical experts agree that the benefits of emergency epinephrine administration far outweigh the risks.

(3) The legislature further finds that, on many days, as much as twenty percent of the nation's combined adult and child population can be found in public and nonpublic schools. Therefore, schools need to be prepared to treat potentially life-threatening anaphylactic reactions in the event a student is experiencing a first-time anaphylactic reaction, a student does not have his or her own epinephrine autoinjector device available, or if a school nurse is not in the vicinity at the time." [2013 c 268 § 1.]