Chapter 28A.210 RCW
HEALTH—SCREENING AND REQUIREMENTS

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State board of health: Chapter 43.20 RCW.

RCW 28A.210.010 Contagious diseases, limiting contact—Rules. The state board of health, after consultation with the superintendent of public instruction, shall adopt reasonable rules regarding the presence of persons on or about any school premises who have, or who have been exposed to, contagious diseases deemed by the state board of health as dangerous to the public health. Such rules shall specify reasonable and precautionary procedures as to such presence and/or readmission of such persons and may include the requirement for a certificate from a licensed physician that there is no danger of contagion. The superintendent of public instruction shall provide to appropriate school officials and personnel, access and notice of these rules of the state board of health. Providing online access to these rules satisfies the requirements of this section. The superintendent of public instruction is required to provide this notice only when there are significant changes to the rules. [2009 c 556 s 3; 1971 c 32 s 1; 1969 ex.s. c 223 s 28A.31.010. Prior: 1909 c 97 p 262 s 5; RRS s 4689; prior: 1897 c 118 s 68; 1890 p 372 s 47. Formerly RCW 28A.31.010, 28.31.010.]

RCW 28A.210.020 Visual and auditory screening of pupils—Rules. Every board of school directors shall have the power, and it shall be its duty to provide for and require screening for the visual and auditory acuity of all children attending schools in their districts to ascertain which if any of such children have defects sufficient to retard them in their studies. Visual screening shall include both distance and near vision screening. Auditory and visual screening shall be made in accordance with procedures and standards adopted by rule of the state board of health. Prior to the adoption or revision of such rules the state board of health shall seek the recommendations of the superintendent of public instruction regarding the administration of visual and auditory screening and the qualifications of persons competent to administer such screening. Persons performing visual screening may include, but are not limited to, ophthalmologists, optometrists, or opticians who donate their professional services to schools or school districts. If a vision professional who donates his or her services identifies a vision defect sufficient to affect a student's learning, the vision professional must notify the school nurse and/or the school principal in writing and may not contact the student's parents or guardians directly. A school official shall inform parents or guardians of students in writing that a visual examination was recommended, but may not communicate the name or contact information of the vision professional conducting the screening. [2016 c 219 s 1; 2009 c 556 s 18; 1971 c 32 s 2; 1969 ex.s. c 223 s 28A.31.030. Prior: 1941 c 202 s 1; Rem. Supp. 1941 s 4689-1. Formerly RCW 28A.31.030, 28.31.030.]

RCW 28A.210.030 Visual and auditory screening of pupils—Record of screening—Forwarding of records, recommendations and data. The person or persons completing the screening prescribed in RCW 28A.210.020 shall promptly prepare a record of the screening of each child found to have, or suspected of having, reduced visual and/or auditory acuity in need of attention, including the special education services provided by RCW 28A.155.010 through 28A.155.100, and send copies of such records and recommendations to the parents or guardians

of such children and shall deliver the original records to the appropriate school official who shall preserve such records and forward to the superintendent of public instruction and the secretary of health visual and auditory data as requested by such officials. [1991 c 3 s 289; 1990 c 33 s 188; 1971 c 32 s 3; 1969 ex.s. c 223 s 28A.31.040. Prior: 1941 c 202 s 2; Rem. Supp. 1941 s 4689-2. Formerly RCW 28A.31.040, 28.31.040.]

RCW 28A.210.040 Visual and auditory screening of pupils—Access to rules, records, and forms. The superintendent of public instruction shall provide access to appropriate school officials the rules adopted by the state board of health pursuant to RCW 28A.210.020 and the recommended records and forms to be used in making and reporting such screenings. Providing online access to the materials satisfies the requirements of this section. [2009 c 556 s 4; 1990 c 33 s 189; 1973 c 46 s 1. Prior: 1971 c 48 s 12; 1971 c 32 s 4; 1969 ex.s. c 223 s 28A.31.050; prior: 1941 c 202 s 3; RRS s 4689-3. Formerly RCW 28A.31.050, 28.31.050.]

Severability—1973 c 46: "If any provision of this 1973 amendatory act, or its application to any person or circumstance is held invalid, the remainder of the act, or the application of the provision to other persons or circumstances is not affected." [1973 c 46 s 5.]

Severability—1971 c 48: See note following RCW 28A.310.250.

RCW 28A.210.045 Speech-language pathology services—Complaints. (1) The superintendent of public instruction shall report to the department of health:

(a) Any complaint or disciplinary action taken against a certified educational staff associate providing speech-language pathology services in a school setting; and

(b) Any complaint the superintendent receives regarding a speech-language pathology assistant certified under chapter 18.35 RCW.

(2) The superintendent of public instruction shall make the reports required by this section as soon as practicable, but in no case later than five business days after the complaint or disciplinary action. [2009 c 301 s 13.]

Intent—Implementation—2009 c 301: See notes following RCW 18.35.010.

Speech-language pathology assistants—Certification requirements—2009 c 301: See note following RCW 18.35.040.

RCW 28A.210.060 Immunization program—Purpose. In enacting RCW 28A.210.060 through 28A.210.170, it is the judgment of the legislature that it is necessary to protect the health of the public and individuals by providing a means for the eventual achievement of full immunization of school-age children against certain vaccine-preventable diseases. [1990 c 33 s 190; 1984 c 40 s 3; 1979 ex.s. c 118 s 1. Formerly RCW 28A.31.100.]

Severability—1984 c 40: See note following RCW 28A.195.050.

Effective date—1979 ex.s. c 118: "This act is necessary for the immediate preservation of the public peace, health, and safety, the support of the state government and its existing public institutions, and shall take effect on September 1, 1979." [1979 ex.s. c 118 s 13.]

Severability—1979 ex.s. c 118: "If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected." [1979 ex.s. c 118 s 16.]

Immunization plan: RCW 43.70.525.

RCW 28A.210.070 Immunization program—Definitions. As used in RCW 28A.210.060 through 28A.210.170:

(1) "Chief administrator" shall mean the person with the authority and responsibility for the immediate supervision of the operation of a school or day care center as defined in this section or, in the alternative, such other person as may hereafter be designated in writing for the purposes of RCW 28A.210.060 through 28A.210.170 by the statutory or corporate board of directors of the school district, school, or day care center or, if none, such other persons or person with the authority and responsibility for the general supervision of the operation of the school district, school or day care center.

(2) "Child" shall mean any person, regardless of age, in attendance at a public or private school or a licensed day care center.

(3) "Day care center" shall mean an agency which regularly provides care for a group of thirteen or more children for periods of less than twenty-four hours and is licensed pursuant to chapter 43.216 RCW.

(4) "Full immunization" shall mean immunization against certain vaccine-preventable diseases in accordance with schedules and with immunizing agents approved by the state board of health.

(5) "Local health department" shall mean the city, town, county, district or combined city-county health department, board of health, or health officer which provides public health services.

(6) "School" shall mean and include each building, facility, and location at or within which any or all portions of a preschool, kindergarten and grades one through twelve program of education and related activities are conducted for two or more children by or in behalf of any public school district and by or in behalf of any private school or private institution subject to approval by the state board of education pursuant to RCW 28A.305.130, 28A.195.010 through 28A.195.050, and 28A.410.120. [2017 3rd sp.s. c 6 s 217; 2006 c 263 s 908; 1990 c 33 s 191; 1985 c 49 s 2; 1984 c 40 s 4; 1979 ex.s. c 118 s 2. Formerly RCW 28A.31.102.]

Reviser's note: The definitions in this section have been alphabetized pursuant to RCW 1.08.015(2)(k).

Effective date—2017 3rd sp.s. c 6 ss 102, 104-115, 201-227, 301-337, 401-419, 501-513, 801-803, and 805-822: See note following RCW 43.216.025.

Conflict with federal requirements—2017 3rd sp.s. c 6: See RCW 43.216.908.

Findings—Purpose—Part headings not law—2006 c 263: See notes following RCW 28A.150.230.

Severability—1984 c 40: See note following RCW 28A.195.050.

Effective date—Severability—1979 ex.s. c 118: See notes following RCW 28A.210.060.

RCW 28A.210.080 Immunization program—Attendance of child conditioned upon presentation of alternative proofs—Information regarding meningococcal disease—Information regarding human papillomavirus disease. (1) The attendance of every child at every public and private school in the state and licensed day care center shall be conditioned upon the presentation before or on each child's first day of attendance at a particular school or center, of proof of either (a) full immunization, (b) the initiation of and compliance with a schedule of immunization, as required by rules of the state board of health, or (c) a certificate of exemption as provided for in RCW 28A.210.090. The attendance at the school or the day care center during any subsequent school year of a child who has initiated a schedule of immunization shall be conditioned upon the presentation of proof of compliance with the schedule on the child's first day of attendance during the subsequent school year. Once proof of full immunization or proof of completion of an approved schedule has been presented, no further proof shall be required as a condition to attendance at the particular school or center.

(2)(a) Beginning with sixth grade entry, every public and private school in the state shall provide parents and guardians with information about meningococcal disease and its vaccine at the beginning of every school year. The information about meningococcal disease shall include:

(i) Its causes and symptoms, how meningococcal disease is spread, and the places where parents and guardians may obtain additional information and vaccinations for their children; and

(ii) Current recommendations from the United States centers for disease control and prevention regarding the receipt of vaccines for meningococcal disease and where the vaccination can be received.

(b) This subsection shall not be construed to require the department of health or the school to provide meningococcal vaccination to students.

(c) The department of health shall prepare the informational materials and shall consult with the office of superintendent of public instruction.

(d) This subsection does not create a private right of action.

(3)(a) Beginning with sixth grade entry, every public school in the state shall provide parents and guardians with information about human papillomavirus disease and its vaccine at the beginning of every school year. The information about human papillomavirus disease shall include:

(i) Its causes and symptoms, how human papillomavirus disease is spread, and the places where parents and guardians may obtain additional information and vaccinations for their children; and

(ii) Current recommendations from the United States centers for disease control and prevention regarding the receipt of vaccines for human papillomavirus disease and where the vaccination can be received.

(b) This subsection shall not be construed to require the department of health or the school to provide human papillomavirus vaccination to students.

(c) The department of health shall prepare the informational materials and shall consult with the office of the superintendent of public instruction.

(d) This subsection does not create a private right of action.

(4) Private schools are required by state law to notify parents that information on the human papillomavirus disease prepared by the department of health is available. [2007 c 276 s 1; 2005 c 404 s 1; 1990 c 33 s 192; 1985 c 49 s 1; 1979 ex.s. c 118 s 3. Formerly RCW 28A.31.104.]

Effective date—Severability—1979 ex.s. c 118: See notes following RCW 28A.210.060.

RCW 28A.210.090 Immunization program—Exemptions. ***(Effective until June 30, 2027.)*** (1) Any child shall be exempt in whole or in part from the immunization measures required by RCW 28A.210.060 through 28A.210.170 upon the presentation of any one or more of the certifications required by this section, on a form prescribed by the department of health:

(a) A written certification signed by a health care practitioner that a particular vaccine required by rule of the state board of health is, in his or her judgment, not advisable for the child: PROVIDED, That when it is determined that this particular vaccine is no longer contraindicated, the child will be required to have the vaccine;

(b) A written certification signed by any parent or legal guardian of the child or any adult in loco parentis to the child that the religious beliefs of the signator are contrary to the required immunization measures; or

(c) A written certification signed by any parent or legal guardian of the child or any adult in loco parentis to the child that the signator has either a philosophical or personal objection to the immunization of the child. A philosophical or personal objection may not be used to exempt a child from the measles, mumps, and rubella vaccine.

(2)(a) The form presented on or after July 22, 2011, must include a statement to be signed by a health care practitioner stating that he or she provided the signator with information about the benefits and risks of immunization to the child. The form may be signed by a health care practitioner at any time prior to the enrollment of the child in a school or licensed day care. Photocopies of the signed form or a letter from the health care practitioner referencing the child's name shall be accepted in lieu of the original form.

(b) A health care practitioner who, in good faith, signs the statement provided for in (a) of this subsection is immune from civil liability for providing the signature.

(c) Any parent or legal guardian of the child or any adult in loco parentis to the child who exempts the child due to religious

beliefs pursuant to subsection (1)(b) of this section is not required to have the form provided for in (a) of this subsection signed by a health care practitioner if the parent or legal guardian demonstrates membership in a religious body or a church in which the religious beliefs or teachings of the church preclude a health care practitioner from providing medical treatment to the child.

(3) For purposes of this section, "health care practitioner" means a physician licensed under chapter 18.71 or 18.57 RCW, a naturopath licensed under chapter 18.36A RCW, a physician assistant licensed under chapter 18.71A RCW, or an *advanced registered nurse practitioner licensed under chapter 18.79 RCW. [2020 c 80 s 27; 2019 c 362 s 2; 2011 c 299 s 1; 1991 c 3 s 290; 1990 c 33 s 193; 1984 c 40 s 5; 1979 ex.s. c 118 s 4. Formerly RCW 28A.31.106.]

***Reviser's note:** The term "advanced registered nurse practitioner" was changed to "advanced practice registered nurse" by 2024 c 239 s 1, effective June 30, 2027.

Effective date—2020 c 80 ss 12-59: See note following RCW 7.68.030.

Intent—2020 c 80: See note following RCW 18.71A.010.

Severability—1984 c 40: See note following RCW 28A.195.050.

Effective date—Severability—1979 ex.s. c 118: See notes following RCW 28A.210.060.

RCW 28A.210.090 Immunization program—Exemptions. ***(Effective June 30, 2027.)*** (1) Any child shall be exempt in whole or in part from the immunization measures required by RCW 28A.210.060 through 28A.210.170 upon the presentation of any one or more of the certifications required by this section, on a form prescribed by the department of health:

(a) A written certification signed by a health care practitioner that a particular vaccine required by rule of the state board of health is, in his or her judgment, not advisable for the child: PROVIDED, That when it is determined that this particular vaccine is no longer contraindicated, the child will be required to have the vaccine;

(b) A written certification signed by any parent or legal guardian of the child or any adult in loco parentis to the child that the religious beliefs of the signator are contrary to the required immunization measures; or

(c) A written certification signed by any parent or legal guardian of the child or any adult in loco parentis to the child that the signator has either a philosophical or personal objection to the immunization of the child. A philosophical or personal objection may not be used to exempt a child from the measles, mumps, and rubella vaccine.

(2)(a) The form presented on or after July 22, 2011, must include a statement to be signed by a health care practitioner stating that he or she provided the signator with information about the benefits and risks of immunization to the child. The form may be signed by a health care practitioner at any time prior to the enrollment of the child in a school or licensed day care. Photocopies of the signed form or a

letter from the health care practitioner referencing the child's name shall be accepted in lieu of the original form.

(b) A health care practitioner who, in good faith, signs the statement provided for in (a) of this subsection is immune from civil liability for providing the signature.

(c) Any parent or legal guardian of the child or any adult in loco parentis to the child who exempts the child due to religious beliefs pursuant to subsection (1)(b) of this section is not required to have the form provided for in (a) of this subsection signed by a health care practitioner if the parent or legal guardian demonstrates membership in a religious body or a church in which the religious beliefs or teachings of the church preclude a health care practitioner from providing medical treatment to the child.

(3) For purposes of this section, "health care practitioner" means a physician licensed under chapter 18.71 or 18.57 RCW, a naturopath licensed under chapter 18.36A RCW, a physician assistant licensed under chapter 18.71A RCW, or an advanced practice registered nurse licensed under chapter 18.79 RCW. [2025 c 58 s 5086; 2020 c 80 s 27; 2019 c 362 s 2; 2011 c 299 s 1; 1991 c 3 s 290; 1990 c 33 s 193; 1984 c 40 s 5; 1979 ex.s. c 118 s 4. Formerly RCW 28A.31.106.]

Effective date—2025 c 58 ss 5058-5170: See note following RCW 7.68.030.

Explanatory note—2025 c 58: See note following RCW 1.16.050.

Effective date—2020 c 80 ss 12-59: See note following RCW 7.68.030.

Intent—2020 c 80: See note following RCW 18.71A.010.

Severability—1984 c 40: See note following RCW 28A.195.050.

Effective date—Severability—1979 ex.s. c 118: See notes following RCW 28A.210.060.

RCW 28A.210.100 Immunization program—Source of immunizations—Written records. The immunizations required by RCW 28A.210.060 through 28A.210.170 may be obtained from any private or public source desired: PROVIDED, That the immunization is administered and records are made in accordance with the regulations of the state board of health. Any person or organization administering immunizations shall furnish each person immunized, or his or her parent or legal guardian, or any adult in loco parentis to the child, with a written record of immunization given in a form prescribed by the state board of health. [1990 c 33 s 194; 1984 c 40 s 7; 1979 ex.s. c 118 s 6. Formerly RCW 28A.31.110.]

Severability—1984 c 40: See note following RCW 28A.195.050.

Effective date—Severability—1979 ex.s. c 118: See notes following RCW 28A.210.060.

RCW 28A.210.110 Immunization program—Administrator's duties upon receipt of proof of immunization or certification of exemption. A child's proof of immunization or certification of exemption shall be presented to the chief administrator of the public or private school or day care center or to his or her designee for that purpose. The chief administrator shall:

(1) Retain such records pertaining to each child at the school or day care center for at least the period the child is enrolled in the school or attends such center;

(2) Retain a record at the school or day care center of the name, address, and date of exclusion of each child excluded from school or the center pursuant to RCW 28A.210.120 for not less than three years following the date of a child's exclusion;

(3) File a written annual report with the department of health on the immunization status of students or children attending the day care center at a time and on forms prescribed by the department of health; and

(4) Allow agents of state and local health departments access to the records retained in accordance with this section during business hours for the purposes of inspection and copying. [1991 c 3 s 291; 1990 c 33 s 195; 1979 ex.s. c 118 s 7. Formerly RCW 28A.31.112.]

Effective date—Severability—1979 ex.s. c 118: See notes following RCW 28A.210.060.

RCW 28A.210.120 Immunization program—Prohibiting child's presence—Notice to parent, guardian, or adult in loco parentis. It shall be the duty of the chief administrator of every public and private school and day care center to prohibit the further presence at the school or day care center for any and all purposes of each child for whom proof of immunization, certification of exemption, or proof of compliance with an approved schedule of immunization has not been provided in accordance with RCW 28A.210.080 and to continue to prohibit the child's presence until such proof of immunization, certification of exemption, or approved schedule has been provided. The exclusion of a child from a school shall be accomplished in accordance with rules of the office of the superintendent, in consultation with the state board of health. The exclusion of a child from a day care center shall be accomplished in accordance with rules of the department of social and health services. Prior to the exclusion of a child, each school or day care center shall provide written notice to the parent(s) or legal guardian(s) of each child or to the adult(s) in loco parentis to each child, who is not in compliance with the requirements of RCW 28A.210.080. The notice shall fully inform such person(s) of the following: (1) The requirements established by and pursuant to RCW 28A.210.060 through 28A.210.170; (2) the fact that the child will be prohibited from further attendance at the school unless RCW 28A.210.080 is complied with; (3) such procedural due process rights as are hereafter established pursuant to RCW 28A.210.160 and/or 28A.210.170, as appropriate; and (4) the immunization services that are available from or through the local health department and other public agencies. [2006 c 263 s 909; 1990 c 33 s 196; 1985 c 49 s 3; 1984 c 40 s 8; 1979 ex.s. c 118 s 8. Formerly RCW 28A.31.114.]

Findings—Purpose—Part headings not law—2006 c 263: See notes following RCW 28A.150.230.

Severability—1984 c 40: See note following RCW 28A.195.050.

Effective date—Severability—1979 ex.s. c 118: See notes following RCW 28A.210.060.

RCW 28A.210.130 Immunization program—Superintendent of public instruction to provide information. The superintendent of public instruction shall provide for information about the immunization program and requirements under RCW 28A.210.060 through 28A.210.170 to be widely available throughout the state in order to promote full use of the program. [1990 c 33 s 197; 1985 c 49 s 4. Formerly RCW 28A.31.115.]

RCW 28A.210.140 Immunization program—State board of health rules, contents. The state board of health shall adopt and is hereby empowered to adopt rules pursuant to chapter 34.05 RCW which establish the procedural and substantive requirements for full immunization and the form and substance of the proof thereof, to be required pursuant to RCW 28A.210.060 through 28A.210.170. [1990 c 33 s 198; 1984 c 40 s 9; 1979 ex.s. c 118 s 9. Formerly RCW 28A.31.116.]

Severability—1984 c 40: See note following RCW 28A.195.050.

Effective date—Severability—1979 ex.s. c 118: See notes following RCW 28A.210.060.

RCW 28A.210.150 Immunization program—Superintendent of public instruction by rule to adopt procedures for verifying records. The superintendent of public instruction by rule shall provide procedures for schools to quickly verify the immunization records of students transferring from one school to another before the immunization records are received. [1985 c 49 s 5. Formerly RCW 28A.31.117.]

RCW 28A.210.160 Immunization program—Rules. The superintendent of public instruction with regard to public schools and the state board of education with regard to private schools, in consultation with the state board of health, shall each adopt rules pursuant to chapter 34.05 RCW that establish the procedural and substantive due process requirements governing the exclusion of children from schools pursuant to RCW 28A.210.120. [2006 c 263 s 910; 1990 c 33 s 199; 1979 ex.s. c 118 s 10. Formerly RCW 28A.31.118.]

Findings—Purpose—Part headings not law—2006 c 263: See notes following RCW 28A.150.230.

Effective date—Severability—1979 ex.s. c 118: See notes following RCW 28A.210.060.

RCW 28A.210.170 Immunization program—Department of social and health services' rules, contents. The department of social and health services shall and is hereby empowered to adopt rules pursuant to chapter 34.05 RCW which establish the procedural and substantive due process requirements governing the exclusion of children from day care centers pursuant to RCW 28A.210.120. [1990 c 33 s 200; 1979 ex.s. c 118 s 11. Formerly RCW 28A.31.120.]

Effective date—Severability—1979 ex.s. c 118: See notes following RCW 28A.210.060.

RCW 28A.210.255 Provision of health services in public and private schools—Employee job description. Any employee of a public school district or private school that performs health services, such as catheterization, must have a job description that lists all of the health services that the employee may be required to perform for students. [2003 c 172 s 2.]

RCW 28A.210.260 Public and private schools—Administration of medication—Conditions. (1) Public school districts and private schools which conduct any of grades kindergarten through the twelfth grade may provide for the administration of oral medication, topical medication, eye drops, ear drops, or nasal spray, of any nature to students who are in the custody of the school district or school at the time of administration, but are not required to do so by this section, subject to the following conditions:

(a) The board of directors of the public school district or the governing board of the private school or, if none, the chief administrator of the private school shall adopt policies which address the designation of employees who may administer oral medications, topical medications, eye drops, ear drops, or nasal spray to students, the acquisition of parent requests and instructions, and the acquisition of requests from licensed health professionals prescribing within the scope of their prescriptive authority and instructions regarding students who require medication for more than fifteen consecutive school days, the identification of the medication to be administered, the means of safekeeping medications with special attention given to the safeguarding of legend drugs as defined in chapter 69.41 RCW, and the means of maintaining a record of the administration of such medication. Policies adopted in accordance with this subsection (1) may not permit a school nurse to delegate the responsibility to administer student medications to a parent-designated adult who is not a school employee;

(b) The board of directors shall seek advice from one or more licensed physicians or nurses in the course of developing the foregoing policies;

(c) The public school district or private school is in receipt of a written, current and unexpired request from a parent, or a legal guardian, or other person having legal control over the student to administer the medication to the student;

(d) The public school district or the private school is in receipt of: (i) A written, current and unexpired request from a licensed health professional prescribing within the scope of his or her prescriptive authority for administration of the medication, as

there exists a valid health reason which makes administration of such medication advisable during the hours when school is in session or the hours in which the student is under the supervision of school officials; and (ii) written, current and unexpired instructions from such licensed health professional prescribing within the scope of his or her prescriptive authority regarding the administration of prescribed medication to students who require medication for more than fifteen consecutive workdays;

(e) The medication is administered by an employee designated by or pursuant to the policies adopted pursuant to (a) of this subsection and in substantial compliance with the prescription of a licensed health professional prescribing within the scope of his or her prescriptive authority or the written instructions provided pursuant to (d) of this subsection;

(f) The medication is first examined by the employee administering the same to determine in his or her judgment that it appears to be in the original container and to be properly labeled;

(g) The board of directors shall designate a professional person licensed pursuant to chapter 18.71 or 18.79 RCW as it applies to registered nurses and *advanced registered nurse practitioners, to delegate to, train, and supervise the designated school district personnel in proper medication procedures; and

(h) To be eligible to be a parent-designated adult, a school district employee not licensed under chapter 18.79 RCW must file, without coercion by the employer, a voluntary written, current, and unexpired letter of intent stating the employee's willingness to be a parent-designated adult. If a school district employee who is not licensed under chapter 18.79 RCW chooses not to file a letter under this section, the employee may not be subject to any employer reprisal or disciplinary action for refusing to file a letter. A parent-designated adult must be a volunteer, who may be a school district employee. The professional person designated under this subsection is not responsible for the supervision of the parent-designated adult for those procedures that are authorized by the parents.

(2) This section does not apply to:

(a) Topical sunscreen products regulated by the United States food and drug administration for over-the-counter use. Provisions related to possession and application of topical sunscreen products are in RCW 28A.210.278; and

(b) Opioid overdose reversal medication. Provisions related to maintenance and administration of opioid overdose reversal medication are in RCW 28A.210.390. [2021 c 29 s 2; 2019 c 314 s 41; 2017 c 186 s 2; 2013 c 180 s 1; 2012 c 16 s 1; 2000 c 63 s 1; 1994 sp.s. c 9 s 720; 1982 c 195 s 1. Formerly RCW 28A.31.150.]

***Reviser's note:** The term "advanced registered nurse practitioner" was changed to "advanced practice registered nurse" by 2024 c 239 s 1, effective June 30, 2027.

Declaration—2019 c 314: See note following RCW 18.22.810.

Application—Short title—Effective date—2017 c 186: See notes following RCW 28A.210.278.

Severability—Headings and captions not law—Effective date—1994 sp.s. c 9: See RCW 18.79.900 through 18.79.902.

Severability—1982 c 195: "If any provision of this amendatory act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected." [1982 c 195 s 4.]

RCW 28A.210.270 Public and private schools—Administration of medication—Immunity from liability—Discontinuance, procedure. (1) In the event a school employee administers oral medication, topical medication, eye drops, ear drops, or nasal spray to a student pursuant to RCW 28A.210.260 in substantial compliance with the prescription of the student's licensed health professional prescribing within the scope of the professional's prescriptive authority or the written instructions provided pursuant to RCW 28A.210.260(1)(d), and the other conditions set forth in RCW 28A.210.260 have been substantially complied with, then the employee, the employee's school district or school of employment, and the members of the governing board and chief administrator thereof shall not be liable in any criminal action or for civil damages in their individual or marital or governmental or corporate or other capacities as a result of the administration of the medication.

(2) The administration of oral medication, topical medication, eye drops, ear drops, or nasal spray to any student pursuant to RCW 28A.210.260 may be discontinued by a public school district or private school and the school district or school, its employees, its chief administrator, and members of its governing board shall not be liable in any criminal action or for civil damages in their governmental or corporate or individual or marital or other capacities as a result of the discontinuance of such administration: PROVIDED, That the chief administrator of the public school district or private school, or his or her designee, has first provided actual notice orally or in writing in advance of the date of discontinuance to a parent or legal guardian of the student or other person having legal control over the student. [2019 c 314 s 42; 2013 c 180 s 2; 2012 c 16 s 2; 2000 c 63 s 2; 1990 c 33 s 208; 1982 c 195 s 2. Formerly RCW 28A.31.155.]

Declaration—2019 c 314: See note following RCW 18.22.810.

Severability—1982 c 195: See note following RCW 28A.210.260.

RCW 28A.210.275 Administration of medications by employees not licensed under chapter 18.79 RCW—Requirements—Immunity from liability. ***(Effective until June 30, 2027.)*** (1) Beginning July 1, 2014, a school district employee not licensed under chapter 18.79 RCW who is asked to administer medications or perform nursing services not previously recognized in law shall at the time he or she is asked to administer the medication or perform the nursing service file, without coercion by the employer, a voluntary written, current, and unexpired letter of intent stating the employee's willingness to administer the new medication or nursing service. It is understood that the letter of intent will expire if the conditions of acceptance are substantially changed. If a school employee who is not licensed under chapter 18.79 RCW chooses not to file a letter under this section, the employee is not subject to any employer reprisal or disciplinary action for refusing to file a letter.

(2) In the event a school employee provides the medication or service to a student in substantial compliance with (a) rules adopted by the state board of nursing and the instructions of a registered nurse or *advanced registered nurse practitioner issued under such rules, and (b) written policies of the school district, then the 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 his or her individual, marital, governmental, corporate, or other capacity as a result of providing the medication or service.

(3) The board of directors shall designate a professional person licensed under chapter 18.71, 18.57, or 18.79 RCW as it applies to registered nurses and *advanced registered nurse practitioners to consult and coordinate with the student's parents and health care provider, and train and supervise the appropriate school district personnel in proper procedures to ensure a safe, therapeutic learning environment. School employees must receive the training provided under this subsection before they are authorized to deliver the service or medication. Such training must be provided, where necessary, on an ongoing basis to ensure that the proper procedures are not forgotten because the services or medication are delivered infrequently. [2025 c 58 s 5043; 2014 c 204 s 2.]

***Reviser's note:** The term "advanced registered nurse practitioner" was changed to "advanced practice registered nurse" by 2024 c 239 s 1, effective June 30, 2027.

Expiration date—2025 c 58 ss 5004, 5005, 5006, 5010, 5012, 5013, 5014, 5016, 5017, 5018, 5019, 5020, 5024, 5029, 5030, 5043, 5044, 5045, 5047, 5048, 5049, 5051, 5052, 5053, and 5055: See note following RCW 18.79.040.

Explanatory note—2025 c 58: See note following RCW 1.16.050.

RCW 28A.210.275 Administration of medications by employees not licensed under chapter 18.79 RCW—Requirements—Immunity from liability. *(Effective June 30, 2027.)* (1) Beginning July 1, 2014, a school district employee not licensed under chapter 18.79 RCW who is asked to administer medications or perform nursing services not previously recognized in law shall at the time he or she is asked to administer the medication or perform the nursing service file, without coercion by the employer, a voluntary written, current, and unexpired letter of intent stating the employee's willingness to administer the new medication or nursing service. It is understood that the letter of intent will expire if the conditions of acceptance are substantially changed. If a school employee who is not licensed under chapter 18.79 RCW chooses not to file a letter under this section, the employee is not subject to any employer reprisal or disciplinary action for refusing to file a letter.

(2) In the event a school employee provides the medication or service to a student in substantial compliance with (a) rules adopted by the state board of nursing and the instructions of a registered nurse or advanced practice registered nurse issued under such rules, and (b) written policies of the school district, then the 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 his or her individual, marital, governmental, corporate, or other capacity as a result of providing the medication or service.

(3) The board of directors shall designate a professional person licensed under chapter 18.71, 18.57, or 18.79 RCW as it applies to registered nurses and advanced practice registered nurses to consult and coordinate with the student's parents and health care provider, and train and supervise the appropriate school district personnel in proper procedures to ensure a safe, therapeutic learning environment. School employees must receive the training provided under this subsection before they are authorized to deliver the service or medication. Such training must be provided, where necessary, on an ongoing basis to ensure that the proper procedures are not forgotten because the services or medication are delivered infrequently. [2025 c 58 s 5087; 2014 c 204 s 2.]

Effective date—2025 c 58 ss 5058-5170: See note following RCW 7.68.030.

Explanatory note—2025 c 58: See note following RCW 1.16.050.

RCW 28A.210.278 Topical sunscreen products—Sun safety guidelines. (1) Any person, including students, parents, and school personnel, may possess topical sunscreen products to help prevent sunburn while on school property, at a school-related event or activity, or at summer camp. As excepted in RCW 28A.210.260, a sunscreen product may be possessed and applied under this section without the prescription or note of a licensed health care professional if the product is regulated by the United States food and drug administration for over-the-counter use. For student use, a sunscreen product must be supplied by a parent or guardian.

(2) Schools are encouraged to educate students about sun safety guidelines.

(3) Nothing in this section requires school personnel to assist students in applying sunscreen.

(4) As used in this section, "school" means a public school, school district, educational service district, or private school with any of grades kindergarten through twelve. [2017 c 186 s 1.]

Application—2017 c 186: "This act does not create any civil liability on the part of the state or any state agency, officer, employee, agent, political subdivision, or school district." [2017 c 186 s 3.]

Short title—2017 c 186: "This act may be known and cited as the student sun safety education act." [2017 c 186 s 4.]

Effective date—2017 c 186: "This act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect immediately [May 4, 2017]." [2017 c 186 s 5.]

RCW 28A.210.280 Catheterization of public and private school students. ***(Effective until June 30, 2027.)*** (1) Public school

districts and private schools that offer classes for any of grades kindergarten through twelve must provide for clean, intermittent bladder catheterization of students, or assisted self-catheterization of students pursuant to RCW 18.79.290. The catheterization must be provided in substantial compliance with:

(a) Rules adopted by the state board of nursing and the instructions of a registered nurse or *advanced registered nurse practitioner issued under such rules; and

(b) Written policies of the school district or private school which shall be adopted in order to implement this section and shall be developed in accordance with such requirements of chapters 41.56 and 41.59 RCW as may be applicable.

(2) School district employees, except those licensed under chapter 18.79 RCW, who have not agreed in writing to perform clean, intermittent bladder catheterization as a specific part of their job description, may file a written letter of refusal to perform clean, intermittent bladder catheterization of students. This written letter of refusal may not serve as grounds for discharge, nonrenewal, or other action adversely affecting the employee's contract status.

(3) Any public school district or private school that provides clean, intermittent bladder catheterization shall document the provision of training given to employees who perform these services. These records shall be made available for review at any audit. [2025 c 58 s 5044; 2003 c 172 s 1; 1994 sp.s. c 9 s 721; 1988 c 48 s 2. Formerly RCW 28A.31.160.]

***Reviser's note:** The term "advanced registered nurse practitioner" was changed to "advanced practice registered nurse" by 2024 c 239 s 1, effective June 30, 2027.

Expiration date—2025 c 58 ss 5004, 5005, 5006, 5010, 5012, 5013, 5014, 5016, 5017, 5018, 5019, 5020, 5024, 5029, 5030, 5043, 5044, 5045, 5047, 5048, 5049, 5051, 5052, 5053, and 5055: See note following RCW 18.79.040.

Explanatory note—2025 c 58: See note following RCW 1.16.050.

Severability—Headings and captions not law—Effective date—1994 sp.s. c 9: See RCW 18.79.900 through 18.79.902.

RCW 28A.210.280 Catheterization of public and private school students. *(Effective June 30, 2027.)* (1) Public school districts and private schools that offer classes for any of grades kindergarten through twelve must provide for clean, intermittent bladder catheterization of students, or assisted self-catheterization of students pursuant to RCW 18.79.290. The catheterization must be provided in substantial compliance with:

(a) Rules adopted by the state board of nursing and the instructions of a registered nurse or advanced practice registered nurse issued under such rules; and

(b) Written policies of the school district or private school which shall be adopted in order to implement this section and shall be developed in accordance with such requirements of chapters 41.56 and 41.59 RCW as may be applicable.

(2) School district employees, except those licensed under chapter 18.79 RCW, who have not agreed in writing to perform clean,

intermittent bladder catheterization as a specific part of their job description, may file a written letter of refusal to perform clean, intermittent bladder catheterization of students. This written letter of refusal may not serve as grounds for discharge, nonrenewal, or other action adversely affecting the employee's contract status.

(3) Any public school district or private school that provides clean, intermittent bladder catheterization shall document the provision of training given to employees who perform these services. These records shall be made available for review at any audit. [2025 c 58 s 5088; 2003 c 172 s 1; 1994 sp.s. c 9 s 721; 1988 c 48 s 2. Formerly RCW 28A.31.160.]

Effective date—2025 c 58 ss 5058-5170: See note following RCW 7.68.030.

Explanatory note—2025 c 58: See note following RCW 1.16.050.

Severability—Headings and captions not law—Effective date—1994 sp.s. c 9: See RCW 18.79.900 through 18.79.902.

RCW 28A.210.290 Catheterization of public and private school students—Immunity from liability. ***(Effective until June 30, 2027.)*** (1) In the event a school employee provides for the catheterization of a student pursuant to RCW 18.79.290 and 28A.210.280 in substantial compliance with (a) rules adopted by the state board of nursing and the instructions of a registered nurse or *advanced registered nurse practitioner issued under such rules, and (b) written policies of the school district or private school, then the employee, the employee's school district or school of employment, and the members of the governing board and chief administrator thereof shall not be liable in any criminal action or for civil damages in their individual, marital, governmental, corporate, or other capacity as a result of providing for the catheterization.

(2) Providing for the catheterization of any student pursuant to RCW 18.79.290 and 28A.210.280 may be discontinued by a public school district or private school and the school district or school, its employees, its chief administrator, and members of its governing board shall not be liable in any criminal action or for civil damages in their individual, marital, governmental, corporate, or other capacity as a result of the discontinuance: PROVIDED, That the chief administrator of the public school district or private school, or his or her designee, has first provided actual notice orally or in writing in advance of the date of discontinuance to a parent or legal guardian of the student or other person having legal control over the student: PROVIDED FURTHER, That the public school district otherwise provides for the catheterization of the student to the extent required by federal or state law. [2025 c 58 s 5045; 1994 sp.s. c 9 s 722; 1990 c 33 s 209; 1988 c 48 s 3. Formerly RCW 28A.31.165.]

***Reviser's note:** The term "advanced registered nurse practitioner" was changed to "advanced practice registered nurse" by 2024 c 239 s 1, effective June 30, 2027.

Expiration date—2025 c 58 ss 5004, 5005, 5006, 5010, 5012, 5013, 5014, 5016, 5017, 5018, 5019, 5020, 5024, 5029, 5030, 5043, 5044,

5045, 5047, 5048, 5049, 5051, 5052, 5053, and 5055: See note following RCW 18.79.040.

Explanatory note—2025 c 58: See note following RCW 1.16.050.

Severability—Headings and captions not law—Effective date—1994 sp.s. c 9: See RCW 18.79.900 through 18.79.902.

RCW 28A.210.290 Catheterization of public and private school students—Immunity from liability. ***(Effective June 30, 2027.)*** (1) In the event a school employee provides for the catheterization of a student pursuant to RCW 18.79.290 and 28A.210.280 in substantial compliance with (a) rules adopted by the state board of nursing and the instructions of a registered nurse or advanced practice registered nurse issued under such rules, and (b) written policies of the school district or private school, then the employee, the employee's school district or school of employment, and the members of the governing board and chief administrator thereof shall not be liable in any criminal action or for civil damages in their individual, marital, governmental, corporate, or other capacity as a result of providing for the catheterization.

(2) Providing for the catheterization of any student pursuant to RCW 18.79.290 and 28A.210.280 may be discontinued by a public school district or private school and the school district or school, its employees, its chief administrator, and members of its governing board shall not be liable in any criminal action or for civil damages in their individual, marital, governmental, corporate, or other capacity as a result of the discontinuance: PROVIDED, That the chief administrator of the public school district or private school, or his or her designee, has first provided actual notice orally or in writing in advance of the date of discontinuance to a parent or legal guardian of the student or other person having legal control over the student: PROVIDED FURTHER, That the public school district otherwise provides for the catheterization of the student to the extent required by federal or state law. [2025 c 58 s 5089; 1994 sp.s. c 9 s 722; 1990 c 33 s 209; 1988 c 48 s 3. Formerly RCW 28A.31.165.]

Effective date—2025 c 58 ss 5058-5170: See note following RCW 7.68.030.

Explanatory note—2025 c 58: See note following RCW 1.16.050.

Severability—Headings and captions not law—Effective date—1994 sp.s. c 9: See RCW 18.79.900 through 18.79.902.

RCW 28A.210.300 School physician or school nurse may be employed. The board of directors of any school district of the second class may employ a regularly licensed physician or a licensed public health nurse for the purpose of protecting the health of the children in said district. [1975 c 43 s 20; 1969 ex.s. c 223 s 28A.60.320. Prior: 1937 c 60 s 1; RRS s 4776-4. Formerly RCW 28A.60.320, 28.31.080.]

Effective date—Severability—1975 c 43: See notes following RCW 28A.535.050.

RCW 28A.210.305 Registered nurse or advanced registered nurse practitioner—Duties relating to nursing care of students—Notice to school districts. *(Effective until June 30, 2027.)* (1)(a) A registered nurse or an *advanced registered nurse practitioner licensed under chapter 18.79 RCW working in a school setting is authorized and responsible for the nursing care of students to the extent that the care is within the practice of nursing as defined in this section.

(b) A school administrator may supervise a registered nurse or an *advanced registered nurse practitioner licensed under chapter 18.79 RCW in aspects of employment other than the practice of nursing as defined in this section.

(c) Only a registered nurse or an *advanced registered nurse practitioner licensed under chapter 18.79 RCW may supervise, direct, or evaluate a licensed nurse working in a school setting with respect to the practice of nursing as defined in this section.

(2) Nothing in this section:

(a) Prohibits a nonnurse supervisor from supervising, directing, or evaluating a licensed nurse working in a school setting with respect to matters other than the practice of nursing;

(b) Requires a registered nurse or an *advanced registered nurse practitioner to be clinically supervised in a school setting; or

(c) Prohibits a nonnurse supervisor from conferring with a licensed nurse working in a school setting with respect to the practice of nursing.

(3) Within existing funds, the superintendent of public instruction shall notify each school district in this state of the requirements of this section.

(4) For purposes of this section, "practice of nursing" means:

(a) Registered nursing practice as defined in RCW 18.79.040, **advanced registered nursing practice as defined in RCW 18.79.050, and licensed practical nursing practice as defined in RCW 18.79.060, including, but not limited to:

(i) The administration of medication pursuant to a medication or treatment order; and

(ii) The decision to summon emergency medical assistance; and

(b) Compliance with any state or federal statute or administrative rule specifically regulating licensed nurses, including any statute or rule defining or establishing standards of patient care or professional conduct or practice. [2017 c 84 s 2.]

Reviser's note: *(1) The term "advanced registered nurse practitioner" was changed to "advanced practice registered nurse" by 2024 c 239 s 1, effective June 30, 2027.

**(2) The term "advanced registered nursing practice" was changed to "advanced practice registered nursing" by 2024 c 239 s 3, effective June 30, 2027.

Findings—Intent—2017 c 84: "(1) The legislature finds that:

(a) A registered nurse or an advanced registered nurse practitioner working in a school setting is authorized and responsible for the nursing care of students to the extent that the care is within the practice of nursing. A school administrator may supervise a

registered nurse or an advanced registered nurse practitioner in aspects of employment other than the practice of nursing;

(b) Nursing is governed by specific laws and regulations and requires a unique license to practice. Clinical supervision of a nurse is based on knowledge of the laws, regulations, and rules governing nursing practice, nursing practice standards, and nursing performance standards;

(c) Student health needs have changed dramatically over the last twenty years. The number of students with special health care needs has risen exponentially;

(d) School nurses are held accountable through chapter 18.79 RCW and the uniform disciplinary act, chapter 18.130 RCW, for errors in nursing judgment and actions;

(e) Individuals who are not nurses are unqualified to make nursing judgments and assessments;

(f) The independent nature of nursing has been recognized in both statute and rule. For example, under RCW 18.79.040, "registered nursing practice" includes the "administration, supervision, delegation, and evaluation of nursing practice." Furthermore, continuing competency rules recently adopted by the nursing care quality assurance commission recognize and acknowledge the independent nature of nursing; and

(g) The ability of a nurse to practice nursing without the supervision of a nonnurse supervisor is particularly important given the primacy of the nurse-patient relationship.

(2) It is therefore the intent of the legislature to reaffirm the authority of a licensed nurse working in a school setting to practice nursing without the supervision of a person who is not a licensed nurse.

(3) It is not the intent of the legislature to:

(a) Prohibit a nonnurse from supervising a licensed nurse working in a school setting with respect to matters other than the practice of nursing, such as matters of administration, terms and conditions of employment, and employee performance; or

(b) Require a school to provide clinical supervision for a licensed nurse working in a school setting." [2017 c 84 s 1.]

RCW 28A.210.305 Registered nurse or advanced practice registered nurse—Duties relating to nursing care of students—Notice to school districts. *(Effective June 30, 2027.)* (1)(a) A registered nurse or an advanced practice registered nurse licensed under chapter 18.79 RCW working in a school setting is authorized and responsible for the nursing care of students to the extent that the care is within the practice of nursing as defined in this section.

(b) A school administrator may supervise a registered nurse or an advanced practice registered nurse licensed under chapter 18.79 RCW in aspects of employment other than the practice of nursing as defined in this section.

(c) Only a registered nurse or an advanced practice registered nurse licensed under chapter 18.79 RCW may supervise, direct, or evaluate a licensed nurse working in a school setting with respect to the practice of nursing as defined in this section.

(2) Nothing in this section:

(a) Prohibits a nonnurse supervisor from supervising, directing, or evaluating a licensed nurse working in a school setting with respect to matters other than the practice of nursing;

(b) Requires a registered nurse or an advanced practice registered nurse to be clinically supervised in a school setting; or

(c) Prohibits a nonnurse supervisor from conferring with a licensed nurse working in a school setting with respect to the practice of nursing.

(3) Within existing funds, the superintendent of public instruction shall notify each school district in this state of the requirements of this section.

(4) For purposes of this section, "practice of nursing" means:

(a) Registered nursing practice as defined in RCW 18.79.040, advanced practice registered nursing as defined in RCW 18.79.050, and licensed practical nursing practice as defined in RCW 18.79.060, including, but not limited to:

(i) The administration of medication pursuant to a medication or treatment order; and

(ii) The decision to summon emergency medical assistance; and

(b) Compliance with any state or federal statute or administrative rule specifically regulating licensed nurses, including any statute or rule defining or establishing standards of patient care or professional conduct or practice. [2025 c 58 s 5090; 2017 c 84 s 2.]

Effective date—2025 c 58 ss 5058-5170: See note following RCW 7.68.030.

Explanatory note—2025 c 58: See note following RCW 1.16.050.

Findings—Intent—2017 c 84: "(1) The legislature finds that:

(a) A registered nurse or an advanced registered nurse practitioner working in a school setting is authorized and responsible for the nursing care of students to the extent that the care is within the practice of nursing. A school administrator may supervise a registered nurse or an advanced registered nurse practitioner in aspects of employment other than the practice of nursing;

(b) Nursing is governed by specific laws and regulations and requires a unique license to practice. Clinical supervision of a nurse is based on knowledge of the laws, regulations, and rules governing nursing practice, nursing practice standards, and nursing performance standards;

(c) Student health needs have changed dramatically over the last twenty years. The number of students with special health care needs has risen exponentially;

(d) School nurses are held accountable through chapter 18.79 RCW and the uniform disciplinary act, chapter 18.130 RCW, for errors in nursing judgment and actions;

(e) Individuals who are not nurses are unqualified to make nursing judgments and assessments;

(f) The independent nature of nursing has been recognized in both statute and rule. For example, under RCW 18.79.040, "registered nursing practice" includes the "administration, supervision, delegation, and evaluation of nursing practice." Furthermore, continuing competency rules recently adopted by the nursing care

quality assurance commission recognize and acknowledge the independent nature of nursing; and

(g) The ability of a nurse to practice nursing without the supervision of a nonnurse supervisor is particularly important given the primacy of the nurse-patient relationship.

(2) It is therefore the intent of the legislature to reaffirm the authority of a licensed nurse working in a school setting to practice nursing without the supervision of a person who is not a licensed nurse.

(3) It is not the intent of the legislature to:

(a) Prohibit a nonnurse from supervising a licensed nurse working in a school setting with respect to matters other than the practice of nursing, such as matters of administration, terms and conditions of employment, and employee performance; or

(b) Require a school to provide clinical supervision for a licensed nurse working in a school setting." [2017 c 84 s 1.]

RCW 28A.210.310 Prohibition on use of tobacco products on school property. (1) To protect children in the public schools of this state from exposure to the addictive substance of nicotine, each school district board of directors shall have a written policy mandating a prohibition on the use of all tobacco products on public school property.

(2) The policy in subsection (1) of this section shall include, but not be limited to, a requirement that students and school personnel be notified of the prohibition, the posting of signs prohibiting the use of tobacco products, sanctions for students and school personnel who violate the policy, and a requirement that school district personnel enforce the prohibition. Enforcement policies adopted in the school board policy shall be in addition to the enforcement provisions in RCW 70.160.070. [1997 c 9 s 1; 1989 c 233 s 6. Formerly RCW 28A.31.170.]

Effective date—1997 c 9: "This act takes effect August 1, 1997." [1997 c 9 s 2.]

RCW 28A.210.320 Children with life-threatening health conditions—Medication or treatment orders—Rules. (1) The attendance of every child at every public school in the state shall be conditioned upon the presentation before or on each child's first day of attendance at a particular school of a medication or treatment order addressing any life-threatening health condition that the child has that may require medical services to be performed at the school. Once such an order has been presented, the child shall be allowed to attend school.

(2) The chief administrator of every public school shall prohibit the further presence at the school for any and all purposes of each child for whom a medication or treatment order has not been provided in accordance with this section if the child has a life-threatening health condition that may require medical services to be performed at the school and shall continue to prohibit the child's presence until such order has been provided. The exclusion of a child from a school shall be accomplished in accordance with rules of the state board of education. Before excluding a child, each school shall provide written notice to the parents or legal guardians of each child or to the

adults in loco parentis to each child, who is not in compliance with the requirements of this section. The notice shall include, but not be limited to, the following: (a) The requirements established by this section; (b) the fact that the child will be prohibited from further attendance at the school unless this section is complied with; and (c) such procedural due process rights as are established pursuant to this section.

(3) The superintendent of public instruction in consultation with the state board of health shall adopt rules under chapter 34.05 RCW that establish the procedural and substantive due process requirements governing the exclusion of children from public schools under this section. The rules shall include any requirements under applicable federal laws.

(4) As used in this section, "life-threatening condition" means a health condition that will put the child in danger of death during the school day if a medication or treatment order and a nursing plan are not in place.

(5) As used in this section, "medication or treatment order" means the authority a registered nurse obtains under RCW 18.79.260(2). [2006 c 263 s 911; 2002 c 101 s 1.]

Findings—Purpose—Part headings not law—2006 c 263: See notes following RCW 28A.150.230.

RCW 28A.210.325 Medical use of cannabis-infused products—Administration by parent or guardian—School districts to develop policies. (1) A school district must permit a student who meets the requirements of RCW 69.51A.220 to consume cannabis-infused products for medical purposes on school grounds, aboard a school bus, or while attending a school-sponsored event in accordance with the school district's policy adopted under this section.

(2) Upon the request of a parent or guardian of a student who meets the requirements of RCW 69.51A.220, the board of directors of a school district shall adopt a policy to authorize parents or guardians to administer cannabis-infused products to a student for medical purposes while the student is on school grounds, aboard a school bus, or attending a school-sponsored event. The policy must, at a minimum:

(a) Require that the student be authorized to use cannabis-infused products for medical purposes pursuant to RCW 69.51A.220 and that the parent or guardian acts as the designated provider for the student and assists the student with the consumption of the cannabis while on school grounds, aboard a school bus, or attending a school-sponsored event;

(b) Establish protocols for verifying the student is authorized to use cannabis for medical purposes and the parent or guardian is acting as the designated provider for the student pursuant to RCW 69.51A.220. The school may consider a student's and parent's or guardian's valid recognition cards to be proof of compliance with RCW 69.51A.220;

(c) Expressly authorize parents or guardians of students who have been authorized to use cannabis for medical purposes to administer cannabis-infused products to the student while the student is on school grounds at a location identified pursuant to (d) of this subsection (2), aboard a school bus, or attending a school-sponsored event;

(d) Identify locations on school grounds where cannabis-infused products may be administered; and

(e) Prohibit the administration of medical cannabis to a student by smoking or other methods involving inhalation while the student is on school grounds, aboard a school bus, or attending a school-sponsored event.

(3) School district officials, employees, volunteers, students, and parents and guardians acting in accordance with the school district policy adopted under subsection (2) of this section may not be arrested, prosecuted, or subject to other criminal sanctions, or civil or professional consequences for possession, manufacture, or delivery of, or for possession with intent to manufacture or deliver cannabis under state law, or have real or personal property seized or forfeited for possession, manufacture, or delivery of, or possession with intent to manufacture or deliver cannabis under state law.

(4) For the purposes of this section, "cannabis-infused products" has the meaning provided in RCW 69.50.101. [2022 c 16 s 25; 2019 c 204 s 1.]

Intent—Finding—2022 c 16: See note following RCW 69.50.101.

RCW 28A.210.330 Students with diabetes—Individual health plans—Designation of professional to consult and coordinate with parents and health care provider—Training and supervision of school district personnel. (1) School districts shall provide individual health plans for students with diabetes, subject to the following conditions:

(a) The board of directors of the school district shall adopt policies to be followed for students with diabetes. The policies shall include, but need not be limited to:

(i) The acquisition of parent requests and instructions;

(ii) The acquisition of orders from licensed health professionals prescribing within the scope of their prescriptive authority for monitoring and treatment at school;

(iii) The provision for storage of medical equipment and medication provided by the parent;

(iv) The provision for students to perform blood glucose tests, administer insulin, treat hypoglycemia and hyperglycemia, and have easy access to necessary supplies and equipment to perform monitoring and treatment functions as specified in the individual health plan. The policies shall include the option for students to carry on their persons the necessary supplies and equipment and the option to perform monitoring and treatment functions anywhere on school grounds including the students' classrooms, and at school-sponsored events;

(v) The establishment of school policy exceptions necessary to accommodate the students' needs to eat whenever and wherever necessary, have easy, unrestricted access to water and bathroom use, have provisions made for parties at school when food is served, eat meals and snacks on time, and other necessary exceptions as described in the individual health plan;

(vi) The assurance that school meals are never withheld because of nonpayment of fees or disciplinary action;

(vii) A description of the students' school day schedules for timing of meals, snacks, blood sugar testing, insulin injections, and related activities;

(viii) The development of individual emergency plans;

(ix) The distribution of the individual health plan to appropriate staff based on the students' needs and staff level of contact with the students;

(x) The possession of legal documents for parent-designated adults to provide care, if needed; and

(xi) The updating of the individual health plan at least annually or more frequently, as needed; and

(b) The board of directors, in the course of developing the policies in (a) of this subsection, shall seek advice from one or more licensed physicians or nurses or diabetes educators who are nationally certified.

(2)(a) For the purposes of this section, "parent-designated adult" means a volunteer, who may be a school district employee, who receives additional training from a health care professional or expert in diabetic care selected by the parents, and who provides care for the child consistent with the individual health plan.

(b) To be eligible to be a parent-designated adult, a school district employee not licensed under chapter 18.79 RCW shall file, without coercion by the employer, a voluntary written, current, and unexpired letter of intent stating the employee's willingness to be a parent-designated adult. If a school employee who is not licensed under chapter 18.79 RCW chooses not to file a letter under this section, the employee shall not be subject to any employer reprisal or disciplinary action for refusing to file a letter.

(3) The board of directors shall designate a professional person licensed under chapter 18.71, 18.57, or 18.79 RCW as it applies to registered nurses and *advanced registered nurse practitioners, to consult and coordinate with the student's parents and health care provider, and train and supervise the appropriate school district personnel in proper procedures for care for students with diabetes to ensure a safe, therapeutic learning environment. Training may also be provided by a diabetes educator who is nationally certified. Parent-designated adults who are school employees are required to receive the training provided under this subsection. Parent-designated adults who are not school employees shall show evidence of comparable training. The parent-designated adult must also receive additional training as established in subsection (2)(a) of this section for the additional care the parents have authorized the parent-designated adult to provide. The professional person designated under this subsection is not responsible for the supervision of the parent-designated adult for those procedures that are authorized by the parents. [2002 c 350 s 2.]

***Reviser's note:** The term "advanced registered nurse practitioner" was changed to "advanced practice registered nurse" by 2024 c 239 s 1, effective June 30, 2027.

Findings—2002 c 350: "The legislature finds that diabetes imposes significant health risks to students enrolled in the state's public schools and that providing for the medical needs of students with diabetes is crucial to ensure both the safety of students with diabetes and their ability to obtain the education guaranteed to all citizens of the state. The legislature also finds that children with diabetes can and should be provided with a safe learning environment and access to all other nonacademic school-sponsored activities. The legislature further finds that an individual health plan for each child with diabetes should be in place in the student's school and

should include provisions for a parental signed release form, medical equipment and storage capacity, and exceptions from school policies, school schedule, meals and eating, disaster preparedness, inservice training for staff, legal documents for parent-designated adults who may provide care, as needed, and personnel guidelines describing who may assume responsibility for activities contained in the student's individual health plan." [2002 c 350 s 1.]

Effective date—2002 c 350: "This act takes effect July 1, 2002." [2002 c 350 s 5.]

RCW 28A.210.340 Students with diabetes—Adoption of policy for inservice training for school staff. The superintendent of public instruction and the secretary of the department of health shall develop a uniform policy for all school districts providing for the inservice training for school staff on symptoms, treatment, and monitoring of students with diabetes and on the additional observations that may be needed in different situations that may arise during the school day and during school-sponsored events. The policy shall include the standards and skills that must be in place for inservice training of school staff. [2002 c 350 s 3.]

Findings—Effective date—2002 c 350: See notes following RCW 28A.210.330.

RCW 28A.210.350 Students with diabetes, epilepsy or other seizure disorders, or adrenal insufficiency—Compliance with individual health plan—Immunity. A school district, school district employee, agent, or parent-designated adult who, acting in good faith and in substantial compliance with the student's individual health plan and the instructions of the student's licensed health care professional, provides assistance or services under RCW 28A.210.330, 28A.210.355, or 28A.210.358 shall not be liable in any criminal action or for civil damages in his or her individual or marital or governmental or corporate or other capacities as a result of the services provided under RCW 28A.210.330 to students with diabetes, under RCW 28A.210.355 to students with epilepsy or other seizure disorders, or under RCW 28A.210.358 to students with adrenal insufficiency. [2025 c 356 s 3; 2021 c 29 s 3; 2002 c 350 s 4.]

Findings—Intent—2025 c 356: See note following RCW 28A.210.358.

Findings—Effective date—2002 c 350: See notes following RCW 28A.210.330.

RCW 28A.210.355 Students with epilepsy or other seizure disorders—Individual health plans—Designation of professional to consult and coordinate with parents and health care provider—Training and supervision of school district personnel—Parent-designated adults. (1) School districts shall provide individual health plans for students with epilepsy or other seizure disorders, subject to the following conditions:

(a) The board of directors of the school district shall adopt and periodically revise policies to be followed for students with epilepsy or other seizure disorders. The policies must cover, but need not be limited to, the following subjects:

(i) The acquisition of parent requests and instructions;

(ii) The acquisition of orders from licensed health professionals prescribing within the scope of their prescriptive authority for monitoring and treatment of seizure disorders at school;

(iii) The provision for storage of medical equipment and medication provided by the parent;

(iv) The establishment of school policy exceptions necessary to accommodate the students' needs related to epilepsy or other seizure disorders as described in the individual health plan;

(v) The development of individual emergency plans;

(vi) The distribution of the individual health plan to appropriate staff based on the students' needs and staff level of contact with the student;

(vii) The possession of legal documents for parent-designated adults to provide care, if needed; and

(viii) The updating of the individual health plan at least annually; and

(b) The board of directors, in the course of developing the policies in (a) of this subsection, shall consult with one or more licensed physicians or nurses, or appropriate personnel from a national epilepsy organization that offers seizure training and education for school nurses and other school personnel.

(2)(a) The board of directors shall designate a professional person licensed under chapter 18.71, 18.57, or 18.79 RCW as it applies to registered nurses and *advanced registered nurse practitioners, to consult and coordinate with the student's parents and health care provider, and train and supervise the appropriate school district personnel in proper procedures for care for students with epilepsy or other seizure disorders to ensure a safe, therapeutic learning environment. Training required under this subsection (2)(a) may also be provided by a national organization that offers training for school nurses for managing students with seizures and seizure training for school personnel.

(b)(i) Parent-designated adults who are school district employees must receive training in accordance with (a) of this subsection (2).

(ii) Parent-designated adults who are not school district employees must show evidence of training in proper procedures for care of students with epilepsy or other seizure disorders. Training required under this subsection (2)(b)(ii) may be provided by a national organization that offers training for school nurses for managing students with seizures and seizure training for school personnel.

(iii) The professional person designated under (a) of this subsection (2) is not responsible for the supervision of the parent-designated adult for procedures authorized by the parents.

(3)(a) To be eligible to be a parent-designated adult, a school district employee not licensed under chapter 18.79 RCW shall file, without coercion by the employer, a voluntary written, current, and unexpired letter of intent stating the employee's willingness to be a parent-designated adult. If a school district employee who is not licensed under chapter 18.79 RCW chooses not to file a letter under this section, the employee may not be subject to any employer reprisal or disciplinary action for refusing to file a letter.

(b)(i) For the purposes of this section, "parent-designated adult" means a parent-designated adult who: (A) Volunteers for the designation; (B) receives additional training from a health care professional or expert in care for epilepsy or other seizure disorders selected by the parents; and (C) provides care for the child consistent with the individual health plan.

(ii) A parent-designated adult may be a school district employee.

(4) Nothing in this section is intended to supersede or otherwise modify nurse delegation requirements established in RCW 18.79.260.

(5) This section applies beginning with the 2022-23 school year. [2021 c 29 s 1.]

***Reviser's note:** The term "advanced registered nurse practitioner" was changed to "advanced practice registered nurse" by 2024 c 239 s 1, effective June 30, 2027.

RCW 28A.210.358 Students with adrenal insufficiency—Individual health plans—Parent-designated adult. (1) School districts shall provide individual health plans for students with adrenal insufficiency, subject to the following conditions:

(a) The board of directors of the school district shall adopt and periodically revise policies governing the care of students with adrenal insufficiency. At a minimum, the policies must address:

(i) The acquisition of parent requests and instructions;

(ii) The acquisition of orders from licensed health professionals prescribing within the scope of their prescriptive authority for monitoring and treatment of adrenal insufficiency at school;

(iii) The provision for storage of medical equipment and medication provided by the parent;

(iv) The establishment of necessary exceptions to school policies to accommodate the specific needs of students with adrenal insufficiency, as described in the students' individual health plan;

(v) The development of emergency care plans;

(vi) The distribution of individual health plans and emergency care plans to appropriate staff based on the students' needs and staff level of contact with the student;

(vii) The possession of legal documents for parent-designated adults to provide care, if needed; and

(viii) The updating of the individual health plan at least annually;

(b) The administration of medications under the policies required in (a) of this subsection (1) must also comply with conditions outlined in RCW 28A.210.260; and

(c) The policies required by (a) of this subsection (1) may be incorporated into school district policies related broadly to students with health conditions or those concerning parent-designated adults.

(2)(a) Parents of a child with adrenal insufficiency who assign a parent-designated adult to care for the child shall authorize the parent-designated adult to perform procedures consistent with the child's individual health plan.

(b) Parent-designated adults must complete training selected by the child's parents in the proper procedures to care for the child, including in the administration of an emergency injection of corticosteroid during an adrenal crisis, that are consistent with the child's individual health plan. The training may be provided by an organization that offers training for staff caring for students with

adrenal insufficiency or an organization that offers training for caretakers of children with adrenal insufficiency.

(c) To be eligible to be a parent-designated adult for a child with adrenal insufficiency, a school district employee not licensed under chapter 18.79 RCW shall file, without coercion by the employer, a voluntary written, current, and unexpired letter of intent stating the employee's willingness to be a parent-designated adult. If a school district employee who is not licensed under chapter 18.79 RCW chooses not to file a letter under this section, the employee may not be subject to any employer reprisal or disciplinary action for refusing to file a letter.

(3)(a) For the purposes of this section, "parent-designated adult" means an adult who: (i) Is authorized by the parents of a child with adrenal insufficiency to provide care for the child consistent with the child's individual health plan; (ii) volunteers for the designation; (iii) receives additional training selected by the parents; and (iv) provides care for the child consistent with the child's individual health plan.

(b) A parent-designated adult may be a school district employee.

(4) Nothing in this section is intended to supersede or otherwise modify nurse delegation requirements established in RCW 18.79.260.

(5) This section applies beginning with the 2025-26 school year. [2025 c 356 s 2.]

Findings—Intent—2025 c 356: "(1)(a) The legislature recognizes that not every public school has a full-time school nurse and that there are restrictions on who can provide nursing care, including medication administration, to students.

(b) The legislature further recognizes that parent-designated adults are volunteers, who may be school employees, and who provide care for the student consistent with the student's individual health plan. Legislation enacted in 2002 authorized parent-designated adults to provide care for students with diabetes. Legislation enacted in 2013 authorized parent-designated adults to provide care for students with seizure disorders, including epilepsy.

(2) The legislature finds that adrenal insufficiency is a rare condition in which the adrenal glands do not produce enough cortisol. If cortisol levels drop too low, which can happen when a person is stressed, ill, or injured, a person will experience abdominal pain, fatigue, dizziness, and ultimately go into shock. Acute severe adrenal insufficiency is a life-threatening situation that requires emergency treatment with cortisol or similar medication to prevent shock or other severe complications.

(3) Therefore, the legislature intends to authorize parent-designated adults to provide care for students with adrenal insufficiency." [2025 c 356 s 1.]

RCW 28A.210.360 Model policy on access to nutritious foods and developmentally appropriate exercise—School district policies. (1) Consistent with the essential academic learning requirements for health and fitness, including nutrition, the Washington state school directors' association, with the assistance of the office of the superintendent of public instruction, the department of health, and the Washington alliance for health, physical education, recreation and dance, shall convene an advisory committee to develop a model policy

regarding access to nutritious foods, opportunities for developmentally appropriate exercise, and accurate information related to these topics. The policy shall address the nutritional content of foods and beverages, including fluoridated bottled water, sold or provided throughout the school day or sold in competition with the federal school breakfast and lunch program and the availability and quality of health, nutrition, and physical education and fitness curriculum. The model policy should include the development of a physical education and fitness curriculum for students. For middle school students, physical education and fitness curriculum means a daily period of physical activity, a minimum of twenty minutes of which is aerobic activity in the student's target heart rate zone, which includes instruction and practice in basic movement and fine motor skills, progressive physical fitness, athletic conditioning, and nutrition and wellness instruction through age-appropriate activities.

(2) The school directors' association shall submit the model policy and recommendations on the related issues, along with a recommendation for local adoption, to the governor and the legislature and shall post the model policy on its website by January 1, 2005.

(3) Each district's board of directors shall establish its own policy by August 1, 2005. [2004 c 138 s 2.]

Findings—2004 c 138: "(1) The legislature finds:

(a) Childhood obesity has reached epidemic levels in Washington and throughout the nation. Nearly one in five Washington adolescents in grades nine through twelve were recently found to be either overweight or at risk of being overweight;

(b) Overweight and obese children are at higher risk for developing severe long-term health problems, including but not limited to Type 2 diabetes, cardiovascular disease, high blood pressure, and certain cancers;

(c) Overweight youth also are often affected by discrimination, psychological stress, and low self-esteem;

(d) Obesity and subsequent diseases are largely preventable through diet and regular physical activity;

(e) A child who has eaten a well-balanced meal and is healthy is more likely to be prepared to learn in the classroom;

(f) Encouraging adolescents to adopt healthy lifelong eating habits can increase their productivity and reduce their risk of dying prematurely;

(g) Frequent eating of carbohydrate-rich foods or drinking sweet liquids throughout the day increases a child's risk for dental decay, the most common chronic childhood disease;

(h) Schools are a logical place to address the issue of obesity in children and adolescents; and

(i) Increased emphasis on physical activity at all grade levels is essential to enhancing the well-being of Washington's youth.

(2) While the United States department of agriculture regulates the nutritional content of meals sold in schools under its school breakfast and lunch program, limited standards are in place to regulate "competitive foods," which may be high in added sugars, sodium, and saturated fat content. However, the United States department of agriculture does call for states and local entities to add restrictions on competitive foods, as necessary." [2004 c 138 s 1.]

RCW 28A.210.365 Food choice, physical activity, childhood fitness—Minimum standards—District waiver or exemption policy. It is the goal of Washington state to ensure that:

(1) By 2010, all K-12 districts have school health advisory committees that advise school administration and school board members on policies, environmental changes, and programs needed to support healthy food choice and physical activity and childhood fitness. Districts shall include school nurses or other school personnel as advisory committee members.

(2) By 2010, only healthy food and beverages provided by schools during school hours or for school-sponsored activities shall be available on school campuses. Minimum standards for available food and beverages, except food served as part of a United States department of agriculture meal program, are:

(a) Not more than thirty-five percent of its total calories shall be from fat. This restriction does not apply to nuts, nut butters, seeds, eggs, fresh or dried fruits, vegetables that have not been deep-fried, legumes, reduced-fat cheese, part-skim cheese, nonfat dairy products, or low-fat dairy products;

(b) Not more than ten percent of its total calories shall be from saturated fat. This restriction does not apply to eggs, reduced-fat cheese, part-skim cheese, nonfat dairy products, or low-fat dairy products;

(c) Not more than thirty-five percent of its total weight or fifteen grams per food item shall be composed of sugar, including naturally occurring and added sugar. This restriction does not apply to the availability of fresh or dried fruits and vegetables that have not been deep-fried; and

(d) The standards for food and beverages in this subsection do not apply to:

(i) Low-fat and nonfat flavored milk with up to thirty grams of sugar per serving;

(ii) Nonfat or low-fat rice or soy beverages; or

(iii) One hundred percent fruit or vegetable juice.

(3) By 2010, all students in grades one through eight should have at least one hundred fifty minutes of quality physical education every week.

(4) By 2010, all student health and fitness instruction shall be conducted by appropriately certified instructors.

(5) Beginning with the 2011-2012 school year, any district waiver or exemption policy from physical education requirements for high school students should be based upon meeting both health and fitness curricula concepts as well as alternative means of engaging in physical activity, but should acknowledge students' interest in pursuing their academic interests. [2007 c 5 s 5.]

RCW 28A.210.368 Nutrition, health, and physical education model policy and procedure. (1)(a) By April 1, 2024, the Washington state school directors' association, with the assistance of the office of the superintendent of public instruction, must review and update a model policy and procedure regarding nutrition, health, and physical education.

(b) The model policy and procedure must:

(i) Aim to make elementary school recess safe, inclusive, and high quality for all students;

(ii) Encourage physical activity breaks for middle and high school students;

(iii) Align with the requirements in RCW 28A.230.295;

(iv) Encourage elementary school recess to be scheduled before lunch, whenever possible, to reduce food waste, maximize nutrition, and allow students to be active before eating;

(v) Discourage withholding recess as a disciplinary or punitive action except when a student's participation in recess poses an immediate threat to the safety of the student or others, and create a process to find and deploy alternatives to the withholding of recess;

(vi) Discourage the withholding of recess to have a student complete academic work;

(vii) Prohibit the use of physical activity during the school day as punishment, such as having students run laps or do push-ups as a punitive action; and

(viii) Align with corporal punishment requirements established in WAC 392-400-825.

(2) By the beginning of the 2024-25 school year, school districts must adopt or amend if necessary policies and procedures that, at a minimum, incorporate all the elements described in subsection (1) of this section. [2023 c 272 s 3.]

Intent—2023 c 272: See note following RCW 28A.230.295.

RCW 28A.210.370 Students with asthma and anaphylaxis—Uniform policy—Authorization for self-medication. (1) The superintendent of public instruction and the secretary of the department of health shall develop a uniform policy for all school districts providing for the in-service training for school staff on symptoms, treatment, and monitoring of students with asthma and on the additional observations that may be needed in different situations that may arise during the school day and during school-sponsored events. The policy shall include the standards and skills that must be in place for in-service training of school staff.

(2) By January 1, 2027, the superintendent of public instruction and the secretary of the department of health shall update the uniform policy developed under subsection (1) of this section to include a uniform procedure for when school nurses and designated trained school personnel access and administer the school or school district supply of albuterol as authorized under RCW 28A.210.373 for the management of a student's respiratory symptoms, including breathing difficulties caused by conditions such as asthma.

(3)(a) All school districts shall adopt policies regarding asthma rescue procedures for each school within the district.

(b) School districts may adopt policies regarding the use of albuterol from a school or school district supply authorized under RCW 28A.210.373. If a school district chooses to adopt a policy under this subsection, it must include the uniform procedure developed under subsection (2) of this section.

(4) All school districts must require that each public elementary school and secondary school grant to any student in the school authorization for the self-administration of medication to treat that student's asthma or anaphylaxis, if:

(a) A health care practitioner prescribed the medication for use by the student during school hours and instructed the student in the correct and responsible use of the medication;

(b) The student has demonstrated to the health care practitioner, or the practitioner's designee, and a professional registered nurse at the school, the skill level necessary to use the medication and any device that is necessary to administer the medication as prescribed;

(c) The health care practitioner formulates a written treatment plan for managing asthma or anaphylaxis episodes of the student and for medication use by the student during school hours; and

(d) The student's parent or guardian has completed and submitted to the school any written documentation required by the school, including the treatment plan formulated under (c) of this subsection and other documents related to liability.

(5) An authorization granted under subsection (4) of this section must allow the student involved to possess and use his or her medication:

(a) While in school;

(b) While at a school-sponsored activity, such as a sporting event; and

(c) In transit to or from school or school-sponsored activities.

(6) An authorization granted under subsection (4) of this section:

(a) Must be effective only for the same school and school year for which it is granted; and

(b) Must be renewed by the parent or guardian each subsequent school year in accordance with this subsection.

(7) School districts must require that backup medication, if provided by a student's parent or guardian, be kept at a student's school in a location to which the student has immediate access in the event of an asthma or anaphylaxis emergency.

(8) School districts must require that information described in subsection (4)(c) and (d) of this section be kept on file at the student's school in a location easily accessible in the event of an asthma or anaphylaxis emergency.

(9) For the purposes of this section, "albuterol" has the same meaning as in RCW 28A.210.373.

(10) Nothing in this section creates a cause of action or in any other way increases or diminishes the liability of any person under any other law. [2026 c 197 s 2; 2005 c 462 s 2.]

Findings—2005 c 462: "The legislature finds that:

(1) Asthma is a dangerous disease that is growing in prevalence in Washington state. An estimated five hundred thousand residents of the state suffer from asthma. Since 1995, asthma has claimed more than five hundred lives, caused more than twenty-five thousand hospitalizations with costs of more than one hundred twelve million dollars, and resulted in seven million five hundred thousand missed school days. School nurses have identified over four thousand children with life-threatening asthma in the state's schools.

(2) While asthma is found among all populations, its prevalence disproportionately affects low-income and minority populations. Untreated asthma affects worker productivity and results in unnecessary absences from work. In many cases, asthma triggers present in substandard housing and poorly ventilated workplaces contribute directly to asthma.

(3) Although research continues into the causes and cures for asthma, national consensus has been reached on treatment guidelines. People with asthma who are being treated in accordance with these guidelines are far more likely to control the disease than those who are not being treated and therefore are less likely to experience debilitating or life-threatening asthma episodes, less likely to be hospitalized, and less likely to need to curtail normal school or work activities. With treatment, most people with asthma are able to live normal, active lives.

(4) Up to one-third of the people with asthma have not had their disease diagnosed. Among those with diagnosed asthma, thirty to fifty percent are not receiving medicines that are needed to control the disease, and approximately eighty percent of diagnosed asthmatics are not getting yearly spirometry measurements that are a key element in monitoring the disease." [2005 c 462 s 1.]

RCW 28A.210.373 Albuterol—School supply—Use—Definition.

(1)(a) Beginning in the 2027-28 school year, school districts and private schools are authorized to maintain a supply of albuterol at each school in a designated location.

(b) Albuterol may be acquired from donation sources, but it must be accompanied by a prescription.

(2)(a) A licensed health professional with the authority to prescribe albuterol including, but not limited to, the secretary of health or the secretary's designee in accordance with RCW 43.70.183, may prescribe albuterol in the name of the school district or school to be maintained for use when necessary. Albuterol prescriptions must be accompanied by a standing order, issued in accordance with this section or RCW 43.70.183, authorizing the administration of school or school district-supplied, undesignated albuterol for the management of respiratory symptoms, including breathing difficulties caused by conditions such as asthma.

(b) Nothing in this section changes current prescription or self-administration practices for children with existing albuterol prescriptions under RCW 28A.210.370.

(3) Albuterol from the school or school district supply authorized under this section must be accessed and administered in accordance with the uniform procedure under RCW 28A.210.370 for the management of a student's respiratory symptoms, including breathing difficulties caused by conditions such as asthma, as follows:

(a) If the student has a prescription for albuterol on file, a school nurse or designated trained school personnel may administer albuterol; or

(b) If the student does not possess albuterol or have a prescription for albuterol on file, only a school nurse may administer albuterol.

(4) A school must immediately notify a student's parent or guardian when a student is administered albuterol under this section or when a student self-administers albuterol under RCW 28A.210.370 and the school has knowledge of this self-administration.

(5) Albuterol may be maintained, accessed, and administered on private school or school district 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 transport and carry a

reasonable quantity of the school or school district supply of albuterol on field trips or excursions.

(6)(a) If a student is injured or harmed due to the administration of albuterol that a licensed health professional with prescribing authority has prescribed and a pharmacist has dispensed to a school or school district under this section or in accordance with RCW 43.70.183, the licensed health professional with prescribing authority and pharmacist may not be held responsible for the injury unless the prescription was issued with a conscious disregard for safety.

(b) In the event a school nurse or other school employee or contractor administers albuterol 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 or by statewide standing order in accordance with RCW 43.70.183, if applicable, and written policies of the school district or private school, then the school personnel, the school personnel'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 albuterol.

(c) School employees, except those licensed under chapter 18.79 RCW, who have not agreed in writing to include the management of albuterol as a specific part of their job description, may file with the school district a written letter of refusal declining to manage albuterol. 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. For the purposes of this subsection, "management of albuterol" means the storage, maintenance, access, administration, documentation, and transportation of albuterol in accordance with: A standing order issued in accordance with this section or RCW 43.70.183; and applicable written policies of the school district.

(7) As used in this section, "albuterol" means albuterol aerosol, powder, or solution for use in an inhaler or nebulizer.

(8) This section governs school operation and management under RCW 28A.710.040 and 28A.715.020 and applies to charter schools established under chapter 28A.710 RCW and state-tribal education compact schools subject to chapter 28A.715 RCW to the same extent as it applies to school districts. [2026 c 197 s 1.]

RCW 28A.210.375 Student health insurance information—Pilot project—Reports. (1) By August 1, 2008, the superintendent of public instruction shall solicit and select up to six school districts to implement, on a pilot project basis, this section. The selected school districts shall include districts from urban and rural areas, and eastern and western Washington.

(2) Beginning with the 2008-09 school year, as part of a public school's enrollment process, each school participating as a pilot project shall annually inquire whether a student has health insurance. The school shall include in the inquiry a statement explaining that an outreach worker may contact families with uninsured students about options for health care coverage. The inquiry shall make provision for the parent or guardian to authorize the sharing of information for

this purpose, consistent with state and federal confidentiality requirements.

(3) The school shall record each student's health insurance status in the district's student information system.

(4) By December 1, 2008, from the district's student information system, the pilot school shall develop a list of students without insurance for whom parent authorization to share information was granted. To the extent such information is available, the list shall include:

(a) Identifiers, including each student's full name and date of birth; and

(b) Parent or guardian contact information, including telephone number, email address, and street address.

(5) By September 1, 2008, the department and superintendent shall develop and make available a model agreement to enable schools to share student information in compliance with state and federal confidentiality requirements.

(6) By January 1, 2009, each participating pilot school and a local outreach organization, where available, shall work to put in place an agreement to share student information in accordance with state and federal confidentiality requirements. Once an agreement is in place, the school shall share the list described in subsection (4) of this section with the outreach organization.

(7) The outreach organization shall use the information on the list to contact families and assist them to enroll students on a medical program, in accordance with chapter 74.09 RCW.

(8) By July 1, 2009, pilot schools shall report to the superintendent of public instruction:

(a) The number of students identified without health insurance under subsection (2) of this section; and

(b) Whether an agreement as described under subsection (6) of this section is in place.

(9) By December 1, 2009, the department and the superintendent shall submit a joint report to the legislature that provides:

(a) Summary information on the number of students identified without insurance;

(b) The number of schools with agreements with outreach organizations and the number without such agreements;

(c) The cost of collecting and reporting data;

(d) The impact of such outreach efforts they can quantify; and

(e) Any recommendations for changes that would improve the efficiency or effectiveness of outreach efforts described in this section.

(10) The definitions in this subsection apply throughout this section unless the context clearly requires otherwise.

(a) "Department" means the department of social and health services.

(b) "Superintendent" means the superintendent of public instruction.

(c) "Outreach organization" means a nonprofit organization or a local government entity either contracting with the department pursuant to chapter 74.09 RCW, or otherwise qualified to provide outreach, education, and enrollment services to uninsured children. [2008 c 302 s 1.]

RCW 28A.210.380 Anaphylaxis—Policy guidelines—Procedures—Reports. (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 life-threatening allergies, school administrators, teachers, and food service directors.

The policy guidelines shall include, but need not be limited to:

(a) A procedure for each school to follow to develop a treatment plan including the responsibilities for [of] school nurses and other appropriate school personnel responsible for responding to a student who may be experiencing anaphylaxis;

(b) The content of a training course for appropriate school personnel for preventing and responding to a student who may be experiencing anaphylaxis;

(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 and adopt a school district policy for each school in the district to follow to assist schools to prevent anaphylaxis. [2008 c 173 s 1.]

RCW 28A.210.383 Epinephrine and 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 and 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 of health or the secretary's designee in accordance with RCW 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 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 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 and the school nurse and the 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 or epinephrine autoinjectors to respond to an anaphylactic reaction under a standing protocol according to RCW 28A.210.380.

(c) 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.

(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 or by statewide standing order in accordance with RCW 43.70.827, 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. [2024 c 81 s 2; 2014 c 34 s 1; 2013 c 268 s 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 s 1.]

RCW 28A.210.385 Condensed compliance reports—Second-class districts. Any compliance reporting requirements as a result of laws in this chapter that apply to second-class districts may be submitted in accordance with RCW 28A.330.250. [2011 c 45 s 12.]

Conflict with federal requirements—2011 c 45: See note following RCW 28A.330.250.

RCW 28A.210.390 Opioid overdose reversal medication—Standing order—Administration. (1) For the purposes of this section:

(a) "Opioid overdose reversal medication" has the meaning provided in RCW 69.41.095;

(b) "Opioid-related overdose" has the meaning provided in RCW 69.41.095; and

(c) "Standing order" has the meaning provided in RCW 69.41.095.

(2)(a) For the purpose of assisting a person at risk of experiencing an opioid-related overdose, a public school may obtain and maintain opioid overdose reversal medication through a standing order prescribed and dispensed in accordance with RCW 69.41.095.

(b) Opioid overdose reversal medication may be obtained from donation sources, but must be maintained and administered in a manner

consistent with a standing order issued in accordance with RCW 69.41.095.

(c) A school district must obtain and maintain at least one set of opioid overdose reversal medication doses in each of its public schools as provided in (a) and (b) of this subsection. A school district that demonstrates a good faith effort to obtain the opioid overdose reversal medication through a donation source, but is unable to do so, is exempt from the requirement in this subsection (2)(c).

(3)(a) The following personnel may distribute or administer the school-owned opioid overdose reversal medication to respond to symptoms of an opioid-related overdose pursuant to a prescription or a standing order issued in accordance with RCW 69.41.095: (i) A school nurse; (ii) a health care professional or trained staff person located at a health care clinic on public school property or under contract with the school district; or (iii) designated trained school personnel.

(b) Opioid overdose reversal medication 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. A school nurse or designated trained school personnel may carry an appropriate supply of school-owned opioid overdose reversal medication on field trips or sanctioned excursions.

(c) Public schools are encouraged to include opioid overdose reversal medication in each first aid kit maintained on school property and in any coach or sports first aid kits maintained by the public school, provided that these kits are not accessible to people other than school personnel who have been designated to distribute or administer opioid overdose reversal medication under this section.

(d) Public schools are encouraged to include at least one location of opioid overdose reversal medication on the school's emergency map.

(4) Training for school personnel who have been designated to distribute or administer opioid overdose reversal medication under this section must meet the requirements for training described in RCW 28A.210.395 and any rules or guidelines for such training adopted by the office of the superintendent of public instruction. Each public school is encouraged to designate and train at least one school personnel to distribute and administer opioid overdose reversal medication if the public school does not have a full-time school nurse or trained health care clinic staff.

(5)(a) The liability of a person or entity who complies with this section and RCW 69.41.095 is limited as described in RCW 69.41.095.

(b) If a student is injured or harmed due to the administration of opioid overdose reversal medication that a practitioner, as defined in RCW 69.41.095, has prescribed and a pharmacist has dispensed to a school under this section, the practitioner and pharmacist may not be held responsible for the injury unless he or she acted with conscious disregard for safety.

(6) This section governs school operation and management under RCW 28A.710.040 and 28A.715.020 and applies to charter schools established under chapter 28A.710 RCW and state-tribal education compact schools subject to chapter 28A.715 RCW. [2024 c 214 s 1; 2019 c 314 s 39.]

Declaration—2019 c 314: See note following RCW 18.22.810.

RCW 28A.210.395 Opioid overdose reversal medication—Policy guidelines and treatment requirements—Grant program. (1) For the purposes of this section:

(a) "Opioid overdose reversal medication" has the meaning provided in RCW 69.41.095; and

(b) "Opioid-related overdose" has the meaning provided in RCW 69.41.095.

(2)(a) To prevent opioid-related overdoses and respond to medical emergencies resulting from overdoses, by January 1, 2020, the office of the superintendent of public instruction, in consultation with the department of health and the Washington state school directors' association, shall develop opioid-related overdose policy guidelines and training requirements for public schools and school districts.

(b)(i) The opioid-related overdose policy guidelines and training requirements must include information about: The identification of opioid-related overdose symptoms; how to obtain and maintain opioid overdose reversal medication on school property issued through a standing order in accordance with RCW 28A.210.390; how to obtain opioid overdose reversal medication through donation sources; the distribution and administration of opioid overdose reversal medication by designated trained school personnel; free online training resources that meet the training requirements in this section; and sample standing orders for opioid overdose reversal medication.

(ii) The opioid-related overdose policy guidelines may: Include recommendations for the storage and labeling of opioid overdose reversal medications that are based on input from relevant health agencies or experts; and allow for opioid-related overdose reversal medications to be obtained, maintained, distributed, and administered by health care professionals and trained staff located at a health care clinic on public school property or under contract with the school district.

(c) In addition to being offered by the school, training on the distribution or administration of opioid overdose reversal medication that meets the requirements of this subsection (2) may be offered by nonprofit organizations, higher education institutions, and local public health organizations.

(3)(a) By September 1, 2024, the Washington state school directors' association must collaborate with the office of the superintendent of public instruction and the department of health to either update existing model policy or develop a new model policy that meets the requirements of subsection (2) of this section.

(b) School districts must adopt an opioid-related overdose policy in accordance with RCW 28A.210.390.

(c) The office of the superintendent of public instruction and the Washington state school directors' association must maintain the model policy and procedure on each agency's website at no cost to school districts.

(4) Subject to the availability of amounts appropriated for this specific purpose, the office of the superintendent of public instruction shall develop and administer a grant program to provide funding to public schools and public higher education institutions to purchase opioid overdose reversal medication and train personnel on the administration of opioid overdose reversal medication to respond to symptoms of an opioid-related overdose. The office must publish on its website a list of annual grant recipients, including award amounts. [2024 c 214 s 2; 2019 c 314 s 40.]

Declaration—2019 c 314: See note following RCW 18.22.810.

RCW 28A.210.400 Suicide prevention—Identification cards. (1) Within existing resources, every public school that issues student identification cards, staff identification cards, or both, must have printed on either side of the identification cards:

(a) The contact information for a national suicide prevention organization; and

(b) The contact information for one or more campus, local, state, or national organizations specializing in suicide prevention, crisis intervention, or counseling, if available.

(2) The requirements in subsection (1) of this section apply to student identification cards and staff identification cards issued for the first time and issued to replace a damaged or lost identification card. [2020 c 39 s 2.]

Finding—Intent—2020 c 39: "The legislature finds that there are national and local organizations specializing in suicide prevention, crisis intervention, and counseling that provide free, confidential emotional support for people who are in suicidal crisis or emotional distress. Immediate access to these services often prevents suicide, attempted suicide, and other harm. The federal government recognized the importance of free support services when, in 2005, it launched a ten digit national suicide prevention lifeline and then, in 2019, it announced plans to designate 988 as the national suicide prevention and mental health crisis hotline. The contact information for these lifesaving services should be easily accessible to Washington residents, particularly students and the caring adults who work with them. Therefore, the legislature intends to require that contact information for suicide prevention and crisis intervention organizations be printed on student and staff identification cards." [2020 c 39 s 1.]

RCW 28A.210.405 Student behavioral health—Technical assistance and training framework. (1)(a) To support students' readiness to learn, school districts and public schools must have access to the prevention, early identification, early intervention, and crisis intervention assistance, resources, and training necessary for schools to utilize and integrate with a statewide system of coordinated care for children and youth and their families.

(b)(i) The office of the superintendent of public instruction, including the state school safety center established in RCW 28A.300.630, and the educational service districts, including the regional school safety centers established in RCW 28A.310.510, must collaborate and coordinate with state, regional, and local agencies and community partners involved in behavioral health services for children and youth to develop a technical assistance and training framework to provide school districts and public schools with assistance in supporting student behavioral health, including identifying systems' needs, mapping resources, accessing available funding, and connecting to community-based behavioral health services and supports.

(ii) The purpose of the technical assistance and training framework is to improve coordination, reduce duplication, and increase

access to prevention, early identification, early intervention, and crisis intervention behavioral health services and supports.

(2) The technical assistance and training framework must, at a minimum:

(a) Align with the behavioral health goals and guiding principles outlined in the strategic plan adopted by the children and youth behavioral health work group in November 2025, as required by RCW 74.09.4951;

(b) Incorporate evidence-based and evidence-informed practices for equipping school districts and public schools with tools, resources, and guidance for prevention, early identification, early intervention, and crisis intervention behavioral health services and supports to students and their families;

(c) Include best practices and procedures for engaging state, regional, and local agency and community partners involved in behavioral health services for children and youth, and for enabling school districts and public schools to access any technical assistance, resources, training, and services made available through those partners;

(d) Establish roles, processes, and delivery methods for the office of the superintendent of public instruction, the educational service districts, and participating agency and community partners to optimize the statewide and regional delivery of technical assistance, resources, and training to school districts and public schools;

(e) Identify and incorporate strategies to braid and coordinate state, federal, local, and private resources to support prevention, early identification, early intervention, and crisis intervention activities that promote student behavioral health;

(f) Support school district and public school application of the Washington integrated student supports protocol, established under RCW 28A.300.139;

(g) Include strategies and tools for engaging families, parent advocacy groups, and community partners in the planning, implementation, and evaluation of school district and public school wellness initiatives, with the goal of promoting a holistic approach to student wellness supports;

(h) Include strategies and procedures to support school districts and public schools in accessing training, technical assistance, and community resources that support student behavioral health through the technical assistance and training framework; and

(i) Include mechanisms for continuous improvement, including procedures for updating technical assistance and training based on emerging best practices, data, and feedback from school districts and public schools.

(3) In developing the technical assistance and training framework, the office of the superintendent of public instruction and the educational service districts must consult and collaborate with, at a minimum: Large and small, and rural and urban school districts; the health care authority; the department of health; the tribal leaders congress on education; an association representing Washington's federally recognized tribes; representatives of associations representing behavioral health professionals working in public schools; representatives of organizations advocating for and supporting parents and families with students in public schools; and state and local agencies, institutions of higher education, and community-based organizations involved in behavioral health services for children and youth.

(4) The office of the superintendent of public instruction and the educational service districts must design the technical assistance and training framework to support braiding and coordinating of current and future state, federal, and private funding streams to support development, implementation, and ongoing delivery of the technical assistance and training framework and related guidance and assistance to school districts and public schools.

(5)(a) The office of the superintendent of public instruction, the educational service districts, school districts, and public schools must continue to comply with all responsibilities to promote student behavioral health required by law, including RCW 28A.310.510, 28A.320.127, and 28A.415.445(1), while the technical assistance and training framework is developed.

(b) After the technical assistance and training framework is developed, the office of the superintendent of public instruction and the educational service districts must use the framework to optimize delivery and coordination of behavioral health technical assistance, resources, training, and supports, including by improving identification of and access to available behavioral health services, supports, and funding streams.

(6) The office of the superintendent of public instruction must provide an update on the development of the technical assistance and training framework to the appropriate committees of the legislature by November 1, 2027, and in compliance with RCW 43.01.036.

(7) This section does not impose additional duties on school districts or public schools beyond those otherwise required by law.

(8) For purposes of this section, "public schools" has the same meaning as in RCW 28A.150.010. [2026 c 129 s 2.]

Findings—Intent—2026 c 129: "(1) The legislature finds that:

(a) According to the 2023 healthy youth survey, approximately one-quarter of Washington children and youth ages three through 17 experience mental, emotional, developmental, or behavioral problems;

(b) Prevention, early identification, early intervention, and crisis intervention for these problems improve educational outcomes, reduce involvement with the judicial system, increase long-term well-being, and reduce the public costs associated with chronic and severe behavioral health needs; and

(c) The state's behavioral health system remains fragmented and does not consistently provide children and youth and their families with timely, coordinated, and effective services and supports.

(2) The legislature further finds that:

(a) The children and youth behavioral health work group adopted the "Washington thriving" strategic plan in November 2025, as required by RCW 74.09.4951, to transform the behavioral health system for residents from birth to age 25; and

(b) The strategic plan identifies goals that include a connected, coordinated, collaborative, accountable, and sustainable behavioral health ecosystem and the provision of coordinated, accessible, effective services and supports across a full continuum of comprehensive offerings, including services delivered where children and youth and their families spend time, such as at schools.

(3) The legislature finds that school districts and public education entities already have responsibilities and infrastructure related to student behavioral health, including:

(a) Adoption of student emotional and behavioral distress plans required of school districts under RCW 28A.320.127, including identification of staff training opportunities and partnerships with agencies and community organizations for referral of students to behavioral health services;

(b) Behavioral health coordination and related support required of the regional school safety centers under RCW 28A.310.510, including support for the development and implementation of student emotional and behavioral distress plans, suicide prevention training, and facilitation of partnerships between school districts, public schools, and behavioral health systems; and

(c) Biennial obligations to train school staff in mental health literacy, social-emotional learning, and trauma-informed practices.

(4)(a) The legislature further finds that school districts and public schools use a variety of structured systems to support students' readiness to learn, for example multitiered systems of support and the Washington integrated student supports protocol.

(b) The Washington integrated student supports protocol, established under RCW 28A.300.139 includes student and system needs assessments, integration and coordination of academic and nonacademic supports, community partnerships, and outcome tracking.

(5) Therefore, the legislature intends to strengthen cross-agency coordination between public education entities and behavioral health partners so that public schools can serve as an access point for prevention, early identification, early intervention, and crisis intervention as part of a coordinated continuum of regional and statewide behavioral health services and supports for children and youth and their families." [2026 c 129 s 1.]

RCW 28A.210.410 Lead contamination at drinking water outlets. (1) This section applies to schools with buildings built, or with all plumbing replaced, before 2016.

(2) With respect to sampling and testing for lead contamination at drinking water outlets, a school shall either:

(a) Cooperate with the department so that the department can conduct sampling and testing as required under RCW 43.70.830; or

(b) Contract for sampling and testing that meets the requirements of RCW 43.70.830 and submit the test results to the department according to a procedure and deadlines determined by the department.

(3)(a) Except as provided in (b) of this subsection, a school shall communicate annually with students' families and staff about lead contamination in drinking water. The school shall consult with the department or a local health agency on the contents of the communication, which must include: The health effects of lead exposure; the website address of the most recent lead test results; and information about the school's plan for remedial action to reduce lead contamination in drinking water. Schools are encouraged to provide the communication as early in the school year as possible.

(b) The annual communication described under (a) of this subsection is not required if initial testing, or once postremediation testing, does not detect an elevated lead level at any drinking water outlet.

(4) As soon as practicable after receiving a lead test result that reveals a lead concentration that exceeds 15 parts per billion at a drinking water outlet, and until a lead contamination mitigation

measure, such as use of a filter, is implemented, the school must shut off the water to the outlet.

(5)(a) For a lead test result that reveals an elevated lead level, as defined in subsection (7) of this section, at one or more drinking water outlets, the school's governing body shall adopt a school action plan in compliance with the requirements of this subsection.

(b) The school action plan must:

(i) Be developed in consultation with the department or a local health agency regarding the technical guidance, and with the office of the superintendent of public instruction regarding funding for remediation activities;

(ii) Describe mitigation measures implemented since the lead test result was received;

(iii) Include a schedule of remediation activities, including use of filters, that adhere to the technical guidance. The schedule may be based on the availability of state or federal funding for remediation activities; and

(iv) Include postremediation retesting to confirm that remediation activities have reduced lead concentrations at drinking water outlets to below the elevated lead level.

(c) The school action plan may include sampling and testing of the drinking water entering the school when the results of testing for lead contamination at drinking water outlets within the school indicate that the infrastructure of the public water system is a documented significant contributor to the elevated lead levels.

(d) The school must provide the public with notice and opportunity to comment on the school action plan before it is adopted.

(e) If testing reveals that a significant contributor to lead contamination in school drinking water is the infrastructure operated by a public water system that is not a school water system, the school: (i) Is not financially responsible for remediating elevated lead levels in drinking water that passes through that infrastructure; (ii) must communicate with the public water system regarding its documented significant contribution to lead contamination in school drinking water and request from the public water system a plan for reducing the lead contamination; and (iii) may defer its remediation activities under (b) of this subsection until after the elevated lead level in the public water system's infrastructure is remediated and postremediation retesting does not detect an elevated lead level in the drinking water that passes through that infrastructure.

(f) The school action plan adoption deadlines are as follows:

(i) For lead test results received between July 1, 2014, and July 25, 2021, for which a school did not take remedial action or for which postremediation retesting has not confirmed that the elevated lead level has been reduced to five or fewer parts per billion, the school shall provide notice of elevated lead levels in the communication required under subsection (3) of this section and the school's governing body shall adopt an action plan by March 31, 2022; and

(ii) For lead test results received after July 25, 2021, the school's governing body shall adopt an action plan within six months of receipt.

(g) A school's governing body may adopt an update to an existing school action plan, rather than adopting a new school action plan, in order to address additional lead test results that reveal elevated lead levels at drinking water outlets, coordinate remediation

activities at multiple buildings, or adjust the schedule of remediation activities.

(6) A school must post on a public website the most recent results of testing for lead contamination at drinking water outlets, no later than the time that the proposed school action plan is made publicly available, under subsection (5)(d) of this section.

(7) The definitions in this subsection apply throughout this section unless the context clearly requires otherwise.

(a) "Department" means the department of health.

(b) "Drinking water" means any water that students have access to where it is reasonably foreseeable that the water may be used for drinking, cooking, or food preparation.

(c) "Drinking water outlet" or "outlet" means any end point for delivery of drinking water, for example a tap, faucet, or fountain.

(d) "Elevated lead level" means a lead concentration in drinking water that exceeds five parts per billion, unless a lower concentration is specified by the state board of health in rule in accordance with RCW 43.20.265.

(e) "Public water system" has the same meaning as in RCW 70A.120.020.

(f) "School" means a school district and the common schools, as defined in RCW 28A.150.020, within the district; a charter school established under chapter 28A.710 RCW; or the state school for the blind or the state school for the deaf established under RCW 72.40.010.

(g) "Technical guidance" means the technical guidance for reducing lead in drinking water at schools issued by the United States environmental protection agency until the department complies with RCW 43.70.840 when the term means the technical guidance developed by the department. [2021 c 154 s 2.]

Findings—Intent—Short title—2021 c 154: See notes following RCW 43.70.830.

RCW 28A.210.420 Menstrual hygiene products. (1) By the beginning of the 2022-23 school year, school districts and private schools must make menstrual hygiene products available at no cost in all gender-neutral bathrooms and bathrooms designated for female students located in schools that serve students in any of grades six through twelve. If a school building serving grades six through twelve does not have a gender-neutral bathroom, then the products must also be available in at least one bathroom accessible to male students or in a school health room accessible to all students. For schools that serve students in grades three through five, school districts and private schools must make menstrual hygiene products available in a school health room or other location as designated by the school principal.

(2) Menstrual hygiene products must include sanitary napkins, tampons, or similar items.

(3) School districts and private schools must bear the cost of supplying menstrual hygiene products. School districts and private schools may seek grants or partner with nonprofit or community-based organizations to fulfill this obligation.

(4) This section governs school operation and management under RCW 28A.710.040 and 28A.715.020 and applies to charter schools

established under chapter 28A.710 RCW and state-tribal compact schools established under chapter 28A.715 RCW. [2021 c 163 s 1.]

RCW 28A.210.430 Instruction in bone marrow and blood donation awareness. (1) Each school district, charter school, and state-tribal education compact school that serves students in any of grades nine through 12 is encouraged to offer instruction in awareness of bone marrow and blood donation to students as provided in this section. Beginning with the 2025-26 school year, instruction in awareness of bone marrow and blood donation may be included in at least one health class necessary for graduation.

(2)(a) Instruction in awareness of bone marrow and blood donation under this section must be an instructional program provided by the national marrow donor program, the American red cross, America's blood centers, Bloodworks Northwest, or other relevant nationally recognized organizations focused on either bone marrow or blood donation, or both.

(b) The office of the superintendent of public instruction must post on its website a link to the instructional programs described in this subsection (2).

(3) Each school district, charter school, and state-tribal education compact school that serves students in any of grades kindergarten through eight may offer instruction in awareness of bone marrow and blood donation to students. The instruction described in subsection (2) of this section may be adapted to be age appropriate.

(4) School districts, charter schools, and state-tribal education compact schools may offer the instruction in awareness of bone marrow and blood donation directly or arrange for the instruction to be provided by available community-based providers. The instruction does not have to be provided by certificated instructional staff. [2025 c 149 s 2; 2023 c 219 s 2.]

Intent—2025 c 149: "The legislature recognizes that increasing awareness of blood donation is crucial to addressing the growing need for a reliable and diverse blood supply. Just as bone marrow donation awareness has been shown to save lives, education about blood donation can empower students to become future donors, ensuring a safe and sustainable blood supply for patients in need.

By integrating blood donation awareness into existing instruction, students will gain knowledge about the lifesaving impact of blood donation, eligibility requirements, and opportunities to participate in donation programs. The legislature intends for this instruction to complement existing health education requirements and increase opportunities for students to engage in civic and community health initiatives." [2025 c 149 s 1.]

Findings—Intent—2023 c 219: "(1) The legislature recognizes that it has previously found that every three minutes an American child or adult is diagnosed with a potentially fatal blood disease. For many of these individuals, bone marrow transplantation is the only chance for survival. The legislature finds that 70 percent of patients do not have a fully matched donor in their family and rely on a registry to find an unrelated donor. The legislature further finds that 40 to 71 percent of individuals with diverse heritage never find a bone marrow match. The ultimate key to survivability lies in increasing the number

of bone marrow donors across all ethnicities, which will increase the potential for a suitable match.

(2) It is the intent of the legislature to continue to increase awareness of bone marrow donation by encouraging school districts, charter schools, and state-tribal compact schools to offer instruction on this topic to high school students in at least one health class necessary for graduation. The legislature also intends for this instruction to be optional for elementary and middle school students." [2023 c 219 s 1.]

RCW 28A.210.440 Bleeding control equipment and other medical materials—Training. (1) Beginning in the 2026-27 school year, each school district shall:

(a) Maintain and make available to school employees and volunteers bleeding control equipment located on each school campus for use in the event of a traumatic injury involving blood loss. The bleeding control equipment must be stored in an easily accessible area of each school campus;

(b) Require that each school has a minimum of two employees per school who have completed the training described in subsection (4) of this section. If a school has more than 1,000 students, it must have one trained employee per 500 students; and

(c) Require each school to inspect and inventory bleeding control equipment annually and after each use to ensure that any of the equipment is not expired or missing, and that any expired or missing equipment is replaced as necessary.

(2) Bleeding control equipment must include:

(a) A tourniquet endorsed by or approved for use in battlefield trauma care by the United States department of defense committee on tactical combat casualty care;

(b) A compression bandage;

(c) A bleeding control bandage;

(d) Latex-free gloves;

(e) Permanent markers;

(f) Scissors; and

(g) Instructional documents developed by the United States department of homeland security, the American college of surgeons, or a similar organization detailing methods to prevent blood loss following a traumatic event.

(3) In addition to the items listed in subsection (2) of this section, a school district may include other medical materials and equipment that:

(a) Are approved by local law enforcement or first responders;

(b) Can adequately treat a traumatic injury; and

(c) Can be stored with the readily available bleeding control equipment.

(4) School districts may satisfy the training requirements by using in-person and online trainings produced by the United States department of homeland security, the American college of surgeons, or similar organizations. The training must include:

(a) The proper application of pressure to stop bleeding;

(b) The application of dressings and bandages;

(c) Other pressure techniques to control bleeding; and

(d) The correct application of tourniquets.

(5) School districts are encouraged to implement the requirements in this section during the 2024-25 and 2025-26 school years.

(6) This section governs school operation and management under RCW 28A.710.040 and 28A.715.020 and applies to charter schools established under chapter 28A.710 RCW and state-tribal education compact schools subject to chapter 28A.715 RCW. [2024 c 365 s 1.]