SYNOPSIS
Permits self-administration of hydrocortisone sodium succinate by students for adrenal insufficiency and requires that school districts and nonpublic schools establish policy for emergency administration of medication.

CURRENT VERSION OF TEXT
As reported by the Assembly Education Committee on January 24, 2019, with amendments.

(Sponsorship Updated As Of: 2/1/2019)
AN ACT concerning the administration of hydrocortisone sodium succinate for certain students, amending P.L.1993, c.308, and supplementing chapter 40 of Title 18A of the New Jersey Statutes.

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

1. Section 1 of P.L.1993, c.308 (C.18A:40-12.3) is amended to read as follows:

   1. a. A board of education or the governing board or chief school administrator of a nonpublic school shall permit the self-administration of medication by a pupil for asthma or other potentially life-threatening illnesses [or], a life-threatening allergic reaction, or adrenal insufficiency provided that:

      (1) the parents or guardians of the pupil provide to the board of education or the governing board or chief school administrator of a nonpublic school written authorization for the self-administration of medication;

      (2) the parents or guardians of the pupil provide to the board of education or the governing board or chief school administrator of a nonpublic school written certification from the physician of the pupil that the pupil has asthma or another potentially life-threatening illness [or], is subject to a life-threatening allergic reaction, or has adrenal insufficiency and is capable of, and has been instructed in, the proper method of self-administration of medication;

      (3) the board of education or the governing board or chief school administrator of a nonpublic school informs the parents or guardians of the pupil in writing that the district and its employees or agents or the nonpublic school and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil;

      (4) the parents or guardians of the pupil sign a statement acknowledging that the district or the nonpublic school shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil and that the parents or guardians shall indemnify and hold harmless the district and its employees or agents or the nonpublic school and its employees or agents against any claims arising out of the self-administration of medication by the pupil; and

      (5) the permission is effective for the school year for which it is granted and is renewed for each subsequent school year upon fulfillment of the requirements in paragraphs (1) through (4) of this subsection.

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.
Matter enclosed in superscript numerals has been adopted as follows:

Assembly AED committee amendments adopted January 24, 2019.
b. Notwithstanding any other law or regulation to the contrary, a pupil who is permitted to self-administer medication under the provisions of this section shall be permitted to carry an inhaler or prescribed medication for allergic reactions, including a pre-filled auto-injector mechanism, or prescribed medication for adrenal insufficiency at all times, provided that the pupil does not endanger himself or other persons through misuse. c. Any person who acts in good faith in accordance with the requirements of this act shall be immune from any civil or criminal liability arising from actions performed pursuant to this act. (cf: P.L.2007, c.57, s.1)

2. (New section) a. Each board of education or chief school administrator of a nonpublic school shall develop a policy in accordance with the guidelines established by the Department of Education pursuant to section 4 of P.L. , c. (C. ) (pending before the Legislature as this bill) for the emergency administration of hydrocortisone sodium succinate through appropriate delivery devices and equipment to a pupil for adrenal insufficiency provided that:

(1) the parents or guardians of the pupil provide to the board of education or chief school administrator of a nonpublic school written authorization for the administration of hydrocortisone sodium succinate;
(2) the parents or guardians of the pupil provide to the board of education or chief school administrator of a nonpublic school written orders from the physician or advanced practice nurse that the pupil requires the administration of hydrocortisone sodium succinate for adrenal insufficiency;
(3) the board or chief school administrator of a nonpublic school informs the parents or guardians of the pupil in writing that the district and its employees or agents or the nonpublic school and its employees or agents shall have no liability as a result of any injury arising from the administration of hydrocortisone sodium succinate;
(4) the parents or guardians of the pupil sign a statement acknowledging their understanding that the district or the nonpublic school shall have no liability as a result of any injury arising from the administration of hydrocortisone sodium succinate to the pupil and that the parents or guardians shall indemnify and hold harmless the district and its employees or agents or the nonpublic school and its employees or agents against any claims arising out of the administration of hydrocortisone sodium succinate; and
(5) the permission is effective for the school year for which it is granted and is renewed for each subsequent school year upon fulfillment of the requirements in paragraphs (1) through (4) of this subsection.

b. The policy developed by a board of education or chief school administrator of a nonpublic school shall require:
the placement of a pupil’s prescribed hydrocortisone sodium succinate in a secure but unlocked location easily accessible by the school nurse and designees to ensure prompt availability in the event of emergency situations at school or at a school-sponsored function. The location of the hydrocortisone sodium succinate shall be indicated on the pupil’s emergency care plan. Back-up hydrocortisone sodium succinate, provided by the pupil’s parent or guardian, shall also be available at the school if needed; (2) the school nurse or designee to be promptly available on site at the school and school-sponsored functions in the event of an emergency; and (3) the transportation of the pupil to a hospital emergency room by emergency services personnel after the administration of hydrocortisone sodium succinate, even if the pupil’s symptoms appear to have resolved.

3. (New section) The policy for the administration of medication to a pupil shall provide that the school nurse shall have the primary responsibility for the administration of the hydrocortisone sodium succinate. The school nurse shall designate, in consultation with the board of education or chief school administrator of a nonpublic school, additional employees of the school district or nonpublic school who volunteer to administer hydrocortisone sodium succinate to a pupil for adrenal insufficiency when the nurse is not physically present at the scene. In the event that a licensed athletic trainer volunteers to administer hydrocortisone sodium succinate, it shall not constitute a violation of the "Athletic Training Licensure Act," P.L.1984, c.203 (C.45:9-37.35 et seq.).

The school nurse shall determine that:

a. the designees have been properly trained in the administration of hydrocortisone sodium succinate using standardized training protocols established by the Department of Education in consultation with the Department of Health;

b. the parents or guardians of the pupil consent in writing to the administration of hydrocortisone sodium succinate by the designees;

c. the board or chief school administrator of a nonpublic school informs the parents or guardians of the pupil in writing that the district and its employees or agents or the nonpublic school and its employees or agents shall have no liability as a result of any injury arising from the administration of hydrocortisone sodium succinate to the pupil;

d. the parents or guardians of the pupil sign a statement acknowledging their understanding that the district or nonpublic school shall have no liability as a result of any injury arising from the administration of hydrocortisone sodium succinate to the pupil and that the parents or guardians shall indemnify and hold harmless
the district and its employees or agents or the nonpublic school and
its employees or agents against any claims arising out of the
administration of hydrocortisone sodium succinate to the pupil; and
the permission is effective for the school year for which it is
granted and is renewed for each subsequent school year upon
fulfillment of the requirements in subsections a. through d. of this
section.
Nothing in this section shall be construed to prohibit the
emergency administration of hydrocortisone sodium succinate to a
pupil for adrenal insufficiency by the school nurse or other
employees designated pursuant to this section when the pupil is
authorized to self-administer hydrocortisone sodium succinate
pursuant to section 1 of P.L.1993, c.308 (C.18A:40-12.3).

4. (New section) a. The Department of Education, in
consultation with the Department of Health, appropriate medical
experts, and professional organizations representing school nurses,
principals, and teachers shall establish and disseminate to each
board of education and chief school administrator of a nonpublic
school guidelines for the development of a policy by a school
district or nonpublic school for the emergency administration of
hydrocortisone sodium succinate to pupils for adrenal insufficiency.

b. Each board of education and chief school administrator of a
nonpublic school shall implement in the schools of the district or
the nonpublic school the guidelines established and disseminated
pursuant to subsection a. of this section.

5. (New section) a. In an effort to assist the certified school
nurse in a school district and the school nurse in a nonpublic school
in recruiting and training additional school employees as volunteer
designees to administer hydrocortisone sodium succinate for
adrenal insufficiency when the school nurse is not physically
present, the Department of Education and the Department of Health
shall jointly develop training protocols, in consultation with the
New Jersey School Nurses Association.

b. The certified school nurse in consultation with the board of
education, or the school nurse in consultation with the chief school
administrator of a nonpublic school, shall recruit and train volunteer
designees who are determined acceptable candidates by the school
nurse within each school building as deemed necessary by the
nursing service plan.

6. (New section) No school employee, including a school
nurse, or any other officer or agent of a board of education or
nonpublic school shall be held liable for any good faith act or
omission consistent with the provisions of P.L. , c. (C. )
(pending before the Legislature as this bill), nor shall an action
before the New Jersey State Board of Nursing lie against a school
nurse for any action taken by a person designated in good faith by
the school nurse pursuant to section 3 of P.L. c. (C.) (pending before the Legislature as this bill). Good faith shall not
include willful misconduct, gross negligence or recklessness.

7. This act shall take effect immediately and shall first be
applicable in the first full school year next following the date of
enactment.