

**ONE HUNDRED FIRST LEGISLATURE - FIRST SESSION - 2009**  
**COMMITTEE STATEMENT**  
**LB72**

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**Hearing Date:** Tuesday January 20, 2009  
**Committee On:** Education  
**Introducer:** Cornett  
**One Liner:** Provide for management of students' and children's life-threatening allergies

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**Roll Call Vote - Final Committee Action:**  
Advanced to General File with amendment(s)

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**Vote Results:**

**Aye:** 8 Senators Adams, Ashford, Avery, Cornett, Giese, Haar, Howard, Sullivan

**Nay:**

**Absent:**

**Present Not Voting:**

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**Proponents:**

Senator Abbie Cornett  
Andrea Holka  
Russell Hopp

**Representing:**

Introducer  
Self & Attack Asthma Nebraska  
self

**Opponents:**

**Representing:**

**Neutral:**

**Representing:**

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**Summary of purpose and/or changes:**

Legislative Bill 72 would require the Nebraska Department of Education, in consultation with the Nebraska Department of Health and Human Services, to develop policy guidelines for schools and early childhood programs for the management of students and children with life-threatening allergies. Schools and early childhood education programs would be required to use the guidelines to develop and implement policies to manage students with life-threatening allergies.

Section 1 would require that such guidelines be developed with input from pediatricians, school nurses, early childhood education health personnel, other health care providers with expertise in treating children with life-threatening allergies, school administrators, teachers, food service directors, and representatives of emergency medical personnel.

Section 2 sets forth the required contents of the policy guidelines. The guidelines shall include, at a minimum:

- 1) Annual education and training for school and early childhood education personnel, with the ability to consider training programs offered by other entities;
  - 2) Procedures and guidelines for the development of individualized emergency health care plans for students or children with life-threatening allergies;
  - 3) Development of communication strategies between schools/early childhood education programs and providers of emergency medical services;
  - 4) Development of strategies to reduce the risk of exposure of students and children to anaphylactic agents in schools and early childhood programs;
  - 5) Procedures for managing students' life-threatening allergies in the context of extracurricular programs;
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- 6) Procedures for collection and publication of data for each administration of epinephrine;
- 7) Procedures for each school and early childhood program to develop a treatment plan that outlines the responsibilities of school staff in responding to students or children experiencing anaphylaxis;
- 8) A communication plan for the school or early childhood program to follow to gather and disseminate information to students with life-threatening allergies to appropriate personnel;
- 9) A description of parental responsibilities, to include:
  - a) notifying the school or early childhood program of a student or child's diagnosis and physician directions;
  - b) providing appropriate medication and delivery devices;
  - c) providing and keeping current emergency contact information; and
  - d) participation in the development of an allergy action plan;
- 10) A description of responsibilities of the school or early childhood education program, to include:
  - a) annual general anaphylaxis education and emergency response training for school/program personnel;
  - b) updating medical information annually for students or children with life-threatening allergies;
  - c) informing parents of students or children with life-threatening allergies of applicable provisions of section 504 of the federal Rehabilitation Act of 1973;
  - d) implementation of environmental guidelines that promote indoor air quality; and
  - e) participation in the development of an allergy action plan to accommodate the health needs of a student or child;
- 11) A description of the students' and children's age-appropriate responsibilities, to include:
  - a) avoiding known triggers of allergies;
  - b) reporting symptoms to a teacher, school nurse, or designated adult;
  - c) recognizing the need for carrying prescribed allergy medication;
  - d) understanding and demonstrating proper use of prescribed allergy medication; and
  - e) participation in the development of an allergy action plan;
- 12) Procedures for the placement of a student's or child's prescribed anaphylaxis medication in a secure but unlocked location that is easily accessible to school/program personnel on a field trip, during transport of the student, or at a school or program-sponsored function.

Section 3 would require all approved or accredited schools and approved early childhood education programs to use the guidelines developed by the Department of Education to create and adopt a policy for management of students and children with life-threatening allergies.

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**Explanation of amendments:**

The committee amendment would provide immunity from civil liability to approved and accredited schools and approved early childhood education programs for deaths or injuries arising from a student or child's allergic condition. Employees of schools, early childhood programs, and educational service units are provided with immunity pursuant to section 25-21,280. Schools and early childhood education programs would be required to annually provide notice to parents or guardians of the immunity so provided.

The committee amendment would strike the requirement that the policy guidelines address the implementation of environmental guidelines by schools and early childhood programs to promote indoor air quality.

The committee amendment would also make a number of technical changes to the bill. These changes would: 1) include employees of educational service units in the provisions of the bill related to school and early childhood education program staff; 2) correct an omission of the words "or children"; and 3) replace language that specifies the various locations where schools and early childhood education programs would need to address placement of a student or child's anaphylaxis medication.

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Greg Adams, Chairperson