

# CLIENT NEWS BRIEF

## Governor Signs Three Student Health Emergency Preparedness and Response Bills

Governor Jerry Brown recently signed three Assembly bills related to student health emergency preparedness and response in school districts and charter schools.

Assembly Bill (AB) 1719 requires any school district or charter school whose graduation requirements include a health education course to include compression-only cardiopulmonary resuscitation (CPR) instruction. AB 1748 authorizes school districts, county offices of education and charter schools to obtain FDA-approved opioid antagonists to administer in the event of an opioid overdose. AB 1386 amends Education Code section 49414 to redefine "epinephrine auto-injector."

### **AB 1719: Compression-Only CPR Instruction Required in Certain High Schools**

Recent studies have shown disproportionately low CPR use and training in low-income communities, rural communities and communities with higher proportions of African-American and Latino residents. AB 1719 aims to increase CPR instruction in certain high schools throughout the state.

Beginning in the 2018-2019 school year, school district governing boards and charter schools that require students to complete a course in health education to graduate from high school must provide instruction in performing compression-only CPR. Compression-only CPR eliminates mouth-to-mouth resuscitation from traditional CPR treatment. According to the American Heart Association, the compression-only method has been shown to be as effective as traditional CPR.

Instruction must be based on nationally recognized guidelines, such as those created by the American Heart Association or the American Red Cross, and must include hands-on training. Schools are encouraged, but not required, to instruct students on the use of an automated external defibrillator. Subject to certain limitations, schools and instructors will not be civilly liable for injuries caused by students using their training.

The bill also requires the Department of Education to release guidance on implementation before the 2017-2018 school year, including who may provide the training. School boards may adopt their own implementation policies.

### **AB 1748: Opioid Antagonists Permitted in Schools**

The disturbing increase in opioid addiction and overdoses in the United States is well documented. According to the Centers for Disease Control and Prevention, overdoses from prescription pain relievers and heroin in the United States accounted for nearly 30,000 deaths in 2014. AB 1748 adds section 49414.3 to the Education Code and provides a means for schools to respond to a potential opioid overdose.

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Naloxone hydrochloride and other opioid antagonists are used to treat opioid overdoses. AB 1748 allows school districts, county offices of education and charter schools to make opioid antagonists available for school nurses and trained employee volunteers to administer in emergency situations. School nurses are permitted to administer opioid antagonists in emergency situations when a physician is unavailable. Trained volunteers may do so when a nurse is unavailable. A volunteer may administer an opioid antagonist only by nasal spray or auto-injector, but may do so in whichever of those forms the volunteer is most comfortable with.

Pharmacies may furnish opioid antagonists to educational institutions for school use if a physician prescribes them. If a school does not wish to store opioid antagonists or train employees to administer them, it must evaluate the emergency medical response time to the school and determine whether initiating emergency medical services is an acceptable alternative.

At least once every five years, the Superintendent of Public Instruction must review minimum training standards for administration of opioid antagonists and produce written training materials. The Department of Education must include on its website a clearinghouse for best practices in training.

AB 1748 also:

- Requires schools electing to stock opioid antagonists to provide training to any volunteer at no cost to the volunteer and during the volunteer's working hours.
- Permits an employee volunteer to rescind his or her offer to volunteer at any time. Educational institutions may not provide or deny a benefit to an individual based on an offer to volunteer, or retaliate against a volunteer for rescinding his or her offer.
- Requires schools electing to stock opioid antagonists to distribute an annual notice to all staff regarding volunteering for training to administer opioid antagonists and a volunteer's right to rescind his or her offer to volunteer.
- Requires schools electing to stock opioid antagonists to maintain records regarding acquisition and disposition of opioid antagonists for three years and to retain for reference written training materials prepared by the Superintendent of Public Instruction.
- Designates a qualified supervisor of health or an administrator as the party permitted to obtain a prescription for opioid antagonists for each school and requires that individual to stock opioid antagonists and restock them if used or expired.
- Permits a public school to accept gifts, grants, or donations from any source – including a drug manufacturer or wholesaler – to carry out the provisions of the bill.

Subject to certain limitations, trained employee volunteers will not be civilly or criminally liable or subject to professional review for injuries caused while administering opioid antagonists in emergency situations. An educational institution must ensure that it provides volunteers defense and indemnification for any civil liability. This assurance must be in writing, provided to the volunteer and retained in the volunteer's personnel file.

## **AB 1386: Epinephrine Auto-Injectors Required in Schools**

As of January 2015, Education Code section 49414 required schools to store and maintain epinephrine auto-injectors (EAI). EAIs deliver epinephrine into the body to treat anaphylaxis, a potentially life-threatening allergic reaction

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typically caused by insect stings, food allergies, drug reactions and exercise. AB 1386 modifies the definition of “epinephrine auto-injector” to align with similar definitions in related student health bills. The modified definition should not have a major, direct impact on educational institutions. Most notably, the bill makes EAls available for other non-educational entities such as day care facilities, after school programs, summer and day camps, scout troops and local businesses.

The new opioid antagonist law bears many similarities to the existing EAl law; the former was in fact modeled after the latter. But the laws differ in some respects, including:

- **Opioid antagonists are not mandatory:** AB 1386 requires schools to stock EAls, but AB 1748 does not require schools to stock opioid antagonists if they determine that initiating emergency medical services is an acceptable alternative to stocking opioid antagonists.
- **Annual notice requirement:** AB 1748 requires more extensive annual notices to employees than those required by AB 1386.
- **Volunteer provisions:** Under AB 1748, employee volunteers are permitted to rescind their offer to volunteer, may not be retaliated against for doing so, and may choose an opioid antagonist administration method that they are comfortable with. AB 1386 provides no such employee protections.

If you have any questions regarding these bills or any other issues regarding student health emergency preparedness, please contact the authors of this Client News Brief or an attorney at one of our [10 offices](#) located statewide. You can also visit our [website](#), follow us on [Facebook](#) or [Twitter](#) or download our [Client News Brief App](#).