FLORIDA HOUSE OF REPRESENTATIVES
BILL ANALYSIS

This bill analysis was prepared by nonpartisan committee staff and does not constitute an official statement of legislative intent.

BILL #: CS/HB 1197	**COMPANION BILL:** CS/SB 1514 (Smith)
TITLE: Anaphylaxis in Public Schools	**LINKED BILLS:** None
SPONSOR(S): Harris and Baker	**RELATED BILLS:** None

Committee References

Education Administration	➤	Education & Employment
17 Y, 0 N, As CS		16 Y, 0 N

SUMMARY

Effect of the Bill:

The bill requires district school boards to ensure that an emergency action plan for a student who is at risk for life-threatening allergic reactions is effective at all times when the student is on campus, including before and afterschool care. Additionally, the bill requires training for school personnel on preventing and responding to allergic reactions, including anaphylaxis.

Fiscal or Economic Impact:

The bill may have an insignificant fiscal impact on local school districts that do not already have the required training for school personnel, including employees and contracted personnel of before- and after-school programs, on preventing and responding to allergic reactions, including anaphylaxis.

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ANALYSIS

EFFECT OF THE BILL:

The bill requires district school boards to ensure that a student's emergency action plan is effective at all times when the student is on campus, including during extracurricular activities, athletics, school dances, and contracted before- and after-school programs at the school.

The bill requires district school boards to ensure that school personnel, including employees and contracted personnel of before- and after-school programs, have been provided training on preventing and responding to allergic reactions, including anaphylaxis. At least one member of the school personnel who has been trained must be on school grounds to execute a student's emergency action plan. The bill specifies that the required training must include the administration of emergency epinephrine, including the use of epinephrine auto-injectors and nasal sprays. (Section 1).

The effect date of the bill is July 1, 2025. (Section 2).

RULEMAKING:

The bill authorizes the State Board of Education to adopt rules requiring school districts to provide training for school personnel on preventing and responding to allergic reactions, including anaphylaxis, and to identify an approved training curriculum for implementation.

Lawmaking is a legislative power; however, the Legislature may delegate a portion of such power to executive branch agencies to create rules that have the force of law. To exercise this delegated power, an agency must have a grant of rulemaking authority and a law to implement.

FISCAL OR ECONOMIC IMPACT:

LOCAL GOVERNMENT:

The bill may have an insignificant fiscal impact on local school districts that do not already have the required training for school personnel, including employees and contracted personnel of before- and after-school programs, on preventing and responding to allergic reactions, including anaphylaxis.

RELEVANT INFORMATION

SUBJECT OVERVIEW:

Anaphylaxis

Anaphylaxis is a serious, life-threatening allergic reaction that can occur rapidly and can be fatal if not treated immediately. The condition is typically triggered by allergens such as foods, insect stings, and medications.[1] According to the American Academy of Family Physicians, anaphylaxis affects approximately 1 in 20 people at some point in their lives.[2]

Anaphylaxis involves a range of symptoms affecting multiple systems in the body. These can include one or more of the following:[3]

- Hives or itching (of any body part);
- Flushed or pale skin, dizziness;
- Vomiting, diarrhea, or stomach cramps;
- Swelling (of any body part);
- Red, watery eyes, runny nose;
- Fainting or loss of consciousness;
- Wheezing, coughing, difficulty breathing, shortness of breath;
- Throat tightness or closing, difficulty swallowing, change of voice;
- A sense of doom;
- Change in mental status; and
- Itchy or scratchy lips, tongue, mouth and/or throat.

Life-threatening allergies in students present significant challenges in schools. According to the Florida Department of Health's 2022-2023 Annual School Health Services Report, approximately 76,000 students in Florida have life-threatening allergies. Additionally, 112,680 students diagnosed with asthma may also experience severe allergic reactions if exposed to allergens.[4] For these students, the immediate administration of epinephrine through an auto-injector syringe may be life-saving.[5]

Epinephrine in Schools

Students who have experienced or are at risk for life-threatening allergic reactions may carry and self-administer epinephrine auto-injectors at school, during school-sponsored activities, or while traveling to and from these activities with proper parental and physician authorization. The State Board of Education, in collaboration with the

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[1] National Library of Medicine, *Medical Encyclopedia – Anaphylaxis*, https://medlineplus.gov/ency/article/000844.htm? (last visited Apr. 8, 2025).
[2] American Academy of Family Physicians, *Anaphylaxis: Guidelines From the Joint Task Force on Allergy-Immunology Practice Parameters,* https://www.aafp.org/pubs/afp/issues/2024/1100/practice-guidelines-anaphylaxis.html (last visited Apr. 8, 2025).
[3] Florida Department of Education, *Students with Life-Threatening Allergies* (2017), at 4, *available at* https://sss.usf.edu/resources/format/pdf/LifeThreateningAllergiesFinal.pdf,.
[4] Florida Department of Health, *2022-2023 Annual School Health Services Report* (2024), at 1, *available at* https://www.floridahealth.gov/programs-and-services/childrens-health/school-health/_documents/2022-2023-school-health-data-summaries.pdf.
[5] Florida Department of Education, *Students with Life-Threatening Allergies* (2017), at 3, *available at* https://sss.usf.edu/resources/format/pdf/LifeThreateningAllergiesFinal.pdf.

Department of Health, must establish rules ensuring the safe use of epinephrine auto-injectors, including protections against misuse or abuse.[6]

Schools may also maintain a supply of epinephrine auto-injectors secured in a designated location, accessible to trained school personnel or authorized students. Schools must adopt a physician-developed protocol for the administration of these auto-injectors by school personnel who are trained to recognize an anaphylactic reaction and to administer an epinephrine auto-injection during emergencies.[7] School districts, employees, agents, and the physician who provides the protocol are protected from liability related to injuries from administration, provided the trained personnel follow the protocol in response to a suspected anaphylactic reaction.[8] School personnel and volunteers involved in administering epinephrine to students during an emergency are protected from liability, provided they adhere to established guidelines and procedures.[9]

Schools must establish clear protocols for effectively managing allergic reactions, including procedures for administering epinephrine either by trained school personnel or by authorized students themselves. Protocols require an annual Individual Health Care Plan (IHCP) developed by the school nurse in collaboration with the student, parents or guardians, healthcare provider, and school personnel. This plan must include an Emergency Action Plan (EAP) specifying immediate contact with emergency services (911) during an anaphylaxis event and detailing actions if the student cannot self-administer epinephrine.[10]

Schools are required to develop written policies, procedures, and protocols to manage health emergencies, including maintaining updated emergency information cards for each student, listing key health details and contacts. Schools must ensure emergency supplies and equipment are clearly identified and accessible, with locations and lists of staff certified in first aid and cardiopulmonary resuscitation (CPR) visibly posted in high-risk areas. Additionally, schools must have at least two staff members (excluding health room personnel) certified in first aid and CPR. The school nurse, in collaboration with school administration, assists in training staff to provide care during emergencies and ensures first aid supplies and emergency equipment are adequately stocked and maintained.[11]

Administration of Medication and Medical Services by District School Personnel

District school personnel may assist students with the administration of prescription medication at school, provided certain conditions are met, including:[12]

- Providing training to designated school personnel by a registered nurse, licensed practical nurse, advanced practice registered nurse, physician, or physician assistant.
- Adopting formal policies and procedures to guide medication administration by school personnel.
- Obtaining written permission from the student's parent or guardian, clearly stating the necessity of medication administration during school hours or school-sponsored events.
- Receiving, counting, and securely storing medication in its original container, accessible only to authorized personnel.

Nonmedical district personnel may also perform specific health-related services following the successful completion of child-specific training and periodic monitoring by medical professionals.[13] However, nonmedical

[6] S. 1002.20(3)(i)1., F.S.
[7] S. 1002.20(3)(i)2., F.S.
[8] S. 1002.20(3)(i)3., F.S.
[9] S. 1002.20(3)(i), F.S.
[10] Rule 6A-6.0251, F.A.C. *See also*, Florida Health, *School Health Administrative Resource Manual*, at 24, *available at*, https://www.floridahealth.gov/programs-and-services/childrens-health/school-health/SchoolHealthAdministrativeResourceManualRev20217621FINAL.pdf.
[11] Rule 64F-6.004, F.A.C.
[12] S. 1006.062(1), F.S.
[13] S. 1006.062(4), F.S. The child-specific training can be done by a registered nurse or advanced practice registered nurse licensed under chapter 464, a physician licensed pursuant to chapter 458 or chapter 459, or a physician assistant licensed pursuant to chapter 458 or chapter 459.

district personnel are prohibited from performing invasive medical procedures such as sterile catheterization, nasogastric tube feeding, and tracheostomy care requiring deep suctioning.[14]

District school personnel administering medication in compliance with established policies and procedures are protected from liability for civil damages, provided they act reasonably and prudently under similar circumstances.[15]

Schools must establish emergency procedures specifically designed for life-threatening emergencies as part of a school health services plan developed jointly with the county health department and local school health advisory committee.[16]

BILL HISTORY

COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
Education Administration Subcommittee	17 Y, 0 N, As CS	4/2/2025	Sleap	Dixon
THE CHANGES ADOPTED BY THE COMMITTEE:	• Added a requirement for at least one school personnel who has been trained in preventing and responding to an allergic reaction, including anaphylaxis, to be on school grounds to execute a student's emergency action plan.			
Education & Employment Committee	16 Y, 0 N	4/8/2025	Hassell	Dixon

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THIS BILL ANALYSIS HAS BEEN UPDATED TO INCORPORATE ALL OF THE CHANGES DESCRIBED ABOVE.

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[14] S. 1006.062(3), F.S.
[15] S. 1006.062(2), F.S.
[16] S. 1006.062(7), F.S. and s. 381.0056(4), F.S.