

FLORIDA HOUSE OF REPRESENTATIVES

FINAL BILL ANALYSIS

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BILL #: [CS/HB 1197](#)

TITLE: Anaphylaxis in Public Schools

SPONSOR(S): Harris and Baker

COMPANION BILL: [CS/CS/SB 1514](#) (Smith)

LINKED BILLS: None

RELATED BILLS: None

FINAL HOUSE FLOOR ACTION: 113 Y's

0 N's

GOVERNOR'S ACTION: Approved

SUMMARY

Effect of the Bill:

The bill requires district school boards and charter school governing boards to ensure that an emergency action plan for a student with anaphylaxis in kindergarten through grade 8 is in effect and accessible at all times when the student is on school grounds or participating in school-sponsored activities. The bill also requires training for responding to allergic reactions for school personnel and contracted personnel at a school that serves students in kindergarten through grade 8. The State Board of Education, in consultation with the Department of Health, must adopt rules, including identifying an approved training curriculum, by October 1, 2025.

Fiscal or Economic Impact:

The bill may have an insignificant fiscal impact on local school districts and charter school governing boards that do not already provide training for school personnel and contracted personnel at schools serving students in kindergarten through grade 8. The fiscal impact may vary based on the number of personnel identified as adequate to meet the training requirements.

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ANALYSIS

EFFECT OF THE BILL:

CS/HB 1197 passed as [CS/CS/SB 1514](#).

The bill requires district school boards and charter school governing boards to ensure that each student in kindergarten through grade 8 who has an [emergency action plan](#) for [anaphylaxis](#) is in effect and accessible at all times when the student is on school grounds during the school day or participating in school-sponsored activities, which includes extracurricular activities, athletics, school dances, and contracted before- and after-school programs at the school.

District school boards and charter school governing boards are required to ensure that each school that serves students in kindergarten through grade 8 provide training to an adequate number of school personnel and contracted personnel in preventing and responding to allergic reactions, including anaphylaxis. The training must include recognizing the signs of an anaphylactic reaction and administering an FDA-approved [epinephrine](#) delivery device with a pre-measured, appropriate weight-based dose. (Section [1](#)).

The bill was approved by the Governor on May 20, 2025, ch. 2025-47, L.O.F., and will become effective on July 1, 2025. (Section [2](#)).

RULEMAKING:

The State Board of Education, in consultation with the Department of Health, is required to adopt rules requiring school districts and charter school governing boards to provide training for school personnel and contracted personnel at schools that serve students in kindergarten through grade 8 in preventing and responding to allergic

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reactions, including anaphylaxis, and to identify an approved training curriculum for implementation by October 1, 2025.

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 and charter school governing boards that serve students in kindergarten through grade 8 that do not already provide training for school personnel and contracted personnel in preventing and responding to allergic reactions, including anaphylaxis. The fiscal impact may vary based on the number of personnel identified as adequate to meet the training requirements.

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

¹ National Library of Medicine, *Medical Encyclopedia – Anaphylaxis*, <https://medlineplus.gov/ency/article/000844.htm>? (last visited May 1, 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 May 1, 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>.

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 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 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](#) 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

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>.
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.](#)

- 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 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

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.

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.](#)