

CHAPTER 375

AN ACT

SB 665

Relating to responses to opioid overdoses in schools; amending ORS 339.867, 339.869, 339.871 and 689.684.

Be It Enacted by the People of the State of Oregon:

SECTION 1. ORS 339.867 is amended to read: 339.867. As used in ORS 339.869 and 339.870:

(1) "Medication" means:

(a) Medication that is not injected;

(b) Premeasured doses of epinephrine that are injected; *[and]*

(c) Medication that is available for treating adrenal insufficiency[.]; **and**

(d) Naloxone or any similar medication that is in any form available for safe administration and that is designed to rapidly reverse an overdose of an opioid drug.

(2) "Medication" does not include nonprescription sunscreen.

SECTION 2. ORS 339.869 is amended to read:

339.869. (1) The State Board of Education, in consultation with the Oregon Health Authority, the Oregon State Board of Nursing and the State Board of Pharmacy, shall adopt:

(a) Rules for the administration of prescription and nonprescription medication to students by trained school personnel and for student self-medication. The rules shall include age appropriate guidelines and training requirements for school personnel.

(b) Rules for the administration of premeasured doses of epinephrine by school personnel trained as provided by ORS 433.815 to any student or other individual on school premises who the personnel believe in good faith is experiencing a severe allergic reaction, regardless of whether the student or individual has a prescription for epinephrine.

(c)(A) Rules for the administration of medication that treats adrenal insufficiency by school personnel trained as provided by ORS 433.815 to any student on school premises whose parent or guardian has provided for the personnel the medication as described in ORS 433.825 (3) and who the personnel believe in good faith is experiencing an adrenal crisis, as defined in ORS 433.800.

(B) Rules adopted under this paragraph must:

(i) Include guidelines on the designation and training of school personnel who will be responsible for administering medication; and

(ii) Specify that a school district is only required to train school personnel when the school district has been notified by a parent or guardian that a student enrolled in a school of the school district has been diagnosed with adrenal insufficiency.

(d) Guidelines for the management of students with life-threatening food allergies and adrenal insufficiency, which must include:

(A) Standards for the education and training of school personnel to manage students with life-threatening allergies or adrenal insufficiency.

(B) Procedures for responding to life-threatening allergic reactions or an adrenal crisis, as defined in ORS 433.800.

(C) A process for the development of individualized health care and allergy or adrenal insufficiency plans for every student with a known life-threatening allergy or adrenal insufficiency.

(D) Protocols for preventing exposures to allergens.

(e) Rules for the administration of naloxone or any similar medication that is in any form available for safe administration and that is designed to rapidly reverse an overdose of an opioid drug by trained school personnel to any student or other individual on school premises who the personnel believe in good faith is experiencing an overdose of an opioid drug.

(2)(a) School district boards shall adopt policies and procedures that provide for:

(A) The administration of prescription and nonprescription medication to students by trained school personnel, including the administration of medications that treat adrenal insufficiency;

(B) Student self-medication; and

(C) The administration of premeasured doses of epinephrine to students and other individuals.

(b) Policies and procedures adopted under paragraph (a) of this subsection shall be consistent with the rules adopted by the State Board of Education under subsection (1) of this section. A school district board shall not require school personnel who have not received appropriate training to administer medication.

(3)(a) School district boards may adopt policies and procedures that provide for the administration of naloxone or any similar medication that is in any form available for safe administration and that is designed to rapidly reverse an overdose of an opioid drug.

(b) Policies and procedures adopted under paragraph (a) of this subsection shall be consistent with the rules adopted by the State Board of Education under subsection (1) of this section.

SECTION 3. ORS 339.871 is amended to read:

339.871. (1) A school administrator, school nurse, teacher or other school employee designated by the school administrator is not liable in a criminal action or for civil damages as a result of a student's self-administration of medication, as described in ORS 339.866, if the school administrator, school nurse, teacher or other school employee, in compliance with the instructions of the student's Oregon licensed health care professional, in good faith assists the student's self-administration of the medication, if the medication is available to the student pursuant to written permission and instructions of the student's parent, guardian or Oregon licensed health care professional.

(2) A school administrator, school nurse, teacher or other school employee designated by the school administrator is not liable in a criminal action or for civil damages as a result of the use of medication if the school administrator, school nurse, teacher or other school employee in good faith administers:

(a) Autoinjectable epinephrine to a student or other individual with a severe allergy who is unable to self-administer the medication, regardless of whether the student or individual has a prescription for epinephrine[.]; or

(b) **Naloxone or any similar medication that is in any form available for safe administration and that is designed to rapidly reverse an overdose of an opioid drug to a student or other individual who the school administrator, school nurse, teacher or other school employee believes in good faith is experiencing an overdose of an opioid drug.**

(3) A school district and the members of a school district board are not liable in a criminal action or for civil damages as a result of the use of medication if:

(a) Any person in good faith administers autoinjectable epinephrine to a student or other individual with a severe allergy who is unable to self-administer the medication, regardless of whether the student or individual has a prescription for epinephrine; and

(b) The person administered the autoinjectable epinephrine on school premises, including at a school, on school property under the jurisdiction of the district or at an activity under the jurisdiction of the school district.

(4) **A school district and the members of a school district board are not liable in a criminal action or for civil damages as a result of the use of medication if:**

(a) **Any person in good faith administers naloxone or any similar medication that is in**

any form available for safe administration and that is designed to rapidly reverse an overdose of an opioid drug to a student or other individual who the person believes in good faith is experiencing an overdose of an opioid drug; and

(b) The person administered the naloxone or similar medication on school premises, including at a school, on school property under the jurisdiction of the district or at an activity under the jurisdiction of the school district.

[4] (5) The civil and criminal immunities imposed by this section do not apply to an act or omission amounting to gross negligence or willful and wanton misconduct.

SECTION 4. ORS 689.684 is amended to read:

689.684. (1) For purposes of this section, “social services agency” includes, but is not limited to, homeless shelters and crisis centers.

(2) *[An employee of a social services agency]* **A person** may administer to an individual naloxone that was not distributed to the *[employee]* **person** if:

(a) **The individual to whom the naloxone is being administered** appears to be experiencing an opiate overdose as defined in ORS 689.681[.]; and

(b) **The person who administers the naloxone is an employee of a social services agency or is trained under rules adopted by the State Board of Education pursuant to ORS 339.869.**

(3) For the purposes of protecting public health and safety, the Oregon Health Authority may adopt rules for the administration of naloxone **by employees of a social services agency** under this section.

Approved by the Governor June 13, 2019
Filed in the office of Secretary of State June 13, 2019
Effective date January 1, 2020