

**SENATE BILL No. 460**

By Committee on Public Health and Welfare

2-6

1 AN ACT concerning public health; relating to anaphylaxis; requiring the  
2 secretary of health and environment to adopt anaphylaxis prevention  
3 and response policies for schools and day care facilities; setting  
4 guidelines and procedures therefor.

5  
6 *Be it enacted by the Legislature of the State of Kansas:*

7 Section 1. (a) As used in this section:

8 (1) "Anaphylaxis" or "anaphylactic reaction" means a sudden, severe  
9 and potentially life threatening multi-system allergic reaction;

10 (2) "anaphylaxis policies" means anaphylaxis prevention and  
11 response policies developed pursuant to this section;

12 (3) "day care facility" means the same as defined in K.S.A. 65-503,  
13 and amendments thereto;

14 (4) "healthcare provider" means any person licensed to practice any  
15 branch of the healing arts or a professional nurse licensed by the board of  
16 nursing;

17 (5) "school" means any school operated by a school district organized  
18 under the laws of this state or any nonpublic school accredited by the state  
19 board of education that provides education to elementary or secondary  
20 students;

21 (6) "parent" includes a guardian, custodian or other person with  
22 authority to act on behalf of a child.

23 (7) "physician" means a person licensed by the state board of healing  
24 arts to practice medicine and surgery; and

25 (8) "secretary" means the secretary of health and environment.

26 (b) (1) The secretary, in consultation with the state board of  
27 education, shall adopt rules and regulations establishing anaphylaxis  
28 policies for schools, setting forth guidelines and procedures to be followed  
29 for both the prevention of anaphylaxis and the response during a medical  
30 emergency resulting from anaphylaxis. Such policy shall be developed  
31 after consultation with representatives of pediatric physicians, school  
32 nurses and other healthcare providers with expertise in treating children  
33 with anaphylaxis, parents of children with life-threatening allergies, school  
34 administrators, teachers, school food service directors and appropriate not-  
35 for-profit corporations representing allergic individuals at risk for  
36 anaphylaxis.

1 (2) The secretary shall adopt rules and regulations establishing  
2 anaphylaxis policies for day care facilities, setting forth guidelines and  
3 procedures to be followed for both the prevention of anaphylaxis and  
4 during a medical emergency resulting from anaphylaxis. Such policy shall  
5 be developed after consultation with representatives of pediatric  
6 physicians and other healthcare providers with expertise in treating  
7 children with anaphylaxis, parents of children with life-threatening  
8 allergies, child day care administrators and personnel and appropriate not-  
9 for-profit corporations representing allergic individuals at risk for  
10 anaphylaxis.

11 (3) In establishing anaphylaxis policies pursuant to this subsection,  
12 the secretary shall consider existing statutory and regulatory requirements  
13 and current best practices for schools and day care facilities. The secretary  
14 shall also consider the voluntary guidelines for managing food allergies in  
15 schools and early care and education programs issued by the United States  
16 department of health and human services. The secretary shall adopt rules  
17 and regulations required under this subsection prior to January 1, 2025.

18 (4) The secretary shall create informational materials detailing such  
19 anaphylaxis policies to be distributed to school districts and day care  
20 facilities and shall make such materials available on the department's  
21 website.

22 (c) The anaphylaxis policies established by this section shall include:

23 (1) A procedure and treatment plan for responding to anaphylaxis,  
24 including emergency protocols and responsibilities for school nurses and  
25 other appropriate school and day care facility personnel. Such procedures  
26 and treatment plan shall contain comprehensive guidelines for  
27 administering epinephrine based on weight to all age groups, including:

28 (A) A detailed dosage chart for epinephrine administration,  
29 categorizing specific dosage recommendations according to a range of  
30 weight groups, starting from infants and extending to adolescents;

31 (B) procedures for accurate and prompt assessment of a child's  
32 weight to determine the correct epinephrine dosage, with considerations  
33 for the challenges in weight assessment in emergency scenarios;

34 (C) clear instructions for the use of epinephrine auto-injectors,  
35 including devices specifically designed for infants and young children; and

36 (D) protocols for the immediate follow-up care after epinephrine  
37 administration, emphasizing the necessity for professional medical  
38 evaluation and monitoring, especially for infants and younger children;

39 (2) (A) A training course for appropriate school and day care facility  
40 personnel that covers prevention and response strategies for anaphylaxis  
41 across all age groups. Such training course shall:

42 (i) Occur annually;

43 (ii) cover both practical and theoretical knowledge, with a strong

1 emphasis on recognizing signs of anaphylaxis in different age groups, the  
2 correct usage of various epinephrine auto-injectors and weight-based  
3 dosing guidelines;

4 (iii) be endorsed or facilitated by recognized health organizations  
5 specializing in pediatric allergy management;

6 (iv) include a competency assessment to ensure that all trainees can  
7 effectively apply the training in real-life scenarios; and

8 (v) provide a free service with ongoing access to training materials  
9 and refresher modules online or in person, allowing for continuous  
10 education and reference.

11 (B) the secretary shall consider existing training programs in schools  
12 and day care facilities for responding to anaphylaxis in order to avoid  
13 duplicative training requirements. The secretary shall deem that existing  
14 program fulfills the training requirements of this subsection if the existing  
15 program meets or exceeds the standards of the training course adopted by  
16 the secretary;

17 (C) each school and day care facility shall keep a comprehensive  
18 record of anaphylaxis training sessions, including participant lists, training  
19 dates and a summary of the content covered. This record should be  
20 reviewed and updated annually to ensure that all staff are qualified and  
21 have current training, particularly in administering weight-based  
22 epinephrine dosages for all age groups;

23 (3) a procedure and appropriate guidelines for the development of an  
24 individualized emergency healthcare plan for children with a food or other  
25 allergy that could result in anaphylaxis;

26 (4) a communication plan for intake and dissemination of information  
27 provided by the state regarding children with a food or other allergy that  
28 could result in anaphylaxis, including a discussion of methods, treatments  
29 and therapies to reduce the risk of allergic reactions, including  
30 anaphylaxis;

31 (5) strategies for the reduction of the risk of exposure to anaphylactic  
32 causative agents, including food and other allergens; and

33 (6) guidance on age-appropriate discussions with children and their  
34 parents about foods that are safe and unsafe and strategies to avoid  
35 exposure to unsafe foods.

36 (d) At least once per school year, schools shall send a notification to  
37 parents and guardians of all children under the care of such schools to  
38 provide awareness of such anaphylaxis policies, as developed by the  
39 secretary. For children enrolled at a day care facility, such notification  
40 shall be provided by the day care provider when the child is enrolled and  
41 annually thereafter. Such notifications shall include contact information for  
42 parents and guardians to engage further with the school or day care  
43 provider and learn more about individualized aspects of such policies.

1 (e) Prior to July 1, 2025, the secretary shall forward the anaphylaxis  
2 policies adopted under this section to the board of education of each  
3 school district and each day care facility. Within six months of receiving  
4 such anaphylaxis policies, each school district and day care facility shall  
5 implement or update as appropriate their anaphylactic policy in accordance  
6 with those developed by the state.

7 (f) The anaphylaxis policies established by this section shall be  
8 updated at least once every three years, or more frequently if the secretary  
9 determines such update to be necessary or desirable for the protection of  
10 children with a food allergy or other allergy that could result in  
11 anaphylaxis.

12 Sec. 2. This act shall take effect and be in force from and after its  
13 publication in the statute book.