

DISTRICT OF COLUMBIA
OFFICIAL CODE

TITLE 38.
EDUCATIONAL INSTITUTIONS.

CHAPTER 6.
STUDENT HEALTH CARE.

2001 Edition

DISTRICT OF COLUMBIA OFFICIAL CODE

CHAPTER 6. STUDENT HEALTH CARE.

TABLE OF CONTENTS

Subchapter I. General Provisions.

- § 38-601. Definitions.
- § 38-602. Examination requirements; certificates of health, testing for lead poisoning and dental health.
- § 38-603. Exemption for religious beliefs.
- § 38-604. Notice of noncompliance; attendance unaffected.
- § 38-605. Fee for examination by public health authorities; indigency.
- § 38-606. Duty to obtain treatment.
- § 38-607. Student health files.
- § 38-608. Joint administration by Mayor and Board of Education; rules.
- § 38-609. Protection from liability.
- § 38-610. Reporting and studies of lead poisoning tests.

Subchapter II. Public School Nurses.

- § 38-621. Assignment to schools; hours; level of services; nurse or athletic trainer at sponsored athletic events; funding.

Subchapter III. Administration of Medication by Public School Employees.[Repealed]

- § 38-631. Definitions.[Repealed]
- § 38-632. Administration of medication by a public school employee.[Repealed]
- § 38-633. Requirements for the licensed practitioner.[Repealed]
- § 38-634. Rules and regulations for implementation of subchapter.[Repealed]

Subchapter IV. Administration of Medication by Students and Trained School Employees.

- § 38-651.01. Definitions.
- § 38-651.02. Possession and self-administration of medication.
- § 38-651.03. Medication action plan.
- § 38-651.04. Medication administration training program.
- § 38-651.05. Administration of medication.
- § 38-651.06. Administration of medication in emergency circumstances.
- § 38-651.07. Posting of emergency response information.
- § 38-651.08. Maintenance of records.
- § 38-651.09. Storage of medication.
- § 38-651.10. Misuse.
- § 38-651.11. Liability.
- § 38-651.12. Rules.

CHAPTER 6. STUDENT HEALTH CARE.

SUBCHAPTER I. GENERAL PROVISIONS.

§ 38-601. DEFINITIONS.

For the purposes of this subchapter:

- (1) "Adult student" and "minor student" mean those terms as they are defined in § 499 of the Board of Education Rules, effective July 29, 1977 (5 DCMR 2099).
- (2) "Certified nurse practitioner" means a registered nurse who is licensed in the United States or its territories, has had postgraduate education and training in pediatrics, adolescent medicine, or the assessment and care of school-aged children, and is certified as a nurse practitioner by the American Nurses' Association, the National Board of Pediatric Nurse Practitioners and Associates, or any other certifying organization acceptable to the Mayor.
- (3) "District" means the District of Columbia.
- (4) "Physician" means an individual who is licensed to practice medicine in the United States or its territories and has had postgraduate education or training in pediatrics or adolescent medicine.

(Dec. 3, 1985, D.C. Law 6-66, § 2, 32 DCR 6086.)

HISTORICAL AND STATUTORY NOTES

Prior Codifications

1981 Ed., § 31-2401.

Legislative History of Laws

Law 6-66, "Student Health Care Act of 1985," was introduced in Council and assigned Bill No. 6-135, which was referred to the Committee on Education and reassigned to the Committee on Human Services. The Bill was adopted on first and second readings on September 10, 1985, and September 24, 1985, respectively. Signed by the Mayor on October 9, 1985, it was assigned Act No. 6-89 and transmitted to both Houses of Congress for its review.

Editor's Notes

Because of the codification of D.C. Law 7-45 as subchapter II of this chapter, and the designation of the preexisting text of this chapter as subchapter I, "subchapter" has been substituted for "chapter" in the introductory language.

Delegation of Authority

Delegation of Authority Pursuant to D.C. Law 6-66, the "Student Health Care Act of 1985", see Mayor's Order 2004-102, June 14, 2004 (51 DCR 6669).

Miscellaneous Notes

Short title: The first section of D.C. Law 6-66 provided: "That this act may be cited as the 'Student Health Care Act of 1985'."

§ 38-602. EXAMINATION REQUIREMENTS; CERTIFICATES OF HEALTH, TESTING FOR LEAD POISONING AND DENTAL HEALTH.

- (a) Except as provided in § 38-603, each student attending prekindergarten through grade 12 in a public, public charter, private, or independent school in the District of Columbia shall furnish the school annually with a certificate of health completed and signed by a physician or advanced practice nurse who has examined the student during the 12-month period immediately preceding the 1st day of the school year or the date of the student's enrollment in the school, whichever occurs later. The examination shall cover all items required by the certificate of health form for the student's particular age group.

(a-1) Upon entry of a student under 6 years of age into a licensed day care center, Head Start or similar early childhood program, pre-kindergarten, kindergarten or first grade in a public or private school in the District, the student shall furnish the school with a certificate of testing for lead poisoning.

(b) The Mayor shall establish requirements for periodic testing for lead poisoning and dental examinations. The Mayor shall also establish requirements for the submission of certificates of testing for lead poisoning for the students subject to the provisions of subsection (a-1) of this section, and submission of certificates of dental health for elementary and secondary school students.

(c) The Mayor shall develop standard forms for certificates of health, testing for lead poisoning, and dental health, and shall make blank forms available in sufficient quantities to carry out the purposes of this subchapter. The certificate of health form shall contain, at a minimum, the following:

- (1) All items required by the American Academy of Pediatrics for each relevant age group; and
- (2) A plain language explanation of the following:
 - (A) Body mass index;
 - (B) How to access health insurance programs; and
 - (C) How to contact school nurses.

(d) Except as provided in § 38-603, the Mayor may require that prekindergarten, elementary, and secondary school students who participate in special programs or have been exposed to certain hazards meet examination requirements in addition to those established by this subchapter.

(Dec. 3, 1985, D.C. Law 6-66, § 3, 32 DCR 6086; Oct. 15, 1993, D.C. Law 10-29, § 2(a)-(c), 40 DCR 5752; July 27, 2010, D.C. Law 18-209, § 605, 57 DCR 4779.)

HISTORICAL AND STATUTORY NOTES

Prior Codifications

1981 Ed., § 31-2402.

Effect of Amendments

D.C. Law 18-209 rewrote subsecs. (a) and (c), which had read as follows:

"(a) Except as provided in § 38-603, whenever a student attending public or private school in the District enters prekindergarten, kindergarten, and the 1st, 3rd, 5th, 7th, 9th, and 11th grades, he or she shall furnish the school with a certificate of health completed and signed by a physician or certified nurse practitioner who has examined the student not more than 150 calendar days before his or her 1st day of school. The examination shall cover all items required by the certificate of health form for the student's particular age group."

"(c) The Mayor shall develop standard forms for certificates of health, testing for lead poisoning and dental health and shall make blank forms available in sufficient quantities to carry out the purposes of this subchapter. The certificate of health form shall contain at a minimum all items required by the American Academy of Pediatrics for each relevant age group."

Legislative History of Laws

For legislative history of D.C. Law 6-66, see Historical and Statutory Notes following § 38-601.

For legislative history of D.C. Law 10-29, see Historical and Statutory Notes following § 38-601.

For Law 18-209, see notes following § 38-453.

§ 38-603. EXEMPTION FOR RELIGIOUS BELIEFS.

Certificates of health, testing for lead poisoning and dental health shall not be required under this subchapter, and no physical, lead poisoning or dental examination shall be required by the Mayor, if a minor student's parent or guardian or an adult student submits in good faith a written notarized statement to the principal or other appropriate school official affirming that the examination(s) in question would violate the established tenets and practices of the parent's, guardian's or student's church or religious denomination.

(Dec. 3, 1985, D.C. Law 6-66, § 4, 32 DCR 6086; Oct. 15, 1993, D.C. Law 10-29, § 2(d), 40 DCR 5752.)

HISTORICAL AND STATUTORY NOTES

Prior Codifications

1981 Ed., § 31-2403.

Legislative History of Laws

For legislative history of D.C. Law 6-66, see Historical and Statutory Notes following § 38-601.

For legislative history of D.C. Law 10-29, see Historical and Statutory Notes following § 38-601.

§ 38-604. NOTICE OF NONCOMPLIANCE; ATTENDANCE UNAFFECTED.

(a) No student shall be excluded from school on account of his or her failure to furnish a required certificate of health, testing for lead poisoning or dental health. If a certificate of health, testing for lead poisoning or dental health is not furnished when required, the principal or other appropriate school official shall give both oral and written notice to a minor student's parent(s) or guardian or an adult student that submission of the certificate is required by law. The notice shall explain how to contact the public health authorities for the purpose of having the student examined if private health care is not available or desired. If after 30 calendar days the student has still not furnished the required certificate of health, testing for lead poisoning or dental health, the principal or other appropriate school official shall inquire into whether the student has had an examination. If the student has not been given an examination and none is scheduled, the principal or other appropriate school official shall notify the public health authorities, who shall make prompt and, if necessary, continuing efforts to secure the consent of the parent(s), guardian, or adult student so that the student may as soon as possible be given the required examination(s) either in a public health facility or at school.

(b) Notwithstanding the provisions in subsection (a) of this section, any parent or guardian who, without good cause, fails to comply with the provisions of this subchapter or any rule issued pursuant to § 38-608 shall, at the discretion of the Mayor, be subject to a fine not to exceed \$100 per school year.

(Dec. 3, 1985, D.C. Law 6-66, § 5, 32 DCR 6086; Oct. 15, 1993, D.C. Law 10-29, § 2(e), 40 DCR 5752.)

HISTORICAL AND STATUTORY NOTES

Prior Codifications

1981 Ed., § 31-2404.

Legislative History of Laws

For legislative history of D.C. Law 6-66, see Historical and Statutory Notes following § 38-601.

For legislative history of D.C. Law 10-29, see Historical and Statutory Notes following § 38-601.

§ 38-605. FEE FOR EXAMINATION BY PUBLIC HEALTH AUTHORITIES; INDIGENCY.

A fee, based on rates to be established by the Mayor, shall be charged to a minor student's parent(s) or guardian or an adult student when the student has been examined by public health authorities pursuant to this subchapter and the parent(s), guardian, or adult student is not indigent. The Mayor shall define "indigency" under this section and may establish a sliding scale of partial payment based on the parents', guardian's, or adult student's reasonable ability to pay some of the examination costs. Under no circumstances shall a student be excluded from school pending the payment of a fee imposed under this section.

(Dec. 3, 1985, D.C. Law 6-66, § 6, 32 DCR 6086.)

HISTORICAL AND STATUTORY NOTES

Prior Codifications

1981 Ed., § 31-2405.

Legislative History of Laws

For legislative history of D.C. Law 6-66, see Historical and Statutory Notes following § 38-601.

§ 38-606. DUTY TO OBTAIN TREATMENT.

If a student is excluded from school pursuant to subchapter II of Chapter 1 of Title 7, it shall be his or her responsibility if an adult student, and the responsibility of his or her parent(s) or guardian if a minor student, to obtain any treatment necessary for him or her to resume attendance at school. If private health care is not available or desired, the Mayor shall ensure that the necessary treatment is made available by public health authorities after obtaining the consent of the parent(s), guardian, adult student, or, when authorized by District law, minor student. Fees shall be determined in the same manner as provided in § 38-605.

(Dec. 3, 1985, D.C. Law 6-66, § 7, 32 DCR 6086.)

HISTORICAL AND STATUTORY NOTES

Prior Codifications

1981 Ed., § 31-2406.

Legislative History of Laws

For legislative history of D.C. Law 6-66, see Historical and Statutory Notes following § 38-601.

§ 38-607. STUDENT HEALTH FILES.

(a) The Board of Education, with respect to public school students, and the Mayor, with respect to private school students, shall establish uniform procedures requiring elementary and secondary schools in the District to maintain health files for each student. Each student's health file shall contain all health-related documents submitted by or on behalf of the student.

(b) A student's health file and all certificates of health and dental health furnished pursuant to this subchapter shall be confidential and subject to inspection, disclosure, and use only as provided by applicable District and federal law.

(Dec. 3, 1985, D.C. Law 6-66, § 8, 32 DCR 6086.)

HISTORICAL AND STATUTORY NOTES

Prior Codifications

1981 Ed., § 31-2407.

Legislative History of Laws

For legislative history of D.C. Law 6-66, see Historical and Statutory Notes following § 38-601.

§ 38-608. JOINT ADMINISTRATION BY MAYOR AND BOARD OF EDUCATION; RULES.

The Mayor and the Board of Education shall jointly administer this subchapter and each shall issue rules pursuant to subchapter I of Chapter 5 of Title 2, to carry out its purposes.

(Dec. 3, 1985, D.C. Law 6-66, § 9, 32 DCR 6086.)

HISTORICAL AND STATUTORY NOTES

Prior Codifications

1981 Ed., § 31-2408.

Legislative History of Laws

For legislative history of D.C. Law 6-66, see Historical and Statutory Notes following § 38-601.

§ 38-609. PROTECTION FROM LIABILITY.

Neither the District government or its agencies, officials, and employees nor any private school or its officials and employees shall be subject to civil or criminal liability for failing to recognize or communicate a need for treatment from information contained in a student's health file, or to obtain treatment for a student solely on account of such information.

(Dec. 3, 1985, D.C. Law 6-66, § 10, 32 DCR 6086.)

HISTORICAL AND STATUTORY NOTES

Prior Codifications

1981 Ed., § 31-2409.

Legislative History of Laws

For legislative history of D.C. Law 6-66, see Historical and Statutory Notes following § 38-601.

§ 38-610. REPORTING AND STUDIES OF LEAD POISONING TESTS.

(a) The Mayor shall establish requirements for the mandatory reporting of all lead poisoning tests conducted in the District of Columbia.

(b) The Mayor shall use the data collected in subsection (a) of this section to conduct an epidemiological study for the purpose of preventing future lead poisoning. The Mayor shall submit the study to the Council of the District of Columbia within 2 years from October 15, 1993.

(Dec. 3, 1985, D.C. Law 6-66, § 10a, as added Oct. 15, 1993, D.C. Law 10-29, § 2(f), 40 DCR 5752.)

HISTORICAL AND STATUTORY NOTES

Prior Codifications

1981 Ed., § 31-2410.

Legislative History of Laws

D.C. Law 10-29, the "Student Health Care Amendment Act of 1993," was introduced in Council and assigned Bill No. 10-54, which was referred to the Committee on Education and Libraries. The Bill was adopted on first and second readings on June 29, 1993, and July 13, 1993, respectively. Signed by the Mayor on July 29, 1993, it was assigned Act No. 10-61 and transmitted to both Houses of Congress for its review. D.C. Law 10-29 became effective on October 15, 1993.

SUBCHAPTER II. PUBLIC SCHOOL NURSES.

§ 38-621. ASSIGNMENT TO SCHOOLS; HOURS; LEVEL OF SERVICES; NURSE OR ATHLETIC TRAINER AT SPONSORED ATHLETIC EVENTS; FUNDING.

(a) A registered nurse shall be assigned to each District of Columbia ("District") elementary and secondary public and public charter school a minimum of 12 hours per week during each semester and during summer school if a summer school program is operated.

(b)(1) The minimum hours per week of registered nurse services at each school shall increase from 12 to 16 hours per week beginning 1 year after December 10, 1987. The minimum hours per week of registered nurse services at each school shall increase from 16 to 20 hours per week beginning 2 years after December 10, 1987.

(2) Licensed practical nurses may be used to supplement the registered nurse work force in meeting the required 20 hours per week minimum registered nurse services at each elementary and middle school. The licensed practical nurses shall perform their duties under the appropriate supervision and in general collaboration with the registered nurses.

(c) Any school that, on May 1, 1987, exceeded the standards for registered nurse services prescribed by subsection (a) or (b) of this section shall continue that level of service, or the level prescribed by subsection (a) or (b) of this section, whichever is greater. No reduction shall be made in the level of registered nurse services at any school except in response to a reduced need based on a reduced student enrollment or a reduced proportion of students requiring special services because of handicapping conditions.

(d) Appropriate medical coverage, as defined in rules issued by the Board of Education in accordance with subchapter I of Chapter 5 of Title 2, and in consultation with the Director, Department of Health, shall be provided by the Board of Education at any interscholastic athletic event if the event is sponsored by a District public school, occurs in the District, and is identified as requiring medical coverage by rule. This medical coverage may include, but is not limited to:

- (1) A licensed medical doctor;
- (2) A registered nurse;
- (3) A certified athletic trainer;
- (4) An emergency medical technician ("EMT") or paramedic;
- (5) A certified prehospital care provider (as determined by the Director, Department of Health); or
- (6) An adult trained by the Red Cross with current certification in cardiopulmonary resuscitation ("CPR"), first aid, or life-saving.

(e)(1) Appropriate medical coverage shall be consistent with the risk of injury involved in the interscholastic athletic event. The medical personnel that shall be present at an interscholastic athletic event that occurs in the District and that is sponsored by a District secondary public school shall be detailed as follows:

- (A) For varsity football, a licensed medical doctor and for non-varsity football, a licensed medical doctor or certified athletic trainer;
- (B) For basketball, wrestling, soccer, indoor or outdoor track and field events, or cross-country, at least 1 licensed doctor, certified athletic trainer, registered nurse, EMT or paramedic, or any other

certified prehospital care provider, as determined by the Director, Department of Health;

(C) For volleyball, baseball, softball, or swimming, at least 1 licensed medical doctor, certified athletic trainer, registered nurse, EMT or paramedic, any other certified prehospital care provider, as determined by the Director, Department of Health, or adult trained by the American Red Cross with current certification in CPR, first aid, or life-saving;

(D) For tennis or golf, medical personnel coverage shall be optional as financial resources allow; and

(E) For any other sport, the appropriate level of medical personnel coverage, commensurate with the risk of injury involved, shall be set by the Superintendent of Schools of the District of Columbia, in consultation with the Director, Department of Health, and approved by the Board of Education; and

(2) The medical personnel coverage services shall be in addition to the minimum hours of registered nurse services required by subsection (a) or (b) of this section.

(f) Sufficient funds to carry out the requirements of this section shall be appropriated out of the general revenues of the District.

(g) Beginning with the fiscal year 1991, the responsibility for implementation of this act shall be transferred from the Department of Human Services to the Board of Education.

(Dec. 10, 1987, D.C. Law 7-45, § 2, 34 DCR 6845; July 25, 1990, D.C. Law 8-149, § 2, 37 DCR 3717; Aug. 17, 1991, D.C. Law 9-29, § 2, 38 DCR 4213; Mar. 20, 1998, D.C. Law 12-60, § 401, 44 DCR 7378; Apr. 13, 1999, D.C. Law 12-224, § 2, 46 DCR 483; Apr. 13, 2005, D.C. Law 15-353, § 602, 52 DCR 2331.)

HISTORICAL AND STATUTORY NOTES

Prior Codifications

1981 Ed., § 31-2421.

Effect of Amendments

D.C. Law 15-353, in subsec. (a), inserted "and public charter" following "public".

Temporary Amendments of Section

D.C. Law 12-59 substituted "Director, Department of Health" for "Commissioner of Public Health" in the introductory language of (d) and in (d)(5), (e)(1)(B), (e)(1)(C), and (e)(1)(E).

Section 2001(b) of D.C. Law 12-59 provided that the act shall expire after 225 days of its having taken effect.

Section 2 of D.C. Law 12-182 in (e)(1)(A), inserted "varsity," and added "and for non-varsity football, a licensed medical doctor or certified athletic trainer."

Section 4(b) of D.C. Law 12-182 provided that the act shall expire after 225 days of its having taken effect.

Section 602 of D.C. Law 14-164, in subsec. (a), inserted "and public charter" following "public".

Section 1101(b) of D.C. Law 14-164 provides that the act shall expire after 225 days of its having taken effect.

Section 602 of D.C. Law 15-2 amended subsec. (a) by inserting "and public charter" after "public".

Section 1101 (b) of D.C. Law 15-2 provides that the act shall expire after 225 days of its having taken effect.

Section 602 of D.C. Law 15-117, in subsec. (a), inserted "and public charter" after "public".

Section 1101(b) of D.C. Law 15-117 provides that the act shall expire after 225 days of its having taken effect.

Section 602 of D.C. Law 15-319, in subsec. (a), substituted "public and public charter" for "public."

Section 901(b) of D.C. Law 15-319 provides that the act shall expire after 225 days of its having taken effect.

Emergency Act Amendments

For temporary amendment of section, see § 401 of the Fiscal Year 1998 Revised Budget Support Emergency Act of 1997 (D.C. Act 12-152, October 17, 1997, 44 DCR 6196), and § 401 of the Fiscal Year 1998 Revised Budget Support Congressional Review Emergency Act of 1997 (D.C. Act 12-239, January 13, 1998, 45 DCR 508).

For temporary amendment of section, see § 2 of the Public School Nurse Assignment Emergency Amendment Act of 1998 (D.C. Act 12-448, September 18, 1998, 45 DCR 6665), and § 2 of the Public School Nurse Assignment Congressional Review Emergency Amendment Act of 1998 (D.C. Act 12-555, December 30, 1998, 45 DCR 570).

For temporary (90 day) amendment of section, see § 602 of Child and Youth, Safety and Health Omnibus Emergency Amendment Act of 2002 (D.C. Act 14-310, March 26, 2002, 49 DCR 3420).

For temporary (90 day) amendment of section, see § 602 of Child and Youth, Safety and Health Omnibus Emergency Amendment Act of 2003 (D.C. Act 15-3, January 22, 2003, 50 DCR 1426).

For temporary (90 day) amendment of section, see § 602 of Child and Youth, Safety and Health Omnibus Congressional Review Emergency Amendment Act of 2003 (D.C. Act 15-71, April 16, 2003, 50 DCR 3593).

For temporary (90 day) amendment of section, see § 602 of Child and Youth, Safety and Health Omnibus Second Emergency Amendment Act of 2003 (D.C. Act 15- 279, December 18, 2003, 51 DCR 60).

For temporary (90 day) amendment of section, see § 602 of Child and Youth, Safety and Health Omnibus Congressional Review Emergency Amendment Act of 2004 (D.C. Act 15-407, March 18, 2004, 51 DCR 3659).

For temporary (90 day) amendment of section, see § 602 of Child and Youth, Safety and Health Omnibus Emergency Amendment Act of 2004 (D.C. Act 15-630, November 30, 2004, 52 DCR 1143).

For temporary (90 day) amendment of section, see § 602 of Child and Youth, Safety and Health Omnibus Congressional Review Emergency Amendment Act of 2005 (D.C. Act 16-30, February 17, 2005, 52 DCR 2993).

Legislative History of Laws

Law 7-45, "District of Columbia Public School Nurse Assignment Act of 1987," was introduced in Council and assigned Bill No. 7-47, which was referred to the Committee on Human Services. The Bill was adopted on first and second readings on July 14, 1987, and September 29, 1987, respectively. Signed by the Mayor on October 16, 1987, it was assigned Act No. 7-78 and transmitted to both Houses of Congress for its review.

Law 8-130 was introduced in Council and assigned Bill No. 8-528. The Bill was adopted on first and second readings on February 27, 1990, and March 13, 1990, respectively. Signed by the Mayor on March 27, 1990, it was assigned Act No. 8-182 and transmitted to both Houses of Congress for its review.

Law 8-149 was introduced in Council and assigned Bill No. 8-511, which was referred to the Committee on Human Services. The Bill was adopted on first and second readings on May 1, 1990, and May 15, 1990, respectively. Signed by the Mayor on May 30, 1990, it was assigned Act No. 8-207 and transmitted to both Houses of Congress for its review.

Law 9-19 was introduced in Council and assigned Bill No. 9-205. The Bill was adopted on first and second readings on May 7, 1991, and June 4, 1991, respectively. Signed by the Mayor on June 21, 1991, it was assigned Act No. 9- 43 and transmitted to both Houses of Congress for its review.

Law 9-29 was introduced in Council and assigned Bill No. 9-160, which was referred to the Committee on Education and Libraries. The Bill was adopted on first and second readings on June 4, 1991, and June 18, 1991, respectively. Signed by the Mayor on July 2, 1991, it was assigned Act No. 9-56 and transmitted to both Houses of Congress for its review.

For legislative history of D.C. Law 12-59, see Historical and Statutory Notes following § 38-918.

For legislative history of D.C. Law 12-60, see Historical and Statutory Notes following § 38-918.

Law 12-182, the "Public School Nurse Assignment Temporary Amendment Act of 1998," was introduced in Council and assigned Bill No. 12-739. The Bill was adopted on first and second readings on July 30, 1998, and September 22, 1998, respectively. Signed by the Mayor on October 1, 1998, it was assigned Act No. 12-453 and transmitted to both Houses of Congress for its review. D.C. Law 12- 182 became effective on March 26, 1999.

Law 12-224, the "Public School Nurse Assignment Amendment Act of 1998," was introduced in Council and assigned Bill No. 12-722, which was referred to the Committee on Education, Libraries, and Recreation. The Bill was adopted on first and second readings on November 10, 1998, and December 1, 1998, respectively. Signed by the Mayor on December 11, 1998, it was assigned Act No. 12-542 and transmitted to both Houses of Congress for its review. D.C. Law 12-224 became effective on April 13, 1999.

Law 14-164, the "Child and Youth, Safety and Health Omnibus Temporary Amendment Act of 2002", was introduced in Council and assigned Bill No. 14-577, which was retained by Council. The Bill was adopted on first and second readings on March 5, 2002, and April 9, 2002, respectively. Signed by the Mayor on April 24, 2002, it was assigned Act No. 14-332 and transmitted to both Houses of Congress for its review. D.C. Law 14-164 became effective on June 25, 2002.

Law 15-2, the "Child and Youth, Safety and Health Omnibus Temporary Amendment Act of 2003", was introduced in Council and assigned Bill No. 15-28, and was retained by Council. The Bill was adopted on first and second readings on January 7, 2003, and February 4, 2003, respectively. Signed by the Mayor on February 24, 2003, it was assigned Act No. 15-20 and transmitted to both Houses of Congress for its review. D.C. Law 15-2 became effective on May 3, 2003.

Law 15-117, the "Child and Youth, Safety and Health Omnibus Temporary Amendment Act of 2004", was introduced in Council and assigned Bill No. 15-589, and was retained by Council. The Bill was adopted on first and second readings on December 2, 2003, and January 6, 2004, respectively. Signed by the Mayor on January 27, 2004, it was assigned Act No. 15-304 and transmitted to both Houses of Congress for its review. D.C. Law 15-117 became effective on March 30, 2004.

Law 15-319, the "Child and Youth, Safety and Health Omnibus Second Temporary Amendment Act of 2004",

was introduced in Council and assigned Bill No. 15- 1117, and was retained by Council. The Bill was adopted on first and second readings on November 9, 2004, and December 7, 2004, respectively. Signed by the Mayor on December 29, 2004, it was assigned Act No. 15-716 and transmitted to both Houses of Congress for its review. D.C. Law 15-319 became effective on April 8, 2005.

Law 15-353, the "Child and Youth, Safety and Health Omnibus Amendment Act of 2004", was introduced in Council and assigned Bill No. 15-607 which was referred to the Committees on Human Services, Finance and Revenue, and Education, Libraries and Recreation. The Bill was adopted on first and second readings on December 7, 2004, and December 21, 2004, respectively. Signed by the Mayor on January 19, 2005, it was assigned Act No. 15-759 and transmitted to both Houses of Congress for its review. D.C. Law 15-353 became effective on April 13, 2005.

References in Text

"This act" referred to in (g) is D.C. Law 8-149.

SUBCHAPTER III. ADMINISTRATION OF MEDICATION BY PUBLIC SCHOOL EMPLOYEES.[REPEALED]

§ 38-631. DEFINITIONS.[REPEALED]

(Oct. 5, 1993, D.C. Law 10-55, § 2, 40 DCR 7219; Feb. 2, 2008, D.C. Law 17-107, § 14, 54 DCR 12230.)

HISTORICAL AND STATUTORY NOTES

Prior Codifications

1981 Ed., § 31-2431.

Legislative History of Laws

D.C. Law 10-55, the "Administration of Medication by Public School Employees Act of 1993," was introduced in Council and assigned Bill No. 10-14, which was referred to the Committee on Education and Libraries. The Bill was adopted on first and second readings on July 13, 1993, and September 21, 1993, respectively. Signed by the Mayor on October 1, 1993, it was assigned Act No. 10-108 and transmitted to both Houses of Congress for its review. D.C. Law 10- 55 became effective on November 20, 1993.

Law 11-21, the "Administration of Medication by Public School Employees Amendment Act of 1995," was introduced in Council and assigned Bill No. 11-45, which was referred to the Committee on Education and Libraries. The Bill was adopted on first and second readings on March 7, 1995, and April 4, 1995, respectively. Signed by the Mayor on April 17, 1995, it was assigned Act No. 11-40 and transmitted to both Houses of Congress for its review. D.C. Law 11- 21 became effective on June 17, 1995.

Law 17-107, the "Student Access to Treatment Act of 2007", was introduced in Council and assigned Bill No. 17-134 which was referred to the Committee on Health. The Bill was adopted on first reading on October 23, 2007. Signed by the Mayor on December 3, 2007, it was assigned Act No. 17-226 and transmitted to both Houses of Congress for its review. D.C. Law 17-107 became effective on February 2, 2008.

§ 38-632. ADMINISTRATION OF MEDICATION BY A PUBLIC SCHOOL EMPLOYEE.[REPEALED]

(Oct. 5, 1993, D.C. Law 10-55, § 3, 40 DCR 7219; May 16, 1995, D.C. Law 10-255, § 24, 41 DCR 5193; Feb. 2, 2008, D.C. Law 17-107, § 14, 54 DCR 12230.)

HISTORICAL AND STATUTORY NOTES

Prior Codifications

1981 Ed., § 31-2432.

Emergency Act Amendments

See notes to § 38-631.

Legislative History of Laws

For legislative history of D.C. Law 10-55, see Historical and Statutory Notes following § 38-631.

Law 10-255, the "Technical Amendments Act of 1994," was introduced in Council and assigned Bill No. 10-673, which was referred to the Committee of the Whole. The Bill was adopted on first and second readings on

June 21, 1994, and July 5, 1994, respectively. Signed by the Mayor on July 25, 1994, it was assigned Act No. 10-302 and transmitted to both Houses of Congress for its review. D.C. Law 10-255 became effective May 16, 1995.

For Law 17-107, see notes following § 38-631.

§ 38-633. REQUIREMENTS FOR THE LICENSED PRACTITIONER.[REPEALED]

(Oct. 5, 1993, D.C. Law 10-55, § 4, 40 DCR 7219; Feb. 2, 2008, D.C. Law 17-107, § 14, 54 DCR 12230.)

HISTORICAL AND STATUTORY NOTES

Prior Codifications

1981 Ed., § 31-2433.

Emergency Act Amendments

See notes to § 38-631.

Legislative History of Laws

For legislative history of D.C. Law 10-55, see Historical and Statutory Notes following § 38-631.

For Law 17-107, see notes following § 38-631.

§ 38-634. RULES AND REGULATIONS FOR IMPLEMENTATION OF SUBCHAPTER.[REPEALED]

(Oct. 5, 1993, D.C. Law 10-55, § 5, 40 DCR 7219; Feb. 2, 2008, D.C. Law 17-107, § 14, 54 DCR 12230.)

HISTORICAL AND STATUTORY NOTES

Prior Codifications

1981 Ed., § 31-2434.

Emergency Act Amendments

See notes to § 38-631.

For temporary (90-day) addition of §§ 31-2451 to 31-2454 [1981 Ed.], see §§ 2 to 5 of the Attendance and School Safety Emergency Act of 2000 (D.C. Act 13- 319, April 17, 2000, 47 DCR 2882).

Legislative History of Laws

For legislative history of D.C. Law 10-55, see Historical and Statutory Notes following § 38-631.

For Law 17-107, see notes following § 38-631.

SUBCHAPTER IV. ADMINISTRATION OF MEDICATION BY STUDENTS AND TRAINED SCHOOL EMPLOYEES.

§ 38-651.01. DEFINITIONS.

For the purposes of this subchapter, the term:

- (1) "Emergency circumstances" means reasonably apparent circumstances that indicate that any delay in treatment would endanger the health or life of the student.
- (2) "Medication" means any prescription or non-prescription drug used to treat conditions and illnesses covered by this subchapter.
- (3) "Medication action plan" means a written medical treatment plan for an individual student that is developed and submitted to a school in accordance with § 38-651.03.
- (4) "Responsible person" means, in the case of a student under 18 years of age, a parent, legal guardian, legal custodian, foster parent, or other adult charged with the ongoing care and supervision of the student, and, in the case of a student 18 years of age or older, the student himself or herself.
- (5) "School" means:

(A) Any public school operated under the authority of the Mayor of the District of Columbia; and

(B) Any charter school, parochial school, or private school in the District.

(Feb. 2, 2008, D.C. Law 17-107, § 2, 54 DCR 12230.)

HISTORICAL AND STATUTORY NOTES

Temporary Addition of Section

Section 2 of Law 17-52 added a section to read as follows:

"Sec. 2. Definitions.

"For the purposes of this act, the term:

"(1) 'Medication action plan' means a written medical treatment plan for an individual student with prescription medication that is developed and submitted to a school in accordance with section 4.

"(2) 'Responsible person' means, in the case of a student under 18 years of age, a parent, legal guardian, legal custodian, foster parent, or other adult charged with the ongoing care and supervision of the student, and in the case of a student 18 years of age or older, the student himself or herself.

"(3) 'School' means:

"(A) Any public school operated under the authority of the Mayor of the District of Columbia; and

"(B) Any charter school, parochial school, or private school in the District."

Section 11(b) of D.C. Law 17-52 provides that the act shall expire after 225 days of its having taken effect.

Emergency Act Amendments

For temporary (90 day) addition, see § 2 of Student Access to Treatment Emergency Amendment Act of 2007 (D.C. Act 17-82, July 26, 2007, 54 DCR 7999).

For temporary (90 day) addition, see § 2 of Student Access to Treatment Congressional Review Emergency Act of 2007 (D.C. Act 17-140, October 17, 2007, 54 DCR 10736).

Legislative History of Laws

Law 17-107, the "Student Access to Treatment Act of 2007", was introduced in Council and assigned Bill No. 17-134 which was referred to the Committee on Health. The Bill was adopted on first reading on October 23, 2007. Signed by the Mayor on December 3, 2007, it was assigned Act No. 17-226 and transmitted to both Houses of Congress for its review. D.C. Law 17-107 became effective on February 2, 2008.

§ 38-651.02. POSSESSION AND SELF-ADMINISTRATION OF MEDICATION.

A student may possess and self-administer medication at the school in which the student is currently enrolled, at school-sponsored activities, and while on school-sponsored transportation, in order to treat asthma, anaphylaxis, or other illness; provided, that:

(1) The responsible person has submitted a valid medication action plan to the school; and

(2) All other conditions set forth in this subchapter are met.

(Feb. 2, 2008, D.C. Law 17-107, § 3, 54 DCR 12230.)

HISTORICAL AND STATUTORY NOTES

Temporary Addition of Section

Section 3 of Law 17-52 added a section to read as follows:

"Sec. 3. Possession and self-administration of medication.

"A student may possess and self-administer medication at the school in which the student is currently enrolled, at school-sponsored activities, and while on school-sponsored transportation, to treat asthma, anaphylaxis, or other potentially life-threatening illness; provided, that:

"(1) The responsible person has submitted a valid medication action plan to the school; and

"(2) All other conditions set forth in this act, or in rules promulgated pursuant to this act, are met."

Section 11(b) of D.C. Law 17-52 provides that the act shall expire after 225 days of its having taken effect.

Emergency Act Amendments

For temporary (90 day) addition, see § 3 of Student Access to Treatment Emergency Amendment Act of 2007 (D.C. Act 17-82, July 26, 2007, 54 DCR 7999).

For temporary (90 day) addition, see § 3 of Student Access to Treatment Congressional Review Emergency Act of 2007 (D.C. Act 17-140, October 17, 2007, 54 DCR 10736).

For Law 17-107, see notes following § 38-651.01.

§ 38-651.03. MEDICATION ACTION PLAN.

(a) A valid medication action plan shall include:

(1) Written medical authorization, signed by a licensed health practitioner, that states:

- (A) The name of the student;
- (B) Emergency contact information for the responsible person;
- (C) Contact information for the licensed health practitioner;
- (D) The name, purpose, and prescribed dosage of the medication;
- (E) The frequency that the medication is to be administered;
- (F) The possible side effects of the medication as listed on the label;
- (G) Special instructions or emergency procedures; and
- (H) In the case of self-administered medication, confirmation that the student has been instructed in the proper technique for self-administration of the medication and has demonstrated the ability to self-administer the medication effectively.

(2) Written authorization, signed by the responsible person, that states:

- (A) A trained employee or agent of the school may administer medication to the student in accordance with rules established by the Mayor; or
- (B) In the case of self-administration, the student may possess and self-administer the medication at the school in which the student is currently enrolled, at school-sponsored activities, and while on school-sponsored transportation; and
- (C) The name of the student may be distributed to appropriate school staff, as determined by the principal; and

(3) Written acknowledgment that the District, a school, or an employee or agent of a school shall be immune from civil liability for the good-faith performance of responsibilities under this subchapter; except, that no immunity shall extend to criminal acts, intentional wrongdoing, gross negligence, or wanton or willful misconduct.

(b) Immediately following any changes regarding the health or treatment of the student, the responsible person shall submit to the school an amended medication action plan.

(c) The medication action plan shall be updated at least annually, in accordance with a schedule determined by the Mayor.

(Feb. 2, 2008, D.C. Law 17-107, § 4, 54 DCR 12230.)

HISTORICAL AND STATUTORY NOTES

Temporary Addition of Section

Section 4 of Law 17-52 added a section to read as follows:

"Sec. 4. Medication action plan.

"(a) No student shall possess or self-administer medication at the school in which the student is currently enrolled, at school-sponsored activities, or while on school-sponsored transportation, unless the school has a valid medication action plan for that student.

"(b) A valid medication action plan shall include:

"(1) Written medical authorization, signed by the student's health practitioner, that states:

- "(A) The name of the student;
- "(B) Emergency contact information for the responsible person;
- "(C) Contact information for the health practitioner;
- "(D) The name, purpose, and prescribed dosage of the medication;
- "(E) The frequency that the medication is to be administered;
- "(F) The possible side effects of the medication;
- "(G) Special instructions or emergency procedures; and

"(H) In the case of self-administered medication, confirmation that the student has been instructed in the

proper technique for self-administration of the medication and has demonstrated the ability to self-administer the medication effectively;

"(2) Written authorization, signed by the responsible person, that states:

"(A) A trained school employee may administer medication to the student in accordance with rules established by the Mayor; or

"(B) In the case of self-administration, the student may possess and self-administer the medication at the school in which the student is currently enrolled, at school-sponsored activities, and while on school-sponsored transportation; and

"(3) Written acknowledgment that the school and its employees shall incur no liability and that the responsible person shall indemnify and hold harmless the school and its employees against any claims that may arise relating to the administration, general supervision, training, administration, or self-administration of the authorized medication.

"(c) Within 30 days of any changes in the student's health that affect the medication action plan, the responsible person shall revise the medication action plan and submit the amended plan to the school.

"(d) The medication action plan shall be updated at least annually, in accordance with a schedule determined by the Mayor.

"(e) A school may deny a medication action plan, pursuant to terms established by the Mayor."

Section 11(b) of D.C. Law 17-52 provides that the act shall expire after 225 days of its having taken effect.

Emergency Act Amendments

For temporary (90 day) addition, see § 4 of Student Access to Treatment Emergency Amendment Act of 2007 (D.C. Act 17-82, July 26, 2007, 54 DCR 7999).

For temporary (90 day) addition, see § 4 of Student Access to Treatment Congressional Review Emergency Act of 2007 (D.C. Act 17-140, October 17, 2007, 54 DCR 10736).

Legislative History of Laws

For Law 17-107, see notes following § 38-651.01.

§ 38-651.04. MEDICATION ADMINISTRATION TRAINING PROGRAM.

(a) By July 1, 2008, the Mayor shall develop and implement a medication administration training program, which shall provide training and certification of employees and agents of a school to:

(1) Administer medication to students with valid medication action plans who are not authorized to possess that medication or are not competent to self-administer the medication; and

(2) Administer medication in emergency circumstances to any student experiencing an acute episode of asthma, anaphylaxis, or other illness.

(b) All training provided pursuant to subsection (a) of this section shall be conducted by a health-care professional licensed in the District of Columbia.

(c) A health-care professional shall provide a school with written certification of successful completion of the training for each employee or agent of the school. The certification shall be valid for 3 years.

(Feb. 2, 2008, D.C. Law 17-107, § 5, 54 DCR 12230; Sept. 26, 2012, D.C. Law 19-169, § 24, 59 DCR 5567.)

HISTORICAL AND STATUTORY NOTES

Effect of Amendments

D.C. Law 19-169, in subsec. (a)(2), substituted "experiencing" for "suffering".

Legislative History of Laws

For Law 17-107, see notes following § 38-651.01.

Law 19-169, the "People First Respectful Language Modernization Amendment Act of 2012", was introduced in Council and assigned Bill No. 19-189, which was referred to the Committee on Human Services. The Bill was adopted on first and second readings on March 6, 2012, and April 17, 2012, respectively. Signed by the Mayor on May 15, 2012, it was assigned Act No. 19-361 and transmitted to both Houses of Congress for its review. D.C. Law 19-169 became effective on September 26, 2012.

Delegation of Authority

Delegation of Authority to the Student Access to Treatment Act of 2007, see Mayor's Order 2008-85, June 11, 2008 (55 DCR 9362).

§ 38-651.05. ADMINISTRATION OF MEDICATION.

An employee or agent trained and certified pursuant to § 38-651.04 may administer medication to a student with a valid medication action plan; provided, that:

- (1) The responsible person has delivered the medication to be administered to the school;
- (2) The employee or agent is under the general supervision of licensed health practitioner; and
- (3) Except in emergency circumstances, the responsible person has administered the initial dose of a new medication.

(Feb. 2, 2008, D.C. Law 17-107, § 6, 54 DCR 12230.)

HISTORICAL AND STATUTORY NOTES

Legislative History of Laws

For Law 17-107, see notes following § 38-651.01.

§ 38-651.06. ADMINISTRATION OF MEDICATION IN EMERGENCY CIRCUMSTANCES.

- (a) No employee or agent of a school shall administer medication in emergency circumstances to any student unless he or she has been trained and certified pursuant to § 38-651.04.
- (b) The Mayor shall obtain a standing order signed by at least one practicing physician licensed in the District that identifies the specific medications that may be administered in emergency circumstances and provides appropriate administration instructions.
- (c) A student need not have a known diagnosis or a medication action plan to receive treatment in emergency circumstances from a trained employee or agent of the school.
- (d) The Mayor shall develop a procedure by which the responsible person may request that a minor student not receive treatment in emergency circumstances.

(Feb. 2, 2008, D.C. Law 17-107, § 7, 54 DCR 12230.)

HISTORICAL AND STATUTORY NOTES

Legislative History of Laws

For Law 17-107, see notes following § 38-651.01.

Delegation of Authority

Delegation of Authority to the Student Access to Treatment Act of 2007, see Mayor's Order 2008-85, June 11, 2008 (55 DCR 9362).

§ 38-651.07. POSTING OF EMERGENCY RESPONSE INFORMATION.

By July 1, 2008, the Mayor shall develop a standardized form for posting emergency response information. The information shall be posted in all schools and shall include:

- (1) An explanation of the symptoms and possible consequences of conditions covered by this subchapter;
- (2) The names of all the employees or agents of the particular school who are trained and certified to administer medication in emergency circumstances; and
- (3) The emergency response steps, as identified by the Mayor, to be taken by the school.

(Feb. 2, 2008, D.C. Law 17-107, § 8, 54 DCR 12230.)

HISTORICAL AND STATUTORY NOTES

Legislative History of Laws

For Law 17-107, see notes following § 38-651.01.

Delegation of Authority

Delegation of Authority to the Student Access to Treatment Act of 2007, see Mayor's Order 2008-85, June 11, 2008 (55 DCR 9362).

§ 38-651.08. MAINTENANCE OF RECORDS.

- (a) A school shall keep the medication action plans in the school health suite or other designated, easily accessible location.
- (b) A school shall create and maintain a list of students with valid medication action plans, including the emergency contact information for each student. The principal of the school may distribute the list among appropriate employees or agents of the school.
- (c) A school shall maintain accurate records of all its employees and agents who are certified to administer medication.
- (d) A school shall maintain accurate records of all incidents where medication was administered to a student in an emergency circumstance.

(Feb. 2, 2008, D.C. Law 17-107, § 9, 54 DCR 12230.)

HISTORICAL AND STATUTORY NOTES

Temporary Addition of Section

Section 5 of Law 17-52 added a section to read as follows:

"Sec. 5. Maintenance of records.

"(a) A school shall keep the medication action plan in the school health suite, or other designated, easily accessible location.

"(b) A school shall create and maintain a list of students with valid medication action plans, including the emergency contact information for each student. The principal of the school may distribute this list among appropriate school employees.

"(c) Each school that has a student with a medication action plan for self-administration may schedule a meeting at the beginning of the school year with the school nurse, the principal, the student, the responsible person, and any other appropriate school staff to review the student's medication action plan. Authorization to possess and self-administer previously approved medication shall not be dependent on having had this meeting."

Section 11(b) of D.C. Law 17-52 provides that the act shall expire after 225 days of its having taken effect.

Emergency Act Amendments

For temporary (90 day) addition, see § 5 of Student Access to Treatment Emergency Amendment Act of 2007 (D.C. Act 17-82, July 26, 2007, 54 DCR 7999).

For temporary (90 day) addition, see § 5 of Student Access to Treatment Congressional Review Emergency Act of 2007 (D.C. Act 17-140, October 17, 2007, 54 DCR 10736).

Legislative History of Laws

For Law 17-107, see notes following § 38-651.01.

§ 38-651.09. STORAGE OF MEDICATION.

- (a) A school may procure medication for the treatment of asthma, anaphylaxis, or other illness for use in emergency circumstances. The medication shall be properly stored and maintained in an easily accessible location.
- (b)(1) A school may receive medication to store for the treatment of asthma, anaphylaxis, or other illness from the responsible person for a student with a valid medication action plan.
 - (2) The medication shall be:
 - (A) Properly stored at the school in a location to which the student has immediate access in case of an emergency; and
 - (B) Labeled with the:
 - (i) Name of the student;
 - (ii) Name of the medication;
 - (iii) Dosage;
 - (iv) Time of administration; and
 - (v) Duration of medication.
 - (3) No school shall be required to store more than a 3-school-day supply of medication for any one student.

(Feb. 2, 2008, D.C. Law 17-107, § 10, 54 DCR 12230.)

HISTORICAL AND STATUTORY NOTES

Temporary Addition of Section

Section 6 of Law 17-52 added a section to read as follows:

"Sec. 6. Storage of medication.

"(a) A school may receive additional medication from the responsible person for a student with a valid medication action plan; provided, that no school shall be required to store more than a 30-school-day supply of medication for any one student.

"(b) Additional medication shall be:

"(1) Properly stored at the school in a location to which the student has immediate access in case of an emergency; and

"(2) Labeled with the name of the student and the name of the medication, including the dosage, the frequency of administration, and the duration of the medication.

Section 11(b) of D.C. Law 17-52 provides that the act shall expire after 225 days of its having taken effect.

Emergency Act Amendments

For temporary (90 day) addition, see § 6 of Student Access to Treatment Emergency Amendment Act of 2007 (D.C. Act 17-82, July 26, 2007, 54 DCR 7999).

For temporary (90 day) addition, see § 6 of Student Access to Treatment Congressional Review Emergency Act of 2007 (D.C. Act 17-140, October 17, 2007, 54 DCR 10736).

Legislative History of Laws

For Law 17-107, see notes following § 38-651.01.

§ 38-651.10. MISUSE.

(a) A school may deny a medication action plan pursuant to terms established by the Mayor.

(b) A student who self-administers medication while at school, at a school-sponsored activity, or while on school-sponsored transportation for a purpose other than his or her own treatment may be subject to disciplinary action by the school; provided, that disciplinary action shall not limit or restrict the access of a student to his or her prescribed medication. The school shall promptly notify the responsible person of any disciplinary action imposed.

(Feb. 2, 2008, D.C. Law 17-107, § 11, 54 DCR 12230.)

HISTORICAL AND STATUTORY NOTES

Temporary Addition of Section

Section 7 of Law 17-52 added a section to read as follows:

"Sec. 7. Misuse.

"A student who self-administers medication while at school, at a school-sponsored activity, or while on school-sponsored transportation for a purpose other than his or her own authorized treatment may be subject to disciplinary action by the school; provided, that disciplinary action shall not limit or restrict the access of a student to his or her prescribed medication. The school shall promptly notify the responsible person of any disciplinary action imposed."

Section 11(b) of D.C. Law 17-52 provides that the act shall expire after 225 days of its having taken effect.

Emergency Act Amendments

For temporary (90 day) addition, see § 7 of Student Access to Treatment Emergency Amendment Act of 2007 (D.C. Act 17-82, July 26, 2007, 54 DCR 7999).

For temporary (90 day) addition, see § 7 of Student Access to Treatment Congressional Review Emergency Act of 2007 (D.C. Act 17-140, October 17, 2007, 54 DCR 10736).

Legislative History of Laws

For Law 17-107, see notes following § 38-651.01.

§ 38-651.11. LIABILITY.

The District, a school, or an employee or agent of a school shall be immune from civil liability for the good-

faith performance of responsibilities under this subchapter; except, that no immunity shall extend to criminal acts, intentional wrongdoing, gross negligence, or wanton or willful misconduct.

(Feb. 2, 2008, D.C. Law 17-107, § 12, 54 DCR 12230.)

HISTORICAL AND STATUTORY NOTES

Temporary Addition of Section

Section 8 of Law 17-52 added a section to read as follows:

"Sec. 8. Liability waiver.

"(a) No school nor any employee or agent of a school shall be held liable for the good-faith performance of responsibilities under this act.

"(b) Except as provided in subsection (a) of this section, nothing in this act shall be interpreted to create a cause of action or to increase or diminish the liability of any person."

Section 11(b) of D.C. Law 17-52 provides that the act shall expire after 225 days of its having taken effect.

Emergency Act Amendments

For temporary (90 day) addition, see § 8 of Student Access to Treatment Emergency Amendment Act of 2007 (D.C. Act 17-82, July 26, 2007, 54 DCR 7999).

For temporary (90 day) addition, see § 8 of Student Access to Treatment Congressional Review Emergency Act of 2007 (D.C. Act 17-140, October 17, 2007, 54 DCR 10736).

Legislative History of Laws

For Law 17-107, see notes following § 38-651.01.

§ 38-651.12. RULES.

(a) The Mayor, pursuant to subchapter I of Chapter 5 of Title 2, shall issue rules to implement the provisions of this subchapter.

(b) The Mayor may establish, by regulation, additional types of medication that a student may self-administer and other illnesses for which a student may self-administer medication other than those provided in this subchapter.

(c) All existing rules and regulations promulgated pursuant to subchapter III of this chapter shall remain in effect until rules promulgated pursuant to this subchapter become effective.

(Feb. 2, 2008, D.C. Law 17-107, § 13, 54 DCR 12230.)

HISTORICAL AND STATUTORY NOTES

Temporary Addition of Section

Section 9 of Law 17-52 added a section to read as follows:

"Sec. 9. Rules.

"(a) The Mayor, pursuant to Title 1 of the District of Columbia Administrative Procedure Act, approved October 21, 1968 (82 Stat. 1204; D.C. Official Code § 2-501 *et seq.*), shall issue rules to implement the provisions of this act.

"(b) The Mayor may establish, by regulation, additional types of medication a student may self-administer and potentially life-threatening illnesses for which a student may self-administer medication other than those provided in this act."

Section 11(b) of D.C. Law 17-52 provides that the act shall expire after 225 days of its having taken effect.

Emergency Act Amendments

For temporary (90 day) addition, see § 9 of Student Access to Treatment Emergency Amendment Act of 2007 (D.C. Act 17-82, July 26, 2007, 54 DCR 7999).

For temporary (90 day) addition, see § 9 of Student Access to Treatment Congressional Review Emergency Act of 2007 (D.C. Act 17-140, October 17, 2007, 54 DCR 10736).

Legislative History of Laws

For Law 17-107, see notes following § 38-651.01.

Delegation of Authority

Delegation of Authority to the Student Access to Treatment Act of 2007, see Mayor's Order 2008-85, June 11, 2008 (55 DCR 9362).

