

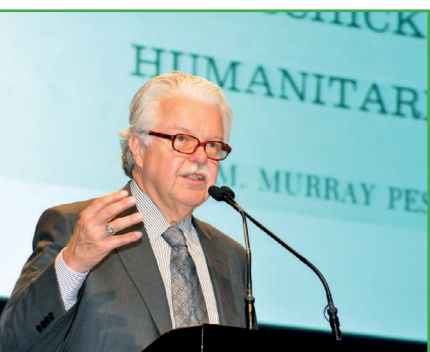
EMERGENCY EPINEPHRINE ACT

Allergists' Toolkit



INCLUDES:

- Letter to the Physician
- Standing Order
- Prescription for Epinephrine Auto-Injectors
- Liability Information
- State Laws
- Resources



Dear College Members,

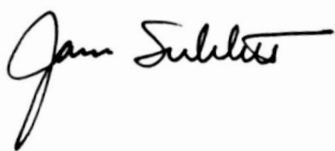
Almost every state has passed stock epinephrine laws, requiring anaphylaxis emergency preparedness plans that allow schools to obtain and stock emergency epinephrine auto-injectors. School nurses and other trained, designated personnel are authorized to administer the epinephrine to students who have anaphylactic reactions – even if they haven't been previously diagnosed.

Although much work has been done and progress has been made, schools still face a challenge – many struggle to obtain standing orders and prescriptions for the undesignated epinephrine auto-injectors. This is where you come in.

Contact your local schools and school districts to help implement the law in your state. Everything you need to provide a standing order and prescription can be found in this toolkit. For your convenience, there are links to each state's law and liability information. We've also included a collection of resources you can provide to school personnel.

We're grateful for support of our partner, the Allergy and Asthma Network – their resources on emergency epinephrine laws were invaluable in compiling this toolkit.

Be there for the children in your community. It only takes a few minutes to provide a school with a standing order and prescription that could save lives.



James Sublett, MD, FAAAAI
ACAAI President



Find your state's stock epinephrine law

ALABAMA	KENTUCKY	NORTH DAKOTA
<ul style="list-style-type: none"> • Act #2014-405 	<ul style="list-style-type: none"> • Chapter 52 	<ul style="list-style-type: none"> • Section 23-01-05.2
ALASKA	LOUISIANA	OHIO
<ul style="list-style-type: none"> • Alaska Statutes Chapter 17.22 	<ul style="list-style-type: none"> • Act 624 	<ul style="list-style-type: none"> • Section 3313.713
ARIZONA	MAINE	OKLAHOMA
<ul style="list-style-type: none"> • Section 1, Title 15, Chapter 1, Article 5, Section 5-157 	<ul style="list-style-type: none"> • Chapter 526 	<ul style="list-style-type: none"> • Section 1-116.3
ARKANSAS	MARYLAND	OREGON
<ul style="list-style-type: none"> • Act 757 	<ul style="list-style-type: none"> • Chapter 552 	<ul style="list-style-type: none"> • Chapter 486
CALIFORNIA	MASSACHUSETTS	PENNSYLVANIA
<ul style="list-style-type: none"> • Education Code Section 4914 • Chapter 321 	<ul style="list-style-type: none"> • 105 CMR 210.000 	<ul style="list-style-type: none"> • Act 195
COLORADO	MICHIGAN	RHODE ISLAND
<ul style="list-style-type: none"> • HB 13-1171 	<ul style="list-style-type: none"> • Public Act 186 • Public Act 187 	<ul style="list-style-type: none"> • R23-6.4-EPI
CONNECTICUT	MINNESOTA	SOUTH CAROLINA
<ul style="list-style-type: none"> • Public Act 14-176 	<ul style="list-style-type: none"> • HB 688 	<ul style="list-style-type: none"> • Safe Access to Vital Epinephrine (SAVE) Act
DELAWARE	MISSISSIPPI	SOUTH DAKOTA
<ul style="list-style-type: none"> • Chapter 342 	<ul style="list-style-type: none"> • SB 2218 	<ul style="list-style-type: none"> • HB 1167
FLORIDA	MISSOURI	TENNESSEE
<ul style="list-style-type: none"> • Chapter 2013-63 	<ul style="list-style-type: none"> • Section 167.630 	<ul style="list-style-type: none"> • Public Chapter 294
GEORGIA	MONTANA	TEXAS
<ul style="list-style-type: none"> • Act 88 	<ul style="list-style-type: none"> • Section 20-5-420 	<ul style="list-style-type: none"> • Cameron Espinosa Act
HAWAII	NEBRASKA	UTAH
<ul style="list-style-type: none"> • No stock epinephrine legislation currently in place. 	<ul style="list-style-type: none"> • Rule 59 	<ul style="list-style-type: none"> • Title 26, Chapter 41
IDAHO	NEVADA	VERMONT
<ul style="list-style-type: none"> • Chapter 146 	<ul style="list-style-type: none"> • Chapter 269 	<ul style="list-style-type: none"> • Act 68
ILLINOIS	NEW HAMPSHIRE	VIRGINIA
<ul style="list-style-type: none"> • HB 3294 • Public Act 98-0795 	<ul style="list-style-type: none"> • Pending – SB 25 	<ul style="list-style-type: none"> • Chapter 787
INDIANA	NEW JERSEY	WASHINGTON
<ul style="list-style-type: none"> • Section 1.1C 20-34-4.5 	<ul style="list-style-type: none"> • Chapter 13 	<ul style="list-style-type: none"> • Chapter 268
IOWA	NEW MEXICO	WEST VIRGINIA
<ul style="list-style-type: none"> • Section 135.185 	<ul style="list-style-type: none"> • SB 75 	<ul style="list-style-type: none"> • Chapter 61
KANSAS	NEW YORK	WISCONSIN
<ul style="list-style-type: none"> • HB 2008 	<ul style="list-style-type: none"> • SB 7262A • SB 7758 	<ul style="list-style-type: none"> • Act 239
	NORTH CAROLINA	WYOMING
	<ul style="list-style-type: none"> • Section 8.23 	<ul style="list-style-type: none"> • Act 45

Liability Provisions & Resources

Liability provisions

If you have concerns about being held liable, refer to your individual state's law. All 48 states have limited liability language written into the stock epinephrine statutes. Every state provides immunity for ordinary negligence and civil damages. Immunity does not apply to an act or omission constituting gross negligence, willful or with wanton conduct. In this instance, criminal charges can still be brought. Three states, Oregon, South Carolina and Washington State give complete immunity protection in that no criminal action or civil suit for damages may be pursued.



Resources

Allergy and Asthma Network

AAN is dedicated to helping people affected by allergies and asthma through education, advocacy, community outreach and research.

Food Allergy and Anaphylaxis Connection Team (FAACT)

Funded through a grant from the National Peanut Board, FAACT provides education about life-threatening food allergies to the public. Since its founding in 2001, the board – which represents America's 7,500 peanut farming families – has dedicated nearly \$12 million to independent food allergy research, education and outreach.

Food Allergy Research & Education (FARE)

Food Allergy Research & Education (FARE) works on behalf of the 15 million Americans with food allergies, including all those at risk for life-threatening anaphylaxis. This potentially deadly disease affects 1 in 13 children in the United States – or roughly two in every classroom. FARE is a 501(c)(3) nonprofit organization that was formed in 2012 as the result of a merger between the Food Allergy & Anaphylaxis Network and the Food Allergy Initiative.

Food Allergy Initiative (FAI)

FAI mission is to raise public awareness about the seriousness of food allergies. Through effective educational programs and public information, FAI heightens awareness of food allergies and anaphylaxis among the media, healthcare workers, and education and childcare professionals, while also working with the nation's policy makers to create a safer environment and improve care for the food allergic population.

The National Association of School Nurses

The National Association of School Nurses is a non-profit specialty nursing organization, incorporated in 1977, which represents school nurses exclusively. NASN has nearly 15,000 members and 51 affiliates, including the District of Columbia and overseas.



Standing Order

Standing Order for the Administration of School Supplied (Undesignated) Epinephrine Auto-Injectors for Potentially Life-Threatening Allergic Reactions (Anaphylaxis) in Individuals Pursuant to:

Name of state law

Issued to:

Name of school district (public) or name of school (nonpublic)

Street address

City, ZIP code

Standing order

Each state has varied designated personnel and training requirements. All appropriate designated medical and school personal (including, but not limited to, any registered nurse) employed by or acting on behalf of the school system may administer epinephrine via an undesignated epinephrine auto-injector to a student who in the professional judgement of the individual is experiencing a potentially life-threatening allergic reaction, such as anaphylaxis.

Assessment

The possibility of an allergic anaphylactic reaction will be considered when individuals present with any of the following symptoms, or any combination thereof: The sudden onset of shortness of breath, wheezing, repetitive cough, difficulty swallowing, obstructive swelling of the tongue or throat, hoarse voice, confusion, pallor, cyanosis, syncope, skin symptoms such as diffuse or patching itching and/or wheals, or intestinal symptoms such as cramping abdominal pain and/or vomiting, or any combinations of possible allergic symptoms arising from other parts of the body, in the absence of what a health professional would consider to be probable alternative cause.

Implementation and physician order

The designated personnel will:

- Assess the student's symptoms and history. If, according to reasonable professional opinion, a potentially life-threatening allergic reaction is likely, the designated personnel will obtain the undesignated epinephrine auto-injector.
- Ask or estimate the student's body weight and administer 0.15mg epinephrine via auto-injector for body weight less than 66lbs (30kg) or 0.3mg epinephrine via auto-injector for body weight 66lbs (30kg) or greater. The epinephrine auto-injector will be injected intramuscularly in the lateral thigh; the time of injection will be noted and the anatomical site of the injections shall be marked with a permanent marker to alert emergency services personnel of its location.



Standing Order (continued)

- Contact emergency services as soon as possible in every case, using available 911 or other municipal service.
- Call the student's emergency contacts.
- Monitor the student for changes in his or her symptoms and make the person as comfortable as possible.
- If the student's symptoms are not substantially relieved in three to five minutes, or if they recur, a second dose of epinephrine may be administered.
- Inform emergency services personnel of the symptoms that required the use of epinephrine, the dose of epinephrine, the anatomical site of the injection, the time administered, and any change in the symptoms or condition of the student. The used epinephrine auto-injector will be given to the emergency services personnel.
- Accompany the student in the ambulance if required by school policy and as permitted by the local Emergency Medical Services System protocol.

Quality Assurance:

The details of the incident must be immediately documented in writing. The designated personnel must detail the name of the student, all of his/her observations, physical assessments, interventions (together with the results of such interventions), the number and dosage of epinephrine administrations, the anatomical injection sites and times for each. The report will be signed and submitted to the physician signing this order and the student's primary care physician within 48 hours, and the student's parent, guardian or caretaker must be notified within four hours.

Expiration and disposal of unused auto-injectors:

The expiration date located on the undesignated epinephrine auto-injectors must be checked monthly and a new prescription for replacements must be obtained prior to the expiration date.

The expired unused epinephrine auto-injectors must be disposed of in a manner consistent with current school medication policies or returned to the issuing pharmacy for disposal. An inventory log should be kept indicating the date of receipt of an undesignated epinephrine auto-injector and the date of administration or disposal of the auto-injector.

Effective date

Renewal date – one year from effective date

Physician signature

Physician name – printed

Physician contact number

Physician license number

Prescription

Prescription for Undesignated Epinephrine Auto-injectors for School Use Pursuant to:

Name of state law

Physician:

Name

Street address

City, ZIP code

Phone number

DEA Number

Issued to:

Name of school district (public) or name of school (nonpublic)

Street address

City, ZIP code

0.15 mg Epinephrine auto-injectors

Quantity

0.3 mg Epinephrine auto-injectors

Quantity

Instructions:

To be administered, as needed, to a student exhibiting symptoms of anaphylaxis in accordance with the "Standing Order for the Administration of School Supplied (Undesignated) Epinephrine Auto-Injectors for Potentially Life-Threatening Allergic Reactions (Anaphylaxis) in Individuals Pursuant to

Name of state law

Must be administered by the designated personnel – each state has varied designated personnel and training requirements – unless an Individual Health Care Action Plan or other plan pursuant to Section 504 of the federal Rehabilitation Act of 1973 for the student is on file with the school.