

Stock Epinephrine Toolkit



Prepare your campus
for allergy emergencies by
getting stock epinephrine today!

August 2023

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Foreward



The American Academy of Allergy, Asthma & Immunology (AAAAI), in collaboration with the American Academy of Pediatrics (AAP) and others, have created this stock epinephrine toolkit for use by school personnel throughout the United States. This compilation of critical information is essential to establishing and sustaining school-based stock medication programs. While state laws may differ, the essential aspects of establishing a school-wide program do not. Together with SA3MPRO™ Committee Chair Dr. Andrea Pappalardo, we encourage you to use this toolkit to make your school-based stock epinephrine program successful.

This toolkit promotes the collective work and expertise of many organizations working tirelessly to support the health of children at school.

Sincerely,

Alice E. W. Hoyt, MD, FAAAAI

SA3MPRO™ Committee Member and Stock Epinephrine Toolkit Lead

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Legal Disclaimer

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Cooperative Agreement

This resource was supported by Cooperative Agreement Number NU38OT000282, funded by the Healthy Schools Branch - Centers for Disease Control and Prevention, in partnership with the American Academy of Pediatrics. Its contents are solely the responsibility of American Academy of Allergy, Asthma & Immunology and do not necessarily represent the official views of the American Academy of Pediatrics or the Centers for Disease Control and Prevention of the Department of Health and Human Services.

Our Partners

This toolkit was created in partnership with this organization. We thank them for their input, guidance, and resources that are throughout this toolkit.



[WEBSITE](#)

Our Collaborators

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*National
Association of
School Nurses*

[WEBSITE](#)

In This Toolkit



What Will You Find in This Toolkit?

You will find all of the things that you need to set up and initiate a stock epinephrine program in your school or district.

- Why stock epinephrine is important to you and your students.
- How to recognize anaphylaxis.
- How to find and understand your state's law pertaining to stock medication.
- Using stock medication and what follow-up care is needed.
- Ways to get your staff trained to be prepared for allergy emergencies.
- What policies, protocols, and processes you need to have in place before using the medication on campus.
- Examples of the paperwork you may need to get epinephrine and implement the program.

Acronyms You'll Need To Know

AAAAI	<u>American Academy of Allergy, Asthma, and Immunology</u>
AAFA	<u>Asthma and Allergy Foundation of America</u>
AANMA	<u>Allergy & Asthma Network Mothers of Asthmatics</u>
AAP	<u>American Academy of Pediatrics</u>
CDC	<u>Centers for Disease Control and Prevention</u>
FAACT	<u>Food Allergy and Anaphylaxis Connection Team</u>
FARE	<u>Food Allergy Research & Education</u>
NASN	<u>National Association of School Nurses</u>

Dear decision maker,



Today, you are taking on the biggest steps in making your campus safer for those with severe allergies: you are learning how to prevent, recognize, and respond to anaphylaxis. This includes learning all about the most important medication for severe allergies: epinephrine (epi).

What is anaphylaxis?

Anaphylaxis is a life-threatening, severe allergic reaction that impacts children around the country every day - some on school campuses. In this toolkit, you have been provided resources to learn how to recognize anaphylaxis when it is happening to one of your students or even staff.

Every second matters during anaphylaxis, so it is critical to be equipped to recognize it and respond quickly with epinephrine. While those with a diagnosed allergy may have their own epinephrine, anaphylaxis can happen to those without a diagnosed allergy. For those students, you need stock epinephrine.

What is stock epi? Why do we need it?

Stock epinephrine, also called undesignated epinephrine, is epinephrine prescribed to an entity, such as a school, to be used during an allergy emergency. Stock epinephrine can be administered to people suffering from anaphylaxis whether or not they have known allergies. Stock epinephrine is very safe and comes in easy-to-use auto-injector devices.



Dear decision maker,



How can this toolkit help you?

In this toolkit, you will learn all about stock epinephrine and why it is important for every school to have it. All states except Hawaii have laws permitting stock epinephrine in schools, and you will be able to read your state's law to understand what you need to do to ensure you are keeping students safe while keeping your school in compliance with state codes.

We also have provided the steps you need to get stock epinephrine on your campus as well as example documents for you to utilize. We encourage you to work with your medical and legal counsel to create your campus' stock epinephrine program. By using the resources in this toolkit, you will be able to create a great plan for your school without incurring significant costs or wasting precious time. Importantly, this toolkit will help you find the best devices - based on dosage and pricing - for your campus and help you find quality, evidence-based training that will prepare your staff to save lives.

We hope you use these tools and education to get started on the path to a safer tomorrow!



School nurses are a vital part of a school plan for stock epinephrine. In this toolkit, look for unique resources for school nurses! Don't forget to be prepared with all of NASN's resources for allergy that you can find [here!](#)

Dear decision maker,



Think of the students on your campus. Most likely, you will be able to think of at least one student that you know of with an allergy and know that they carry epinephrine (“epi”) with them in the form of an epi auto-injector (EAI). It’s great to be aware of students like this.

What is epinephrine? Why is it important to have?

The epinephrine found in auto-injectors is a synthetic form of epinephrine that is made by the human body. Specifically, humans make epinephrine, also called adrenaline, in their adrenal glands. While you may think of adrenaline as part of your body’s “fight-or-flight” response, it does so much more. Adrenaline is essential in counteracting the signs and symptoms of anaphylaxis. During anaphylaxis, some people either don’t produce enough epinephrine in their body or the reaction is so severe that it’s not enough to stop the reaction. This is why epinephrine auto-injectors are so very important.

Epinephrine from an auto-injector is the boost that the body needs to stop and reverse anaphylaxis. While antihistamines, like Benadryl, can help with some signs and symptoms of an allergic reaction, epinephrine is the ONLY medication that can stop anaphylaxis. Using antihistamines can even mask signs and symptoms of a severe allergic reaction, leading to delayed use of epinephrine and putting the person at a higher risk of a bad outcome.

How is epinephrine given?

Epinephrine is used by medical professionals, emergency responders, and by individuals. In hospitals and some emergency responders, epinephrine is pulled out of a vial with a needle and delivered to an individual’s thigh - never in a vein. For individuals, emergency responders, and non-medical community members, epinephrine is prescribed in the form of an epinephrine auto-injector (EAI).

EAI’s are devices that contain pre-measured doses of epinephrine. These devices can be used quickly and easily by trained school personnel. The medication is extremely safe in auto-injector doses and causes no long-term side effects. EAI’s currently come in three weight-based doses.

These devices vary in usability and pricing so it is important to find the best one for your campus. As a note of importance, some state laws require that the device covers the needle after use. In those states, only EpiPen and Auvi-Q can be used.

Dear decision maker,



What doses does epinephrine come in?

This chart shows the three different weight-based doses that epinephrine auto-injectors come in. Epinephrine auto-injectors come in twin packs as you may need to give a second dose in the thigh if there is no improvement after 5 minutes.

Weight	Dose
Less than 33 pounds or 15 kilograms 	0.1 mg
33 - 66 pounds or 15 - 30 kilograms 	0.15 mg
More than 66 pounds or 30 kilograms 	0.3 mg

If you are unsure of a child's weight or do not have the correct dosage for their weight, using a dose for higher weight is best practice.

Want to know more? Check out this [report](#) from the American Academy of Pediatrics.

What is stock epinephrine and its use?

Did you know that 24% of students that need epinephrine for anaphylaxis at school were not known to have a severe allergy? Those students were not carrying their own life-saving medication. That is where stock epinephrine comes in.

Stock epinephrine, also called undesignated epinephrine, is epinephrine prescribed to an entity, such as a school, to be used during an allergy emergency. Depending on your community, emergency services can take extended periods of time to arrive at your campus, and stock epinephrine will help you have good outcomes of anaphylaxis on your campus. It provides you with the only medication that can stop anaphylaxis - whether or not the person has a diagnosed allergy.

Stock epinephrine is an essential supply for any campus wanting to be safe for every student. Continue reading this toolkit to get your school prepared for an allergy emergency.

Recognizing The Signs



How do you recognize anaphylaxis?

While there are many signs and symptoms of an allergic reaction, it is important to differentiate between an allergic reaction and anaphylaxis. An allergic reaction occurs when you are exposed to an allergen. This can occur through ingestion, biting, stinging, touch, or other exposure. Your allergy cells then release chemicals, such as histamine and other chemicals that travel to various parts of the body and cause the signs and symptoms of an allergic reaction.

Anaphylaxis is a severe allergic reaction that is very serious and can be life-threatening. Because anaphylaxis is a life-threatening condition, 911 should always be called immediately upon recognizing anaphylaxis. Anaphylaxis is when an allergic reaction starts to impact more than one body system. Body systems are a group of organs that work together in your body to do one function like your stomach, small intestine, and large intestine are all parts of the gastrointestinal system because they help you digest food.

Recognizing the signs and symptoms of anaphylaxis quickly can save lives.

What body systems can be impacted?



Skin



Respiratory



Circulatory



Gastrointestinal



Neurological

Recognizing The Signs



Signs and Symptoms of the Skin

- Swelling of the face, lips, tongue, neck, and/or hands.
 - Eyes can begin to look puffy and talking and enunciating may become difficult if the lips or tongue swell.
- Hives are raised, red, and itchy bumps on the skin. The redness of hives is easier to see on lighter skin but the raised bumps can be felt on anyone.



Signs and Symptoms of the Respiratory System

- Nasal congestion - stuffy and/or runny nose.
- Wheezing - can sound like a flute when breathing out!
- Coughing.
- Rapid, noisy, and/or difficulty breathing.
 - Someone will struggle to take normal or deep breaths.
- Sudden change or loss of one's voice.
- Trouble swallowing.
 - A child may think they have a sore throat.
- Stridor.
 - High-pitched noise when breathing in.
 - Similar to a squeaking noise - at times it can sound like a seal-like bark.



Recognizing The Signs



Signs and Symptoms of the Neurological System

- Agitation.
 - Acting strangely & differently than normal.
- Confusion
 - Confusion can also show up in a child getting quiet when they normally do not. Agitation can be a child getting frustrated or mad at activities that don't normally cause that reaction. Behavioral changes are a sign that not enough oxygen is getting to the brain!
- Headache.
- Fainting & Loss of Consciousness (passing out).
 - This can be a child collapsing and quickly becoming responsive and awake again to collapsing and not reacting to attempts to wake them up.



Signs and Symptoms of the Gastrointestinal System

- Nausea.
 - Can be described as a tummy ache in younger children.
- Vomiting (throwing up).
- Diarrhea (runny stools/poop).
- Stomach pain.
 - May be described as a tummy ache or a child may be holding their stomach area.



Recognizing The Signs



Signs and Symptoms of the Circulatory System

- Increased heart rate.
 - A child may think their heart is pounding in their chest along with a fast pulse.
- Decrease in blood pressure.
 - If blood vessels get bigger during anaphylaxis, it may be hard to feel a child's pulse.
- Cool, clammy skin.
 - While it is normal to sweat while exercising or in the heat, a child with what feels like sweaty but also cool skin is a sign of anaphylaxis.

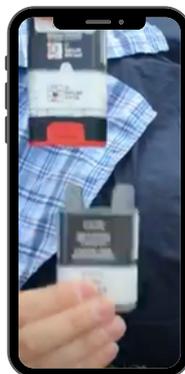


Once anaphylaxis is recognized, it is crucial to act fast! 911 needs to be called immediately and epinephrine needs to be administered as quickly as possible. Quick recognition of anaphylaxis and quick administration of epinephrine increase that child's chances of a good outcome.

If you need resources on how to administer epinephrine, check out these videos on [how to use an EpiPen](#), [how to use an Auvi-Q](#), and [how to use an Amneal](#)!



[VIDEO](#) for EpiPen
By [Code Ana](#)



[VIDEO](#) for Auvi-Q
By [Code Ana](#)



[VIDEO](#) for Amneal
By [Boston's Children Hospital](#)

Recognizing The Signs



Definitions of Anaphylaxis

Anaphylaxis is defined in three different ways:

1. Sudden onset of skin symptoms along with respiratory OR circulatory symptoms.
2. Sudden onset of a combination of two body system symptoms.
3. Exposure to allergen and a drop in blood pressure.

We have provided an easy-to-read graphic to show the different definitions of anaphylaxis!

Anaphylaxis is likely when ONE of the following three criteria is fulfilled:

Reactions can happen within minutes to hours of exposure to an allergen.

- 1** Sudden onset of illness of skin, lungs, or both **Or** **2** TWO or more of the following occurs suddenly after exposure to allergen **Or** **3** Reduced blood pressure after exposure to a known allergen



Hives, Itching, Flushing, and/or Swollen lips/tongue



Coughing, Wheeze, Stridor, and/or Shortness of breath

Or



Reduced blood pressure, Collapse, and/or Incontinence



Hives, Itching, Flushing, and/or Swollen lips/tongue



Coughing, Wheeze, Stridor, and/or Shortness of breath



Nausea, Vomiting, and/or Abdominal pain



Reduced blood pressure, Collapse, and/or Incontinence



Exposure to a KNOWN allergen



Reduced blood pressure

This graphic is an adaptation of the diagnostic criteria of anaphylaxis.

These criteria were developed in 2006 by a multinational and multidisciplinary work group assembled by the National Institute of Allergy and Infectious Disease (NIAID) and Food Allergy and Anaphylaxis Network (FAAN). The workgroup included allergist-immunologists, emergency physicians, pediatricians, critical care specialists, internists, and key stakeholders from across the globe. These criteria have since been adopted by the American Academy of Allergy, Asthma and Immunology; the American College of Allergy, Asthma and Immunology; the World Allergy Organization; and Code Ana.



Recognizing The Signs



Differentiating Between Asthma & Anaphylaxis

Asthma is a chronic lung disease that causes inflammation and narrowing of the airways, while anaphylaxis is a severe allergic reaction that can affect multiple organ systems. Both conditions can cause sudden-onset, life-threatening emergencies, so it is important to know how to differentiate between them, allowing proper treatment to be delivered promptly. This is especially important as some individuals have both asthma and allergy.

Asthma Attack

versus

Anaphylaxis



Asthma attacks and anaphylaxis share features, but there are clear differences too.

In anaphylaxis, trouble breathing including coughing, wheezing, stridor, and/or shortness of breath, may be the most prominent symptom(s) of the allergic reaction.

In asthma, there will be no hives, swelling, vomiting, or diarrhea.

When severe, both asthma attacks and anaphylaxis can cause bluish skin, increased heart rate, decreased blood pressure, altered mental status, loss of consciousness, and potentially death.



When you are unsure whether a person is having an asthma attack or anaphylaxis, **TREAT BOTH** by administering epinephrine then albuterol. **Seek emergency medical care IMMEDIATELY.**



Nurses Note!

When a student has a physician-provided allergy action plan and/or asthma action, follow it. Such plans provide student-specific medical instructions and may recommend different/other treatment(s) unique to that student.

Understanding State Laws



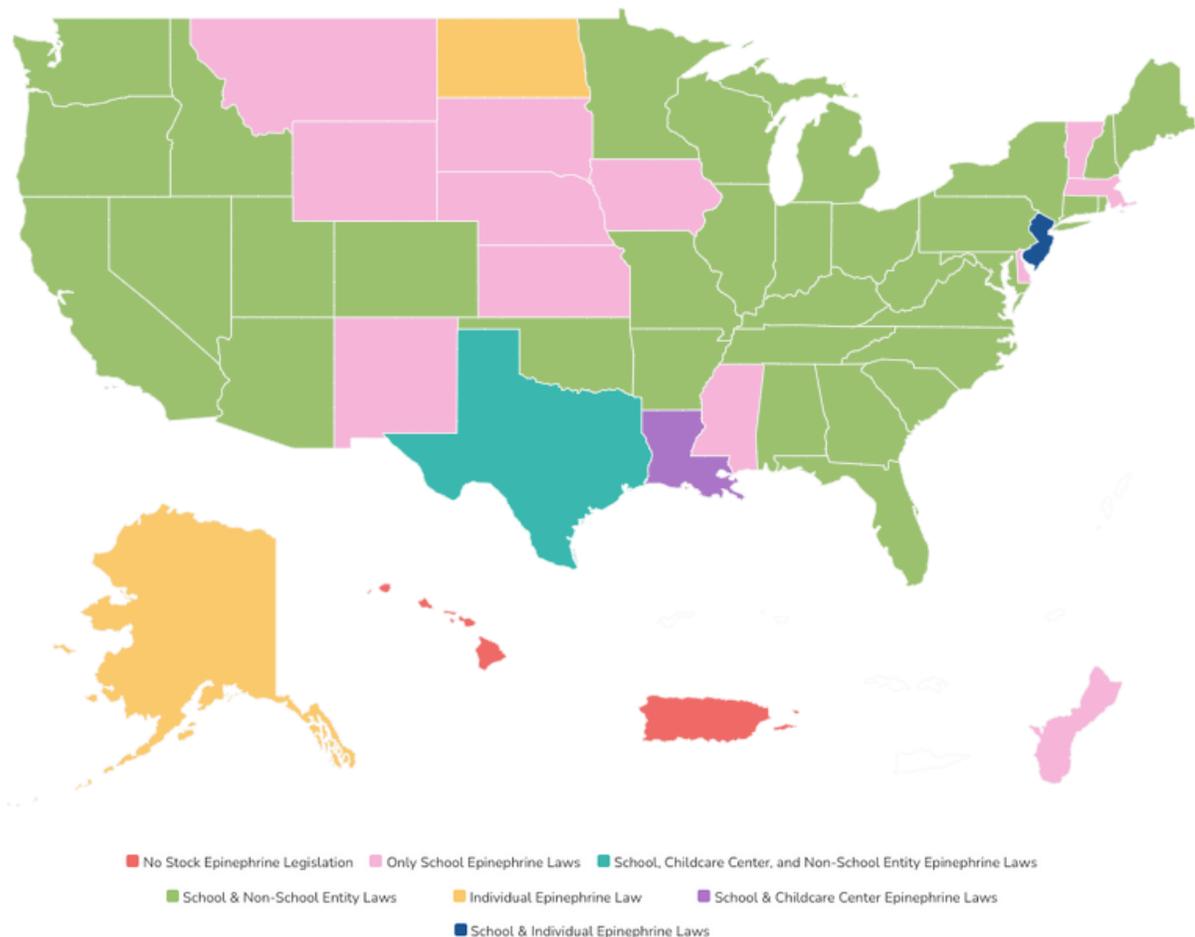
Find your state law

Have you read your state's law pertaining to stock epinephrine? You can find it here:

Map of Stock Epinephrine Laws

Please remember that this list is not exhaustive and that laws may change over time.

Are you from Hawaii? At this time, there is no legislation that has passed that pertains to stock epinephrine in schools though a [2015 law](#) allows for staff to be trained if they choose to assist those with diagnosed allergies administering their own epinephrine. While legislation is always changing, if you are interested in being an advocate for change, check out [FARE](#) for resources to become an advocate.



Understanding State Laws

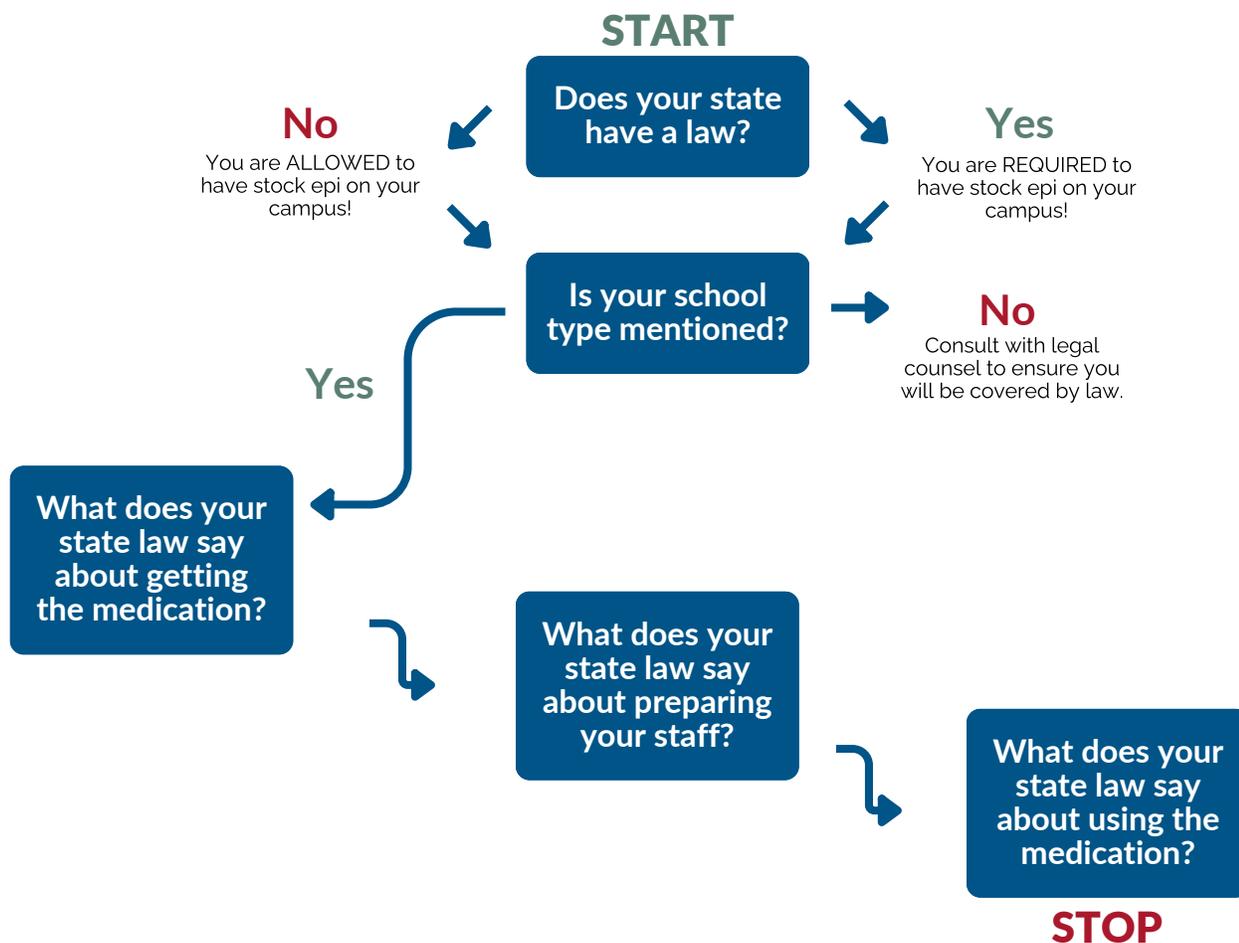


What to look for in your state's law!

Laws pertaining to stock epinephrine vary across the country and vary on what they address pertaining to getting the medication, preparing school staff, and using the medication. We have compiled questions to answer when looking at your state's law and how the answers may differ!

Applying the Legislation

Every state has a different law so make sure to know that your state's law applies to your school. While we break down the different topics addressed in laws, this flow chart can assist you in how to read and understand the laws.



Once you understand your state's law, you are ready to get started implementing a stock epinephrine program!

Understanding State Laws



Getting The Medication

Understanding how to get stock epinephrine for your campus can seem intimidating when looking at your law. The questions below are important to ask and are paired with insight into what the text may mean for you.

What type of medication is specified in the law?

Most states specify epi auto-injectors. If not specified, those are the recommended forms of epi to have!

Who can provide the prescription?

If your state does not specify otherwise, then anyone with prescriptive powers can prescribe stock epinephrine.

Can a pharmacist dispense to a school?

If stated in the law, the law explicitly allows a pharmacist to fill prescriptions. If not stated, reach out to your Pharmacy Board to ensure that a local pharmacist can fill the prescription.

How can these devices be paid for?

If stated, use the methods mentioned. If not, reach out to legal counsel if you have concerns. Most allow for donations and other sources of funds to be used.

Who is indemnified (not liable) in the law?

Most states include indemnification clauses that do not hold prescribers, pharmacies, or trained school staff responsible for any negative outcome.

Understanding State Laws



Preparing School Staff

Understanding how to prepare your staff with the proper training, policies, and protocols is important for a successful program. The questions below are important to ask and are paired with insight into what the text may mean for you.

Who can provide training in your state?

Laws dictate who can provide training in their state. Specifications may note that only licensed providers in the state or those that have completed other qualifications.

Does your state require a certain number of trained staff?

Number of persons within a school that must be trained may be required by your law.

What is required to be in staff training in your state?

Training must include all details of your state law: how to recognize & respond to anaphylaxis, & how to give & store epinephrine.

Is online training allowed?

Not all states allow online training which can be a rate limiting factor in getting trained.

How frequently must staff be trained?

Laws will dictate a timeline on how frequently training should be done. It is recommended to do this annually.

Are protocols and/or policies defined in your law?

Every school should have a stock epinephrine policy regardless of legal requirements. .
SSome state laws do require specific sections in the policy, others do not.

Understanding State Laws



Using The Medication

Understanding how you are permitted to use the medication is vital. The questions below are important to ask and are paired with insight into what the text may mean for you.

Who can be given the medication?

Most state laws allow for any person (student or adult) on school grounds to receive epinephrine but some only specify students.

What kind of parental consent is required?

Most laws allow for usage without prior parental consent - with some allowing for parental opt-out.

Where can the medication be given?

Some laws allow anywhere on school grounds, while others allow for any school-sponsored event under trained supervision.

Where can the medication be stored?

Check your laws as some require unlocked cabinets. We recommend storing the devices in a temperature-controlled, unlocked area that is easily accessible.

What are your reporting guidelines?

Some laws state that you must report to a state-sponsored entity and the prescriber within a certain time frame, others do not. We recommend you create internal reporting procedures to track utilization over time.

Understanding State Laws



State Law Spotlight

We took a look at six current stock epinephrine laws and compared big parts of their laws so you can understand the kind of things that these laws do.

This chart does not have every facet of these laws but the chart is intended to give you a visual representation of the variety of legislation.

Hawaii is the only state to not have legislation to permit stock epinephrine in schools.

	<u>AK</u>	<u>CA</u>	<u>CT</u>	<u>GA</u>	<u>IL</u>	<u>MN</u>
School specific law?	✗	✓	✓	✓	✓	✓
Types of Schools	Any school with trained staff	Public Private Charter	Public	Public Private	Public Private Charter	Not Specified
Mandated or Allowed?	Allowed	Mandated	Mandated	Allowed	Allowed	Allowed
Training Content Defined	✓	✓	✗	✗	✓	✗
Type of Device	Auto-injector & Ampules	Auto-Injector	Auto-Injector	Auto-Injector	Auto-Injector	Auto-Injector
Training Frequency	Not Specified	Annual	Annual	Not Specified	Annual	Not Specified
Required Reporting	Not Specified	Not Specified	Not Specified	Not Specified	Within 24 hours to prescriber Within 3 days to State Board	Not Specified
Parental Notification/Consent Requirements	Not Specified	Not Specified	With or Without Prior Written Consent	Not Specified	Not Specified	Not Specified
Liability Defined	✓	✓	✓	✓	✓	✗
Who Can Get The Device	Anyone	Anyone	Students	Students	Anyone	Not Specified
Where The Device Be Used	Anywhere	School & School Activities	Not Specified	Not Specified	School, School activities, & with School Personnel	Not Specified

Getting The Medication



How Do You Obtain Undesignated Epinephrine?

Find a prescriber! Don't already have one in mind? Check out these tips.

- Reach out to your school's current medical advisor to see if they would be willing to write a stock epinephrine prescription or know someone that is qualified and willing to do so.
- Use [AAAAA's Find An Allergist](#) page to find an allergist in your community.
- Reach out to training organizations, like [Code Ana](#), to see if they work closely with prescribers in your state.
- Reach out to the pediatricians in your area - especially those already caring for your students.

Find where to get your devices.

- [EpiPens4Schools](#) - Every K-12 school in the country - public, private, charter, or any other state-defined school - is able to get two free twin-packs from Mylan & BioRidge Pharma.
- Local pharmacies are able to fill stock epinephrine prescriptions. If using a local pharmacy, programs like GoodRx can bring down the cost of the devices. Some pharmacists need to become more familiar with stock epinephrine prescriptions so call ahead to ensure that they are familiar with the process.
- Online medical suppliers - Online retailers can provide the devices and ship them directly to you at prices comparable to local pharmacies.

Get trained.

- School staff will need to be trained in accordance with your state's law. Your prescriber should be asked which training they recommend. Also, check out these educational resources for schools, some that include school nurses and some for schools without school nurses.
 - [Code Ana](#)
 - [FARE](#)



School nurses may be able to train their school's staff on anaphylaxis, depending on your state's law. NASN has created a checklist for leading these trainings. You can find it [HERE](#).

Getting The Medication



How Do You Obtain Undesignated Epinephrine?

Get your paperwork signed.

- Prescription
 - Once you know who and where you are getting your stock epinephrine from, get the necessary paperwork signed by the prescriber and provide it to the pharmacy. EpiPens4Schools and some online medical suppliers have their own prescription paperwork.
 - Filled out by the school with contact information and requested devices and signed by the prescriber. If you are unsure about what devices to get, ask your prescriber!
- Standing Order Protocol
 - Required by many states, this document captures all of the protocol steps that staff will go through if anaphylaxis is recognized and epinephrine is needed.
 - Signed by the prescriber but contains contact information for the school.
- Memorandum of Understanding
 - While not required, this is best practice to have between the school and the prescriber clearly defining responsibilities and liabilities.
 - Signed by both the school leadership and the prescriber.

Obtain and store your devices.

- Once all of your paperwork has been filled out and all state requirements are fulfilled, get your devices!
- Caring for epinephrine auto-injectors means that the devices should be:
 - In a secure but unlocked spot so that staff can easily access it at all times but students cannot.
 - Not in direct sunlight.
 - Should be in a place from 66 to 77 degrees.
 - Not in a hot car.
 - Not in a fridge or freezer.
- Every campus is different but one twin pack in each school building is recommended for easy access.
- One twin pack should be available to travel with students when they travel off campus and care rules apply.
- The cafeteria or other space where food is served and eaten is a high-risk spot for anaphylaxis so storing a device here is recommended.
- If your campus has one twin pack, it should be stored in a spot on campus that is always accessible and it is easy to communicate to staff in that area - like the main office - and not where it gets too hot.

Using The Medication



How to Use An Epinephrine Auto-Injector

Key Points To Remember

- Epinephrine auto-injectors can be administered through clothing.
- 911 should always be called whenever anaphylaxis occurs.
- Epinephrine should be the FIRST medication given when anaphylaxis is suspected.
- Any delay in receiving epi after recognition increases the risk of a bad outcome.

Steps To Use

Before use, have the person experiencing the reaction lay flat on his/her back if possible. For children, it is essential that they are able to be still for the amount of time that you need to hold the device to them to prevent other injuries.



1. Remove device from case.

EpiPen: Clear plastic case that opens at the top

Auvi-Q: Hard plastic case covering device

Amneal: Black and yellow case that opens in the middle



2. Remove safety cap(s).

EpiPen: Blue cap on the top

Auvi-Q: Red cap on the bottom

Amneal: Blue caps on top and bottom



3. Apply device to upper outer thigh, then apply firm pressure.

EpiPen: Orange tip to thigh

Auvi-Q: Bottom of device to thigh

Amneal: Rounded red end to thigh



4. Hold device in place for 2-10 seconds (depends on device).

EpiPen: 3 seconds

Auvi-Q: 2 seconds

Amneal: 10 seconds



5. Call 911.

Repeat 1-4 if no improvement in 3-5 minutes.

Using The Medication



How to deal with expired epinephrine auto-injectors

Medication has expiration dates to ensure that the medication is used while it is effective for its intended use. Epi auto-injectors typically have a one-year shelf-life and need to be replaced after a year has passed. Depending on your device, the expiration date will be found on the device. On common auto-injectors, these are ways you can find the expiration dates:

- EpiPen & EpiPen Jr. - the expiration date is found on a black box on the label, towards the blue safety cap end.
- Auvi-Q - found on a white box on the device which can be found between the raised tongs of the safety case.
- Amneal - found on a white box on the label of the device towards the safety cap.

Epi auto-injectors come with training devices, called trainers, with each prescription. These devices do NOT have any life-saving medication in them and should not be stored near actual auto-injectors to avoid confusion. What do these devices look like?

- EpiPen & EpiPen Jr - Trainer does not have a clear window that shows the medication and will clearly state TRAINER on one side.
- Auvi-Q - The trainer will have the word TRAINER imprinted on the white top of the training device along with TRAINER written on multiple places of the devices.
- Amneal - The trainer will be in a gold carrying case with a label stating TRAINER on multiple places. The training device has yellow safety caps instead of blue, like the active device, and will state TRAINER on the label.

It is important to have non-expired devices available for use at all times. When devices expire, consider the following:

- Expired devices can be used by medical professionals and trained personnel as an example of how to use on a safe example surface like an orange or clear cup.

As epi auto-injectors contain a needle, they should NOT be thrown in a trash can with normal trash. They should be disposed of safely in specific spaces for medical waste. If your campus already has a sharps container for other medical supplies, like needles for diabetic students, it can be disposed of there. If you do not have a way to safely dispose of medical waste on campus, you can take the expired devices to a local pharmacy, hospital, or healthcare provider's office.

Using The Medication



Follow Up Care

Students and adults that require the use of stock epinephrine should receive follow-up care. Whether they have a known allergy or not, a medical provider needs to be aware that they had an anaphylactic emergency.

Immediate Follow-Up Care Plan

- Any student who is suspected of having anaphylaxis, whether or not epinephrine is administered, should be transported via EMS to the emergency department for evaluation and management.
- Follow your school's protocol regarding parental notification and other guidance detailed in your protocol.
- Be sure to complete all required paperwork pertaining to the medical emergency.

Resources for the Newly Diagnosed

Not everyone that needs stock epinephrine will have a diagnosed allergy, which can be scary. These resources can be great for students, parents, and staff that want to learn more about how to manage life with an allergy!

- [FARE has great resources for those newly diagnosed](#)
- [FAACT has great resources and can connect families with other local families impacted by allergy](#)
- [AAFA provides resources for allergy as well as asthma!](#)



Using The Medication



Follow Up Care for Students

Check your state law to understand which students can receive stock medication at your school.

Students Diagnosed With Allergy

- Determine whether the student has a primary care provider or allergy specialist.

If YES: Encourage parent/guardian to take the student to the medical provider who manages the student's allergy.*

If NO: Provide a list of local primary care providers, allergists, and relevant programs that can help students manage allergies.

- Send template [Healthcare Provider Notification Form](#)
- Request an updated allergy action plan from the family.
- Ensure that the child has an unexpired epinephrine auto-injector available on campus at all times.
 - If the student self-carries, work with parents/guardians to ensure that the device is always on the student's person and that the student has a plan for when/how to use the device.
 - If the student does not self-carry, have a designated, accessible location for that student's device.
 - Request from the parent a plan/goal for when the student will begin self-carrying.
- If the student had breathing issues during anaphylaxis, the student needs to be evaluated for asthma by his/her allergy specialist or primary care provider.

Students Not Diagnosed With Allergy

- Determine whether the student has a primary care provider.
- If the student does not have a regular healthcare provider, provide a list of local primary care providers, allergists, and relevant programs that can help students manage allergies.
- Send template [Healthcare Provider Notification Form](#)
- Request an allergy emergency action plan from the family
- Ensure that the child has an unexpired epinephrine auto-injector available on campus at all times.
 - If the student self-carries, work with parents/guardians to ensure that the device is always on the student's person.
 - If the student does not self-carry, have a designated, accessible location for that student's medication.
 - Also, request from the parent a plan/goal for when the student will begin self-carrying.



Student forms will have local pediatricians in the area that are already serving your students.

***Any student with a known or suspected allergy should be evaluated by a board-certified allergist.**

Using The Medication



Follow Up Care for Adults

Check your state law to understand which adults can receive stock medication at your school.

Adults Diagnosed With Allergy

- Determine whether the individual has a primary care provider or allergy specialist

If YES: Encourage individual to go to the care provider who manages their allergy.

If NO: Provide a list of local primary care providers or relevant programs (i.e. employee health services) that can help individual manage allergy.

- Send template [Healthcare Provider Notification Form](#)
- Recommend that the staff has an unexpired epinephrine auto-injector available on campus at all times.

Adults Not Diagnosed With Allergy

- Determine whether the individual has a primary care provider
- If the individual does not have a regular healthcare provider, please provide a list of local primary care providers or relevant programs that can help the individual manage allergy
- Send template [Healthcare Provider Notification Form](#)
- Recommend that the staff has an unexpired epinephrine auto-injector available on campus at all times.



If you don't know of local providers in your area, AAAAI has a provider finder [HERE](#).



Resource Library



Find the sample paperwork you need to get stock epinephrine on your campus.

The following documents are provided as samples and should be provided to your legal and medical counsel before implementation on your campus.

Sample Standing Order

A standing order for undesignated epinephrine is required by law. With a standing order in place, healthcare providers & trained personnel can administer undesignated epinephrine to any individual experiencing anaphylaxis.

Source: [Code Ana](#)

THIS TEMPLATE IS FOR EDUCATIONAL PURPOSES ONLY. CONSULT WITH LEGAL AND MEDICAL COUNSEL PRIOR TO INCORPORATING INFORMATION INTO YOUR POLICIES.

Stock Epinephrine Standing Order Protocol

This document is to be used as a guide when managing an entity's epinephrine program and procedure. This protocol and required documents should be kept on hand and reviewed annually or with any change in the physician/licensed prescriber or a change in the entity's licensed health care practitioner, if applicable, and personnel.

This document should not replace the medical advice provided by an individual's medical management plan as detailed by an individual's physician.

Sample Standing Order

A standing order for undesignated epinephrine is required by law. With a standing order in place, healthcare providers & trained personnel can administer undesignated epinephrine to any individual experiencing anaphylaxis.

Source: [Code Ana](#)

I, the undersigned Prescriber, for the purpose of facilitating the use of epinephrine in the case of a severe allergic reaction (anaphylaxis) in individuals and in compliance with all applicable state laws and regulations, issue this epinephrine standing order Protocol ("Protocol") to _____ ("Entity") on the following terms:

Prescriber: I represent that I: (a) am licensed to prescribe drugs in this state as set forth below; (b) am qualified to practice in accordance with my license in this state; and (c) am in good standing with the appropriate professional licensing board.

Epinephrine: This Protocol constitutes my standing order for the treatment of anaphylaxis and the use of epinephrine auto-injectors in emergency situations as further described below for the Entity. This protocol should not supersede a specific medical management plan as detailed by an individual's physician.

Stock Epinephrine Auto-Injector: This is a device prescribed to an entity, rather than to an individual, intended to be used to treat anaphylaxis in any person who is suspected of having anaphylaxis whether or not that person has a known diagnosis that puts them at risk of anaphylaxis.

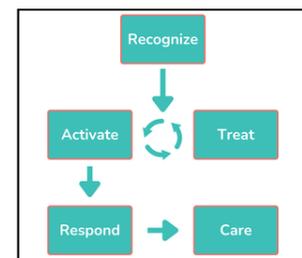
Delegation: I, the undersigned Prescriber, delegate authority to all appropriate medical and school personnel employed by or acting on behalf of the below described qualified entity.

Prescriber: _____
Name, Signature, and Date

Issued to the Entity below.

Name of Entity:	
Entity Address:	
Entity Phone:	
Entity Fax:	
Entity Contact Person:	
Entity Contact Person Email:	

All entities should have a medical emergency response plan such as one that follows Code Ana's Medical Emergency Response Algorithm. Learn more at [CodeAna.org](#).



Sample Standing Order

A standing order for undesignated epinephrine is required by law. With a standing order in place, healthcare providers & trained personnel can administer undesignated epinephrine to any individual experiencing anaphylaxis.

Source: [Code Ana](#)

Standing Order: All entity personnel (including, but not limited to, any licensed healthcare provider, employee, volunteer, or other entity agent) who have been **trained** (as defined per local and state regulations) on how to use an epinephrine auto-injector may administer epinephrine via a stock epinephrine auto-injector to an individual, using reasonable and prudent professional judgment that an individual is experiencing a potentially life-threatening allergic reaction (anaphylaxis).

Anaphylaxis is likely when ONE of the following three criteria is fulfilled:

Reactions can happen within minutes to hours of exposure to an allergen.

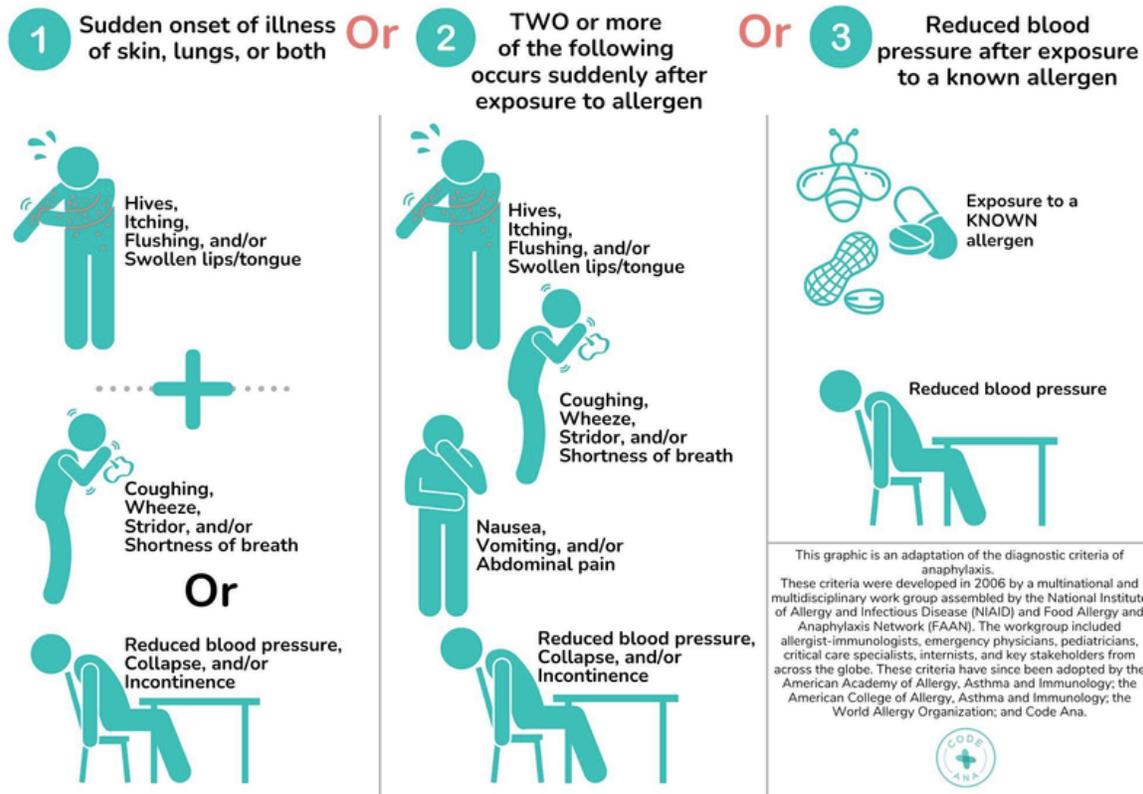


Figure 1: **Criteria of Anaphylaxis.** This figure depicts the three sets of criteria for anaphylaxis. Only **one** set of criteria must be fulfilled to diagnose anaphylaxis. As soon as anaphylaxis is suspected, the emergency alert system should be activated immediately. This includes but is not limited to calling 911. **Do not wait for symptoms to worsen to activate the emergency alert system – do this as soon as anaphylaxis is suspected.**

Emergency Treatment Procedures: The following treatment plan should be utilized to manage any episode of anaphylaxis wherein there is no other order in place; specifically, this order set should not replace that of an order prescribed to an individual by a licensed prescriber per that individual's prescriber-signed anaphylaxis action plan.

A standing order for undesignated epinephrine is required by law. With a standing order in place, healthcare providers & trained personnel can administer undesignated epinephrine to any individual experiencing anaphylaxis.

Source: [Code Ana](#)

Anaphylaxis is a life-threatening allergic reaction that must be recognized and managed promptly in a public setting with an epinephrine auto-injector.

Emergency Treatment Procedures (continued):

Indications

Epinephrine auto-injectors are indicated in the emergency treatment of anaphylaxis. Selection of the appropriate dosage strength is determined according to body weight.

Protocol

1. **Dosage:** If conditions of anaphylaxis are developing or present themselves, administer epinephrine auto-injector intramuscularly into the outside aspect of the thigh (through clothing if necessary).
 - a. Selection of the appropriate dosage strength is determined according to patient body weight, as discussed in the product labeling. Note time when epinephrine was administered.

Epinephrine Auto-Injector Weight-Based Dosing Table	
Weight (pounds)	Dose (mg)
16.5 - <33	0.1
33 - <66	0.15
>=66	0.3

2. **Frequency:** Up to 20% of individuals who receive epinephrine will require more than one dose before symptoms are alleviated.
 - a. **A second dose may be administered 5 minutes after the initial dose if no symptoms are not improving.** This second dose should be the same weight-based dose.
 - b. Keep the affected individual lying on back with legs elevated.
 - c. Discuss additional doses with EMS/911 operator if EMS has not yet arrived (911 should be called IMMEDIATELY upon recognition of anaphylaxis).
3. **Disposition:** 911 should be called IMMEDIATELY upon recognition of anaphylaxis, and the individual should be transported via EMS to an emergency department for medical evaluation, even if symptoms resolve completely.
 - a. Request an ambulance that has epinephrine for anaphylaxis.
 - b. Stay with affected individual until EMS arrives, and tell EMS that epinephrine was given. Provide EMS the used device(s).
4. **Documentation and Notification:** Document the details of the incident and notify the individual's parent, guardian, or caretaker and primary care physician in accordance with your entity's policy.
 - a. This is important for the individual's health and for the entity's compliance of local and state regulations.

A standing order for undesignated epinephrine is required by law. With a standing order in place, healthcare providers & trained personnel can administer undesignated epinephrine to any individual experiencing anaphylaxis.

Source: [Code Ana](#)

In every case of anaphylaxis, emergency services must be contacted as soon as possible by calling 911 or local emergency medical services.

Important Safety Information

- Upon receiving an epinephrine auto-injector for the entity, the entity's auto-injector manager must review the device's package insert and follow all instructions per the package insert.
- Epinephrine auto-injectors are intended for immediate administration as emergency supportive therapy only and are not intended as a substitute for immediate medical or hospital care. **In conjunction with the administration of epinephrine, the patient should seek immediate medical or hospital care.** More than two sequential doses of epinephrine should only be administered under direct medical supervision.
- Epinephrine auto-injectors should **only** be injected into the outer area of the thigh. Caregivers should hold the leg of a young child firmly in place and limit movement prior to and during injection to minimize risk of injection-related injury.
- Epinephrine should be used with caution in patients with known heart disease and in patients who are on drugs that may sensitize the heart to arrhythmias. This is because epinephrine may precipitate or aggravate angina pectoris and produce ventricular arrhythmias. Arrhythmias, including fatal ventricular fibrillation, have been reported, particularly in patients with underlying cardiac disease or taking cardiac glycosides, diuretics, or anti-arrhythmics.
- Patients with certain medical conditions or who take certain medications for allergies, depression, thyroid disorders, diabetes, and hypertension, may be at greater risk for adverse reactions. Common adverse reactions to epinephrine include anxiety, apprehensiveness, restlessness, tremor, weakness, dizziness, sweating, palpitations, pallor, nausea and vomiting, headache, and/or respiratory difficulties. Rare cases of serious skin and soft tissue infections have been reported following epinephrine injection. Advise patients to seek medical care if they develop symptoms of infection such as persistent redness, warmth, swelling, or tenderness at the injection site.
- The storage location of epinephrine should be noticed to all personnel who have been trained and qualified to administer epinephrine, and should be maintained in a secure and easily accessible location that is out of reach of children.

Individuals known to be at risk of anaphylaxis are still expected to maintain, update, and comply with emergency action plans and medical orders, and these individuals are to maintain and/or provide, depending on the physician-signed care plan for that individual, to the entity, their own supply of emergency medication.

Sample Prescription Form

A prescription is required for a pharmacy or medical supplies provider to dispense epinephrine auto-injectors. In addition to a standing order, this also provides clear instructions on the appropriate use of medication and helps ensure that individuals receive the correct dose of medication at the appropriate times.

Source: [Code Ana](#)

Stock Epinephrine Auto-Injector Prescription

Issued to the entity below (completed by requesting entity).

Name of Entity:	
Entity Address:	
Entity Phone:	
Entity Fax:	
Entity Contact Person:	
Entity Contact Person Email:	

Requested Device: *Insert the number of TWO-PACKS you are requesting. Ex: 1 = 1 two-pack.*

__ AuviQ (0.3mg) __ AuviQ (0.15mg) __ AuviQ (0.1mg)
 __ EpiPen (0.3mg) __ EpiPen Jr. (0.15mg)
 __ EpiPen Generic (0.3mg) __ EpiPen Jr. Generic (0.15mg)

Issued by the prescriber below (completed by the prescriber).

Prescriber Signature	
Prescriber Name	
Prescriber Address:	
Prescriber Phone:	
Prescriber Fax:	
Prescriber State of License	
Prescriber License Number	

Prescription Information

Effective Date:	
Prescription Issued to: (Name of Entity)	
Indication/Diagnosis:	

Device Name (EpiPen, Auvi-Q, etc.)	Strength	Directions	Dispense # of Two- Packs	Refill
	0.1mg	Inject into outer thigh once as needed for anaphylaxis.		
	0.15mg	Inject into outer thigh once as needed for anaphylaxis.		
	0.3mg	Inject into outer thigh once as needed for anaphylaxis.		

Sample Prescription Form

A prescription is required for a pharmacy or medical supplies provider to dispense epinephrine auto-injectors. In addition to a standing order, this also provides clear instructions on the appropriate use of medication and helps ensure that individuals receive the correct dose of medication at the appropriate times.

Source: [Code Ana](#)

Indications

Epinephrine auto-injectors are indicated in the emergency treatment of anaphylaxis. Selection of the appropriate dosage strength is determined according to body weight.

Proper Use

Use of stock epinephrine auto-injectors, such as those being prescribed here, should be used according to the standing order protocol issued with this prescription.

Important Safety Information

- Upon receiving an epinephrine auto-injector for the entity, the entity's auto-injector manager must review the device's package insert and follow all instructions per the package insert.
- Epinephrine auto-injectors are intended for immediate administration as emergency supportive therapy only and are not intended as a substitute for immediate medical or hospital care. **In conjunction with the administration of epinephrine, the patient should seek immediate medical or hospital care.** More than two sequential doses of epinephrine should only be administered under direct medical supervision.
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- Epinephrine should be used with caution in patients with known heart disease and in patients who are on drugs that may sensitize the heart to arrhythmias. This is because epinephrine may precipitate or aggravate angina pectoris and produce ventricular arrhythmias. Arrhythmias, including fatal ventricular fibrillation, have been reported, particularly in patients with underlying cardiac disease or taking cardiac glycosides, diuretics, or anti-arrhythmics.
- Patients with certain medical conditions or who take certain medications for allergies, depression, thyroid disorders, diabetes, and hypertension, may be at greater risk for adverse reactions. Common adverse reactions to epinephrine include anxiety, apprehensiveness, restlessness, tremor, weakness, dizziness, sweating, palpitations, pallor, nausea and vomiting, headache, and/or respiratory difficulties. Rare cases of serious skin and soft tissue infections have been reported following epinephrine injection. Advise patients to seek medical care if they develop symptoms of infection such as persistent redness, warmth, swelling, or tenderness at the injection site.
- The storage location of epinephrine should be noticed to all personnel who have been trained and qualified to administer epinephrine, and should be maintained in a secure and easily accessible location that is out of reach of children.

Individuals known to be at risk of anaphylaxis are still expected to maintain, update, and comply with emergency action plans and medical orders, and these individuals are to maintain and/or provide, depending on the physician-signed care plan for that individual, to the entity, their own supply of emergency medication.

Memorandum of Understanding

“MOU” stands for Memorandum of Understanding. This is an agreement between two parties, such as a prescriber and a school district, detailing expectations of the relationship, such as services performed and standards to which groups will adhere. It is nonbinding, meaning that either party can back out of the agreement, but does describe what services will be provided.

Source: [Code Ana](#)

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (“MOU”) is effective as of the ____ day of _____, ____ (“Effective Date”) by and between _____ (“Prescriber”), and _____ (“Entity”). Prescriber and Entity shall also be referred to herein individually as a “Party” and collectively as the “Parties.”

WHEREAS, Prescriber has prescribing privileges in the state of _____; and

WHEREAS, “stock epinephrine” is epinephrine prescribed to an entity to be used in case of the allergy emergency anaphylaxis; and

WHEREAS, stock epinephrine is legally permitted to be prescribed to entity by prescribers as detailed in state code _____; and

WHEREAS, Prescriber and Entity both have an interest in the health and wellbeing of the community, including Entity participants or customers; and

WHEREAS, Prescriber and Entity both seek to ensure that the community has access to epinephrine, the life-saving treatment for anaphylaxis.

NOW, THEREFORE, in consideration of the mutual covenants contained herein, and for other good and valuable consideration, the Parties agree as follows:

1. Purpose. The purpose of this MOU is to create a framework through which Prescriber may provide a prescription for stock epinephrine auto-injectors to Entity
2. Schedule and Location(s) of Services. Prescriber will provide a prescription to Entity electronically, via fax, or via mail. Prescription shall be provided within 30 days of the completion of this agreement.
3. Prescriber’s Services and Obligations.
 - A. Stock Epinephrine Prescription. Prescriber shall provide to School a prescription for Stock Epinephrine. This prescription may be utilized by School to obtain Stock Epinephrine “auto-injectors” from a licensed pharmacy or from a company’s auto-injector program, such as EpiPen4Schools by Mylan.
 - B. Standing order for Stock Epinephrine. Prescriber shall provide to School a standing order for Stock Epinephrine. This standing order shall be incorporated by School into its school emergency protocols.
 - C. Stock Epinephrine Training Recommendations. Prescriber shall recommend to School how to obtain training on Stock Epinephrine.

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Source: [Code Ana](#)

4. Schools Services and Obligations.
 - A. Stock Epinephrine Training. School agrees to follow training recommendations provided by Prescriber on how to prevent, recognize, and respond to anaphylaxis including but not limited to the proper use and maintenance of Stock Epinephrine.
5. Compensation/Payment. Each Party shall be responsible for its own expenses to undertake its responsibilities under this MOU. Entity shall be responsible for any costs associated with obtaining epinephrine auto-injectors from a pharmacy or epinephrine program.
6. Medical Emergency Determination and Indemnification. For all urgent or emergent medical concerns or issues including but not limited to anaphylaxis, Entity and/or Entity staff shall follow Entity’s emergency protocol. Under no circumstance shall Entity attempt to contact Prescriber during a possible medical emergency; Entity should immediately enact its medical emergency response plan per its emergency protocol.
 - a. Only after the medical emergency anaphylaxis should Prescriber be contacted.
 - b. Entity shall contact Prescriber within 24 hours (one business day) of an episode of anaphylaxis where the stock epinephrine is used.
 - c. Prescriber is indemnified from any and all outcomes associated with the use of epinephrine obtained by Prescriber’s prescription.
7. Term and Termination. This MOU shall commence as of the Effective Date and shall continue in full force and effect for _____ years, unless terminated sooner as provided herein. Either Party may terminate this MOU at any time for any reason upon thirty (30) days’ prior written notice to the other Party.
8. Compliance with Laws. The Parties agree to comply with all applicable laws, rules, and regulations, as they may be amended from time to time, including, but not limited to, (i) the federal anti-kickback statute (42 U.S.C. § 1320a-7(b)) and the related safe harbor regulations; (ii) the Limitation on Certain Physician Referrals, also referred to as the “Stark Law” (42 U.S.C. § 1395nn); (iii) applicable federal and State laws with respect to patient privacy; and (iv) solely with respect to this MOU and the Services provided hereunder, applicable federal and State laws with respect to personally identifiable information and/or public records. Accordingly, no part of any terms hereunder is a prohibited payment or remuneration for the recommending or arranging for the referral of business or the ordering of items or services, nor is this arrangement intended to induce illegal referrals of business. Each Party shall be responsible for obtaining all licenses, permits and approvals, if any, which are necessary for the performance of its duties hereunder.
9. Compliance-Related Changes. The Parties recognize that the law and regulations may change or may be clarified, and that terms of this MOU may need to be revised, on advice of counsel, in order to remain in compliance with such changes or clarifications, and the Parties agree to negotiate in good faith revisions to the term or terms that cause the potential or actual violation or noncompliance. In the event the Parties are unable to agree to new or

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Source: [Code Ana](#)

modified terms as required to bring the entire MOU into compliance, either Party may terminate this MOU on thirty (30) days’ prior written notice to the other Party, or earlier if necessary to prevent noncompliance with a governmental deadline or effective date.

10. Liability; Insurance.

- a. Each Party to this MOU shall be responsible for its own acts, omissions, negligence, intentional wrongdoing, or breach of any obligations under this MOU by or through itself or its agents, employees, representatives, and contracted servants.
- b. Each Party shall maintain insurance for professional liability and comprehensive general liability coverage of its agents, employees, representatives, and contracted servants in amounts not less than One Million Dollars (\$1,000,000.00) per occurrence and Three Million Dollars (\$3,000,000.00) in the aggregate. Upon request, each Party shall provide the other Party with documents or certificates of insurance evidencing the coverage required under this Section 10. Such liability policies shall not be canceled, reduced, or adversely modified without providing at least sixty (60) days’ prior written notice to the other Party.

11. Confidential Information. During the term of this MOU, Entity may learn certain confidential information about Prescriber’s business and/or operations. Entity agrees that it will keep all such information strictly confidential, that it will not use such information for any purpose other than to perform its obligations hereunder, and that it will not resell, transfer, or otherwise disclose such information to any third party without Prescriber’s specific, prior written consent. This section shall survive termination of the MOU.

12. HIPAA. The Parties shall comply with all applicable federal, state and local laws and regulations and lawful court orders with regard to the disclosure and use of a participant or customer’s health information, including, but not limited to, HIPAA, FERPA, and all other applicable federal and state privacy laws. This section shall survive termination of the MOU.

13. Applicable Law. This MOU shall be construed in accordance with the laws of the State of _____ without regard to its conflict of laws provisions. The Parties agree that any litigation arising out of this MOU shall be subject to the exclusive jurisdiction of the local, state, or federal courts in _____ (Prescriber city, state).

14. Independent Contractor Status. Each Party is a separate and independent institution, and this MOU shall not be deemed to create a relationship of agency, employment, or partnership between or among them. Each Party understands and agrees that the agents or employees of each respective Party are not employees or agents of the other Party.

15. Access to Records. If Section 952 of the Omnibus Reconciliation Act of 1980, which amended Section 1861(v)(1) of the Social Security Act, and the regulations promulgated thereunder, applies to this MOU, each Party will make available to the Secretary of Health and Human Services, and to the Comptroller General of the United States upon written request, such books, documents and records necessary to verify the nature and extent of

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Source: [Code Ana](#)

the costs of the services provided hereunder. Access will be granted until the expiration of four (4) years after the furnishing of services hereunder. Access will also be granted to any books, documents or records related to this MOU between a Party and organizations that performed services related to this MOU, but only on an as-needed basis.

16. Third Party Beneficiaries and Relationships. This MOU does not and is not intended to confer any rights or remedies upon any party other than Prescriber and Entity.
17. Assignment. Neither Party may assign this MOU or any rights under this MOU without the written consent of the other Party, which consent may be withheld in the discretion of the other Party.
18. Notices. All notices required or authorized by this MOU shall be in writing and shall be deemed effectively given on the earlier of (i) the day personally delivered, (ii) three (3) business days next following the day when deposited in the United States mail, mailed by prepaid certified mail, return receipt requested, or (iii) the next business day following deposit with an overnight courier. Any notices under this MOU shall be sent to the respective Parties at the addresses listed below.

If to Entity:

(insert Entity contact information here)

If to Prescriber:

(insert Prescriber contact information here)

19. Use of Name. Except as required for purposes of performing its obligations under this MOU, neither Prescriber nor the Entity shall use the name, logo, likeness, trademarks, image or other intellectual property of the other, for any advertising, marketing, endorsement or any other purposes without the specific prior written consent of an authorized representative of the other Party as to each such use.
20. Waiver. Any waiver by any Party of any act, failure to act, or breach on the part of the other Party shall not constitute a waiver of any prior or subsequent act, failure to act, or breach by such other Party.
21. General. In the event that any provision of this MOU is held to be invalid or unenforceable for any reason, the remaining provisions of this MOU shall remain in full force and effect. Any amendment to this MOU must be in writing and must be signed by both Parties. The Parties shall consult and use their best efforts to agree upon a valid and enforceable provision which shall be a reasonable substitute for such invalid or unenforceable provision in light of the intent of this MOU.

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“MOU” stands for Memorandum of Understanding. This is an agreement between two parties, such as a prescriber and a school district, detailing expectations of the relationship, such as services performed and standards to which groups will adhere. It is nonbinding, meaning that either party can back out of the agreement, but does describe what services will be provided.

Source: [Code Ana](#)

22. Entire Agreement; Integration. This MOU constitutes the entire agreement between the Parties and supersedes all prior and contemporaneous written or oral agreements, understandings, negotiations and warranties, representations, and/or agreements between the Parties in connection with the subject matter hereof, except as specifically set forth and referred to herein. Other documents referred to in this MOU are an integral part hereof and by this reference are incorporated herein.

IN WITNESS WHEREOF, the Parties hereto have caused this MOU to be executed by their duly authorized representatives:

PRESCRIBER

Name: _____

Signature: _____

Title: _____

Date: _____

ENTITY

Name: _____

Signature: _____

Title: _____

Date: _____

Sample Letter To Pharmacy

Stock epinephrine is becoming very common but not all local pharmacies and pharmacists are familiar with filling prescriptions for schools. This letter informs them of your state law and that you are allowed to get the devices. It also notes that you are working with a local medical provider and have trained staff that will know how to use the device.

[SCHOOL LETTERHEAD]

Date:

Dear _____ Pharmacy,

Millions of children, teens, and adults have food allergies that place them at risk for severe, life-threatening reactions.^{1,2} One in four children will have their first allergic reaction at school,³ and nearly one in five children with known food allergies will have a reaction at school.⁴ To optimize the safety of children with food allergies, our school has updated our policies to help us prevent, recognize, and respond to an allergy emergency. **This includes having stock epinephrine available for our children.**

Epinephrine is the medication that treats anaphylaxis, which is a severe allergic reaction. Stock epinephrine is epinephrine prescribed to an entity, such as ours, to be used in case of an allergy emergency. Stock epinephrine is permitted in schools in our state and in many other states. Our state's law states that:

To optimize the safety of the students we serve, we have collaborated with Dr. _____ for our prescription and _____ to train our staff on how to prevent, recognize, and respond to an allergy emergency. This includes proper use of an epinephrine auto-injector. **This life-saving treatment will now be available for our staff to use in case of anaphylaxis.**

Please fill the accompanying prescription for stock epinephrine. Thank you for helping to keep our students safe.

Should you have any questions or concerns, please reach out to us.

Warm regards,

SCHOOL LEADER

References:

1. Gupta RS, Springston EE, Warrior MR, Smith B, Kumar R, Pongracic J, Holl JL. The prevalence, severity, and distribution of childhood food allergy in the United States. *Pediatrics*. 2011 Jul;128(1):e9-17. doi: 10.1542/peds.2011-0204. Epub 2011 Jun 20. PMID: 21690110.
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Sample Parent Notification Letter

In order to comply with the requirements of state law and school codes in select states, school districts must notify parents before beginning an undesignated medication program. Things to include:

- Reference to law.
- Name of medication.
- State any liability.
- Method for parental consent.
- State it's not a medication replacement.
- State its unguaranteed availability.

Source: [Code Ana](#)

SCHOOL LETTERHEAD

Date

Dear Parent or Guardian,

Millions of children, teens, and adults have food allergies that place them at risk for severe, life-threatening reactions.^{1,2} One in four children will have their first allergic reaction at school,³ and nearly one in five children with known food allergies will have a reaction at school.⁴ To optimize the safety of children with allergies, our school has updated our policies to help us prevent, recognize, and respond to an allergy emergency. **This includes having stock epinephrine available for our children.**

Epinephrine is the medication that treats anaphylaxis, which is a severe allergic reaction. Stock epinephrine is epinephrine prescribed to an entity, such as ours, to be used in case of an allergy emergency. Stock epinephrine is permitted in schools in our state and in many other states. Our state law states that:

To optimize the safety of the students we serve, we have collaborated with Dr. _____ and _____ to train our staff on how to prevent, recognize, and respond to an allergy emergency. This includes proper use of an epinephrine auto-injector. **This life-saving treatment will now be available for our staff to use in case of anaphylaxis.**

For children with known allergies: please note that stock epinephrine does not replace your child's life-saving medication but will be available if, unexpectedly, his/her device is not on site. If your child has a potentially anaphylactic allergy, please continue to plan to have both a two-pack of epinephrine auto-injectors and an anaphylaxis action plan available on site at all times.

Should you have any questions or concerns, please reach out to us.

Warm regards,

School Leadership

References:

1. Gupta RS, Springston EE, Warrior MR, Smith B, Kumar R, Pongratic J, Holl JL. The prevalence, severity, and distribution of childhood food allergy in the United States. *Pediatrics*. 2011 Jul;128(1):e9-17. doi: 10.1542/peds.2011-0204. Epub 2011 Jun 20. PMID: 21690110.
2. Gupta RS, Warren CM, Smith BM, et al. Prevalence and Severity of Food Allergies Among US Adults. *JAMA Netw Open*. 2019;2(1):e165630. doi:10.1001/jamanetworkopen.2018.5630
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This is an external policy for you to use to create your school or district's policy for your new stock epinephrine. This policy defines the roles of the school and families to ensure that students with or without diagnosed allergies are safe. The sample policy was created to cover very broad needs so it may not fully apply to your needs.

Source: [Code Ana](#)

THIS TEMPLATE IS FOR EDUCATIONAL PURPOSES ONLY. CONSULT WITH LEGAL AND MEDICAL COUNSEL PRIOR TO INCORPORATING INFORMATION INTO YOUR POLICIES.

Anaphylaxis and Stock Epinephrine Policy

Millions of children, teens, and adults have food allergies that place them at risk for severe, life-threatening reactions.(1, 2) One in four children will have their first allergic reaction at school,(3) and nearly one in five children with known food allergies will have a reaction at school.(4) To optimize the safety of children with food allergies, our school has adopted the following policies, hereby termed "commitments," for our school and families.

Our school, our students, and our students' families all share the common goal: ensuring the student receives the highest quality education in a safe and inclusive learning environment. This "**Anaphylaxis and Stock Epinephrine Policy**" will help provide the student with a safe and inclusive educational experience.

The School's Commitments

We will:

- Educate our entire staff on food allergy and anaphylaxis.
- Abide by all applicable laws and policies relevant to this student with food allergy including but not limited to the American Disabilities Act (ADA), Individuals with Disabilities Education Act (IDEA), Section 504, and any pertinent local policies.
- Follow federal/state/district laws and regulations regarding sharing medical information about the student.
- Review all health information submitted by the student's care team including but not limited to parents and medical providers.
- Have a medical emergency response plan (MERP) including a medical emergency response team (MERT).
- Work with school staff to practice the MERT with the student's Anaphylaxis Action Plan before an allergic reaction occurs.
- Debrief on MERP drills to assure the efficiency/effectiveness of the plans.
- Provide all school staff with annual re-education on student-relevant medical issues, including but not limited to food allergies and anaphylaxis.
- Not prohibit participation in ANY school activities due to the student's food allergy.
- Establish a Wellness Team. This team may include but is not limited to, our school nurse, teachers, and members of food services. This team will:
 - Work with the student and parents to establish an anaphylaxis action plan for the student. This plan should include all necessary documents pertaining to the student's wellness. Such documents may include the following:
 - 504 Plan
 - Anaphylaxis Action Plan
 - Individualized Education Plan
 - Individual Health Plan
 - Collaborate to eliminate the use of food allergens in the allergic student's meals, educational tools, arts and crafts projects, or incentives.
 - Review the school policies, MERT, and the student's Comprehensive Care Plan after a reaction occurs, with the parents, student, and student's medical provider.
 - Provide strategies for safely navigating off-campus activities.
- Assure that all staff, including substitutes, who interact with the student understand food allergy, can recognize symptoms of anaphylaxis, and know what to do in an emergency including the administration of an epinephrine auto-injector.

This is an external policy for you to use to create your school or district's policy for your new stock epinephrine. This policy defines the roles of the school and families to ensure that students with or without diagnosed allergies are safe. The sample policy was created to cover very broad needs so it may not fully apply to your needs.

Source: [Code Ana](#)

- Coordinate with the school's nurse or personnel with medication administration training ("MAT" training) to be sure medications are appropriately stored.
- Confirm that the student has access to epinephrine at all times, including off-campus school events.
 - Epinephrine may be kept in an easily accessible secure but not locked location central to school personnel who are properly trained in epinephrine administration.
 - Stock epinephrine is also available.
- Designate response role(s) to school personnel who are properly trained to administer epinephrine in accordance with policies governing the administration of epinephrine.
- Be prepared to handle a reaction and ensure that multiple, epinephrine-trained staff members are available during the school's day regardless of time or location.
- Work with our school's transportation administrator (if present/applicable) to:
 - Ensure all school bus drivers and other school-affiliated drivers are trained to prevent, recognize, and respond to an allergic reaction.
 - Such training may occur in-person or remotely, real-time or self-paced, using available resources.
 - Confirm that all buses and other forms of transportation have communication devices, such as cell phones, in case of an emergency.
 - Enforce a "no eating" policy on school buses with exceptions made only to accommodate special needs under federal or similar laws, or school policy. An example of an exception may be a student with diabetes.
- Ensure the following for all school field trips:
 - Epinephrine is carried on the field trip and transportation.
 - School personnel trained in epinephrine administration attend the field trip.
 - School personnel attending the field trip are aware of the child's Food Allergy and Anaphylaxis Action Plan.
 - If food is distributed, the child is not given his/her allergen and/or is informed to bring his/her own food
- Not tolerate threats or harassment against the student.

The Family's Commitments

We will:

- Notify the school of our child's allergies.
- Provide the school with a physician-signed Food Allergy and Anaphylaxis Action Plan. This plan will include detailed, clear instructions for how to prevent an allergic reaction by detailing food(s) that must be avoided as well as when and how to administer emergency medication. This plan will also include a headshot of our child and self-carry, self-administration recommendations
- Work with the school's wellness leadership team to develop a plan that accommodates our child's needs throughout the school, including in the classroom, in the cafeteria, in after-care programs, during school-sponsored activities, and on the school bus.
- Provide properly labeled medications and replace medications after use and/or prior to expiration.
- Provide age-appropriate education to our child in the self-management of his/her food allergy including:
 - Safe and unsafe foods
 - Strategies for avoiding exposure to unsafe foods
 - Symptoms of allergic reactions
 - How and when to tell an adult s/he may be having an allergy-related problem
 - How to read food labels
- Review policies/procedures with the school staff, our child's health care provider, and our child (if age-appropriate).

This is an external policy for you to use to create your school or district's policy for your new stock epinephrine. This policy defines the roles of the school and families to ensure that students with or without diagnosed allergies are safe. The sample policy was created to cover very broad needs so it may not fully apply to your needs.

Source: [Code Ana](#)

- Provide emergency contact information.

The Student's Commitments

I will (when age-appropriate):

- Eat only my food and will not trade or share food with others.
- Try to eat only foods with known ingredients and not those containing my allergen(s).
- Be proactive in the care and management of my food allergy to the best of my ability.
- Notify an adult immediately if I eat something that may contain the food to which I am allergic.

References:

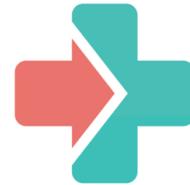
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2. Gupta RS, Warren CM, Smith BM, et al. Prevalence and Severity of Food Allergies Among US Adults. *JAMA Netw Open*. 2019;2(1):e185630. doi:10.1001/jamanetworkopen.2018.5630
3. McIntyre CL, Sheetz AH, Carroll CR, Young MC. Administration of epinephrine for life-threatening allergic reactions in school settings. *Pediatrics* 2005; 116(5):1134-1140.
4. Nowak-Wegrzyn A, Conover-Walker MK, Wood RA. Food-Allergic Reactions in Schools and Preschools. *Arch Pediatr Adolesc Med*. 2001;155(7):790-795. doi:10.1001/archpedi.155.7.790

Anytime undesignated epinephrine is administered in the school setting, the school nurse or administrator must complete an Undesignated Medication Report Form. Reporting requirements differ by state. Please refer to your state's law & your State Board of Education to determine where to submit reports of undesignated medication use. When epinephrine is used, the person should go to the hospital via EMS so this form can also be used to provide the necessary information to first responders as well.

Source: [Code Ana](#)



Quick Note



Medical Emergency Documentation

Child: _____ Date: _____

Guardian: _____ Guardian Phone: _____

Time Emergency Started: _____ Location: _____

Medical Team Activation: _____ Medical Team Arrival: _____

Form Filled Out By: _____

Time	Events (Symptoms, Medications, 911 Called)

Copy for organizational records before handing over to first responders

Sample Letter to Parent/Guardian After Medication Usage

The school nurse or other medical leader on campus should fill this out after a student has a respiratory distress event needing stock medication usage. This provides parents/guardians with information about follow-up care and information for medical providers that the parents/guardians can share.

Dear Parent or Guardian,

On _____, your student _____, required the use of undesignated medication due to an episode of anaphylaxis that occurred at school or a school-sponsored activity. Undesignated medication is a medication that is prescribed to the school to use in cases of emergency. The name of the medication that was given is _____.

Please take your student for further evaluation by a Healthcare provider, and follow the clinical recommendations of the Healthcare provider. If your student currently has or is given a diagnosis of anaphylaxis, please inform your school nurse and/or school administrator(s).

If your student requires medication at school, please ask the healthcare provider to complete an allergy action plan and any other paperwork that your school requires for students to be given medication at school. Please also provide an epinephrine auto-injector to be kept at school in case your student has a severe allergic reaction. We cannot guarantee that the school will have what your student needs unless you provide the medication their healthcare provider recommends/prescribes.

With Thanks,

School Administrator

School Nurse

Sample Letter to Medical Provider After Medication Usage

The school nurse or other medical leader on campus should fill this out after anyone (student or adult) has a respiratory distress event needing stock medication usage. This form should be shared with the medical provider that provides follow-up care for the individual.

Dear Medical Provider,

On _____, the following patient, _____, required the use of undesignated medication due to an episode of anaphylaxis that occurred at school or a school-sponsored activity. Undesignated medication is a medication that is prescribed to the school to use in cases of emergency. The name of the medication that was given is _____.

If this patient has a diagnosis of allergy, please complete an allergy action plan and any other paperwork that the school requires for this patient to be given medication at school. Please also prescribe the appropriate medication for this patient to keep at school and advise their family or guardian on how to obtain this medication. We cannot guarantee that the school will have what your patient needs unless you prescribe and the family/guardian obtain(s) the recommended medication.

With Thanks,

School Administrator

School Nurse

Roadmap to Epinephrine



What are your next steps in getting stock epinephrine?

No matter where you are in the process of getting stock epinephrine, this toolkit holds your next step. Find where you are now and learn where you need to go next!

Haven't started at all?

Get to know your state's laws and requirements!

Find Your Law Understand Your Law

Have a prescription but need to educate your staff?

Find out what's important to know and where you can find training options!

Training Recommendations & Resources

Are you ready to implement the program? Let the parents & guardians know!

Your school community needs to know about this new program!

Parent Letter

Know your law but need help getting the medication?

Find out how you can get what you need and what paperwork has to be filled out!

Supplies You Need & How To Get Them

Standing Order

Prescription

Have the medication on the way but need to create a policy?

Schools need to have their processes in place before the medication can be used so get started on yours!

District Policy



Though this toolkit is for anyone on a school campus, school nurses play a big part in having a successful stock epinephrine program. Don't forget that NASN has amazing resources for all of the nursing topics covered through this toolkit [HERE](#).

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