



EMERGENCY RESPONSE FOR LIFE- THREATENING CONDITIONS IN SCHOOLS

ANAPHYLAXIS GUIDELINES

UTAH DEPARTMENT OF HEALTH

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Anaphylaxis Guidelines

Introduction

There are times when students in school may need medication to help with their chronic health condition. Many students with allergies will need rescue medication to use during an allergy emergency. Students should have their own rescue medication (an epinephrine auto-injector) available at school to use when necessary. This requires a medication authorization form (which may be combined with an Allergy & Anaphylaxis Action Plan) signed by a parent and healthcare provider and submitted every year to the student's school.

Utah Code 26-41 requires schools to stock an epinephrine auto-injector for use by anyone showing signs of anaphylaxis. The intent is to have medication available for students whose own medication has run out, the student who accidentally left their medication at home, or for someone experiencing an undiagnosed allergic reaction. This statute is not meant to replace a student's own rescue medication. The school having an epinephrine auto-injector on hand should not be interpreted to relieve a student's parent or guardian of providing a student's medication or create an expectation that a school will have a stock epinephrine auto-injector available.

These guidelines have been developed to instruct school staff on how to use a stock epinephrine auto-injector, and the requirements of the statute (UCA 26-41).

What are Allergies?

Allergy symptoms occur when the immune system overacts to food proteins, insect stings, or environmental triggers that are harmless to most people but can cause a serious and potentially life-threatening reaction to others. Allergies are sometimes hereditary. While allergies are more common in children, they can appear at any age.

Common triggers include animal dander, grass or tree pollen, insect stings, and food proteins. In the United States the eight most common food allergens are milk, egg, peanut, tree nuts, soy, wheat, fish, and shellfish. Common allergy symptoms include sneezing, coughing, an upset stomach, a skin rash, and difficulty breathing (American College of Allergy, Asthma & Immunology [ACAAI], n.d. & Food Allergy Research & Education [FARE] n.d.).

In the case of most environmental allergens such as animal dander and pollen, reactions consist of mild symptoms such as watery eyes, a runny nose, or a rash. Allergic reactions to food and insect stings can cause a life-threatening allergic reaction known as anaphylaxis. This severe reaction can affect several areas of the body, including breathing, blood circulation, skin symptoms, reduced blood pressure, and gastrointestinal symptoms (American Academy of Allergy Asthma & Immunology [AAAAI], n.d.).

Anaphylaxis is a serious, life-threatening allergic reaction. The most common anaphylactic reactions are to foods, insect stings, medication, and latex.

Anaphylaxis requires immediate medical treatment with epinephrine and a trip to the emergency room. Even after treatment with epinephrine some people have a secondary wave of symptoms called a biphasic reaction. The risk of a biphasic reaction is why they should be observed in the emergency room for an additional four to six hours after successful treatment of anaphylaxis. Antihistamines will not stop the life-threatening symptoms of anaphylaxis.

Certain people with allergies are at greater risk of a fatal outcome with anaphylaxis. If you have asthma, a personal or family history of anaphylaxis, or if epinephrine treatment is delayed, you are at greater risk of suffering a fatal anaphylactic reaction. All allergic reactions have the potential of causing anaphylaxis, even if past reactions have been mild (AAAAI).

Health-Related Forms

All students with a chronic health condition should have a healthcare plan on file if there is a chance the condition might result in a health crisis while at school. This can be an individualized healthcare plan (IHP) or an emergency action plan (EAP). A healthcare plan is written by the school nurse on daily management of students with a chronic health condition. Additionally, if a student requires medication be available at school, a medication authorization must be on file with the school, and signed by a parent and provider every year.

The following are forms that a student with allergies may need:

- Individualized Healthcare Plan (IHP): The IHP is written by the school nurse with input from the family. The IHP outlines the plan of care necessary to keep the student safe at school (National Association of School Nurses [NASN], 2015).
 - Emergency Action Plan (EAP): An EAP is a type of IHP. The EAP is written by the school nurse with input from the family, but is designed for lay staff. The EAP is usually in a “if you see this – do this” format. If combined with the medication authorization, the parent and healthcare provider must sign the document every year.
- Medication authorization: If emergency medication may be required at school this form must be submitted to the school every year, and must be signed by a parent and healthcare provider. This can be a separate document, or may be combined with the EAP (i.e. Allergy & Anaphylaxis IHP/EAP).
- Section 504 of the Rehabilitation Act of 1973 (Section 504 Plan): A written plan to direct the team on accommodations necessary for the student to have Free and Appropriate Public Education (regular education students). The Section 504 plan does not take the place of an IHP, but should be used together with an IHP if the student requires certain accommodations for their chronic health condition.
- Individualized Education Plan (IEP): A written plan for students in special education who are protected by the Individuals with Disabilities Education Act (IDEA, 2004). Accommodations for students with health conditions who are served by special education can be outlined in an IEP, but may also require a separate IHP or EAP.

The Utah Department of Health (UDOH) has created a combination form that includes the Allergy & Anaphylaxis IHP/EAP (AAEAP) and the medication form. This form can be found at Choosehealth.utah.gov.

<http://choosehealth.utah.gov/prek-12/school-nurses/guidelines/forms.php>.

Possible Warning Signs and Symptoms

Symptoms of anaphylaxis typically start within five minutes to two hours of coming into contact with the allergen. Students may not always recognize the symptoms of anaphylaxis. Student specific triggers and symptoms should be listed in the student's AAEAP or IHP.

The best ways to manage allergies is to avoid the allergens that trigger the allergic reactions, and to be prepared for an emergency.

Warning signs typically affect more than one part of the body and may include:

Mild Symptoms:

- Itchy/runny nose
- Itchy mouth
- A few hives, mild itch
- Mild nausea/discomfort

Treatment for mild to moderate symptoms include taking an antihistamine (if ordered by healthcare provider) and watching the student closely for changes. If symptoms worsen, or if there is more than one symptom - give epinephrine.

Severe Symptoms:

- Short of breath, wheezing, repetitive cough
- Skin color pale, blue,
- Faint, weak pulse, dizzy
- Tight throat, hoarse, trouble breathing or swallowing
- Significant swelling of the tongue and/or lips
- Many hives over the body, widespread redness
- Repetitive vomiting, severe diarrhea
- Feeling something bad is about to happen, anxiety, confusion

For severe symptoms **inject epinephrine immediately and call the emergency medical service (EMS) number**. If symptoms do not improve a second dose of epinephrine can be given as soon as 5 minutes after the last dose. The person must be transported to the emergency department even if the symptoms resolve. The person should remain in the emergency department for at least four hours (and up to six) because symptoms may return during a biphasic reaction.

Allergy Medication

People with allergies may take an antihistamine to manage mild symptoms. An antihistamine will not help prevent an anaphylactic reaction. Those at risk for anaphylaxis should never try to treat an anaphylactic reaction with an antihistamine.

People who are at risk of anaphylaxis should carry epinephrine auto-injectors. These contain a prescribed single dose of medication that is injected into the thigh during an anaphylactic emergency. Epinephrine auto-injectors are prescribed in packs of two and are meant to be kept together in case more than one dose of epinephrine is needed before emergency responders arrive. When an epinephrine auto-injector is used call EMS immediately so the person can be transported to the nearest emergency department for evaluation, monitoring and any further treatment by healthcare professionals.

Stock Epinephrine Auto-Injectors

Utah law (26-41-103 (5)(a)) requires all schools (primary or secondary, public, and private) to stock at least one emergency epinephrine auto-injector for use in a “person exhibiting potentially life-threatening symptoms of anaphylaxis”.

The intent is to have this medication available for use for students whose own medication has run out, in case the student inadvertently left their medication at home, or if there is someone experiencing an anaphylactic reaction for the first time. This is not meant to replace a student’s own epinephrine auto-injector. Even though the school has stock epinephrine available on hand it should not be interpreted to relieve a student's parent or guardian of providing a student's medication or create an expectation that a school will have stock epinephrine available.

Student Specific Epinephrine

Students may possess or possess and self-administer an epinephrine auto-injector if an authorization is signed annually by parent and provider. If the student is not able to possess or self-administer their medication, the medication should be kept in an unlocked, but secure, location. All student-specific medication (including epinephrine auto-injectors) must have a signed medication authorization (or AAEAP/EAP) on file that is updated annually.

Qualified Epinephrine Auto-Injector Entity

According to Utah law (26-41-102 (7)(b)) the following entities are allowed to carry stock epinephrine auto-injectors:

- recreation camps;
- schools or universities;
- day care facilities;
- youth sports leagues;
- amusement parks;
- food establishments;

- places of employment; and
- recreation areas.

Schools (all primary and secondary, public and private) must keep at least one epinephrine auto-injector on hand for use in an anaphylactic emergency (UCA 26-41-103 (5)(a)).

Qualified Adults

Qualified adults can receive training required to administer stock epinephrine auto-injectors to those experiencing an anaphylactic emergency. To be a qualified adult this person must:

- be 18 years of age or older; and
- volunteer to administer the medication; and
- complete an approved training program

Those outside the school setting may also receive training to administer an epinephrine auto-injector in an emergency. These can include camp counselors, scout leaders, forest rangers, tour guides, and other persons who have contact with the public (UCA 26-41-104 (6)(b)).

Stock Epinephrine Auto-Injector Training

Utah Code 26-41-104 (6)(a)(i) states the UDOH will approve training programs for using epinephrine auto-injectors (EAI). It will include the following:

- proper use and storage of EAI;
- techniques for recognizing symptoms of anaphylaxis;
- standards and procedures for the storage and emergency use of stock epinephrine auto-injectors;
- emergency follow-up procedures, including calling EMS and contacting, if possible, the student's parent; and
- written materials covering the information presented.

If the school has a school nurse, the nurse should be the person who ensures the training has been completed, and that the volunteer is competent to provide the service as required by the Utah Nurse Practice Act/Rules for any medication being administered in the school. If the school does not have a nurse the training may be done by a nationally recognized organization experienced in training laypersons in emergency health treatment of anaphylaxis. Additional authorized trainers include physicians, advanced practice registered nurses, physician assistants, pharmacists, or paramedics.

Approved training programs include the following:

[A Shot to Live \(University of Utah\)](#)

[Get Trained – Epinephrine Administration \(National Association of School Nurses\)](#)

[Epipen4Schools Training Video \(Mylan\)](#)

[How to Use the Auvi Q \(Boston Children's Hospital\)](#)

Procedures to follow after administration

Always follow the instructions on the student's AAEAP when administering any epinephrine auto-injectors.

(See appendix for UDOH Allergy & Anaphylaxis Emergency Action Plan)

Prescription

The qualified entity may obtain a prescription for stock epinephrine from the school medical director, the medical director of the local health department, the local emergency medical services director, or other person or entity authorized to prescribe or dispense prescription drugs.

Obtaining Stock Epinephrine Auto-Injectors

All schools should have at least one epinephrine auto-injector available. These devices require a prescription from a licensed healthcare provider. Each school should obtain a prescription from their medical consultant for the epinephrine auto-injector and may fill that prescription at the pharmacy of their choice (at their cost).

There is currently a program from Mylan Pharmaceuticals that will provide up to four free EpiPens for each school. A school must submit a valid prescription to qualify for this program. More information can be found at <https://www.epipen4schools.com/>. This free program may stop functioning at any time.

Storage of Stock Epinephrine Auto-Injectors

The stock epinephrine auto-injector shall be stored in a secure and easily accessible, but unlocked location known to the school nurse and all school staff who have been designated to administer the medication in case of the nurse's absence.

Disposal

If an epinephrine auto-injector has been administered it should be discarded in a sharps container or sent with the emergency medical services responders for them to discard. It should not be thrown away in the trash.

It is the responsibility of the parent or guardian to retrieve any unused medication if the student is withdrawn from the school and/or at the end of the school year. The school should maintain a written policy to cover the following issues regarding any medications that are not retrieved (Utah Department of Health (UDOH), 2017).

- Written communication should be sent to the parent or guardian prior to the end of the school year with notification that unused medications must be retrieved by a specified

date. The same communication needs to occur for any student who withdraws during the school year.

- Any medications not picked up by the designated date should be disposed of by the school nurse in the presence of another school employee in a manner to prevent any possibility of further use of the medications. Environmental considerations should be kept in mind when disposing of unused medications.
- The school nurse and the school employee in charge of the disposal of unused medications should document the name of the medication and the amount disposed of along with the name of the student for whom it was prescribed. Both individuals should sign the documentation.

Documentation

The school's written policy should include documentation of medication given at school and the practice for administering medications. Each dose of medication administered or witnessed by school staff should be documented on a medication log in ink or electronically. This log becomes a permanent health record for parents and health care providers, and provides legal protection to those who assist with medications at school. It also helps ensure students receive medications as prescribed, and can help reduce medication errors (UDOH, 2017).

The medication log should contain the following information:

- Student name
- Prescribed medication and dosage
- Schedule for medication administration
- Name(s) and signature(s)/initial(s) or electronic identification of individual(s) authorized and trained to supervise administration of medications
- Whether the medication administered was the student's own epinephrine or stock epinephrine.

Reporting

The Utah Department of Health asks schools to report aggregate asthma rescue medication data every year. This should be done in the School Health Workload Report submitted to the UDOH at the end of the school year. Aggregate data to be submitted may include but is not limited to:

- Whether the local education agency (LEA) had a policy in place for administration of stock epinephrine;
- Whether the LEA carried stock epinephrine;
- Total number of individual orders in the LEA for student specific epinephrine;
- The number of staff trained to administer the epinephrine; and
- The number of times an epinephrine auto-injector was administered by school staff (non-nurse) and school nurse.

Medication Errors

A medication incident or error report form should be used to report medication errors and must be filled out every time a medication error occurs.

Routine errors include the following:

- Wrong student
- Wrong medication
- Wrong dosage
- Wrong time
- Wrong route

All medication incident or error reports should be shared between the school nurse, the parent or guardian, and other appropriate school and health care personnel according to school policy. The school should retain all medication error forms.

The Poison Control number is (800) 222-1222 and may need to be consulted for medication errors.

Definitions

Administration: the provision of prescribed medication to a student according to the orders of a healthcare provider, and as permitted by Utah law.

Allergy: a reaction to substances in the environment that are harmless to most people.

Anaphylaxis: is a serious allergic response that often involves swelling, hives, lowered blood pressure and in severe cases, shock or death.

Epinephrine auto-injector: an automatic device designed to deliver a specific dose of epinephrine to a person experiencing an anaphylactic emergency. The most common epinephrine auto-injector is the EpiPen. Other devices include the Auvi-Q, the Adrenaclick, and a generic device.

Healthcare Provider: a medical/health practitioner who has a current license in the State of Utah with a scope of practice that includes prescribing medication.

Local Education Agency (LEA): the school district, charter or private school.

Medication: prescribed drugs and medical devices controlled by the U.S. Food and Drug Administration and ordered by a healthcare provider. It includes over-the-counter medications prescribed through a standing order by the school physician or prescribed by the student's healthcare provider.

Medication Authorization Form: A form required before medication can be stored, administered, or carried by a student. This form must be submitted to the school every year, and must be signed by a parent and healthcare provider. This form can be the form designed by the State, or a form created by the LEA (as long as that form meets the requirements of the specific statute).

Medication Error: occurs when a medication is not administered as prescribed. This includes when the medication prescribed is not given to the correct student, at the correct time, in the dosage prescribed, by the correct route, or when the wrong medication is administered.

Medication Log: a form that provides required documentation when medication is administered to a student. This form can be the error reporting form designed by the UDOH, or a form created by the LEA.

Parent: a natural or adoptive parent, a guardian, or person acting as a parent of a student with legal responsibility for the student's welfare.

School Employee Volunteer: a school employee who does not have a professional license that allows them to administer medication. These people may also be called unlicensed assistive personnel.

School Nurse: A registered professional nurse with a current nursing license who practices in a school setting.

Self-Administration: When the student administers medication independently to themselves.

Unlicensed Assistive Personnel (UAP): a school employee who does not have a professional license that allows them to administer medication. This person may also be called a school employee volunteer.

References

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APPENDIX

Statute

Chapter 41 Emergency Response for Life-threatening Conditions

Effective 7/1/2020

26-41-101 Title.

This chapter is known as "Emergency Response for Life-threatening Conditions."

26-41-102 Definitions.

As used in this chapter:

- (1) "Anaphylaxis" means a potentially life-threatening hypersensitivity to a substance.
 - (a) Symptoms of anaphylaxis may include shortness of breath, wheezing, difficulty breathing, difficulty talking or swallowing, hives, itching, swelling, shock, or asthma.
 - (b) Causes of anaphylaxis may include insect sting, food allergy, drug reaction, and exercise.
- (2) "Asthma action plan" means a written plan;
 - (a) developed with a school nurse, a student's parent or guardian, and the student's health care provider to help control the student's asthma; and
 - (b) signed by the student's:
 - (i) parent or guardian; and
 - (ii) health care provider.
- (3) "Asthma emergency" means an episode of respiratory distress that may include symptoms such as wheezing, shortness of breath, coughing, chest tightness, or breathing difficulty.
- (4) "Epinephrine auto-injector" means a portable, disposable drug delivery device that contains a measured, single dose of epinephrine that is used to treat a person suffering a potentially fatal anaphylactic reaction.
- (5) "Health care provider" means an individual who is licensed as:
 - (a) a physician under Title 58, Chapter 67, Utah Medical Practice Act;
 - (b) a physician under Title 58, Chapter 68, Utah Osteopathic Medical Practice Act;
 - (c) an advanced practice registered nurse under Section 58-31b-302; or
 - (d) a physician assistant under Title 58, Chapter 70a, Utah Physician Assistant Act.
- (6) "Pharmacist" means the same as that term is defined in Section [58-17b-102](#).
- (7) "Pharmacy intern" means the same as that term is defined in Section [58-17b-102](#).
- (8) "Physician" means the same as that term is defined in Section [58-67-102](#).
- (9) "Qualified adult" means a person who:
 - (a) is 18 years of age or older; and
 - (b) (i) for purposes of administering an epinephrine auto-injector, has successfully completed the training program established in Section [26-41-104](#); and
 - (ii) for purposes of administering stock albuterol, has successfully completed the training program established in Section [26-41-104.1](#).

(10) "Qualified epinephrine auto-injector entity":

(a) means a facility or organization that employs, contracts with, or has a similar relationship with a qualified adult who is likely to have contact with another person who may experience anaphylaxis; and

(b) includes:

- (i) recreation camps;
- (ii) an education facility, school, or university;
- (iii) a day care facility;
- (iv) youth sports leagues;
- (v) amusement parks;
- (vi) food establishments;
- (vii) places of employment; and
- (viii) recreation areas.

(11) "Qualified stock albuterol entity" means a public or private school that employs, contracts with, or has a similar relationship with a qualified adult who is likely to have contact with another person who may experience an asthma emergency.

(12) "Stock albuterol" means a prescription inhaled medication:

- (a) used to treat asthma; and
- (b) that may be delivered through a device, including:
 - (i) an inhaler; or
 - (ii) a nebulizer with a mouthpiece or mask.

26-41-103 Voluntary participation.

(1) This chapter does not create a duty or standard of care for:

- (a) a person to be trained in the use and storage of epinephrine auto-injectors or stock albuterol; or
- (b) except as provided in Subsection (5), a qualified epinephrine auto-injector entity to store epinephrine auto-injectors or a qualified stock albuterol entity to store stock albuterol on its premises.

(2) Except as provided in Subsections (3) and (5), a decision by a person to successfully complete a training program under Section 26-41-104 or 26-41-104.1 and to make emergency epinephrine auto-injectors or stock albuterol available under the provisions of this chapter is voluntary.

(3) A school, school board, or school official may not prohibit or dissuade a teacher or other school employee at a primary or secondary school in the state, either public or private, from:

- (a) completing a training program under Section 26-41-104 or 26-41-104.1;
- (b) possessing or storing an epinephrine auto-injector or stock albuterol on school property if:
 - (i) the teacher or school employee is a qualified adult; and
 - (ii) the possession and storage is in accordance with the training received under Section 26-41-104 or 26-41-104.1; or
- (c) administering an epinephrine auto-injector or stock albuterol to any person, if:
 - (i) the teacher or school employee is a qualified adult; and
 - (ii) the administration is in accordance with the training received under Section 26-41-104 or 26-41-104.1.

(4) A school, school board, or school official may encourage a teacher or other school employee to volunteer to become a qualified adult.

(5)

(a) Each primary or secondary school in the state, both public and private, shall make an emergency epinephrine auto-injector available to any teacher or other school employee who:

(i) is employed at the school; and

(ii) is a qualified adult.

(b) This section does not require a school described in Subsection (5)(a) to keep more than one emergency epinephrine auto-injector on the school premises, so long as it may be quickly accessed by a teacher or other school employee, who is a qualified adult, in the event of an emergency.

(6)

(a) Each primary or secondary school in the state, both public and private, may make stock albuterol available to any school employee who:

(i) is employed at the school; and

(ii) is a qualified adult.

(b) A qualified adult may administer stock albuterol to a student who:

(i) has a diagnosis of asthma by a health care provider;

(ii) has a current asthma action plan on file with the school; and

(iii) is showing symptoms of an asthma emergency as described in the student's asthma action plan.

(c) This Subsection (6) may not be interpreted to relieve a student's parent or guardian of providing a student's medication or create an expectation that a school will have stock albuterol available.

(7) No school, school board, or school official shall retaliate or otherwise take adverse action against a teacher or other school employee for:

(a) volunteering under Subsection (2);

(b) engaging in conduct described in Subsection (3); or

(c) failing or refusing to become a qualified adult.

26-41-104 Training in use and storage of epinephrine auto-injector.

(1)

(a) Each primary and secondary school in the state, both public and private, shall make initial and annual refresher training, regarding the storage and emergency use of an epinephrine auto-injector, available to any teacher or other school employee who volunteers to become a qualified adult.

(b) The training described in Subsection (1)(a) may be provided by the school nurse, or other person qualified to provide such training, designated by the school district physician, the medical director of the local health department, or the local emergency medical services director.

(2) A person who provides training under Subsection (1) or (6) shall include in the training:

(a) techniques for recognizing symptoms of anaphylaxis;

(b) standards and procedures for the storage and emergency use of epinephrine auto-injectors;

(c) emergency follow-up procedures, including calling the emergency EMS number and contacting, if possible, the student's parent and physician; and

(d) written materials covering the information required under this Subsection (2).

(3) A qualified adult shall retain for reference the written materials prepared in accordance with Subsection (2)(d).

(4) A public school shall permit a student to possess an epinephrine auto-injector or possess and self-administer an epinephrine auto-injector if:

(a) the student's parent or guardian signs a statement:

(i) authorizing the student to possess or possess and self-administer an epinephrine autoinjector; and

(ii) acknowledging that the student is responsible for, and capable of, possessing or possessing and self-administering an epinephrine auto-injector; and

(b) the student's health care provider provides a written statement that states that:

(i) it is medically appropriate for the student to possess or possess and self-administer an epinephrine auto-injector; and

(ii) the student should be in possession of the epinephrine auto-injector at all times.

(5) The department, in cooperation with the state superintendent of public instruction, shall design forms to be used by public and private schools for the parental and health care providers statements described in Subsection (4).

(6)

(a) The department:

(i) shall approve educational programs conducted by other persons, to train:

(A) people under Subsection (6)(b) of this section, regarding the proper use and storage of emergency epinephrine auto-injectors; and

(B) a qualified epinephrine auto-injector entity regarding the proper storage and emergency use of epinephrine auto-injectors; and

(ii) may, as funding is available, conduct educational programs to train people regarding the use of and storage of emergency epinephrine auto-injectors.

(b) A person who volunteers to receive training as a qualified adult to administer an epinephrine auto-injector under the provisions of this Subsection (6) shall demonstrate a need for the training to the department, which may be based upon occupational, volunteer, or family circumstances, and shall include:

(i) camp counselors;

(ii) scout leaders;

(iii) forest rangers;

(iv) tour guides; and

(v) other persons who have or reasonably expect to have contact with at least one other person as a result of the person's occupational or volunteer status.

26-41-104.1 Training in use and storage of stock albuterol.

(1)

(a) Each primary and secondary school in the state, both public and private, shall make initial and annual refresher training regarding the storage and emergency use of stock albuterol available to a teacher or school employee who volunteers to become a qualified adult.

(b) The training described in Subsection (1)(a) shall be provided by the department.

(2) A person who provides training under Subsection (1) or (6) shall include in the training:

- (a) techniques for recognizing symptoms of an asthma emergency;
 - (b) standards and procedures for the storage and emergency use of stock albuterol;
 - (c) emergency follow-up procedures, and contacting, if possible, the student's parent; and:
 - (d) written materials covering the information required under this Subsection (2).
- (3) A qualified adult shall retain for reference the written materials prepared in accordance with Subsection (2)(d).
- (4)
- (a) A public or private school shall permit a student to possess and self-administer asthma medication if:
 - (i) the student's parent or guardian signs a statement:
 - (A) authorizing the student to self-administer asthma medication; and
 - (B) acknowledging that the student is responsible for, and capable of, self-administering the asthma medication; and
 - (ii) the student's health care provider provides a written statement that states:
 - (A) it is medically appropriate for the student to self-administer asthma medication and be in possession of asthma medication at all times; and
 - (B) the name of the asthma medication prescribed or authorized for the student's use.
 - (b) Section 53G-8-205 does not apply to the possession and self-administration of asthma medication in accordance with this section.
- (5) The department, in cooperation with the state superintendent of public instruction, shall design forms to be used by public and private schools for the parental and health care provider statements described in Subsection (4).
- (6) The department:
- (a) shall approve educational programs conducted by other persons to train:
 - (i) people under Subsection (6)(b), regarding the proper use and storage of stock albuterol; and
 - (ii) a qualified stock albuterol entity regarding the proper storage and emergency use of stock albuterol; and
 - (b) may conduct educational programs to train people regarding the use of and storage of stock albuterol.

26-41-105 Authority to obtain and use an epinephrine auto-injector or stock albuterol.

- (1) A qualified adult who is a teacher or other school employee at a public or private primary or secondary school in the state, or a school nurse, may obtain from the school district physician, the medical director of the local health department, or the local emergency medical services director a prescription for:
- (a) epinephrine auto-injectors for use in accordance with this chapter; or
 - (b) stock albuterol for use in accordance with this chapter.
- (2) (a) A qualified adult may obtain an epinephrine auto-injector for use in accordance with this chapter that is dispensed by:
- (i) a pharmacist as provided under Section [58-17b-1004](#); or
 - (ii) a pharmacy intern as provided under Section [58-17b-1004](#).
- (b) A qualified adult may obtain stock albuterol for use in accordance with this chapter that is dispensed by:
- (i) a pharmacist as provided under Section [58-17b-1004](#); or

(ii) a pharmacy intern as provided under Section 58-17b-1004.

(3) A qualified adult:

(a) may immediately administer an epinephrine auto-injector to a person exhibiting potentially life threatening symptoms of anaphylaxis when a physician is not immediately available; and

(b) shall initiate emergency medical services or other appropriate medical follow-up in accordance with the training materials retained under Section 26-41-104 after administering an epinephrine auto-injector.

(4) If a school nurse is not immediately available, a qualified adult:

(a) may immediately administer stock albuterol to an individual who:

(i) has a diagnosis of asthma by a health care provider;

(ii) has a current asthma action plan on file with the school; and

(iii) is showing symptoms of an asthma emergency as described in the student's asthma action plan; and

(b) shall initiate appropriate medical follow-up in accordance with the training materials retained under Section 26-41-104.1 after administering stock albuterol.

(5) (a) A qualified entity that complies with Subsection (5)(b) or (c), may obtain a supply of epinephrine auto-injectors or stock albuterol, respectively, from a pharmacist under Section 58-17b-1004, or a pharmacy intern under Section 58-17b-1004 for:

(i) storing:

(A) the epinephrine auto-injectors on the qualified epinephrine auto-injector entity's premises; and

(B) stock albuterol on the qualified stock albuterol entity's premises; and

(ii) use by a qualified adult in accordance with Subsection (3) or (4).

(b) A qualified epinephrine auto-injector entity shall:

(i) designate an individual to complete an initial and annual refresher training program regarding the proper storage and emergency use of an epinephrine auto-injector available to a qualified adult; and

(ii) store epinephrine auto-injectors in accordance with the standards established by the department in Section 26-41-107.

(c) A qualified stock albuterol entity shall:

(i) designate an individual to complete an initial and annual refresher training program regarding the proper storage and emergency use of stock albuterol available to a qualified adult; and

(ii) store stock albuterol in accordance with the standards established by the department in Section 26-41-107.

26-41-106 Immunity from liability.

(1) The following, if acting in good faith, are not liable in any civil or criminal action for any act taken or not taken under the authority of this chapter with respect to an anaphylactic reaction or asthma emergency:

(a) a qualified adult;

(b) a physician, pharmacist, or any other person or entity authorized to prescribe or dispense prescription drugs;

- (c) a person who conducts training described in Section 26-41-104 or 26-41-104.1;
 - (d) a qualified epinephrine auto-injector entity; and
 - (e) a qualified stock albuterol entity.
- (2) Section 53G-9-502 does not apply to the administration of an epinephrine auto-injector or stock albuterol in accordance with this chapter.
- (3) This section does not eliminate, limit, or reduce any other immunity from liability or defense against liability that may be available under state law.

26-41-107 Administrative rulemaking authority.

The department shall adopt rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to:

- (1) establish and approve training programs in accordance with Sections 26-41-104 and 26-41-104.1;
- (2) establish a procedure for determining who is eligible for training as a qualified adult under Subsection 26-41-104(6)(b)(v); and
- (3) establish standards for storage of:
 - (a) emergency auto-injectors by a qualified epinephrine auto-injector entity under Section 26-41-104; and
 - (b) stock albuterol by a qualified stock albuterol entity under Section 26-41-104.1.

Rules

R426. Health, Family Health and Preparedness, Emergency Medical Services.

R426-5. Emergency Medical Services Training, Endorsement, Certification, and Licensing Standards.

R426-5-2700. Epinephrine Auto-Injector and Stock Albuterol Use.

(1) Any qualified entities or qualified adults shall receive training approved by the Department.

(a) The epinephrine auto-injector training shall include:

- (i) recognition of life threatening symptoms of anaphylaxis;
- (ii) appropriate administration of an epinephrine auto-injector;
- (iii) proper storage of an epinephrine auto-injector;
- (iv) disposal of an epinephrine auto-injector; and
- (v) an initial and annual refresher course.

(b) The stock albuterol training shall include:

- (i) recognition of life threatening symptoms of an asthma emergency;
- (ii) appropriate administration of stock albuterol;
- (iii) proper storage of stock albuterol;
- (iv) disposal of stock albuterol; and
- (v) an initial and annual refresher course.

(2) The annual refresher course requirement may be waived if:

(a) the qualified entities or qualified adults are currently licensed at the EMR or higher level by the state; or

(b) the approved trainings are the Red Cross and American Heart Association epinephrine auto-injector modules.

(3) Training in the school setting shall be based on approved Department trainings found pursuant to Section 26-41-104.

(4) To become qualified, a teacher or school employee who is 18 years of age or older shall successfully complete the training program listed in Subsection R426-5-2700(1).

(5) All epinephrine auto injectors and stock albuterol shall be kept in a secure unlocked location for use in an emergency. Devices should be disposed of following the manufacturer's specifications.

KEY: emergency medical services Date of Enactment or Last Substantive Amendment: 2020

Notice of Continuation: December 6, 2016

Authorizing, and Implemented or Interpreted Law: 26-1-30; 26-8a-302

Allergy & Anaphylaxis IHP/EAP

Model Epinephrine Auto-Injector Policy

Model Policy: Stock Epinephrine Auto-Injectors in Schools

The [insert name of LEA] Board of Education recognizes anaphylaxis is a chronic, life-threatening condition. Students with a diagnosis of anaphylaxis who are prescribed epinephrine are strongly encouraged to self-carry and self-administer their medication, if appropriate. Students who are unable to self-carry and self-administer their medication should bring their epinephrine auto-injector (EAI) to school and follow the allergy and anaphylaxis emergency action plan (AAEAP) written by the school nurse, student's parent/guardian, and healthcare provider.

Under this policy, the school board shall allow the school to provide stock epinephrine to students with anaphylaxis in the event the student is experiencing an anaphylactic emergency and does not have access to their own EAI, as required in UCA 26- 41-103(5)(a).

Conditions for Administering Stock Epinephrine

Persons experiencing an anaphylactic emergency whose personal EAI is temporarily unavailable may receive an emergency dose of school-stocked epinephrine. They do not need to have a previously diagnosed allergy.

The LEA, its employees, and agents, including authorized licensed prescribers providing the standing prescription of stock epinephrine auto-injectors are to incur no liability, with the exception of gross negligence, as a result of injury arising from the administration of stock epinephrine.

This policy should not be interpreted to relieve a student's parent or guardian of providing a student's medication or create an expectation that a school will have stock epinephrine available.

Administering and Storing Stock Epinephrine Auto-Injectors

To administer and store the stock epinephrine follow these procedures:

Only epinephrine auto-injectors shall be used in schools. Epinephrine administered via syringe and vial is not permitted except by parent/guardian or an EMS first responder.

Any trained school staff may administer stock epinephrine. Each school may find volunteer school employees to administer the stock epinephrine when the nurse is not available. All who administer stock epinephrine, including the nurse and other designated personnel, are required to complete the appropriate training.

The stock epinephrine shall be stored in an unlocked, but secure and easily accessible location known to the school nurse and all school staff designated to administer the stock epinephrine in case of the nurse's absence.

Each school shall document each time the stock epinephrine is used, by which student, and make a note of parent/guardian notification.

Obtaining Stock Epinephrine Auto-Injectors

The stock epinephrine auto-injectors shall be prescribed by the school's medical director.

A provider may prescribe stock epinephrine in the name of (insert school district or school) to be maintained for use when deemed necessary based on the provisions of this section.

All stock epinephrine must be obtained from a licensed pharmacy or manufacturer. No epinephrine auto-injector devices can be accepted from private individuals.

All expired medication shall be discarded in accordance with proper procedure.

Effective Date

This policy shall take effect in full on [insert date].