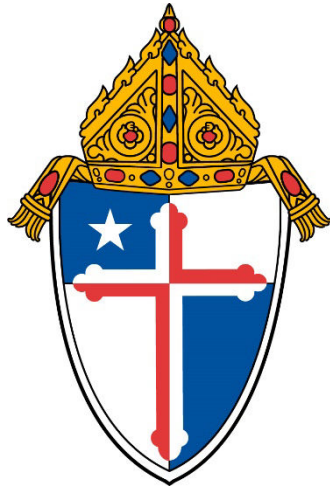


General Use Epinephrine Program Policy and Procedures



Archdiocese of Baltimore
Department of Catholic Schools
Office of Risk Management

2026-2027 School Year

General Use Epinephrine Program

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Introduction

This document was developed to assist schools wishing to implement a general use epinephrine program. The purpose of this document is to provide schools with a template for a general use epinephrine program that, when completed, is compliant with the standards set forth by Maryland State Law.

Please note that schools in the Archdiocese are not required to have a general use epinephrine program. If a school does elect to enact a general use epinephrine program, it must be registered with the Archdiocese of Baltimore Office of Risk Management as explained in this document.

Included is a template for a policy and procedure and related documents. The policy and procedure has blank areas that are for individual schools to input their unique information. It also contains a number of examples, such as a sample statement for a parent handbook. All of these fields need to be completed with the individual school's information. Schools may use the examples provided or their own version.

To properly establish the program, it must meet all criteria in the General Use Epinephrine Compliance Checklist (Appendix H). This should be used as a guide when working on an individual school's program and procedure. This checklist and required documents should be kept on hand in the health room, as well as submitted for approval by the Archdiocese of Baltimore Office of Risk Management. Programs need to be renewed annually or with any change in the physician/licensed prescriber or school nurse/other licensed health care practitioner.

For staff training resources, epinephrine auto-injector specific information, and information on programs that may help with the cost of emergency use epinephrine, please see the accompanying document "Epinephrine Resources."

Important Update – “Auto-Injectable Epinephrine” replaced with Emergency Use Epinephrine as defined below:

“EMERGENCY USE epinephrine” means a portable, disposable drug delivery device OR PRODUCT APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION that contains a premeasured single dose of epinephrine that is used to treat anaphylaxis in an emergency situation.

General Use Epinephrine Policy and Procedure

Statements of Authorization

Statement of Program Authorization

Due to the rising incidence of anaphylaxis and the adoption of both Maryland State and National laws encouraging “stock” epinephrine, _____, in accordance with its rules of governance, has authorized the implementation of this policy and procedure in accordance with Education Article 7-426.3 of Maryland State Law (Appendix B) as it relates to the availability and use of general use epinephrine. Through the adoption of this policy and procedure, _____ has chosen to establish a policy authorizing school personnel to administer emergency use epinephrine, if available, to a student who is determined or perceived to be in anaphylaxis, regardless of whether the student has been identified as having an anaphylactic allergy or has a prescription for epinephrine.

_____ has submitted a copy of this policy and procedure for the 2026-2027 school year along with the completed “General Use Epinephrine Compliance Checklist” (Appendix H) to the Archdiocese of Baltimore Office of Risk Management.

_____ has provided notification of the adoption of this policy to the school through the following means:

Furthermore, the following statement has been included in the parent handbook for the 2026-2027 school year.

(Sample Statement) *As of [DATE], [SCHOOL NAME] has adopted a policy allowing the availability of stock epinephrine in the health suite for use in the event of an anaphylactic emergency. This epinephrine is for emergency use during normal school days and is not dependent on allergy history. It is not available outside of normal school hours or on field trips. Students with a known history of severe allergies are still expected to maintain emergency action plans, medical orders, and their own supply of emergency medication.*

Statement

Statement of Authorization to Obtain and Store Emergency use Epinephrine

In order to establish this policy and procedure, _____, in accordance with its rules of governance, has authorized the school nurse or other licensed health care practitioner to obtain and store auto-injectable epinephrine and/or nasal epinephrine, specifically [Neffy](#), a newly FDA-approved nasal spray, for treating severe allergic reactions, including anaphylaxis, as a needle-free alternative to epinephrine injections.

School name: _____ (Select Medications Available)

☐ _____ stocks both .15 mg and .30 mg doses of emergency use epinephrine in an unlocked supervised cabinet available during the regular school day.

☐ _____ stocks neffy® (epinephrine nasal spray) 2 mg/0.1 mL

During off school hours or if the cabinet(s) containing the emergency use epinephrine pen(s) is not supervised, the cabinet must be locked. This epinephrine will not be sent on field trips or be available outside of regular school hours. Emergency stock epinephrine is available during the school day to all students, staff, and school visitors regardless of their history of anaphylaxis. It is expected that individuals who have a known history of severe allergies continue to obtain individual medical orders, maintain an individual supply of emergency medications, and follow the school's procedures for students at risk for an anaphylactic reaction.

It is further required that the school nurse or other licensed health care practitioner noted below be responsible for implementing this policy and maintaining the school's emergency use epinephrine.

Name of Authorized School Nurse or Other Licensed Health Care Practitioner

School Administrator(s) Name(s) and Signature(s)

Medical Authorization and Direction

ASCENSION ST AGNES has agreed to and understands the requirements of providing medical authorization (a prescription) for procuring emergency use epinephrine, as well as for providing on-going medical direction for the implementation of the school's general use epinephrine program in accordance with Education Article 7-426.3 of Maryland State Law (Appendix B).

By signing this document, ASCENSION ST AGNES has provided a standing order for emergency use epinephrine administration for anaphylaxis (See example-

Appendix D), and acknowledges he or she has reviewed this document and found _____ to be in compliance with Education Article 7-426.3 of Maryland State Law. It is further understood by ASCENSION ST AGNES that this policy must be reviewed and signed again annually or sooner in the event of a change in the physician/ licensed prescriber or school nurse/other licensed health care practitioner.

In an effort to afford protection to the physician/licensed prescriber, school nurse/other licensed health care practitioner, and other school personnel, this policy has been developed in accordance with article 7-426.3 of Maryland State Law. According to this article: Except for any willful or grossly negligent act, school personnel who respond in good faith to the anaphylactic reaction of a child in accordance with this section may not be held personally liable for any act or omission in the course of responding to a reaction.

Under the Baltimore Archdiocese insurance plan, prescribing physicians/ licensed prescribers who are acting as a volunteer for the school are covered under the Archdiocesan policy as long as the resources are available at a school for this policy to be fully implemented by the school nurse/other licensed health care practitioner, and the physician/ licensed prescriber does not provide hands-on care.

Statements of Training

Training for All Staff Members

_____ provides annual training for all school personnel on how to recognize the signs and symptoms of anaphylaxis. This training is to be delivered by a licensed health care practitioner who is authorized to administer auto-injectable epinephrine and has been trained in an established protocol on how to recognize the signs and symptoms of anaphylaxis. The training offered at _____ for the purpose of meeting this requirement must include the following:

- ☐ Overview of food allergies including:
 - The definition of a food allergy and anaphylaxis
 - A list of major allergens
- ☐ Review of the signs and symptoms of food allergies and anaphylaxis
- ☐ Explanation of medications for food allergies and anaphylaxis
- ☐ Discussion of the best practices for preventing exposure to food allergens:
 - Identification of manufacturer's ingredient label on all classroom food
- ☐ Consultation with parent to provide allergen free snacks from home
- ☐ Overview of environmental allergens/exposures
 - Bee stings
 - Insect bites
 - Medications
 - Poorly controlled asthma
 - Latex

- Aeroallergens
- ☐ Instruction as to the communication process during medical emergencies, including who to contact for help in an emergency
- ☐ Reminder of student privacy and confidentiality
- ☐ Instruction on the severity of anaphylaxis and the need for immediate response

All school personnel should be given a copy of the Anaphylaxis Response Protocol (Appendix E) and be made aware of the personnel in the building trained to respond to anaphylaxis.

Training for Impacted Staff Members

In addition to the anaphylaxis training described in the prior section, _____ trains all impacted staff annually in responding to anaphylaxis and the proper use of the emergency use epinephrine. This training has been conducted for the 2026-2027 school year and a record of this training is maintained in the health room.

Attached to this policy and procedure is a list of the personnel who have been trained in the administration of emergency use epinephrine, and a copy of the anaphylaxis response protocol.

Training to meet this provision of the policy must include the following minimum requirements in addition to those in the section above:

- ☐ Train, practice and evaluate impacted staff administration of epinephrine auto-injector and location of the general use epinephrine auto-injector.
- ☐ Training shall include the use of the school's clearly labeled pre-measured 135cm. string or pre-cut measuring tape. This tool, located alongside the school's general use epinephrine injector, can be used to assist in the determination of dosage. Training shall also emphasize that if in doubt as to the size or weight of a child, the higher dose should be administered.
- ☐ Train, practice and evaluate impacted staff in activating the Anaphylaxis Response Protocol in case of a food allergy emergency
 - Immediately alerting 911 emergency medical services
 - Train, practice and evaluate communications with parents AFTER alerting 911
 - Training in school specific emergency logistical information
- ☐ Document training and evaluation of training

Statement of Response Protocol and Follow-up Care

School Specific Response Protocol

_____ has developed a school specific response protocol for the emergency administration of auto-injectable epinephrine which includes the following minimum requirements:

- ☐ Injector specific training for impacted staff members.
- ☐ Nasal specific training for impacted staff members.
- ☐ The distribution of clear step-by-step auto-injector and/or nasal spray specific instructions, and the posting of these instructions near the school's general use epinephrine injector. (See Example Appendix F.)
- ☐ The training of all staff members and impacted staff members as described in the previous section, including training in the school's Anaphylaxis Response Protocol and specific emergency logistical information. (See Appendix E.)
- ☐ Alongside the school's general use epinephrine injector and/or nasal product, the school will also store a clearly labeled pre-measured 135cm. string or pre-cut measuring tape to assist in the determination of dosage, and latex-free gloves.

_____ has ensured that all impacted staff has been trained in the above protocol and have demonstrated competency in carrying out the emergency responses.

Follow-up Protocol

If at any time epinephrine is given at school, the Report of an Anaphylactic Reaction/Epinephrine Administration Form (Appendix G) must be completed and copies given to the school administration, school nurse/other licensed health care practitioner, physician/licensed provider, and Archdiocese Office of Risk Management. The Report of an Anaphylactic Reaction/Epinephrine Administration Form **is not** to be submitted to MSDE Health Services. In addition, the follow-up protocol provides that the school nurse or other licensed health care practitioner must follow up with the student and his or her family to obtain the necessary forms and medications at school for a child with what is now defined as a known risk of severe allergic reaction. If a pen is deployed the nurse is to ensure more pens are ordered and if the school is without a pen they need to send out a communication advising the temporary hold until the pen reorder is received. (Sample memo Appendix I)

Physician/Licensed Prescriber's Signature: 2026-2027 ASCENSION ST AGNES (blanket script attached)

By signing this document, the above Physician/Licensed Prescriber has provided standing orders and acknowledges that he or she has reviewed this document and all applicable documents and found them to be acceptable.

Statement of Program Registration

Program Registration

This program must be registered with the Archdiocese of Baltimore Office of Risk Management before it goes into effect. A copy of all paperwork, including this policy and procedure, and all other documents should be maintained in the health room for reference.

_____ has properly registered this program with the Office of Risk Management by submitting the completed plan and General Use Epinephrine Compliance Checklist (See Appendix H) for the 2026-2027 school year. Proper registration is evidenced by receipt of the signed General Use Epinephrine Compliance Checklist (Appendix H) and a certificate of insurance, listing the physician/licensed prescriber who is serving as a volunteer for the school as the certificate holder.

APPENDIX A

Maryland State Law

Article-Education

2024 Maryland Code

Education

Division II - Elementary and Secondary Education

Title 7 - Public Schools

Subtitle 4 - Health and Safety of Students

Section § 7-426.1. Children with anaphylactic allergies

Universal Citation: [MD Educ Code § 7-426.1 \(2024\)](#)

(a) (1) In this section the following words have the meanings indicated.

(2) “Anaphylactic allergy” means a food allergy that causes a severe, systematic reaction resulting in circulatory collapse or shock that may be fatal.

(3) “Employee” means an individual who is employed by a local board of education, including part-time employees, certified and noncertified substitute teachers employed by the local board of education for at least 7 days each school year, maintenance workers, and administrative staff.

(4) “Major food allergen” means:

- (i) Milk;
- (ii) Eggs;
- (iii) Fish;
- (iv) Crustacean shellfish;
- (v) Tree nuts;
- (vi) Wheat;
- (vii) Peanuts;
- (viii) Soybeans; and
- (ix) Sesamie.

(5) “Self-administer” means the application or consumption of medications in a manner prescribed by a health practitioner who is licensed, certified, or otherwise authorized under the Health Occupations Article to prescribe medications and medication delivery devices by the individual for whom the medication was prescribed without additional assistance or direction.

(b) (1) Before the start of the 2024–2025 school year, each county board shall adopt and implement guidelines in accordance with the Maryland State school health service guidelines to reduce the risk of exposure to anaphylactic major food allergens in classrooms and common areas.

(2) At a minimum, the guidelines under paragraph (1) of this subsection shall:

(i) If appropriate, in accordance with the collective bargaining agreement, describe the roles and responsibilities of parents, administrators, health care staff, educators, food service employees, and operations staff;

(ii) Emphasize communication and collaboration between school staff, students, and parents, including:

1. Notification of a student's anaphylactic allergy to educators and other school staff who come into contact with the student; and

2. Notification to parents and students about measures the school is taking to avoid exposure to food allergens;

(iii) Provide information to parents about 504 plans and their applicability to students with anaphylactic allergies;

(iv) Designate school areas that are food-free;

(v) Designate tables in the cafeteria to be used by students with anaphylactic allergies that are free of foods containing the major food allergens of the student users;

(vi) Provide guidelines for who may use or accompany students using tables free of major food allergens;

(vii) Promote handwashing and other methods for the safe handling of food;

(viii) Provide guidelines for the handling of food on school-provided transportation;

(ix) Provide guidelines designed to ensure that students with anaphylactic allergies are able to participate in school events, after-school activities, and field trips;

(x) Provide guidance for food distribution by outside public or private individuals, groups, and entities holding functions on school grounds; and

(xi) Establish strategies to reduce bullying and harassment of students with anaphylactic allergies.

(3) Each county board shall publish the guidelines adopted under this subsection on its website and by any other method determined appropriate by the board.

(c) (1) Subject to paragraph (3) of this subsection, each public school shall develop a system to disclose, within a reasonable time in advance of service, the foods served in the school and the major food allergens contained in the food.

(2) A disclosure made under this subsection may be by:

(i) Direct electronic or physical messages sent to the school community; or

(ii) Posting on the Internet.

(3) (i) Before January 1, 2026, a public school may not be required to dispose of a food product made or purchased before January 1, 2023, that was labeled in accordance with federal law before the effective date of the requirement that sesame be listed on the food product label under the federal Food Allergy Safety, Treatment, Education, and Research Act of 2021.

(ii) If a public school is using a food product that was made or purchased before January 1, 2023, the school shall disclose that the food may contain sesame.

(d) In consultation with a school health professional, the principal of a public school that has a child attending the school who has been identified to the school as having an anaphylactic allergy shall:

(1) Monitor and implement, as necessary, the strategies developed in accordance with the Maryland State school health service guidelines to reduce the risk of exposure to anaphylactic causative agents in classrooms and common areas;

(2) Monitor and implement the guidelines established by the county board under subsection (b) of this section; and

(3) Establish procedures for self-administration of medication by the child if the child is determined to be capable of and responsible for self-administration by the principal, parent or guardian of the child, and physician of the child.

(e) A school may revoke the authority of a child to self-administer medication if the child endangers himself or herself or another child through misuse of the medication.

(f) Except for any willful or grossly negligent act, an employee who responds in good faith to the anaphylactic reaction of a child in accordance with this section is immune from civil liability for any act or omission in the course of responding to the reaction.

(g) If a child has authority to self-administer medication in accordance with subsection (d)(3) of this section, a local county board may require the parent or guardian of the child to sign a statement acknowledging that the school or its employee incurs no liability as a result of injury arising from self-administration by the child.

APPENDIX B

Maryland State Law

Article-Education

2024 Maryland Statutes

Education

Division II - Elementary and Secondary Education

Title 7 - Public Schools

Subtitle 4 - Health and Safety of Students

Section 7-426.3 - Policy on Use of Epinephrine in Nonpublic Schools

Universal Citation: [MD Educ Code § 7-426.3 \(2024\)](#)

(a) (1) In this section the following words have the meanings indicated.

(2) “Anaphylaxis” means a sudden, severe, and potentially life-threatening allergic reaction that occurs when an individual is exposed to an allergen.

(3) “Auto-injectable epinephrine” means a portable, disposable drug delivery device that contains a premeasured single dose of epinephrine that is used to treat anaphylaxis in an emergency situation.

(4) “School personnel” means individuals who are employed by a nonpublic school, including part-time employees, teachers and substitute teachers employed by the school for at least 7 days each school year, a school nurse, registered nurse case manager, delegating nurse, and administrative staff.

(b) Each nonpublic school in the State may establish a policy authorizing school personnel to administer auto-injectable epinephrine, if available, to a student who is determined to be or perceived to be in anaphylaxis, regardless of whether the student:

(1) Has been identified as having an anaphylactic allergy, as defined in § 7-426.1 of this subtitle; or

(2) Has a prescription for epinephrine as prescribed by an authorized licensed health care practitioner under the Health Occupations Article.

(c) The policy established under subsection (b) of this section shall include:

(1) Training for school personnel on how to recognize the signs and symptoms of anaphylaxis by a licensed health care practitioner who is authorized to administer auto-injectable epinephrine and who has been trained in an established protocol on how to recognize the signs and symptoms of anaphylaxis;

- (2) Procedures for the emergency administration of auto-injectable epinephrine;
 - (3) The proper follow-up emergency procedures;
 - (4) A provision authorizing a school nurse or other licensed health care practitioner to obtain and, school personnel to store, at a nonpublic school auto-injectable epinephrine to be used in an emergency situation;
 - (5) A requirement that the nonpublic school develop and implement a method for notifying the parents or guardians of students of the school's policy under this section at the beginning of each school year; and
 - (6) An ongoing process for oversight and monitoring by a licensed health care practitioner of the implementation of the policy established under subsection (b) of this section.
- (d) Except for any willful or grossly negligent act, school personnel who respond in good faith to the anaphylactic reaction of a child in accordance with this section may not be held personally liable for any act or omission in the course of responding to the reaction.

Appendix C

Epinephrine Policy Requirements –Frequently Asked Questions

The following FAQ is a modified document from that which was previously published by MSDE. This form has been edited by the Office of Risk Management for the Archdiocese of Baltimore to note those sections of the FAQ which are still applicable. Senate Bill 621 (SB 621), codified under Maryland Code, Education Article section 7-426.2, requires local boards of education to create policies regarding the availability and use of emergency use epinephrine. The law went into effect on July 1, 2012. The following frequently asked questions (FAQ) address several key aspects of the new law.

1) What is anaphylaxis?

Anaphylaxis is a sudden, severe, rapidly progressive potentially life-threatening allergic reaction that affects multiple organ systems of the body at the same time. Anaphylaxis requires immediate medical attention as it can be fatal if not reversed within seconds or minutes of coming in contact with the allergen. Allergens such as insect stings or bites, foods (such as milk, egg, peanut, tree nuts, fish, shellfish, wheat, and soy¹), latex, medications and other allergens are common causes of anaphylaxis, but it may also be idiopathic or exercise-induced. Anaphylaxis usually occurs immediately (seconds or minutes) but also may occur several hours after allergen exposure. Symptoms progress rapidly, making it a medical emergency.

2) What are the signs/symptoms of anaphylaxis?

Organ System	Sign(s)/Symptom(s)
<i>Mouth/Throat</i>	Itching, tingling, or swelling of lips, tongue, or mouth; blue/grey color of lips; hacking cough; tightening of throat; hoarseness; difficulty swallowing
<i>Nose/Eyes/Ears</i>	Runny, itchy nose; redness and/or swelling of eyes; throbbing in ears
<i>Skin</i>	Facial flushing; hives and/or generalized itchy rash; swelling of face or extremities; tingling; blue/grey discoloration
<i>Gastrointestinal (GI)</i>	Nausea, abdominal cramps, vomiting, diarrhea
<i>Lung</i>	Shortness of breath; wheezing; short, frequent, shallow cough; difficulty breathing
<i>Heart</i>	Thready or unobtainable pulse; low blood pressure; rapid pulse, palpitations, fainting; dizziness; pale, blue, or gray color of lips or nail beds
<i>Mental</i>	Uneasiness; agitation; unconsciousness
<i>Other</i>	Any other symptom specific to an individual's response to a specific allergen

¹ According to the Food Allergy and Anaphylaxis Network (FAAN), these eight foods are estimated to account for 90% of all food allergic reactions. However, a person can be allergic to any food. For more information on food allergies visit the FAAN website at www.foodallergy.org and click on "About Food Allergy"

3) What are the local policy requirements to comply with SB 621?

Maryland State Law 7-426.3 permits non-public schools to develop policies regarding the use of epinephrine auto-injectors. The policy must authorize the school nurse and other school personnel to administer auto-injectable epinephrine to a student who is determined to be or perceived to be in anaphylaxis, regardless of whether the student: (1) has been identified as having an anaphylactic allergy, as defined in Education Article § 7-426.1; or (2) has a prescription for epinephrine from an authorized licensed health care practitioner under the Health Occupations Article.

The policy shall include:

- a. Training on recognizing the symptoms of anaphylaxis;
- b. Procedures for emergency administration of emergency use epinephrine;
- c. Proper follow-up emergency procedures; and
- d. Authorization for the school nurse to obtain and store the emergency use epinephrine.

4) What is the definition of “other school personnel” who may administer emergency use epinephrine?

The law does not define “other school personnel”. The non-public school policy may identify other school personnel to include, but not be limited to: school administrators, teachers, school psychologists, school counselors, pupil personnel workers, school social workers, food services staff, coaches/advisors for school sponsored activities, and bus drivers. Regardless of the service delivery model, the registered nurse is always the leader of the school health nursing team and may determine which school personnel are to be given the responsibility for administering auto-injectable epinephrine.

For additional information on ways other school personnel may be identified and trained to assist in an anaphylactic emergency, please refer to the Maryland School Health Services guideline “*Management of Students at Risk for Anaphylactic Reaction*” available on the Maryland State Department of Education (MSDE) website.
2

5) Does the new policy replace previous policies regarding students with a known history of anaphylaxis?

The policy required under SB 621 does not replace student specific orders or individual medications required to be provided by the parent/guardian. Parents of students with known life threatening allergies and/or anaphylaxis remain responsible for providing the school with written instructions from the student’s health care provider for the management of known anaphylaxis; and all necessary medications for implementing the student specific order(s) on an annual basis.

For additional information, please refer to the Maryland School Health Services guideline “*Management of Students at Risk for Anaphylactic Reaction*” available at the MSDE website.

² All guidelines referenced in this FAQ may be accessed at www.mdschoolhealthservices.org; on the right side of the page, click on “SHS Guidelines, Table of Contents”

6) Does the law require schools to maintain emergency use epinephrine?

Yes. The law requires local boards to have a policy authorizing the school nurse to obtain and store emergency use epinephrine at public schools. In addition, the local board's policy must authorize other school personnel to administer emergency use epinephrine if available at a public school.

It is crucial for local programs to consider the needs of their student population, the Emergency Medical System (EMS) response time, and any other factors necessary to determine the amount of emergency use epinephrine to stock in the school building.

7) Does the law require schools to provide emergency use epinephrine at related school events on or off campus?

No. This is not a requirement. However, the law specifically requires emergency use epinephrine to be available in the "the public schools," which means each public school building. At the same time, the law does not limit the availability of emergency use epinephrine to the school building. Therefore, when the local board establishes its policy, appropriate policy may include authorizing the purchase of additional emergency use epinephrine to be available at related school events. In certain circumstances it may be good health policy to do so, and local boards should consult with their counsel and health department on this issue. The law does require schools to report to MSDE every incident "at the school or at a related school event that required the use of emergency use epinephrine." (e.g., field trips, sporting games, etc.).

Considerable guidance is provided regarding medication administration at school sponsored activities in the "*Administration of Medication in Schools*" guideline available at the MSDE website. In addition, the guideline for the "*Management of Students at Risk for Anaphylactic Reaction*" includes a section titled "School Environment" that addresses how to assess the school environment for potential exposure to allergens on field trips, recess, and other school sponsored activities, and how to develop an implementation plan for emergencies.

8) Where should schools store emergency use epinephrine?

The emergency use epinephrine should be kept at room temperature (25°C, 77°F) until the marked expiration date, at which time it should be replaced. The effectiveness of the emergency use epinephrine may decrease after the expiration date. Therefore, care should be taken to routinely check the expiration date and promptly refill the prescription before the expiration date. The auto-injectable epinephrine should not be refrigerated or exposed to extreme heat or light.

Since use of the emergency use epinephrine must be administered within a short time after allergen exposure, consideration should be given to the layout of the school, health services staffing model, and the size of the student population in determining the placement of the stock epinephrine.

Additionally, in compliance with the School Health Services Standards (COMAR 13A.05.05-- .15), all medication must be stored in a locked cabinet. Access to medication locked in the designated space shall be under the authority of the designated school health professional, the principal, and/or designee.

9) Who provides and evaluates the training of other unlicensed school personnel to administer emergency use epinephrine?

Training on the management of anaphylaxis in the school setting is generally done by the school registered nurse. The school registered nurse may monitor and evaluate the training of other unlicensed school personnel to administer emergency use epinephrine. However, the local board may designate other qualified health care providers in the school setting, such as a physician and certified registered nurse practitioner (CRNP), to conduct the training.

The school registered nurse may need to conduct training for school personnel at various levels, such as: (1) general training for all school personnel; (2) training for school personnel in frequent contact with students at risk for anaphylactic reaction; and (3) specialized training for the management of anaphylaxis/response to anaphylaxis emergency in the school setting.

10) Who can purchase emergency use epinephrine for administration in schools?

The local board may designate any individual authorized to prescribe medication, such as a nurse practitioner or physician, to purchase emergency use epinephrine directly from a wholesale drug distributor or retail pharmacy. (*See Md. Code, Health Occup. Art. §12-6C-09(b).*) The designee may then distribute the medication for administration in schools in accordance with the local board's policy.

In addition, the inventory of emergency use epinephrine should be audited periodically for expiration dates to help ensure maximum efficacy of the medication.

11) By what authority may an unlicensed individual administer emergency use epinephrine to students at school?

The General Assembly, through SB 621, has authorized local boards to establish a policy to train and enable an unlicensed individual to administer emergency use epinephrine to a student at the school.

12) What is the liability of unlicensed school personnel for administering emergency use epinephrine in a medical emergency?

In Education Article §7-426.1, there is a specific immunity provision for an employee who responds in good faith to an anaphylactic reaction of a child. Liability protections are available to local school employees under Maryland law. Pursuant to Education Article § 4-106 and Courts and Judicial Proceedings Article § 5-518, local school system employees acting within the scope of their employment, without malice and gross negligence, are not personally liable for damages resulting from a tortious act or omission .

In addition, other legal protections and defenses (such as the "Good Samaritan Law", Courts and Judicial Proceedings Article § 5-603) may be available for qualified individuals.

13) Where can I find additional resources on this topic?

- Maryland State School Health Services Guidelines (www.mdschoolhealthservices.org; click on “SHS Guidelines, Table of Contents):

“Management of Students at Risk for Anaphylactic Reaction” (2009)

“Emergency Management Guidelines for Individuals in Schools with an Unknown History of Anaphylaxis or Severe Allergic Reactions” (2003)

“Administration of Medication in Schools” (2006)

National Association of School Nurses (NASN)’s Allergies and Anaphylaxis Resources:
<https://www.nasn.org/nasn-resources/resources-by-topic/allergies-anaphylaxis>

- Food Allergy and Anaphylaxis Network (FAAN)
<http://www.foodallergy.org/page/address-transportation-issues>
- EpiPen <http://www.epipen.com/>

14) Who can I contact for additional information?

- **Maryland State Department of Education (MSDE), School Health Issues Section**
 - Alicia Mezu, MSN/Ed, RN, Health Services Specialist,
(410) 767-0353, amezu@msde.state.md.us

APPENDIX D

STANDING ORDER

AUTO -INJECTOR EPINEPHRINE ADMINISTRATION FOR ANAPHYLAXIS

In the event of an anaphylactic reaction in an individual in the school setting, epinephrine will be administered by the school nurse or trained unlicensed school personnel. This Standing Order is for the use of auto-injector epinephrine in such situations.

In the case of students with a history of anaphylaxis or other severe allergic reactions, epinephrine should be administered according to specific individualized prescriptive orders documented in their individualized health care plans. If no such orders exist or are not readily available, the Standing Orders given in this document should be used.

DEFINITION: Anaphylaxis is a severe allergic reaction which can be life threatening and can occur within minutes after a triggering event or up to hours later.

CAUSES: Extreme sensitivity to one or more:

- Food
- Latex
- Exercise Induced
- Idiopathic (Unknown)
- Medication
- Insect stings
- Asthma
- Other

PHYSICAL FINDINGS:

Common symptoms associated with anaphylaxis:

1. Difficulty breathing, wheezing
2. Hives, generalized flushing, itching, or redness of the skin
3. Swelling of the throat , lips, tongue, throat ; tightness/change of voice
4. Difficulty swallowing
5. Tingling sensation, itching, or metallic taste in mouth
6. Feeling of apprehension, agitation
7. Vomiting
8. Diarrhea

STANDING ORDER:

1. Based on symptoms, determine that an anaphylactic reaction appears to be occurring. Act quickly. *It is safer to give epinephrine than to delay treatment.* **Anaphylaxis is a life-threatening reaction.**
2. **If you are alone and are able to provide epinephrine**, call out or yell for help as you immediately go get the epinephrine. Do not take extra time seeking others until you have

provided the epinephrine.

3. **If you are alone and do not know how to provide epinephrine**, call out or yell for help. If someone is available to help you, have them get the personnel trained to provide epinephrine and the epinephrine while you dial 911 and follow the dispatcher's instructions. Advise the 911 operator that anaphylaxis is suspected and epinephrine is available. Your goal is to get someone (EMS or trained personnel) to provide epinephrine and care as soon as possible.
4. Select appropriate epinephrine auto-injector to administer, based on weight or height. Indicate below the pre-measured syringe options on premises:

☐	0.15mg Epinephrine auto-injector IM	if less than 66 pounds/shorter than 135cm
☐	0.30mg Epinephrine auto-injector IM	if 66 pounds or greater/taller than 135cm (Approx. 2nd grade and up)

5. Frequency: If symptoms continue, a second dose should be administered 5 to 15 minutes after the first dose
6. Inject epinephrine via auto-injector: Pull off safety release cap. Swing and jab firmly into upper, outer thigh, (through clothing if necessary). **Hold in place for 10 seconds to deliver medication** and then remove. Massage the area for 10 more seconds. Note the time.
7. Call or have a bystander call 911 immediately or activate the Emergency Medical System (EMS). Advise the 911 operator that anaphylaxis is suspected and epinephrine has been given.
8. Keep the individual either lying down or seated. If they lose consciousness, check if they are breathing and have a pulse. If not, begin CPR (cardiopulmonary resuscitation), call out for help and continue CPR until the individual regains a pulse and is breathing or until EMS arrives and takes over.
9. Call School Nurse/Front Office school personnel and advise of the situation.
10. Repeat the dose after 5 to 15 minutes if symptoms persist or return.
11. Stay with the individual until EMS arrives, continuing to follow the directions in No. 7 above.
12. Provide EMS with Epinephrine auto injector labeled with name, date, and time administered to transport to the ER with the student.

FOLLOW UP (to be done the same day as the event):

- (1) Assure parents/guardians have been notified.
- (2) Complete required documentation of incident.
- (3) Order replacement epinephrine auto injector(s).

**2026 - 2027 ASCENSION ST AGNES BLANKET SCRIPT ON
FILE WITH SCHOOL AND RISK MANAGEMENT**

Appendix E

STANDING ORDER

NASAL (neffy®) EPINEPHRINE ADMINISTRATION FOR ANAPHYLAXIS

In the event of an anaphylactic reaction in an individual in the school setting, epinephrine will be administered by the school nurse or trained unlicensed school personnel. This Standing Order is for the use of Nasal (neffy®) epinephrine in such situations.

In the case of students with a history of anaphylaxis or other severe allergic reactions, epinephrine should be administered according to specific individualized prescriptive orders documented in their individualized health care plans. If no such orders exist or are not readily available, the Standing Orders given in this document should be used.

DEFINITION: Anaphylaxis is a severe allergic reaction which can be life threatening and can occur within minutes after a triggering event or up to hours later.

CAUSES: Extreme sensitivity to one or more:

- Food
- Latex
- Exercise Induced
- Idiopathic (Unknown)
- Medication
- Insect stings
- Asthma
- Other

PHYSICAL FINDINGS:

Common symptoms associated with anaphylaxis:

9. Difficulty breathing, wheezing
10. Hives, generalized flushing, itching, or redness of the skin
11. Swelling of the throat, lips, tongue, throat; tightness/change of voice
12. Difficulty swallowing
13. Tingling sensation, itching, or metallic taste in mouth
14. Feeling of apprehension, agitation
15. Vomiting
16. Diarrhea

STANDING ORDER:

13. Based on symptoms, determine that an anaphylactic reaction appears to be occurring. Act quickly. *It is safer to give epinephrine than to delay treatment.* **Anaphylaxis is a life-threatening reaction.**
14. **If you are alone and are able to provide epinephrine**, call out or yell for help as you immediately go get the epinephrine. Do not take extra time seeking others until you have provided the epinephrine.
15. **If you are alone and do not know how to provide epinephrine**, call out or yell for

help. If someone is available to help you, have them get the personnel trained to provide epinephrine and the epinephrine while you dial 911 and follow the dispatcher's instructions. Advise the 911 operator that anaphylaxis is suspected and epinephrine is available. Your goal is to get someone (EMS or trained personnel) to provide epinephrine and care as soon as possible.

16. For the delivery of the nasal (neffy) epinephrine the following instructions are to be followed:

- ☐ Is for nasal use only.
- ☐ Each neffy® nasal spray is for single use and delivers the entire dose upon activation.
- ☐ Do not prime or attempt to reuse neffy® for more than one administration.
- ☐ Use the right hand to administer neffy® to the right nostril and use the left hand to administer neffy® to the left nostril.
- ☐ Administer neffy® by inserting the nozzle of the nasal spray fully into one nostril until your fingers touch the nose.
- ☐ Hold the nasal spray straight into the nose - do not angle the nasal spray to the inside septum or outer wall of the nose as some medication may be lost.
- ☐ Press the plunger firmly to activate.
- ☐ Avoid sniffing during and after administration.
- ☐ If a second dose of neffy® is needed, administer a new nasal spray into the same nostril starting 5 minutes after the first dose.
- ☐ More than two sequential doses of epinephrine should be administered under direct medical supervision.

17. Call or have a bystander call 911 immediately or activate the Emergency Medical System (EMS). Advise the 911 operator that anaphylaxis is suspected and epinephrine has been given.

18. Keep the individual either lying down or seated. If they lose consciousness, check if they are breathing and have a pulse. If not, begin CPR (cardiopulmonary resuscitation), call out for help and continue CPR until the individual regains a pulse and is breathing or until EMS arrives and takes over.

19. Call School Nurse/Front Office school personnel and advise of the situation.

20. Stay with the individual until EMS arrives, continuing to follow the directions in No. 7 above.

21. Provide EMS with product labeled with name, date, and time administered to transport to the ER with the student.

FOLLOW UP (to be done the same day as the event):

1. Assure parents/guardians have been notified.
2. Complete required documentation of incident.
3. Order replacement epinephrine auto injector(s).

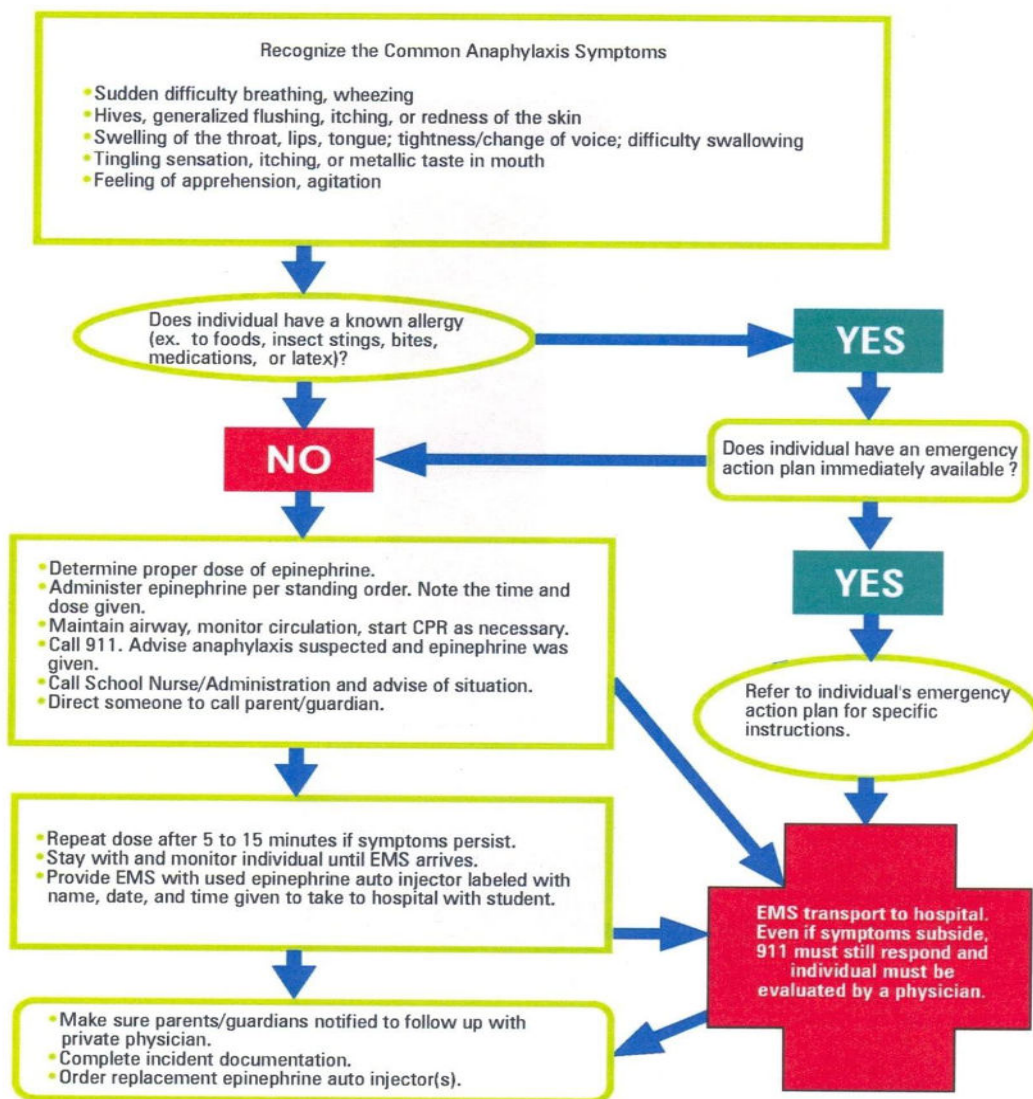
Anaphylaxis Response Protocol

Location of General Use Epi-Pen/Nasal Spray _____

Emergency number(s) _____

Lillian M. Lowery, Ed.D.

Recognize Anaphylaxis Symptoms



APPENDIX F

FARE FOOD ALLERGY AND ANAPHYLAXIS EMERGENCY CARE PLAN



FARE
Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: _____ D.O.B.: _____

Allergic to: _____

Weight: _____ lbs. Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No

**PLACE
PICTURE
HERE**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

- ☐ If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
- ☐ If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING: **SEVERE SYMPTOMS**



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

**OR A
COMBINATION**
of symptoms
from different
body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy or runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE
SYSTEM AREA, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM
AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: ☐ 0.1 mg IM ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

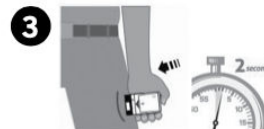
PHYSICIAN/HCP AUTHORIZATION SIGNATURE

DATE

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (FOODALLERGY.ORG) 5/2020

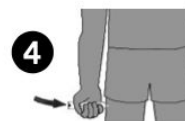
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



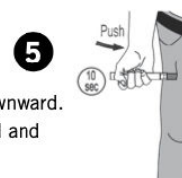
HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE SYMJEPi™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPi by finger grips only and slowly insert the needle into the thigh. SYMJEPi can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

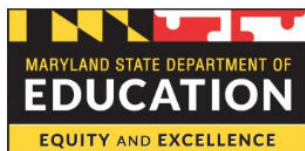
EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____
 DOCTOR: _____ PHONE: _____
 PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____
 NAME/RELATIONSHIP: _____ PHONE: _____
 NAME/RELATIONSHIP: _____ PHONE: _____

APPENDIX G



Maryland State Department of Education (MSDE)- School Health Services Form

Report of Anaphylactic Reaction/ Epinephrine Administration: Revised and used with permission of the Massachusetts Department of Health, School Health Unit

Demographics and Health History: Circle or fill in the response

1. School District: _____ Name of School: _____

School Type: ES EM EMH M MH HS

2. Person receiving EPI Pen injection: Student Faculty Staff Parent/Volunteer Other _____

Age: _____ Gender: M F Ethnicity: Spanish/Hispanic/Latino: Yes No

3. Race: American Indian/Alaskan Native Black or African American Native Hawaiian/Other Pacific Islander White
Two or More Races

4. History of Allergy: Yes No Unknown

If known, Type of Allergy: Insect Bite/Sting Egg Apple Pineapple Strawberry Kiwi Other Fruit Peanut Soy Fish
Shellfish Vegetable Wheat Medication Tree nuts Dairy (Cow's milk) Sesame Other _____

If yes, was allergy action plan available? Yes No Unknown History of anaphylaxis: Yes No Unknown

Previous epinephrine use: Yes No Unknown Diagnosis/History of asthma: Yes No Unknown

5. Does student have an individual Health Plan(IHP)/Emergency Plan (EP) in place? Yes No Unknown

6. Does the student have a student specific order for epinephrine? Yes No Unknown

Epinephrine Administration Incident Reporting

7. Date/ Time of occurrence _____ Vital Signs: BP____/____ Temp _____ Pulse _____ Respiration _____

8. If known, specific trigger(s)/Exposure that precipitated or may have precipitated this allergic episode:

Food Insect Bite/Sting Exercise Medication Latex Unknown Other _____

If food was the trigger, specify which food:

Packaged, labelled food Multi-ingredient food Food provided by another individual/shared food
Exposure to known allergen Unknown Other _____

Please circle regarding food trigger: Ingested Touched Inhaled Unknown Other _____

9. Did reaction begin prior to school? Yes No Unknown



Maryland State Department of Education (MSDE)- School Health Services Form

18. Was a second dose of auto injectable epinephrine required due to a biphasic reaction (i.e. reoccurring/ worsening of anaphylactic symptoms)? Yes No Unknown

If yes, was the dose administered at the school prior to the Emergency Medical Systems (EMS) arrival?

Yes No Unknown

Approximate Time between first and second dose _____

Disposition

19. Disposition (description optional): _____

20. EMS Notified at: Time _____ By whom: _____

21. Transferred to hospital emergency department? Yes No

22. If No, why not transferred?

EMS Recommendation or refusal Parent/Guardian refused Other

23. If yes, Transferred via: Ambulance Parent/Guardian Other

24. Condition on ED transport:

Asymptomatic (no symptoms) Mild Symptoms Airway or Cardiovascular symptoms Unconscious on Transfer
Deceased

School Follow-up

25. Were parents/guardians advised to follow up with students' Primary Care Provider (PCP)? Yes No

26. Were arrangements made to restock auto injectable epinephrine? Yes No

27. Notes:

Form Completion and Signatures

Form completed by (Print Name): _____

Signature: _____

Phone Number: _____

School Address: _____

Submission

Upon electronic submission of the information on this form, the data will be sent to: Maryland State Department of Education, School Health Services Section. If you have questions please contact: Alicia Mezu, MSN/Ed, BSN,RN Email: alicia.mezu@maryland.gov or Fax: (410) 333-0880. Thank you!

APPENDIX H

General Use Epinephrine Compliance Checklist

School Name _____

School Year _____

Name of School Nurse/Licensed Health Care Practitioner _____

Criteria	Yes	No
Provide a completed copy of the school's General Use Epinephrine Policy and Procedure which must include:	☐	☐
a) A copy of the statement of policy authorization and adoption distributed to the school community and included in the parent handbook.	☐	☐
b) A copy of the signed statement of authorization to obtain and store emergency use epinephrine	☐	☐
c) The Physician/Licensed Prescriber's signature acknowledging that he or she has reviewed the document and all applicable documents and found them to be acceptable.	☐	☐
d) A copy of the list of impacted personnel who have completed training on the signs and symptoms of anaphylaxis, and emergency use epinephrine as described in the statement of training.	☐	☐
e) A copy of the school's anaphylaxis response protocol	☐	☐
Provide the name, address, phone number and e-mail address for the physician who has provided the medical authorization and medical direction.	☐	☐
Provide a copy of the signed physician/licensed prescriber's standing orders.	☐	☐
Provide a copy of the training material used to train all faculty and staff in the signs and symptoms of anaphylaxis	☐	☐
Provide a copy of the training material used to train impacted staff in anaphylaxis, proper use of emergency use epinephrine, and the school's anaphylaxis response protocol	☐	☐
Provide the name, address, telephone number, e-mail address and title of the licensed health care practitioner who will provide the training.	☐	☐

Administrator's Signature

Date

School Nurse/Licensed health care practitioner

Date

Office of Risk Management

Date

General Liability Certificate Number

Date

APPENDIX I

General Use Epinephrine Program

Template Alert ~ Temporarily without Epi Pen Supply

“Dear parents –

We write with an important update. As you know, pursuant to the School’s Epinephrine (Epi-Pen) Policy, the School stocks epinephrine in the health suite to be available in the event of an anaphylactic emergency.

Unfortunately, due to supply chain issues, we have exhausted our supply of epinephrine. Accordingly, until further notice, epinephrine is not available in the health suite.

We will let you know as soon as the supply is restocked. We are actively working on this, but we do not have a firm timeline for when our next shipment will be received.”