R7-2-809. Emergency Administration of Auto-Injectable Epinephrine

**A.** Applicability. This rule applies to:

1. Any school district or charter school that voluntarily chooses to stock auto-injectable epinephrine pursuant to A.R.S. § 15-157.

2. All school districts and charter schools when required to stock auto-injectable epinephrine pursuant to A.R.S. § 15-157.

**B.** Definitions. The following definitions are applicable to this rule:

1. “Anaphylactic shock” is a severe systemic allergic reaction, resulting from exposure to an allergen, which may result in death.

2. “Auto-injectable epinephrine” means a disposable drug delivery device that is easily transportable and contains a premeasured single dose of epinephrine used to treat anaphylactic shock.

3. “Standing order” means a prescription protocol or instructions issued by the chief medical officer of the department of health services, the chief medical officer of a county health department, a doctor of medicine licensed pursuant to Title 32, Chapter 13, a doctor of naturopathic medicine licensed pursuant to Title 32, Chapter 14, ~~or~~ a doctor of osteopathic medicine licensed pursuant to Title 32, Chapter 17, a nurse practitioner licensed pursuant to Title 32, Chapter 15 or a physician assistant licensed pursuant to Title 32, Chapter 25 for non-individual specific epinephrine.

**C.** Annual training in the administration of auto-injectable epinephrine.

1. Each school district and charter school shall designate at least two school personnel~~, in addition to any school nurse or athletic trainer,~~ for each school site who shall be required to receive annual training in the proper administration of auto-injectable epinephrine in cases of anaphylactic shock pursuant to standing order. One or more of the trained personnel may be a school nurse or athletic trainer if they are employed by the school.

2. Training in the administration of auto-injectable epinephrine shall be conducted in accordance with minimum standards and curriculum developed by the Arizona Department of Health Services in consultation with the Arizona Department of Education.

3. At a minimum, training shall include procedures to follow when responding to anaphylactic shock, including direction regarding summoning appropriate emergency care, and documenting, tracking and reporting of the event.

4. Training shall also include standards and procedures for acquiring a supply of at least two juvenile doses and two adult doses of auto-injectable epinephrine, restocking auto-injectable epinephrine upon use or expiration, and storing all auto-injectable epinephrine at room temperature and in secure, easily accessible locations on school sites.

5. Training shall be conducted via courses provided in collaboration with a public health organization or by a regulated health care professional, whose competencies include the administration of auto-injectable epinephrine, including but not limited to a licensed school nurse, certified emergency medical technician or licensed athletic trainer.

6. School districts and charter schools shall maintain and make available upon request a list of those school personnel authorized and trained to administer auto-injectable epinephrine pursuant to a standing order.

**D.** Annual training on the recognition of anaphylactic shock symptoms and procedures to follow when anaphylactic shock occurs.

1. Each school district and charter school shall require all school site personnel to receive an annual training on the recognition of anaphylactic shock symptoms and procedures to follow when anaphylactic shock occurs.

2. Training shall be conducted in accordance with minimum training standards developed by the Arizona Department of Health Services in consultation with the Arizona Department of Education and shall follow the most current guidelines issued by the American Academy of Pediatrics.

3. Training shall be conducted in collaboration with a public health organization by a regulated health care professional whose competencies include the recognition of anaphylactic shock symptoms and procedures to follow when anaphylactic shock occurs, including but not limited to a licensed school nurse, certified emergency medical technician or licensed athletic trainer.

**E.** Procedures for annually requesting a standing order for auto-injectable epinephrine.

1. Each school district or charter school shall obtain a standing order from its designated district or charter school physician licensed pursuant to Title 32, Chapter 13, 14, 17, 15, or 25 and if no such physician is available to provide a standing order, from the chief medical officer of the Department of Health Services or the chief medical officer of a county health department.

2. Standing orders shall be renewed annually and upon the change of any designated school district or charter school physician.

3. Standing orders shall identify the appropriate dosage of auto-injectable epinephrine to administer based upon weight and the frequency at which auto-injectable epinephrine may be administered if symptoms persist or return.

**F.** Procedures for the administration of auto-injectable epinephrine in emergency situations.

1. All school districts and charters schools shall adopt procedures for the emergency administration of auto-injectable epinephrine by designated trained personnel.

2. Procedures shall address, at a minimum, the following requirements:

a. Determining if symptoms indicate possible anaphylactic shock.

b. Selecting the appropriate dosage of auto-injectable epinephrine to administer pursuant to a standing order.

c. Injecting epinephrine via auto-injector pursuant to a standing order, noting the time and dose given.

d. Calling 911 to advise that anaphylactic shock is suspected and epinephrine was administered.

e. Keeping the person stable until emergency responders arrive.

f. Advising school medical personnel and administration of the incident.

g. Repeating dose pursuant to a standing order when symptoms persist and emergency responders have not arrived.

h. Providing emergency responders with used epinephrine auto-injector labeled with name, date and time administered.

i. Assuring that parents/guardians have been notified and advised to promptly alert student’s primary care physician of the incident.

j. Completing written documentation of the incident, detailing who administered the injection, the rationale for administering the injection, the approximate time of the injection(s), and notifications made to school administration, emergency responders, the student’s parents/guardians, and the doctor or chief medical officer who issued the standing order.

k. Ordering replacement dose(s) of auto-injectable epinephrine.

l. Reviewing any incident involving emergency administration of epinephrine to determine the adequacy of response.

**G.** All school districts and charter schools shall report to the Arizona Department of Health Services all incidents of use of auto-injectable epinephrine pursuant to this rule in the format prescribed by the Arizona Department of Health Services.

R7-2-810. Emergency Administration of Inhalers

**A.** Applicability. This rule applies to:

1. Any school district or charter school that voluntarily chooses to stock inhalers pursuant to A.R.S § 15-158.

2. All school districts when required to stock inhalers pursuant to A.R.S. § 15-158.

**B.** Definitions. The following definitions are applicable to this rule:

1. “Authorized Entity” refers to any school district or charter school.

2. “Bronchodilator” means Albuterol or another short-acting bronchodilator that is approved by the United States Food and Drug Administration for the treatment of respiratory distress.

3. “Inhaler” means a device that delivers a bronchodilator to alleviate symptoms of respiratory distress that is manufactured in the form of a metered-dose inhaler or dry-powder inhaler that includes a spacer or holding chamber that attaches to the inhaler to improve the delivery of the bronchodilator.

4. “Personnel” means employees at a school district or charter school or nurses who are under contract with the school district or charter school.

5. “Respiratory distress” includes the perceived or actual presence of coughing, wheezing or shortness of breath.

6. “Standing order” means a prescription protocol or instructions issued by the chief medical officer of a county health department, physicians licensed pursuant to Title 32, Chapter 13, 14 or 17, or nurse practitioners licensed pursuant to Title 32, Chapter 15.

**C.** Annual training on recognition of symptoms of respiratory distress and administration of inhalers:

1. Each school district and charter school that elects to administer inhalers shall designate at least two personnel at each school site who shall be required to be trained in the recognition of respiratory distress symptoms, the procedures to follow when respiratory distress occurs, and the administration of inhalers, as directed on the prescription protocol. While each school is required to have two trained personnel in order to implement the stock inhaler policies, schools may train as many personnel as they feel necessary.

2. Training in the administration of inhalers shall be conducted by a nationally recognized organization or professionally certified medical professionals that are experienced in training laypersons in emergency health treatment.

3. Training may be conducted online or in person and at a minimum shall include:

a. How to recognize signs and symptoms of respiratory distress in accordance with good clinical practice.

b. Standards and procedures for the storage of inhalers.

c. Standards and procedures for the administration of an inhaler, as directed on the prescription protocol.

d. If necessary, emergency follow-up procedures after the administration of an inhaler.

4. The organization that conducts the training shall issue a certificate to each person who successfully completes the training. The personnel shall submit this certificate to the school.

5. Annual training is required for all designated personnel of the school.

6. School districts and charter schools shall maintain and make available on request a list of school personnel who are authorized to administer inhalers pursuant to a standing order.

**D.** Procedures for annually requesting a standing order and the prescription for the inhaler and holding chamber

1. Each participating school district or charter school shall obtain a standing order and prescription for inhalers and spacers or holding chambers pursuant to A.R.S. § 15-158 from the chief medical officer of a county health department, a physician licensed pursuant to Title 32, Chapter 13, 14 or 17, or a nurse practitioner pursuant to Title 32, Chapter 15.

2. Standing orders and prescriptions shall be requested and renewed annually.

**E.** Procedures for the administration of inhalers in emergency situations:

1. School districts and charter schools that elect to administer inhalers shall:

a. Prescribe and enforce policies and procedures for the emergency administration of inhalers by designated and trained medical and non-medical personnel.

b. Designate at least two personnel at each school to be trained to recognize respiratory distress and administer inhalers.

c. Require designated personnel to participate in annual training and provide a certificate of successful completion to the school.

d. Designate personnel who have completed the required training to be responsible for the storage, maintenance, control and general oversight of the inhalers and spacers or holding chambers acquired by the school.

e. Acquire and stock a supply of inhalers and spacers or holding chambers pursuant to a standing order prescription.

f. Store medication in a secure, temperature appropriate location, unlocked and readily accessible to designated personnel.

2. Pursuant to a standing order, school district or charter school personnel who are trained in the administration of inhalers may administer or assist in the administration of an inhaler to a pupil or adult whom the personnel believes in good faith to be exhibiting symptoms of respiratory distress while at school or a school-sponsored activity.

3. Procedures adopted by school districts and charter schools shall address at a minimum, the following requirements:

a. Determine if symptoms indicate possible respiratory distress or emergency and determine if the use of an inhaler will properly address the respiratory distress or emergency.

b. Administer the correct dose of inhaler medication, as directed by the prescription protocol, regardless of whether the individual who is believed to be experiencing respiratory distress has a prescription for an inhaler and spacer or holding chamber or has been previously diagnosed with a condition requiring an inhaler.

c. Restrict physical activity, encourage slow breaths and allow the individual to rest.

d. Assure that trained personnel stay with the subject who has been administered inhaler medication until it is determined whether the medication alleviates symptoms.

e. If applicable, instruct office staff to notify the school nurse if the inhaler is administered by a trained but non-licensed person.

f. Instruct school staff to notify the parent or guardian.

g. Call 911 if severe respiratory distress continues. Advise that inhaler medication was administered and stay with the person until emergency medical responders arrive.

h. If the individual shows improvement, keep the individual under supervision until breathing returns to normal, with no more chest tightness or shortness of breath, and the individual can walk and talk easily.

i. Allow a student to return to class if breathing has returned to normal and all symptoms have resolved.

j. Notify a parent or guardian once the inhaler has been administered and the student has returned to class.

k. Document the incident detailing who administered the inhaler, the approximate time of the incident, notifications made to the school administration, emergency responders, and parents/guardians.

l. Retain the incident data on file at the school pursuant to the general records retention schedule regarding health records for school districts and charter schools established by the Arizona State Library, Archives and Public Records.

m. Order replacement inhalers, spacers and holding chambers as needed.

4. A school district or charter school may accept monetary donations for or apply for grants for the purchase of inhalers and spacers or holding chamber or may accept donations of inhalers and spacers or holding chambers directly from the product manufacturers.

**F.** Immunity from civil liability is prescribed in A.R.S. § 15-158.