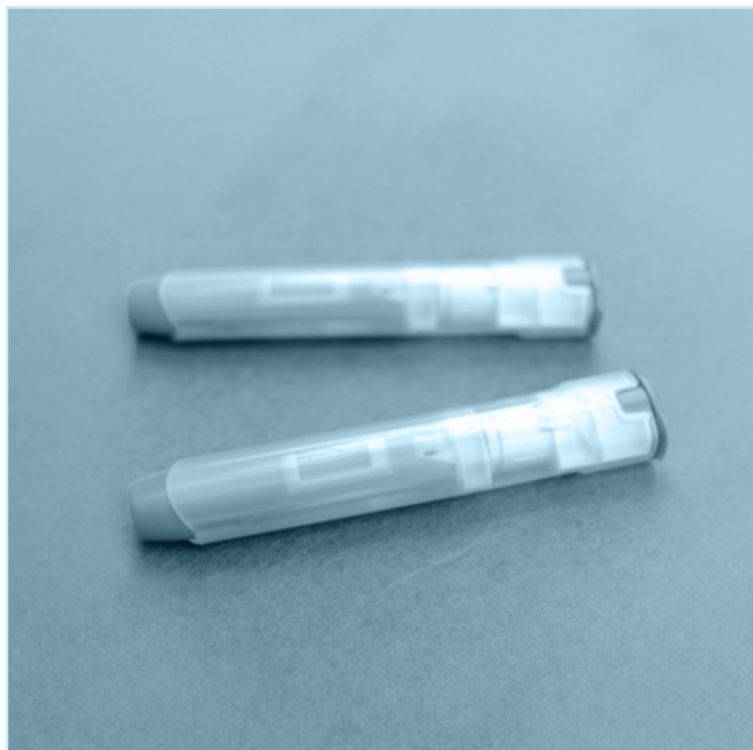


# Toolkit and Training Guidelines to Support the Use of Pre-dosed Epinephrine, Inhaled Albuterol, and Intranasal Naloxone in School Settings

South Carolina Department of Public Health in Consultation with  
South Carolina Department of Education



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# I. Introduction

- A. This training guidelines and tool kit provides the local school district with guidelines to help develop and implement policies to stock and administer epinephrine (e.g., Epi-Pen®, Neffy®) inhaled albuterol, and Naloxone/Narcan® in school settings. The toolkit specifically addresses:
  - 1. Medication administration by personnel in school settings during emergencies, including stock:
    - a. Pre-dosed epinephrine for treatment of severe allergic reaction/ anaphylaxis,
    - b. Inhaled albuterol for treatment of respiratory distress due to asthma, and
    - c. Naloxone/Narcan® for treatment of opioid overdose.
  - 2. Training requirements for school personnel who may administer these life-saving medications.
- B. This tool kit does not replace Individual Health Plans or Emergency Action Plans developed by schools, students and their parents, and clinical providers. The provision of emergency medications by DPH and the standing orders and policies contained in the document do not supersede the need for parents to supply emergency medications for their student at school that are prescribed by a clinician in charge of the care of their child. This tool kit and associated standing orders are in no way meant to replace the relationship between clinicians and families or clinician relationships with schools.
- C. **Legal Background:** The General Assembly amended the Safe Access to Vital Epinephrine (SAVE) Act ([South Carolina Code of Laws Section 59-63-95](#)) in 2023, which was signed in law by the Governor, tasking the S.C. Department of Public Health (DPH), in consultation with S.C. Department of Education (SCDE), with creating and maintaining a list of life-saving medications that may be administered on school premises or to those attending school functions by designated, trained school personnel. The law also instructs DPH to publish training guidelines for school personnel who may administer these medications. In addition to other local medical providers authorized to prescribe or order these medications in the name of schools, the law now allows the Director of Public Health (or physician designee if the Director is not a physician) to prescribe and issue standing orders for these life-saving medications maintained in the name of a school. The law provides immunity from civil and criminal liability to those persons or entities involved in the prescribing, dispensing, or administration of a life-saving medication on the list, so long as it was not done with gross negligence or reckless conduct.
- D. Currently the following three medications have been designated by DPH as life-saving medications:
  - 1. All forms of FDA approved pre-dosed epinephrine (e.g., EpiPen®, Adrenaclick®, generic autoinjector or Neffy®)
  - 2. Inhaled albuterol
  - 3. Naloxone (Narcan®) nasal spray

## II. Medication Administration Procedures/Guidelines

The following are recommended procedural guidelines that schools and school districts may adopt into procedures. *When feasible*, district lead nurse or school nurses assigned to the school should provide oversight of the medication administration program.

### A. Storage of Life-Saving Medications

1. Emergency medications should be stored in an unlocked, clearly labeled and readily accessible cabinet or container in the health room during school hours under the general supervision of the school nurse, or in the absence of the school nurse, the designated emergency responder(s) who has (have) been trained in the administration of the medication.
2. Districts should decide how emergency medications may be accessible for after-school activities, sports programs, field trips and other extracurricular activities as determined by district policy. Students with Individual Education Plans, Section 504 Accommodation Plans, or Individual Health Plans that require access to emergency medications for all school related activities should continue to be managed on an individual basis according to their plan(s).
3. To promote rapid, life-saving steps in an emergency, life-saving medications should **not** be locked during the school day or when access could be needed for extracurricular activities. While they must not be easily accessible to any student, they should be kept in a safe, accessible, and reasonably secure location that can be properly supervised by a nurse or other authorized, trained staff member.
4. **Epinephrine Auto-Injector Storage**
  - a. Store at room temperature: 20°-25° C (68°-77° F).
  - b. Do not refrigerate or expose to direct sunlight or to extreme heat such as in the glove compartment or trunk of a car during the summer.
  - c. To be effective, the auto-injector solution should be clear and colorless. If the solution is brown or discolored, replace the unit immediately.
  - d. Do not use after the expiration date.
5. **Epinephrine Nasal Spray: Neffy® Storage**
  - a. Store Neffy at room temperature between 68°F to 77°F (20°C to 25°C). Do not freeze. If Neffy freezes, the device will not spray. Storage of Neffy at high temperatures up to 122°F (50° C) is allowed for a few days.
  - b. The epinephrine in Neffy lasts for 30 months. Be sure to check the expiration date periodically and replace before the expiration date.
6. **Inhaled Albuterol Storage**
  - a. Store at room temperature: 20°-25° C (68°-77° F).
  - b. Do not use after the expiration date.
7. **Naloxone/Narcan® Nasal Spray Storage**
  - a. Store at room temperature: 20°-25° C (68°-77° F). Temperature excursions are permitted between 41°-104° F.
  - b. Do not freeze or expose to excessive heat above 104° F.
  - c. Do not use after the expiration date.

### B. Location of Life-Saving Medications

1. The primary consideration for location of emergency medications should be the safety of students. Considerations for making responsible and reasonable decisions about location and safety include:
  - a. General safety standards for handling and storage of medications,
  - b. Developmental stage of students,
  - c. Size of the school building or setting and movement of students within it,
  - d. Availability of a full-time school nurse at the school or potential emergency location,
  - e. Availability of communication devices between school personnel who are at the potential emergency location and the school nurse,
  - f. School nurse response time from the health office to the potential emergency location,
  - g. Preferences and other responsibilities of the teacher/staff, and
  - h. Preferences of the students and parents.

### C. Administration of Life-Saving Medications

1. In the absence of a licensed nurse, physician, nurse practitioner, or physician assistant, pre-dosed epinephrine, albuterol inhaler, or Naloxone/Narcan® nasal spray may be administered by any school employee or agent who has completed training that meets DPH published guidelines in recognizing the symptoms of anaphylactic shock, respiratory distress due to asthma, or



opioid overdose and the correct method of administering the lifesaving medication.

2. A student may self-administer the pre-dosed epinephrine or albuterol inhaler if the school has written statements of authorization on file in the student's Individual Health Plan from the student's licensed provider, the parent or guardian, and the school nurse.

#### **D. Training for Medication Administration**

1. Any school employee or agent of a school who is designated to administer a life-saving medication shall have training for life-saving medications that shall include at a minimum:
  - a. The general principles of safe administration of medication,
  - b. The procedural aspects of the administration of medication, including the safe handling and storage of medications and documentation,
  - c. Specific information related to each medication, including the brand name(s) and generic name of the medication, indications for medication, dosage, routes, time and frequency of administration,
  - d. Therapeutic effects of the medication, potential side effects, and effects of overdose or missed dose of the medication,
  - e. Emergency follow-up procedures, and
  - f. How to recognize signs and symptoms of severe allergic reactions, including anaphylaxis (for pre-dosed epinephrine use), respiratory distress due to asthma (for inhaled albuterol use), and opioid overdose (for Naloxone/Narcan® nasal spray).
2. DPH requires that trainings be provided for unlicensed personnel **at least once per school year**. For each medication, at a minimum, annual training must include viewing of two or more videos among those listed in this toolkit, and the trainee must be able to correctly describe to the trainer, verbally or in writing, the steps in administration of the medication. Anyone trained to assist with the administration of emergency medication should maintain a certification in Basic Life Support - CPR.
3. Authorized trainers include physicians, nurses, nurse practitioners, physician assistants, pharmacists, paramedics and EMTs, and respiratory therapists.
4. Training records for unlicensed staff should include at a minimum:
  - a. Date of training,
  - b. General content of the training,
  - c. Name of the people who have successfully completed the training,
  - d. Name and credentials of the trainer, and
  - e. Completed Documentation of Competency Forms.

#### **E. Supervision**

1. *When feasible*, the licensed District Lead Nurse, or licensed school nurse should be responsible for general supervision of training for the administration of medications in the schools to which that nurse is based and/or assigned.
2. This should include, but not be limited to:
  - a. Availability on a regularly scheduled basis to review orders and changes in orders and to communicate these to the personnel designated to give medication,
  - b. Developing a training plan and schedule to ensure medications can be administered properly,
  - c. Providing training to qualified personnel for schools and other licensed nursing personnel in the administration of medications and assess that the qualified personnel for schools are competent to administer medication,
  - d. Providing appropriate follow-up to ensure the administration of medication plan results in desired student outcomes,
  - e. Providing consultation by telephone or other means of telecommunication,
  - f. Implementation of policies and procedures regarding all phases of administration of medications,
  - g. Periodic review of all documentation pertaining to the administration of medications for students,
  - h. Observing and documenting competency to administer medications by qualified personnel,
  - i. Periodic review, as needed, with licensed nursing personnel and all qualified personnel for schools regarding the needs of any student receiving medication, and
  - j. Ensuring reports of lifesaving medication administration is sent to DPH and replacement Naloxone is requested if needed

## F. Returning to School After an Emergency

1. Students who have experienced a life-threatening emergency at school may need special consideration upon their return to school. The approach taken by the school is dependent upon the severity of the emergency, the student's age and the diagnosis.
2. Upon return to school, it is strongly recommended that the student be seen by a school nurse. The school nurse is responsible for completing an assessment to ensure health care plans and/or emergency action plans are in place, and that provider follow-up and other appropriate measures are taken to ensure the health and safety of the student. The nurse will discuss any perceived contributing factors to the symptoms displayed and emphasize the importance of follow-up with a primary care physician for assessment of asthma, life-threatening allergies, other underlying conditions, and may discuss the need for addiction treatment if applicable. The school nurse can coordinate care with other support professionals in the school setting as needed.
3. **Note:** If the emergency may have resulted from a food provided by the school food service department, or from an acute environmental exposure, then request assistance from witnesses and staff to ascertain what potential exposure the student may have encountered and review what changes need to be made to prevent another exacerbation. The school nurse can update or create the student's IHP and related Emergency Action Plan and work with the provider and family if a special diet is needed. If classroom accommodation is needed, a 504 Accommodation Plan may also be developed or amended.

# III. Pre-Dosed Epinephrine for Treatment of Severe Allergic Reaction/Anaphylaxis

## A. What is Anaphylaxis?

1. Anaphylaxis is a potentially life-threatening medical condition that occurs in people with allergies when their immune system overreacts to and targets an otherwise harmless element in their diet or environment. Inflammatory reactions can be triggered in the tissues of the skin, respiratory system, gastrointestinal tract, and cardiovascular system. Anaphylaxis symptoms may include:

Organ	Symptoms
Skin	Swelling of any body parts, hives, rash on any part of the body, itching of any body part, itchy lips
Respiratory	Runny nose, wheezing, difficulty breathing, shortness of breath, throat tightness or closing, difficulty swallowing, difficulty breathing, change in voice
Gastrointestinal (GI)	Itchy tongue, mouth and or throat, vomiting, stomach cramps, abdominal pain, nausea, diarrhea
Cardiovascular	Heartbeat irregularities flushed, pale skin, coughing, cyanotic (bluish) lips and mouth area decrease in blood pressure, fainting or loss of consciousness dizziness, change in mental status, shock
Other	Sense of impending doom, anxiety and itchy, red and watery eyes

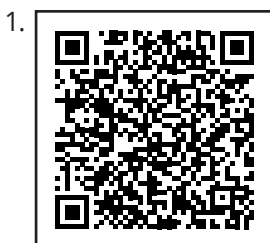
2. Anaphylaxis may occur in the absence of any skin symptoms such as itching and hives. Fatal anaphylaxis is more common in children who present with respiratory symptoms or GI symptoms such as abdominal pain, nausea or vomiting. In many fatal reactions, the initial symptoms of anaphylaxis were mistaken for asthma or mild GI illness, which resulted in delayed treatment with pre-dosed epinephrine.
3. Fatal anaphylaxis is more common in children with food allergies who have asthma, even if it is mild and well-controlled. Children with a history of anaphylaxis or those whose prior food reactions have included respiratory symptoms, such as difficulty breathing, throat swelling or tightness, are also at an increased risk for severe or fatal anaphylaxis.
4. Anaphylaxis often occurs immediately, within minutes, although onset may occur up to several hours after exposure. In up to 30% of such reactions, the initial symptoms may be followed by a second wave of symptoms two to four hours later and possibly longer.
5. FDA approved pre-dosed epinephrine is the treatment of choice for an anaphylactic reaction and should be given immediately. Sometimes, if symptoms do not subside, a second injection is necessary. Reports indicate as many as one-third of people experiencing anaphylaxis may require a second injection to control their reaction until they can get to a hospital.
6. While the initial symptoms usually respond to pre-dosed epinephrine, the delayed response may not respond as well to pre-dosed epinephrine or other therapies.
7. Studies show fatal and near-fatal anaphylactic reactions are sometimes associated with not using an epinephrine auto-injector or delaying the use of the epinephrine. **When in doubt, it is better to give the pre-dosed epinephrine and call Emergency Medical Services (EMS) for an ambulance.** Fatalities are more likely when epinephrine is not given.

## B. Procedures for Emergency Use of Pre-Dosed Epinephrine

1. Initial steps in the emergency use:
  - a. Determine if anaphylaxis is suspected. If there is uncertainty about the diagnosis, but there is a reasonable probability that it is anaphylaxis, then treat the situation as anaphylaxis.
  - b. **Call 911 to activate EMS.** Stay with the victim; have others notify 911, the school nurse and administrator, and the parents immediately. The pre-dosed epinephrine acts extremely quickly; however, the effects last only 10-15 minutes, so it is imperative to make sure someone has called 911.
  - c. Have the victim sit or lie down. Reassure them and avoid moving him or her.
2. Prepare to administer the pre-dosed epinephrine:
  - a. For students in second grade or below, or less than 66 lbs., use epinephrine 0.15mg (e.g., EpiPen Jr.®).
  - b. For adults and most students in third grade or above, or more than 66 lbs., use epinephrine 0.3mg (e.g., EpiPen®). If using Neffy® nasal spray use one spray in one nostril which is 2 mg/0.1 mL of epinephrine per spray in a single-dose nasal spray.



3. Administration procedure for autoinjector:
    - a. Grasp the autoinjector and form a fist around the unit; with the other hand, pull off the safety cap.
    - b. Hold the tip near the outer thigh. *Never put thumb, fingers, or hand over the active tip where the needle is housed. (If an accidental injection occurs, go immediately to the nearest hospital emergency room.)*
    - c. Swing and jab the active tip firmly into the OUTER BARE THIGH so that the is perpendicular (at a 90° angle) to the thigh. You will hear a click. *(It can be injected through the victim's clothing, if necessary.)*
    - d. Hold the injector firmly in place for 3 seconds (or per manufacturer directions), and then remove it from the thigh.
    - e. Remove the injector and massage the injection area by hand for several seconds.
    - f. Check the tip of the injector: If the needle is exposed, the dose has been delivered. If the needle is not exposed, repeat steps b through e.
    - g. Dispose of the autoinjector in a "sharps" container or give the expended device to the paramedics.
    - h. Call 911, if not previously called.
    - i. After the injection, the victim may feel his or her heart pounding or racing. This is a normal reaction to the medication.
  4. Administration procedure for Neffy®
    - a. Neffy® is for nasal use only; each Neffy® nasal spray is for single use and delivers the entire dose upon activation.
    - b. Do not prime or attempt to reuse Neffy® for more than one administration.
    - c. Use the right hand to administer Neffy® to the right nostril and use the left hand to administer Neffy® to the left nostril.
    - d. 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.
    - e. Advise the patient to avoid sniffing during and after administration
  5. **For insect sting:** If the anaphylactic reaction is due to an insect sting, remove the stinger as soon as possible **after** administering the pre-dosed epinephrine. Remove stinger quickly by scraping with a fingernail, plastic card or piece of cardboard. Apply an ice pack to the sting area. Do NOT push, pinch, or squeeze, or further imbed the stinger into the skin because such action may cause more venom to be injected into the victim.
  6. Monitor the victim's airway and breathing. **Begin CPR immediately if the victim stops breathing.**
  7. Observe the victim for signs of shock. Cover the victim with a blanket, as necessary, to maintain body temperature and help to prevent shock.
  8. Take the victim's vital signs (if trained to do so) and record them. Duplicate the student or staff member's emergency card for the paramedics if available. When paramedics arrive, tell them the time the pre-dosed epinephrine was administered.
  9. **If symptoms persist or worsen and paramedics do not arrive, use a new epinephrine device (if available) and re-inject 5 to 15 minutes after initial injection. If using Neffy® and a second dose of Neffy® is needed, administer a new nasal spray device into the same nostril 5 minutes after the first dose.** Continue to monitor the victim's airway and breathing.
  10. Encourage parent/guardian to seek follow-up care at the emergency department, as a second delayed reaction may occur up to six hours after the initial anaphylaxis.
  11. Document the incident and complete the report of administration in **Appendix E**. Include in the documentation the date and time the pre-dosed epinephrine was administered, the victim's response, and additional pertinent information. Send a copy of the report to the school nurse.
- C. Recommended online videos that may be used along with the training for Medication Administration of FDA approved pre-dosed epinephrine:**
1. [How to use EpiPen® and EpiPen Jr® epinephrine](#)
  2. [How to use Auvi-Q™ epinephrine](#)
  3. [How to use generic Adrenaclick® epinephrine](#)
  4. [How to use Neffy® nasal spray epinephrine](#)



## IV. Inhaled Albuterol for Treatment of Respiratory Distress due to Asthma

### A. What is Asthma?

1. Asthma is a chronic disease of the lungs and airways that may make it difficult to breathe and can be life-threatening. Asthma causes inflammation or swelling, production of excess mucus and tightening of the muscles (bronchospasm) that surround the airway. Together the bronchospasm and inflammation make it harder to move air through the airways.
2. Asthma symptoms often include recurrent episodes of wheezing, coughing, shortness of breath, and chest pain or tightness. These symptoms are often initiated or worsened by exposure to substances or conditions (also called “triggers”) such as allergens (e.g., dust, animal fur, cockroaches, mold, and pollens from trees, grasses, and flowers), irritants (e.g., tobacco smoke, air pollution, strong odors, or chemicals), infections (e.g., cold or flu), exercise, and strong emotions.
3. When exposed to a trigger, someone with asthma may have an acute exacerbation, or asthma attack, that makes it hard to breathe and can be life-threatening. Inhaled medications, including albuterol, are one essential part of stopping an attack. Preventing asthma attacks by avoiding triggers and taking appropriate medications is essential.
  - a. There is a misperception that asthma attacks always start suddenly and without warning. But many with asthma show early warning signs before an acute episode.
  - b. Students vary significantly in the ways that they perceive their symptoms. Consider developing a list, with the student, of his or her early warning signs and symptoms.

#### Possible Early Warning Signs and Symptoms that May Progress to an Asthma Exacerbation

Coughing, may be persistent	Peak flow meter in yellow or red
Itchy throat or chin (tickle in throat)	Headache
Zone grumpiness or irritability	Stomachache (younger child)
Fatigue	Funny feeling in chest (younger child)
Agitation or behavioral changes	Dark circles under eyes

4. Quick relief medications (bronchodilators) open the airways by relaxing the muscles around

#### Possible Late-Stage Asthma Episode Signs and Symptoms

Becoming anxious or scared	Incessant coughing
Shortness of breath	Unable to speak in full sentences
Rapid, labored breathing	Tightness in chest
Nasal flaring	Vomiting from hard coughing
Shoulders hunched and neck extended while breathing	Sweaty, clammy skin
Use of rescue inhalers every four hours or more frequently	

the airway. Bronchodilators are taken when symptoms begin to occur or when they are likely to occur (e.g., prior to recess, physical education classes or sports events). This category of drugs includes short-acting inhaled beta2 ( $\beta_2$ ) agonists, such as albuterol.

5. In school settings asthma management is supported by:
  - a. Documentation and utilization of Asthma Action Plans and Individual Healthcare Plans,
  - b. Student self-management education,
  - c. Maintaining indoor air quality and controlling exposure to environmental triggers,
  - d. Asthma awareness education for staff, administration, and families, and
  - e. Maintaining protocols to manage acute asthma exacerbations.

## B. Procedures for Emergency Use of Inhaled Albuterol

1. Note: This section does not replace an individual student's emergency health plans for asthma. It describes use of inhaled albuterol for students experiencing moderate to severe respiratory distress that is not believed to be due to an allergic reaction or anaphylaxis, regardless of whether they have a prior asthma diagnosis.
2. Initial steps in the emergency use:
  - a. **Call 911 to activate EMS.** Stay with the victim; have others notify 911, the school nurse and administrator, and the parents immediately.
  - b. Check for adequacy of the airway, breathing, respiratory rate, blood pressure (when feasible), pulse and color. **Begin CPR immediately if the victim is not breathing or does not have a pulse.**
3. Prepare to administer inhaled albuterol by removing cap from inhaler and shaking it 10-15 times.
4. **Administer inhaled albuterol (metered dose inhaler, MDI, 90mcg per actuation, with or without spacer):**
  - a. **Have victim close lips over inhaler (or spacer) mouthpiece.**
  - b. **Tilt victim's head back slightly.**
  - c. **Instruct victim to inhale slowly and exhale all the air they can.**
  - d. **As victim begins to inhale slowly again, press the top of the canister of the inhaler to spray one dose (puff) of medication as they are inhaling.**
  - e. **Remove the mouthpiece from the victim's mouth and have them exhale slowly.**
  - f. **Repeat one time for a total of two puffs.**
5. Continue to monitor airway, breathing, and vital signs, and record them. Initiate CPR immediately if the victim stops breathing or loses a pulse.
6. Duplicate the student or staff member's emergency card for the paramedics if available. When paramedics arrive, tell them the time the inhaled albuterol was administered.
7. Document the incident and complete the lifesaving medication administration report in **Appendix E**. Include in the documentation the date and time the medication was administered, the victim's response, and additional pertinent information. Send a copy of the report to the school nurse.

## C. Recommended online videos that may be used along with the training for Medication Administration of inhaled albuterol:

1. [How to Use a Metered Dose Inhaler](#)
2. [How to Use a Nebulizer](#)
3. [How to Use Your Asthma Inhaler with a Spacer and Mouthpiece](#)

1.



2.



3.



## V. Naloxone Nasal Spray for the Treatment of Suspected Opioid Overdose

### A. What is an Opioid Overdose?

1. Opioids are drugs like oxycodone or heroin that treat pain in the brain and spinal cord. Ingesting too much of these drugs can stop someone from breathing. Overdose can occur in many situations by using too much of one or more prescription drugs or illicit drugs. Most overdoses are not intentional. Overdose can also happen by taking certain combinations of drug types, which can exacerbate their adverse effects, such as taking opioids and benzodiazepines, such as Xanax, together, which can increase the risk of overdose. In many overdoses, people believe they are using drugs such as cocaine, methamphetamines, or amphetamines, but these drugs may be contaminated with a potent opioid, fentanyl, which can kill even in tiny doses. The CDC reports that from July 2019 to December 2021, 84% of overdoses deaths in persons aged 10-19 years involved fentanyl.
2. Overdoses can happen rapidly and depend on the type and amount of drug used and the route of consumption. Opioid overdose occurs when the amount of opioid taken causes significant sedation, including unconsciousness, and slows breathing to very low levels or even stops a person's breathing. Lack of air exchange and oxygen can cause the heart to stop beating normally, which can result in death.
3. Naloxone is a medication that reverses the effects of opioids and should be given when the person is minimally responsive or unresponsive and breathing very slowly and/or shallowly.
4. Opioid overdose symptoms may include:

Organ	Symptoms
Skin	Pale, blue or gray, clammy, especially around the lips and on hands
Respiratory	Shallow and/or slow breaths (fewer than 10 per minute); loud, uneven snoring or gurgling noises; or not breathing at all
Cardiovascular	Slow and/or weak heartbeat (pulse) or no pulse able to be felt
Neurologic	Unconscious or extremely sedated; unresponsive to stimulation such as loud noise or sternal rub; unable to stay awake; limp body; constricted (pinpoint) pupils

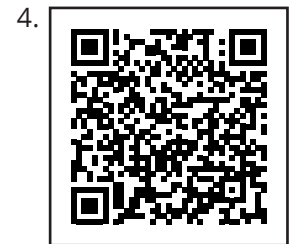
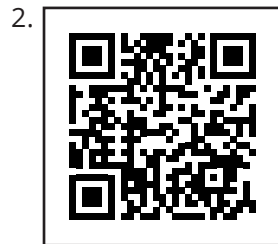
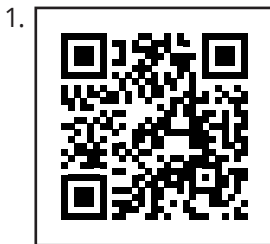
### B. Procedures for Emergency Use of Naloxone/Narcan® Nasal Spray

1. If a staff, student, or visitor has respiratory depression and/or loss of consciousness, attempt to rouse and stimulate the person by performing sternal rub (make a fist and rub your knuckles firmly up and down their breastbone). If the person doesn't respond, and **if opioid overdose is suspected or a possible cause of the symptoms, then treat it as an overdose.**
2. Initial steps in the emergency use:
  - a. **Call 911 to activate EMS.** Stay with the victim; have others notify 911, the school nurse and administrator, and the parents immediately.
  - b. Check for adequacy of the airway, breathing, respiratory rate, blood pressure (when feasible), pulse and color. **Begin CPR immediately if the victim is not breathing or does not have a pulse.**
3. Prepare to administer Naloxone/Narcan® nasal spray:
  - a. Send someone to get the Naloxone/Narcan® nasal spray while you stay with the victim. **If needed, do not delay initiation of CPR to retrieve Naloxone/Narcan®.**
  - b. If someone is sleepy but conscious and does not have very slow breaths, that person may not need Naloxone/Narcan® at that moment. However, the person should be monitored and needs emergency medical care. Call 911.
4. Administer Naloxone/Narcan® nasal spray (4mg/0.1mL): One full spray in one nostril for **0.1mL (4mg) total dose:**
  - a. Remove the nasal spray from the box and peel back the tab with the circle to open.
  - b. Hold the nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.
  - c. Tilt the person's head back and gently insert the tip of the nozzle into either nostril until your fingers are against the bottom of the person's nose.
  - d. Press the plunger firmly to give the entire dose of Naloxone/Narcan® into one nostril.

5. Monitor the victim's airway and breathing. Begin CPR immediately if the victim stops breathing.
6. Allow 1-3 minutes for medication to work. If there is no change to the person's condition after 3 minutes, give another dose of Naloxone/Narcan® nasal spray (if available) as above and continue CPR as indicated until EMS arrives.
7. If the person responds to the medication, continue to monitor their airway, breathing, and vital signs, and record them until EMS arrives. If the victim stops breathing or loses a pulse at any point, initiate CPR immediately.
8. Duplicate the student or staff member's emergency card for the paramedics if available. When paramedics arrive, tell them the time(s) the Naloxone/Narcan® nasal spray(s) was administered.
9. Document the incident and complete the lifesaving medication administration report in **Appendix E**. You can order replacement Narcan on this report as long as supplies last. Include in the documentation the date and time the medication was administered, the victim's response, and additional pertinent information. Send a copy of the report to the school nurse.
10. The used nasal spray device can be disposed of in regular waste bins.

**C. Training: recommended online videos that may be used for Medication Administration of Naloxone**

1. CDC Demonstration Video: [youtu.be/odlFtGNjmMQ](https://youtu.be/odlFtGNjmMQ)
2. Narcan.com Demonstration Video: [narcan.com/home](https://narcan.com/home)
3. American Medical Association Demonstration Video: [ama-assn.org/delivering-care/overdose-epidemic/how-administer-Naloxone](https://ama-assn.org/delivering-care/overdose-epidemic/how-administer-Naloxone)
4. COPE Demonstration Video: [youtube.com/watch?v=-ATvNS7JG\\_E&pp=ygUJZGhlYyBjb3Bl](https://youtube.com/watch?v=-ATvNS7JG_E&pp=ygUJZGhlYyBjb3Bl)



# Appendix A

## School Request for Prescription (FDA Approved Pre-dosed Epinephrine)

The request for Prescription should be completed and submitted by the school or district to the licensed provider to be considered for a prescription for the undesignated pre-dosed epinephrine. Once the prescription has been received, a copy of the prescription should be kept in the Medication Administration Records for the school or district and should be made available upon request of the prescribing physician.

It is recommended to have refills on the prescription so that replacements for pre-dosed devices that are used during the school year can quickly be replaced.

It is recommended that schools or districts attempt to establish relationships with local providers for the purposes of obtaining prescriptions, standing orders for medication administration, and approval for training protocols when possible. If the school is unable to obtain a signature from a local provider, the DPH Director of Public Health is authorized by law to sign this. If requesting a signature from the DPH Director of Public Health, please send requests for prescriptions to the SC State School Nurse Consultant at: [SchoolMeds@dph.sc.gov](mailto:SchoolMeds@dph.sc.gov)

## School Request for Epinephrine Prescription

Request for FDA Approved Epinephrine Prescription			
<b>Request epinephrine:</b> <input type="checkbox"/> 0.15mg <input type="checkbox"/> 0.30mg			
<b>Request epinephrine nasal spray:</b> <input type="checkbox"/> 2mg/0.1ml			
<b>Quantity requested of each dose:</b> _____			
<b>School:</b> _____			
<b>Address:</b> <small>(street)</small> _____ <small>(City)</small> _____ <small>(State)</small> _____ <small>(Zip Code)</small> _____			
<b>School Nurse (RN) or Designated Official Contact Name and Phone Number:</b> _____			
<b>Request submitted to (provider name, credentials, and practice name):</b> _____			
<b>Date request submitted:</b> _____			

The above-named school requests a prescription from a licensed health care provider for the limited purpose of stocking and administering FDA approved pre-dosed epinephrine to any student upon the occurrence of an actual or perceived anaphylactic adverse reaction, subject to the following conditions:

1. The school or district has ensured that sufficient school nurses are available to provide proper oversight of the program.
2. The school has approved policies governing the administration of pre-dosed epinephrine by trained persons affiliated with the school.
3. The persons affiliated with the school who are authorized to administer epinephrine have completed training in recognizing the symptoms of anaphylactic shock and the correct method of administering the pre-dosed epinephrine.
4. The school nurse has and will continue to provide a training review and informational update for personnel at least twice a year.
5. When pre-dosed epinephrine is administered, the local emergency medical services (EMS) system (911) shall be notified immediately, along with notification of the school nurse, student's parents/guardians, or, if the parents/guardians are not available, any other designated person(s).



6. There are written procedures, in accordance with any additional standards established by the provider, for:
- a. proper storage of the epinephrine;
  - b. documentation of administration;
  - c. notification of administration;
  - d. recording receipt and return of medication by the school nurse;
  - e. reporting medication errors; and
  - f. reviewing any incident involving administration of epinephrine to determine adequacy of the response and to consider ways to reduce risks in the future for the particular student and the student body in general.

**Provider** (print name and credentials): \_\_\_\_\_

**SC License:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(street) (City) (State) (Zip Code)

\_\_\_\_\_  
telephone Fax (if available) Email Address

**Principal/Head of School/Superintendent** (print name and title):  
\_\_\_\_\_

**By my signature below, as principal/head of school/superintendent, I certify that I have read and agree to the above and all requirements to the administration of FDA approved pre-dosed epinephrine and that the information provided in this request is accurate.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(street) (City) (State) (Zip Code)

\_\_\_\_\_  
telephone Fax (if available) Email Address

**School Nurse or Designated Staff Contact** (please print name):  
\_\_\_\_\_

**Address:** \_\_\_\_\_  
(street) (City) (State) (Zip Code)

\_\_\_\_\_  
telephone Fax (if available) Email Address

# Standing Order for the Administration of FDA Approved Pre-dosed Epinephrine for Potentially Life-Threatening Allergic Reactions (Anaphylaxis) in Individuals

## ISSUED TO:

NAME OF SCHOOL DISTRICT OR SCHOOL

STREET ADDRESS

CITY, ZIP CODE

**Stock FDA approved pre-dosed epinephrine can be administered to a student, staff, or visitor experiencing a life-threatening allergic reaction (anaphylaxis) in a school-affiliated setting, following district policy and procedure, per the following protocol:**

Pre-dosed epinephrine should be administered in the event of a serious adverse allergic reaction, including anaphylaxis, demonstrated by a person presenting with:

- sudden onset of diffuse and progressive hives,
- respiratory distress,
- oral swelling, and/or
- hypotension **OR when a previously diagnosed person reports exposure to an allergen known to have previously caused anaphylaxis in them.**

## FDA Approved Pre-dosed Epinephrine Administration:

1. Initial steps in the emergency use:
  - a. Determine if anaphylaxis is suspected. If there is uncertainty about the diagnosis, but there is a reasonable probability that it is anaphylaxis, then treat the situation as anaphylaxis.
  - b. Call 911 to activate EMS. Stay with the victim; have others notify 911, the school nurse and administrator, and the parents immediately. The pre-dosed epinephrine acts extremely quickly; however, the effects last only 10-15 minutes, so it is imperative to make sure someone has called 911.
  - c. Have the victim sit or lie down. Reassure them and avoid moving him or her.
2. Prepare to administer approved pre-dosed device:
  - a. For students in second grade or below, or less than 66 lbs., use epinephrine 0.15mg (e.g., EpiPen Jr.®).
  - b. For adults and most students in third grade or above, or more than 66 lbs., use epinephrine 0.3mg (e.g., EpiPen®) or epinephrine single dose nasal spray (e.g., Neffy®) 2mg/0.1ml.
3. Administration procedure for auto-injector:
  - a. Grasp the injector and form a fist around the unit; with the other hand, pull off the safety cap.
  - b. Hold the tip near the outer thigh. *Never put thumb, fingers, or hand over the active tip where the needle is housed. (If an accidental injection occurs, go immediately to the nearest hospital emergency room.)*
  - c. Swing and jab the active tip firmly into the OUTER BARE THIGH so that the needle perpendicular (at a 90° angle) to the thigh. You will hear a click. *(The needle can be injected through the victim's clothing, if necessary.)*
  - d. Hold the injector firmly in place for 3 seconds (or per manufacturer directions), and then remove it from the thigh.
  - e. Remove the injector and massage the injection area by hand for several seconds.
  - f. Check the tip of the injector: If the needle is exposed, the dose has been delivered. If the needle is not exposed, repeat steps b through e.
  - g. Dispose in a "sharps" container or give the expended device to the paramedics. Call 911, if not previously called.
4. Administration procedure for nasal spray:
  - a. Neffy® is for nasal use only, with each Neffy® nasal spray for single use and delivers the entire dose upon activation.
  - b. Do not prime or attempt to reuse each Neffy® for more than one administration is housed. *(If an accidental injection occurs, go immediately to the nearest hospital emergency room.)*

- c. Use the right hand to administer Neffy® to the right nostril and use the left hand to administer Neffy® to the left nostril.
- d. 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.
- e. Press the plunger firmly to activate.
- f. Advise the patient to avoid sniffing during and after administration
5. Call 911, if not previously called.
6. After the administration, the victim may feel his or heart pounding or racing.
7. If within 5-20 minutes symptoms persist or are worsening, repeat the same dose of epinephrine as with first dose.
8. If EMS is not on site, call 911 and update them after second dose is given.
9. Emergency services personnel shall be advised of:
  - a. symptoms that required the use of epinephrine,
  - b. form and dose/s of epinephrine,
  - c. anatomical site of if injected, and which nostril if sprayed
  - d. time/s administered,
  - e. any change in the symptoms or condition of the person
  - f. the used epinephrine auto-injector(s) will be given to the emergency services personnel, and the used nasal spray dices can be disposed of in regular trash.
10. Referral: The person must be referred to an emergency medical facility for medical evaluation, even if symptoms resolve completely.
11. Symptoms may recur after the epinephrine wears off, as much as 24 hours later.
12. The student who required epinephrine for treatment of anaphylaxis who did not have a previous prescription for epinephrine on file must present a medication and/or treatment order from a licensed health care provider on or before their return date to school.
13. Documentation:
  - a. The school nurse or school official will complete the lifesaving medication administration report in **Appendix E**.
  - b. A copy of the report shall be kept with the student's health file or a staff person's employment file.

***Note: Epinephrine Auto-Injectors are available in 0.3mg dose and 0.15mg dose. Using two 0.15 doses to obtain 0.3mg dose is permissible. Nasal spray pre-dosed epinephrine, Neffy® is available only in one dose (2mg/0.1ml) for patients in third grade or older who weigh greater than 66 pounds.***

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Signature of S.C. Licensed Provider or DPH Director of Public Health

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Print Name of Licensed Provider or DPH Director of Public Health

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Effective Date

# Appendix B

## School Request for Prescription (Inhaled Albuterol)

The request for Prescription should be completed and submitted by the school or district to the licensed provider to be considered for a prescription for the undesignated stock inhaled albuterol. Once the prescription has been received, a copy of the prescription should be kept in the Medication Administration Record for the school or district and should be made available upon request of the prescribing provider.

Note: It is recommended that schools or districts attempt to establish relationships with local providers for the purposes of obtaining prescriptions, standing orders for medication administration, and approval for training protocols when possible. If the school is unable to obtain a signature from a local provider, the DPH Director of Public Health is authorized by code to sign this. If requesting a prescription from the DPH Director of Public Health, please send requests to the SC State School Nurse Consultant at: [SchoolMeds@dph.sc.gov](mailto:SchoolMeds@dph.sc.gov)

## School Request for Albuterol Metered Dose Inhaler Prescription

Request for Albuterol Metered Dose Inhaler
<b>Request:</b> <input type="checkbox"/> Metered Dose Inhaler 90mcg albuterol per actuation
<b>Quantity requested of each dose:</b> _____
<b>School or District Name:</b> _____
<b>Address:</b> _____ <small>(street) (City) (State) (Zip Code)</small>
<b>School Nurse (RN) or Designated Official Contact Name and Phone Number:</b> _____
<b>Request submitted to (provider name, credentials, and practice name):</b> _____
<b>Date request submitted:</b> _____

The above-named school requests a prescription from the provider for the limited purpose of stocking and administering albuterol to any student upon the occurrence of an actual or perceived respiratory distress, subject to the following conditions:

1. The school or district has ensured that sufficient school nurses are available to provide proper oversight of the program.
2. The school has approved policies governing the administration of albuterol by school personnel.
3. The unlicensed school personnel authorized to administer albuterol have completed training in recognizing the symptoms of respiratory distress and the correct method of administering albuterol.
4. The school nurse has and will continue provide a training review and informational update for unlicensed personnel at least twice a year.
5. When albuterol is administered, the local emergency medical services system (911) shall be notified immediately, followed by notification of the school nurse, student's parents/guardians if applicable, staff emergency contact, or any other designated person(s).
6. There are written procedures, in accordance with any standards established by the provider, for:
  - a. proper storage of the albuterol;
  - b. documentation of administration;
  - c. notification of administration;
  - d. recording receipt and return of medication by the school nurse;
  - e. reporting medication errors;
  - f. reviewing any incident involving administration of albuterol to determine adequacy of the response and to consider ways to reduce risks for the particular student and the student body in general; and
  - g. planning and working with the emergency medical system to ensure the fastest possible response.

**Provider** (print name and credentials): \_\_\_\_\_

**SC License:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(street) (City) (State) (Zip Code)

\_\_\_\_\_  
telephone

\_\_\_\_\_  
Fax (if available)

\_\_\_\_\_  
Email Address

**Principal/Head of School/Superintendent** (print name and title):  
\_\_\_\_\_

**By my signature below, as principal/head of school/superintendent, I certify that I have read and agree to the above and all requirements to the administration of albuterol or levalbuterol and that the information provided in this request is accurate.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(street) (City) (State) (Zip Code)

\_\_\_\_\_  
telephone

\_\_\_\_\_  
Fax (if available)

\_\_\_\_\_  
Email Address

**School Nurse or Designated Staff Contact** (please print name):  
\_\_\_\_\_

**Address:** \_\_\_\_\_  
(street) (City) (State) (Zip Code)

\_\_\_\_\_  
telephone

\_\_\_\_\_  
Fax (if available)

\_\_\_\_\_  
Email Address

# Standing Order for the Administration of Inhaled Albuterol (MDI) for Difficulty Breathing or Severe Respiratory Distress in Individuals

## ISSUED TO:

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NAME OF SCHOOL DISTRICT OR SCHOOL

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STREET ADDRESS

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CITY, ZIP CODE

**Stock albuterol MDI can be administered in the school setting following district policy and procedure for the following situation:**

### **A. STANDING ORDER FOR PERSONS: STUDENTS, STAFF OR VISITORS WITH OR WITHOUT A CURRENT ALBUTEROL ORDER**

1. If a person does not have a prescription for albuterol on file in the school, then only a school nurse or a trained individual authorized by the school may administer the school supply of stock inhaled albuterol per metered dose inhaler in the event of life-threatening respiratory distress.
2. For a person who has an individual prescription for inhaled albuterol on file in the school, or who may have a prescription from their health care provider if they are not a student, a school nurse or trained, authorized person may administer albuterol from the school supply of stock albuterol per metered dose inhaler (MDI) in the event the person's prescribed albuterol MDI is not available. If the student has an Individual Health Plan and a provider order for albuterol on file, the student's provider order should be followed instead of this order. The school's supply of stock albuterol does not negate parent/guardian responsibility to provide emergency medication, nor staff responsibility to provide for their own medication needs.

### **B. PURPOSE:**

1. Asthma symptoms may include recurrent episodes of wheezing, coughing, shortness of breath, and chest pain or tightness. These symptoms are often initiated or worsened by exposure to substances or conditions (also called "triggers") such as allergens (dust, animal fur, cockroaches, mold, and pollens from trees, grasses, and flowers), irritants (tobacco smoke, air pollution, strong odors, or chemicals), exercise, colds, flu and strong emotions.
2. Albuterol is a bronchodilator indicated for the relief of respiratory distress and is manufactured in the form of a metered dose inhaler. In the school setting it should be used with a disposable mouthpiece, or spacer, that prevents the transmission of germs so the multi-dose device can be used hygienically for multiple users.

### **C. SYMPTOMS OF RESPIRATORY ADDRESS REQUIRING IMMEDIATE ATTENTION**

1. tightness in chest
2. shortness of breath
3. wheezing while breathing in/out
4. rapid labored breathing
5. vomiting from hard coughing
6. incessant coughing
7. unable to talk in full sentences.
8. nasal flaring
9. pulling-in of neck and chest with breathing
10. using rescue medications every 4 hours or more often



**D. ADMINISTRATION OF MDI:**

**FOR STUDENTS AND ADULTS WHO PRESENT WITH SIGNS AND SYMPTOMS OF SEVERE RESPIRATORY DISTRESS:**

1. Call 911 if symptoms of severe distress are present;
2. Summon the school nurse or designated staff trained to respond to respiratory distress;
3. Check for adequacy of the airway, breathing, respiratory rate, blood pressure (when feasible), pulse, and mental status;
4. Administer medication: albuterol metered dose inhaler 90mcg per actuation:
  - a. Have victim close lips over inhaler (or spacer) mouthpiece.
  - b. Tilt victim's head back slightly.
  - c. Instruct victim to inhale slowly and exhale all the air they can.
  - d. As victim begins to inhale slowly again, press the top of the canister of the inhaler to spray one dose (puff) of medication as they are inhaling.
  - e. Remove the mouthpiece from the victim's mouth and have them exhale slowly.
  - f. Repeat one time for a total of two puffs.
5. Monitor vital signs (pulse, BP, respirations);
6. Contact the child's parents/guardians and recommend they consider notifying the child's primary care physician.

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Print Name of Licensed Provider or Director of Public Health, DPH

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Signature of Provider or DPH Director of Public Health

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Effective Date

# Appendix C

## School Request for Prescription Naloxone/Narcan

The request for Prescription should be completed and submitted by the school or district to the licensed provider to be considered for a prescription for the undesignated stock Naloxone/Narcan. Once the prescription has been received, a copy of the Prescription should be kept in the Medication Administration Record for the school or district and should be made available upon request of the prescribing provider.

Note: It is recommended that schools or districts attempt to establish relationships with local providers for the purposes of obtaining prescriptions, standing orders for medication administration, and approval for training protocols when possible. If the school is unable to obtain a signature from a local provider, the DPH Director of Public Health is authorized by code to sign this. If requesting a prescription from the DPH Director of Public Health, please send requests for prescriptions to the SC State School Nurse Consultant at: [SchoolMeds@dph.sc.gov](mailto:SchoolMeds@dph.sc.gov)

## School Request for Naloxone/Narcan Prescription

Request for Naloxone/Narcan Nasal Spray
<b>Request:</b> <input type="checkbox"/> Naloxone/Narcan nasal spray 4mg
<b>Quantity requested of each dose:</b> _____
<b>School:</b> _____
<b>Address:</b> _____ <small>(street) (City) (State) (Zip Code)</small>
<b>School Nurse (RN) or Designated Official Contact Name and Phone Number:</b> _____
<b>Request submitted to (provider name, credentials, and practice name):</b> _____
<b>Date request submitted:</b> _____

The above-named school or district requests a prescription from the provider for the limited purpose of stocking and administering Naloxone/Narcan to any staff/student/visitor upon the occurrence of an actual or perceived opioid overdose, subject to the following conditions:

1. The school or district will assure that sufficient school nurses are available to provide proper oversight of the program.
2. The school has approved policies governing the administration of Naloxone/Narcan by school personnel.
3. The unlicensed school personnel authorized to administer Naloxone/Narcan have completed training in recognizing the symptoms of drug overdose and the correct method of administering Naloxone/Narcan.
4. The school nurse will provide a training review and informational update for unlicensed personnel at least once a year.
5. When Naloxone/Narcan is administered, the local emergency medical services system (911) shall be notified immediately, followed by notification of the school nurse, student's parents/guardians if applicable, staff emergency contact if applicable, and any other designated person(s).
6. There are written procedures, in accordance with any standards established by provider, for:
  - a. proper storage of the Naloxone/Narcan;
  - b. documentation of administration;
  - c. notification of administration;
  - d. recording receipt and return of medication by the school nurse;
  - e. reporting medication errors;
  - f. reviewing any incident involving administration of Narcan/Naloxone to determine adequacy of the response and to consider ways to reduce future risks in general; and
  - g. planning and working with the emergency medical system to ensure the fastest possible response.

**Provider** (print name and credentials): \_\_\_\_\_

**SC License:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(street) (City) (State) (Zip Code)

\_\_\_\_\_  
telephone

\_\_\_\_\_  
Fax (if available)

\_\_\_\_\_  
Email Address

**Principal/Head of School/Superintendent** (print name and title):  
\_\_\_\_\_

**By my signature below, as principal/head of school/superintendent, I certify that I have read and agree to the above and all requirements to the administration of Naloxone/Narcan and that the information provided in this request is accurate.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(street) (City) (State) (Zip Code)

\_\_\_\_\_  
telephone

\_\_\_\_\_  
Fax (if available)

\_\_\_\_\_  
Email Address

**School Nurse or Designated Staff Contact** (please print name):  
\_\_\_\_\_

**Address:** \_\_\_\_\_  
(street) (City) (State) (Zip Code)

\_\_\_\_\_  
telephone

\_\_\_\_\_  
Fax (if available)

\_\_\_\_\_  
Email Address

# Standing Order for Administration of Naloxone/Narcan for Suspected Opioid Overdose in Individuals

## PURPOSE:

Opioid overdose occurs when the amount of opioid in the body is so great the person becomes unresponsive to stimuli and breathing becomes inadequate. Lack of oxygen affects vital organs, including the heart and brain, leading to unconsciousness, coma, and eventually death. Naloxone/Narcan is indicated for the reversal of opioid overdose in the presence of respiratory depression or unresponsiveness. The purpose of this protocol is to provide School Nurses with a standard by which to respond to this life-threatening event in the school setting.

## AN OPIOID OVERDOSE NEEDS IMMEDIATE MEDICAL ATTENTION!

### A. SIGNS AND SYMPTOMS OF AN OPIOID OVERDOSE:

1. Unconscious
2. Physically unresponsive to stimuli such as loud noise or sternal rub
3. Not breathing or slow, shallow breaths (fewer than 10 breaths per minute)
4. Unconscious with loud, uneven snoring or gurgling noises when attempting to breathe
5. Constricted (pinpoint) pupils
6. Absent or slow, weak, or erratic pulse
7. Skin, lips, or fingertips may be blue (cyanotic)

### B. FOR UNRESPONSIVE STUDENTS AND ADULTS WHO PRESENT SIGNS AND SYMPTOMS OF OPIOID OVERDOSE:

1. Attempt to rouse and stimulate the student/patient (perform sternal rub by making a fist; rub your knuckles firmly up and down the breastbone).
2. Call 911, Request AED.
3. If possible, monitor and record respirations, heart rate, and note suspected opiate overdose (as evidenced by pinpoint pupils, depressed mental status, etc.).
4. Administer naloxone or Narcan® nasal spray:
  - a. Hold the nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.
  - b. Tilt the victim's head back and gently insert the tip of the nozzle into either nostril until your fingers are against the bottom of the victim's nose.
  - c. Press the plunger firmly to give the entire dose of nasal spray.
  - d. Place person on their side in recovery position.
5. Start CPR or rescue breathing if the victim does not have a pulse or is not breathing. Attach and administer the AED per school policy and device protocols if no pulse.
6. Notify parent/guardian and school administrator.
7. Allow up to 3 minutes for medication to work. If there is no change to the victim's condition after 2-3 minutes, give another dose of naloxone/Narcan® nasal spray if available, as in Step 4 above, and continue rescue breathing or CPR as indicated.
8. Stay with the person until medical help arrives. Notify EMS of naloxone/Narcan administration(s).

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Print Name of Licensed Provider or Director of Public Health, DPH

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Signature of Provider or DPH Director of Public Health

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Effective Date

# Appendix D

## Sample Memorandum of Agreement

A school or district may choose to use a Memorandum of Agreement if a formal agreement is preferred or requested by the licensed provider to define relationship and protocols with respect to the provision of prescription medications.

MEMORANDUM OF AGREEMENT BETWEEN \_\_\_\_\_ AND \_\_\_\_\_.

Effective Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Provider and School enter into this Agreement to support the safe and effective management of {allergies and anaphylaxis, respiratory distress, and/or opioid overdose} in the school setting consistent with SC Code 59-63-95 by stocking and administering FDA approved pre-dosed epinephrine, albuterol, and/or Naloxone/Narcan for use with students experiencing an actual or perceived medical emergency.

- A. Provider agrees to:
  - 1. Write a refillable prescription in name of school or district for the stocking of one or all of the above named medications to any staff/student/or visitor believed to be experiencing potentially life-threatening emergencies upon receipt of **Request for Prescription Form**.
- B. School agrees to:
  - 1. Have sufficient school nurses available to provide proper oversight of the program.
  - 2. Adopt policies governing the administration of requested prescription medications by school personnel.
  - 3. Ensure that the unlicensed school personnel authorized to administer the above medications will complete training in recognizing the symptoms of adverse response and the correct method of administering the related medication. The school nurse will document the training and testing for competency.
  - 4. Ensure that the school nurse will provide a training review and informational update for unlicensed personnel at least twice per school year.
  - 5. Maintain a list of trained school personnel authorized and trained to administer related medication when a school nurse is not immediately available.
  - 6. Be sure medication will only be administered in accordance with a written medication administration plan.
  - 7. Ensure that when medication is administered, the local emergency medical services system (911) shall be notified immediately, followed by notification of the school nurse, student's parents/guardians, staff emergency contact, any other designated person(s) as applicable.
  - 8. Ensure that when medication is administered, the school nurse shall complete Report of Medication Administration in **Appendix E** for the Department of Public Health (DPH).
  - 9. Create written procedures, in accordance with standards established by DPH, the SC Board of Nursing or the SC Department of Education, for:
    - a. proper storage of the medications;
    - b. development of the medication administration plan;
    - c. documentation of administration;
    - d. notification of administration;
    - e. recording receipt and return of medication by the school nurse;
    - f. reporting medication errors;
    - g. reviewing any incident involving administration of medication to determine adequacy of the response and to consider ways to reduce risks for future in general; and
    - h. planning and working with the emergency medical system to ensure the fastest possible response.

This Agreement may be canceled or terminated by either of the parties upon thirty days' written notice.

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**Provider**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print/Type Name and Credentials

\_\_\_\_\_  
**School/District**

\_\_\_\_\_  
Date

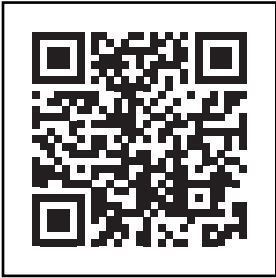
\_\_\_\_\_  
Print/Type Name and Title of School/District Signatory

# Appendix E

## Emergency Medication Administration Reporting Form

<https://sc.readyop.com/fs/4d6G/2e753156>

Please click on the above link or scan the QR code below to access a brief survey form for use after you have administered a lifesaving medication. The form also enables you to order replacement Narcan while supplies last. Your survey response will enable public health staff to learn more about the circumstances of administration from DPH. We do not request the patient's name or identifying information. Completion of the survey is a request to receive DPH Narcan.





# Appendix F

## DOCUMENTATION OF EMERGENCY ADMINISTRATION COMPETENCIES

Upon completion of a written test and demonstration of skills, the qualified trainer is to complete a Documentation of Competencies form. This documentation should then be maintained for at least five years.

### Documentation of Competencies

I have provided orientation, instruction, training, and practice opportunities for \_\_\_\_\_ to administer **FDA approved pre-dosed epinephrine** in response to life-threatening systemic allergic reactions (anaphylaxis) per school or district policy/protocols. I observed the above-named person and feel s/he can appropriately perform the tasks above

comments:

Date

School Nurse/ Qualified Trainer Signature and Printed Name with Credentials

\*\*\*\*\*  
I have received adequate orientation, instruction, training and opportunities to practice administering **FDA approved pre-dosed epinephrine** in response to life-threatening systemic allergic reactions (anaphylaxis) per school or district policy/protocols. I feel I have the competencies and confidence necessary to provide these services in a safe manner.

comments:

Date

Participant/Staff Signature

Documentation of Competencies

I have provided orientation, instruction, training, and practice opportunities for \_\_\_\_\_  
to administer **Albuterol by MDI** treatments in response to life-threatening symptoms of asthma, respiratory distress or  
breathing difficulty per school or district policy/protocols. I observed the above-named person and feel s/he can appropriately  
perform the tasks above.

comments:

\_\_\_\_\_

\_\_\_\_\_

Date

School Nurse/ Qualified Trainer Signature and Printed Name with Credentials

\*\*\*\*\*

I have received adequate orientation, instruction, training and opportunities to practice administering **Albuterol by MDI**  
treatments in response to life-threatening symptoms of asthma, respiratory distress or breathing difficulty per school or district  
policy/protocols. I feel I have the competencies and the confidence necessary to provide these services in  
a safe manner.

comments:

\_\_\_\_\_

\_\_\_\_\_

Date

Participant/Staff Signature

Documentation of Competencies

I have provided orientation, instruction, training, and practice opportunities for \_\_\_\_\_  
to administer **naloxone/Narcan nasal spray** in response to perceived life-threatening symptoms of drug overdose per school  
or district policy/protocols. I observed the above-named person and feel they can appropriately perform the tasks above.

comments:

\_\_\_\_\_

\_\_\_\_\_

Date

School Nurse/ Qualified Trainer Signature and Printed Name with Credentials

\*\*\*\*\*  
I have received adequate orientation, instruction, training and opportunities to practice administering **naloxone/Narcan nasal  
spray** in response to perceived life-threatening symptoms of drug overdose per school or district policy/protocols. I feel I have  
the competencies and the confidence necessary to provide these services in a safe manner.

comments:

\_\_\_\_\_

\_\_\_\_\_

Date

Participant/Staff Signature

# FOOD ALLERGY RESOURCES

## A. GENERAL INFORMATION/GUIDELINES

CDC

<https://www.cdc.gov/healthyschools/foodallergies/index.htm>

AAAAI

<https://www.aaaai.org/Conditions-Treatments/Allergies>

ACAAI

<https://acaai.org/allergies/allergic-conditions/food/>

KIDS WITH FOOD ALLERGIES (KFA)

<https://kidswithfoodallergies.org/living-with-food-allergies/>

FARE

<https://www.foodallergy.org/resources>

NASN

<https://www.nasn.org/nasn-resources/resources-by-topic/allergies-anaphylaxis>

## B. TRAINING

ARS Pharmaceuticals:

[https://www.ars-pharma.com/wp-content/uploads/pdf/Instructions\\_For\\_Use.pdf](https://www.ars-pharma.com/wp-content/uploads/pdf/Instructions_For_Use.pdf)

ALLERGYHOME.ORG: Food Allergy Tools for Schools

<https://www.allergyhome.org/schools/management-of-food-allergies-in-school-what-school-staff-need-to-know/>

NASN Checklist for Training

[https://higherlogicdownload.s3.amazonaws.com/NASN/8575d1b7-94ad-45ab-808e-d45019cc5c08/UploadedImages/PDFs/Practice%20Topic%20Resources/checklist\\_training\\_school\\_personnel.pdf](https://higherlogicdownload.s3.amazonaws.com/NASN/8575d1b7-94ad-45ab-808e-d45019cc5c08/UploadedImages/PDFs/Practice%20Topic%20Resources/checklist_training_school_personnel.pdf)

FARE

<https://www.foodallergy.org/our-initiatives/education-programs-training/fare-training>

FOOD ALLERGY CANADA

<https://foodallergycanada.ca/tools-and-downloads/key-resources/allergyaware-ca-training/>

NEFFY® in Schools

<https://www.neffy.com/community-programs/>

VIATRIS

<https://www.epipen4schools.com/Members/Training/>

SCHOOL E-LEARNING, VECTOR SOLUTIONS

Medication Administration: Epinephrine in Schools ([vectorsolutions.com](http://vectorsolutions.com))

## C. ACTION PLANS

AAAAI

<https://www.aaaai.org/Aaaai/media/Media-Library-PDFs/Tools%20for%20the%20Public/Allergy,%20Asthma,%20Immunology%20Glossary/Anaphylaxis-Emergency-Action-Plan.pdf>

FAME

<https://www.stlouischildrens.org/fame>

<https://www.stlouischildrens.org/sites/legacy/files/2022-09/FAMEToolkit2022-section1-Emergency.pdf>

FARE

<https://www.foodallergy.org/living-food-allergies/food-allergy-essentials/food-allergy-anaphylaxis-emergency-care-plan?id=234>

AANMA and ACAAI

<https://allergyasthmanetwork.org/allergies-and-asthma-at-school/managing-allergies-in-schools-a-guide-for-staff/>

NASN

<https://www.nasn.org/nasn-resources/resources-by-topic/allergies-anaphylaxis>

# ASTHMA RESOURCES

## A. GENERAL INFORMATION AND GUIDELINES

Washington Asthma Initiative. Asthma Management in Educational Settings. Taking Asthma Care to School ([ospi.k12.wa.us](https://ospi.k12.wa.us))

Environmental Protection Agency  
<https://www.epa.gov/asthma/resources-about-asthma>

National Asthma Education and Prevention Program (NAEPP)  
[www.nhlbi.nih.gov](http://www.nhlbi.nih.gov)

Expert Panel Report 3: Diagnosis and Management of Asthma Practical Guide to the Diagnosis and Management of Asthma  
[https://www.nhlbi.nih.gov/sites/default/files/media/docs/EPR-3\\_Asthma\\_Full\\_Report\\_2007.pdf](https://www.nhlbi.nih.gov/sites/default/files/media/docs/EPR-3_Asthma_Full_Report_2007.pdf)

Centers for Disease Control and Prevention. National Asthma Program.  
[www.cdc.gov/asthma/NACP.htm](http://www.cdc.gov/asthma/NACP.htm)

Article addressing the 2020 NIH Asthma Updates  
<https://publications.aap.org/pediatrics/article/147/6/e2021050286/180305/The-2020-Focused-Updates-to-the-NIH-Asthma>

American College of Allergy, Asthma and Immunology Online Help Your Child or Teenager Control Their Severe Asthma - [ACAAI Public Website](http://ACAAI.org)

Asthma Plan of Action: Creating Asthma-Friendly Environments [www.asthmainschools.com](http://www.asthmainschools.com)

## B. TRAINING

Asthma and Allergy Network: (has webinars and podcasts)  
[www.aanma.org](http://www.aanma.org)

American Lung Association : Kickin Asthma Training  
<https://www.lung.org/lung-health-diseases/lung-disease-lookup/asthma/health-professionals-educators/kickin-asthma>

Asthma and Allergy Foundation of America  
[www.aafa.org](http://www.aafa.org)

Centers for Disease Control and Prevention  
<https://www.cdc.gov/asthma/exhale/index.htm>

Family Doctor on Asthma  
[familydoctor.org](http://familydoctor.org)

Kid's Health  
<https://kidshealth.org/en/parents/asthma-mgmt.html>

National Association of School Nurses  
<https://www.nasn.org/nasn-resources/resources-by-topic/asthma>

CDC Inhaler Video  
[https://www.cdc.gov/asthma/inhaler\\_video/default.htm](https://www.cdc.gov/asthma/inhaler_video/default.htm)

Nationwide Children's Hospital How to Use an MDI with a Spacer and Mouthpiece  
<https://www.nationwidechildrens.org/family-resources-education/health-wellness-and-safety-resources/resources-for-parents-and-kids/how-to-use-an-epipen/epinephrine-myths-and-facts/how-to-use-an-inhaler-with-a-spacer-and-mouthpiece>

# OPIOID OVERDOSE AND PREVENTION RESOURCES

## A. GENERAL INFORMATION AND GUIDELINES

CDC Up and Away Program

<https://upandaway.org/en/>

SAMHSA: Five Essential Steps for First Responders

<https://store.samhsa.gov/sites/default/files/d7/priv/five-essential-steps-for-first-responders.pdf>

CDC- Includes video on how to administer

<https://www.cdc.gov/stopoverdose/Naloxone/index.html>

NIH Overdose Trends

<https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates>

CDC Reverse Opioids

<https://www.cdc.gov/opioids/overdoseprevention/reverse-od.html>

SAMHSA | Opioid Overdose Preventing, Recognizing, and Treating Opioid Overdose

<https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/opioid-overdose#>

Narcan.com

<https://www.narcan.com/wp-content/uploads/2021/10/Gen2-Instructions-For-Use.pdf>

Just Plain Killers

<https://justplainkillers.com/>

SAMHSA Overdose Prevention Tool kit

<https://store.samhsa.gov/sites/default/files/d7/priv/sma18-4742.pdf>

DAODAS: Addiction Resources in SC

<https://www.daodas.sc.gov/>

DAODAS: Local Treatment Providers

<https://www.daodas.sc.gov/services/treatment/local-providers/>

National Rehab Hotline Info

<https://nationalrehabhotline.org/south-carolina/>

DPH: Substance Use Prevention Resources

<https://dph.sc.gov/diseases-conditions/substance-use-prevention-resources-and-opioid-overdose-kits>

Readiness and Emergency Management for Schools

<https://rem.sde.gov/docs/Opioid-Fact-Sheet-508C.pdf>

## B. TRAINING

CDC Addiction Training for Healthcare Professionals

<https://www.cdc.gov/opioids/addiction-medicine/training/index.html>

CDC Naloxone Training and Fact Sheets

<https://www.cdc.gov/opioids/Naloxone/index.html>

NIH CME/CE related to opioids and addiction.

<https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/cmece-activities>

The Red Cross

<https://www.redcross.org/take-a-class/opioidoverdose>

SAMHSA Training for First Responders to help Deal with Impact of Responding to an Opioid Overdose

<https://www.samhsa.gov/dtac/first-responders-training>



## NOTES

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## NOTES

[illegible]

## NOTES

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