

*Rules and Recommendations to
School Districts for Stock
Emergency Medications in Schools*

Second Version

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Rules and Recommendations to School Districts for Stock Emergency Medications in Schools

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1. INTRODUCTION

The New Mexico Emergency Medications in Schools is a voluntary program. School districts may decide whether or not they choose to participate. The program provides districts access to stock emergency medications, which means there are not prescriptions for individual students. Instead, there are “stocked” medications available for use in emergency situations. School districts opting to provide emergency medications under this program will make available albuterol and/or epinephrine.

The medications available through this program are inhaled albuterol and epinephrine via auto-injector. Whenever either medication is used, the Emergency Medical System (EMS) will always be activated. Albuterol may be given only by a PED licensed school nurse employed by the district. Epinephrine may be given by a school staff member who has completed, and is current with, the training for auto-injector epinephrine.

When a school district decides to implement the Emergency Medications in Schools Program to provide access to stock medications for emergencies, this document will be reviewed by the school board or governing body. An acknowledgment form will then be signed by a representative of the school board or governing body. (A copy of the form follows in the appendices section). The signature form is submitted to the Regional Health Officer (RHO) for the respective region to obtain a standing order for the selected emergency medications (albuterol and/or epinephrine). Please refer to the Standing Order section under Section 3 for more detail.

Only schools with a PED-licensed school nurse can implement this program.

2. PREVENTION

A key element in addressing both respiratory distress and severe allergic reactions is taking steps to prevent these problems. Schools can be guided in this process by the resources listed in the reference section of this document.

Respiratory distress

Prevention activities are essential to help prevent respiratory distress. Prevention approaches are needed at the policy level and the individual student level. Important policies include having smoke free campuses and no idling zones for school buses.

For the student without medications available who has respiratory problems or for the undiagnosed student presenting with respiratory distress, having policies in place that allow administration of emergency medications is potentially lifesaving. It is important to identify students with an asthma diagnosis and have an asthma action plan for the student, including having rescue medications available at school.

Taking steps to maintain indoor air quality are important also. This includes:

- Reducing or preventing students' contact with allergens or irritants indoors and outdoors that can make their asthma worse, including:
 - tobacco smoke
 - pollens
 - animal dander
 - mold
 - dust mites
 - cockroaches
 - strong odors or fumes from things like bug spray, paint, perfumes, and cleaners.
- Excluding animals with fur.

Severe allergic reactions (anaphylaxis)

Prevention is the most important method to manage anaphylaxis. Avoidance of exposure to the allergen is the best way to prevent a reaction. Most (but not all) anaphylactic reactions in schools are caused by accidental exposure to food allergens or insect stings.

Schools are a high-risk setting due to the large number of students and staff, increased exposure to offending allergens, and possibility of cross-contamination. However, schools should strive to maximize inclusiveness to the greatest extent possible without sacrificing safety.

A good approach to prevention of anaphylaxis is for school districts to distinguish between building-wide, classroom and individual approaches to allergy prevention and management.

While only eight foods (milk, egg, peanut, tree nuts, fish, shellfish, wheat, and soy) account for **approximately 90 percent** of all food-allergic reactions, a person can be allergic to virtually any food.

Primary foods causing food-allergic reactions:

- Peanut
- Tree Nuts
- Milk
- Egg
- Wheat
- Soy

- Fish
- Shellfish

Other common causes of severe reactions include:

- Medications
- Latex
- Insect Stings.

Areas or activities for special consideration:

- Substitute or Guest Teacher Training
 - Avoid leaving students with a diagnosed allergy and known history of moderate to severe reaction (or the potential) in the care of untrained staff during school day or after-school activities.
 - Keep the student's Food Allergy/Emergency Action Plan in a place that is easily accessible by all necessary staff, including substitute teachers.
- Cafeteria
 - Establish appropriate cleaning protocols to remove allergens and avoid contamination of tables where food allergic students will be eating.
 - When possible, keep cafeteria windows closed and outdoor garbage storage away from eating, studying, and play areas.
 - Encourage and facilitate students to wash their hands before AND after eating.
 - Ensure each food item is served with its own utensil by trained staff to avoid cross-contact.
- Food Sharing
 - Establish a school rule to prevent sharing of food throughout the school day.

3. EMERGENCY MEDICATIONS

A. Standing Orders

- A physician employed or authorized by the Department of Health may provide a standing order in the name of the school or school district for a stock supply of albuterol aerosol canisters and spacers, and/or a stock supply of standard-dose and pediatric-dose epinephrine auto-injectors for use in accordance with this rule. This physician is usually the Regional Health Officer for the respective region.
- Each local school board or governing body may request in writing a standing order for and may provide to schools within its jurisdiction stock supplies of albuterol and/or epinephrine. In order to request a standing order, the school board must review and acknowledge in writing the rules and recommendations developed by the department for emergency medication use. The request for a standing order needs to be written and submitted to the Department of Health approved physician who then issues the standing orders which must be in writing.
- A pharmacist may provide a stock supply of albuterol aerosol canisters and spacers and/or a stock supply of standard-dose and pediatric-dose epinephrine auto-injectors pursuant to a standing order prescribed in accordance with this section. Medications may be directly obtained from the pharmacy by a school nurse or delivered to the school in accordance with the school's established procedure.

B. Board of Pharmacy requirements

Class C Medication rooms will continue to adhere to the Board of Pharmacy regulations for both Class C medication room and Class D Medication storage areas.

The Board of Pharmacy (BOP) Policy and Procedure Manual for School Based Emergency Medicine Class D Medication storage areas is included in its entirety in the appendices. The key elements of the BOP requirements are discussed in the following sections.

C. Security

For the Class D Clinic Medication storage area, emergency medications must be stored in a secondary, secure but unlocked, tamper evident container. This container must be in a restricted area but readily accessible to trained personnel. Examples of restricted areas other than the school nurse's office include the secretary's office in a school.

An example of a container that can be secured with a zip tie (to keep it secure and show signs of tampering) is shown:



D. Equipment

Each Class D Medication room will have the following equipment in addition to medications:

- Reference materials: an updated reference source, appropriate to each practice site, either electronic or paper version.
- One copy of the most recently published New Mexico Board of Pharmacy laws, rules and regulations and available revisions, either electronic or paper version (see appendix for link).
- Regional poison control center's telephone number.
- Secondary unlocked but secure (tamper evident) container must be used to store the medication.
- Thermometer appropriate to monitor drug storage area temperature.
- Class D clinics carrying epinephrine auto-injectors shall have a sharps container.
- Class D clinics carrying albuterol Metered Dose Inhalers (MDIs) shall have spacers. Inexpensive cardboard spacers with a one way valve are available from Thayer Medical. An order form for the spacers is in the appendices. The cardboard spacer is shown in use:



E. Sanitation

Albuterol MDIs and/ or epinephrine auto-injectors shall be kept in manufacturer's original packaging until time of use. Medications must be maintained in clean, orderly and sanitary conditions.

F. Licensing

All School Based Emergency Medicine clinics shall maintain current NM Board of Pharmacy class D clinic licensure. The license allows for administration of School Based Emergency Medicine by qualified personnel. Applicant shall submit required application and fee to the NM Board of Pharmacy office. A copy of the current Class D clinic registration and consultant pharmacist's license shall be posted in the drug storage area.

G. Formulary

Class D clinic shall only stock albuterol MDI and/or epinephrine auto-injector.

H. Storage provisions

For a school district to implement the Emergency Medications in School program, either a Class C Medication Room or a Class D Clinic Medication Storage Area is **needed in each site** that stocks emergency medications. If a school district already has a Class C Medication Room, emergency

medications can be stocked in that medication room; the following guidance for storing albuterol and/or epinephrine still needs to be followed.

Please note that if a school district has a Class C Medication Room and they want to have emergency medications in other sites, a Class D Medication Storage Area will be required for those sites, i.e. in other campuses or buildings.

For school districts without a current Class C medication room, a Class D Clinic Medication Storage Area is needed in each site that stocks emergency medications. Medication Storage will be in compliance with the following guidelines that can be found in the NM Board of Pharmacy Policy and Procedure Manual beginning in section G. (Manual begins on page 22 of this document).

1. **Albuterol**- Each school that obtains a stock supply of albuterol aerosol canisters and spacers shall store them:
 - In a secure location that is unlocked and readily accessible to a school nurse to administer albuterol;
 - Pursuant to Board of Pharmacy regulations, including requirements for storage, record maintenance and medication storage area audits or consulting pharmacists audits; and
 - Within the manufacturer-recommended temperature range.

Storage of albuterol inhalers includes:

- Storage at room temperature between 59°F and 77°F (15°C and 25°C) with the mouthpiece down.
- Avoiding exposure to extreme heat and cold.
- Do not puncture the inhaler canister
- Do not store the inhaler canister near heat or a flame. Temperatures above 120°F may cause the canister to burst.
- Do not throw the inhaler canister into a fire or an incinerator

2. **Epinephrine**- Each school that obtains a stock supply of standard-dose and pediatric-dose epinephrine auto-injectors shall store them:

- In a secure location that is unlocked and readily accessible to trained personnel;
- Pursuant to Board of Pharmacy regulations including requirements for storage, record maintenance and medication room audits or consulting pharmacists visits.

Storage of Epinephrine and Epinephrine Jr Auto-Injectors includes:

- Storage at 68° to 77° F (20° to 25° C).
- Protection from light.
- Do not expose to extreme cold or heat. For example, do not store in a vehicle's glove box and do not store in the refrigerator or freezer.
- Examine contents in the clear window of the auto-injector periodically. The solution should be clear. If the solution is discolored (pinkish or brown color) or contains solid particles, replace the unit.
- Always keep epinephrine auto-injector in the carrier tube to protect it from damage; however, the carrier tube is not waterproof.
- The epinephrine auto-injector has an expiration date. Maintain a record keeping system so medications are replaced before the expiration date.
- Dispose epinephrine auto-injectors in sharps container with other biohazardous waste.

3. Summer storage- during times when school is closed for prolonged periods, arrangements will be made for monitoring storage conditions, especially temperature and assuring that the temperature stays within the range stated for each medication.
 - For summer storage, some schools have used small portable cooling devices, similar to those used for wine, to keep medications between 68 to 77° F. Refrigerating epinephrine will cool it too much.

I. Medication Record Keeping

1. For both Class C and D Medication Rooms, records will be kept for stock albuterol and/or auto-injector epinephrine. Record keeping will include:
 - Date medication was received
 - Product description
 - Lot number
 - Expiration date
 - Destruction or disposal date.

A sample log sheet for medications is included in the appendix.

2. For the Class D clinic medication storage area, self-assessment forms will be submitted to the consultant pharmacist to be completed annually. The forms are then submitted to the Board of Pharmacy every other year as part of the license renewal process.

A self-assessment form for Class D Clinic Medication Storage Areas is included in the appendix.

3. School boards or governing bodies are responsible for retaining services of, contracting with, or arrange for services of a consultant pharmacist. The pharmacist must be licensed in New Mexico and review the annual self-assessment forms. If school boards experience difficulty in locating a pharmacist, they can ask the New Mexico Pharmacists Association for assistance (NMPhA). NMPhA can be reached at 1-800-464-8729 or <http://www.nmpharmacy.org/>.

J. Disposal

Each local school board or governing body shall ensure disposal of expired emergency medication pursuant to Board of Pharmacy regulations. Expired medications will be placed in a separate quarantine section of the storage area and disposed of per the Class C or D medication storage area regulations.

1. The consultant pharmacist assumes responsibility for the destruction or removal of unwanted or outdated dangerous drugs, including controlled substances, as required by laws and regulations. [NMAC 16.19.4.11(C) b].
2. Expired medications may be returned to the supplying pharmacy or disposed of in a manner in accordance with Board of Pharmacy regulations.
3. Resources for direction in proper disposal of expired medications are the board of pharmacy's approved Policy and Procedure Manual (pages 25 & 26, section K, N & O) and the consultant pharmacist.
4. A record of disposed medications will be kept.
 - A sample medication log sheet, including destruction, is included in the appendix.

K. Procurement and maintenance of emergency medications

1. A local school board may accept gifts, grants, bequests or donations from any source to carry out the provisions of this rule, including:
 - Albuterol aerosol canisters and spacers or epinephrine auto-injectors from a manufacturer or wholesaler; or,
 - Epinephrine or albuterol from a manufacturer or wholesaler of such medication.
 - However, medications cannot be donated by individuals for whom the medication was prescribed.
2. School districts may buy prescribed medications directly from pharmacies after obtaining a standing order.
3. Schools will keep a record of any grants, gifts, bequests or donations. The record is to be held at the school in the school office for 3 years and can be inspected upon request. The records will be kept in the school health office by the school nurse.
4. Schools will maintain a supply of emergency medications.
 - When medications are used, the supply will be replenished.
 - Medications in stock will be checked on a regular basis to verify that medications are not expired.

4. TRAINING

School districts that decide to maintain and administer emergency medications will follow the New Mexico Department of Health Rules and Recommendations, according to the following guidelines:

Use of albuterol:

- a) PED licensed school nurses will complete training on administering albuterol reviewed and approved by the department.
- b) Current school nurses will complete the training a minimum of one time and as determined by the department; new school nurses will complete the training as part of their orientation process and then as determined by the department.
- c) Refresher trainings on albuterol administration may be recommended by the department.

Use of epinephrine:

- a) School personnel, including non-licensed personnel, will complete training on administering epinephrine that is reviewed and approved by the department. Current school nurses will complete the training one time and new school nurses will complete the training as part of their orientation process. Non-licensed personnel will complete the training annually.

Training will be documented and a training log will be kept at each school in the school health office for a minimum of 3 years. Training records may be maintained electronically or in hard copy.

A PED licensed School Nurse will provide oversight of the program in the school, including training.

5. ADMINISTRATION OF EMERGENCY MEDICATIONS

Albuterol:

- a) **Only a PED licensed school nurse, who has completed the requisite training, will administer inhaled albuterol on an emergency basis**, per the New Mexico Nurse Practice Act.
- b) If no school nurse is available, immediately call 911.
- c) Inhaled stock albuterol will be given for treatment of respiratory distress only when the student is experiencing respiratory distress, per criteria that will be covered in training, and does not have medication available. Albuterol may be administered to students who have not previously been diagnosed with conditions leading to respiratory distress and students who have a history of respiratory disease but who do not have medication at school.
- d) A disposable spacer is used with the albuterol inhaler. After use, the spacer will be disposed. For young children and students who cannot appropriately use an inhaler with a spacer, an appropriately sized mask is used.
- e) Shake the inhaler canister well before use.
- f) When stock albuterol is used, 911 will be called immediately to activate the emergency response system.
- g) After administration of albuterol, the student's condition will be continuously monitored and any additional treatment indicated will be given until an emergency medical system responder arrives.
- h) As soon as practical, the parent, guardian or legal custodian of the student having respiratory distress will be notified by phone or in accordance with contact information on file at the school.
- i) A log will be kept of when albuterol is used and the outcome of the student. These logs will be kept in the school health office at least three years and be available for review upon request. Logs will be maintained by the school nurse. Logs may be either electronic or hard copy.
- j) An Adverse Event Form will be completed when albuterol is administered on an emergency basis. The form will be submitted within three working days to the regional School Health Advocate (SHA) or the NM Department of Health Regional Health Officer (RHO). A sample form is in the appendices.

The supply of emergency albuterol allowed under this law is not intended to replace albuterol prescribed to students with known asthma. Physicians should still prescribe albuterol as appropriate and encourage parents whose children are suffering from asthma to put in place an Emergency Action Plan, an Individual Health Care Plan, or a Section 504 Plan with their child's school.

Epinephrine:

- a) School personnel, including non-licensed personnel, who have completed the requisite training, may administer epinephrine on an emergency basis.
- b) Epinephrine will be given for treatment of severe anaphylactic reactions only when the student is experiencing signs of anaphylaxis, per criteria that will be covered in training, and does not have medication available. This includes students who have not previously been diagnosed with conditions leading to anaphylaxis and students who have a history of anaphylaxis and who do not have medication at school.
- c) Each school that receives a stock supply of standard-dose and pediatric-dose epinephrine auto-injectors shall:

- Develop and implement a plan to have one or more trained personnel on the school premises during operating hours, which includes class time and after-school activities; and,
 - Follow an anaphylactic reaction prevention protocol, as recommended by the department, to minimize an allergic student's exposure to food allergies.
- d). When stock epinephrine is used, 911 will be called immediately to activate the emergency response system. After administration of epinephrine, the student's condition will be continuously monitored and any additional treatment indicated will be given until an emergency medical system responder arrives.
- d) As soon as possible, the parent, guardian or legal custodian of the student will be notified by phone or in accordance with contact information on file at the school.
- e) A log will be kept of when epinephrine is used and the outcome of the student. These logs will be kept in the school health office and be available for review upon request.
- f) An Adverse Event form will be completed when albuterol is administered on an emergency basis. The form will be submitted within three working days to the regional School Health Advocate (SHA) or the NM Department of Health Regional Health Officer (RHO). A sample form is in the appendices.

The supply of emergency epinephrine allowed under this law is not intended to replace epinephrine prescribed to students with known allergies. Physicians should still prescribe epinephrine as appropriate and encourage parents whose children are suffering from a severe allergy to put in place an Emergency Action Plan, an Individual Health Care Plan, or a Section 504 Plan with their child's school.

6. RESOURCES FOR SCHOOL DISTRICTS

Centers for Disease Control and Prevention. *Strategies for Addressing Asthma Within a Coordinated School Health Program*. Washington, DC: US Department of Health and Human Services; 2013.
<http://www.cdc.gov/healthyyouth/asthma/strategies/asthmacsh.htm>

Centers for Disease Control and Prevention. *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs*. Washington, DC: US Department of Health and Human Services; 2013.
http://www.cdc.gov/healthyyouth/foodallergies/pdf/13_243135_A_Food_Allergy_Web_508.pdf

Clinical Conversations for the School Nurse: *Food Allergy Management in the School Setting*. National Association of School Nurses; 2014.
<https://www.nasn.org/ToolsResources/FoodAllergyandAnaphylaxis/ClinicalConversationsfortheSchoolNurse>

Safe at School and Ready to Learn: A Comprehensive Policy Guide for Protecting Students with Life-Threatening Food Allergies, Second Edition. National School Boards Association; 2012.
<http://www.nsba.org/safe-school-and-ready-learn-comprehensive-policy-guide-protecting-students-life-threatening-food>

7. EMERGENCY RESPONSE PROTOCOLS

- Emergency **Nursing Protocol** for Students With Respiratory Distress Page 15
- Emergency **Response Protocol** for Students With Symptoms of Severe Allergies Page 16
- Algorithm for Respiratory Distress Page 17
- Algorithm for Anaphylaxis Symptoms Page 18

Emergency **Nursing Protocol** for Students
With Respiratory Distress without Medications

IF NO RN (PED LICENSED SCHOOL NURSE) IS AVAILABLE- CALL 911

IF RN (PED LICENSED SCHOOL NURSE) IS AVAILABLE FOLLOW THE PROTOCOL BELOW:

Check and record respirations and pulse rate.

Observe for signs and symptoms of respiratory distress:

- Coughing, wheezing, noisy breathing, whistling in the chest.
- Difficulty or discomfort when breathing, tightness in chest, shortness of breath
- Chest pain,
- Breathing hard and/ or fast.
- Nasal flaring (nostril opens wide to get in more air).
- Can only speak in short phrases or not able to speak.
- Blueness around the lips or fingernails.

Take Immediate Action

- **Direct someone to call 911.**
 - **DO NOT DELAY TREATMENT IF NO ONE IS AVAILABLE TO CALL 911.**
- Treat with inhaled albuterol.
Contact parent/guardian.

Initial Treatment

Inhaled albuterol: Up to two treatments, of 4-6 puffs, 20 minutes apart by MDI.

- Use spacer
- Use appropriate sized mask if needed

Restrict physical activity, allow student to rest.

Remain with student.

Administer oxygen (if appropriate and available)*.

Contact parent/guardian.

Assess response after ~ 10 minutes.

*Per standing order from RHO in NM School Health Manual.

Poor Response

Poor response consists of persistent wheezing or dyspnea.

Consider epinephrine if poor response to albuterol and EMS not yet on scene.

Emergency **Response Protocol** for Students
With Symptoms of Severe Allergies Who Don't Have Medications

Signs of severe allergic reaction noted:

Mouth: Itching, tingling, or swelling of lips, tongue, and mouth

Skin: Hives, itchy rash, swelling on the face or extremities

Gut: Nausea, abdominal cramps, vomiting, diarrhea

General: Panic, sudden fatigue, chills, feeling of impending doom

Potentially life-threatening symptoms that may occur

Throat: Tightening of throat, hoarseness, hacking cough

Lung: Shortness of breath, repetitive coughing, wheezing

Heart: **THREADY** pulse, passing out, fainting, paleness, blueness

If reaction is progressing, several of the above body systems may be affected

Take Immediate Action

- **Direct someone to call 911.**

- Give auto-injected epinephrine in thigh muscle and hold for 10 seconds:

Weight

33-55* pounds

Use

EpiPen Junior or Auvi-Q .15 mg (blue box)

.15 mg usually preschool age

>55* pounds

EpiPen or Auvi-Q* .30 mg (red box)

Note time that epinephrine is given.

*Due to the recent recall of Auvi-Q, please ensure that the medication is a non-recalled product.

Continued Treatment

Lay student flat and raise legs.

Restrict physical activity, allow student to rest.

Remain with student.

Contact parent/guardian.

Assess response after ~ 10 minutes.

Poor Response

Poor response consists of continued problems.

After 10- 15 minutes, give second dose of epinephrine if EMS not yet on scene and symptoms persist.

*Per American Academy of Pediatrics, National Institute of Allergy and Infectious Disease and American Academy of Allergy, Asthma and Immunology

Recognize Symptoms of Respiratory Distress

IF NO RN (PED LICENSED SCHOOL NURSE) AVAILABLE- CALL 911

WHEN RN (PED LICENSED SCHOOL NURSE) IS AVAILABLE:

Recognize Common Symptoms

- Coughing, wheezing, noisy breathing, whistling in the chest.
- Difficulty or discomfort when breathing, tightness in chest, shortness of breath, chest pain, breathing hard and/ or fast.
- Nasal flaring (nostril opens wide to get in more air).
- Can only speak in short phrases or not able to speak.
- Blueness around the lips or fingernails.

- Administer albuterol per standing order. Note time and dose given.
 - Give 4-6 puffs by MDI with spacer, use mask if indicated
- Call 911. Advise respiratory distress suspected and albuterol was given.
- Direct someone to call parent/guardian.
- Restrict physical activity, allow student to rest.
- Remain with student.
- Administer oxygen (if appropriate and available).
Per standing order from RHO in NM School Health Manual.

- Repeat dose after 20 minutes if symptoms persist.
- Stay with and monitor individual until EMS arrives.
- Provide EMS with information on name, date and time medication given.

- EMS transport to hospital
- **Even if symptoms improve**



Recognize Anaphylaxis Symptoms

Recognize Common Symptoms

- Itching, tingling, or swelling of lips, tongue, and mouth
- Hives, itchy rash, swelling on the face or extremities
- Nausea, abdominal cramps, vomiting, diarrhea
- Panic, sudden fatigue, chills, feeling of impending doom



- Determine proper dose of epinephrine
- Administer epinephrine per standing order. Note time and dose given.
- Maintain airway, monitor circulation, start CPR as indicated
- Call 911. Advise anaphylaxis suspected and epinephrine was given.
- Call School Nurse and advise of situation.
- Direct someone to call parent/guardian.



- Repeat dose after 5 -15 minutes if symptoms persist.
- Stay with and monitor individual until EMS arrives.
- Provide EMS with used epinephrine auto-injector labeled with name, date and time given to take to hospital with student.



- EMS transport to hospital
- **Even if symptoms improve**



8. APPENDICES

- Board of Pharmacy Policy and Procedure Manual for School Based
Emergency Medicine Class D Clinic
(Includes Board of Pharmacy Requirements for program)

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Links to Board of Pharmacy forms on website:

- Initial Application
[http://www.rld.state.nm.us/uploads/files/SBEM%20CDC%20initial%20application%20revised%209%2022%2015\(1\).pdf](http://www.rld.state.nm.us/uploads/files/SBEM%20CDC%20initial%20application%20revised%209%2022%2015(1).pdf)
 - Renewal Application
http://www.rld.state.nm.us/uploads/FileLinks/303bc048c3aa4ac2a80f36860ac806ee/SBEM_CDC_Renewal_application_9_24_15.pdf
 - Perpetual Inventory for Epinephrine Auto-injector
<http://www.rld.state.nm.us/uploads/files/Epinephrine%20Perpetual%20Inventory%20.pdf>
 - Perpetual Inventory for Albuterol
<http://www.rld.state.nm.us/uploads/files/Albuterol%20Perpetual%20Inventory.pdf>
 - Temperature log
<http://www.rld.state.nm.us/uploads/files/Drug%20Storage%20Area%20Temp%20Log.pdf>
 - Drug Storage Out of Temp Range Report
<http://www.rld.state.nm.us/uploads/files/SBEM%20Quarterly%20Inspection%20Out%20of%20Temp%20Log.pdf>
 - Annual Self-Assessment Form (Annual audit form)
<http://www.rld.state.nm.us/uploads/files/SBEM%20Self%20assessment%20v3.pdf>
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- Sample Anaphylaxis Policy and Procedure (Epinephrine) Page 34
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 - Adverse Event Form Page 41
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School Based Emergency
Medicine Class D Clinic
REQUIRED FOR COMPLIANCE

NM Board of Pharmacy
Approved Policy and
Procedure Manual

School Based Emergency Medicine Class D Clinic NM Board of Pharmacy Policy and Procedure Manual

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- A. Security: Emergency medications must be stored in a secondary, secure but unlocked, tamper evident container. This container must be in a restricted area but readily accessible to trained personnel.
 - a. A current list of trained school personnel authorized to administer emergency medicine will be maintained and available for inspection.
 - b. Access to the drug storage container shall be limited to trained and authorized personnel.
- B. Equipment: The clinic shall have the necessary equipment for the safe and appropriate storage of drugs [albuterol metered dose inhaler (MDI), and/or epinephrine auto-injector]. The following items shall be in the clinic:
 - a. Reference materials: an updated reference source, appropriate to each practice site, either electronic or paper version.
 - b. One copy of the most recently published New Mexico Board of Pharmacy laws, rules and regulations and available revisions, either electronic or paper version.
 - c. Regional poison control center's telephone number.
 - d. Secondary unlocked but secure (tamper evident) container must be used to store the medication.
 - e. Thermometer appropriate to monitor drug storage area temperature.
 - f. Class D clinics carrying epinephrine auto-injectors shall have a sharps container.
 - g. Class D clinics carrying albuterol MDIs shall have spacers.
- C. Sanitation: Albuterol MDIs and/ or epinephrine auto-injectors shall be kept in manufacturer's original packaging until time of use. Medications must be maintained in clean, orderly and sanitary conditions.
- D. Licensing: All School Based Emergency Medicine clinics shall maintain current NM Board of Pharmacy class D clinic licensure. The license allows for administration of School Based Emergency Medicine by qualified personnel. Applicant shall submit required application and fee to the NM Board of Pharmacy office. A copy of the current Class D clinic registration and consultant pharmacist's license shall be posted in the drug storage area.
- E. Formulary: Class D clinic shall only stock albuterol MDI and/or epinephrine auto-injector.

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- F. Drug Storage: Space for the storage and utilization of drugs shall have proper ventilation, lighting, temperature controls and adequate security as specified in this manual. The drug storage area shall be kept clean and orderly at all times.
- a. Medication shall be stored in the manufacturer's original packaging until the time of administration, and in a secondary, secure but unlocked tamper-evident container. A list of the contents, including expiration dates, must be posted on the outside of the container. Expiration dates shall be monitored to ensure stock is in date to facilitate a timely replacement of short dated drugs.
 - b. Unusable and/or unwanted drug will be placed in a secure quarantine area and held for destruction. Removal options are transfer to another licensed clinic, return to the legitimate source of supply (i.e. wholesaler), or to a reverse distributor. Remaining portions of used albuterol MDI and/or epinephrine auto-injector may be destroyed by the consultant pharmacist.
 - c. All medications will be stored at controlled room temperature (68-77°F)¹. The daily temperature log shall be completed on school days. In addition, proper drug storage temperature shall be maintained when school is not in session.
 - i. Epinephrine auto-injector shall be protected from light. The contents shall be inspected through the clear window of the auto injector quarterly with proper storage conditions, and upon temperature excursions outside the range of 59-86°F. The solution should be clear; if it is discolored or contains particulates, replace the unit.
- G. Temperature monitoring in a clinic with albuterol MDI and/or epinephrine auto-injector: The daily temperature log shall be completed on school days. In addition, proper drug storage temperature shall be maintained when school is not in session. A thermometer shall be maintained in each Class D clinic to monitor and maintain proper drug storage area temperature. The thermometer shall have the capability to record daily highs and lows with memory of such in order to review temperatures of non-school days. Alternatively, a thermometer with capability to electronically notify a designated person of out-of-range temperatures will suffice, if designated person takes corrective action.
- H. Packaging and Repackaging: No packaging or repacking occurs at Class D clinics
- I. Dispensing and Distributing: No dispensing or distributing occurs at Class D clinics
- J. Supervision: duties of the consultant pharmacist
- a. Review records at least annually. This review shall include a review of the Self-Assessment Form, receipt, disposition records, and storage records. This annual review does not require an on-site visit by the consultant pharmacist.
 - b. Oversee the removal of unused or unwanted albuterol MDI and/or epinephrine auto-injector. Removal options are transfer to another licensed clinic, return to the legitimate

¹ Controlled room temperature as defined by USP, <695>, packaging and storage requirements

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- source of supply (e.g. wholesaler) or to a reverse distributor. Remaining portions of used dangerous drugs may be destroyed by the consultant pharmacist.
- c. Review albuterol MDI and/or epinephrine auto-injector administration records within 72 hours of administration. This review shall be documented and available for inspection by the NM Board of Pharmacy at the licensed location for 3 years. Review shall include verification of compliance with procedures and protocols, including administration by properly trained personnel.
 - d. Ensure required records are available for inspection at the licensed location for three years, including a log of activities and communications of consultant pharmacist.
 - e. Verify a current list of trained authorized personnel, in accordance with NM Department of Health requirements, is maintained at the licensed location and available for inspection by the NM Board of Pharmacy.
 - f. Approve a policy and procedures manual outlining procedures for the receipt, storage, record keeping, administration and accountability of all dangerous drugs. This includes policies and procedures for the removal and destruction of unwanted, unused, outdated or recalled dangerous drugs. Must verify compliance with all training and protocols required by the NM Department of Health.
- K. Labeling and Relabeling: No labeling or relabeling will occur.
- L. Samples: Only samples of albuterol MDIs and/or epinephrine auto-injector may be stocked in a Class D clinic.
- M. Drug Destruction and Returns: Removal options for unusable, unwanted albuterol MDI and/or epinephrine are: transfer to another licensed clinic, return to the legitimate source of supply, or to a reverse distributor. Remaining portions of used dangerous drugs may be destroyed by the consultant pharmacist. Destruction record must be maintained on-site and available for inspection by the NM Board of Pharmacy
- N. Drug and device procurement: All drugs shall be obtained from a NM Board of pharmacy licensed distributor, resident pharmacy, drug manufacturer representative, or transferred from another class D clinic (only appropriately stored, unused and in date stock). Procurement records shall be maintained on-site and available for inspection by the NM Board of Pharmacy.
- O. Records: All records required by the NM Board of Pharmacy shall be maintained on site and available for inspection for 3 years.

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Policy and Procedure Manual periodic review dates:

| PHARMACIST | DATE of review and approval |
|------------|-----------------------------|
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Medication access is limited to trained and authorized personnel.

All trained and authorized individuals must read the manual, and sign below.

I have read and understand this drug policy and procedure manual:

| Printed Name _____ | Signature _____ | Date _____ |
|--------------------|-----------------|------------|
| _____ | _____ | Date _____ |
| _____ | _____ | Date _____ |
| _____ | _____ | Date _____ |
| _____ | _____ | Date _____ |
| _____ | _____ | Date _____ |
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| _____ | _____ | Date _____ |
| _____ | _____ | Date _____ |
| _____ | _____ | Date _____ |
| _____ | _____ | Date _____ |

School Based Class D Clinic
 Emergency Medication Perpetual Inventory for *Albuterol MDI*

Clinic Name: _____

| Date | Student Name & id number/ Source of medication / Disposition other than administration | Lot | Exp. | Quantity Received | Quantity emoved from Stock | Reason for Removal (See below)* | Person documenting Removed from /added to inventory [†] | Ending Inventory | Pharmacist reviewed administration records within 72 hours Yes or No |
|------|--|-----|------|-------------------|----------------------------|---------------------------------|--|------------------|--|
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*Reason for Removal
 A= Administration, E= Expired, T=Transferred, R=Recalled, D=Destroyed

[†] Person adding or removing drug shall be the one to complete the entry

Month/Year: _____

School Based Emergency Medicine Class D Clinic Drug Storage Area Temperature Log

Clinic Name: _____

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
|--------------|--|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| Min Temp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Max Temp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Room Temp °F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ≥86 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 82 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 81 | Take immediate CORRECTIVE ACTION if the temperature is in the shaded area * | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 64 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 63 | Take immediate CORRECTIVE ACTION if the temperature is in the shaded area * | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ≤59 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Person checking the temperature will initial the box corresponding to the temperature on the appropriate date. * If the temperature is out of range, take corrective action. Document result. If temp is above 86°F or below 59°F contact consultant pharmacist for instructions and complete the Quarterly Medication Inspection/Drug Storage Out of Temp Range Report.

School Based Emergency Medicine Class D Clinic Quarterly (During School Session)/ Medication Inspection/

Drug Storage out of Temp Range ($\leq 59^{\circ}\text{F}$ or $\geq 86^{\circ}\text{F}$) Report

Clinic Name: _____

| Date | Inspection type: quarterly or out of range temperatures * | Completed by (initials) | Is drug in date? | Are unwanted/ unusable drugs quarantined | Are drug storage conditions proper (clean, sanitary, orderly, etc.)? | Are the contents of the epinephrine auto-injector clear and no particulates? | Medication is in original manufacturer's packaging until time of use? | Secondary container contents, including expiration dates, are listed and attached to container? | Has drug been exposed to temperatures $\leq 59^{\circ}\text{F}$ or $\geq 86^{\circ}\text{F}$? | How long was drug out the $\geq 86^{\circ}\text{F}$ or $\leq 59^{\circ}\text{F}$ range? | For out of range temperature, when pharmacist contacted what instructions were given? | What occurred as a result of the pharmacist instructions? |
|------|---|-------------------------|------------------|--|--|--|---|---|--|---|---|---|
| | | | Y or N | Y or N | Y or N | Y or N | Y or N | Y or N | Y or N | | | |
| | | | Y or N | Y or N | Y or N | Y or N | Y or N | Y or N | Y or N | | | |
| | | | Y or N | Y or N | Y or N | Y or N | Y or N | Y or N | Y or N | | | |
| | | | Y or N | Y or N | Y or N | Y or N | Y or N | Y or N | Y or N | | | |
| | | | Y or N | Y or N | Y or N | Y or N | Y or N | Y or N | Y or N | | | |
| | | | Y or N | Y or N | Y or N | Y or N | Y or N | Y or N | Y or N | | | |
| | | | Y or N | Y or N | Y or N | Y or N | Y or N | Y or N | Y or N | | | |
| | | | Y or N | Y or N | Y or N | Y or N | Y or N | Y or N | Y or N | | | |
| | | | Y or N | Y or N | Y or N | Y or N | Y or N | Y or N | Y or N | | | |
| | | | Y or N | Y or N | Y or N | Y or N | Y or N | Y or N | Y or N | | | |
| | | | Y or N | Y or N | Y or N | Y or N | Y or N | Y or N | Y or N | | | |
| | | | Y or N | Y or N | Y or N | Y or N | Y or N | Y or N | Y or N | | | |
| | | | Y or N | Y or N | Y or N | Y or N | Y or N | Y or N | Y or N | | | |
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| | | | Y or N | Y or N | Y or N | Y or N | Y or N | Y or N | Y or N | | | |
| | | | Y or N | Y or N | Y or N | Y or N | Y or N | Y or N | Y or N | | | |

*Inspection type

Initials

Printed name & Title

Initials

Printed Name & Title

Q= quarterly, Out of Temp Range: TR



BOARD OF PHARMACY

New Mexico Regulation and Licensing Department

BOARDS AND COMMISSIONS DIVISION

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www.RLD.state.nm.us/pharmacy.aspx

SCHOOLBASED EMERGENCY MEDICINE CLASS D CLINIC ANNUAL SELF-ASSESSMENT FORM

Clinic Name: Date: Clinic Address: City: Zip: Clinic Phone: Clinic Fax: Email: Clinic Contact person & Phone number: NMBOP License Number: Expiration Date: Consultant Pharmacist Name and Phone Number:

- 1. POLICY AND PROCEDURE MANUAL
a. Current, approved, NM Board of Pharmacy Policy and Procedure Manual Maintained on site: Yes No
i. Reviewed and approved by consultant pharmacist (annually): Yes No
ii. Reviewed and signed by personnel trained and authorized to administer medication(s)
b. Clinic adheres to NM Board of Pharmacy approved Policy and Procedures Manual: Yes No
c. Medications stocked are limited to epinephrine auto-injector and/ or albuterol MDI: Yes No
2. RECEIPT RECORDS
a. Accurate receipt records are maintained (perpetual inventory form): Yes No
b. Drug source is registered with the NM Board of Pharmacy: Yes No
c. Receipt records are signed and dated by person accepting receipt of medications: Yes No
d. Receipt records are maintained on-site and available for inspection or 3 years: Yes No
3. DRUG STORAGE
a. All medications are stored under clean, sanitary and orderly conditions: Yes No
b. Drugs are kept in the manufacturer's original packaging until time of use: Yes No
c. Medications are kept in a secondary, secure but unlocked tamper-evident container: Yes No
d. The secondary container has a list of contents attached to outside of the container, including drug name and expiration dates: Yes No
e. Drugs are stored in a restricted, secure but unlocked area and readily assessable to authorized, trained personnel: Yes No
f. Temperature logs for the drug storage area are maintained within appropriate range: Yes No
g. Unwanted and/ or unusable drug is placed in a secure quarantine area: Yes No
h. Quarterly medication inspection reports are completed and available for inspection: Yes No
4. PACKAGING AND REPACKAGING
No packaging or repackaging, occurs at this clinic: Yes
5. DISPENSING AND DISTRIBUTING
No dispensing or distribution occurs at this clinic: Yes
6. ADMINISTRATION AND REMOVAL RECORDS
a. Records are kept of medications removed from stock (Perpetual Inventory form): Yes No
b. Records of transfer, return to wholesaler, reverse distributor and/or destruction are available on-site and available: Yes No
for inspection by the NM Board of Pharmacy: Yes No
7. EQUIPMENT AND LICENSING
a. A current and appropriate drug information reference, in print or online, is available: Yes No
b. A copy of the NM State Board of Pharmacy drug laws and regulations, in print or online, is available: Yes No
c. Poison control center's telephone number is available: Yes No
d. Current school based emergency medicine class D clinic license is posted: Yes No
e. Consultant pharmacist's current license is posted: Yes No
f. Current school based emergency medicine class D clinic self-assessment form is posted: Yes No
8. TRAINED AND AUTHORIZED PERSONNEL
a. Current record of training of authorized personnel maintained: Yes No
b. Access to medications is limited to trained and authorized personnel: Yes No
9. CONSULTANT PHARMACIST (TO BE COMPLETED BY CONSULTANT PHARMACIST)
a. Ensures a current and appropriate drug information reference is available at the clinic (in print or online): Yes No
b. Reviews and approves clinic's NM Board of Pharmacy required records, including this form: Yes No
c. Oversees the removal of dangerous drugs, and ensures proper documentation and record maintenance: Yes No
d. Ensures clinic compliance with the NM Board of Pharmacy approved Policy and Procedure Manual (and annual approval is documented): Yes No
e. Verifies compliance with all training and protocols for School Based Emergency Medicine clinics required by the NM Department of Health: Yes No
f. Verifies compliance with proper drug storage conditions: Yes No
g. Documentation of consultant pharmacist's activities and communications are maintained at the clinic and available for inspection: Yes No

I CERTIFY THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE

Printed name and title of clinic representative Signature Date
I HAVE REVIEWED AND APPROVE THIS COMPLETED SELF-ASSESSMENT FORM
Printed name of Consultant R.Ph. Consultant R.Ph. signature Date

Sample Anaphylaxis Policy

(Severe Allergic Reaction)

It is the policy of _____ Public Schools to provide at least two (2) doses of auto-injectable epinephrine (hereinafter called 'stock epinephrine') in each school, to be administered by a school nurse or employee of the school who is authorized and trained in the administration of epinephrine to any student believed to be having an anaphylactic reaction on school premises, during the academic day.

Policy Limitations

The supply of emergency epinephrine allowed under this law is not intended to replace epinephrine prescribed to students with known allergies. Physicians should still prescribe epinephrine as appropriate and encourage parents whose children are suffering from a severe allergy to put in place an Emergency Action Plan, an Individual Health Care Plan, or a Section 504 Plan with their child's school. This policy extends to activities off school grounds (including transportation to and from school, field trips, etc.) or outside of the academic day (sporting events, extra-curricular activities, etc.).

Overview

Anaphylaxis is a severe systemic allergic reaction from exposure to allergens that is rapid in onset and can cause death. Common allergens include animal dander, latex, insect venom, medications, and foods. The eight most common food allergies are to these foods:

- peanuts
- fish
- milk
- tree nuts
- eggs
- wheat
- soy
- shellfish.

A severe allergic reaction usually occurs quickly; death has been reported to occur within minutes. An anaphylactic reaction can occur up to one to two hours after exposure to the allergen. It is important to recognize common symptoms and act quickly.

Symptoms of Anaphylaxis

- Shortness of breath or tightness of chest; difficulty in, or absence of breathing
- Sneezing, wheezing or coughing
- Difficulty swallowing
- Swelling of lips, eyes, face, tongue, throat or elsewhere
- Low blood pressure, dizziness and/or fainting
- Heart beat complaints: rapid or decreased
- Blueness around lips, inside lips, eyelids
- Sweating and anxiety
- Itching, with or without hives; raised red rash in any area of the body
- Skin flushing or color becomes pale
- Hoarseness
- Sense of impending disaster or approaching death

- Loss of bowel or bladder control
- Nausea, abdominal pain, vomiting and diarrhea
- Burning sensation, especially face or chest
- Loss of consciousness

Although anaphylactic reactions typically result in multiple symptoms, reactions may vary. A single symptom may indicate anaphylaxis. **Epinephrine should be administered promptly at the first sign of anaphylaxis. It is safer to administer epinephrine than to delay treatment for anaphylaxis.**

Training

Building level administration shall be responsible for identifying at least two employees, in addition to the school nurse, to be trained in the administration of epinephrine by auto-injector. Only trained personnel should administer epinephrine to a student believed to be having an anaphylactic reaction. Training shall be conducted in accordance with the most current edition of the New Mexico Department of Health's **Rules and Recommendations to School Districts for Stock Emergency Medications in Schools**. Training shall be conducted annually or more often as needed.

Standing Orders

Standing orders are written to cover multiple people as opposed to individual-specific orders, which are written for one person. _____ Public Schools shall follow the procedure in the New Mexico Department of Health's **Rules and Recommendations to School Districts for Stock Emergency Medications in Schools** and obtain a standing order from a DOH authorized physician.

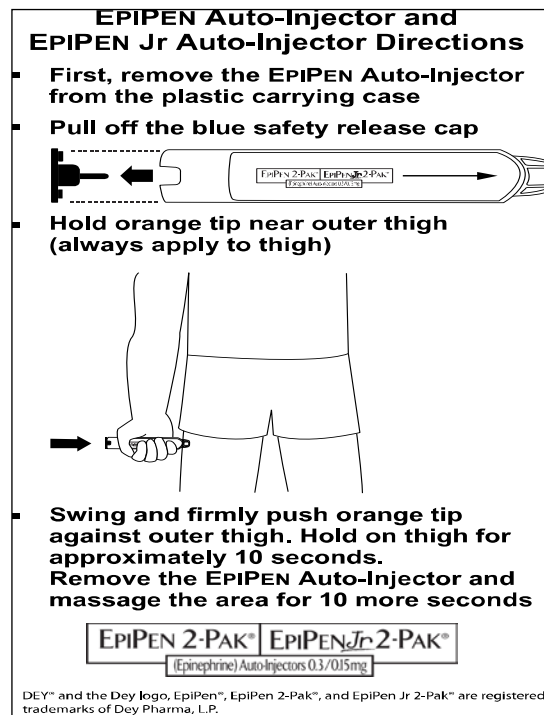
Responding to Anaphylaxis

If student-specific orders are on file they should be followed for students with known life threatening allergies and/or anaphylaxis.

For suspected anaphylaxis without specific orders:

1. Based on symptoms, determine that an anaphylactic reaction is occurring.
2. Act quickly. It is safer to give epinephrine than to delay treatment. **This is a life and death decision.**
3. Determine the proper dose and administer epinephrine. Note the time.
4. Direct someone to call 911 and request medical assistance. Advise the 911 operator that anaphylaxis is suspected and that epinephrine has been given.
5. Stay with the person until emergency medical services (EMS) arrives.
6. Monitor their airway and breathing.
7. Reassure and calm person as needed.
8. Call School Nurse/Front Office school personnel and advise of situation.
9. Direct someone to call parent/guardian
10. If symptoms continue and EMS is not on the scene, administer a second dose of epinephrine 5 to 15 minutes after the initial injection. Note the time.
11. Administer CPR if needed.
12. EMS to transport individual to the emergency room. Document individual's name, date, and time the epinephrine was administered on the used epinephrine auto-injector and give to EMS to accompany individual to the emergency room.

13. Even if symptoms subside, 911 must still respond and individual must be evaluated by a physician. A delayed or secondary reaction may occur.
14. Document the incident and complete the incident report.
15. Replace epinephrine stock medication as appropriate.



Courtesy of FAAN, 2012

Post Event Actions

- Once epinephrine is administered, local Emergency Medical Services (911) shall be activated and the student transported to the emergency room for follow up care. In some reactions, the symptoms go away, only to return one to three hours later. This is called a “biphasic reaction.” Often these second-phase symptoms occur in the respiratory tract and may be more severe than the first-phase symptoms. Therefore, follow up care with a health care provider is necessary. The student will not be allowed to remain at school or return to school on the day epinephrine is administered.
- Document the event.
- Complete incident report and submit per usual procedure.
- Complete an Adverse Events form when albuterol is administered on an emergency basis and submit within three working days to the NM Department of Health School Health Advocate (SHA) or the regional health officer (RHO).
- Replace epinephrine stock medication immediately.

Storage, Access and Maintenance

Epinephrine should be stored in a safe, unlocked and accessible location, in a dark place at room temperature (between 68 to 77 degrees F). Epinephrine should **not** be maintained in a locked cabinet or behind locked doors. Staff should be made

aware of the storage location in each school. It should be protected from exposure to heat, cold or freezing temperatures. Exposure to sunlight will hasten deterioration of epinephrine more rapidly than exposure to room temperatures. The expiration date of epinephrine solutions should be periodically checked; the drug should be replaced if it is approaching the expiration date. The contents should periodically be inspected through the clear window of the auto-injector. The solution should be clear; if it is discolored or contains solid particles, replace the unit.

Each school should maintain documentation that stock epinephrine has been checked on a monthly basis to ensure proper storage, expiration date, and medication stability.

The school division shall maintain a sufficient number of extra doses of epinephrine for replacement of used or expired school stock on the day it is used or discarded. Expired auto-injectors or those with discolored solution or solid particles should not be used. Discard them per the disposal process for expired medications. Storage at the proper temperature will be maintained during summer months.

Sample Respiratory Distress Policy

It is the policy of _____ Public Schools to provide albuterol by inhaler (hereinafter called 'stock albuterol') in each school, to be administered by a PED licensed school nurse trained in the administration of albuterol to any student believed to be having severe respiratory distress on school premises, during the academic day.

Policy Limitations

Parents of students with known asthma should provide the school with written instructions from the students' health care provider for asthma exacerbations and all necessary medications for implementing the student specific order on an annual basis. This respiratory distress policy is not intended to replace student specific orders or parent provided individual medications. When a PED licensed school nurse is present, this policy extends to activities off school grounds (including transportation to and from school, field trips, etc.) or outside of the academic day (sporting events, extra-curricular activities, etc.).

Overview

Respiratory distress can be caused by a number of factors with asthma exacerbations being one of the most common causes in children. It is marked by signs of difficulty with breathing and can progress, without treatment, to respiratory failure.

Symptoms of Respiratory Distress

- Coughing, wheezing, noisy breathing, whistling in the chest
- Difficulty or discomfort when breathing, tightness in chest, shortness of breath, chest pain, breathing hard and/ or fast
- Nasal flaring (nostril opens wide to get in more air)
- Can only speak in short phrases or not able to speak
- Blueness around the lips or fingernails

When signs of respiratory distress are present per the assessment of a PED licensed school nurse, albuterol should be used promptly and EMS activated. It is safer to administer albuterol than to delay treatment.

Training

The PED licensed school nurse will be trained in the administration of albuterol by inhaler. Training shall be conducted in accordance with the most current edition of the New Mexico Department of Health's ***Rules and Recommendations to School Districts for Stock Emergency Medications in Schools***. Training shall be conducted at the implementation of the Emergency Medication in Schools Program, with a new hire of a school nurse and as determined by the Department of Health.

Standing Orders

Standing orders are written to cover multiple people as opposed to individual-specific orders, which are written for one person. _____ Public Schools shall follow the procedure in the New Mexico Department of Health's ***Rules and Recommendations to School Districts for Stock Emergency Medications in Schools*** and obtain a standing order from a DOH authorized physician.

Responding to Respiratory Distress

If student-specific orders are on file they should be followed for students with known asthma.

For suspected respiratory distress without specific orders:

1. Do an assessment (PED licensed school nurse only can assess) to determine that respiratory distress is occurring.
2. Act quickly. It is safer to give albuterol than to delay treatment. **This is a life and death decision.**
3. Administer albuterol using a spacer; give 4-6 puffs with the MDI. For young students or students who cannot use a spacer well, use the appropriate sized mask. Note the time.
4. Direct someone to call 911 and request medical assistance. Advise the 911 operator that respiratory distress is suspected and that albuterol has been given.
5. Stay with the person until emergency medical services (EMS) arrives.
6. Monitor their airway and breathing.
7. Reassure and calm person as needed.
8. Call Front Office school personnel and advise of situation.
9. Direct someone to call parent/guardian
10. If symptoms continue and EMS is not on the scene, administer a second dose of albuterol 20 minutes after the initial dose. Note the time.
11. Administer CPR if needed.
12. EMS to transport individual to the emergency room. Document individual's name, date, and time the albuterol was administered and give the information to EMS responders.
13. Even if symptoms subside, 911 must still respond and individual must be evaluated by a physician.
14. Document the incident and complete the incident report.
15. Replace albuterol stock medication as appropriate.

Post Event Actions

- Once albuterol is administered, local Emergency Medical Services (911) shall be activated and the student transported to the emergency room for follow care. Follow up care with a health care provider is essential. The student will not be allowed to remain at school or return to school on the day albuterol is administered.
- Document the event.
- Complete incident report and submit per usual procedure.
- Complete an adverse events form when albuterol is administered on an emergency basis and submit within three working days to the regional school health advocate (SHA) or the regional health officer (RHO).
- Replace albuterol stock medication immediately.

Storage, Access and Maintenance

Albuterol MDI units shall be stored in a secure location that is unlocked and readily accessible to a school nurse to administer albuterol, usually the school health office. It shall be stored according to board of pharmacy regulations, including requirements for storage, record maintenance and medication room audits or consulting pharmacist's review. Store albuterol within the manufacturer-recommended temperature range, at room temperature between 59°F and 77°F with the mouthpiece down. Avoid exposure to extreme heat and cold. Take care not to puncture the inhaler canister. Do not store the inhaler canister near heat or a flame; temperatures above 120°F may cause the canister to burst. Do not throw the inhaler canister into a fire or an incinerator. Dispose used inhaler with other materials for deposit into landfill.

Each school should maintain documentation that stock albuterol has been checked on a monthly basis to ensure proper storage and expiration date.

The school division shall maintain a sufficient number of extra doses of albuterol for replacement of used or expired school stock on the day it is used or discarded. Storage at the proper temperature will be maintained during summer months.

Adverse Events Reporting Form

The school nurse or the school nurse leader/supervisor of the school district is required to report the following adverse events to the public health Regional Health Officer or School Health Advocate in his/her respective public health Region. Reporting should occur within 24 hours in the event of (1) or (2) or within 3 working days in the event of (3), (4), (5) or (6) below.

- (1) Any death of a student or staff member that occurs during school hours or on school grounds.
- (2) Any known suicide attempt (including completed or suspected) of a student, including those occurring after hours or during school vacation.
- (3) Any delivery of an infant on school grounds.
- (4) Any medication error as the result of a school nurse or other school staff action that requires an ambulance to be called or requires the student to be transported to an emergency room or urgent care facility.
- (5) Any error involving vaccine administration
- (6) Any untoward event with the potential of impacting physical or mental health of the school community.
- (7) Administration of emergency medication resulting in activation of EMS:

prescribed or stock

Specify medication: _____

INFORMATION TO REPORT:

| | |
|--|-------------------------------|
| Date of Report: | Date of Adverse Event: |
| School District: | School: |
| Name of School Nurse: | |
| Name/Title of Person Reporting Event: | |
| Age of Student Involved: | |
| Description of Adverse Event: | |
| School/District Response & Outcome: <i>Please include information such as mobilization of EMS or crisis teams, etc.</i> | |

Stock Emergency Medications in Schools Program
Acknowledgment Sheet and Request for Standing Order

We, the _____, School Board or Governing Body of the _____ School District in New Mexico, confirm that this school district has decided to implement the Emergency Medications in Schools Program. The district will use (initial either or both):

_____ **Albuterol** for respiratory emergencies for students without a previous diagnosis of asthma or for students who do not have medications available.

_____ **Epinephrine** for severe allergic reactions (anaphylaxis) for students without a previous diagnosis of anaphylactic reactions or for students who do not have medications available.

We have reviewed the **Rules and Recommendations to School Districts for Stock Emergency Medications in Schools** document and I agree that the school district will follow the guidance in the document.

We also request a Standing Order from the Regional Health Office of the Public Health Division for the medications indicated above.

Signed,

School Board President or their designee

Date

Submit completed form to Regional Health Officer (RHO) for your area. (The lead school nurse can contact the RHO in your area).



Thayer Medical Corporation
 4575 South Palo Verde Road, Suite 337
 Tucson, Arizona 85714-1961
 Office: (520) 790-5393
 Fax: (520) 790-5854
 www.thayermedical.com

**Special ORDER FORM created for New Mexico Department of Health
 School Emergency Medication Program**

PO Number (3 digit site code + 6 digit date): _____

Institution: _____ Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone#: _____

_____ Fax#: _____ E-mail: _____

Ship to (if different from above):

Site: _____

Address: _____

City: _____ State: _____ Zip: _____

Prices include ground shipment and handling to any school in New Mexico.

- Please include a copy of the signed Physician standing order when placing an order.
 Orders may be placed by mail, fax or email to orders@thayermedical.com

| <u>Product #</u> | <u>Description</u> | <u>Price per package</u> | <u># of packages</u> | <u>Extended Price</u> |
|------------------|--|--------------------------|----------------------|-----------------------|
| 1303 | LiteAire-Collapsible, dual-valved MDI holding chamber package of 10 each | \$42.00 | | |
| 1303 | LiteAire-Collapsible, dual-valved MDI holding chamber package of 25 each | \$90.00 | | |
| | | | Total | |

| |
|---|
| Terms: NET 30 with approved credit Pricing Valid until June 2016 |
|---|

TITLE 7 HEALTH
CHAPTER 30 FAMILY AND CHILDREN HEALTH CARE SERVICES
PART 12 EMERGENCY MEDICATIONS IN SCHOOLS

7.30.12.1 ISSUING AGENCY: New Mexico Department of Health.
[7.30.12.1 NMAC - N, 02/27/2015]

7.30.12.2 SCOPE: This rule applies to public, private, or charter schools in New Mexico unless otherwise expressly limited.
[7.30.12.2 NMAC - N, 02/27/2015]

7.30.12.3 STATUTORY AUTHORITY: These rules are promulgated pursuant to the following statutory authorities: (1) the Department of Health Act, Section 9-7-6(E) NMSA 1978, which authorizes the secretary of the department of health to "...make and adopt such reasonable and procedural rules and regulations as may be necessary to carry out the duties of the department and its divisions;" (2) the Public Health Act, Section 24-1-3(G) and (O) NMSA 1978 and Section 24-31-1 NMSA 1978, which authorize the department to prescribe the duties of school nurses to maintain and enforce rules to carry out the provisions of the Public Health Act; and to promulgate rules pursuant to the Emergency Medication in Schools Act; and (3) the Emergency Medication in Schools Act, Sections 22-33-1 through 22-33-4 NMSA 1978, which authorizes the department to adopt regulations to carry out the provisions of the Emergency Medication in Schools Act.
[7.30.12.3 NMAC - N, 02/27/2015]

7.30.12.4 DURATION: Permanent.
[7.30.12.4 NMAC - N, 02/27/2015]

7.30.12.5 EFFECTIVE DATE: February 27, 2015, unless a later date is cited at the end of a section.
[7.30.12.5 NMAC - N, 02/27/2015]

7.30.12.6 OBJECTIVE: The purpose of this rule is to allow access to emergency medications in the school setting for the treatment of respiratory distress with albuterol and the treatment of anaphylactic reactions with epinephrine. Stock emergency medications are intended for students who have not previously been diagnosed with conditions leading to respiratory distress or anaphylaxis or who have a history of these conditions and do not have medications on their person or stored at school.
[7.30.12.6 NMAC - N, 02/27/2015]

7.30.12.7 DEFINITIONS:

- A. "Adverse event form"** is a department form used by school nurses to report events with potential impact on the health of the students or the school, including administration of stock albuterol or epinephrine.
- B. "Albuterol"** includes albuterol or another inhaled bronchodilator, as recommended by the department of health, for the treatment of respiratory distress.
- C. "Albuterol aerosol canister"** means a portable drug delivery device packaged with multiple premeasured doses of albuterol.
- D. "Anaphylaxis" or "anaphylactic reaction"** means a sudden, severe, and potentially life-threatening whole-body allergic reaction.
- E. "BOP"** refers to the board of pharmacy.
- F. "Class D Medication Room"** is specific for schools and is used only for emergency medications. The Class D Medication Room criteria is established by the board of pharmacy. The criteria includes requirements for procurement of medications, storage, tracking, and disposal of expired medications.
- G. "Department"** means department of health.
- H. "Emergency medication"** means albuterol or epinephrine.
- I. "Epinephrine"** includes epinephrine or another medication, as recommended by the department of health, used to treat anaphylaxis until the immediate arrival of emergency medical system responders.
- J. "Epinephrine auto-injector"** means a portable, disposable drug delivery device that contains a premeasured single dose of epinephrine.
- K. "Governing body"** means a governing body of a private school.
- L. "Health care practitioner"** means a person authorized by the state to prescribe emergency medication.
- M. "PED"** means the public education department.
- N. "Respiratory distress"** includes impaired oxygenation of the blood or impaired ventilation of the respiratory system.
- O. "School"** means a public school, charter school, or private school.
- P. "Spacer"** means a holding chamber that is used to optimize the delivery of albuterol to a person's lungs.
- Q. "Stock supply"** means an appropriate quantity of emergency medication, as recommended by the department of health.
- R. "Trained personnel"** means a school employee, agent, or volunteer designated by the school nurse to administer epinephrine on a voluntary basis outside of the scope of employment and who has completed department approved epinephrine administration training that has been documented by the school nurse, school principal, or school leader.

7.30.12.8 EMERGENCY MEDICATIONS:

A. Standing Orders.

(1) A physician employed or authorized by the department, may prescribe a standing order in the name of the school or school district for a stock supply of albuterol aerosol canisters and spacers, or a stock supply of standard-dose and pediatric-dose epinephrine auto-injectors for use in accordance with this rule.

(2) Each local school board or governing body may request a standing order for and may provide to schools within its jurisdiction stock supplies of albuterol and epinephrine. In order to request a standing order, the school board must review and acknowledge in writing the rules and recommendations developed by the department for emergency medication use. All requests for standing orders must be in writing to a department approved physician. When the standing order is issued by the department approved physician, it will be sent to the requesting school district or governing body within one week of the request. A copy of the order will be kept by the department school health advocate for his or her assigned region.

(3) A pharmacist may dispense a stock supply of albuterol aerosol canisters and spacers or a stock supply of standard-dose and pediatric-dose epinephrine auto-injectors pursuant to a standing order prescribed in accordance with this section. Medications may be directly obtained from the pharmacy by a school nurse or delivered to the school in accordance with the school's established procedure.

(4) All standing orders are renewed annually.

B. Storage provisions: School districts that decide to maintain and administer emergency medications will establish a Class D Medication Room in each school that stocks emergency medications in compliance with New Mexico BOP regulations. School nurses who maintain a Class D Medication Room license will be required to complete an annual medication room audit and submit it to the BOP.

(1) **Albuterol** - Each school that obtains a stock supply of albuterol aerosol canisters and spacers shall store them:

- (a) in a secure location that is unlocked and readily accessible to a school nurse to administer albuterol;
- (b) pursuant to BOP regulations, including requirements for storage, record maintenance, and medication room audits or consulting pharmacist's visits;
- (c) within the manufacturer-recommended temperature range; and
- (d) albuterol will be secured in a manner consistent with the procedure employed by the school nurse for other emergency medications; the medication cabinet, which is kept in the school nurse's office, is kept unlocked when the school nurse or school health assistant are present in the office; if the school nurse or school health assistant are not present, the school nurse's office will be locked.

(2) **Epinephrine** - Each school that obtains a stock supply of standard-dose and pediatric-dose epinephrine auto-injectors shall store them:

- (a) in a secure location that is unlocked and readily accessible to trained personnel;
- (b) pursuant to BOP regulations including requirements for storage, record maintenance, and medication room audits or consulting pharmacist's visits;
- (c) within the manufacturer-recommended temperature range; and
- (d) epinephrine will be stored in a secure, unlocked location determined by the school nurse and principal; this location should be easily accessed by trained school personnel in the event of an emergency situation; a location is considered secure for the purposes of epinephrine storage if school staff are present full-time in that location; for example, the secretary's office or the main office.

C. Disposal: Albuterol and epinephrine - Each local school board or governing body shall dispose of expired emergency medication pursuant to BOP regulations. Expired medications will be placed in a separate, quarantined section of the medication room and disposed of per the Class D Medication Room regulations.

- (1) The school nurse will be responsible for proper disposal of expired medications.
- (2) The BOP is a resource for direction in proper disposal of expired medications.
- (3) Expired medications may be disposed of either by using a consultant pharmacist or by transferring the medications to a pharmacy with an appropriate transfer log.

D. Procurement and maintenance of emergency medications.

(1) A local school board or a school within its jurisdiction of a governing body may accept gifts, grants, bequests, or donations from any source to carry out the provisions of this rule, including:

- (a) albuterol aerosol canisters and spacers or epinephrine auto-injectors from a manufacturer or wholesaler; or
- (b) epinephrine or albuterol, or such other medication as the department deems appropriate, from a manufacturer or wholesaler of such medication; and
- (c) this type of donation can be accepted if the medications are not expired and have been maintained properly.

(2) School districts or governing bodies may buy prescribed medications directly from pharmacies after obtaining a standing order.

(3) Schools will keep a record of any grants, gifts, bequests, or donations. The record is to be held at the school in the school office for three years and can be inspected by BOP, department personnel, and school administrative personnel upon request. The records will be kept in the school health office by the school nurse. Records may be kept electronically or in hard copy.

(4) Schools will maintain a supply of emergency medications:

(a) the supply will be replenished as medications are used according to the procedure in 7.30.12.8 NMAC;

and

(b) medications in stock will be checked to verify that medications are not expired.

[7.30.12.8 NMAC - N, 02/27/2015]

7.30.12.9 TRAINING: School districts that decide to maintain and administer emergency medications will follow the department rules and recommendations, according to the following guidelines:

A. Use of albuterol:

(1) PED licensed school nurses will complete training on administering albuterol reviewed and approved by the department;

(2) current school nurses will complete the training at a minimum of one time and as determined by the department; new school nurses will complete the training as part of their orientation process, and then as determined by the department; and

(3) refresher trainings on albuterol may be recommended by the department, at a minimum of every five years.

B. Use of epinephrine:

(1) school personnel, including non-licensed personnel, will complete training on administering epinephrine that is reviewed and approved by the department;

(2) current school nurses will complete the training one time and new school nurses will complete the training as part of their orientation process;

(3) non-licensed personnel will complete the training annually; and

(4) refresher trainings on epinephrine for PED licensed school nurses may be recommended by the department, at a minimum of every five years.

C. Training will be documented and a training log will be kept at each school in the school health office for a minimum of five years. Training records may be maintained electronically or in hard copy.

[7.30.12.9 NMAC - N, 02/27/2015]

7.30.12.10 ADMINISTRATION OF EMERGENCY MEDICATIONS:

A. Use of albuterol:

(1) only a PED licensed school nurse, who has completed the requisite training, will administer inhaled albuterol on an emergency basis;

(2) if no school nurse is available, immediately call 911;

(3) inhaled stock albuterol will be given for treatment of respiratory distress only when the student is experiencing respiratory distress, per criteria that will be covered in training, and does not have medication available; albuterol may be administered to students who have not previously been diagnosed with conditions leading to respiratory distress and students who have a history of respiratory disease but do not have medication at school;

(4) when stock albuterol is used, 911 will be called immediately to activate the emergency response system;

(5) after administration of albuterol, the student's condition will be continuously monitored, and any additional treatment indicated will be given until an emergency medical system responder arrives;

(6) as soon as practicable, the parent, guardian, or legal custodian of the student having respiratory distress will be notified by phone or in accordance with contact information on file at the school;

(7) a log will be kept of when albuterol is used and the outcome of the student; these logs will be kept in the school health office at least five years; logs will be available for review upon request, per applicable federal and state privacy laws; logs will be maintained by the school nurse; logs may be either electronic or hard copy; and

(8) an adverse events form will be completed when albuterol is administered on an emergency basis; the form will be submitted within three working days to the regional school health advocate or the regional health officer; adverse events forms will be maintained by the department for a minimum of five years.

B. Use of epinephrine:

(1) school personnel, including non-licensed personnel, who have completed the requisite training, may administer epinephrine on an emergency basis;

(2) epinephrine will be given for treatment of severe anaphylactic reactions only when the student is experiencing signs of anaphylaxis, per criteria that will be covered in training, and does not have medication available; this includes students who have not previously been diagnosed with conditions leading to anaphylaxis and students who have a history of anaphylaxis and who do not have medication at school;

(3) each school that receives a stock supply of standard-dose and pediatric-dose epinephrine auto-injectors shall:

(a) develop and implement a plan to have one or more trained personnel on the school premises during operating hours, which includes class time and after school activities; and

(b) follow an anaphylactic reaction prevention protocol, as recommended by the department, to minimize an allergic student's exposure to food allergies.

(4) when stock epinephrine is used, 911 will be called immediately to activate the emergency response system;

(5) after administration of epinephrine, the student's condition will be continuously monitored and any additional treatment indicated will be given until an emergency medical system responder arrives;

(6) as soon as practicable, the parent, guardian, or legal custodian of the student will be notified by phone or in accordance with contact information on file at the school;

(7) a log will be kept of when epinephrine is used and the outcome of the student; these logs will be kept in the school health office at least five years; logs will be available for review upon request, per applicable federal and state privacy laws; logs will be maintained by the school nurse; logs may be either electronic or hard copy;

(8) an adverse events form will be completed when epinephrine is administered on an emergency basis; the form will be submitted within three working days to the regional school health advocate or the regional health officer; adverse events form will be maintained by the department for a minimum of five years.

[7.30.12.10 NMAC - N, 02/27/2015]

7.30.12.11 PREVENTION

A. A vital part of the emergency medication in schools programs is preventing respiratory distress and severe allergic reactions.

B. Recommendations will be developed by the department for school districts to use in the development of policies and procedures addressing both the use of the medications and prevention of respiratory distress and severe allergic reactions. The recommendations document will be issued upon request to interested school districts and governing bodies. The document will be available online through the office of school and adolescent health's website at <http://nmhealth.org/about/phd/hsb/osah/>.

C. The following resources are available for school districts to use in developing prevention strategies, and can be obtained from the office of school and adolescent health's website at <http://nmhealth.org/about/phd/hsb/osah/> or by contacting the office at 300 San Mateo Blvd. NE, Suite 902, Albuquerque, NM 87108:

(1) the environmental protection agency's "indoor air quality: tools for schools;"

(2) the centers for disease control and prevention's "voluntary guidelines for managing food allergies in schools and early care and education programs;" or

(3) the centers for disease control and prevention's toolkit "initiating change: creating an asthma-friendly school."

D. Other resources are available through the department's asthma control program as well as the office of school and adolescent health.

[7.30.12.11 NMAC - N, 02/27/2015]

HISTORY OF 7.30.12 NMAC: [RESERVED]

New Mexico Administrative Code (NMAC) for Board of Pharmacy

Citations for the NMAC regulations for the Board of Pharmacy that govern Class D Medication storage areas in schools follow:

- 16.19.4.11. **CONSULTANT PHARMACIST** <http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title16/16.019.0004.htm;geturl;terms=16.19.4.11>
- 16.19.10.11 **PUBLIC HEALTH CLINICS** <http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title16/16.019.0010.htm;geturl;terms=16.19.10.11>
- 16.19.12 **FEES** <http://164.64.110.239/nmac/cgi-bin/hse/homepagesearchengine.exe?url=http://164.64.110.239/nmac/parts/title16/16.019.0012.htm;geturl;terms=16.19.12>