



District of Columbia  
Office of the State Superintendent of Education  
Division of Health and Wellness

# **STUDENT ACCESS TO EMERGENCY EPINEPHRINE**

Updated August 2019



# STUDENT ACCESS TO EMERGENCY EPINEPHRINE PLAN

## Legislation

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In 2015, the Council of the District of Columbia passed the Access to Emergency Epinephrine in Schools Amendment Act of 2015 (DC Law 21-77). This law requires all District of Columbia Public Schools (DCPS) and public charter schools (referred collectively hereafter as “public schools”) to maintain no fewer than two unexpired undesignated epinephrine auto-injectors (UEAs), store undesignated epinephrine in a secure and easily accessible location, and have no fewer than two trained school staff available to administer epinephrine to students suffering or about to suffer an anaphylactic episode (DC Official Code § 38–651.04a).

This law also gives the Office of the State Superintendent of Education (OSSE) the responsibility to manage the epinephrine in schools program, provide UEAs to schools, and facilitate the epinephrine certification training for school staff.

Further, DC Municipal Regulations Chapter 5-A11 promulgated additional responsibilities of schools and OSSE pertaining to epinephrine in schools. This Student Access to Emergency Epinephrine Plan provides detailed information for schools regarding their mandated responsibilities for the acquisition, storage, monitoring, reporting, training, and administration of emergency epinephrine.

## Background

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Anaphylaxis is a potentially life-threatening overreaction to an allergen (substance). Foods, insect stings, and medications account for a majority of anaphylactic reactions. A reaction can occur within seconds of exposure to an allergen. If epinephrine is not immediately administered during a reaction, followed by attention of emergency medical services, anaphylaxis can be fatal. According to Food Allergy Research and Education (FARE), an estimated 32 million Americans live with food allergies, including 5.6 million children<sup>1</sup>.

OSSE supports schools in meeting emergency epinephrine law requirements by coordinating the ordering of UEAs, facilitating the required annual certification training for school staff, conducting school visits, and providing direct technical assistance to local education agencies (LEAs).

OSSE created this plan to assist school officials in understanding the requirements of having epinephrine in District schools. OSSE is immune from civil liability for its good faith performance of its responsibilities under the Act, which includes the creation and dissemination of the information included within this plan (DC Official Code § 38-651.11). An LEA should review the legislation and regulations, and refer to this plan as an interpretation and framework for implementation of the Act at their location.

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<sup>1</sup> Food Allergy Research and Education. (n.d.) Facts and statistics. Retrieved from [www.foodallergy.org/life-with-food-allergies/food-allergy-101/facts-and-statistics](http://www.foodallergy.org/life-with-food-allergies/food-allergy-101/facts-and-statistics).



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## STANDING ORDER

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In 2016, in accordance with DC Official Code § 38-651.04a(b)(1), the District of Columbia Department of Health (DC Health) secured a standing order, signed by a physician licensed to practice in the District of Columbia, to permit local public schools to administer undesignated epinephrine auto-injectors (UEAs) in emergency circumstances.

## ROLE OF EPINEPHRINE LIAISONS AND CERTIFIED EPINEPHRINE ADMINISTRATORS (EPAs)

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Every school shall have an Epinephrine Liaison and at least two Certified Epinephrine Administrators (EPAs). Liaisons are OSSE's primary point of contact for the program at the school or LEA level. OSSE recommends schools to designate a year-round staff member to serve as the Epinephrine Liaison since they have responsibilities throughout the entire year, even when school is not in session. Their duties include notifying OSSE of anaphylactic incidents through the submission of an incident report, completing ordering requests to replace used or expired UEAs, conducting inspections and submitting monthly logs to OSSE, ensuring at least two staff members are certified in the administration of epinephrine, and creating and disseminating the school's UEA Plan.

EPAs are trained in the administration of designated and undesignated epinephrine auto-injectors. While liaisons are responsible for communications, maintaining records, and submitting incident reports to OSSE whenever an UEA is used, EPAs are responsible for administering emergency epinephrine during an incident. EPAs must notify their liaison and provide all the details required to complete the incident report. Schools must have a minimum of two EPAs, but may choose to have more than two EPAs.

## DISTINCTION BETWEEN DESIGNATED AND UNDESIGNATED EPINEPHRINE AUTO-INJECTORS

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Emergency epinephrine auto-injectors must be easily accessible for any student experiencing or about to experience an anaphylactic reaction. There is an important distinction between designated and undesignated epinephrine auto-injectors:

- **Designated** epinephrine auto-injectors are medically prescribed by a physician to an individual student with known allergies. Designated epinephrine auto-injectors are provided to a school by the student's parent/guardian and must be accompanied by an *Action Plan for Anaphylaxis*. Designated epinephrine auto-injectors are considered a prescribed medication and are typically kept in the health suite with other prescribed medications. Students may also self-carry and self-administer designated epinephrine auto-injectors if it is stipulated in their *Action Plan for Anaphylaxis*.
- **Undesignated** epinephrine auto-injectors (UEAs) are not prescribed to an individual student and are available for any student or adult suffering an anaphylactic reaction. OSSE provides schools with two twin-packs of UEAs that must be kept in an easily accessible location. Undesignated epinephrine must always be easily accessible in case of an emergency and may not be kept in a locked location or in the health suite. Easily accessible locations may include the school front office, cafeteria, or near a fire extinguisher or automated external defibrillator (AED) machine. UEAs may be used on any person suffering anaphylaxis who does not have a designated auto-injector, or if their designated auto-injector is inaccessible. UEAs are especially important for instances when students with no previous history of severe allergies suffer an episode of anaphylaxis and they have no prescribed designated epinephrine auto-injector available.

If a student is suffering an anaphylactic episode, timely administration of epinephrine is essential. If the student does not have a designated epinephrine auto-injector, or it is unknown if that student has a designated epinephrine auto-injector, then the undesignated epinephrine auto-injector should immediately be used, followed immediately by calling 9-1-1.

If a student has a designated epinephrine auto-injector, their designated epinephrine auto-injector should be used first during an emergency; however, if it is not easily accessible during the emergency, then the undesignated auto-injector should be administered, followed immediately by calling 9-1-1.

Certified school staff, including health suite personnel, may administer both designated and undesignated epinephrine auto-injectors to any student believed to be suffering or about to suffer an anaphylactic episode. Designated epinephrine auto-injectors may be carried by the student, or kept in the health suite. Epinephrine Liaisons are encouraged to coordinate with the health suite staff to create a communication plan that establishes who is permitted to access designated epinephrine auto-injectors in the health suite in times of emergency.

## TRAINING PROGRAM

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Every public school shall have at least two Certified Epinephrine Administrators (EPAs). The EPAs must be available to administer epinephrine during all hours of the school day. While the instructional day does not include before- or after-school programs, OSSE encourages schools to also consider before- and after-school activities when identifying staff members to serve as EPAs. The health suite personnel assigned to the school by DC Health may not count toward the requirement of two certified staff.<sup>2</sup> Schools may choose to have more than the two required staff certified.

Individuals who successfully complete OSSE's "Annual Epinephrine Auto-Injector Certification" training with a score of 80 percent or above are certified to administer designated and undesignated epinephrine auto-injectors in emergency circumstances for one year. This training must be taken annually and is offered in the following formats:

- On-site at requestor's preferred location (for larger groups of 10-20, [register here](#) or email OSSE at [OSSE.Epi@dc.gov](mailto:OSSE.Epi@dc.gov))
- Online (email OSSE at [OSSE.Epi@dc.gov](mailto:OSSE.Epi@dc.gov) to register and receive the training link; allow up to 48 hours for registration)
- In-person at OSSE ([register here](#) or email OSSE at [OSSE.Epi@dc.gov](mailto:OSSE.Epi@dc.gov))

Individuals who complete DC Health's "Administration of Medication Training" (AOM) are certified to administer designated and undesignated epinephrine auto-injectors in emergency circumstances for one year.

- Although the AOM certificates are valid for three years, AOM certificates are only valid for the administration of **undesignated** epinephrine for one year. After the first year, AOM-certified individuals are required to take OSSE's epinephrine training annually in any of the aforementioned platforms if they wish to remain one of the school's designated personnel for administration of epinephrine.

Individuals certified to administer designated and undesignated epinephrine auto-injectors must maintain a valid and active OSSE training certification throughout the academic year and summer months. In the event that a certified individual leaves a particular school, the Epinephrine Liaison must identify a new individual to be certified and arrange for training through one of the aforementioned methods.

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<sup>2</sup> In an effort to expand capacity in schools beyond health suite personnel, identified staff CANNOT include health suite personnel as certified administrators under this legislation. Staff to consider for certification include the school health teacher, physical education instructor, front desk staff, and other staff that students would find as a familiar or helpful presence during an anaphylaxis emergency. Note: Having more than two staff certified in the use of an UEA is strongly recommended.

## PROCUREMENT/DISTRIBUTION

Each public school shall stock, at all times, a minimum of two pediatric dose (0.15 mg) and two adult dose (0.3 mg) of undesignated epinephrine auto-injectors (UEAs) on the public school premises (5-A DCMR §1103.1). In order to receive these auto-injectors, each Epinephrine Liaison must complete the following steps:

- Complete the [Emergency Epinephrine in Schools Points of Contact form](#); and
- Upload a completed Mylan [Free Epi-Pen Auto-Injector EpiPen4Schools Program form](#) to [QuickBase](#) Epi School Profiles platform.

Public schools with existing UEAs may request replacements from OSSE in the following circumstances:

- An UEA has been used;
- An UEA is within four months of expiration;
- An UEA is discolored;
- An UEA has visible particles; or
- An UEA has been stolen or is missing. The school shall be responsible for the cost of replacing a stolen or missing UEA.

OSSE provides each school with the four UEAs required by law and replaces them as necessary. For this, the Epinephrine Liaison must submit a replacement order for expiring UEAs a minimum of 120 days prior to expiration. This will allow for the timely delivery and replacement of auto-injectors before they expire. Schools must procure their UEAs through OSSE and may not go directly to the distributor.

### Purchasing Additional Undesignated Auto-Injectors (UEAs)

According to 5-A DCMR § 1103.4, schools may request additional UEAs from OSSE, but the school shall be responsible for the cost of any additional UEAs. This section outlines the policies and procedures for ordering additional UEAs.

In addition to replacement, UEAs requested under the circumstances described at 5-A DCMR § 1103.3 and on the previous section of this document, a public school may request additional UEAs from OSSE under the following circumstances:

1. If the school's policy is such that their normal processes require frequent and regular field trips away from campus with UEAs in their possession.
  - Please note: AOM-certified staff or EPAs certified through OSSE **must** be in attendance on field trips in which UEAs are brought along.

2. If the school's campus consists of multiple buildings and athletic facilities where efficient travel to retrieve an UEA in an emergency will be impeded by the distance.
3. If the school's student count is higher than average for the square footage of the building, where a greater ratio of students is likely to need an UEA.
4. If the school's UEAs were misplaced or stolen.

In the event an auto-injector is lost or stolen, the school **must** notify OSSE immediately to purchase a replacement. For all other scenarios previously outlined, it is at the school's discretion to request additional UEAs.

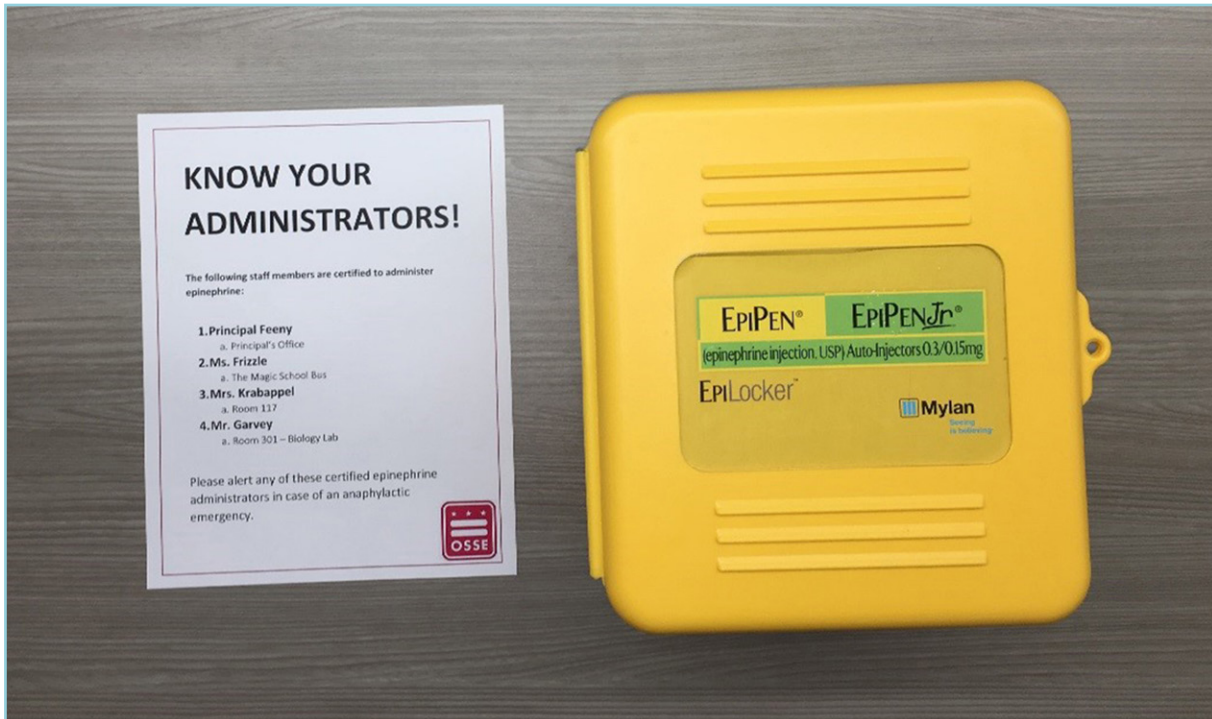
### Instructions to Purchase Additional Undesignated Epinephrine Auto-Injectors (UEAs)

This section provides an overview of the processes that school liaisons shall take to facilitate the purchase of additional UEAs in the circumstances outlined above.

1. The liaison must upload to [QuickBase](#) an updated UEA Plan including an additional section clearly stating the intended use for the additional UEAs. The section must include the following:
  - a) Perceived need for the additional UEAs with a detailed explanation of possible and projected scenarios that warrant having additional UEAs.
  - b) Proposed storage location of additional UEAs, including all likely locations if additional UEAs will be moved frequently. The liaison will be responsible for the oversight and monthly logs of UEAs that are frequently moved or stored in special locations.
2. The liaison must then [complete the request in QuickBase](#). QuickBase will notify the OSSE Allergy Management Team when an application has been submitted for consideration.
3. An OSSE agent will review the application and reach out to the liaison if additional information is needed. Once the order is placed, the OSSE agent will contact the liaison via email with the order number.



## STOCK LOCATION AND STORAGE OF UNDESIGNATED EPINEPHRINE AUTO-INJECTORS (UEAs)



According to manufacturer's instructions, schools shall store UEAs in a secure, but easily accessible location(s) that is dark and maintained at room temperature. This may include administrative offices, clinical space, or instructional space. Designated epinephrine auto-injectors are typically stored in the health suite; however, UEAs must be stored in an easily accessible location that is not the health suite. This could include the school's front office, cafeteria, or near the school fire extinguisher or AED machine. UEAs must never be stored in a locked location. In times of emergency, time is wasted when trying to locate a key. Schools are encouraged to utilize the yellow epinephrine EpiLocker™ that is distributed by OSSE.

The yellow epinephrine EpiLockers™ should be hung on the wall in an easily accessible location and never locked. Schools should follow these proper storage protocols:

- Never lock the epinephrine in a drawer or room that is not easily accessible during an emergency. Finding a key wastes time when a student is suffering from an anaphylactic episode.
- Always store epinephrine auto-injectors in the carrier tube with the safety release on until you need to use it.
- Keep epinephrine auto-injectors at room temperature. Do not refrigerate.
- Epinephrine auto-injectors can be exposed to temperatures between 59°-86°F (15° to 30°C).
- Do not keep epinephrine auto-injectors in a vehicle during extremely hot or cold weather.
- Protect epinephrine auto-injectors from light.

- Do not separate twin-pack epinephrine auto-injectors, including for field trips or events off school premises. The twin-pack auto-injectors should always be stored together for instances when a student may need more than one dose.

In order to facilitate immediate access to UEAs, the following must be considered when choosing a storage location<sup>3</sup>:

- Size and layout of the school building.
- General safety standards for handling and storage of medications.
- Availability and location of health suite personnel and certified staff in the school building.
- Availability of communication devices between school personnel (such as teachers, paraprofessionals) who are inside the building or outside on school grounds and the health suite personnel or certified staff.
- Response time from the health suite or room of certified staff to area of emergency incident.
- Proximity to other emergency devices, such as the fire extinguisher or AED, so that it is a known location for emergency devices.

Schools are strongly encouraged to post the names and contact information of EPAs and Epinephrine Liaison next to the location of the UEAs, such as on the wall next to the yellow EpiLocker™. This will help improve communications and create awareness of who to contact during an emergency.

<sup>3</sup> This information should also be reflected in the LEA UEA Plan.

## PROTOCOL FOR EMERGENCY TREATMENT

When a student is suspected to be suffering or about to suffer an anaphylactic episode, immediate action is essential. Epinephrine must be administered first, followed by dialing 9-1-1. Protocols must be in place to immediately notify the certified staff and/or health suite personnel during an anaphylaxis emergency. These protocols must be stipulated in the school's UEA Plan and submitted annually to OSSE.

If a student has a designated epinephrine auto-injector, it must be immediately retrieved from the health suite or from the student if they are self-carrying (note, some students are allowed to self-carry and self-administer if it is stipulated in their *Action Plan for Anaphylaxis*). A plan should be in place via the UEA Plan for who is permitted to access medications in the health suite during an emergency).

If the designated epinephrine auto-injector is not accessible or the student does not have a designated epinephrine auto-injector, then the UEA must be immediately retrieved and administered. If there is ever confusion regarding access or retrieval of a designated auto-injector during an emergency, the certified employee or health suite personnel should use the UEA rather than wait for the retrieval of a designated auto-injector. The following steps must be followed during an emergency:

### A. SEVERE SYMPTOMS

For ANY of the following: **SEVERE SYMPTOMS**



#### LUNG

Short of breath,  
wheezing,  
repetitive cough



#### HEART

Pale, blue,  
faint, weak  
pulse, dizzy



#### THROAT

Tight, hoarse,  
trouble breathing/  
swallowing



#### MOUTH

Significant swelling  
of the tongue  
and/or lips



#### SKIN

Many hives over  
body, widespread  
redness



#### GUT

Repetitive  
vomiting, severe  
diarrhea

#### OR A COMBINATION

of symptoms from different body areas.



Follow the building emergency response plan/protocol and:

#### STEP 1. IMMEDIATELY ADMINISTER EPINEPHRINE AUTO-INJECTOR:

Epinephrine Pediatric Dosage - 0.15 mg	Student weighing 33 to 66 pounds
Epinephrine Adult Dosage - 0.3 mg	Student weighing 66 pounds or greater

- Inject into middle of the outer thigh, note time and site of injection.
- Stay with student and monitor closely.

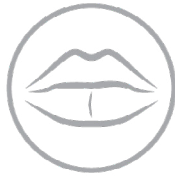
#### STEP 2. Designate a person to call Emergency Medical System (9-1-1) and request an ambulance with epinephrine.

- Lay the student flat on the ground, raise student's legs in the air, and keep student warm. If breathing is difficult or if they vomit, let them sit up or lie on their side.
- If symptoms return or do not improve within 5 minutes, administer second dose of epinephrine.
- Alert student's emergency contacts.

## MILD SYMPTOMS



**NOSE**  
Itchy/runny nose,  
sneezing



**MOUTH**  
Itchy mouth



**SKIN**  
A few hives,  
mild itch



**GUT**  
Mild nausea/  
discomfort



**MENTAL**  
Sense of impending  
doom, anxiety,  
confusion

Follow the building emergency response plan/protocol and:



**For mild symptoms from *more than one body area*:**

**STEP 1. IMMEDIATELY ADMINISTER EPINEPHRINE AUTO-INJECTOR:**

Epinephrine Pediatric Dosage - 0.15 mg	Student weighing 33 to 66 pounds
Epinephrine Adult Dosage - 0.3 mg	Student weighing 66 pounds or greater

- Inject into middle of the outer thigh, note time and site of injection.
- Stay with student and monitor closely.

**STEP 2. Designate a person to call Emergency Medical System (9-1-1) and request an ambulance with epinephrine.**

- Lay the student flat on the ground, raise the student's legs in the air, and keep student warm. If breathing is difficult or if they vomit, let them sit up or lie on their side.
- **If symptoms return or do not improve within 5 minutes, administer second dose of epinephrine.**
- Alert student's emergency contacts.

**For mild symptoms from *a single body area*:**

**STEP 1.** Antihistamines may be given, if ordered by a health care provider.

- Stay with the student; alert student's emergency contacts.

**STEP 2.** Watch closely for changes.

- If a severe symptom develops, as articulated in the "Severe Symptoms" section, or if mild symptoms develop from more than one body area, proceed immediately to steps 3 and 4, including administration of epinephrine auto-injector.

**STEP 3.** If a severe symptom develops, or if a mild symptom develops from more than one body area, **IMMEDIATELY ADMINISTER EPINEPHRINE AUTO-INJECTOR:**

Epinephrine Pediatric Dosage - 0.15 mg	Student weighing 33 to 66 pounds
Epinephrine Adult Dosage - 0.3 mg	Student weighing 66 pounds or greater

- Inject into middle of the outer thigh, note time and site of injection.
- Stay with student and monitor closely.

**STEP 4.** Designate a person to call Emergency Medical System (9-1-1) and request an ambulance with epinephrine.

- Lay the student flat on the ground, raise the student's legs in the air, and keep student warm. If breathing is difficult or if they vomit, let them sit up or lie on their side.
- **If symptoms return or do not improve within 5 minutes, administer second dose of epinephrine.**
- Alert student's emergency contacts.

\*Note: Pediatric dosage epinephrine auto-injectors (0.15 mg) are appropriate for individuals under 66 pounds; however, if a pediatric dosage is not available during an emergency, or if the weight of the child is difficult to determine, it is safe to use an adult dosage epinephrine auto-injector (0.3 mg) on an individual weighing under 66 pounds.

#### C. AFTER ADMINISTERING EPINEPHRINE: TRANSPORT STUDENT TO THE HOSPITAL

- Certified staff should ALWAYS administer epinephrine first, then immediately call 9-1-1. Students should ALWAYS be transported via ambulance to the hospital following administration of epinephrine.
- The discharged epinephrine auto-injector must be placed back into its original carrying case and given to the emergency responder or medical provider upon their arrival.
- If the ambulance does not have an epinephrine auto-injector, the second unused auto-injector should be given to the responding medical provider in case there is a secondary reaction. Students are at risk for a secondary or biphasic reaction which may require immediate treatment during transport to the hospital. As many as 1/3 of children will experience a secondary reaction.

#### D. AFTER AN EMERGENCY EVENT

- Certified staff or a designated official must notify the health suite personnel in writing if they were not present during the administration of epinephrine.
- Certified staff or a designated official must ensure the student's parent/guardian(s) are notified to follow up with the child's primary care provider.
- For students with known allergic reaction history, school officials should discuss how exposure occurred and if new allergen avoidance measures are needed. For students with no previous history of anaphylaxis, school officials should consider developing an individual health plan (IHP) in collaboration with the primary care provider to avoid future occurrences. Students with no previous history are strongly encouraged to complete an *Action Plan for Anaphylaxis* upon returning to school.
- Epinephrine Liaisons must notify OSSE and complete an incident report to be submitted via QuickBase application within 24 hours of the incident and shared with the school's health suite personnel.
- Epinephrine Liaisons must make sure a replacement epinephrine auto-injector is obtained per QuickBase reporting and restocking protocol.

## DEVELOPING AN INDIVIDUAL HEALTH PLAN (IHP) AND ACTION PLAN FOR ANAPHYLAXIS

### Children with Asthma or Known Allergies

The parent/guardian of a child with life-threatening food, insect sting, or medication allergies and asthma should meet with a core team (usually including the child's health care provider, the health suite personnel, and school administrator(s) or classroom teacher) to create an IHP for the child. IHPs should address a student's health needs both during the normal school and before- and after-school activities, including:

- Functional health issues.
- Responsibilities of parents, health suite personnel, teachers, and administration as appropriate.

In addition to developing IHPs, students with asthma and life-threatening allergies are strongly encouraged to develop asthma and anaphylaxis action plans. Asthma and anaphylaxis action plans provide specific directions appropriate to the student's diagnosis and details what to do in medical emergencies such as asthma attacks or accidental exposure to allergens. To create an [asthma](#) or [anaphylaxis](#) action plan, the health suite personnel should:

- Obtain current health information from the family and the student's health care provider.
- Consult with the health care provider, when necessary, to clarify emergency medical protocol.

Schools must also be aware that there may be increased responsibilities under Section 504 of the Rehabilitation Act of 1973 for students who require IHPs.

### Children without Asthma or Known Allergies

The parent/guardian of a child without asthma or a known allergy must be notified if that child experiences mild symptoms of asthma or anaphylaxis (hives, vomiting, itchy mouth or ear canal, dry cough, or stomach pain) during the normal school day or during before- and after-school activities. The health care provider of that child should be notified to discuss the possibility that the child has developed asthma or an allergy.

## DISPOSAL: AFTER USE AND EXPIRATION

A public school shall dispose of a **discharged** UEA by placing it back into its original carrying case and giving it to the emergency responder or medical provider upon their arrival.

A public school shall dispose of **an unused and expired** UEA as infectious waste pursuant to 22-B DCMR § 502 (Disposal of Unused Pharmaceuticals) through:

- A waste to energy program
- A pharmaceutical waste container with appropriate procedures for disposal
- Recommended procedures as published by the U.S. Food and Drug Administration (FDA) and Drug Enforcement Administration (DEA)

A red sharps/biohazard needle disposal box in the designated space in the building is one example of a pharmaceutical waste container. The DC Department of Public Works (DPW) also has guidance for disposal if a red sharps/biohazard needle disposal box is not available. Schools are encouraged to refer to the DPW website for information and instructions.<sup>4</sup>

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<sup>4</sup> <https://dpw.dc.gov/service/proper-disposal-needles-and-sharps>.

See also [https://dpw.dc.gov/sites/default/files/dc/sites/dpw/publication/attachments/Proper\\_Disposal\\_of\\_Sharps\\_2009\\_11\\_19.pdf](https://dpw.dc.gov/sites/default/files/dc/sites/dpw/publication/attachments/Proper_Disposal_of_Sharps_2009_11_19.pdf)

## DOCUMENTATION AND REPORTING

### Documentation

Monitoring and documenting UEAs, including routine stock-checks, are required throughout the calendar year via the maintenance of a monthly epinephrine log. Monthly epinephrine logs are located in QuickBase and must be completed by the Epinephrine Liaison.

#### Monthly Epinephrine Compliance Logs

Monthly Epinephrine Compliance Logs are necessary for monitoring undesignated stock epinephrine provided by OSSE as required by law (DC Official Code § 38–651.04a). They are an additional method for cross-checking the reporting and documentation needed for program maintenance.

The Monthly Epinephrine Compliance Logs are due by the first business day of each month throughout the calendar year, whether or not school is in session.

To complete the Monthly Epinephrine Compliance Log, the school's Epinephrine Liaison must follow these steps:

- 1) Locate the four UEAs.
- 2) Visually inspect the UEAs and review expiration dates, check for any changes in color or particles, or note if the auto-injectors are missing.
- 3) Log on to [QuickBase](#).
- 4) Select "New Monthly Log",
- 5) Enter LEA and school information,
- 6) Answer the questions under the Epinephrine Log section,
- 7) Click "Save and Close".

### Reporting

A school must report to OSSE an incident involving the administration of undesignated epinephrine auto-injectors on the school's premises within 24 hours of the incident. This is done by the Epinephrine Liaison via the reporting and restocking protocol in QuickBase.

If a health suite staff member was not present during the emergency, the school must also report the administration of epinephrine in writing to the health suite personnel so that it can be entered into the student's health record.

QuickBase incident report forms contain the following information:

- Lot number of the auto-injector.
- Student involved.
- Possible trigger.
- Name of certified staff who administered epinephrine.
- Time and location of incident.
- Symptoms.
- Dosage of epinephrine used.
- Number of auto-injectors used.
- Name of other staff members who were involved (for example, who called 9-1-1).

## RESOURCES FOR SCHOOLS

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The following is a list of additional resources for school staff to further their knowledge about allergies in order to prevent and treat severe allergic reactions in schools:

- [Food Allergies in Schools Toolkit](#)
- [Food Allergy Research and Education](#)
- [CDC National Guidelines for Managing Food Allergies in Schools](#)
- [Asthma and Allergy Foundation of America](#)
- [American College of Allergy, Asthma & Immunology](#)
- [Kids with Food Allergies](#)
- [National Association of School Nurses](#)





District of Columbia  
Office of the State Superintendent of Education  
1050 First St NE, Washington, DC 20002