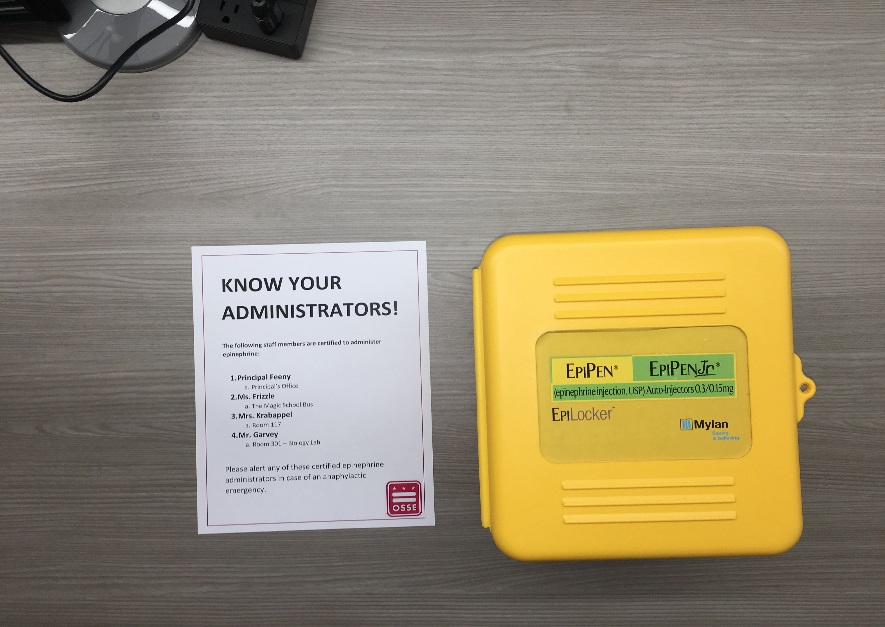
**District of Columbia Allergy Management in Schools Program**

**Undesignated Epinephrine Auto-Injector Plan (Sample Template)**

This Undesignated Epinephrine Auto-Injector (UEA) Plan template serves as a sample that schools can use when creating their Undesignated Epinephrine Auto-Injector (UEA) Plan as required by the *Access to Emergency Epinephrine in Schools Amendment Act of 2015 (the Act)*. This edition replaces and supersedes all previous versions of this template.

Schools should coordinate on policies and procedures they will take while complying with the Rules and Regulations of the Act and document it in their UEA Plan. Once completed, the UEA Plan provides the Office of the State Superintendent of Education (OSSE) and local officials with a detailed plan for your LEA or school to implement in order to acquire, maintain, and comply with this legislation for both **designated and undesignated** epinephrine auto-injectors.

The UEA Plan must be reviewed annually by your Epinephrine Liaison and must be sent to OSSE via an upload to QuickBase within the first 60 days of the start of a new school year. A copy of this plan must be available near the epinephrine locker where undesignated epinephrine auto-injectors are stored. Additionally, the names of the Epinephrine Liaison and Certified Epinephrine Administrators (EPAs) must be posted next to the epinephrine locker as shown in the image below. For more information about the emergency epinephrine in schools program visit [OSSE’s website](https://osse.dc.gov/page/allergy-management-schools).



**Personnel Information**

**Local Educational Agency (LEA)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Campus Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Epinephrine Program Liaison**

\*The liaison is responsible for monitoring, inspecting, restocking, reporting, and all primary communication between the LEA/school and OSSE\*

1. Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Room Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certified Epinephrine Administrators Employees (minimum of two)**

1. Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Room Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Room Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Post this information next to the undesignated epinephrine auto-injectors so people know who to contact during an emergency.*

| **Action/Area to be Addressed** | **What action will my school take?** | **Timeline** | **Person(s) Responsible (Full Name/ Title)** | **How will my school ensure the action has been completed?** | **Completion Date** |
| --- | --- | --- | --- | --- | --- |
| **ANNUAL CERTIFICATION TRAINING FOR EPINEPHRINE ADMINISTRATORS** | | | | | |
| **Maintain at least two school employees who are**  **certified through an OSSE approved undesignated epinephrine auto-injector training** | **[School/Campus Name]** will designate employees who will undergo an online and/or in-person epinephrine administration training approved by OSSE to serve as Certified Epinephrine Administrators (EPAs).  The two individuals are **[Full Name, Title]** and **[Full Name, Title].** | Individuals will be trained by **[Insert Date]** and annually thereafter.  **\*Training will take place within 60 days of each new school year\*** | **[Full Name, Title]** | Information about EPAs will be shared with OSSE and uploaded into QuickBase. Liaison will notify OSSE if certified staff changes. |  |
| **Post the names of liaison and certified staff next to epinephrine locker** | **[School/Campus Name]** will post the names of the liaison and EPAs next to the undesignated epinephrine locker. This will ensure school staff know who to contact during an emergency. | Ongoing; as soon as training certificate is received, the names will be posted. | **[Full Name, Title]** | The names of certified staff will be posted with the undesignated epinephrine auto-injectors so school staff will know who to contact during an emergency. |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Action/Area to be Addressed** | **What action will my school take?** | **Timeline** | **Person(s) Responsible (Full Name/ Title)** | **How will my school ensure the action has been completed?** | **Completion Date** |
| **SCHOOL-BASED OUTREACH** | | | | | |
| **Distribute resources detailing anaphylaxis emergency response information for school community** | **[School/Campus Name]** will disseminate resources on identifying possible anaphylactic symptoms to teachers and post awareness flyers throughout campus. This information will detail how to identify anaphylaxis and the school’s response protocol. | Resources will be posted within first two weeks of the start of school and ongoing thereafter. | **[Full Name, Title]** | Informational materials and resources will be shared with school community and posted throughout school at the start of school and regularly throughout the school year. |  |
| **Disseminate Allergy Management Program information to parents/guardians** | **[School/Campus Name]** shall develop and disseminate an informational letter for parents/guardians at the beginning of the school year. This will inform parents/guardians who to contact with questions regarding the program at the school. | Letter will be sent within first two weeks of the start of school and ongoing thereafter. | **[Full Name, Title]** | Informational letter will be shared with parents/guardians at the start of school and regularly throughout the school year. |  |
| **Provide emergency response information to health suite personnel**  ***(Applicable only to schools with health suite personnel)*** | **[School/Campus Name]** will provide health suite personnel with a copy of the epinephrine action plan and discuss protocols for responding to an anaphylactic emergency. The health suite personnel will also receive the name and emergency contact information for the Epinephrine Liaison and all certified staff (to include room number and emergency phone number). Health suite personnel will receive a copy of all communications sent home to parents/guardians regarding the epinephrine program to ensure consistent messaging. | Epinephrine Liaison will meet with health suite personnel two weeks before the start of school and ongoing thereafter. | **[Full Name, Title]** | Health suite personnel will receive information regarding the epinephrine program including school’s epinephrine action plan and emergency protocol, name and contact information for liaison and EPAs and communications to parents/guardians. |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Action/Area to be Addressed** | **What action will my school take?** | **Timeline** | **Person(s) Responsible (Full Name/ Title)** | **How will my school ensure the action has been completed?** | **Completion Date** |
| **STORAGE, MONITORING, AND REPORTING OF**  **UNDESIGNATED EPINEPHRINE**  **AUTO-INJECTORS** | | | | | |
| **Storage: Where and how undesignated epinephrine auto-injectors will be stored** | **[School/Campus Name]** will obtain an EpiLocker™ to store the undesignated epinephrine auto-injectors. The locker will be stored at the school’s **[insert location].**  *Note: Schools may acquire a free yellow EpiLocker™ through OSSE, or choose to purchase their own.* | The EpiLocker™ will be posted two weeks before the start of school. | **[Full Name, Title]** | The EpiLocker™ will be posted two weeks before the start of school and storage information will be provided to OSSE on the QuickBase platform. |  |
| **Monitoring: How and when the undesignated epinephrine auto-injectors will be inspected for an expiration date and discoloration, and how that will be recorded for OSSE** | **[School/Campus Name]** Epinephrine Liaison will check the stocked supply of the undesignated epinephrine auto-injectors on a **monthly** basis and maintain a log with the following:   1. Date the undesignated epinephrine auto-injector was received from OSSE or OSSE’s authorized designee; 2. Expiration date of the undesignated epinephrine auto-injectors; 3. Where the epinephrine auto-injectors are stored; 4. Any visualized particles or color change in the solution; 5. Date and manner of disposal of each epinephrine auto-injector, if applicable; 6. The date an undesignated epinephrine auto-injector was used; and 7. Date a replacement undesignated epinephrine auto-injector was requested | Monthly; ongoing throughout the school year.  \*Monthly inspection by the first of every month\*  New orders placed 120 days prior to expiration of auto-injector. | **[Full Name, Title]** | Stock inspection will be completed and a monthly log will be submitted to OSSE via QuickBase by the first day of every month. |  |
| **Action/Area to be Addressed** | **What action will my school take?** | **Timeline** | **Person(s) Responsible (Full Name/ Title)** | **How will my school ensure the action has been completed?** | **Completion Date** |
| **STORAGE, MONITORING, AND REPORTING OF**  **UNDESIGNATED EPINEPHRINE**  **AUTO-INJECTORS (Continued)** | | | | | |
| **Reporting: Use of undesignated epinephrine auto-injectors reported to OSSE in a timely and proper manner** | **[School/Campus Name]** will formally report the use of undesignated epinephrine auto-injectors to OSSE within 24 hours of incident. | Ongoing; within 24 hours of incident. | **[Full Name, Title]** | Incident report will be provided to OSSE via upload into QuickBase platform within 24 hours of incident. |  |
| **\*\*\*Maintain records regarding the procurement, distribution, and disposition of the undesignated auto-injectors for three years\*\*\*** | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Action/Area to be Addressed** | **What action will my school take?** | **Timeline** | **Person(s) Responsible (Full Name/ Title)** | **How will my school ensure the action has been completed?** | | **Completion Date** |
| **EMERGENCY PROTOCOL FOR THE ADMINISTRATION OF EPINEPHRINE AUTO-INJECTORS** | | | | | | |
| **Administration: Administer epinephrine auto-injector to a student experiencing an anaphylactic reaction** | If a school staff member suspects a student is having an anaphylactic reaction, they will immediately reach a health suite staff member or closest EPA. The list of EPAs is located next to the EpiLocker™ at **[insert location]**.  If the 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, and administered according to the steps below. If the designated epinephrine auto-injector is not accessible or the student does not have a designated epinephrine auto-injector, then the undesignated epinephrine auto-injector must be immediately retrieved and administered according to the following steps. | As soon as an anaphylactic emergency occurs. | **[Full Name, Title]** | | Health suite personnel or EPA will promptly administer epinephrine medication. |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Action/Area to be Addressed** | **What action will my school take?** | **Timeline** | **Person(s) Responsible (Full Name/ Title)** | **How will my school ensure the action has been completed?** | **Completion Date** |
| **EMERGENCY PROTOCOL FOR THE ADMINISTRATION OF EPINEPHRINE AUTO-INJECTORS (Continued)** | | | | | |
| **Administration: Administer epinephrine auto-injector to a student experiencing an anaphylactic reaction (Continued)** | Once the epinephrine auto-injector has been retrieved, the health suite staff member and/or EPA will administer the medication according to the following steps:   1. Grasp with orange tip pointing downward; 2. Remove blue safety cap by pulling straight up – do not bend or twist; 3. Place the orange tip against the middle of the outer thigh; 4. Swing and push the auto-injector firmly into the thigh until it “clicks”; 5. Hold firmly in place for 5 seconds – count slowly, “1, 2, 3, 4, 5”; and 6. After injection, the orange cover automatically extends to ensure the needle is never exposed. | As soon as an anaphylactic emergency occurs. | **[Full Name, Title]** | Health suite personnel or EPA will promptly administer epinephrine medication. |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Action/Area to be Addressed** | **What action will my school take?** | **Action/Area to be Addressed** | **What action will my school take?** | **Action/Area to be Addressed** | **What action will my school take?** |
| **EMERGENCY PROTOCOL FOR THE ADMINISTRATION OF EPINEPHRINE AUTO-INJECTORS (Continued)** | | | | | |
| **Call 9-1-1 and notify health suite personnel in writing if they were not present for the epinephrine administration** | While the certified staff is administering the epinephrine, **[Full Name, Title]** will follow school protocols to immediately call 9-1-1 to request an ambulance with epinephrine. Health suite personnel will also be notified in writing if they were not present during the epinephrine administration. **The epinephrine auto-injector that was used will be given to the responding EMT.** | While certified staff member is administering epinephrine, someone will be designated to call 9-1-1. | **[Full Name, Title]** | School staff will wait with the student until an ambulance arrives. Student will be transported to the hospital to receive medical attention. Students must always be transported to the hospital after being administered epinephrine. Health suite personnel will be notified in writing of the incident if they were not present. |  |
| **Communication: Notify student’s parents/guardians** | **[Full Name, Title]** will contact the student’s parent(s)/guardian(s) to notify them of the incident and provide directions to the hospital. | After 9-1-1 has been called and an ambulance has been dispatched, parent/guardians will be notified. | **[Full Name, Title]** | Parents/guardians will be aware of the incident and receive directions to hospital. |  |
| **Report: Provide incident details to liaison** | The certified staff member who administered the epinephrine will notify the Epinephrine Liaison **[Full Name, Title]** of the emergency in order to complete an incident report for OSSE within 24 hours of the incident. | Within 24 hours of incident. | **[Full Name, Title]** | Epinephrine Liaison will be aware of the incident and receive necessary information to complete and submit incident report to OSSE within 24 hours. |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Action/Area to be Addressed** | **What action will my school take?** | **Timeline** | **Person(s) Responsible**  **(Full Name/ Title)** | **How will my school ensure the action has been completed?** | **Completion Date** |
| **DISPOSAL AND RESTOCKING OF**  **UNDESIGNATED EPINEPHRINE AUTO-INJECTORS** | | | | | |
| **Disposal of undesignated epinephrine auto-injectors** | **[School/Campus Name]** shall dispose of unused and expired undesignated epinephrine auto-injectors as infectious waste in accordance with 22-B DCMR § 502 (Disposal of Unused Pharmaceuticals). At **[School/Campus Name]**, the unused, and expired undesignated epinephrine auto-injector will be placed in a Sharps Container/ Biohazard Needle Disposal Box which is located **[Insert Location].** | Ongoing throughout the school year. | **[Full Name,**  **Title]** | **[School/Campus Name]** will indicate on the QuickBase platform the dates and times of when undesignated epinephrine auto-injectors were received, used, and disposed. |  |
| **Restocking undesignated epinephrine auto-injectors** **that are close to expire or that have been administered** | **[School/Campus Name]** will contact OSSE upon use or before expiration date to request additional undesignated epinephrine auto-injectors. | Upon use; or 120 days prior to expiration of auto-injector. | **[Full Name,**  **Title]** | Maintain check-in log (i.e., calendar notification, notebook, etc.) |  |