**Undesignated Epinephrine Auto-Injector (UEA) Program**

**Local Education Agency (LEA) Undesignated Epinephrine Auto-Injector Plan (Sample Template)**

**Employee trained to administer the UEAs**

**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This Local Education Agency Undesignated Epinephrine Auto-Injector Plan (UEA Plan) is based on the *Access to Emergency Epinephrine in Schools Amendment Act of 2015* and pursuant to the authority set forth in D.C. Code § and amends the *Student Access to Treatment Act of 2007 (D.C. Code* § *38-651 et seq.*), the *State Education Office Establishment Act of 2000 (D.C. Code* § *38-2601)*, and the District *of Columbia Health Occupations Revision Act of 1985 (D.C. Code* § *3-1203 et seq.)*. Additionally, this Local Education Agency UEA Plan template is developed to provide OSSE with a detailed plan your school will take to acquire and maintain a supply of undesignated epinephrine auto-injectors (UEAs). These UEAs must be administered by a trained agent or employee of the school to an individual experiencing anaphylaxis that does not have an individual prescription. The provisions of this UEA Plan shall not apply to any parochial, private, or public school that provides education services only to adult students and does not solely provide special education services for those adult services.

Your school’s UEA Epinephrine Liaison will be receiving login information from the QuickBase Platform to upload your school’s two agents or employees’ certificates and UEA plan. Your school will be asked to provide the following information under the QuickBase Platform: (1) Compliance of the Access to Emergency Epinephrine in Schools Amendment Act of 2015 and (2) Reporting and Restocking.

Please note that this document is a template/sample for use. LEAs should coordinate with each campus on policies and procedures they will take (that is unique to each campus) while complying with the Rules and Regulations of OSSE. Please visit this [page](http://osse.dc.gov/publication/access-emergency-epinephrine-schools-amendment-act-2015) for more information on the program. A copy of your LEA Undesignated Epinephrine Auto-Injector Plan should be available near where the UEAs are stored.

Please complete the form below and upload onto the OSSE QuickBase Platform. You should have received information from the QuickBase Platform to upload your school’s two agents or employees’ certificates and UEA plan. Please contact [OSSE.Epi@dc.gov](mailto:OSSE.Epi@dc.gov) if you have not received your login information.

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

**School Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Undesignated Epinephrine Liaison**

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

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

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Certified Undesignated Epinephrine Program Assigned Employees (2)**

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

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

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

| **Action/Area to be Addressed** | **What action will my school take?** | **Timeline** | **Person(s) Responsible (Name and Title)** | **How will my school evaluate and monitor progress?** | **Completion Date** |
| --- | --- | --- | --- | --- | --- |
| **CERTIFIED USERS OF UNDESIGNATED EPINEPHRINE AUTOINJECTORS;**  **TRAINING** | | | | | |
| **Maintaining at least two school employees who are**  **certified with an OSSE approved UEA training** |  |  |  |  |  |
| **ADMINISTRATION OF UNDESIGNATED EPINEPHRINE AUTOINJECTORS** | | | | | |
| **Posting resources detailing emergency response information** |  |  |  |  |  |
| **STORAGE, AND MAINTENANCE OF UNDESIGNATED EPINEPHRINE**  **AUTO-INJECTORS** | | | | | |
| **Monitor, restock and dispose of UEAs in the proper manner** |  |  |  |  |  |
| **Where and how UEAs will be stored** |  |  |  |  |  |
| **How and when the UEAs will be inspected for an expiration date that has not passed, and how that will be recorded** |  |  |  |  |  |
| **DISPOSAL OF UNDESIGNATED EPINEPHRINE AUTO-INJECTORS** | | | | | |
| **Maintain records regarding the procurement, distribution, and disposition of the UEAs for 3 years** |  |  |  |  |  |
| **Replacing UEAs** **that is nearing its expiration date or if one has been administered.** |  |  |  |  |  |