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Protocols and Training for Stock Emergency Medications in K-12 Schools

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Purpose: To provide Indiana K-12 schools access to life saving emergency medications as described in **IC 20-34-4.5-0.2**. Emergency medications covered by this standing order include overdose intervention drugs such as naloxone, a medication indicated for reversal of opioid related overdose; epinephrine, a medication used to treat life threatening allergic reactions (anaphylaxis); and albuterol, a medication used to provide quick relief in the treatment of acute asthma symptoms (bronchospasm). This statewide standing order is intended to ensure naloxone, epinephrine and albuterol are readily available to any K-12 school that complies with training requirements to provide the medications and provides the standing order to a pharmacy.

The registered nurse in the school may administer any stock emergency medication and is the recommended individual to provide training to lesser licensed individuals and school employees who volunteer to act as health aides. In the absence of a registered nurse, the individual should seek training from the local health department (LHD), or other healthcare provider licensed or certified in Indiana for whom the administration of emergency medication is within their scope of practice, who has received training in the administration of emergency medication, and who is knowledgeable in recognizing the symptoms of a life-threatening emergency to any of the following individuals:

1. Students at the school
2. School employees
3. Visitors at the school

Emergency medications:

1. Overdose intervention drugs i.e., naloxone, a medication indicated for reversal of opioid related overdose.
2. Epinephrine, a medication to treat life threatening allergic reactions (anaphylaxis).
3. Albuterol, a medication to provide quick relief of acute asthma-like symptoms (bronchospasm).

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Standard precautions should be utilized whenever emergency medications are administered to prevent or minimize exposure to blood borne pathogens.

Directions for and Dosing of Emergency Medications: Upon recognition of a life-threatening emergency, the school Registered Nurse or other **trained** school employee may administer stock medication to any student, school employee or visitor:

1. For severe allergic reactions, administer stock, auto-injectable **epinephrine** in the following dose:
 - a. For a child weighing 15-30 kg (33-66 lbs.) administer 0.15 mg stock epinephrine IM into the anterior lateral thigh. If no improvement within 5 minutes, may repeat x 1.
 - b. For individuals weighing greater than or equal to 30 kg (66 lbs. or more), administer 0.30 mg stock epinephrine IM into the anterior lateral thigh. If no improvement within 5 minutes, may repeat once.
 - c. Upon administration of epinephrine, immediately call 911 and notify parent/guardian. Follow up should be provided by emergency care personnel.

Epinephrine Training Resources

- <https://www.epipen4schools.com/Members/Training/>
 - <https://www.epipen4schools.com/Resources/>
 - <https://www.auvi-q.com/about-auvi-q#meet-the-auvi-q-family>
 - <https://www.auvi-q.com/resources>
 - <https://www.nasn.org/nasn-resources/resources-by-topic/allergies-anaphylaxis>
 - <https://www.cdc.gov/healthyschools/foodallergies/>
 - <https://www.youtube.com/watch?v=O-8pPTVq15k>
 - https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/019430s061lbl.pdf
2. For signs and symptoms of respiratory distress associated with bronchospasm, administer stock **albuterol** as follows:
 - a. Albuterol metered dose inhaler (MDI) – 2 puffs inhaled by mouth with use of spacer. Add a face mask for younger children who may not be able to use a spacer or hold their breath. If no improvement after 15 minutes, repeat every 15 minutes until improvement occurs or until emergency help arrives.
 - b. Upon administration of albuterol, immediately call 911 and notify parent/guardian. Follow up should be provided by emergency care personnel.
 - c. If respiratory distress is related to a severe allergic reaction, administer epinephrine as well as albuterol per this emergency order.



Albuterol Training Resources

- https://www.cdc.gov/asthma/inhaler_video/default.htm
 - <https://www.cdc.gov/asthma/faqs.htm>
 - <https://aafa.org/asthma/asthma-treatment/asthma-treatment-action-plan/>
 - <https://www.lung.org/lung-health-diseases/lung-disease-lookup/asthma/managing-asthma/create-an-asthma-action-plan>
 - <https://www.cdc.gov/asthma/actionplan.html>
 - <https://www.nhlbi.nih.gov/resources/asthma-action-plan-2020>
 - https://www.accessdata.fda.gov/drugsatfda_docs/label/2014/020983s032lbl.pdf
3. For signs, symptoms, or suspicion of opioid overdose, administer stock overdose intervention drugs (**naloxone**) as follows:
- a. Naloxone 4mg (0.1ml) intranasally (one spray into one nostril). If no response after 2 minutes, re-administer Narcan (naloxone) Nasal Spray, using a new nasal spray. May continue administering dose in alternating nostrils, using a new nasal spray every 2 minutes as needed until emergency medical assistance arrives.
 - b. Upon administration of naloxone immediately call 911 and notify parent/guardian. Follow up should be provided by emergency care personnel.

Naloxone Training Resources

- <https://www.in.gov/health/overdose-prevention/naloxone/>
- https://www.in.gov/health/overdose-prevention/files/63_Naloxone-Training-2022.pdf
- <https://www.overdoselifeline.org/>
- <https://www.cdc.gov/opioids/naloxone/training/index.html>
- <https://www.cdc.gov/stopoverdose/naloxone/>
- <https://www.ama-assn.org/delivering-care/overdose-epidemic/how-administer-naloxone>
- https://www.accessdata.fda.gov/drugsatfda_docs/label/2015/208411lbl.pdf