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### Epinephrine Policy Requirements – (SB 621) Frequently Asked Questions

*Senate Bill 621 (SB 621), codified under Maryland Code, Education Article section 7-426.2, requires local boards of education to create policies regarding the availability and use of auto-injectable epinephrine. The law went into effect on July 1, 2012. The following frequently asked questions (FAQ) address several key aspects of the new law.*

#### 1) What is anaphylaxis?

Anaphylaxis is a sudden, severe, rapidly progressive potentially life-threatening allergic reaction that affects multiple organ systems of the body at the same time. Anaphylaxis requires immediate medical attention as it can be fatal if not reversed within seconds or minutes of coming in contact with the allergen. Allergens such as insect stings or bites, foods (such as milk, egg, peanut, tree nuts, fish, shellfish, wheat, and soy<sup>1</sup>), latex, medications and other allergens are common causes of anaphylaxis, but it may also be idiopathic or exercise-induced. Anaphylaxis usually occurs immediately (seconds or minutes) but also may occur several hours after allergen exposure. Symptoms progress rapidly, making it a medical emergency.

#### 2) What are the signs/symptoms of anaphylaxis?

<b>Organ System</b>	<b>Sign(s)/Symptom(s)</b>
<i>Mouth/Throat</i>	Itching, tingling, or swelling of lips, tongue, or mouth; blue/grey color of lips; hacking cough; tightening of throat; hoarseness; difficulty swallowing
<i>Nose/Eyes/Ears</i>	Runny, itchy nose; redness and/or swelling of eyes; throbbing in ears
<i>Skin</i>	Facial flushing; hives and/or generalized itchy rash; swelling of face or extremities; tingling; blue/grey discoloration
<i>Gastrointestinal (GI)</i>	Nausea, abdominal cramps, vomiting, diarrhea
<i>Lung</i>	Shortness of breath; wheezing; short, frequent, shallow cough; difficulty breathing
<i>Heart</i>	Thready or unobtainable pulse; low blood pressure; rapid pulse, palpitations, fainting; dizziness; pale, blue, or gray color of lips or nail beds
<i>Mental</i>	Uneasiness; agitation; unconsciousness
<i>Other</i>	Any other symptom specific to an individual’s response to a specific allergen

<sup>1</sup> According to the Food Allergy and Anaphylaxis Network (FAAN), these eight foods are estimated to account for 90% of all food allergic reactions. However, a person can be allergic to any food. For more information on food allergies visit the FAAN website at [www.foodallergy.org](http://www.foodallergy.org) and click on “About Food Allergy”.

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### 3) What are the local policy requirements to comply with SB 621?

SB 621 requires local boards of education to develop policies regarding the use of epinephrine auto-injectors. The policy must authorize the school nurse and other school personnel to administer auto-injectable epinephrine to a student who is determined to be or perceived to be in anaphylaxis, regardless of whether the student: (1) has been identified as having an anaphylactic allergy, as defined in Education Article § 7-426.1; or (2) has a prescription for epinephrine from an authorized licensed health care practitioner under the Health Occupations Article.

The policy shall include:

- a. Training on recognizing the symptoms of anaphylaxis;
- b. Procedures for emergency administration of auto-injectable epinephrine;
- c. Proper follow-up emergency procedures; and
- d. Authorization for the school nurse to obtain and store the auto-injectable epinephrine.

### 4) What is the definition of “other school personnel” who may administer auto-injectable epinephrine?

The law does not define “other school personnel”. The local board’s policy may identify other school personnel to include, but not be limited to: school administrators, teachers, school psychologists, school counselors, pupil personnel workers, school social workers, food services staff, coaches/advisors for school sponsored activities, and bus drivers. Regardless of the service delivery model, the registered nurse is always the leader of the school health nursing team and may determine which school personnel are to be given the responsibility for administering auto-injectable epinephrine.

For additional information on ways other school personnel may be identified and trained to assist in an anaphylactic emergency, please refer to the Maryland School Health Services guideline “*Management of Students at Risk for Anaphylactic Reaction*” available on the Maryland State Department of Education (MSDE) website.<sup>2</sup>

### 5) Does the new policy replace previous policies regarding students with a known history of anaphylaxis?

The policy required under SB 621 does not replace student specific orders or individual medications required to be provided by the parent/guardian. Parents of students with known life threatening allergies and/or anaphylaxis remain responsible for providing the school with:

- a. written instructions from the student’s health care provider for the management of known anaphylaxis; and
- b. all necessary medications for implementing the student specific order(s) on an annual basis.

For additional information, please refer to the Maryland School Health Services guideline “*Management of Students at Risk for Anaphylactic Reaction*” available at the MSDE website.

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<sup>2</sup> All guidelines referenced in this FAQ may be accessed at [www.mdschoolhealthservices.org](http://www.mdschoolhealthservices.org); on the right side of the page, click on “SHS Guidelines, Table of Contents”.

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### 6) Does the law require schools to maintain auto-injectable epinephrine?

Yes. The law requires local boards to have a policy authorizing the school nurse to obtain and store auto-injectable epinephrine at public schools. In addition, the local board's policy must authorize other school personnel to administer auto-injectable epinephrine if available at a public school.

It is crucial for local programs to consider the needs of their student population, the Emergency Medical System (EMS) response time, and any other factors necessary to determine the amount of auto-injectable epinephrine to stock in the school building.

### 7) Does the law require schools to provide auto-injectable epinephrine at related school events on or off campus?

No. This is not a requirement. However, the law specifically requires auto-injectable epinephrine to be available in the “the public schools,” which means each public school building. At the same time, the law does not limit the availability of auto-injectable epinephrine to the school building. Therefore, when the local board establishes its policy, appropriate policy may include authorizing the purchase of additional auto-injectable epinephrine to be available at related school events. In certain circumstances it may be good health policy to do so, and local boards should consult with their counsel and health department on this issue. The law does require schools to report to MSDE every incident “at the school or at a related school event that required the use of auto-injectable epinephrine.” (e.g., field trips, sporting games, etc.).

Considerable guidance is provided regarding medication administration at school sponsored activities in the “*Administration of Medication in Schools*” guideline available at the MSDE website. In addition, the guideline for the “*Management of Students at Risk for Anaphylactic Reaction*” includes a section titled “School Environment” that addresses how to assess the school environment for potential exposure to allergens on field trips, recess, and other school sponsored activities, and how to develop an implementation plan for emergencies.

### 8) Where should schools store auto-injectable epinephrine?

The auto-injectable epinephrine should be kept at room temperature (25°C, 77°F) until the marked expiration date, at which time it should be replaced. The effectiveness of the auto-injectable epinephrine may decrease after the expiration date. Therefore, care should be taken to routinely check the expiration date and promptly refill the prescription before the expiration date. The auto-injectable epinephrine should not be refrigerated or exposed to extreme heat or light.

Since use of the auto-injectable epinephrine must be administered within a short time after allergen exposure, consideration should be given to the layout of the school, health services staffing model, and the size of the student population in determining the placement of the stock epinephrine.

Additionally, in compliance with the School Health Services Standards (COMAR 13A.05.05.05-- .15), all medication must be stored in a locked cabinet. Access to medication locked in the designated space shall be under the authority of the designated school health professional, the principal, and/or designee.

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### 9) Who provides and evaluates the training of other unlicensed school personnel to administer auto-injectable epinephrine?

Training on the management of anaphylaxis in the school setting is generally done by the school registered nurse. The school registered nurse may monitor and evaluate the training of other unlicensed school personnel to administer auto-injectable epinephrine. However, the local board may designate other qualified health care providers in the school setting, such as a physician and certified registered nurse practitioner (CRNP), to conduct the training.

The school registered nurse may need to conduct training for school personnel at various levels, such as: (1) general training for all school personnel; (2) training for school personnel in frequent contact with students at risk for anaphylactic reaction; and (3) specialized training for the management of anaphylaxis/response to anaphylaxis emergency in the school setting.

### 10) Who can purchase auto-injectable epinephrine for administration in schools?

The local board may designate any individual authorized to prescribe medication, such as a nurse practitioner or physician, to purchase auto-injectable epinephrine directly from a wholesale drug distributor or retail pharmacy. (*See Md. Code, Health Occup. Art. §12-6C-09(b).*) The designee may then distribute the medication for administration in schools in accordance with the local board's policy.

In addition, the inventory of auto-injectable epinephrine should be audited periodically for expiration dates to help ensure maximum efficacy of the medication.

### 11) By what authority may an unlicensed individual administer auto-injectable epinephrine to students at school?

The General Assembly, through SB 621, has authorized local boards to establish a policy to train and enable an unlicensed individual to administer auto-injectable epinephrine to a student at the school.

### 12) What is the liability of unlicensed school personnel for administering auto-injectable epinephrine in a medical emergency?

In Education Article §7-426.1, there is a specific immunity provision for an employee who responds in good faith to an anaphylactic reaction of a child. Liability protections are available to local school employees under Maryland law. Pursuant to Education Article § 4-106 and Courts and Judicial Proceedings Article § 5-518, local school system employees acting within the scope of their employment, without malice and gross negligence, are not personally liable for damages resulting from a tortious act or omission .

In addition, other legal protections and defenses (such as the “Good Samaritan Law”, Courts and Judicial Proceedings Article § 5-603) may be available for qualified individuals.

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### 13) Where can I find additional resources on this topic?

- Maryland State School Health Services Guidelines ([www.mdschoolhealthservices.org](http://www.mdschoolhealthservices.org); click on “SHS Guidelines, Table of Contents):

*“Management of Students at Risk for Anaphylactic Reaction”* (2009)

*“Emergency Management Guidelines for Individuals in Schools with an Unknown History of Anaphylaxis or Severe Allergic Reactions”* (2003)

*“Administration of Medication in Schools”* (2006)

- National Association of School Nurses (NASN) Anaphylaxis Planning Algorithm.
- National Association of School Nurses (NASN) Anaphylaxis Provision of Care Algorithm <http://www.nasn.org/ToolsResources/FoodAllergyandAnaphylaxis/AnaphylaxisProvisionofCareAlgorithm>.
- National Association of School Nurses (NASN), Food Allergy and Anaphylaxis: An NASN Tool Kit, <http://www.nasn.org/ToolsResources/FoodAllergyandAnaphylaxis>
- Food Allergy and Anaphylaxis Network (FAAN) <http://www.foodallergy.org/page/address-transportation-issues>
- EpiPen <http://www.epipen.com/>

### 14) Who can I contact for additional information?

- **Maryland State Department of Education (MSDE), School Health Issues Section**
  - Alicia Mezu, MSN/Ed, RN, Health Services Specialist,  
(410) 767-0353, [amezu@msde.state.md.us](mailto:amezu@msde.state.md.us)
- **Department of Health and Mental Hygiene (DHMH), Office of School Health**
  - Cheryl De Pinto, MD, MPH, Medical Director  
(410) 767-5595, [cheryl.depinto@maryland.gov](mailto:cheryl.depinto@maryland.gov)