2026

VIRGINIA SCHOOL HEALTH GUIDELINES

VDH VIRGINIA DEPARTMENT OF HEALTH

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2026 Revision

FOREWORD

The Virginia Department of Health is pleased to present the Virginia School Health Guidelines, Fourth Edition (2026), a resource document for school and public health personnel. It was developed, approved and published under the leadership of the Virginia Department of Health in collaboration with the Virginia Department of Education.

This document is intended to enhance the educational process by providing guidance to and resources for school administrators, school nurses, teachers, and other staff members on the development, implementation, and evaluation of a comprehensive or coordinated approach to school health. It presents up-to-date, evidence based best practices, health information, and recommendations for developing local programs and policies related to school health programs.

Federal and state laws and regulations, local needs, professional personnel from educational and health care fields, and resource will influence how this publication can be adapted for local use.

The Virginia Department of Health and Virginia Department of Education maintain a strong collaborative relationship to ensure that all schools in the Commonwealth have a safe and healthy learning environment. The revised Virginia School Health Guidelines exemplifies the continued partnership and collaboration between the Departments of Health and Education.

B. Cameron Webb, MD, JD
State Health Commissioner

10/1/2026
Date

Jenna Conway,
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9/29/2026
Date

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Purpose

The Virginia Department of Health and Virginia Department of Education are pleased to present the Virginia School Health Guidelines, a resource intended to provide guidance to school administrators, school nurses, teachers, and other school personnel on the care of students with special health needs. The Code of Virginia § 22.1-274.2 refers to the Virginia School Health Guidelines and states this document is jointly issued by the Department of Health and the Department of Education. Guidelines present current, practical health information and recommendations for the development of local programs and policies related to health care services for emergency medications: **epinephrine, albuterol, naloxone, and glucagon.**

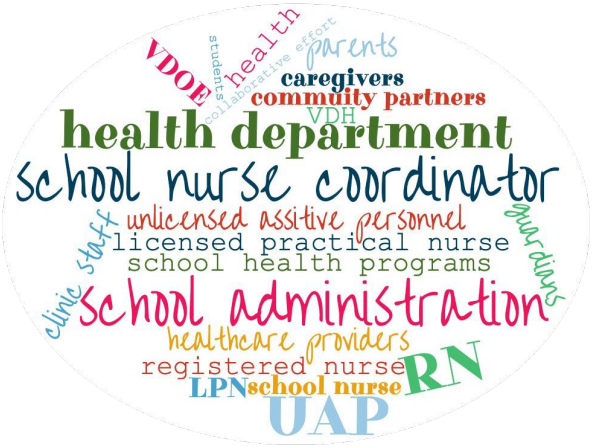
In each of these sections, there are guidelines for assessing the school health component, guidelines for establishing or enhancing the component, requirements associated with the component as defined by the Code of Virginia or federal guidelines, and recommended practice guidelines. **Although these guidelines reflect the most up-to-date information at the time of publication, users of the Virginia School Health Guidelines are advised to confirm federal, state, and local laws, regulations, and policies when using this manual to plan, implement, and evaluate school health programs.**

"A sensible school nurse, with good judgment, discretion, and enthusiasm, may be a powerful factor in the general improvement of a community."

–Lina Rogers Struthers, R.N.
First School Nurse (1917)

Shared Responsibility

The purpose of the **Virginia School Health Guidelines** is to provide guidance, procedures, and protocols for school health staff, parents/guardians, and community providers to ensure students with special health care needs reach their optimal level of health and well-being for learning.



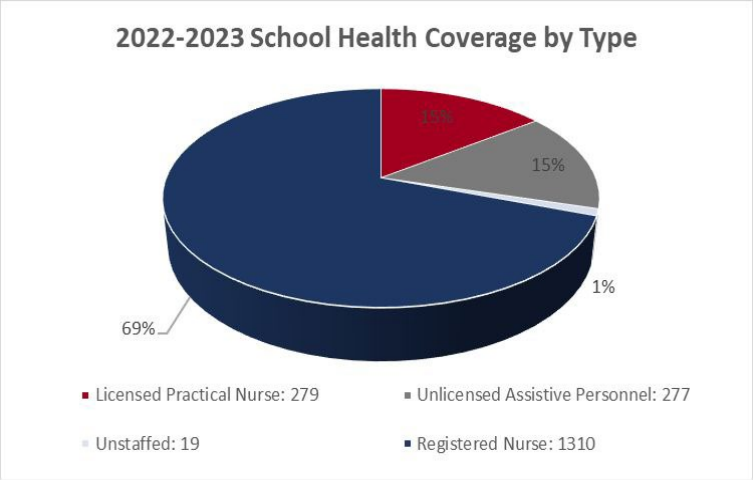
Disclaimer
The Virginia School Health Guidelines, 2026 Edition, presents current and practical health information, code regulations, and recommendations for the development of local programs and policies related to health care services for students with special health care needs. Local and school division policies and training should be developed in conjunction with the latest edition of the Virginia School Health Guidelines, the Virginia Department of Education, and the Code of Virginia.

Searchable Database
A searchable database of the Code of Virginia is available via the Virginia General Assembly, Legislative Information System (LIS). To search for a particular law, enter the code number (example: 22.1-270), or search a phrase (example: comprehensive physical examination) into the screen's search window and press submit. The Code of Virginia contains the laws passed by the General Assembly and signed by the Governor for the Commonwealth of Virginia.

"...a notable difference for school nurses is that they live in two worlds: education and nursing." (Savage, 2017)

Intended Audience
This document is intended to enhance the educational process by providing guidance and resources for: school administrators, school nurses, teachers, community partners, healthcare providers, and other school staff personnel, on the development, implementation, and evaluation of a comprehensive school health program.

School Division Responsibility
According to § 22.1-274. School health services, the school board shall provide pupil personnel and support services in compliance with § 22.1-253.13:2. A school board may employ school nurses, physicians, physical therapists, occupational therapists, and speech therapists.

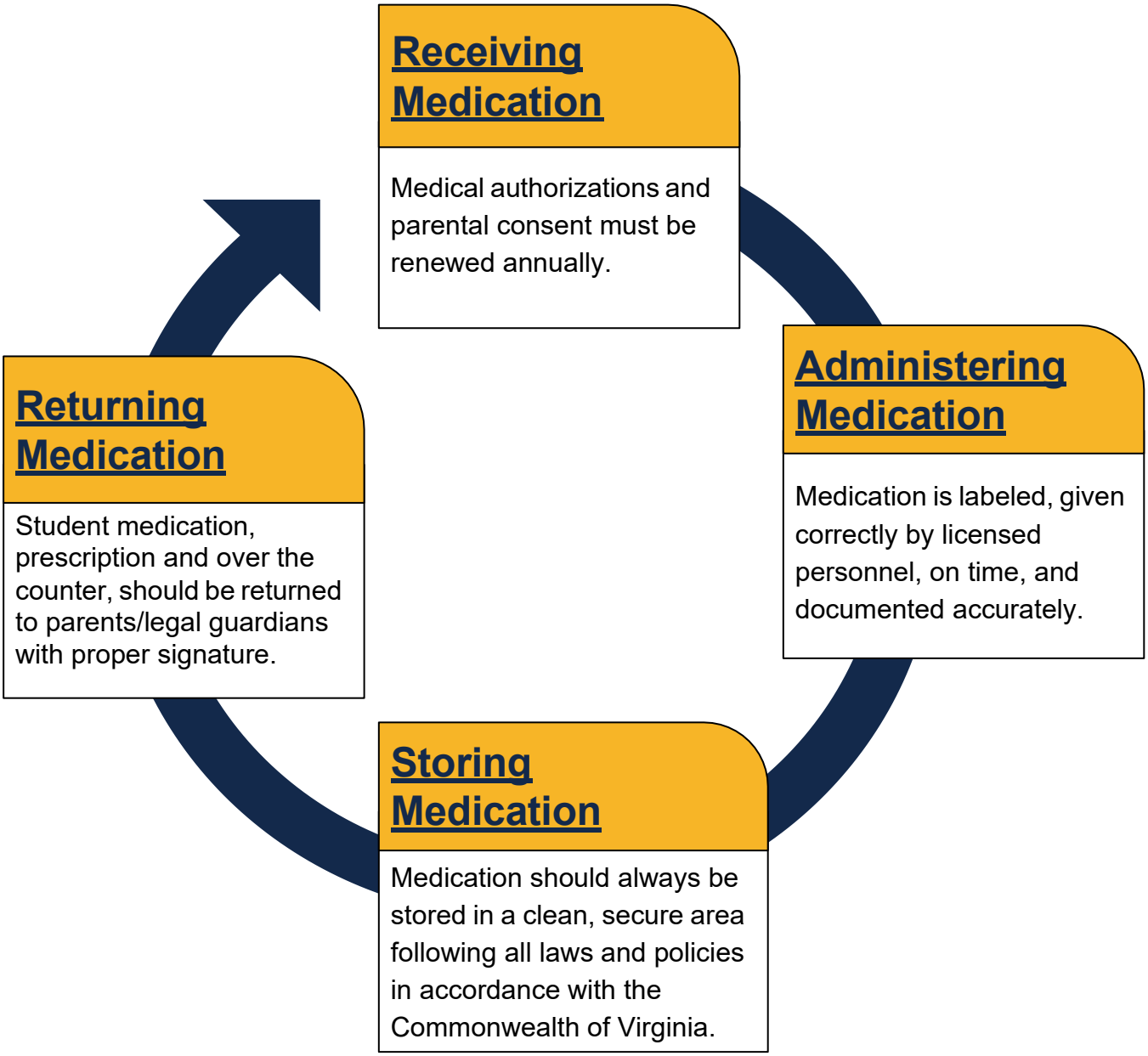


The American Academy of Pediatrics (AAP) and the National Association of School Nurses recommend a minimum of 1 full-time professional school nurse in every school, recognizing that the ideal nurse-to-student ratio varies depending on the needs of the student population.

School Health Data Survey 2022-2023, Virginia Department of Education Total public schools reported = 1932

Establishing Protocol for Administering Routine or As Needed Medication

Administering prescriptive, over the counter, and emergency medication during school hours is a complex issue and should be administered under the safest possible conditions. The following guidelines are intended to assist school health staff in administering prescriptive, over the counter, and emergency medication to students per local, state, and school division policy. When administering medication, follow the Six Rights: **Right student. Right medication. Right dose. Right route. Right time. Right Documentation.** For more information regarding documentation of medication, confidentiality, record retention, storage and disposal of medication, refer to VDOE's **Medication Administration School Nurse's Guide: A Training Manual for Unlicensed Public School Employees (Word Document).**



Prior To Administering Medication

The following items should be addressed when possessing and administering medication.

Authorization For Medication.

The use of all prescription medications should be authorized in writing by a licensed prescriber, which includes physicians, dentists, physician assistants, or licensed nurse practitioners. The written authorization should include the following information:

- ❑ Student's name
- ❑ Licensed prescriber's name, telephone number, and signature
- ❑ Date prescription written
- ❑ Name of the medication
- ❑ Dosage
- ❑ Time of day to be given
- ❑ Anticipated length of treatment
- ❑ Diagnosis or reason the medication is needed (unless reason should remain confidential)
- ❑ Adverse reactions to medication
- ❑ Adverse reactions if medication is not administered
- ❑ Special handling instructions

Medication authorizations should be received on standardized authorization forms. Stationary or prescription pads from the licensed prescriber are acceptable, as well, and should be attached to the medication authorization form. Transportation of medication to school is the responsibility of the parent/guardian.

Parental Consent.

In addition to the authorization for administering medication, parental consent must be obtained before a medication is given to a student. For each medication, parental consent should include the following:

- Student's name
- Parent/guardian name
- Parent/guardian emergency/daytime phone number
- Statement of parental consent
- Date of consent
- Allergies
- Name of medication
- Reason for medication
- Duration of treatment

Medical authorizations and parental consent must be renewed annually.

Labeling and Storage of Medication.

Medication must be in its original container before it is given to a student, regardless of whether the medication is a prescription or over-the-counter.. Asking the pharmacist to divide the medication into two containers: one for home and one for school is best practice. The original container should be labeled with:

- Student's name
- Name of medication
- Directions for dosage
- Route for administer
- Frequency to be administered
- Licensed prescriber's name
- Pharmacy contact information
- Date prescription was filled
- Expiration date

Medications in plastic bags or other non-original containers are not acceptable and should be safely returned to the parent/guardian. Under no circumstances should medicine be sent home with a child.

During Administration of Medication

The following items should be addressed during administration of medication.

Licensed Personnel Administering Medication.

The school nurse should assume responsibility for administration of medication to students. In schools where school nurses are not available on a daily basis, the principal should assume the responsibility for designating school staff to administer medication to students. If someone other than the school nurse is designated to give the medication, the registered nurse must provide training for the administration of the medication.

It is recommended the school nurse and school administrators ensure:

✓ **Medication is given correctly** and documented appropriately.
✓ **Appropriate forms are completed** prior to administering medication (authorization and parental consent)
✓ **Medication is properly labeled** and stored in a secure, safe place.

The Virginia Department of Health provides a School Health Activity Chart outlining the delegation of responsibilities for licensed and unlicensed professionals administering medications. It can be found on page eight of this manual.

Resources

Virginia Department of Health (VDH)

School Health Activity Chart

School Nursing Checklist

Virginia Department of Education (VDOE)

Medication Administration School Nurse's Guide: A Training Manual for Unlicensed Public School Employees (Word)

School Health Guidance, Resources, & Required Training

American Academy of Pediatrics

Guidance for the Administration of Medication in School

Medication Log Template

Example Prescription Medication Log by Henrico County Public Schools

Student Self-Administration of Medication

Some school divisions allow students self-administration of medication under special circumstances with a healthcare provider order and under the supervision of the school nurse, principal, or principal designee. School divisions that allow self-administration of medication should include the following information in their policy for student self-administration of medication.

- ❑ Demonstrate capability for self-administration.
- ❑ Implement safe storage and appropriate use of the medication.
- ❑ The need for the medication order stating that the student is qualified to self-administer medication.
- ❑ Parental/guardian consent for self-administration.
- ❑ Physician authorization to self-carry and administer medication.
- ❑ Notification of appropriate team members (such as teachers, principals, support persons) of all students self-testing or self-administering of medication(s).
- ❑ Training for staff to be appropriately prepared for working with student.
- ❑ Understand self-administration of medication can be taken away if medication policies are abused or ignored.
- ❑ Expectation of reporting medication use to school health personnel.

Code of Virginia

Code of Virginia § 22.1-321.1
Possession and administration of epinephrine

Code of Virginia § 22.1-274.2
Possession and administration of Inhaled asthma medication and epinephrine by certain students or school board employees

Code of Virginia § 54.1-3408
Professional use by practitioners

Code of Virginia § 8.01-225
Persons rendering emergency care, obstetrical services exempt from liability

Post Administration of Medication

The following items are recommended and should be addressed after administration of medication.

Documentation of Administering Medication.

Documentation is required when medication is administered at school. A medication administration record (MAR) must be kept for each student receiving medication. The MAR can be in paper or electronic form. If a paper format is used, document in blue or black ink.

Medication administration records can be documented in the following:

- Powerschool
- Individualized Education Plan (IEP)
- Student Records
- Electronic Health Record
- Virginia Immunization Information System - permits vetted school personnel to access student's immunization information

Confidentiality. Student health records should be kept confidential. Breach of confidentiality can result in disciplinary action or dismissal by the school division as well as potential legal implications against the individual who violated the Family Education Rights and Privacy Act (FERPA) or the Health Insurance Portability and Accountability Act (HIPAA).

- Education Rights and Privacy Act (FERPA)
- Health Insurance Portability and Accountability Act (HIPAA)

Disposal. Proper disposal of medications should follow FDA Medication Disposal Guidelines.

Record Management and Retention. Each school division must have proper forms that satisfy compliance laws for FERPA (and HIPAA if seeking to exchange information with outside health sources). Retaining medication records should be done according to the school division policies regarding confidential medical records, and in accordance with federal and state law. For specific questions contact the Library of Virginia Records Management.

Safe Storage. Medication should be stored in its original container with proper labeling. Medication should be brought to the School Nurse by a parent/guardian with proper documentation.

Counting Receipt. Prescribed medication requires counting upon receipt. The medication should be counted or measured with the parent/legal guardian and signed off by the parent/legal guardian and the school nurse or other designated staff with the amount received documented (Davis-Alldritt & Patterson, 2017) Over-the-counter medication brought to school in a new, unopened package does not require counting as the packing states the quantity of the sealed container.

Repacking of Medication. Only licensed personnel such as a Registered School Nurse can repackage medication using the Virginia DHP Pharmacy Guidelines for school boards.The school nurse will discuss with unlicensed assistive personnel (UAP) they should not, under any circumstances, repackage medication.

Securing Medication. Medication should always be stored in a clean, locked cabinet or box in a secure area according to the laws, policies, and guidelines of the Commonwealth of Virginia and the local school division. The keys to a locked medicine cabinet, box, or cart should always be kept on the person of the individual responsible for medication administration during school hours.

Returning Medication. Unused medicine should be returned to parents/legal guardians with proper signature and documentation. **Medication should never be sent home with the student.**

Unexpected Medical Occurrence

When medication wasn't delivered as planned, what do you do? Listed below, are the frequent questions asked by school nurses on how to reconcile an unexpected medication occurrence.

1. What do I do if the student does not come for the medication at the scheduled time?

- Send for the student immediately.
- Remember that medication must be given 30 minutes before or after the scheduled time.
- If the medication cannot be administered, notify the school nurse or building administrator, and contact the parent/legal guardian.
- Carefully document the circumstances, including your actions, on the MAR.

2. What do I do if the student refuses the medication?

- Encourage student to take the medication without coercion.
- Document incident on the MAR.
- Contact the parent/legal guardian and building administrator.

3. What do I do if the student vomits or spits out the medication?

- Document incident on the MAR. **Do not repeat the medication dose.**
- Notify the parent/legal guardian and the school nurse or building administrator about the occurrence, including the exact time of vomiting.
- Evaluate the student for illness according to school division policy.

4. What happens when medication errors occur? Reporting errors protects both the student and the staff. Report the following, immediately.

1. Medication not given.
2. Medication administered to the wrong student.
3. Administration of the wrong medication or the wrong dose.
4. Administration of medication at the wrong time - greater than 30 minutes before or after the prescribed time.
5. Administration of a medication by the wrong route or method.
6. Report medication errors immediately to the school nurse, building administrator, and the parent/guardian according to school division procedures.
7. Document any action required as a result of the medication error, including action directed by the prescriber, school nurse, parent/legal guardian, pharmacist, or Poison Control. (1-800-222-1222)

5. The student develops side effects to the medication. What do I do? All medication has the potential to cause side effects. Promptly report any unusual symptoms or behaviors to the school nurse, building administrator, and the parent/legal guardian, as per division policy.

6. What do I do if a serious allergic reaction to medications occur? Examples of serious reactions can include rash/hives, itching, changes to pulse or respiratory distress. Local school division policies and procedures should be in place to call 9-1-1, and designate a trained on-site staff member to administer emergency medication if a student exhibits symptoms of a severe allergic reaction. The trained staff member should be a School Registered Nurse, or a person adequately trained to administer epinephrine.

"Immediately reporting unexpected medical occurrences, and administering emergency medication when necessary, protects both the student and the staff member."

Considerations for Emergency Medications

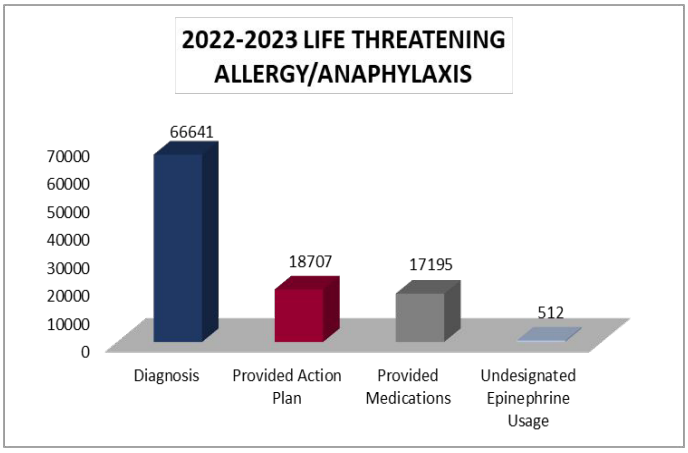
Administering Inhaled Asthma, Epinephrine, Naloxone, and Glucagon

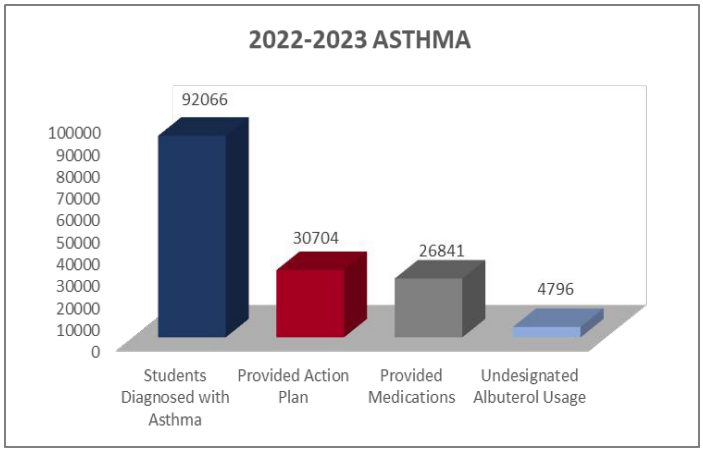
Written policies should be available for any emergency medication that is administered to students. Emergency medications require written authorization by the medical healthcare provider and the written permission of the parent/guardian. In some school divisions, standing orders may be provided by the identified prescriber for emergency medications to be used in specified circumstances for students and/or staff.

The school nurse should prepare Individualized Health Care Plan and an Emergency Care Plan for each student who has an order for emergency medication. Training and supervision of unlicensed staff designated to administer these medications is a function of a registered school nurse. Examples of emergency medications include: epinephrine, diazepam, glucagon, naloxone, and albuterol nebulizers and inhalers.

Emergency medications are to be used in conjunction with a healthcare provider order in an EMERGENCY situation. **Additional guidelines, policy, protocol, procurement, and code regulations for administering epinephrine, albuterol, naloxone, and glucagon can be found throughout this document.**

Code of Virginia § 22.1-274.2





Data compiled from School Health Data Survey 2022-2023 Results, Virginia Department of Education. Total public schools reported = 1932

Legislative Background

Emergency Medication: Epinephrine

Code of Virginia, § 22.1-274.2, requirements state:

§ 22.1-274.2. Possession and administration of inhaled asthma medications and epinephrine by certain students or school board employees.

A. Local school boards shall develop and implement policies permitting a student with a diagnosis of asthma or anaphylaxis, or both, to possess and self-administer inhaled asthma medications **or** auto-injectable epinephrine, or both, as the case may be, during the school day, at school-sponsored activities, or while on a school bus or other school property. Such policies shall include, but not be limited to, provisions for:

1. Written consent of the parent, as defined in § 22.1-1, of a student with a diagnosis of asthma or anaphylaxis, or both, that the student may self-administer inhaled asthma medications or auto-injectable epinephrine, or both, as the case may be.

2. Written notice from the student's primary care provider or medical specialist, or a licensed physician or licensed advanced practice registered nurse, that (i) identifies the student; (ii) states that the student has a diagnosis of asthma or anaphylaxis, or both, and has approval to self-administer inhaled asthma medications or auto-injectable epinephrine, or both, as the case may be, that have been prescribed or authorized for the student; (iii) specifies the name and dosage of the medication, the frequency in which it is to be administered and certain circumstances which may warrant the use of inhaled asthma medications or auto-injectable epinephrine, such as before exercising or engaging in physical activity to prevent the onset of asthma symptoms or to alleviate asthma symptoms after the onset of an asthma episode; and (iv) attests to the student's demonstrated ability to safely and effectively self-administer inhaled asthma medications or auto-injectable epinephrine, or both, as the case may be.

3. Development of an individualized health care plan, including emergency procedures for any life-threatening conditions.

4. Consultation with the student's parent before any limitations or restrictions are imposed upon a student's possession and self-administration of inhaled asthma medications and auto-injectable epinephrine, and before the permission to possess and self-administer inhaled asthma medications and auto-injectable epinephrine at any point during the school year is revoked.

5. Self-administration of inhaled asthma medications and auto-injectable epinephrine to be consistent with the purposes of the Virginia School Health Guidelines and the Guidelines for Specialized Health Care Procedure Manuals, which are jointly issued by the Department of Education and the Department of Health.

§ 22.1-274.2

6. Disclosure or dissemination of information pertaining to the health condition of a student to school board employees to comply with §§ 22.1-287 and 22.1-289 and the federal Family Education Rights and Privacy Act of 1974, as amended, 20 U.S.C. § 1232g, which govern the disclosure and dissemination of information contained in student scholastic records.

B. The permission granted a student with a diagnosis of asthma or anaphylaxis, or both, to possess and self-administer inhaled asthma medications or auto-injectable epinephrine, or both, shall be effective for one school year. Permission to possess and self-administer such medications shall be renewed annually. For the purposes of this section, "one school year" means 365 calendar days.

C. Local school boards shall adopt and implement policies for the possession and administration of epinephrine in every school, to be administered by any school nurse, employee of the school board, employee of a local governing body, or employee of a local health department who is authorized by a prescriber and trained in the administration of epinephrine to any student believed to be having an anaphylactic reaction. Such policies shall require that at least one school nurse, employee of the school board, employee of a local governing body, or employee of a local health department who is authorized by a prescriber and trained in the administration of epinephrine has the means to access at all times during regular school hours any such epinephrine that is stored in a locked or otherwise generally inaccessible container or area.

D. Each local school board shall adopt and implement policies for the possession and administration of undesignated stock albuterol inhalers and valved holding chambers in every public school in the local school division, to be administered by any school nurse, licensed athletic trainer under contract with a local school division, employee of the school board, employee of a local governing body, or employee of a local health department who is authorized by the local health director and trained in the administration of albuterol inhalers and valved holding chambers for any student believed in good faith to be in need of such medication.

2000, c. 871; 2005, c. 785; 2012, cc. 787, 833; 2013, cc. 336, 617; 2020, c. 476; 2021, Sp. Sess. I, c. 508; 2023, cc. 183, 569.

The chapters of the acts of assembly referenced in the historical citation at the end of this section may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired. § 22.1-274.2

Anaphylaxis By The Numbers: 66,000+ public school students diagnosed

5%	28%	25%	512
students with a life threatening allergy/anaphylaxis	students with the diagnosis provided an action plan	students with a diagnosis provided medication to their school nurse	times **undesignated epinephrine** used in a school year

Data compiled from School Health Data Survey 2022-2023 Results, Virginia Department of Education. Total public schools reported = 1932

Epinephrine

Emergency Medication Usage

Overview

Epinephrine (also known as “adrenaline”) is the drug of choice used to treat and reverse the symptoms of anaphylaxis by constricting blood vessels and raising blood pressure, relaxing the bronchial muscles and reducing tissue swelling. Epinephrine is a prescribed medication and is administered by injection, either intramuscularly by an auto -injector or intramuscularly by syringe. Anaphylaxis is one type of allergic reaction, in which the immune system responds to otherwise harmless substances from the environment (called “allergens”).

A variety of allergens can provoke anaphylaxis, but the most common culprits are food, insect venom, medications, and latex. Unlike other allergic reactions, however, anaphylaxis is potentially lethal and can kill in a matter of minutes. Anaphylaxis typically begins within minutes or even seconds of exposure, and can rapidly progress to cause airway constriction, skin and intestinal irritation, and altered heart rhythms.

Without treatment, in severe cases, it can result in complete airway obstruction, shock, and death. Initial emergency treatment is the administration of injectable epinephrine (also known as “adrenaline”) coupled with immediate summoning of emergency medical personnel and emergency transportation to the hospital. Timely, appropriate treatment can totally reverse anaphylaxis and return a child or adult to their prior state of health.

The guidelines for properly administering epinephrine are defined in four parts: policy, protocol, training, and procurement with a section for frequently asked questions.

Policy

Code of Virginia § 22.1-274.2
Possession and administration of inhaled asthma medications and epinephrine by certain students or school board employees

Code of Virginia § 8.01-225.
Persons rendering emergency care, obstetrical services exempt from liability

Code of Virginia § 54.1-3408
Professional use by practitioners

Scope of Responsibilities

School Health Activity Chart

“Food allergies are a growing food safety and public health concern that affect an estimated 8% of children in the United States. That’s 1 in 13 children, or about 2 students per classroom.” - CDC Healthy Schools, Food Allergies

Resources

- Guidelines for Recognition and Treatment of Anaphylaxis in the School Setting (Word)
- Sample Anaphylaxis Skills Competency Checklist (Word)
- Sample Auto-injector Skills Competency Checklist (Word)
- Sample Anaphylaxis Policy (Word)
- Virginia Department of Education School Health Guidance, Resources & Required Training
- Virginia Department of Health, School Nurse Checklist

Epinephrine Administration Protocol

Common Symptoms of Anaphylaxis, Approved Dosage, Action Plans

Common Symptoms of Anaphylaxis.

Sudden difficulty of breathing or wheezing	**Swelling of the throat, lips, or tongue**
Hives	**Tightness/change in voice**
Feeling of apprehension or agitation	**Difficulty swallowing**
Itching, redness of skin, or generalized flushing	**Tingling sensation, itching, or metallic taste in mouth**

Administration. Anaphylaxis is a severe systemic allergic reaction, resulting from exposure to an allergen that is rapid in onset and can cause death. Epinephrine should be administered promptly at the first sign of anaphylaxis. It is safer to administer epinephrine than to delay treatment for anaphylaxis. The sooner anaphylaxis is treated, the greater the person's chance for surviving the reaction. Epinephrine is fast acting, but its effects only last between 5-15 minutes; therefore, a second dose of epinephrine may be required if symptoms continue.

Dosage. Statewide Standing Order for Epinephrine in School Settings

Approved Options for Auto-Injector or Nasal Administration

Medication Name	Population Authorized for Use
Neffy (epinephrine nasal spray), USP 2mg	Individuals weighing 66 pounds or greater
Epinephrine Auto-Injector, USP 0.3mg	
EpiPen 2-Pak Auto-Injector, USP 0.3mg	
Auvi-Q Auto-Injector, USP 0.3mg	
Neffy (epinephrine nasal spray), USP 1mg	Individuals weighing between 33 and 66 pounds
Epinephrine Auto-Injector, USP 0.15mg	
EpiPen Jr. 2-Pak Auto-Injector, USP 0.15mg	
Auvi-Q Auto-Injector, USP 0.15mg	
Auvi-Q Auto-Injector, USP 0.1mg	Individuals weighing between 16.5 and 33 pounds

The chart above from the VDH Pharmacy summarizes the authorized dosage of epinephrine emergency medication by weight.

Contacting 911. At the same time epinephrine is given, assisting personnel should: **(1):** activate the 911 system for transportation of the student or staff member to the hospital emergency room; **(2):** alert emergency healthcare staff that epinephrine has been given; (**3):** notify parent/guardians soon as possible; **(4):** and, complete reporting per local school policy.

Emergency Action Plan. Each student should have a completed Anaphylaxis Emergency Action Plan signed by the parent/legal guardian and the health care provider (per Code of Virginia § 22.1-274.2). The Anaphylaxis Action Plan should detail: the type of medicine, the dosage to use, and confirm if the student may/may not self-administer. Outside resources for Anaphylaxis Emergency Action Plan can be found below:

- Anaphylaxis Emergency Action Plan
  Developed by the American Academy of Allergy, Asthma, and Immunology (AAAAI)
- FARE Anaphylaxis Emergency Action Plan
  Developed by the Food Allergy Research and Education (FARE)

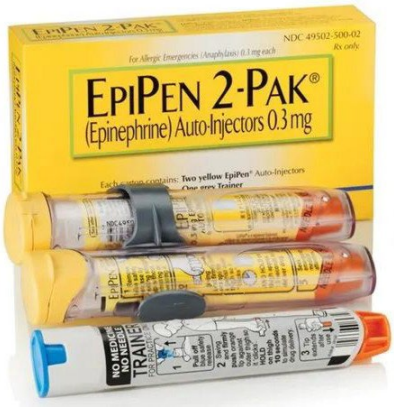
Procurement of Epinephrine

Purchasing Options and Standing Order

The Virginia Department of Health (VDH) and the Virginia Department of Education (DOE) have implemented a policy so that every K-12 public school can procure undesignated stock of epinephrine auto-injectors, albuterol inhalers, and valved holding chambers (spacers). This policy is also available to private schools, though the requirements and acquisition process may differ. Private schools are encouraged to consult with their accrediting agency for guidance. The website for VDH K-12 Epinephrine/Albuterol website can provide additional information.

Obtaining Undesignated Stock Epinephrine

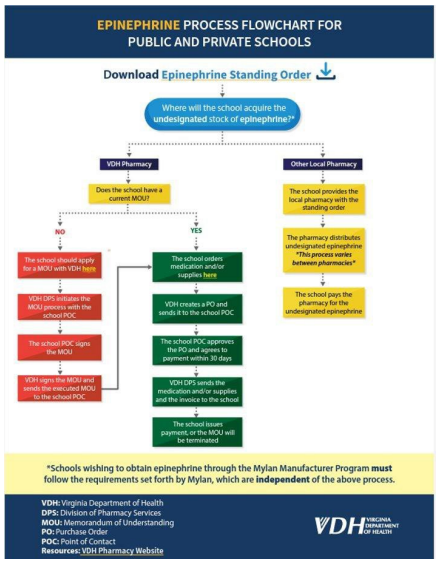
There are three options available to schools for the purchasing of epinephrine. Each option has its own protocol for purchasing. Schools must adhere to those processes in order to obtain the emergency medication.



Options Available for K-12 Schools	
1	**Drug Manufacturer Programs** • EpiPen4Schools or neffyinSchools
2	**Virginia Department of Health Pharmacy** • VDH Epinephrine and Suppies Application • Epinephrine Order Request
3	**Local Pharmacy** • Find Your Local Pharmacy Tool

Standing Order. The standing order for epinephrine can be found here: **Epinephrine Standing Order for Schools**.

Ordering Process Flowchart. The process for obtaining epinephrine can be found on the VDH Pharmacy website: **Epinephrine Ordering Process Flow for Public and Private Schools**.



Additional Resources.

- CDC Podcast: Managing Food Allergies at School
- American Academy of Allergy and Immunology
- School Nurse Checklist

Incident Form for Epinephrine Administration

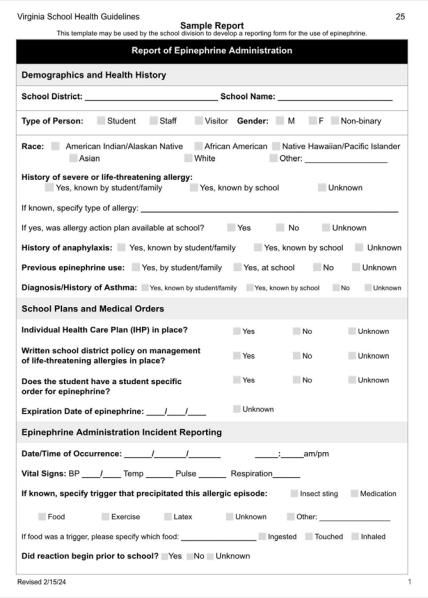
Code of Virginia Requirements, 8VAC20-671-710

8VAC20-671-710. Medication and health.

Once epinephrine is administered, local Emergency Medical Services (911) shall be activated and the student transported to the emergency room for follow-up care. In some reactions, the symptoms go away, only to return one to three hours later. This is called a "biphasic reaction." Often these second-phase symptoms occur in the respiratory tract and may be more severe than the first-phase symptoms. Therefore, follow-up care with a health care provider is necessary. The student will not be allowed to remain at school or return to school on the day epinephrine is administered. The administration of epinephrine shall be treated as a serious incident and shall be reported to the parent or legal guardian immediately using all means of contact provided by the parent (i.e., home, cell, or work telephone number, email, or text message), but no later than the end of the school day.

The school administrator shall ensure that an appropriate serious incident form is completed by the end of the day on which the administration of epinephrine occurred. The incident report shall include the following information: (i) the date and time the incident occurred; (ii) the name of the staff who administered the epinephrine; (iii) a record of the attempts made (including date, time, and mode of communication, and name of employee making the attempt) to notify the parent of the use of epinephrine; (iv) summary of contact with parent; and (v) the name of the person who completed the incident report. The school administrator shall provide a copy of the incident report via email or facsimile to the department within 24 hours of completing the report.

Sample Reporting Form



Virginia School Health Guidelines 25

Sample Report

This template may be used by the school division to develop a reporting form for the use of epinephrine.

Report of Epinephrine Administration

Demographics and Health History

School District: _____ **School Name:** _____

Type of Person: ☐ Student ☐ Staff ☐ Visitor **Gender:** ☐ M ☐ F ☐ Non-binary

Race: ☐ American Indian/Alaskan Native ☐ African American ☐ Native Hawaiian/Pacific Islander ☐ Asian ☐ White ☐ Other: _____

History of severe or life-threatening allergy: ☐ Yes, known by student/family ☐ Yes, known by school ☐ Unknown

If known, specify type of allergy: _____

If yes, was allergy action plan available at school? ☐ Yes ☐ No ☐ Unknown

History of anaphylaxis: ☐ Yes, known by student/family ☐ Yes, known by school ☐ Unknown

Previous epinephrine use: ☐ Yes, by student/family ☐ Yes, at school ☐ No ☐ Unknown

Diagnosis/History of Asthma: ☐ Yes, known by student/family ☐ Yes, known by school ☐ No ☐ Unknown

School Plans and Medical Orders

Individual Health Care Plan (IHP) in place? ☐ Yes ☐ No ☐ Unknown

Written school district policy on management of life-threatening allergies in place? ☐ Yes ☐ No ☐ Unknown

Does the student have a student specific order for epinephrine? ☐ Yes ☐ No ☐ Unknown

Expiration Date of epinephrine: ___/___/___ ☐ Unknown

Epinephrine Administration Incident Reporting

Date/Time of Occurrence: _____/_____/_____ ____:____am/pm

Vital Signs: BP ___/___ Temp _____ Pulse _____ Respiration_____

If known, specify trigger that precipitated this allergic episode: ☐ Insect sting ☐ Medication ☐ Food ☐ Exercise ☐ Latex ☐ Unknown ☐ Other: _____

If food was a trigger, please specify which food: _____ ☐ Ingested ☐ Touched ☐ Inhaled

Did reaction begin prior to school? ☐ Yes ☐ No ☐ Unknown

Revised 2/15/24 1

Reporting of Epinephrine Administration

Legislative Background

Emergency Medication: Undesignated Stock Albuterol Inhaler

In 2021 the General Assembly passed HB 2019 (McQuinn, enacted as Chapter 508 of the 2021 Acts of Assembly, § 8.01-225, 22.1-274.2, and 54.1-3408 of the Code of Virginia, relating to public elementary and secondary schools' possession and administration of undesignated stock albuterol inhalers and valved holding chambers. The provisions of the first enactment clause became effective on January 1, 2022.

- **Liability for persons rendering emergency care is addressed in the Code of Virginia, § 8.01-225.A.13, and states that any person who:**

  "Is a school nurse, an employee of a school board, an employee of a local governing body, or an employee of a local health department who is authorized by the local health director and trained in the administration of albuterol inhalers and valved holding chambers or nebulized albuterol and who provides, administers, or assists in the administration of an albuterol inhaler and a valved holding chamber or nebulized albuterol for a student believed in good faith to be in need of such medication, or is the prescriber of such medication, shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment."

- **Possession and self-administration of inhaled asthma medications and epinephrine by certain students or school board employees is addressed in the Code of Virginia, §22.1-274.2. and states:**

  "Each local school board shall adopt and implement policies for the possession and administration of undesignated stock albuterol inhalers and valved holding chambers in every public school in the local school division, to be administered by any school nurse, employee of the school board, employee of a local governing body, or employee of a local health department who is authorized by the local health director and trained in the administration of albuterol inhalers and valved holding chambers for any student believed in good faith to be in need of such medication."

- **Professional use by practitioners is addressed in the Code of Virginia, § 54.1-3408.D and states:**

  "Pursuant to an order or standing protocol that shall be issued by the prescriber within the course of his professional practice, any school nurse, school board employee, employee of a local governing body, or employee of a local health department who is authorized by the local health director and trained in the administration of albuterol inhalers, and valved holding chambers or nebulized albuterol may possess or administer an albuterol inhaler and a valved holding chamber or nebulized albuterol to a student diagnosed with a condition requiring an albuterol inhaler or nebulized albuterol when the student is believed to be experiencing or about to experience an asthmatic crisis."

HB 2019 legislation requires schools to possess albuterol metered dose inhalers (MDI), and valved holding chambers, and to administer undesignated stock albuterol to any student experiencing respiratory distress. The purpose of the administration of school undesignated stock emergency albuterol is to reduce the amount of time children spend away from the classroom and to make schools safer for all children.

After completion of training and with a standing order for undesignated stock albuterol from the local health department director, this legislation allows school nurses, unlicensed assistive personnel (UAP), and non-medical personnel to administer albuterol to any student experiencing respiratory distress. In order to meet the requirements of the law, the following must occur:

- School personnel administering the medication must complete training to possess and administer undesignated stock albuterol. These include:
  - school nurses;
  - local health department employees who are authorized by the local health department directors and the school board; and
  - school board employees or individuals contracted by a school board to provide school health services.
- Schools must have a standing medical order signed by a local health department physician director.
- School must have in their possession an undesignated stock albuterol metered dose inhaler, and valved holding chamber, and may possess undesignated stock albuterol for nebulizer.

The Code of Virginia, § 54.1-3408, provides the framework for schools to develop a policy for albuterol possession and administration in the school setting. This legislation pertains to school nurses, health department personnel assigned to schools, and school board employees that provide health services. They are required to possess and administer undesignated stock albuterol and complete a training program pursuant to an oral, written, or standing order by the local health department director.

"With appropriate care, including medical management and strategies to reduce environmental asthma triggers, students with asthma can control their symptoms so that the condition does not interfere with their educational activities."
Guidelines for Managing Asthma In Virginia Schools, 2020
Virginia Department of Education

Asthma By The Numbers: 92,000+ public school students diagnosed

7.29%	**131**	**68%**	**26**
percent of students in Virginia are diagnosed with asthma	public school divisions in the state of Virginia	percent of Virginia public schools staffed with a full-time registered Nurse	number of times undesignated stock albuterol was used each school day

Data compiled from School Health Data Survey 2022-2023 Results, Virginia Department of Education. Total public schools reported = 1932

Albuterol Inhaler

Emergency Medication Usage

Overview

To be used in conjunction with a health care provider/local health director order in an EMERGENCY situation. Asthma is a chronic lung disease that causes airway inflammation. Inflamed airways are particularly sensitive and tend to overreact to certain "triggers." Triggers can include numerous physical, chemical, and pharmacologic agents, such as allergens, viral infections, cold air, and exercise. When the airways react to a trigger, three physiological processes happen:

- Bronchospasm, contraction or squeezing of the involuntary muscle surrounding the airway
- Inflammation and edema (swelling) of the mucous membranes of the airways
- Mucus production: during the attack, your body creates more mucus.

Bronchospasm, edema, and increased mucus narrow the airway and result in less air getting into and out of the lungs thereby causing wheezing, coughing, chest tightness, and/or difficulty breathing. Wheezing is a high-pitched whistling or squeaky sound that can be made when air moves through narrowed airways. These symptoms can be mild or moderate and affect activity levels, or they can be severe and life threatening. Therefore, persons caring for a student with asthma need knowledge and skill to assess and support the student.

Policy

Code of Virginia § 22.1-274.2
Possession and administration of inhaled asthma medications and epinephrine by certain students or school board employees

Code of Virginia § 8.01-225.
Persons rendering emergency care, obstetrical services exempt from liability

Code of Virginia § 54.1-3408
Professional use by practitioners

Resources

Virginia Department of Health, School Nurse Checklist

Virginia Department of Education School Health Guidance, Resources & Required Training

Virginia Department of Education Medication Administration for Unlicensed Public School Employees

Scope of Responsibilities

School Health Activity Chart

Virginia Department of Education Resources

- **Guidelines for Managing Asthma in Virginia Schools**
- **Stock A Ibuterol in Schools Training Modules**
- **Guidelines for Use of Undesignated Stock Albuterol In Schools**

Albuterol Inhaler Administration Protocol

Common Symptoms, Treatment, and Standing Order

Common Symptoms of an Asthma Attack.

Coughing	Having less energy than usual
Wheezing	Tightening of neck muscles with breathing
Chest tightness	Sucking in of the chest with each breath (retractions)
Shortness of Breath	Grayish, cyanotic tint to nail beds and lips
Difficulty talking or become anxious	Stomach aches, headaches, or scratchy throats (especially young children when asthma is worsening)

Treating Asthma Attacks

During an asthma attack, do not leave the student unattended, it is important to stay calm, have the student sit in a comfortable position, and follow the instructions on the student's Emergency Asthma Action Plan if one has been provided to the school by the parent/guardian. It is extremely important for a student diagnosed with asthma to have a written plan in place outlining how to manage the student's asthma on a daily basis and what to do in an emergency. If a student does not have an Asthma Action Plan, schools should follow their school division's plan for undesignated stock albuterol use and refer the student to their healthcare provider for follow up care.

Administering Albuterol

Policies and procedures for the emergency treatment of respiratory distress using undesignated stock albuterol is **not intended** to replace the individual's Asthma Action Plan. Instead, it should be used when an Asthma Action Plan and/or prescribed short-acting bronchodilator Metered Dose Inhaler (MDI) with valved holding chamber (albuterol inhaler) are not available or easily accessible. Emergency, Quick Relief, or Rescue Medications work very quickly and are used to open the airways in asthma attacks. They are usually bronchodilators and work by relaxing the muscles surrounding the airways so that the airways open and allow the child to breathe easier. Albuterol (Proventil, Ventolin) is an example of a common bronchodilator. Quick relief medications often are delivered through metered dose inhalers (MDI) and usually work for about four hours. The **administration of undesignated stock albuterol** may be used in the following situations:

Asthma Action Plan.

- *If the student has a current Asthma Action Plan* supplied to the school by the parent/guardian, but does not have their prescribed medication available: School staff should use the medical care plan provided by the healthcare provider for the student and the school's supply of undesignated stock albuterol inhaler with valved holding chamber.
- *If there is no Asthma Action Plan from a healthcare provider* for the student and the student is having difficulty breathing: School staff use the school's standing order and the school's supply of undesignated stock albuterol inhaler with valved holding chamber.

Contacting 911

Contact 911 utilizing the Asthma Action Plan if the student has one already on file. Use the algorithm for the **Undesignated Stock Albuterol Inhaler Use for Severe Respiratory Distress** for student without an Asthma Action Plan.

Follow-Up

For follow-up, notify parent or guardian. Request follow-up care by a healthcare provider. Complete required documentation of the event. Notify local health department if needed.

Standing Order for Albuterol

A collaboration between the Virginia Department of Health (VDH) and VDOE has established a policy so that every K-12 public school can procure undesignated stock of epinephrine auto-injectors, albuterol inhalers, and valved holding chambers (spacers). This policy is also available to private schools, although the requirements and acquisition process may differ. Private schools are encouraged to consult with their accrediting agency for guidance.

> **Public Schools**: All public schools who desire to obtain albuterol must have a signed standing order. Unless a public school has a contracted physician to sign the order locally, requests for a standing order should be submitted to VDH via the online form.
>
> **Private Schools:** Refer to the **Emergency Medication Procurement for Private Schools** found on page 22 within this document.

Procurement of Albuterol Inhaler

Obtaining Medication, Treating Respiratory Distress

Albuterol Procurement

Public schools who desire to obtain Albuterol must have a signed standing order.

Standing Order for Undesignated Stock of Albuterol

Unless a public school has a contracted physician to sign the order locally, requests for a standing order should be submitted to VDH via the RedCap online ordering form.

The ordering process is available on the VDH Pharmacy webpage.

Emergency Action Plan

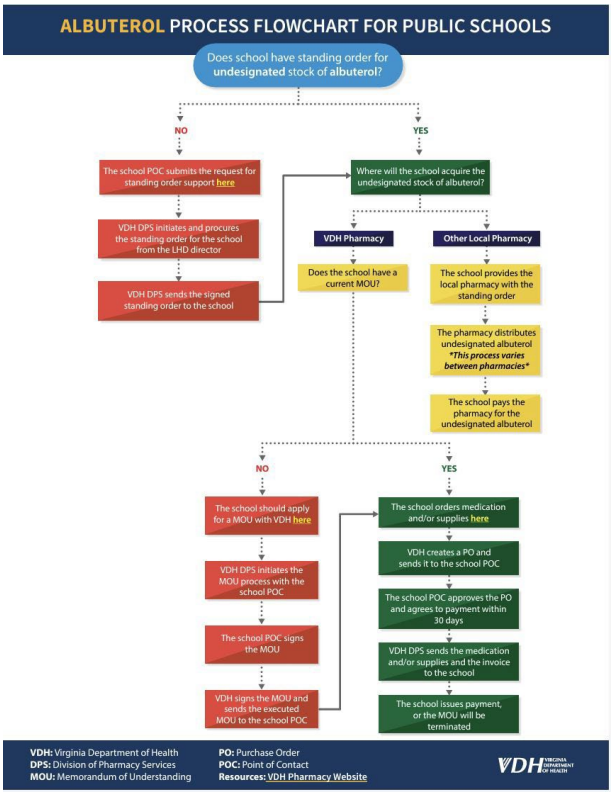
The student Emergency Asthma Action Plan guides the School Nurse (RN and LPN) or UAP on how to respond to a mild, moderate, or severe asthma attack for an individual student.

Each student should have an completed Asthma Emergency Action Plan signed by the health care provider as defined in the Code of Virginia § 22.1-274.2., as well as the parent/legal guardian's signature. If the student does not have an Asthma Action Plan on file, and needs to utilize undesignated stock albuterol, follow the algorithms for managing moderate and severe respiratory distress. The Asthma Action Plan will detail the type and dose of albuterol to use and explain if the student may/may not self-administer. Outside resources for Asthma Action Emergency Action Plan can be found below:

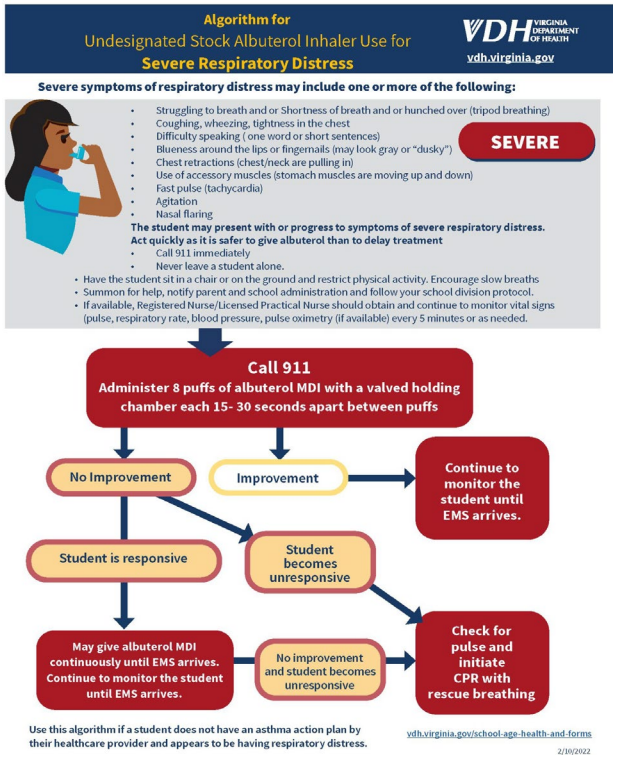
1. Virginia Pediatric Asthma Action Plan
2. Asthma Action Plan

Asthma Algorithms

- Mild/Moderate Respiratory Distress
- Severe Respiratory Distress



Albuterol Process Flowchart



Algorithm for Undesignated Stock Albuterol

Emergency Medication Procurement for Private Schools

Epinephrine, Albuterol Inhalers, and Valved Holding Chambers (Spacers)

A collaboration between the Virginia Department of Health (VDH) and Virginia Department of Education (VDOE) has established a policy so that every K-12 public school can procure undesignated stock of epinephrine auto-injectors, albuterol inhalers, and valved holding chambers (spacers). This policy is also available to private schools, although the requirements and acquisition process may differ. **Private schools are encouraged to consult with their accrediting agency for guidance.**

Epinephrine

The State Health Commissioner has issued a Statewide Standing Order (SO) for Epinephrine in School Settings for K-12 public and private schools to use, which authorizes schools to possess and administer epinephrine to a student experiencing a life-threatening allergic reaction. Any private school wishing to obtain Epinephrine should download and maintain a copy of the current standing order, found on the Virginia Department of Health's website.

Statewide Standing Order for Epinephrine in School Settings

Albuterol

Any private school wishing to obtain Albuterol must have a signed standing order. Private schools are encouraged to obtain that signed standing order using a contracted physician. The VDH Pharmacy K-12 Schools webpage explains the process of ordering albuterol in more detail.

ADDITIONAL PROGRAMS FOR ALBUTEROL AND EPINEPHRINE PROCUREMENT:

Drug Manufacturer Program

LOCAL PHARMACY

VDH Pharmacy Ordering Process, Private Schools

✓ **Signed MOU.** Private schools wanting to procure medication from the VDH Pharmacy may obtain an Memorandum of Understanding (MOU) using the following RedCap survey.

✓ **Ordering.** Once the standing order and the MOU are obtained, schools may order supplies the VDH Pharmacy.

✓ **Verification.** A purchase order for the supplies requested will be sent to the school's point of contact for review and signature.

✓ **Shipping.** Once the purchase order is signed by the school, supplies will be shipped and provided to the school.

For additional information, contact the Virginia Council for Private Education | www.vcpe.org

Training Requirements Epinephrine and Albuterol

Annual Training Requirements, Guidance, and Resources

In order to obtain Epinephrine and Albuterol, schools are **required** to complete **annual** Epinephrine/Albuterol training. The Virginia Department of Education (VDOE) has provided guidelines for the required annual Epinephrine and Albuterol training for schools, as outlined below.

- Schools may use the School Nursing Checklist to help prepare them in meeting their training and planning needs for the school year.
- The School Health Guidance, Resources, & Required Training provides resources schools may use to implement and provide the necessary training for staff.

Virginia Department of Health Training Resources

Medication Administration: A Training Manual for Unlicensed Public School Employees

Required Annual Training for School Health Staff
§ 22.1-274.2

Required Training of School Personnel

The Code of Virginia, § 54.1-3408, requires the training of designated school personnel in order to possess and administer undesignated stock albuterol to any student believed in good faith to be in need of such medication. Training of school personnel, employees of a local governing body, or an employee of a local health department in the administration of albuterol should be conducted on an annual basis by a registered nurse and include the following:

1. How to recognize signs and symptoms of a student experiencing an asthmatic crisis or respiratory distress.
2. Providing and implementing local school policies and procedures for administration of the undesignated stock albuterol.
    - Ensure that the policies and procedures are appropriately implemented.
    - Develop a training plan and checklist for school personnel.
    - Procedures for obtaining a standing order from the health department and procurement of undesignated stock albuterol.
    - Provide steps for obtaining, restocking, and reordering as needed.
    - Schools may develop post-event documentation for follow up with local health directors, data collection, and the Virginia Department of Education's Single Sign on for Web Systems (SSWS) reporting survey.
    - Policy and procedures for cleaning of albuterol metered dose inhalers or related equipment.
3. Considerations for proper storage of medication.
    - Albuterol must be stored according to the manufacturer's recommendations, in a secure location that is clearly marked, and accessible in an emergency.

Local School Division Responsibility

Epinephrine and Albuterol Training is **mandatory and required annually.** Although VDOE has established training and resources for schools to use, it is not mandatory that schools use the resources from VDOE. School divisions **may develop their own locally developed training and resources** to meet the required training requirements.

Guidance and Resources

The Virginia Department of Education provides guidance, resources and training for school staff to assist students experiencing respiratory distress symptoms. The Guidelines for Managing Asthma in Virginia Schools and the Guidelines for Use of Undesignated Stock Albuterol in Schools includes model policy and best practices for the administration of undesignated stock albuterol for students while in school and can be found on the Virginia Department of Education School Health Services webpage.

Anaphylaxis

- Recognition and Treatment of Anaphylaxis, Virginia Department of Education.
- The Code Ana Program is a nationally-recognized program whose mission is to provide free education to schools regarding medical issues – like Anaphylaxis – and empower schools to develop and implement their own school-based medical emergency response plans. Visit Code Ana for videos for school nurses.
- Safe at School and Ready to Learn: A Comprehensive Policy Guide for Protecting Students with Life-threatening Food Allergies (PDF)– A Comprehensive Policy Guide from the National School Boards Association (NSBA)
- Anaphylaxis Emergency Action Plan - This action plan was developed by the American Academy of Allergy, Asthma, and Immunology (AAAAI)
- FARE Anaphylaxis Emergency Action Plan - This action plan is developed by Food Allergy Research and Education (FARE). To access the full document, FARE requests your email address.
- FARE offers a training that generates a certificate after successful completion of the training videos and quiz. Requires registration before access. FARE's Save a Life: Recognizing and Responding to Anaphylaxis

Audio Podcasts

A library of multimedia messages to educate students, school health staff, school communities, and parents/guardians on Asthma-related topics.

- Don't Let Asthma Keep You Out of the Game

Asthma Management At School

Downloadable resources to support parents, administrators, and school nurses with establishing a healthy school environment to improve asthma management.

- CDC Healthy Schools - Asthma In Schools
- Asthma-Friendly Schools Initiative Toolkit
- Flu Vaccine: Child With Asthma
- Managing Asthma a Guide for Schools
- Virginia Pediatric Asthma Action Plan

Legislative Background

Emergency Medication: Naloxone

On November 21, 2016, the State Health Commissioner, declared a drug addiction public health emergency and issued a statewide standing order for Naloxone which authorized pharmacists to dispense Naloxone in accordance with Code of Virginia § 54.1-3408. In 2019, the Virginia General Assembly passed House Bill 2318 (McGuire, III) enacted as Chapter 212 of the 2019 Acts of Assembly which amended the Code of Virginia § 54.1-3408. and expanded the list of individuals who may possess, administer, and dispense naloxone to include: school nurses; local health department employees that are assigned to a public school pursuant to an agreement between the local health department and the school board; and, other school board employees or individuals contracted by a school board to provide school health services. Effective 2024, the General Assembly passed **HB 732** enacted as Chapter 451 of the Acts of Assembly, Public elementary and secondary schools; policies and requirements relating to naloxone, which amended Code of Virginia **§ 22.1-274.4.**

§ 54.1-3408. Professional use by practitioners. "...school nurses, local health department employees that are assigned to a public school pursuant to an agreement between the local health department and the school board, other school board employees or individuals contracted by a school board to provide school health services, and firefighters who have completed a training program may also possess and administer naloxone or other opioid antagonist used for overdose reversal and may dispense naloxone or other opioid antagonist used for overdose reversal pursuant to an oral, written, or standing order issued by a prescriber or a standing order issued by the Commissioner of Health or his designee in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health."

Liability for persons rendering emergency care are addressed in the Code of Virginia, § 8.01-225 (19). "Any person... in good faith prescribes, dispenses, or administers naloxone or other opioid antagonist used for overdose reversal in an emergency to an individual who is believed to be experiencing or about to experience a life-threatening opiate overdose shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment if acting in accordance with the provisions of subsection X or Y of § 54.1-3408 or in his role as a member of an emergency medical services agency."

§*22.1-206.01*. Instruction concerning opioid overdose prevention and reversal.

A. Each local school board shall develop a plan, in accordance with the guidelines and model curriculum developed by the Department of Health in collaboration with the Department of Education, in accordance with the protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, for providing at each public secondary school that includes grades nine through 12 a program of instruction on opioid overdose prevention and reversal. Such program of instruction shall include instruction in identifying the signs of a possible opioid overdose and training in the administration of an opioid antagonist for the reversal of a potentially life-threatening opioid overdose.

B. Each public secondary school that includes grades nine through 12 shall provide an opioid overdose prevention and reversal program of instruction at such grade level as the local school board deems appropriate. Each public secondary school shall adopt policies for the purpose of encouraging each student to complete such opioid overdose prevention and reversal program of instruction prior to graduating from high school.

§ **22.1-274.4:1**. Opioid antagonist procurement, placement, maintenance, and administration; staff and faculty training; policies and requirements.

A. Each local school board shall develop a plan, in accordance with subsection X of § **54.1-3408** and the guidelines developed by the Department of Health in collaboration with the Department of Education, for the procurement, placement, and maintenance in each public elementary and secondary school of a supply of opioid antagonists in an amount equivalent to at least two unexpired doses for the purposes of opioid overdose reversal. Such plan shall provide for the development and implementation of policies and procedures relating to the procurement, placement, and maintenance of such supply of opioid antagonists in each such school, including policies and procedures:

1. Providing for the placement and maintenance in each public elementary and secondary school of a supply of opioid antagonists in an amount equivalent to at least two unexpired doses, including policies and procedures by which each such school shall request a replacement dose of an opioid antagonist any time a dose has expired, is administered for overdose reversal, or is otherwise rendered unusable and by which each such request shall be timely fulfilled;

2. Requiring each such school to inspect its opioid antagonist supply at least annually and maintain a record of the date of inspection, the expiration date on each dose, and, in the event that a dose of such opioid antagonist is administered for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose, the date of such administration; and

3. Relating to the proper and safe storage of such opioid antagonist supply in each such school.

B. Each local school board shall, in accordance with the provisions of subsection X of § **54.1-3408** and the guidelines developed by the Department of Health in collaboration with the Department of Education, develop policies and procedures relating to the possession and administration of opioid antagonists by any school nurse or employee of the school board who is authorized by a prescriber and trained in the administration of an opioid antagonist to any student, faculty, or staff member who is believed to be experiencing or about to experience a life-threatening opioid overdose, including:

1. Policies requiring each public elementary and secondary school to ensure that at least one employee (i) is authorized by a prescriber and has been trained and is certified in the administration of an opioid antagonist by a program administered or approved by the Department of Health to provide training in opioid antagonist administration and (ii) has the

means to access at all times during regular school hours any such opioid antagonist supply that is stored in a locked or otherwise generally inaccessible container or area; and

2. Policies and procedures for (i) partnering with a program administered or approved by the Department of Health to provide training in opioid antagonist administration for the purpose of organizing and providing the training and certification required pursuant to subdivision 1 and (ii) maintaining records of each employee of each such public elementary and secondary school who is trained and certified in the administration of an opioid antagonist pursuant to subdivision 1.

C. Any employee of any public elementary or secondary school, school board, or local health department who, during regular school hours, on school premises, or during a school-sponsored activity, in good faith administers an opioid antagonist for opioid overdose reversal to any individual who is believed to be experiencing or about to experience a life-threatening opioid overdose, regardless of whether such employee was trained in administration of an opioid antagonist pursuant to subsection B, shall be immune from any disciplinary action or civil or criminal liability for any act or omission made in connection with the administration of an opioid antagonist in such incident, unless such act or omission was the result of gross negligence or willful misconduct.

D. Each school board shall adopt and each public elementary and secondary school shall implement policies and procedures in accordance with the provisions of this section. Each school board and each public elementary and secondary school shall, in adopting and implementing the policies set forth in this section, utilize to the fullest extent possible programs offered by the Department of Health for the provision of opioid antagonist administration training and certification and the procurement of opioid antagonists for placement in each public elementary and secondary school.

Naloxone In Schools
Recommendations and Guidance

Recommendations

1. In accordance with Virginia Department of Education (VDOE): School Health Guidance, Resources, & Required Training ensure School Division Policies and Procedures have been established and approved by School Board which address:

- identification of selected school board employees to be trained, by role and school;
- assigned schools in school division to possess and store naloxone (e.g., all schools; only middle and high school; school board office);
- number of doses for each school indicated;
- frequency of training: the VDOE recommends training on an annual basis;
- identification of staff responsible for documentation of training and trained school personnel and the procurement/replacement of naloxone;
- specification of when trained staff may administer naloxone in response to a suspected opioid overdose (This includes before/after school activities and during school-sponsored events and field trips.)
- implementation of required training program per Code of Virginia § 54.1-3408 (X).

2. Ensure selected school personnel have completed required training to possess and administer naloxone in schools.

3. Follow all procedures and guidelines in the most recent Statewide Standing Order for Naloxone in addition to requirements within Code of Virginia for storage, handling, and record keeping. Sites that store naloxone should retain a copy with the naloxone. Refer to the Opioid Reversal Agent Distribution Program - Naloxone for the current Commissioner's Statewide Standing Order which authorizes school nurses, other school board employees or individuals contracted by a school board to provide school health services.

4. Provide recipients with the current REVIVE! Brochure (available in the "REVIVE! Trainer Resources" section of the Department of Behavioral Health and Developmental Services REVIVE! webpage: REVIVE! Opioid Overdose and Naloxone Education (OONE) program for the Commonwealth of Virginia which covers use of opioids, overdose, response and use of naloxone.

5. Retain a copy of the no-cost invoice for record of receipt for each order of naloxone.

6. Report via all required reporting tools:
   a. Report following administration of naloxone (i.e., REVIVE!): Naloxone Reporting Form Survey
   b. Ship all recalled, expired, or any product back for return to the Virginia Department of Health Pharmacy Services, 101 N 14th Street, Room S-45, Richmond Virginia 23219. Contractor may not provide naloxone to other entities (also known as distribution).

What Is "REVIVE!"?

Opioids have been the driving force behind the large increases in fatal overdoses since 2013. REVIVE! is the Opioid Overdose and Naloxone Education (OONE) program available in the Commonwealth of Virginia, providing training on how to recognize and respond to an opioid overdose emergency using naloxone. REVIVE! training is available for School Nurses by visiting the Department of Behavioral Health and Developmental Services webpage.

Naloxone

Emergency Medication

Overview

Naloxone is an opioid antagonist that is used to temporarily reverse the effects of an opioid overdose, namely slowed or stopped breathing. Naloxone is a safe antidote to a suspected opioid overdose and, when given in time, can save a life. Naloxone can be administered nasally or by injection into a muscle or below the skin to a person suspected of an overdose. Naloxone will not reverse overdoses from other drugs, such as alcohol, benzodiazepines, cocaine, or amphetamines.

More than one dose of naloxone may be needed to reverse some opioid overdoses. Naloxone alone may be inadequate if someone has taken large quantities of opioids, very potent opioids or long-acting opioids. For this reason, always call 9-1-1 and seek emergency medical assistance in the event of a suspected overdose. An overdose is a life-threatening medical emergency.

Training and Certification

REVIVE! Opioid Overdose and Naloxone Education (OONE) Program for the Commonwealth of Virginia
Upon request, a certificate may be awarded after successful completion of training.

Additional Guidance

- Procedures to Administer Naloxone in the School Setting
- Naloxone Distribution for Community Partners (K-12 Schools)

Learn how to save a life from an opioid overdose.

REVIVE! DBHDS

Policy

Code of Virginia **§ 54.1-3408.** Professional use by practitioners.

Code of Virginia **§ 8.01-225 (19.)** Persons rendering emergency care, obstetrical services exempt from liability.

Code of Virginia **§ 22.1-274.4:1** Public elementary and secondary schools; policies and requirements relating to naloxone.

Parental Notification

Executive Order Twenty-Eight

Parental Notification, Law Enforcement Collaboration, and Student Education to Prevent Student Overdoses

§ 22.1-272.1:1. School-connected overdoses; response and prevention; parental notification; requirements.

Scope of Responsibilities

School Health Activity Chart

Naloxone Resources

- Best Practices for Administration of Naloxone in the School Setting
- Administration Procedures Form
- Standing Order
- Flowchart
- Reporting Form Survey
- School Crisis Emergency Management and Medical Emergency Response Plan
- Epidemiology/Naloxone
- Virginia Board of Pharmacy Protocols
- VDH Naloxone Education

Naloxone Administration Protocol

Common Symptoms of Overdose and Approved Dosage

Common Symptoms.

Breathing is infrequent or stopped	**Face is very pale or clammy**
Deep snoring or gurgling	**For lighter skin people, the skin tone turns bluish purple**
Unresponsive to stimuli	**For darker skin people, the skin tone turns grayish or ashen**
Slow or no heart rate	**Limp body**

Administration Nasally.

- Administer a single spray intranasally into one nostril: PEEL, PLACE, PRESS.
- Administer additional doses using a new nasal spray with each dose, if patient does not respond or responds and then relapses into respiratory depression.
- Call 911.
- Additional doses may be given every 2 to 3 minutes until emergency medical assistance arrives.
- **Dosage.** Naloxone Nasal Spray 4mg, #1 twin pack.

Administration By Injection.

- Pop off the flip-top from naloxone vial
- Insert needle into vial and draw up 1cc of naloxone into syringe
- Use alcohol wipe to clean injection site - shoulder, thigh, or buttocks
- Inject needle straight into muscle (through clothes, if necessary,) then push in plunger
- Repeat if no reaction in three minutes

Dosage. Naloxone 0.4mg/1cc intramuscularly

Contacting 911. At the same time as the naloxone is given, assisting personnel should: (1): activate the 911 system for transportation of the student or staff member to the hospital emergency room; (2): alert emergency healthcare staff that epinephrine has been given; (3): notify parent/guardians soon as possible; (4): and, complete reporting per local school policy.

School Responsibility. The emergency response and procedures for opioid overdose in the school setting are part of the school division's School Crisis, Emergency Management and Medical Response Plan.

Virginia Training Requirement

The Code of Virginia **§ 54.1-3408** recommends annual training of selected school personnel in order to possess and administer naloxone in schools. See **Virginia Department of Education Best Practices on Naloxone Administration** (Word).

Procurement of Naloxone

Purchasing Options and Standing Order

The Virginia Department of Health (VDH), the Virginia Department of Education (VDOE), and the Virginia Department of Behavioral Health and Developmental Services (DBHDS) permits every K-12 public school to procure undesignated stock naloxone. These resources are also available to private schools, although the requirements and acquisition process may differ. School divisions adopting local naloxone-in-schools policies should make decisions based on multiple factors including: code regulations; access or location of Emergency Medical Services (EMS) relative to school setting; local data on opioid use/misuse; School Resource Officers (SROs) possession of naloxone; community and school board feedback; and local resources for sustainability.

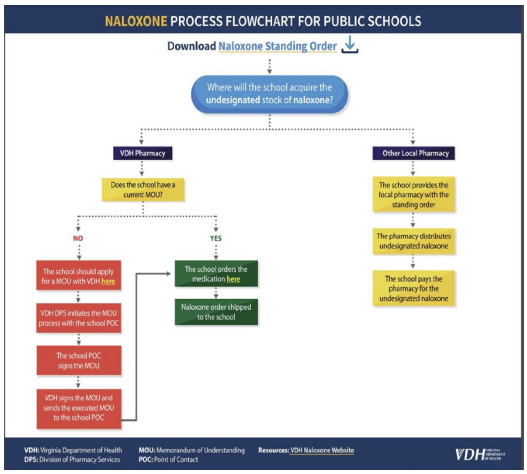
Obtaining Undesignated Stock Naloxone

Naloxone can be obtained through the Naloxone Distribution for Community Partners (K-12 Schools), a local pharmacy, or the local health department. Each option has its own protocol and processes for purchasing.

	Options Available for K-12 Schools
1	**Application for Naloxone Agreement (VDH Pharmacy)** • Application • Naloxone Request Form
2	**Local Pharmacy** • Find Your Local Pharmacy Tool • Where To Buy NARCAN
3	**Local Health Department** • Health Department Locator

Standing Order. The standing order for naloxone can be found here: Naloxone Standing Order.

Ordering Process Flowchart. The Naloxone for Schools Flowchart for obtaining naloxone can be found on the VDH Pharmacy website.



Additional Resources.

- School Nurse Checklist
- REVIVE! Opioid Overdose and Naloxone Education (OONE) program for the Commonwealth of Virginia
- Virginia Board of Pharmacy Naloxone Protocols

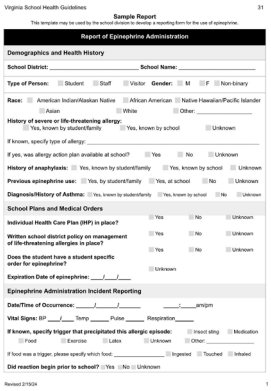
Reporting Administration of Undesignated Stock Medication

Schools may use utilize the reporting forms, or develop their own forms that satisfy requirements for administration of undesignated stock medication. When emergency medication has been administered, the school administrator should ensure that an appropriate serious incident form has been completed detailing the occurrence.

The School Nurse will need to **complete all pages of the reporting form** within three (3) calendar days after the administration of any undesignated stock albuterol. The local health department director/physician may request additional follow up information after the administration of any undesignated stock medication.

Sample Reporting Forms

Click thumbnails below to access fillable PDF forms. Documents are also found in the appendix.



Virginia School Health Guidelines 31

Sample Report

This template may be used by the school division to develop a reporting form for the use of epinephrine.

Report of Epinephrine Administration

Demographics and Health History

School District: _____ School Name: _____

Type of Person: Student Staff Visitor Gender: M F Non-binary

Race: American Indian/Alaskan Native African American Native Hawaiian/Pacific Islander Asian White Other: _____

History of severe or life-threatening allergy: Yes, known by student/family Yes, known by school Unknown

If known, specify type of allergy: _____

If yes, was allergy action plan available at school? Yes No Unknown

History of anaphylaxis: Yes, known by student/family Yes, known by school Unknown

Previous epinephrine use: Yes, by student/family Yes, at school No Unknown

Diagnosis/History of Asthma: Yes, known by student/family Yes, known by school No Unknown

School Plans and Medical Orders

Individual Health Care Plan (IHP) in place? Yes No Unknown

Written school district policy on management of life-threatening allergies in place? Yes No Unknown

Does the student have a student specific order for epinephrine? Yes No Unknown

Expiration Date of epinephrine: ____/____/____

Epinephrine Administration Incident Reporting

Date/Time of Occurrence: ____/____/____ ____:____am/pm

Vital Signs: BP ____/____ Temp _____ Pulse _____ Respiration_____

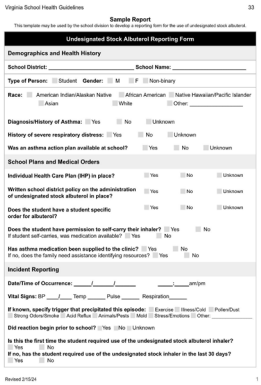
If known, specify trigger that precipitated this allergic episode: Insect sting Medication Food Exercise Latex Unknown Other: _____

If food was a trigger, please specify which food: _____ Ingested Touched Inhaled

Did reaction begin prior to school? Yes No Unknown

Revised 2/15/24 1

Report of Epinephrine Administration



Virginia School Health Guidelines 33

Sample Report

This template may be used by the school division to develop a reporting form for the use of undesignated stock albuterol.

Undesignated Stock Albuterol Reporting Form

Demographics and Health History

School District: _____ School Name: _____

Type of Person: Student Gender: M F Non-binary

Race: American Indian/Alaskan Native African American Native Hawaiian/Pacific Islander Asian White Other: _____

Diagnosis/History of Asthma: Yes No Unknown

History of severe respiratory distress: Yes No Unknown

Was an asthma action plan available at school? Yes No Unknown

School Plans and Medical Orders

Individual Health Care Plan (IHP) in place? Yes No Unknown

Written school district policy on the administration of undesignated stock albuterol in place? Yes No Unknown

Does the student have a student specific order for albuterol? Yes No Unknown

Does the student have permission to self-carry their inhaler? Yes No

If student self-carries, was medication available? Yes No

Has asthma medication been supplied to the clinic? Yes No

If no, does the family need assistance identifying resources? Yes No

Incident Reporting

Date/Time of Occurrence: ____/____/____ ____:____am/pm

Vital Signs: BP ____/____ Temp _____ Pulse _____ Respiration_____

If known, specify trigger that precipitated this episode: Exercise Illness/Cold Pollen/Dust Strong Odors/Smoke Acid Reflux Animals/Pests Mold Stress/Emotions Other _____

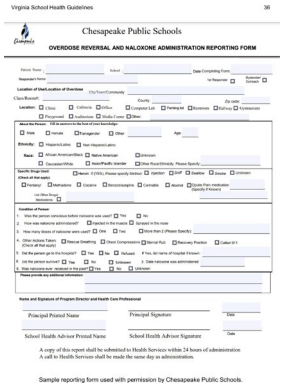
Did reaction begin prior to school? Yes No Unknown

Is this the first time the student required use of the undesignated stock albuterol inhaler? Yes No

If no, has the student required use of the undesignated stock inhaler in the last 30 days? Yes No

Revised 2/15/24 1

Undesignated Stock Albuterol Reporting Form



Virginia School Health Guidelines 36

Chesapeake Public Schools

OVERDOSE REVERSAL AND NALOXONE ADMINISTRATION REPORTING FORM

Principal Printed Name

Principal Signature

Date

School Health Advisor Printed Name

School Health Advisor Signature

Date

A copy of this report shall be submitted to Health Services within 24 hours of administration

A call to Health Services shall be made the same day as administration.

Sample reporting form used with permission by Chesapeake Public Schools.

Overdose Reversal and Naloxone Administration Reporting Form

Legislative Background

Emergency Medication: Glucagon

In 2024, the General Assembly passed HB1039 (Bennett-Parker) enacted as Chapter 466 of the Acts of Assembly **which amended Code of Virginia, § 22.1-274.2 and 54.1-3408 as follows:**

§ 22.1-274.2. Possession and administration of inhaled asthma medications, epinephrine, and glucagon by certain students or school board employees.

E. Any local school board may adopt and implement policies for the possession and administration of undesignated nasal or injectable glucagon in each public elementary or secondary school in the local school division, provided that such policies are consistent with the guidance outlined in the most recent revision of the Diabetes Management In School: Manual for Unlicensed Personnel published by the Department and include guidance outlining the following:

1. One or more locations in each public elementary or secondary school in the local school division in which doses of such undesignated glucagon shall be stored;

2. The conditions under which doses of such undesignated glucagon shall be stored, replaced, and disposed;

3. The individuals who are authorized to access and administer doses of such undesignated glucagon in an emergency and training requirements for such individuals; and,

4. A process for requesting emergency medical services and notifying appropriate personnel immediately after a dose of such undesignated glucagon is administered.

F. Any public elementary or secondary school may maintain a supply of nasal or injectable glucagon in any secure location that is immediately accessible to any school nurse or other employee trained in the administration of nasal and injectable glucagon prescribed to the school by a prescriber, as defined in § 54.1-3401. Any such school shall ensure that such a supply consists of at least two doses. Any school nurse or other authorized employee who is trained in the administration of nasal and injectable glucagon consistent with the guidance outlined in the most recent revision of the Diabetes Management In School: Manual for Unlicensed Personnel published by the Department may administer nasal or injectable glucagon from undesignated inventory with parental consent and if the student's prescribed glucagon is not available on school grounds or has expired.

G. Any school board may accept donations of nasal or injectable glucagon from a wholesale distributor of glucagon or donations of money from any individual to purchase nasal or injectable glucagon for the purpose of maintenance and administration in a public school in the local school division as permitted pursuant to subsection F.

§ 54.1-3408. Professional use by practitioners.
Pursuant to a written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize the possession and administration of undesignated glucagon as set forth in subsection F of § 22.1-274.2.

Glucagon

Emergency Medication

Overview

Diabetes is a chronic (long-lasting) disease that affects how your body turns food into energy. According to Diabetes in Children - National Association of School Nurses NASN, "it is critical that a safe and supportive environment exists in schools for students with T1D to self-manage their disease, achieve optimal glycemic stability, and proactively plan and implement risk reduction strategies to minimize actual or potential diabetes-related complications."

Role Of The School Nurse
"School nurses provide leadership in the school setting to support resilience and self-management for students with T1D." (NASN, 2022) They typically serve as the primary staff member in charge of managing a student's diabetes care while at school. In addition, one, or more, assigned school personnel should also be trained in diabetes care tasks in the school setting, including after-school sponsored events and field trips. (Managing Diabetes at School, CDC 2022)

VIRGINIA DIABETES COUNCIL
School Resources

Policy

Code of Virginia **§ 54.1-3408.** Professional use by practitioners.

Code of Virginia **§ 8.01-225 (19).** Persons rendering emergency care, obstetrical services exempt from liability.

Code of Virginia **§ 22.1-274** and **§ 22.1-274.2**. Possession and administration of inhaled asthma medications, epinephrine, and glucagon by certain students or school board employees.

HB 1039, Chapter 466 of the Acts of Assembly. Public elementary and secondary schools; possession and administration of undesignated glucagon.

K-12 School Guidance

Local school divisions may develop their own policies for possessing and administering undesignated stock glucagon, per VDOE guidance *outlined in the most recent revision of the Diabetes Management In School: Manual for Unlicensed Personnel*.

Resources

- Continuous Glucose Monitoring (CGM) Use In The School Setting School Nursing Checklist

Diabetes By The Numbers:

4,782+ students with a diabetes diagnosis

4,087	695	84.5%
students in Virginia reported to have a Type 1 diabetes diagnosis	students in Virginia reported to have a Type 2 diabetes diagnosis	percentage of students with a diabetes diagnosis who have a DMMP on file

Data compiled from School Health Data Survey 2022-2023 Results, Virginia Department of Education. Total public schools reported = 1932

Glucagon Administration Protocol

Common Symptoms, Administration, and Trainer Considerations

Common Symptoms.

Shakiness	**Dizziness or difficulty concentrating**
Shift in mood: nervousness, anxiety, anger, stubbornness, or sadness	**Hunger or nausea**
Sweating, chills, or clamminess	**Blurred vision**
Irritability or impatience	**Weakness or fatigue**

Managing Diabetes In Schools, CDC

Verify signs of severe low blood glucose. Do not delay treatment pending blood glucose testing if any of the signs or symptoms of hypoglycemia are noted.

- **Call or ask someone to call 911. Do not leave an individual unattended.**
- Position child on his/her side in a safe area with head positioned to the side. Administer glucagon per DMMP orders. After administration of the glucagon, as the child regains consciousness, nausea or vomiting usually occurs, and the student must be kept on his/her side to prevent choking.

Administration Nasally or By Injection. Glucagon is a hormone naturally found in the body and stored in the liver. Glucagon given by injection, or most recently by nasal administration for a hypoglycemic emergency, raises the blood glucose level by causing a release of glycogen (a form of stored carbohydrate) from the liver. Glucagon is available now as a liquid that will need to be reconstituted, as well as a prefilled syringe, an auto injector, and a nasal powder. Glucagon is a potentially life-saving treatment that cannot harm a student. Follow the manufacturer's instructions regarding use of this medication:

- **Nasal Powder: GLUCAGON INSTRUCTIONS FOR USE**
- **Injection: GLUCAGON EMERGENCY KIT**

Trainer Requirements.

The trainer must be:

1. A registered nurse (RN), licensed physician, or certified diabetes educator with experience within the past two years in the management of diabetes in children and adolescents.
2. Trained in relevant sections of federal and state laws and regulations, such as: Individuals with Disabilities Education Act (IDEA); Rehabilitation Act of 1973, Section 504; and Occupational Safety and Health Act (OSHA).

The initial training course, of no less than 4 hours in length, should continue until competency is demonstrated. Skills shall be maintained with an annual training session lasting no less than one hour, or until competency is demonstrated. Review VDOE guidance outlined in the most recent revision of the Diabetes Management In School: Manual for Unlicensed Personnel.

Seizure Management

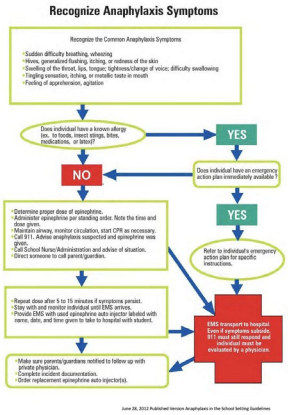
The 2025 General Assembly passed House Bill 2104 (Bennett-Parker) to amend and reenact **§§ 8.01-225, 22.1-274.2, 22.1-274.6, and 54.1-3408 of the Code of Virginia, relating to seizure rescue medications; administration by certain employees; possession by certain students.**

- Schools must ensure that school personnel comply with biennial seizure training as outlined in Code of Virginia § 22.1-274.6 and Board of Education Approved Training Programs for the Treatment of Students with a Seizure Disorder.
- Schools will develop protocols to ensure staff members are prepared to respond and intervene effectively if a student experiences a seizure emergency during school hours and school-related activities.
    - Staff will be prepared to respond to seizure emergencies when the school nurse is unable to reach a student experiencing a seizure emergency in the time frame outlined within the student's seizure action plan.
- The school nurse will ensure students' seizure action plans are updated annually (each school year) or with any changes in student's medical status and notify appropriate school staff.
- Seizure Action Plans that indicate permission to self-carry will be signed by both the parent/guardian and the student's provider. The action plan will be reviewed and acknowledged by the school nurse.
- The school nurse will check in periodically with students with permission to self-carry to ensure safe storage and availability of medication(s) as outlined within the student's seizure action/management plan. The school nurse will provide education as needed.
- Schools may plan and implement seizure drills with appropriate staff for effective seizure emergency response, administration of seizure rescue medication(s), and activation of the emergency response plan to ensure preparedness in the event of a seizure emergency during school hours or school-related activities.

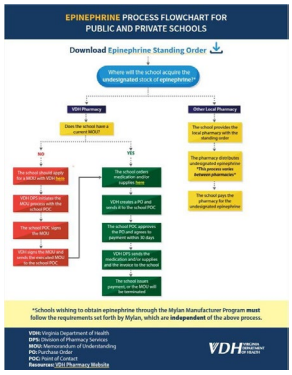
A1: Flowcharts, Action Plans, and Algorithms for Epinephrine and Albuterol Inhaler (1 page)
A2: Frequently Asked Questions (8 pages)
A3: Report of Epinephrine Administration (3 pages)
A4: Undesignated Stock Albuterol Reporting Form (3 pages)
A5: Overdose Reversal and Naloxone Administration Reporting Form (1 page)

Flowcharts, Action Plans, and Algorithms

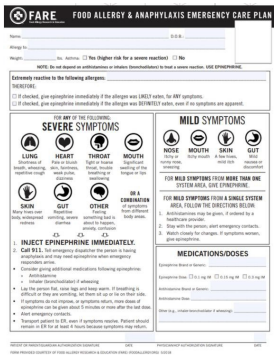
Epinephrine and Albuterol Inhaler



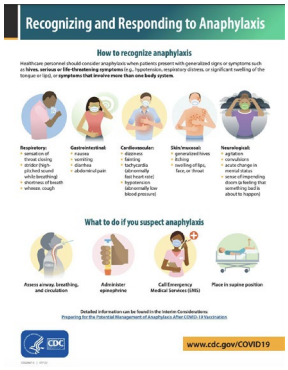
Recognizing Anaphylaxis Symptoms (page 458)



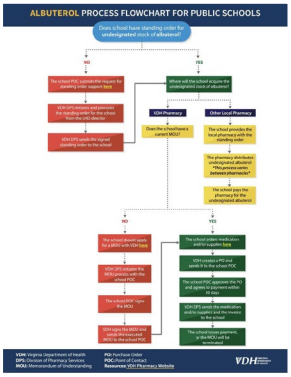
Epinephrine Procurement of Medication



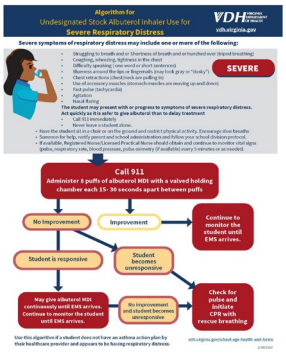
Food Allergy & Anaphylaxis Emergency Care Plan



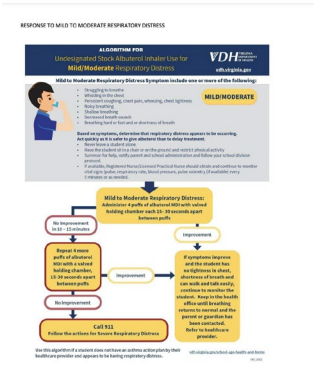
Recognizing and Responding to Anaphylaxis



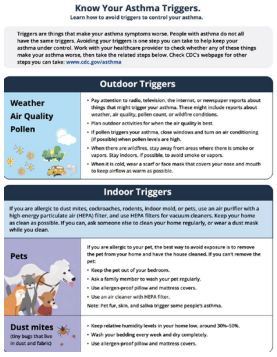
Albuterol Procurement of Medication



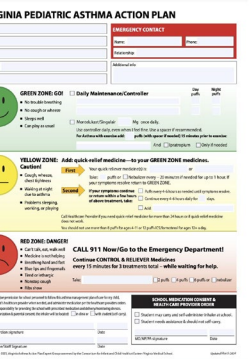
Severe Respiratory Distress Flowchart



Mild Respiratory Distress Flowchart



Know Your Asthma Triggers



Virginia Asthma Action Plan

Administering Medication

Frequently Asked Questions

Q. What if a student's prescription or dose is changed?

Any changes in the original medication authorization require a new written authorization and a corresponding change in the prescription label.

Q. What is an acceptable authorization form?

According to the American Academy of Pediatrics, faxed authorizations of medications may be acceptable with a signed parental consent. Changes in medication communicated via phone should be taken only under extreme or urgent circumstances and can only be made by a licensed registered nurse.

Q. How are students administered medication during out-of school activities (i.e. field trips, athletic competitions)?

Medication given on field trips and other outside events must be administered according to the same policies for administering medication in the school: following prescribed directions, appropriate storage, and properly documenting administration. It is not advised to send an entire bottle of medication on a field trip. For additional guidance, refer to Medication Administration, School Nurses Guide: A Training Manual for Unlicensed Public School Employees (Word).

Q. Can unlicensed personnel administer medication?

The school nurse should assume responsibility for administration of medication to students and complete required training. In schools where school nurses are not available on a daily basis, the principal should assume the responsibility for designating school staff to administer medication to students. For additional guidance, refer to Medication Administration Training Slides.

Q. Is it acceptable to send home medication with child?

No. Medication should be released to a parent/guardian with proper documentation.

Epinephrine Administration

Frequently Asked Questions

Q. Where can the school divisions find information about the training modules?

The following resources are available for school districts to develop a training policy and train individuals on epinephrine administration:

- National Association of School Nurses
- Food Allergy Research Education
- Code Ana
- VDOE Anaphylaxis Resources
- School Health Guidance, Resources & Required Training

Schools are not required to use the training modules provided by VDOE and can create their own training process to document employee knowledge/competency.

Q. Where can I find the Anaphylaxis Emergency Action Plan?

Available resources include: AAAAI Anaphylaxis Emergency Action Plan or the FARE Anaphylaxis Emergency Action Plan.

Q. Which schools are required to carry undesignated stock of epinephrine for students?

Per Code of Virginia, § 22.1-274.2., public schools are required to have an undesignated stock of epinephrine available for use in the event of anaphylaxis (life-threatening allergic reaction). Policies and procedures must be established at the local level. Private schools for students with disabilities licensed by VDOE are required to possess undesignated stock epinephrine.

Q. What is the cost of epinephrine if purchased through VDH Division of Pharmacy Services?

Public K-12 Schools Price (includes shipping)

Epinephrine 0.15mg/0.3 mL (generic for Epipen Jr.) $315
Epinephrine 0.3mg/0.3 mL (generic for Epipen Adult) $315

Private K-12 Schools Price (includes shipping)

Epinephrine 0.15mg/0.3 mL (generic for Epipen Jr.) $345
Epinephrine 0.3mg/0.3 mL (generic for Epipen Adult) $345

Pricing is subject to change. For most recent pricing, please review: Prices for Epinephrine on the VDH Pharmacy webpage. Public schools are eligible to receive reduced medication prices as a government entity; private schools are not eligible to receive reduced medication prices.

Epinephrine Administration

Frequently Asked Questions

Q. How do I obtain an MOU to purchase the medication through the VDH Pharmacy?

The person acting on behalf of the school should complete the "Memorandum of Understanding" (MOU) application form, also referred to as "Form Submission", found on the VDH Pharmacy website for K-12 Public and Private School Orders. **The MOU is not fully executed until it is signed by VDH.** The execution process usually takes 2-3 weeks. Schools may not order medication or supplies until the MOU is fully executed. For questions, please reach out to pharmacyvisions@vdh.virginia.gov.

Q. Will I receive a copy of my school's fully executed MOU?

Yes, VDH pharmacy staff will send a fully executed copy of the MOU to the school for recordkeeping purposes. MOUs are valid for five years from date of approval.

Q. How do I order medications or supplies through VDH Pharmacy after I have a fully executed MOU?

Schools must order supplies by visiting the VDH Pharmacy website for K-12 Public and Private School Orders and clicking **"Ordering and Purchasing Epinephrine for Public and Private Schools".**

Ordering and Purchasing Epinephrine for Public and Private Schools

Q. How long will it take me to receive epinephrine if I order it through VDH Division of Pharmacy Services?

It can take approximately 2-3 weeks to receive the medication. For questions regarding the ordering process through VDH, please reach out to pharmacyvisions@vdh.virginia.gov.

Q. Where can I find the standing order for undesignated stock of epinephrine?

The statewide standing order, approved by the State Health Commissioner, approved by the State Health Commissioner and can be found here: Statewide Standing Order for Epinephrine in School Settings, or on the VDH webpage.

Epinephrine Administration

Frequently Asked Questions

Q. What documentation is the school required to have on file for undesignated stock epinephrine?

Schools are required to have the following:

- Current standing order
- Policies, procedures and training procedures
- Records of all individuals who have completed training
- Records of all students who have received undesignated stock medication
- Memorandum of Understanding (MOU) - o*nly required if purchasing epinephrine from VDH Division of Pharmacy Services (DPS)*

All records may be requested by the Local Health Department or Virginia Department of Health.

Q. Where can I acquire epinephrine for my school?

The **statewide standing order for epinephrine** allows schools to obtain epinephrine. Schools using the statewide standing order can purchase epinephrine through 1) the VDH Division of Pharmacy Services; 2) a local pharmacy; or, 3) a drug manufacturing program: EpiPens4Schools. The drug manufacture program will require additional paperwork to be submitted. Schools who would like to participate in this program can obtain the application form and fax the form alongside the standing order, to the drug manufacturer for approval. If you have questions regarding the EpiPen4Schools program, please refer to: PHARMACY – K-12 PUBLIC AND PRIVATE SCHOOL ORDERS.

Q. Why did my local pharmacy tell me that they can't provide this medication without a prescription?

While pharmacies are allowed to distribute undesignated stock of medications per the Virginia Code, it's not a common practice in most community pharmacies and may be against many large chain company policies. If a school is interested in purchasing these medications from a local pharmacy, a pharmacist at an independent pharmacy may be more familiar with this policy and the procedure to distribute medication pursuant to a standing order. Schools will need to print off the Statewide Standing Order and present to the pharmacist/pharmacy for consultation.

Albuterol Administration

Frequently Asked Questions

Q. Where can I find online training modules for albuterol administration?

In response to HB 2019, the Virginia Department of Education (VDOE) developed online training for school health staff on the use of undesignated stock albuterol in the school setting. The Virginia Student Services offers training modules for the uses of undesignated stock albuterol, you can find on the Virginia Department of Education, Learning Center webpage: vastudentservices-clc.org. You are required to pass the exam with 80% or above to receive a certificate of completion.

Q. What are the procedures of proper cleaning of devices?

If the albuterol metered dose inhaler will be used for multiple students, thoroughly clean with an approved cleaner following the manufacturer recommendations. Allow the inhaler to completely dry before reuse or restocking of the inhaler. Clean valved holding chamber according to manufacturer's recommendation and/or VDOE training modules, if utilized. Items not shared between multiple students include:

- valved holding chamber and mask
- tubing used for nebulizer treatments.

Q. Where is the standing order for albuterol and how do I obtain albuterol?

All public schools who desire to obtain Albuterol must have a signed standing order. Unless a public school has a contracted physician to sign the order locally, requests for a standing order should be submitted to VDH via the online form.

Any private school who wishes to obtain Albuterol must have a signed standing order. Private schools are encouraged to obtain that signed standing order using a contracted physician.

Q. What are the different categories of respiratory distress or an asthma attack?

Respiratory distress can be the sudden appearance of signs and symptoms of difficulty breathing and may be categorized into **"Mild to Moderate"** or **"Moderate to Severe"** For additional resources and algorithms, visit the VDH School Health Resources page. Evaluation of the person's level of distress is based on the signs and symptoms present and occurring upon presentation. Trained school personnel should begin the plan of care based on the symptoms the student is experiencing. For information see the Virginia Department of Education Guidelines for Use of Undesignated Stock Albuterol in Schools.

Naloxone Administration

Frequently Asked Questions

Q. Does the statewide standing order mean that naloxone is free for patients?

No. The standing order does not remove the cost of the drug. The out-of-pocket cost for prescription naloxone nasal spray ranges between $70 and $150 for a two-dose unit, depending on the formulation. Individuals may use prescription insurance to offset the cost of naloxone. Cost is subject to individual insurance plan copays and deductibles.

Q. Do any health insurance plans help with the cost?

Health insurance drug plans can vary greatly, and many do pay some portion of the cost. Please contact your health insurance provider to determine if they will cover naloxone. If you do not have insurance, ask your pharmacist about any discounts or coupons from the pharmacy or drug maker. The Virginia Department of Medical Assistance Services (DMAS) and its Medicaid health plans cover naloxone at no cost to members.

Q. Will naloxone administration training be required to purchase OTC Narcan?

Naloxone administration training for OTC Narcan® is not required but is recommended. Access naloxone training through the DBHDS **REVIVE! Opioid Overdose and Naloxone Education Program for the Commonwealth of Virginia** or learn more about naloxone here: **Naloxone Information**.

Q. I need naloxone but I cannot afford the medication. Is there a way to obtain no-cost naloxone?

Many local health districts dispense NARCAN® Nasal Spray kits at REVIVE! training events, during walk-in clinic hours and at other community events. Check with your local health department to determine how and when you may be able to obtain a NARCAN® Nasal Spray kit at no cost.

Naloxone Administration

Frequently Asked Questions

Q. How is naloxone generally dispensed by a pharmacist?

Naloxone can be obtained through the Naloxone Distribution for Community Partners (K-12 Schools), a local pharmacy, or the local health department. Each option has its own protocol and processes for purchasing. The Naloxone for Schools Flowchart details the process for obtaining naloxone. Further guidance can be found on the VDH Pharmacy website.

Q. Will a pharmacist counsel me on using this medication?

The pharmacist is required to provide counseling which covers prevention, recognition, response and administration of prescription naloxone. This counseling cannot be waived by the recipient of the naloxone unless the recipient can provide proof of successful completion of the REVIVE! Training Program.

Q. Is there a waiting period between coming to get the naloxone and actually getting it?

No. However, it is possible that the pharmacy will need to order the drug if it is not in stock, which could create a minimal delay. It is advisable to contact the pharmacy prior to visiting.

Q. Where can I learn how to administer naloxone to someone suspected of an overdose?

One of the best ways for the public to learn about the use of naloxone is through the REVIVE! training course. To learn more on the Virginia Department of Behavioral Health and Developmental Services visit their website.

Glucagon Administration

Frequently Asked Questions

Q. Are schools required to possess and administer glucagon?

Any local school board may adopt and implement policies for the possession and administration of undesignated nasal or injectable glucagon in each public elementary or secondary school in the local school division, provided that such policies are consistent with the guidance outlined in the most recent revision of the Diabetes Management In School: Manual for Unlicensed Personnel published by the Department of Education.

Code of Virginia § 22.1-274.2 Public elementary and secondary schools; possession and administration of undesignated glucagon.

Q. How many doses of undesignated stock glucagon are recommended?

If a school division chooses to possess and administer undesignated stock glucagon, a supply consisting of at least two doses is recommended. Any public elementary or secondary school may maintain a supply of nasal or injectable glucagon in any secure location that is immediately accessible to any school nurse or other employee trained in the administration of nasal and injectable glucagon prescribed to the school by a prescriber. Additional guidance is outlined in the most recent revision of the Diabetes Management In School: Manual for Unlicensed Personnel published by the Department of Education.

Code of Virginia § 22.1-274.2 Public elementary and secondary schools; possession and administration of undesignated glucagon.

Q. What are the supplies recommended for cases of low blood sugar in diabetic students?

CDC recommends parents/guardians prepare a "Hypo" Box of go-to supplies, that can be kept at school, in the case of low blood sugar. Label it with your child's name and remember to keep it fully stocked!

- Glucagon
- Test strips
- Lancets
- Blood sugar monitor
- Glucose tablets
- Juice boxes
- Crackers

Additional Resources: Managing Diabetes at School

Sample Report

This template may be used by the school division to develop a reporting form for the use of epinephrine.

Report of Epinephrine Administration

Demographics and Health History

School District: _____ **School Name:** _____

Type of Person: ☐ Student ☐ Staff ☐ Visitor **Gender:** ☐ M ☐ F ☐ Non-binary

Race: ☐ American Indian/Alaskan Native ☐ African American ☐ Native Hawaiian/Pacific Islander ☐ Asian ☐ White ☐ Other: _____

History of severe or life-threatening allergy:
☐ Yes, known by student/family ☐ Yes, known by school ☐ Unknown

If known, specify type of allergy: _____

If yes, was allergy action plan available at school? ☐ Yes ☐ No ☐ Unknown

History of anaphylaxis: ☐ Yes, known by student/family ☐ Yes, known by school ☐ Unknown

Previous epinephrine use: ☐ Yes, by student/family ☐ Yes, at school ☐ No ☐ Unknown

Diagnosis/History of Asthma: ☐ Yes, known by student/family ☐ Yes, known by school ☐ No ☐ Unknown

School Plans and Medical Orders

Individual Health Care Plan (IHP) in place? ☐ Yes ☐ No ☐ Unknown

Written school district policy on management of life-threatening allergies in place? ☐ Yes ☐ No ☐ Unknown

Does the student have a student specific order for epinephrine? ☐ Yes ☐ No ☐ Unknown

Expiration Date of epinephrine: ____/____/____ ☐ Unknown

Epinephrine Administration Incident Reporting

Date/Time of Occurrence: _____/_____/_____ _____:_____am/pm

Vital Signs: BP ____/____ Temp _____ Pulse _____ Respiration_____

If known, specify trigger that precipitated this allergic episode: ☐ Insect sting ☐ Medication ☐ Food ☐ Exercise ☐ Latex ☐ Unknown ☐ Other: _____

If food was a trigger, please specify which food: _____ ☐ Ingested ☐ Touched ☐ Inhaled

Did reaction begin prior to school? ☐ Yes ☐ No ☐ Unknown

Sample Report

Location where symptoms developed:

☐ Classroom ☐ Cafeteria ☐ Health Office/Clinic ☐ Playground ☐ Bus ☐ Other

If other, specify: _____

How did exposure occur? _____

_____

Symptoms: (Check all that apply.)

Respiratory	GI	Skin	Cardiac/Vascular	Other
☐ Cough	☐ Abdominal discomfort	☐ Angioedema	☐ Chest discomfort	☐ Diaphoresis
☐ Difficulty breathing	☐ Diarrhea	☐ Flushing	☐ Cyanosis	☐ Irritability
☐ Hoarse voice	☐ Difficulty swallowing	☐ General pruritus	☐ Dizziness	☐ Loss of consciousness
☐ Nasal congestion/rhinorrhea	☐ Oral pruritus	☐ General rash	☐ Faint/weak pulse	☐ Metallic taste
☐ Swollen throat/tongue	☐ Nausea	☐ Hives	☐ Headache	☐ Red eyes
☐ Shortness of breath	☐ Vomiting	☐ Lip swelling	☐ Hypotension	☐ Sneezing
☐ Stridor		☐ Localized rash	☐ Tachycardia	☐ Uterine cramping
☐ Tightness (chest, throat)		☐ Pale		
☐ Wheezing				

Location epinephrine was administered: ☐ Health Office/Clinic ☐ Other Specify:_____

Location of epinephrine storage: ☐ Health Office/Clinic ☐ Other Specify:_____

Epinephrine administered by: ☐ School Nurse ☐ Teacher ☐ Self ☐ Other/Specify:_____

If epinephrine was administered by other, was the person formally trained?

☐ Yes If known, date of training: ____/____/____ ☐ No ☐ Unknown

If epinephrine was self-administered by a student at school or a school-sponsored function, was the student formally trained? ☐ Yes If known, date of training: ____/____/____ ☐ No

TIME ELAPSED

- **between onset of symptoms and communication of symptoms:** _____minutes
- **between communication of symptoms and administration of epinephrine:** _____minutes

Was a second dose of epinephrine required? ☐ Yes ☐ No ☐ Unknown

If yes, was that dose administered at the school prior to arrival of EMS? ☐ Yes ☐ No ☐ Unknown

Approximate time between the first and second dose: _____ minutes

Biphasic reaction? ☐ Yes ☐ No ☐ Unknown

Disposition

EMS notified at (time):_____:_____am/pm **Transferred to ER:** ☐ Yes ☐ No

If yes, transferred via Ambulance Parent/guardian Other **Discharged after** _____**hours**

Hospitalized? ☐ No ☐ Yes If yes, discharged after ____day(s) **Name of hospital:**_____

Student/Staff/Visitor outcome: _____

_____

Sample Report

If first occurrence of allergic reaction:

- Was the individual prescribed an epinephrine autoinjector in the ER? ☐Yes ☐No ☐ Unknown
- If yes, who provided the epinephrine autoinjector training? ☐Yes ☐No ☐ Unknown
- Did the ER refer the individual to PCP and/or allergist for follow-up? ☐Yes ☐No ☐ Unknown

Parental Notification

When was the parent/guardian notified of epinephrine administration (time)? _____:_____ ☐am/☐pm
Parent/guardian: ☐Will come to school ☐Will meet student at hospital ☐Currently at school
☐Other:_____

School Follow-Up

Did a debriefing meeting occur? ☐ Yes ☐ No ☐ Unknown

Notify prescribing MD? ☐ Yes ☐ No ☐ Unknown **Notify LHD?** ☐ Yes ☐ No ☐ Unknown

Recommendations for changes?

☐Protocol/Policy ☐Training ☐Education ☐Information sharing
☐Other: _____

Optional **Student Information**

Name: _____

Date of Birth: _____/_____/_____ **Grade:** _____ **Age:** _____

Contact Information

Please provide contact information of the individual who completed this form.

Name: _____

Role: _____

Email address: _____

Phone Number: (_____) - _____ - _____

Date: _____/_____/_____

The School Nurse will need to complete all pages of this form within three (3) calendar days after the administration of any undesignated stock epinephrine.

Revised and used with permission of the Massachusetts Department of Health, School Health Unit.

Sample Report

This template may be used by the school division to develop a reporting form for the use of undesignated stock albuterol.

Undesignated Stock Albuterol Reporting Form

Demographics and Health History

School District: _____ **School Name:** _____

Type of Person: ☐ Student **Gender:** ☐ M ☐ F ☐ Non-binary

Race: ☐ American Indian/Alaskan Native ☐ African American ☐ Native Hawaiian/Pacific Islander ☐ Asian ☐ White ☐ Other: _____

Diagnosis/History of Asthma: ☐ Yes ☐ No ☐ Unknown

History of severe respiratory distress: ☐ Yes ☐ No ☐ Unknown

Was an asthma action plan available at school? ☐ Yes ☐ No ☐ Unknown

School Plans and Medical Orders

Individual Health Care Plan (IHP) in place? ☐ Yes ☐ No ☐ Unknown

Written school district policy on the administration of undesignated stock albuterol in place? ☐ Yes ☐ No ☐ Unknown

Does the student have a student specific order for albuterol? ☐ Yes ☐ No ☐ Unknown

Does the student have permission to self-carry their inhaler? ☐ Yes ☐ No
If student self-carries, was medication available? ☐ Yes ☐ No

Has asthma medication been supplied to the clinic? ☐ Yes ☐ No
If no, does the family need assistance identifying resources? ☐ Yes ☐ No

Incident Reporting

Date/Time of Occurrence: _____/_____/_____ _____:_____ ☐ am/pm

Vital Signs: BP ____/____ Temp _____ Pulse _____ Respiration_____

If known, specify trigger that precipitated this episode: ☐ Exercise ☐ Illness/Cold ☐ Pollen/Dust ☐ Strong Odors/Smoke ☐ Acid Reflux ☐ Animals/Pests ☐ Mold ☐ Stress/Emotions ☐ Other: _____

Did reaction begin prior to school? ☐ Yes ☐ No ☐ Unknown

Is this the first time the student required use of the undesignated stock albuterol inhaler?
☐ Yes ☐ No
If no, has the student required use of the undesignated stock inhaler in the last 30 days?
☐ Yes ☐ No

Sample Report

Location where symptoms developed:

☐ Classroom ☐ Cafeteria ☐ Health Office/Clinic ☐ Playground ☐ Bus ☐ Other

If other, specify: _____

Symptoms: (Check all that apply.)

- ☐ Abdominal discomfort
- ☐ Blue lips and fingernails
- ☐ Breathing hard and fast
- ☐ Chest discomfort
- ☐ Cold/Illness
- ☐ Cyanosis
- ☐ Diaphoresis
- ☐ Difficulty breathing
- ☐ Difficulty swallowing
- ☐ Difficulty talking, eating, walking
- ☐ Dizziness
- ☐ Faint/weak pulse
- ☐ Headache
- ☐ Hoarse voice
- ☐ Hypotension
- ☐ Irritability
- ☐ Loss of consciousness
- ☐ Stridor
- ☐ Swollen throat/tongue
- ☐ Tachycardia
- ☐ Tightness (chest, throat)
- ☐ Tired or lethargic
- ☐ Vomiting
- ☐ Wheezing

Location the undesignated stock albuterol was administered: ☐ Clinic ☐ Other/Specify:_____

Location of undesignated stock albuterol storage: ☐ Clinic ☐ Other/Specify:_____

Undesignated stock albuterol administered by: ☐ School Nurse ☐ Other/Specify:_____

TIME ELAPSED

- **between onset of symptoms and communication of symptoms:** _____minutes
- **between communication of symptoms and administration of inhaler:** _____minutes

Disposition

Local Health District: _____

Standing Order Prescriber: _____

Notify prescribing MD? ☐ Yes ☐ No ☐ Unknown **Notify LHD?** ☐ Yes ☐ No ☐ Unknown

When was the parent/guardian notified of undesignated stock albuterol administration (time)? _____:_____am/pm

Parent/guardian: ☐ Will come to school ☐ Currently at school ☐ Will meet student at hospital
☐ Other:_____

Was EMS notified? ☐ Yes ☐ No **Time:** _____:_____am/pm **Transferred to ER:** ☐ Yes ☐ No

If yes, transferred via ☐ Ambulance ☐ Parent/guardian ☐ Other
Discharged after _____hours

Hospitalized? ☐ No ☐ Yes ☐ If yes, discharged after _____day(s) **Name of hospital:**_____

Adverse Event
☐ Notify immediately Local Health Director/Physician notified of hospitalization, intubation or death.

Sample Report

Student Outcome

Called 911

No EMS/911 transport. Refer to student health record for additional information. Parent instructed to follow up with a healthcare provider.

EMS/911 transported The student was sent home from ER with parent/guardian or emergency contact. Instructed parent/guardian emergency contact to follow up with a healthcare provider and provide an updated/new Asthma Action Plan.

911 Was Not Called

Returned student to class after following the student's Asthma Action Plan or standing order. Notified parent/guardian emergency contact and instructed to follow up with a healthcare provider. If needed, School Nurse requested an updated Asthma Action Plan.

Student sent home with parent/guardian or emergency contact and instructed to follow up with a healthcare provider. The student has an Asthma Action Plan on file at the school. If needed, the School Nurse requested an updated Asthma Action Plan.

Student sent home with parent/guardian or emergency contact. No Asthma Action Plan is on file. Instructed parent/guardian or emergency contact to follow up with a healthcare provider and provide an Asthma Action Plan.

School Follow-Up

Did a debriefing meeting occur? Yes No Unknown

Recommendations for changes? Protocol/Policy Training Education Information sharing Other: _____

**Optional* Student Information

Name: _____ **Grade:** _____

Date of Birth: _____/_____/_____ **Age:** _____

Contact Information

Please provide contact information of the individual who completed this form.

Name: _____

Role: _____

Email address: _____

Phone Number: (_____) - _____ - _____

Date: _____/_____/_____

The School Nurse will need to **complete all pages of this form** within three (3) calendar days after the administration of any undesignated stock albuterol. The local health department director/physician may request additional follow up information after any administration of undesignated stock albuterol for treatment of respiratory distress.

Revised and used with permission of the Massachusetts Department of Health, School Health Unit.

Chesapeake Public Schools

OVERDOSE REVERSAL AND NALOXONE ADMINISTRATION REPORTING FORM

Patient Name : _____ School : _____ Date Completing Form: _____

Responder's Name: _____ 1st Responder ☐ Bystander/ Outreach ☐

Location of Use/Location of Overdose City/Town/Community _____

Class/Room#: _____ County: _____ Zip code: _____

Location: ☐ Clinic ☐ Cafeteria ☐ Office ☐ Computer Lab ☐ Parking lot ☐ Restroom ☐ Hallway ☐ Gymnasium ☐ Playground ☐ Auditorium ☐ Media Center ☐ Other: _____

About the Person: **Fill in answers to the best of your knowledge:**

☐ Male ☐ Female ☐ Transgender ☐ Other _____ Age: _____

Ethnicity: ☐ Hispanic/Latino ☐ Non Hispanic/Latino

Race: ☐ African American/Black ☐ Native American ☐ Unknown ☐ Caucasian/White ☐ Asian/Pacific Islander ☐ Other Race/Ethnicity Please Specify: _____

Specific Drugs Used: **(Check all that apply)**

☐ Heroin If (YES), Please specify Method: ☐ *Injection* ☐ *Sniff* ☐ *Swallow* ☐ *Smoke* ☐ *Unknown*

☐ Fentanyl ☐ Methadone ☐ Cocaine ☐ Benzodiazepine ☐ Cannabis ☐ Alcohol ☐ Opiate Pain medication (Specify if Known) _____

List Other Drugs/ Medications ☐ _____

Condition of Person:

1. Was the person conscious before naloxone was used? ☐ Yes ☐ No
2. How was naloxone administered? ☐ Injected in the muscle ☐ Sprayed in the nose
3. How many doses of naloxone were used? ☐ One ☐ Two ☐ More than 2 (Please Specify): _____
4. Other Actions Taken: (Check all that apply) ☐ Rescue Breathing ☐ Chest Compressions ☐ Sternal Rub ☐ Recovery Position ☐ Called 911
5. Did the person go to the hospital? ☐ Yes ☐ No ☐ Refused If Yes, list name of hospital if known: _____
6. Did the person survive? ☐ Yes ☐ No ☐ Unknown 7. Date naloxone was administered: _____
8. Was naloxone ever received in the past? ☐ Yes ☐ No ☐ Unknown

Please provide any additional information: _____

Name and Signature of Program Director and Health Care Professional

_____ Principal Printed Name

_____ Principal Signature

_____ Date

_____ School Health Advisor Printed Name

_____ School Health Advisor Signature

_____ Date

A copy of this report shall be submitted to Health Services within 24 hours of administration
A call to Health Services shall be made the same day as administration.

Sample reporting form used with permission by Chesapeake Public Schools.

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