



Eric J. Holcomb
Governor

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State Health Commissioner

CSO-25-12

Statewide Standing Order for Stock Emergency Medications in K-12 Schools

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

Eligible Providers: Pharmacists licensed pursuant to IC 25-26-13.

Eligible Recipients: Schools as defined in IC 20-34-4.5-0.6 or school corporations.

Emergency medications:

1. Overdose intervention medication such as naloxone, an opioid antagonist approved by the U.S. Food and Drug Administration (FDA) for the reversal of an opioid overdose.
2. Epinephrine, a medication to treat life threatening allergies.
3. Albuterol, a medication to provide quick relief from acute asthma-like symptoms.

Procedure: An eligible provider may dispense emergency medications to eligible recipients for storage at a school in accordance with IC 20-34-4.5.

Overdose intervention medications

Dispense two boxes (two doses per box) nasal naloxone rescue kits of 4 mg/0.1ml per dose (for a total of 4 doses) per school building within the school/school corporation.

Auto injectable epinephrine must have an expiration date at least 12 months from the date the pharmacy dispenses the medication.

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Dispense up to 2 boxes of 2 doses of each of the following per school building within the school/school corporation.

- 0.15 mg for children weighing between 15-30 kg (66 lbs.)
- 0.30 mg for individuals weighing more than 30 kg (66 lbs.)

Albuterol

Dispense one albuterol MDI per school building within the school/school corporation.

Dispense up to 25 disposable spacers with each MDI.

Dispense up to 25 disposable face masks with each MDI.

Administration of emergency medication; school employees, training: School employees may be trained by the registered nurse working in the school or other healthcare provider who is licensed or certified in Indiana, for whom the administration of emergency medication is within the healthcare provider's scope of practice, who has received training in the administration of emergency medication, and who is knowledgeable in recognizing the symptoms of a life-threatening emergency and the administration of emergency medication per IC 20-34-4.5-2. See Protocols and Training for Stock Emergency Medications in K-12 Schools for specific information and training resources.

Geographic Region: This standing order is applicable statewide.

Standing Orders Authorization: This standing order is being issued pursuant to IC 20-34-4.5-3.

This standing order shall be reviewed annually by the Indiana Department of Health and revised as needed. This standing order is effective January 1 through December 31, 2025.

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

(CSO-24-12, Issued December 29, 2023)

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

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

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

Emergency medications:

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

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

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



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

Epinephrine Training Resources

- <https://www.epipen4schools.com/Members/Training/>
 - <https://www.epipen4schools.com/Resources/>
 - <https://www.auvi-q.com/about-auvi-q#meet-the-auvi-q-family>
 - <https://www.auvi-q.com/resources>
 - <https://www.nasn.org/nasn-resources/resources-by-topic/allergies-anaphylaxis>
 - https://www.cdc.gov/school-health-conditions/food-allergies/?CDC_AAref_Val=https://www.cdc.gov/healthyschools/foodallergies/
 - <https://www.youtube.com/watch?v=O-8pPTVqI5k>
 - https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/019430s061lbl.pdf
2. For signs and symptoms of respiratory distress associated with bronchospasm, administer stock **albuterol** as follows:
 - a. Albuterol metered dose inhaler (MDI) – 2 puffs inhaled by mouth with use of spacer. Add a face mask for younger children who may not be able to use a spacer or hold their breath. If no improvement after 15 minutes, repeat every 15 minutes until improvement occurs or until emergency help arrives.
 - b. Upon administration of albuterol, immediately call 911 and notify parent/guardian. Follow up should be provided by emergency care personnel.
 - c. If respiratory distress is related to a severe allergic reaction, administer epinephrine as well as albuterol per this emergency order.

Albuterol Training Resources

- https://www.cdc.gov/asthma/caring/?CDC_AAref_Val=https://www.cdc.gov/asthma/inhaler_video/default.htm
- https://www.cdc.gov/asthma/about/?CDC_AAref_Val=https://www.cdc.gov/asthma/faqs.htm



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

Naloxone Training Resources

- <https://www.in.gov/health/overdose-prevention/naloxone/>
- <https://www.overdoselifeline.org/>
- https://www.cdc.gov/overdose-prevention/hcp/toolkits/naloxone.html?CDC_AAref_Val=https://www.cdc.gov/opioids/naloxone/training/index.html
- https://www.cdc.gov/stop-overdose/caring/naloxone.html?CDC_AAref_Val=https://www.cdc.gov/stopoverdose/naloxone/
- https://www.cdc.gov/stop-overdose/response/?CDC_AAref_Val=https://www.cdc.gov/stopoverdose/naloxone/
- https://www.accessdata.fda.gov/drugsatfda_docs/label/2015/208411lbl.pdf