

**MS Department of Education  
Office of Healthy Schools  
Senate Bill 2218-MS Asthma and Anaphylaxis Child Safety Act**

**District Implementation Plan for Anaphylaxis**

**New Requirements for Sections 37-11-71 and 73-25-37**

- Each school district **must** adopt a policy authorizing a school nurse or trained school employee to administer auto-injectable epinephrine to a student who it is believed, in good faith, to be having an anaphylaxis reaction, whether or not the student has a prescription for epinephrine.
- The district **may** maintain a supply of auto-injectable epinephrine at the school in a locked secure, easily accessible location.
- A licensed medical physician may prescribe epinephrine auto-injectors in the name of the school district or school to be maintained for use when necessary.
- Each school **that chooses to maintain** a supply of auto-injectable epinephrine at school shall require at least one employee on the school campus to receive training from a registered nurse, or a physician in the administration of auto-injectable epinephrine.
- Any school employee who is trained in the administration of auto-injectable epinephrine, and who provides, administers or assists with an auto-injectable epinephrine in good faith believes the student to be having an anaphylactic reaction, is immune to civil liability for any personal injury if the actions or failure to act do not amount to willful or wanton misconduct or gross negligence.
- The schools with a valid prescription for auto-injectable epinephrine may accept donations, from public or private entities, or seek grants to obtain funds for the purchase of auto-injectable epinephrine.

**Best Practice**

- Develop and approve a policy authorizing an appropriately trained school employee to administer an auto-injectable epinephrine to a student who appears to be having an anaphylaxis reaction. Elements to be included:
  - Convene a team to develop this policy, including administrators, school nurse when possible, office staff, and other key individuals.
  - Policy should become part of the school emergency plan
  - Incident Communication Protocols

- Initiation of this emergency is **ALWAYS** considered an emergency and Emergency Medical Services (**911**) should be activated.
- Training-Identify who will be trained by title and location, and who will provide the training.
- Acquiring Auto-Injectable Epinephrine
- Storage and Location of Auto-Injectable Epinephrine
- Ongoing monitoring of the plan to include assessment of safe location, expiration of auto-injectable epinephrine, and documentation of any incident.
- Store Auto-Injectable epinephrine in a secure central location.
- A prescription in the name of the school or district should be obtained by a local physician before obtaining auto-injectable epinephrine
- Training should be provided by a healthcare provider (school nurse, physician, other RN familiar with this training.)
- Provide training for 1-3 employees per campus
- Auto-Injectable Epinephrine can be obtained through donations from drug companies, hospitals, or physician's office.

\*A drug company may offer to supply the initial auto-injectable epinephrine please read any official agreement carefully before signing.

## **Resources**

*Managing Food Allergies in MS Schools Guidelines-* [www.mde.k12.ms.us/healthy-schools](http://www.mde.k12.ms.us/healthy-schools)

National Association School Nurses— [www.nasn.org](http://www.nasn.org) anaphylaxis resources for NASN members

Allergy & Asthma Network-- [www.aanma.org](http://www.aanma.org)

Food Allergy Research & Education-- [www.foodallergy.org/anaphylaxis](http://www.foodallergy.org/anaphylaxis)

Contact the Office of Healthy Schools (601-359-1737) if you have further questions.