

ADMINISTERING MEDICINES TO STUDENTS

Medications Prescribed for Individual Students

Employees of Tazewell County School Board may give medication prescribed for individual students only pursuant to the written order of a physician, physician assistant, or nurse practitioner and with written permission from the student's parent or guardian. Such medicine must be in the original container and delivered to the principal, school nurse, or school division designee by the parent or guardian of the student.

Nonprescription Medications

Employees of Tazewell County School Board may give nonprescription medication to students only with the written permission of the parent or guardian. Such permission shall include the name of the medication, the required dosage of the medication, and the time the medicine is to be given. Such medicine must be in the original container and delivered to the principal, school nurse, or school division designee by the parent or guardian of the student.

Self-Care and Self-Administration of Medication

Each enrolled student who is diagnosed with diabetes, with parental consent and written approval from the prescriber, is permitted to

- carry with him and use supplies, including a reasonable and appropriate short-term supply of carbohydrates, an insulin pump, and equipment for immediate treatment of high and low blood glucose levels, and
- self-check his own blood glucose levels on school buses, on school property, and at school-sponsored activities.

A School Board employee, as defined in Va. Code § 22.1-274.E, who is a registered nurse, licensed practical nurse, or certified nurse aide and who has been trained in the administration of insulin, including the use and insertion of insulin pumps, and the administration of glucagon may assist a student who is diagnosed with diabetes and who carries an insulin pump with the insertion or reinsertion of the pump or any of its parts. Prescriber authorization and parental consent shall be obtained for any such employee to assist with the insertion or reinsertion of the pump or any of its parts. Nothing in this policy requires any employee to assist with the insertion or reinsertion of the pump or any of its parts.

Students may be permitted to carry and self-administer other medications when the following conditions are met:

- Written parental permission for self-administration of specified non-prescription medication is on file with the school.
- The non-prescription medication is in the original container and appropriately labeled with the manufacturer's directions.
- The student's name is affixed to the container.

- The student possesses only the amount of non-prescription medicine needed for one school day/activity.

Sharing, borrowing, distributing, manufacturing or selling any medication is prohibited. Permission to self-administer non-prescription medication may be revoked if the student violates this policy and the student may be subject to disciplinary action in accordance with the Standards of Student Conduct.

Self-Administration of Asthma Medications and Auto-Injectable Epinephrine

Students with a diagnosis of asthma or anaphylaxis, or both, are permitted to possess and self-administer inhaled asthma medications or auto-injectable epinephrine, or both, as the case may be, in accordance with this policy during the school day, at school-sponsored activities, or while on a school bus or other school property. A student may possess and self-administer asthma medication, or auto-injectable epinephrine, or both, when the following conditions are met:

- Written parental consent that the student may self-administer inhaled asthma medications or auto-injectable epinephrine, or both, is on file with the school.
- Written notice from the student's health care provider is on file with the school, indicating the identity of the student, stating the diagnosis of asthma or anaphylaxis, or both, and approving self-administration of inhaled asthma medications or auto-injectable epinephrine, or both, that have been prescribed for the student; specifying the name and dosage of the medication, the frequency in which it is to be administered and the circumstances which may warrant its use; and attesting to the student's demonstrated ability to safely and effectively self-administer the medication.
- An individualized health care plan is prepared, including emergency procedures for any life-threatening conditions.
- There is a consultation with the student's parent before any limitations or restrictions are imposed on 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.
- Self-administration of inhaled asthma medications and auto-injectable epinephrine is consistent with the purposes of the Virginia School Health Guidelines and the Guidelines for Specialized Health Care Procedure Manual, which are jointly issued by the Virginia Department of Education and the Virginia Department of Health.
- Information regarding the health condition of the student may be disclosed to school board employees in accordance with state and federal law governing the disclosure of information contained in student scholastic records.

Permission granted to a student to possess and self-administer asthma medications or auto-injectable epinephrine, or both, will be effective for a period of 365 calendar days, and must be renewed annually. However, a student's right to possess and self-administer inhaled asthma

medication or auto-injectable epinephrine, or both, may be limited or revoked after appropriate school personnel consult with the student's parents.

Epinephrine

Pursuant to an order or standing protocol issued by the prescriber within the course of his professional practice, any school nurse, School Board employee, employee of a local appropriating body or employee of a local health department who is authorized by a prescriber and trained in the administration of epinephrine may possess epinephrine and administer it to any student believed to be having an anaphylactic reaction.

Regulation

The superintendent shall develop a regulation for administration of medicines to students. The regulation shall include provisions for the handling, storage, monitoring, documentation and disposal of medication.

Adopted: August 14, 2017

Legal Refs.: Code of Virginia, as amended, §§ 22.1-78, 22.1-274, 22.1-274.01:1, 22.1-274.2, 54.1-2952.2, 54.1-2957.02, 54.1-3408.

Manual for Training Public School Employees in the Administration of Insulin and Glucagon (Virginia Department of Education Revised 2015).

Cross Refs.: EBBA Emergency First Aid, CPR and AED Certified Personnel
JFC-R Standards of Student Conduct
JHCE Recommendation of Medication by School Personnel
JO Student Records

Tazewell County Public Schools Request for Medication to be Given During School Hours
PRESCRIPTION Medication

1. Any medication to be given at school is to be brought by the parents/guardians, not by the student.
2. When the health care provider discontinues medications, the parents or guardian must pick up the medication from the school, not the student.
3. The medication must be in the original container and clearly labeled by the pharmacist with the student's name, name of medication, when the medication is to be given, the amount of medication is to be given and for how long the medication is to be given. The pharmacist can divide the medication into two bottles, one for school and one for home.
4. No medication to be given three (3) times a day or less will be given at school unless specifically ordered by the health care provider.
5. This consent form must be signed before any medication will be given at school. Handwritten notes are not acceptable.
6. When medication administration directions are changed (dosages, frequency, etc.), a new form must be completed by the health care provider and brought to school.

Student's Name: _____ DOB _____

School _____ Grade/Teacher _____

In case of emergency call _____ Phone _____

If student is receiving an over-the-counter medication, complete the following:

Medication _____ Dosage/time _____

Reason for Medication _____ Allergies _____

I request that you give medication to my child during the school year, in accordance with the above policy as printed above. I authorize school personnel, school nurse, health assistant, and counselor, principal, or principal designee, to give my child medication. I will not hold the school staff responsible for any undesired reactions which may occur from any medication. If school personnel have questions regarding medication, they may contact my child's physician or the prescriber.

Signed _____ Date _____

(Parent or guardian)

<p>HEALTH CARE PROVIDER may only complete the following information:</p> <p>Medication _____ Dosage/time _____</p> <p>Purpose of Medication _____</p> <p>Adverse reactions _____</p> <p>Interventions if adverse reactions occur _____</p> <p>_____</p> <p>Duration of treatment _____</p> <p>Signature _____</p> <p>Phone number _____ Date of order _____</p>
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Tazewell County Public Schools Request for Medication to be Given During School Hours
Non-Prescription Medication (OTC)

1. Any medication to be given at school is to be brought by the parents/guardians, not by the student.
2. When the medications are discontinued, the parents or guardian must pick up the medication from the school, not the student.
3. Over-the-counter drugs will be given at school. Schools do not provide OTC drugs. In order for a student to receive Tylenol, etc., a signed parental consent, along with the OTC medication, labeled with the child's name, amount of drug to be given, frequency of drug to be given and reason medication is to be administered must be completed by the parent or guardian and on file. OTC medications can be given for reasons such as headache or menstrual cramps. We will not give medication for an elevated temperature. Sick children will need to be at home. If a child/parent requests OTC medications more than twice weekly or 4 times monthly, a health care provider's order must be obtained. Herbal supplements will not be given without a health care provider's order.
4. This consent form must be signed before any medication will be given at school. Handwritten notes are not acceptable.
5. When medication administration directions are changed (dosages, frequency, etc.), a new form must be completed by the parents or guardians.

Student's Name: _____ DOB _____

School _____ Grade/Teacher _____

In case of emergency call _____ Phone _____

If student is receiving an over-the-counter medication, complete the following:

Medication _____ Dosage/time _____

Reason for Medication _____ Allergies _____

I request that you give medication to my child during the school year, in accordance with the above policy as printed above. I authorize school personnel, school nurse, health assistant, and counselor, principal, or principal designee, to give my child medication. I will not hold the school staff responsible for any undesired reactions, which may occur from any medication. If school personnel have questions regarding medication, they may contact my child's physician or the prescriber.

Signed _____ Date _____

(Parent or guardian)

HEALTH CARE PROVIDER may only complete the following information <i>if a child is receiving OTC medications more than twice weekly or four times monthly:</i>	
Medication _____	Dosage/time _____
Purpose of Medication _____	
Adverse reactions _____	
Interventions if adverse reactions occur _____	

Duration of treatment _____	
Signature _____	
Phone number _____	Date of order _____

TAZEWELL COUNTY PUBLIC SCHOOLS MEDICATION INCIDENT REPORT

A Medication Incident is defined as any incorrect administration of medication, i.e. an incorrect drug, dose, route, time of administration (allowing 30 minutes before or after the assigned time) or being given to the wrong student.

Student _____ DOB: _____ Sex _____

Date of Report _____ School _____ Grade _____

Prepared By _____ Signature _____ Date: _____

Date and time incident occurred _____

Person who gave incorrect medication _____ Title _____

Type of medication error _____ (meds,time,wrong student, etc.)

Name of **incorrect** medication(s) given _____ Dose _____

Describe the incident and how it occurred: _____

Name of correct medication ordered _____

Dose _____ Route _____ Time to be given _____

Licensed Prescriber's name _____ Phone No. _____

Action Taken: _____

Physician notified ? _____ Physician recommendations _____

Parents notified ? _____ Nurse Supervisor notified ? _____ Principal notified ? _____

Intervention: _____

Outcome: _____

Follow Up By: Name _____ Title: _____ Date: _____

Tazewell County Public Schools - Report of Missing Medications

Date of Report _____ School _____ Grade _____

Name of Student _____ DOB / / Sex _____

Date & Time medications were discovered missing: _____

Where was medication(s) stored _____

Person who discovered medication(s) missing _____
(name) (title)

Licensed Prescriber _____
(name) (address)

Reason medication was prescribed _____

Date of Order / / Medication

Dose _____ Route _____ Scheduled Time _____

Describe how medication was discovered missing (use reverse side if necessary) _____

Action Taken

Nursing Supervisor notified: Date / / Time _____

Parent/Guardian notified: bate / / Time _____

Parent Recommendations/Comment _____

Principal notified: Date / / Time

Principal Recommendations/Comment _____

Physician notified: Date / / Time

Physician recommendations or comment: _____

Prepared by: _____ Signature _____ Date / /

Signature of Nursing Supervisor _____ Date / /

Regulations for Administering Medicines to Students

Prescription Medications

- Such medication must be in the original container, clearly labeled with the students name and directions for administration such as dosage, route and frequency.
- No medication to be given three (3) times a day or less will be given at school unless specifically ordered by the health care provider.
- The parent or legal guardian must deliver the medication to the principal, school nurse or school division designee. The parent or legal guardian must also pick the medication up from the school once the health care provider has discontinued the medication.
- The student cannot transport medications to or from school.
- If the parent or legal guardian does not pick up the medication once it has been discontinued, within 6 months and/or by the end of the school year, the medication will be appropriately discarded.
- The medication form must be completed by the health care provider and signed by the parent prior to the administration of any medication.
- Hand written notes are not acceptable.
- When medications or directions for medication administration are changed (such as dosage, times to be administered, etc.), the health care provider must complete a new form.

Nonprescription Medications

- Such permission shall include the name of the medication, the required dosage (which cannot vary from the package insert or drug label) and the time the medication is to be given.
- If a child requests or needs a nonprescription medication more than twice weekly or 4 times monthly, a health care provider's order is required.
- The medication must be in the original, unopened container and clearly labeled with the child's name and directions for administration including dosage, route, and frequency.
- The parent or guardian must provide the nonprescription medication.
- The medication must be delivered and/or picked up by the parent or guardian.
- The student cannot transport medications to or from school.
- Nonprescription medications such as Tylenol or Motrin will be administered for reasons such as headaches or menstrual cramps. Nonprescription medications will not be administered for elevated temperature. Children with a fever will need to be picked up from school.
- A medication form must be completed and the medication delivered to school by the parent prior to the administration of any nonprescription medications.
- Hand written notes or telephone permission is unacceptable.
- All herbal supplements administered at school will require a health care provider's order.

Self-Administration of Asthma Medications

- Medications should consist of rescue inhalers (bronchodilators) only. Steroid medications or oral medications do not fall under the self-possession and self-administration policy for school use.

Self-Administration of Glucose tablets or gel

- Students with a diagnosis of diabetes or hypoglycemia are permitted to possess and self-administer glucose tablets or glucose gel in accordance with this policy during the school day, at school-sponsored activities or while on the school bus or other school property. In order for a student to possess and self-administer emergency glucose tablets or gel, the following conditions must be met:
- Written parental consent that the student may self-administer glucose tablets or gel must be on file with the school;
- Written notice from the student's primary care provider must be on file with the school, indicating the identity of the student, stating the diagnosis of diabetes or hypoglycemia and approving self-administration of glucose tablets or gel that have been prescribed for the student; specifying the name and dosage of the glucose supplement, the frequency in which it is to be given and the circumstances which may warrant its use; and attesting to the student's demonstrated ability to safely and effectively self-administer the glucose supplement
- Information regarding the health condition of the student may be disclosed to school board employees in accordance with state and federal laws governing the disclosure of information contained in the student's scholastic record.
- An individualized health care plan will be prepared indicating emergency treatment of hypoglycemia including emergency procedures such as Glucagon administration if ordered by the health care provider.
- Permission granted to a student to possess and self-administer glucose tablets or gel will be effective for a period of one school year, and must be renewed annually. However, a student's right to possess and self-administer glucose tablets or gel may be limited or revoked after appropriate school personnel consult with the student's parents.

Self-Administration of Insulin

- Students with a diagnosis of diabetes or hypoglycemia are permitted to self-administer insulin in accordance with this policy during the school day, at school-sponsored activities or while on the school bus or other school property. In order for a student to self-administer insulin, the primary care physician must order insulin following the regulations found under prescription medications and the appropriate prescription medication form or Diabetic Medical Management Plan (DMMP) must be completed. In addition, the following conditions must be met:
- Written parental consent that the student may self-administer insulin must be on file with the school;
- Written notice from the student's primary care provider must be on file with the school, indicating the identity of the student, stating the diagnosis of diabetes and approving self-administration of insulin that have been prescribed for the student; specifying the name and dosage of the insulin, the frequency in which it is to be

- given and the circumstances which may warrant its use; and attesting to the student's demonstrated ability to safely and effectively self-administer the insulin.
- Information regarding the health condition of the student may be disclosed to school board employees in accordance with state and federal laws governing the disclosure of information contained in the student's scholastic record.
 - Permission granted to a student to self-administer insulin will be effective for a period of one school year, and must be renewed annually. However, a student's right to self-administer insulin may be limited or revoked after appropriate school personnel consult with the student's parents.

Self-Administration of Emergency Epi-Pen

- Students with a diagnosis of insect sting (bee sting, wasp sting, etc.) allergy or food allergy are permitted to possess and self-administer Epi-Pen in accordance with this policy during the school day, at school-sponsored activities or while on the school bus or other school property. In order for a student to possess and self-administer emergency Epi-Pen, the following conditions must be met:
 - Written parental consent that the student may self-administer Epi-Pen must be on file with the school;
 - Written notice from the student's primary care provider must be on file with the school, indicating the identity of the student, stating the diagnosis of insect sting or food allergy and approving self-administration of Epi-Pen that have been prescribed for the student; specifying the name and dosage of the Epi-Pen, the frequency in which it is to be given and the circumstances which may warrant its use; and attesting to the student's demonstrated ability to safely and effectively self-administer the Epi-Pen
 - Information regarding the health condition of the student may be disclosed to school board employees in accordance with state and federal laws governing the disclosure of information contained in the student's scholastic record.
 - An individualized health care plan will be prepared indicating emergency treatment of insect sting or food allergy.
- Permission granted to a student to possess and self-administer Epi-Pen will be effective for a period of one school year, and must be renewed annually. However, a student's right to possess and self-administer Epi-Pen may be limited or revoked after appropriate school personnel consult with the student's parents.

Regulation of administration of medicines to students

- The regulation of the medication includes provisions for handling, storage, monitoring, documentation and disposal of medications as suggested by "The Manual for the Training of Public School Employees in the Administration of Medication" developed by Virginia Department of Education (September, 2000) under Section IX and IX as listed below:

Monitoring Supply of Medications:

- When medication is brought to the school by the parent, the supply of the drug must be counted (i.e., number of tablets, amount of liquid, etc.). If possible, the supply of the drug should be counted in the presence of the parent.

- The amount of the medication, the date, and initials of the person counting must be recorded on the student's medication log.
- Send notice to parent at least 10 days prior to completion of long-term medication that a refill is needed.
- For controlled substances, such as Ritalin, the person administering the medication must count and document the supply of the drug daily.
- For non-controlled prescribed substances, the person administering the medication must count and document daily the supply of the drug, as well as upon receipt of the medication.
- For OTC and nonprescription medications, the person administering the medication must count and document the supply of the drug upon receipt only.

Storage of Medications:

- Keep all medications (prescription and nonprescription) in the original labeled container.
- Except for self-administered medications that students have permission to carry with them, medication should always be stored in a clean, cool, locked cabinet or secured area.
- For medications that required refrigeration, the refrigerator should be in a secure area. The refrigerator should be checked daily and should be kept at a temperature of 36 – 46 degrees Fahrenheit. A daily log should be kept. Ideally, medication and food should not be kept in the same refrigerator. However, if only one refrigerator is available, the medication must be kept in a locked container inside the appliance. If a medication refrigerator is available, it must have a lock.
- The keys to the medication cabinet or medication refrigerator must NEVER be taken home or out of the building.

Documentation:

- The person administering the medication must immediately document the medication administration to limit chance of error.
- For each medication administered, the person who administers the medication must record his or her name. If initials are used, the person administering the medication must have their signature on the form.
- Errors in recording should be marked through with a single line and marked "error". Never use white out.
- Record omissions, absence or refusals immediately. Notify parent if child refuses medication.

Disposal of Medications:

- Parents should be notified to pick up medications upon receipt of the discontinuation order by the health care provider.
- If parents do not pick up medications within 6 months of initial notification, disposal will occur. Appropriate methods for discarding medications include flushing down the toilet or pouring down a sink. Another person should witness the disposal. Both individuals should document the medication disposal including name of medication and amount.

Emergency Prescription Medications:

If an emergency prescription medication is ordered by a health care provider and is provided by the parent/guardian to be used at school if the student exhibits specific symptoms, then EMS/911 will be called if the medication will be administered. This includes but is not limited to epinephrine for food, insect or latex anaphylactic allergic reactions; diazepam rectal gel for seizures; and glucagon for hypoglycemia.

Approved by School Board: May 10, 2004
Amended by School Board: August 13, 2012
Amended by School Board: October 7, 2013

ANAPHYLAXIS (Severe Allergic Reaction)

It is the policy of Tazewell County Public Schools to provide at least two (2) doses of auto-injectable epinephrine (hereinafter called ‘unassigned or stock epinephrine’) in each school, to be administered by a school nurse or employee of the school board who is authorized and trained in the administration of epinephrine to any student believed to be having an anaphylactic reaction on school premises, during the academic day. The *Code of Virginia* (§8.01-225) provides civil protection for employees of a school board who are appropriately trained to administer epinephrine.

Policy Limitations

Parents of students with known life threatening allergies and/or anaphylaxis should provide the school with written instructions from the students’ health care provider for handling anaphylaxis and all necessary medications for implementing the student specific order on an annual basis. This anaphylaxis policy is not intended to replace student specific orders or parent provided individual medications. This policy **does not** extend to activities off school grounds (including transportation to and from school, field trips, etc.) or outside of the academic day (sporting events, extra-curricular activities, etc.).

Overview

Anaphylaxis is a severe systemic allergic reaction from exposure to allergens that is rapid in onset and can cause death. Common allergens include animal dander, fish, latex, milk, shellfish, tree nuts, eggs, insect venom, medications, peanuts, soy, and wheat. A severe allergic reaction usually occurs quickly; death has been reported to occur within minutes. An anaphylactic reaction can occur up to one to two hours after exposure to the allergen.

Symptoms of Anaphylaxis

- Shortness of breath or tightness of chest; difficulty in or absence of breathing
- Sneezing, wheezing or coughing
- Difficulty swallowing
- Swelling of lips, eyes, face, tongue, throat or elsewhere
- Low blood pressure, dizziness and/or fainting
- Heart beat complaints: rapid or decreased
- Blueness around lips, inside lips, eyelids
- Sweating and anxiety
- Itching, with or without hives; raised red rash in any area of the body
- Skin flushing or color becomes pale
- Hoarseness
- Sense of impending disaster or approaching death
- Loss of bowel or bladder control
- Nausea, abdominal pain, vomiting and diarrhea
- Burning sensation, especially face or chest
- Loss of consciousness

Although anaphylactic reactions typically result in multiple symptoms, reactions may vary. A single symptom may indicate anaphylaxis. **Epinephrine should be administered promptly at the first sign of anaphylaxis. It is safer to administer epinephrine than to delay treatment for anaphylaxis.**

Training

Building level administration shall be responsible for identifying at least two employees, in addition to the school nurse (RN or LPN), to be trained in the administration of epinephrine by auto-injector. Only trained personnel should administer epinephrine to a student believed to be having an anaphylactic reaction. Training shall be conducted in accordance with the most current edition of the Virginia Department of Education's *Manual for Training Public School Employees in the Administration of Medication*. Training shall be conducted annually or more often as needed.

Standing Orders

Standing orders are written to cover multiple people as opposed to individual-specific orders, which are written for one person. Tazewell County Public Schools shall designate an authorized medical provider (MD, DO, PA, or NP with prescriptive authority) to prescribe non-student specific epinephrine for the school division, to be administered to any student believed to be having an anaphylactic reaction on school grounds, during the academic day. Standing orders must be renewed annually and with any change in prescriber.

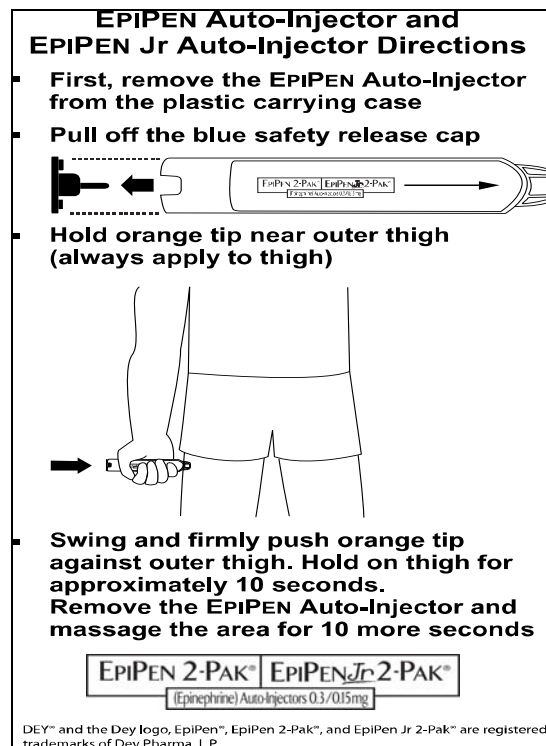
Responding to Anaphylaxis

If student-specific orders are on file they should be followed for students with known life threatening allergies and/or anaphylaxis.

For suspected anaphylaxis without specific orders:

- 1) Based on symptoms, determine that an anaphylactic reaction is occurring.
- 2) Act quickly. It is safer to give epinephrine than to delay treatment. **This is a life and death decision.**
- 3) Determine the proper dose and administer epinephrine. Note the time.
- 4) Direct someone to call 911 and request medical assistance. Advise the 911 operator that anaphylaxis is suspected and that epinephrine has been given.
- 5) Stay with the person until emergency medical services (EMS) arrives.
- 6) Monitor their airway and breathing.
- 7) Reassure and calm person as needed.
- 8) Call School Nurse/Front Office school personnel and advise of situation.
- 9) Direct someone to call parent/guardian
- 10) If symptoms continue and EMS is not on the scene, administer a second dose of epinephrine 5 to 15 minutes after the initial injection. Note the time.
- 11) Administer CPR if needed.

- 12) EMS to transport individual to the emergency room. Document individual's name, date, and time the epinephrine was administered on the used epinephrine auto-injector and give to EMS to accompany individual to the emergency room.
- 13) Even if symptoms subside, 911 must still respond and individual must be evaluated by a physician. A delayed or secondary reaction may occur.
- 14) Document the incident and complete the incident report.
- 15) Replace epinephrine stock medication as appropriate.



Courtesy of FAAN, 2012

Post Event Actions

- Once epinephrine is administered, local Emergency Medical Services (911) shall be activated and the student transported to the emergency room for follow 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.

- Document the event
- Complete incident report
- Replace epinephrine stock medication immediately

Storage, Access and Maintenance

Epinephrine should be stored in a safe, unlocked and accessible location, in a dark place at room temperature (between 59-86 degrees F). Epinephrine should **not** be maintained in a locked cabinet or behind locked doors. Staff should be made aware of the storage location in each school. It should be protected from exposure to heat, cold or freezing temperatures. Exposure to sunlight will hasten deterioration of epinephrine more rapidly than exposure to room temperatures. The expiration date of epinephrine solutions should be periodically checked; the drug should be replaced if it is approaching the expiration date. The contents should periodically be inspected through the clear window of the auto-injector. The solution should be clear; if it is discolored or contains solid particles, replace the unit.

Each school should maintain documentation that stock epinephrine has been checked on a monthly basis to ensure proper storage, expiration date, and medication stability.

The school division shall maintain a sufficient number of extra doses of epinephrine for replacement of used or expired school stock on the day it is used or discarded. Expired auto-injectors or those with discolored solution or solid particles should not be used. Discard them in a sharps container.