New Mexico Emergency Medications in Schools Program

Rules and Recommendations
3rd Version April 2026

Prepared by the
New Mexico Department of Health
Office of School and Adolescent Health
In collaboration with the New Mexico Board of Pharmacy

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Appendix *(Links to New Mexico Board of Pharmacy Documents & Applications, Sample Anaphylaxis Policy, Sample Respiratory Distress Policy, Stock Emergency Medications in Schools Program Board Attestation, Adverse Events Report Form, NMAC Issue by NMBOP, NMAC issued by NMDOH, NMDOH Supplied Medications & Equipment List, NMBOP Approved SBEM Class D Clinic Policy and Procedure Manual* ..... Page 28

INTRODUCTION

The New Mexico Emergency Medications in Schools Program authorizes all New Mexico school districts and schools to stock, access, and administer designated emergency medications. Stock emergency medications are not prescribed for individual students; they are maintained onsite for use in defined emergency situations affecting the general student population. School districts and schools that meet program requirements and receive approval from the New Mexico Department of Health (NMDOH) are authorized to stock albuterol and epinephrine. Participation in the program is voluntary. Approved districts and schools may stock epinephrine only or both albuterol and epinephrine.

Program Requirements

- A representative of the school board or governing body must review this document and submit a signed school board attestation to the NMDOH regional School Health Advocate (SHA).
- School districts and schools must adopt an anaphylaxis policy (if stocking epinephrine) and a respiratory distress policy (if stocking albuterol).
- Each participating school must obtain a New Mexico Board of Pharmacy (NMBOP) Class D Clinic License to stock emergency medications (or may operate under a NMBOP Class C Clinic License).
- Schools that plan to stock albuterol must have the program overseen by a registered nurse (RN) licensed in New Mexico.
- Stock albuterol may only be administered by an RN licensed in New Mexico with documented completion of NMDOH program training.
- Epinephrine-only programs may be overseen by a trained non-licensed staff member.
- Stock epinephrine may be administered by non-licensed staff members or designated volunteers with documented completion of NMDOH program training and completion of the NMDOH approved epinephrine administration training.
- Participating school districts and schools must ensure staff and designated volunteers complete all applicable approved NMDOH trainings and must update a training log annually.
- All staff and designated volunteers must comply with NMDOH statewide standing orders.
- EMS must be activated with every use of emergency medication and an NMDOH Adverse Event Form must be submitted.

New Mexico Department of Health Support

NMDOH provides the following services at no cost to districts and schools authorized to participate:

- NMDOH statewide consultant pharmacist
- supplies needed to establish a Class D clinic
- albuterol inhalers
- epinephrine auto-injectors (limited to emergency backup)
- Class D Board of Pharmacy licensure fees
- Class C Board of Pharmacy licensure fees (for schools with a formulary limited to VFC and emergency medications)
- reverse distribution for expired or unusable medications

Schools may contract their own pharmacist. However, schools that utilize their own contract pharmacist are not eligible for certain NMDOH supplied services.

DOH Pharmacist	Private Pharmacist	DOH Provided Services (at no cost to school)
✔	✘	Consultant pharmacist
✔	✔	All supplies needed to setup a Class D school-based emergency medicine clinic (i.e. E-kit, Thermometer, valved-holding chambers etc.).
✔	✔	Albuterol Inhalers
✔	✔	Epinephrine Emergency Back Up • Schools must order from EpiPen for Schools first
✔	✘	All licensure fees for Class C or Class D Board of Pharmacy license
✔	✘ School must make arrangements at own cost	Reverse Distribution: expired or unusable medication returns

NMDOH encourages schools to participate in the Vaccines for Children (VFC) program. NMDOH will pay for the required Class C license. Additionally, the NMDOH consultant pharmacist may be utilized for schools with a Class C license that has a formulary limited to medications for the VFC program and Emergency Medications in Schools Program.

PROGRAM OVERSIGHT

Epinephrine-Only Program

A school nurse, school principal or school leader may provide program leadership and oversight. This person may be a non-licensed staff member who has completed required NMDOH training. The program leader responsibilities include:

- compliance with all program requirements
- medication ordering
- secure storage oversight
- inventory management
- ensuring staff training
- adverse event reporting
- coordination of expired medication returns with consultant pharmacist
- quarterly reporting to the consultant pharmacist

Albuterol & Epinephrine Program

A New Mexico-licensed RN employed or contracted by the school/district must oversee:

- compliance with all program requirements
- medication ordering
- secure storage oversight
- inventory management
- ensuring required training
- adverse event reporting
- coordination of expired medication returns with consultant pharmacist
- quarterly reporting to the consultant pharmacist

PREVENTION

An essential component of addressing respiratory distress and life-threatening allergic reactions is taking proactive steps to prevent them. Schools may use the resources listed in the appendix to assist in guiding program development, policy and procedures.

Respiratory distress

Prevention is a critical component in reducing the risk of respiratory distress in schools, particularly because most respiratory distress in the school-aged population results from asthma exacerbations. Evidence-based prevention strategies are needed at both the policy level and the individual student level. At the policy level, key measures include maintaining smoke-free campuses, establishing no-idling zones for gas-powered vehicles and school buses, and implementing a comprehensive, evidence-based school asthma program to support early identification, monitoring, and coordinated management of students with asthma. Schools may also refer to the resources in the appendix for additional evidence-based guidance.

Taking steps to maintain both indoor and outdoor air quality is an important component of preventing respiratory distress in schools. This includes reducing or preventing students' exposure to allergens and irritants that can worsen asthma and other respiratory conditions. Examples include:

- Indoor sources such as dust mites, mold, cockroaches, animal dander or fur, and strong odors or fumes from cleaners, perfumes, paint, or bug sprays.
- Outdoor sources such as any type of smoke, including tobacco smoke, wildfire smoke, and vapor products; pollens; exhaust from gas-powered vehicles and school buses; and high-particulate-matter days when air quality is poor.

Limiting exposure to these triggers supports a healthier school environment and reduces the risk of respiratory symptoms and exacerbations.

Prevention is essential to reducing the occurrence and severity of both respiratory distress and life-threatening allergic reactions. Students with known asthma, other respiratory conditions, or severe allergies are expected to have their own patient-specific emergency medications available at school, along with up-to-date emergency action plans. These students also have care management plans that address their specific needs and outline the assistance required from both their healthcare provider and the school to maintain consistent, appropriate care. Some students may at times be without their patient-specific medications due to challenges such as delays in refilling prescriptions or inability to pay, which can interfere with having the required medications at school. In these circumstances, the availability of stock emergency medications under this program provides a critical safety net.

The state statute and this rule authorize schools to administer designated stock emergency medications only in situations involving respiratory distress or life-threatening allergic reactions. For students without their own medications and for undiagnosed students who experience these emergencies, access to stock emergency medications can be lifesaving.

Severe allergic reactions (anaphylaxis)

Prevention is the most important method to manage anaphylaxis. Avoidance of exposure to the allergen is the best way to prevent a reaction. Most (but not all) anaphylactic reactions in schools are caused by accidental exposure to food allergens or insect stings.

Schools are a high-risk setting due to the large number of students and staff, increased exposure to offending allergens, and possibility of cross-contamination. However, schools should strive to maximize inclusiveness to the greatest extent possible without sacrificing safety.

A good approach to the prevention of anaphylaxis is for schools to distinguish between building-wide, classroom, and individual approaches to allergy prevention and management.
While only eight foods account for **approximately 90 percent** of all food-allergic reactions, a person can be allergic to virtually any food.

Common Allergens:

- peanuts
- tree nuts
- milk
- eggs
- wheat
- soy
- fish
- shellfish
- latex
- medications
- insect stings

High-Risk Areas:

- substitute teacher coverage
- cafeterias
- extracurricular activities
- field trips

Policies are to promote safety without reducing inclusion. Other common causes of severe reactions include:

- medications
- latex
- insect sting

Areas or activities for special consideration:

- Substitute or Guest Teacher Training
  - Avoid leaving students with a diagnosed allergy and known history of moderate to severe reaction (or the potential) in the care of untrained staff during school day or after-school activities.
  - Keep the student's Food Allergy/Emergency Action Plan in a place that is easily accessible by all necessary staff, including substitute teachers.
- Cafeteria
  - Establish appropriate cleaning protocols to remove allergens and avoid contamination of tables where food-allergic students will be eating.
  - When possible, keep cafeteria windows closed and outdoor garbage storage away from eating, studying, and playing areas
  - Encourage and facilitate students to wash their hands before AND after eating.
  - Ensure each food item is served with its own utensil by trained staff to avoid cross-contact.
  - Food Sharing: establish a school rule to prevent sharing of food throughout the school day.

STANDING ORDERS

- A healthcare provider employed by the Department of Health shall provide statewide standing orders, limited to NMBOP licensed schools, for a stock supply of albuterol inhalers, valved-holding chambers, and epinephrine auto-injectors for use in accordance with this rule. Upon approval of the school to participate in the program, the regional SHA will provide the statewide standing orders to the school or school district.

- A pharmacy may provide a stock supply of albuterol inhalers and valved-holding chambers and/or a stock supply of epinephrine auto-injectors pursuant to the statewide standing orders. Medications may be directly obtained from the pharmacy or delivered to the school in accordance with the school's established procedure.

NEW MEXICO BOARD OF PHARMACY REQUIREMENTS

Key elements of the NMBOP requirements are discussed in the following sections. For full information, please review NMBOP Rules and Regulations and available forms linked to in the appendix.

A. NMBOP approved clinic policy and procedure manual

A NMBOP approved clinic policy and procedure manual must be utilized by each licensed location.

- The Board of Pharmacy Policy and Procedure Manual for School-Based Emergency Medications Class D Clinics is linked to in the appendix.
- Schools who opt to utilize the NMDOH consultant pharmacist will be required to utilize the NMDOH-Sponsored School-Based Emergency Medications Class D Clinic Policy and Procedure Manual, which has been approved by NMBOP. A copy of this manual will be provided to participating schools as part of their onboarding.
    - This manual has been tailored to include more specific instructions regarding operations for schools utilizing the NMDOH consultant pharmacist.

B. Security

For the Class D Clinic Medication storage area, emergency medications must be stored in a secondary, secure but unlocked, tamper evident container. This container must be in a restricted area but readily accessible to trained personnel. Examples of restricted areas other than the school nurse's office include the secretary's office or athletic director's office.

An example of a container that can be secured with a zip tie (to keep it secure and show signs of tampering) is shown:



C. Equipment

Each Class D Medication room will have the following equipment in addition to medications:

- Reference materials: an updated reference source, appropriate to each practice site, either electronic or paper version.
- One copy of the most recently published New Mexico Board of Pharmacy laws, rules and regulations and available revisions, either electronic or paper version (see appendix for link).
- Regional poison control center's telephone number
- Secondary unlocked but secure (tamper evident) container must be used to store the medication.
- Thermometer appropriate to monitor drug storage area temperature.
- Class D clinics carrying epinephrine auto-injectors shall have a sharps container.

- Class D clinics carrying albuterol inhalers shall have valved-holding chambers. Valved-holding chambers shall be used only once (and given to the parent/guardian or discarded). They may not be re-used.

Example: albuterol inhalers being utilized with a valved-holding chamber



D. Sanitation

Albuterol inhalers and/or epinephrine auto-injectors shall be kept in manufacturer's original packaging until time of use. Medications must be maintained in clean, orderly and sanitary conditions.

E. Licensing

All School-Based Emergency Medication (SBEM) programs shall maintain current NM Board of Pharmacy class D clinic licensure. The license allows storage and administration of School-Based Emergency Medicine by qualified personnel.

- The current Class D clinic registration and consultant pharmacist's license shall be posted in the drug storage area.
- A Class C clinic license is acceptable in lieu of Class D clinic license.
    - A school with a Class C Clinic license shall adhere to the Board of Pharmacy regulations for both Class C medication room and Class D Medication storage areas.
- A separate clinic license is **needed in each campus** that stocks emergency medications.
    - School districts must license each school or administration building that will be storing or administering emergency medications separately.
        - Locations at different physical addresses (e.g. additional campus or offsite administration building) must each have a NMBOP clinic license to stock or store school-based emergency medications.
    - A campus that has a Class D Clinic license may have multiple storage locations within the campus premises (e.g., nurse office and athletics office). However, the proposed storage locations must be made known to Board of Pharmacy at time of application and approved by NMBOP secondary storage locations must be clearly listed at the primary storage location.

F. Medication Formulary

A Class D clinic shall only stock albuterol MDIs and/or epinephrine auto-injectors.

G. Storage Provisions

Medication storage will comply with the following guidelines that can be found in full in the NM Board of Pharmacy Policy and Procedure Manual linked to in the appendix.

- **Albuterol**: Each school that obtains a stock supply of albuterol MDIs and valved holding chambers shall:
    - Store stock medication in a secure location that is unlocked and readily accessible to a school nurse (RN) to administer albuterol
    - Follow all Board of Pharmacy regulations, including requirements for storage, record maintenance, medication storage area audits and consultant pharmacist audits
    - Maintain storage area within the manufacturer-recommended temperature range. Storage requirements for albuterol inhalers include:
        - Storage at room temperature between 68°F and 77°F (20°C and 25°C) with the mouthpiece down
        - Avoiding exposure to extreme heat and cold
        - Do not puncture the inhaler canister
        - Do not store the inhaler canister near heat or a flame. Temperatures above 120°F may cause the canister to burst
        - Do not throw the inhaler canister into a fire or an incinerator.
- **Epinephrine**: Each school that obtains a stock supply of epinephrine auto-injectors shall:
    - Store stock medication in a secure location that is unlocked and readily accessible to trained personnel
    - Follow all Board of Pharmacy regulations including requirements for storage, record maintenance, medication storage area audits and consultant pharmacist visits
    - Maintain storage area within the manufacturer-recommended temperature range. Storage requirements for epinephrine auto-Injectors include:
        - Storage at 68°F to 77° F (20°C to 25°C);
        - Protection from light;
        - Do not expose medication to extreme cold or heat. For example, do not store in a vehicle's glove box and do not store in the refrigerator or freezer
        - Examine contents in the clear window of the auto-injector periodically. The solution should be clear. If the solution is discolored (pinkish or brown color) or contains solid particles, replace the unit
        - Always keep epinephrine auto-injector in the carrier tube to protect it from damage; however, the carrier tube is not waterproof;
        - The epinephrine auto-injector has an expiration date. Maintain a record-keeping system so medications are replaced before the expiration date; and,
        - Dispose of epinephrine auto-injectors in a sharps container.
- **Prolonged Break/Summer Storage**: During times when school is closed for prolonged periods, arrangements must be made for monitoring storage conditions and ensuring that the temperature stays within the range for each medication. For schools encountering difficulty with staffing for summer monitoring or maintaining temperatures within range during breaks, some solutions include:
    - Ensure building maintenance is aware of storage areas for medications programs;

thermostats in those areas to maintain a constant 68-77° F

- Consider obtaining a drug room license for an administration building so that medications may be transferred from schools within the district for improved temperature regulation and monitoring as these buildings may have improved staffing over breaks
- Obtain an incubator with cooling and heating capability to keep medications at room temperature (68°F to 77°F) for individual schools with temperature regulation issues.

H. Medication Record Keeping:

Records will be kept for stock albuterol and/or auto-injector epinephrine. Record keeping will include:

- Date medication was received
- Product description
- Lot number
- Expiration date
- Administration, destruction, transfer (within district), or disposal date.

A sample medication inventory log is linked to in the appendix.

NMBOP licensed clinic self-assessment forms will be completed and submitted to the consultant pharmacist annually. The forms are then submitted to the Board of Pharmacy every other year as part of the license renewal process. A self-assessment form for Class D Clinics is included in the appendix.

I. Consultant Pharmacist:

A consultant pharmacist is required for NMBOP licensure. The consultant pharmacist shall:

- oversee removal of expired or unwanted dangerous drugs
- review adverse event forms within 72 hours of administration
- verify list of current trained staff
- approve a policy and procedure manual that is compliant with NMDOH and NMBOP requirements
- review quarterly inspection and temperature excursion submissions provided by the facility
- ensure all required records are available for inspection at the licensed location
- Additionally, the pharmacist shall conduct an annual records review of the class D clinic during school session including the self-assessment form, receipt/disposition records and storage review. Review does not require an on-site visit.

NMDOH provides a consultant pharmacist for schools who are interested in participating in the program. Schools who wish to utilize the NMDOH-provided consultant pharmacist are required to follow the NMDOH Sponsored School-Based Emergency Medicine Class D Clinic Policy and Procedure Manual.

Schools may alternatively opt to contract their own consultant pharmacist. Schools that choose to contract their own pharmacist will be responsible for the cost associated with the consultant pharmacist, NMBOP licensure fees, and reverse distribution costs. The pharmacist must be licensed in New Mexico and must ensure all NMBOP obligations are completed. School boards can ask the New Mexico Pharmacists Association (NMPhA) for assistance in obtaining a list of consultant pharmacists. They can be reached at 1-800-464-8729 or http://www.nmpharmacy.org/.

J. **Medication Disposal:** Each local school board or governing body shall ensure disposal of expired emergency medications pursuant to Board of Pharmacy regulations.
   - For patient safety, expired medications will be placed in a quarantine box until they are processed for disposal.
   - The consultant pharmacist shall oversee the removal of expired or unwanted dangerous drugs. Removal options are:
     - Transfer to another licensed location
     - return to the legitimate source of supply
     - to a reverse distributor; remaining portions of used dangerous drugs may be destroyed by the consultant pharmacist.
   - A record of disposed medications shall be maintained and available for inspection for a period of 3 years.
   - A sample medication log sheet, including destruction is linked to in the appendix.

Schools utilizing the NMDOH-provided consultant pharmacist shall follow the NMDOH-Sponsored School-Based Emergency Medication Class D Clinic Policy and Procedure Manual for instructions on how to properly return expired or unusable medications to New Mexico Department of Health for destruction. Schools utilizing a private pharmacist are not eligible to return medications to New Mexico Department of Health and are responsible for working with their consultant pharmacist to ensure a mechanism is in place to dispose of medications in accordance with NM Board of Pharmacy requirements.

K. **Procurement and Maintenance of Emergency Medication**
   - A local school board may accept gifts, grants, bequests or donations from any source to carry out the provisions of this rule, including:
     - Albuterol aerosol canisters and valved holding chambers or epinephrine auto-injectors from a manufacturer or wholesaler; or,
     - Epinephrine or albuterol from a manufacturer or wholesaler of such medication.
     - However, medications cannot be donated by an individual for whom the medication was prescribed.
   - Schools may buy prescribed medications directly from pharmacies utilizing the statewide standing order.
   - Schools will keep a record of any grants, gifts, bequests or donations. The record is to be held at the school in the school health office by the school nurse for 3 years and can be inspected upon request. Epinephrine-only programs overseen by a school leader may keep records in a location designated by the school leader.
   - Schools will maintain a supply of emergency medications.
     - When medications are used, the supply will be replenished.
     - Medications in stock will be checked on a regular basis to verify that medications are not expired.

TRAINING

Training for all emergency medications in schools program participants shall be documented utilizing the NMDOH-provided personnel training log. The training log shall be kept at each school in the school health office for a period of 3 years. Training records may be maintained electronically or in hard copy.

Epinephrine Only Training Oversight:

The school nurse, school principal, or school leader shall assume the role of program oversight including ensuring proper training is obtained, training documentation, and compliance with annual training requirements.

- Training of non-licensed personnel shall be completed live in-person by a licensed healthcare provider in the State of New Mexico (i.e., RN, MD, CNP, PA, RPH, or NREMT-P). The trainer must have a certificate of completion for the *New Mexico Department of Health Emergency Medications in Schools Act Training*. Epinephrine administration training must be conducted live due to the need for a skills check. Training must be documented utilizing the *NMDOH Epinephrine Training Checklist & Annual Training Log for Non-licensed Personnel*

Albuterol and Epinephrine Training Oversight:

The school nurse (RN) will provide oversight of the program including training. The school nurse must have completed the *NMDOH Emergency Medications in Schools Act Training* and any required updates.

Epinephrine administration training shall be completed live in-person utilizing the *NMDOH Epinephrine Training Checklist & Annual Training Log for Non-licensed Personnel*. The school nurse is responsible for ensuring documentation of the training of non-licensed personnel and compliance with annual training requirements.

Only a school nurse may administer albuterol. The school nurse shall ensure all non-licensed personnel are aware that they are not permitted to administer albuterol.

In the event of <u>any</u> respiratory emergency, 911 shall be called.

TRAINING REQUIREMENTS:

	NMDOH Emergency Medications in Schools Act Training	Epinephrine Administration Training	Albuterol Administration
School Nurse (RN)	Receipt of a certificate of completion for the *NMDOH Emergency Medications in Schools Act Training*	School nurse is a licensed healthcare professional. No additional training required.	School nurse is a licensed healthcare professional. No additional training required.
School Leader or Principal	Receipt of a certificate of completion for the *NMDOH Emergency Medications in Schools Act Training* ***OR*** Administered by trained school nurse and documented on the *NMDOH Epinephrine Training Checklist & Annual Training Log for Non-licensed Personnel*	School leader who opts to administer epinephrine must complete training listed for non-licensed personnel administering epinephrine.	Individual not eligible to administer albuterol.
Non-licensed personnel administering epinephrine	Receipt of a certificate of completion for the NMDOH Emergency Medications in Schools Act Training ***OR*** Administered by trained school leader or trained school nurse and documented on the *NMDOH Epinephrine Training Checklist & Annual Training Log for Non-licensed Personnel*	Annual training required. Must be documented on the *NMDOH Epinephrine Training Checklist & Annual Training Log for Non-licensed Personnel*	Individual is not eligible to administer albuterol.

Required Training Documentation:

All training should be documented annually on *the School-Based Emergency Medication Trained Personnel Log*. The personnel log, NMDOH certificates, and annual training logs for non-licensed personnel shall be maintained by the school for three years.

- Nurse training may be documented as the original training date (even if it exceeds a year) unless NMDOH has mandated an updated training.
- Staff who are unable to locate their training certificate may contact their regional SHA for a copy. If documentation of training cannot be located, training will need to be repeated and a new certificate issued.

Example School-Based Emergency Medicine Trained Personnel Log:

School Based Emergency Medicine Trained Personnel Log

School: Sunnyside Elementary_____ **Calendar year: _2025_**

Name	Job Title	Employee ID (if applicable)	Training Date	Epinephrine auto-injector	Albuterol	Documentation Type
Susy Sunshine	RN	123456	10/01/2016	X	X	DOH certificate
Roger Red	Teacher	654321	10/21/2025	X	N/A	Epinephrine Training Checklist & Annual Training Log

DOH Emergency Medications in Schools Act Training:

Please contact your regional school health advocate for training dates or training links.

Example of an Emergency Medications in Schools Act Certificate of Training:



Certificate of Training

NMHealth

This certifies that:

From School:

Has completed the training on Emergency Medications in Schools Act Training

Training date:

Regional School Health Advocate:

Epinephrine Training Checklist & Annual Training Log for Non-licensed Personnel:

- Trainer must be a licensed healthcare provider in the State of New Mexico (i.e., RN, MD, CNP, PA, RPH, or NREMT-P).
- Trainer must have a Certificate of completion of the *New Mexico Department of Health Emergency Medications in Schools Act Training.*
- Epinephrine training for non-licensed personnel must be conducted live in-person, due to the need for a skills check.
- Training for non-licensed personnel must be conducted annually.

Example Annual Training Log for Non-licensed Personnel:

NMHealth

Epinephrine Training Checklist & Annual Training Log for Non-licensed Personnel

Training conducted for (trainee should receive training for all devices kept on school premises):

❑ AdrenaClick® ❑Epi-Pen®/ Epi-Pen Jr.®

❑ AuviQ® ❑Epinephrine Auto-injector manufacturer(s) AMNEAL MYLAN TEVA

Trainer must be a healthcare provider licensed in New Mexico (i.e. RN, MD, CNP, PA, RPH, or NREMT-P)
Trainer must have a certificate of completion for the *NMDOH Emergency Medications in Schools Act Training*
Training must be conducted live in-person due to need for a skills check

Trainer Name:	
Trainer Title:	❑ RN ❑ MD ❑ CNP ❑ PA ❑ RPH ❑NREMT-P
School Name:	
Trainee Name:	

NMDOH Emergency Medications in Schools Act Training	**Initials**
NMDOH Emergency Medications in Schools Act Training administered to non-licensed personnel by school nurse, school principal, school leader or NMDOH.	
Review of Policy & Procedures	
Review conducted by trainer, school nurse, or school leader of the school policies & procedures; *Class C/D Clinic Policy & Procedures*; and *DOH Rules and Recommendations to School Districts for Stock Emergency Medications in Schools*.	
Knowledge Check for Administering Epinephrine	
1. Accurately describes signs of anaphylaxis.	
2. Accurately reads auto-injector label and can identify the appropriate dose	
Skills Check for Administering Epinephrine	
1. Instructs someone by name to call 911 and activate the school emergency response plan	
2. Checks medication expiration date and verifies solution is clear	
3. Pulls off end cap and removes safety guard (if required for specific product)	
4. Places tip of injector on outer thigh at 90° angle. a. Understands injection can be done through clothing including jeans.	
5. Presses injector into thigh until click or verbal prompt is heard	
6. Holds injector in place for 5 or 10 seconds (dependent on brand), then removes and massages injection site for 10 seconds	
7. Instructs victim to lie down until EMS arrives	
8. Disposes of used auto-injector in sharps container	
9. Ensures notification of the parent, guardian or legal custodian of the student	
10. Documents use on perpetual inventory log and fills out adverse event form	
11. Completes any additional steps required by school policies and procedures	

Trainer Signature: _____ Date:_____

Trainee Signature: _____ Date:_____

This annual training log has been approved by New Mexico Department of Health. This training log is valid for the calendar year in which it is completed. The annual training log should be retained for three years.

ORDERING EPIPENS FROM EPIPEN4SCHOOLS PROGRAM

The EpiPen4Schools Program is a program administered by Mylan, the manufacturer that makes EPIPEN. Through this program, schools may apply for up to 2 boxes (4 pens) of EpiPen® autoinjectors per campus.

To obtain EpiPens® from the EpiPen4Schools program, schools need to:

- Fill out the Free Certification Form.
- Obtain a copy of the *New Mexico Statewide Standing Order to Issue Epinephrine* for pharmacies, wholesalers, and manufacturers
- Create an account and place the order online.
- Schools can fax the free certification form with the standing order to 973-845-7600 or if an order is created online, **schools should attach both the standing order and the free certification form to the online submission.**
- School administrators should work directly with the EpiPen4Schools program for questions regarding application or order status.

ORDERING MEDICATIONS AND SUPPLIES FROM NMDOH

1. Fill out the *Office of School and Adolescent Health-Pharmacy Order Form.*
    a. A copy of the form can be requested from the NMDOH consultant pharmacist or from your regional school health advocate (SHA).
2. Email the completed form to your regional SHA for approval.
3. PHD Pharmacy will review NMBOP licensure and will process the order. Your medications will be shipped to the address listed on your NMBOP clinic license. Alternatively, a staff member may pick up the order from the PHD Pharmacy Warehouse at 1301 Siler Rd Bldg. A, Santa Fe, NM 87507 from 8:30 am-4:30pm Monday-Friday.
    a. Please refer to the state personnel office calendar for any scheduled office closures and local news for delays or closure of Santa Fe state offices due to inclement weather.
    b. If a district prefers all school orders may be ordered and shipped to a single licensed school. However, transfers from the receiving location to remaining schools in the district must be documented utilizing the NMBOP approved transfer forms/perpetual inventory log.

A list of equipment and supplies available for ordering from NMDOH is available in the appendix.

Epinephrine may only be ordered on emergent basis in the event all stock has be depleted and an EpiPen4Schools order has already been placed.

Example Order Form:

Office of School and Adolescent Health - Pharmacy Order Form

Effective Date: October 7, 2025

School Name	Sunside Elementary School
Location Code	
School Address	123 Sunny Lane
City	Truth Or Consequences
State	NM
Zip	87901
Email	nurse@sunnyelementary.com
Phone	505-555-5555
Ordered By	Susan Smith, RN
Today's Date	10/20/2025
OSAH APPROVAL *(double click signature line to sign)*	X OSAH STAFF MEMBER OR DOH PHARMACIST

Item	Inventory on Hand	Order Quantity
ALBUTEROL SULFATE HFA INHALER # 1	1	1
OPTICHAMBER DIAMOND WITH MASK LARGE #1	0	2
REPLACEMENT E-KIT SECURITY LOCKS #10	0	1

Once complete email form to your regional school health advocate (SHA).
SHA please review and send to: DOH-pharmacyorders@doh.nm.gov

PHD Pharmacy Monthly Ordering Schedule
Please refer to the pharmacy ordering calendar for your region's order submission week.

ADMINISTRATION OF EMERGENCY MEDICATION

Albuterol:

a) **Only a school nurse (RN) who has completed the NMDOH Emergency Medications in School Act training is authorized to administer inhaled albuterol on an emergency basis**.
b) If no school nurse is available, immediately call 911.
c) Inhaled stock albuterol will be given for treatment of respiratory distress only when the student is experiencing respiratory distress, per criteria that will be covered in the **NMDOH Emergency Medications in School Act** training and does not have medication available. Albuterol may be administered to students who have not previously been diagnosed with conditions leading to respiratory distress and students who have a history of respiratory disease but who do not have medication at school.
d) A valved holding chamber is used with the albuterol inhaler.
    - For young children and students who cannot appropriately use an inhaler with a valved holding chamber, utilize the appropriately sized mask.
    - Valved holding chambers cannot be utilized for multiple patients. Order a new valved holding chamber after use.
        - After use, the valved holding chamber may be cleaned and given to the student's family for future use.
        - Used valved holding chambers declined/not provided to the patient's family must be discarded.
e) Shake the inhaler canister well before use.
f) When stock albuterol is used, 911 will be called immediately to activate the emergency response system.
g) After administration of albuterol, the student's condition will be continuously monitored and any additional treatment indicated will be given until an emergency medical system responder arrives.
h) As soon as practical, the parent, guardian or legal custodian of the student having respiratory distress will be notified by phone or in accordance with contact information on file at the school.
i) A log will be kept of when stock albuterol is used and the outcome of the student. These logs will be kept in the school health office at least three years and be available for review upon request. Logs will be maintained by the school nurse. Logs may be either electronic or hard copy.
j) An Adverse Event Form will be completed when albuterol is administered on an emergency basis. The form will be submitted within three working days to New Mexico Department of Health. All adverse event reporting is now submitted electronically. Utilize the following link: https://app.smartsheet.com/b/form/6656e3a9d93b4ec386875e1bb41ded54

The supply of emergency albuterol allowed under this law is not intended to replace albuterol prescribed to students with known asthma. Physicians should still prescribe albuterol as appropriate and encourage parents whose children are suffering from asthma to put in place an Emergency Action Plan, an Individual Health Care Plan, or a Section 504 Plan with their child's school.

Epinephrine:

a) School personnel, including non-licensed personnel, who have completed the requisite training, may administer epinephrine on an emergency basis.
b) Epinephrine will be given for treatment of severe anaphylactic reactions only when the student is experiencing signs of anaphylaxis, per criteria that will be covered in training, and does not have medication available. This includes students who have not previously been diagnosed with conditions leading to anaphylaxis and students who have a history of anaphylaxis and who do not have medication at school.
c) Each school that receives a stock supply of epinephrine auto-injectors shall:
    - Develop and implement a plan to have one or more trained personnel on the school premises during operating hours, which includes class time and after-school activities; and,
    - Follow an anaphylactic reaction prevention protocol, as recommended by the department, to minimize an allergic student's exposure to food allergies.
d) When stock epinephrine is used, 911 will be called immediately to activate the emergency response system. After administration of epinephrine, the student's condition will be continuously monitored and any additional treatment indicated will be given until an emergency medical system responder arrives.
    d) As soon as possible, the parent, guardian or legal custodian of the student will be notified by phone or in accordance with contact information on file at the school.
    e) A log will be kept of when epinephrine is used and the outcome of the student. These logs will be kept in the school health office or a location designated by the school leader. These logs must be available for review upon request.
    k) An Adverse Event Form will be completed when albuterol is administered on an emergency basis. The form will be submitted within three working days to New Mexico Department of Health. All adverse event reporting is now submitted electronically. Utilize the following link: https://app.smartsheet.com/b/form/6656e3a9d93b4ec386875e1bb41ded54

The supply of emergency epinephrine allowed under this law is not intended to replace epinephrine prescribed to students with known allergies. Physicians should still prescribe epinephrine as appropriate and encourage parents whose children are suffering from a severe allergy to put in place an Emergency Action Plan, an Individual Health Care Plan, or a Section 504 Plan with their child's school.

RESOURCES FOR SCHOOLS

Allergy & Anaphylaxis: Clinical Practice Guidelines and Toolkit for School Nurses National School Boards Association; 2023. https://learn.nasn.org/courses/58496

Food Allergy Management and Education. St. Louis Children's Hospital. https://www.stlouischildrens.org/fame

Food Allergy Management in Schools (FAMS): Expert Recommendations for K–12. Food Allergy Research and Education 2024. https://www.foodallergy.org/resources/food-allergy-management-schools-fams-expert-recommendations-k-12

Managing Asthma: A Guide for Schools. National Heart, Lung, and Blood Institute; 2014. https://www.nhlbi.nih.gov/files/docs/resources/lung/NACI_ManagingAsthma-508%20FINAL.pdf

Management of Food Allergy in Schools: Clinical Report. American Academy of Pediatrics; 2025. https://doi.org/10.1542/peds.2025-073168

School Nursing Evidence-Based Clinical Practice Guideline: Students With Allergies and Risk for Anaphylaxis. National School Boards Association; 2023. https://learn.nasn.org/courses/58496

The School-Based Allergy, Asthma and Anaphylaxis Management Program®: Comprehensive Asthma Educational Resources. American Academy of Allergy, Asthma, and Immunology; 2025. https://www.aaaai.org/tools-for-the-public/school-tools/sampro

Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs. Centers for Disease Control and Prevention; 2013. https://www.cdc.gov/school-health-conditions/food-allergies/?CDC_AAref_Val=https://www.cdc.gov/healthyschools/foodallergies/index.htm

EMERGENCY RESPONSE PROTOCOLS

*Emergency **Nursing Protocol** for Students With Respiratory Distress* ..... *Page 24*
*Emergency **Response Protocol** for Students With Symptoms of Severe Allergies* ..... *Page 25*
Algorithm for Respiratory Distress ..... *Page 26*
Algorithm for Anaphylaxis Symptoms ..... *Page 27*

Emergency **Nursing Protocol** for Students with Respiratory Distress without Medications

IF NO RN (SCHOOL NURSE) IS AVAILABLE- CALL 911

IF RN (SCHOOL NURSE) IS AVAILABLE FOLLOW THE PROTOCOL BELOW:

Check and record respirations and pulse rate.

Observe for signs and symptoms of respiratory distress:

- Coughing, wheezing, noisy breathing, whistling in the chest
- Difficulty or discomfort when breathing, tightness in chest, shortness of breath
- Chest pain
- Breathing hard and/or fast
- Nasal flaring (nostril opens wide to get in more air)
- Can only speak in short phrases or not able to speak
- Blueness around the lips or fingernails

Take Immediate Action

- **Direct someone to call 911**
- **DO NOT DELAY TREATMENT IF NO ONE IS AVAILABLE TO CALL 911**
- Treat with inhaled albuterol
- Contact parent/guardian

Initial Treatment

Inhaled albuterol: administer 4-6 puffs, may repeat with a second dose after 20 minutes if respiratory distress continues or has not improved.

- Use valved-holding chamber
- Use appropriate-sized mask if needed

Restrict physical activity, allow student to rest.
Remain with student.
Administer oxygen (if appropriate and available)*.
Contact parent/guardian.
Assess response after ~ 10 minutes.
*Per standing order from RHO in NM School Health Manual.

Poor Response
Poor response consists of persistent wheezing or dyspnea.
Consider epinephrine if poor response to albuterol and EMS not yet on scene.

Emergency **Response Protocol** for Students with Symptoms of Severe Allergy (Anaphylaxis) Who Don't Have Medications

Signs of severe allergic reaction noted:
Mouth: Itching, tingling, or swelling of lips, tongue, and mouth
Skin: Hives, itchy rash, swelling on the face or extremities
Gut: Nausea, abdominal cramps, vomiting, diarrhea
General: Panic, sudden fatigue, chills, feeling of impending doom

Potentially life-threatening symptoms that may occur
Throat: Tightening of throat, hoarseness, hacking cough
Lung: Shortness of breath, repetitive coughing, wheezing
Heart: **THREADY** pulse, passing out, fainting, paleness, blueness
If reaction is progressing, several of the above body systems may be affected

Take Immediate Action

- **Direct someone to call 911.**
- Give auto-injected epinephrine in thigh muscle and hold for 10 seconds:

Weight	Use
16-33 pounds	Administer epinephrine 0.1 mg
33-66 pounds	Administer epinephrine 0.15 mg
>66 pounds	Administer epinephrine 0.3 mg

- Note the time that epinephrine is given.

Continued Treatment
Lay student flat and raise legs.
Restrict physical activity, allow student to rest.
Remain with student.
Contact parent/guardian.
Assess response after ~ 10 minutes.

Poor Response
Poor response consists of continued problems.
After 10- 15 minutes, give second dose of epinephrine if EMS not yet on scene and symptoms persist.

Algorithm for Respiratory Distress

Recognize Symptoms of Respiratory Distress

IF NO RN (SCHOOL NURSE) AVAILABLE- CALL 911

WHEN RN (SCHOOL NURSE) IS AVAILABLE:

Recognize Common Symptoms

- Coughing, wheezing, noisy breathing, whistling in the chest
- Difficulty or discomfort when breathing, tightness in chest, shortness of breath, chest pain, breathing hard and/or fast
- Nasal flaring (nostril opens wide to get in more air)
- Can only speak in short phrases or not able to speak
- Blueness around the lips or fingernails

- Administer albuterol per standing order*. Note time and dose given
  - Give 4-6 puffs by MDI with valved holding chamber, use mask if indicated
- Call 911. Advise respiratory distress suspected and albuterol was given
- Direct someone to call parent/guardian
- Restrict physical activity, allow student to rest
- Remain with student
- Administer oxygen* (if appropriate and available)

*Per standing order from RHO in NM School Health Manual

- Repeat dose after 20 minutes if symptoms persist.
- Stay with and monitor individual until EMS arrives.
- Provide EMS with information on name, date and time medication given.

- EMS transport to hospital
- **Even if symptoms improve**



Algorithm for Anaphylaxis Symptoms
Recognize Anaphylaxis Symptoms

Recognize Common Symptoms

- Itching, tingling, or swelling of lips, tongue, and mouth
- Hives, itchy rash, swelling on the face or extremities
- Nausea, abdominal cramps, vomiting, diarrhea
- Panic, sudden fatigue, chills, feeling of impending doom

- Determine proper dose of epinephrine
- Administer epinephrine per standing order. Note time and dose given.
- Maintain airway, monitor circulation, start CPR as indicated
- Call 911. Advise anaphylaxis suspected and epinephrine was given.
- Call school nurse (if available to school) and advise of situation.
- Direct someone to call parent/guardian.

- Repeat dose after 5 -15 minutes if symptoms persist.
- Stay with and monitor individual until EMS arrives.
- Provide EMS with used epinephrine auto-injector labeled with name, date and time given to take to hospital with student.

- EMS transport to hospital
- **Even if symptoms improve**



APPENDIX

Links New Mexico Board of Pharmacy Documents and Applications ..... *Page 29*
Sample Anaphylaxis Policy ..... *Page 30*
Sample Respiratory Distress Policy ..... *Page 33*
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Adverse Events Reporting Form ..... *Page 37*
New Mexico Administrative Code (NMAC) Issued by New Mexico Board of Pharmacy ..... *Page 38*
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DOH Supplied Medications and Equipment List ..... *Page 45*
NMBOP Approved SBEM Class D Clinic Policy and Procedure Manual ..... *Page 47*

Links to New Mexico Board of Pharmacy Documents and Applications

Initial Application
https://www.rld.nm.gov/wp-content/uploads/2021/06/SBEM-CDC-initial-application-revised-9-22-151.pdf

Note: New Mexico Board of Pharmacy prefers online submission utilizing their online licensing portal:
https://www.rld.nm.gov/boards-and-commissions/individual-boards-and-commissions/pharmacy/pharmacy-online-license-renewals/

Licensure Renewal
Renewal of existing licensure is conducted through the New Mexico Board of Pharmacy online licensing portal:
https://www.rld.nm.gov/boards-and-commissions/individual-boards-and-commissions/pharmacy/pharmacy-online-license-renewals/

Perpetual Inventory for Epinephrine Auto-injector
https://www.rld.nm.gov/wp-content/uploads/2021/06/Epinephrine-Perpetual-Inventory-.pdf

Perpetual Inventory for Albuterol
https://www.rld.nm.gov/wp-content/uploads/2021/06/Albuterol-Perpetual-Inventory.pdf

Temperature Log
https://www.rld.nm.gov/wp-content/uploads/2021/06/Drug-Storage-Area-Temp-Log.pdf

Quarterly Inspection & Out of Temperature Range Log
https://www.rld.nm.gov/wp-content/uploads/2021/06/SBEM-Quarterly-Inspection-Out-of-Temp-Log.pdf

Annual Self-Assessment Form
https://www.rld.nm.gov/wp-content/uploads/2021/06/SBEM-Self-assessment-v3.pdf

SAMPLE ANAPHYLAXIS POLICY
(Severe Allergic Reaction)

It is the policy of _____ School/School District to provide stock (non-student specific) epinephrine auto-injectors, to be administered by a school nurse or employee of the school who is authorized and trained in the administration of epinephrine to any student believed to be having an anaphylactic reaction on school premises who does not have prescribed medication available, during operating hours.

Policy Limitations

Parents of students with known anaphylaxis should provide the school with all necessary medications and written instructions from the student's health care provider on an annual basis. Parents whose children are suffering from a severe allergy should be encouraged to put in place an Emergency Action Plan, an Individual Health Care Plan, or a Section 504 Plan with their child's school. This anaphylaxis distress policy is not intended to replace student-specific orders or parent provided individual medications.

This policy extends 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.). However, all off-campus use must be outlined in a policy and procedure document approved by New Mexico Board of Pharmacy. Stock emergency medications may not be taken on out-of-state activities.

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, latex, insect venom, medications, and foods. The eight most common food allergies are to these foods:

- peanuts
- fish
- milk
- tree nuts
- eggs
- wheat
- soy
- shellfish.

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. It is important to recognize common symptoms and act quickly.

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
- Rapid or decreased Heart Rate
- 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

The school leader shall be responsible for identifying at least two employees per campus, in addition to the school nurse (or three employees if no school nurse is on staff), to be trained in the administration of epinephrine by auto-injector. Personnel administering epinephrine shall be up to date with all required trainings as indicated in the NMDOH's *Rules and Recommendations for New Mexico Emergency Medications in Schools Program.* Training shall be conducted at the implementation of the Emergency Medications in Schools Program, with a new hire of a school nurse and as determined by the Department of Health. Training for non-licensed personnel shall occur annually.

Standing Orders

Standing orders are written to cover multiple people as opposed to individual-specific orders, which are written for one person. _____ School/School District shall follow the New Mexico Department of Health's current standing orders.

Responding to Anaphylaxis

If student-specific orders are on file, they should be followed for those 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. Delay could result in death.
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. Complete an Adverse Event Form when albuterol is administered on an emergency basis and submit within three working days to the NM Department of Health School Health. All adverse event reporting is now submitted electronically. Utilize the following link: https://app.smartsheet.com/b/form/6656e3a9d93b4ec386875e1bb41ded54
16. Replace epinephrine stock medication as appropriate.

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 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.

After the event, ensure that steps 14-16 of the *Responding to Anaphylaxis* section regarding documentation, reporting, and replenishment of stock are completed.

Storage, Access, and Maintenance

Epinephrine should be stored in a safe, unlocked, and accessible location, in a secure but unlocked tamper-evident container maintained at room temperature (68° to 77°F). Arrangements to ensure temperature monitoring and storage at the proper temperature shall be in place for extended breaks such as during summer months.

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.

The expiration date of epinephrine auto-injectors should be periodically checked. Additionally, the contents should periodically be inspected through the window of the auto-injector. The solution should be clear. Expired auto-injectors or those with discolored solution or solid particles should not be used. Quarantine and discard them per the disposal process for expired medications. 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 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.

Epinephrine shall be stored according to NM Board of Pharmacy regulations, including requirements for storage, record maintenance, and medication room audits or consulting pharmacist's review.

SAMPLE RESPIRATORY DISTRESS POLICY

It is the policy of _____ School/School District to provide stock (non-student specific), albuterol inhalers to be administered by a school nurse trained in the administration of albuterol to any student believed to be having severe respiratory distress on school premises who do not have medication available, during operating hours.

Policy Limitations

Parents of students with known asthma should provide the school with all necessary medications and written instructions from the student's health care provider on an annual basis. Parents whose child suffers from asthma should be encouraged to put in place an Emergency Action Plan, an Individual Health Care Plan, or a Section 504 Plan with their child's school. This respiratory distress policy is not intended to replace student-specific orders or parent-provided individual medications.

Parents of students with known asthma should provide the school with written instructions from the students' health care provider for asthma exacerbations and all necessary medications for implementing the student specific order on an annual basis. This respiratory distress policy is not intended to replace student specific orders or parent provided individual medications.

When a school nurse is present for off school grounds activities, this policy extends 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.). However, all off-campus use must be outlined in a policy and procedure document approved by New Mexico Board of Pharmacy. Emergency medications may not be taken on out-of-state activities.

Overview

Respiratory distress can be caused by a number of factors with asthma exacerbations being one of the most common causes in children. It is marked by signs of difficulty with breathing and can progress, without treatment, to respiratory failure.

Symptoms of Respiratory Distress

- Coughing, wheezing, noisy breathing, whistling in the chest
- Difficulty or discomfort when breathing, tightness in chest, shortness of breath, chest pain, breathing hard and/or fast
- Nasal flaring (nostril opens wide to get in more air)
- Can only speak in short phrases or not able to speak
- Blueness around the lips or fingernails
- When signs of respiratory distress are present per the assessment of a school nurse, albuterol should be used promptly and EMS activated. It is safer to administer albuterol than to delay treatment.

Training

The school nurse shall be up to date with all New Mexico Department of Health's required trainings as indicating in the NMDOH's *Rules and Recommendations for New Mexico Stock Emergency Medications in Schools Program.* Training shall be conducted at the implementation of the New Mexico Stock Emergency Medications in Schools Program, with a new hire of a school nurse and as determined by the Department of Health.

Standing Orders

Standing orders are written to cover multiple people as opposed to individual-specific orders, which are written for one person. _____ Public Schools shall follow the New Mexico Department of Health's current standing orders.

Responding to Respiratory Distress

If student-specific orders are on file they should be followed for students with known asthma. For suspected respiratory distress without specific orders:

1. Do an assessment (school nurse only can assess) to determine that respiratory distress is occurring.
2. Act quickly. It is safer to give albuterol than to delay treatment.
3. Administer albuterol using a spacer; give 4-6 puffs with the MDI. For young students or students who cannot use a valved holding chamber well, use the appropriate sized mask attachment. Note the time.
4. Direct someone to call 911 and request medical assistance. Advise the 911 operator that respiratory distress is suspected and that albuterol 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 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 (4-6 puffs) of albuterol 20 minutes after the initial dose. 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 albuterol was administered and give the information to EMS responders.
13. Even if symptoms subside, 911 must still respond and the individual must be evaluated by a healthcare provider.
14. Document the incident and complete the incident report.
15. Complete an Adverse Event Form when albuterol is administered on an emergency basis and submit within three working days to the NM Department of Health. All adverse event reporting is now submitted electronically. Utilize the following link: https://app.smartsheet.com/b/form/6656e3a9d93b4ec386875e1bb41ded54
16. Replace albuterol stock medication as appropriate.

Post Event Actions

Once albuterol is administered, local Emergency Medical Services (911) shall be activated and the student transported to the emergency room for follow care. Follow up care with a health care provider is essential. The student will not be allowed to remain at school or return to school on the day albuterol is administered.

After the event, ensure that steps 14-16 of the *Responding to Respiratory Distress* section regarding documentation, reporting, and replenishment of stock are completed.

Storage, Access, and Maintenance

Albuterol inhalers shall be stored in a safe, unlocked and accessible location, in a secure but unlocked tamper evident container maintained at 68°F and 77°F. Arrangements to ensure temperature monitoring and storage at the proper temperature shall be in place for extended breaks such as during summer months.

It 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.

Albuterol shall be stored according to NM Board of Pharmacy regulations, including requirements for storage, record maintenance, and medication room audits or consulting pharmacist's review.

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

The school shall maintain a sufficient number of extra doses of albuterol for replacement of used or expired school stock on the day it is used or discarded.

Stock Emergency Medications in Schools Program
School Board Attestation

We, the _____, School Board or Governing Body of the _____ School District/School in New Mexico, confirm that this school district/school has decided to implement the Emergency Medications in Schools Program. The district/school will implement:

_____ **Albuterol and Epinephrine Program.** A school nurse (RN) will provide oversight of the program and ensure annual training of personnel administering epinephrine in compliance with NM Department of Health Rules and Regulations. Albuterol shall be utilized for respiratory emergencies, when a school nurse is present, for students with or without a previous diagnosis of asthma who do not have medications available. Epinephrine shall be utilized for severe allergic reactions (anaphylaxis), when trained personnel are present, for students with or without a previous diagnosis of anaphylactic reactions who do not have medications available.

_____ **Epinephrine-Only Program.** School leader shall provide oversight of the program and ensure annual training of personnel administering epinephrine in compliance with NM Department of Health Rules and Regulations. Epinephrine shall be utilized for severe allergic reactions (anaphylaxis), when trained personnel are present, for students with or without a previous diagnosis of anaphylactic reactions who do not have medications available.

We have reviewed the **Rules and Recommendations for Stock Emergency Medications in Schools** document, and I agree that the school district/school will follow all program stipulations listed in the guidance document.

Signed,

_____ _____

School Board President or their designee Date

Submit completed form to Regional School Health Advocate

Adverse Events Reporting Form

The school nurse (RN) or the school nurse leader/supervisor of the school district is required to report adverse events to New Mexico Department of Health. Reporting must occur within 3 working days of incident. NMAC 7.30.12.10.

All adverse event reporting is now submitted electronically. Utilize the following link:

https://app.smartsheet.com/b/form/6656e3a9d93b4ec386875e1bb41ded54

New Mexico Administrative Code (NMAC)
Issued by New Mexico Board of Pharmacy

Citations for the Board of Pharmacy NMAC regulations that govern Class D medication storage areas in schools

- 16.19.4.11. **PHARMACIST**
  https://prod-rf-lambda.rtssaas.com/PublicFiles/d89c47bd0d70402dba89b03a22bda6d1/d11d75be-2ba5-4a77-831f-af01feeb2927/16.019.0004.html

- 16.19.10.11 **LIMITED DRUG CLINICS**
  https://prod-rf-lambda.rtssaas.com/PublicFiles/d89c47bd0d70402dba89b03a22bda6d1/00d977fd-3881-4220-9e43-fc16efbfe2c1/16.019.0010.html

- 16.19.12 **FEES**
  https://prod-rf-lambda.rtssaas.com/PublicFiles/d89c47bd0d70402dba89b03a22bda6d1/3d901b00-4907-46df-925b-300996226081/16.019.0012.html

New Mexico Administrative Code (NMAC)
Issued by New Mexico Department of Health

Citations for the New Mexico Department of Health NMAC regulations that govern Emergency Medications in Schools:

- 07.30.12 Emergency Medications in Schools
  https://prod-rf-lambda.rtssaas.com/PublicFiles/d89c47bd0d70402dba89b03a22bda6d1/e5b5d80 d-a103-438f-a77a-4fc39b4b16e2/07.030.0012.html

TITLE 7 HEALTH
CHAPTER 30 FAMILY AND CHILDREN HEALTH CARE SERVICES
PART 12 EMERGENCY MEDICATIONS IN SCHOOLS

7.30.12.1 ISSUING AGENCY: New Mexico Department of Health.
[7.30.12.1 NMAC - N, 02/27/2015]

7.30.12.2 SCOPE: This rule applies to public, private, or charter schools in New Mexico unless otherwise expressly limited.
[7.30.12.2 NMAC - N, 02/27/2015]

7.30.12.3 STATUTORY AUTHORITY: These rules are promulgated pursuant to the following statutory authorities: (1) the Department of Health Act, Subsection E of Section 9-7-6 NMSA 1978, which authorizes the secretary of the department of health to "...make and adopt such reasonable and procedural rules and regulations as may be necessary to carry out the duties of the department and its divisions;" (2) the Public Health Act, Subsections G and O of Section 24-1-3 NMSA 1978 and Section 24-31-1 NMSA 1978, which authorize the department to prescribe the duties of school nurses to maintain and enforce rules to carry out the provisions of the Public Health Act; and to promulgate rules pursuant to the Emergency Medication in Schools Act; and (3) the Emergency Medication in Schools Act, Sections 22-33-1 through 22-33-4 NMSA 1978, which authorizes the department to adopt regulations to carry out the provisions of the Emergency Medication in Schools Act.
[7.30.12.3 NMAC - N, 02/27/2015]

7.30.12.4 DURATION: Permanent.
[7.30.12.4 NMAC - N, 02/27/2015]

7.30.12.5 EFFECTIVE DATE: February 27, 2015, unless a later date is cited at the end of a section.
[7.30.12.5 NMAC - N, 02/27/2015]

7.30.12.6 OBJECTIVE: The purpose of this rule is to allow access to emergency medications in the school setting for the treatment of respiratory distress with albuterol and the treatment of anaphylactic reactions with epinephrine. Stock emergency medications are intended for students who have not previously been diagnosed with conditions leading to respiratory distress or anaphylaxis or who have a history of these conditions and do not have medications on their person or stored at school.
[7.30.12.6 NMAC - N, 02/27/2015]

7.30.12.7 DEFINITIONS:

A. Definitions beginning with "A":

(1) "Adverse event form" is a department form used by school leaders and school nurses to report events with potential impact on the health of the students or the school, including administration of stock albuterol or epinephrine;

(2) "Albuterol" includes albuterol or another inhaled bronchodilator, as recommended by the department of health, for the treatment of respiratory distress;

(3) "Albuterol aerosol canister" means a portable drug delivery device packaged with multiple premeasured doses of albuterol;

(4) "Anaphylaxis" or "anaphylactic reaction" means a sudden, severe, and potentially life-threatening whole-body allergic reaction.

B. Definitions beginning with "B": "BOP" refers to the board of pharmacy.

C. Definitions beginning with "C": "Class D Medication room" is specific for schools and is used only for emergency medications. The Class D Medication Room criteria is established by the board of pharmacy. The criteria includes requirements for procurement of medications, storage, tracking, and disposal of expired medications.

D. Definitions beginning with "D": "Department" means department of health.

E. Definitions beginning with "E":

(1) "Emergency medication" means albuterol or epinephrine;

(2) "Epinephrine" includes epinephrine or another medication, as recommended by the department of health, used to treat anaphylaxis until the immediate arrival of emergency medical system responders;

(3) **"Epinephrine auto-injector"** means a portable, disposable drug delivery device that contains a premeasured single dose of epinephrine.

F. Definitions beginning with "F": [RESERVED]

G. Definitions beginning with "G": "Governing body" includes a governing body of a private school.

H. Definitions beginning with "H": "Health care practitioner" means a person authorized by the state to prescribe emergency medication.

I. Definitions beginning with "I": [RESERVED]

J. Definitions beginning with "J": [RESERVED]

K. Definitions beginning with "K": [RESERVED]

L. Definitions beginning with "L": [RESERVED]

M. Definitions beginning with "M": [RESERVED]

N. Definitions beginning with "N": [RESERVED]

O. Definitions beginning with "O": [RESERVED]

P. Definitions beginning with "P": "PED" means the public education department.

Q. Definitions beginning with "Q": [RESERVED]

R. Definitions beginning with "R": "Respiratory distress" includes impaired oxygenation of the blood or impaired ventilation of the respiratory system.

S. Definitions beginning with "S":

(1) **"School"** means a public school, charter school, or private school;

(2) **"Spacer"** means a holding chamber that is used to optimize the delivery of albuterol to a person's lungs;

(3) **"Stock supply"** means an appropriate quantity of emergency medication, as recommended by the department of health.

T. Definitions beginning with "T": "Trained personnel" means a school employee, agent or volunteer who has completed epinephrine administration training documented by the school nurse, school principal or school leader and approved by the department of health and who has been designated by the school principal or school leader to administer epinephrine on a voluntary basis outside of the scope of employment.

U. Definitions beginning with "U": [RESERVED]

V. Definitions beginning with "V": [RESERVED]

W. Definitions beginning with "W": [RESERVED]

X. Definitions beginning with "X": [RESERVED]

Y. Definitions beginning with "Y": [RESERVED]

Z. Definitions beginning with "Z": [RESERVED]

[7.30.12.7 NMAC - N, 02/27/2015; A/E, 2/23/2026]

7.30.12.8 EMERGENCY MEDICATIONS:

A. Standing Orders.

(1) A physician employed or authorized by the department, may prescribe a standing order in the name of the school or school district for a stock supply of albuterol aerosol canisters and spacers, or a stock supply of standard-dose and pediatric-dose epinephrine auto-injectors for use in accordance with this rule.

(2) Each local school board or governing body may request a standing order for and may provide to schools within its jurisdiction stock supplies of albuterol and epinephrine. In order to request a standing order, the school board must review and acknowledge in writing the rules and recommendations developed by the department for emergency medication use. All requests for standing orders must be in writing to a department approved physician. When the standing order is issued by the department approved physician, it will be sent to the requesting school district or governing body within one week of the request. A copy of the order will be kept by the department school health advocate for his or her assigned region.

(3) A pharmacist may dispense a stock supply of albuterol aerosol canisters and spacers or a stock supply of standard-dose and pediatric-dose epinephrine auto-injectors pursuant to a standing order prescribed in accordance with this section. Medications may be directly obtained from the pharmacy by a school in accordance with the school's established procedure.

(4) All standing orders are renewed annually.

B. Storage provisions: School districts and schools that decide to maintain and administer emergency medications will establish a Class D Medication Room in each school that stocks emergency medications

in compliance with New Mexico BOP regulations. Schools that maintain a Class D Medication Room license will be required to complete an annual medication room audit and submit it to the BOP.

(1) **Albuterol -** Each school that obtains a stock supply of albuterol aerosol canisters and spacers shall store them:

(a) in a secure location that is unlocked and readily accessible to a school nurse to administer albuterol;

(b) pursuant to BOP regulations, including requirements for storage, record maintenance, and medication room audits or consulting pharmacist's visits;

(c) within the manufacturer-recommended temperature range; and

(d) albuterol will be secured in a manner consistent with the procedure employed by the school nurse for other emergency medications; the medication cabinet, which is kept in the school nurse's office, is kept unlocked when the school nurse or school health assistant are present in the office; if the school nurse or school health assistant are not present, the school nurse's office will be locked.

(2) **Epinephrine -** Each school that obtains a stock supply of standard-dose and pediatric-dose epinephrine auto-injectors shall store them:

(a) in a secure location that is unlocked and readily accessible to trained personnel;

(b) pursuant to BOP regulations including requirements for storage, record maintenance, and medication room audits or consulting pharmacist's visits;

(c) within the manufacturer-recommended temperature range; and

(d) epinephrine will be stored in a secure, unlocked location determined by the school nurse or principal; this location should be easily accessed by trained school personnel in the event of an emergency situation; a location is considered secure for the purposes of epinephrine storage if school staff are present full-time in that location; for example, the secretary's office or the main office.

C. **Disposal:** Albuterol and epinephrine - Each local school board or governing body shall dispose of expired emergency medication pursuant to BOP regulations. Expired medications will be placed in a separate, quarantined section of the medication room and disposed of per the Class D Medication Room regulations.

(1) The school will be responsible for proper disposal of expired medications.

(2) The BOP is a resource for direction in proper disposal of expired medications.

(3) Expired medications may be disposed of either by using a consultant pharmacist or by transferring the medications to a pharmacy with an appropriate transfer log.

D. **Procurement and maintenance of emergency medications.**

(1) A local school board or a school within its jurisdiction of a governing body may accept gifts, grants, bequests, or donations from any source to carry out the provisions of this rule, including:

(a) albuterol aerosol canisters and spacers or epinephrine auto-injectors from a manufacturer or wholesaler; or

(b) epinephrine or albuterol, or such other medication as the department deems appropriate, from a manufacturer or wholesaler of such medication; and

(c) this type of donation can be accepted if the medications are not expired and have been maintained properly.

(2) School districts or governing bodies may buy prescribed medications directly from pharmacies after obtaining a standing order.

(3) Schools will keep a record of any grants, gifts, bequests, or donations. The record is to be held at the school in the school office for three years and can be inspected by BOP, department personnel, and school administrative personnel upon request. The records will be kept in the school health office by the school nurse or school leader. Records may be kept electronically or in hard copy.

(4) Schools will maintain a supply of emergency medications:

(a) the supply will be replenished as medications are used according to the procedure in 7.30.12.8 NMAC; and

(b) medications in stock will be checked to verify that medications are not expired.

[7.30.12.8 NMAC - N, 02/27/2015 A/E, 2/23/2026]

7.30.12.9 **TRAINING:** Schools and school districts that decide to maintain and administer emergency medications will follow the department rules and recommendations, according to the following guidelines:

A. Use of albuterol:

(1) School nurses will complete training on administering albuterol reviewed and approved by the department;

(2) current school nurses will complete the training at a minimum of one time and as determined by the department; new school nurses will complete the training as part of their orientation process, and then as determined by the department; and

(3) refresher trainings on albuterol may be recommended by the department, at a minimum of every five years.

B. Use of epinephrine:

(1) school personnel, including non-licensed personnel, will complete training on administering epinephrine that is reviewed and approved by the department;

(2) current school nurses will complete the training one time and new school nurses will complete the training as part of their orientation process;

(3) non-licensed personnel will complete the training annually; and

(4) refresher trainings on epinephrine for school nurses may be recommended by the department, at a minimum of every five years.

C. Training will be documented and a training log will be kept at each school in the school health office for a minimum of five years. Training records may be maintained electronically or in hard copy. [7.30.12.9 NMAC - N, 02/27/2015 A/E, 2/23/2026]

7.30.12.10 ADMINISTRATION OF EMERGENCY MEDICATIONS:

A. Use of albuterol:

(1) only a school nurse, who has completed the requisite training, will administer inhaled albuterol on an emergency basis;

(2) if no school nurse is available, immediately call 911;

(3) inhaled stock albuterol will be given for treatment of respiratory distress only when the student is experiencing respiratory distress, per criteria that will be covered in training, and does not have medication available; albuterol may be administered to students who have not previously been diagnosed with conditions leading to respiratory distress and students who have a history of respiratory disease but do not have medication at school;

(4) when stock albuterol is used, 911 will be called immediately to activate the emergency response system;

(5) after administration of albuterol, the student's condition will be continuously monitored, and any additional treatment indicated will be given until an emergency medical system responder arrives;

(6) as soon as practicable, the parent, guardian, or legal custodian of the student having respiratory distress will be notified by phone or in accordance with contact information on file at the school;

(7) a log will be kept of when albuterol is used and the outcome of the student; these logs will be kept in the school health office at least five years; logs will be available for review upon request, per applicable federal and state privacy laws; logs will be maintained by the school nurse; logs may be either electronic or hard copy; and

(8) an adverse events form will be completed when albuterol is administered on an emergency basis; the form will be submitted within three working days to the regional school health advocate or the regional health officer; adverse events forms will be maintained by the department for a minimum of five years.

B. Use of epinephrine:

(1) school personnel, including non-licensed personnel, who have completed the requisite training, may administer epinephrine on an emergency basis;

(2) epinephrine will be given for treatment of severe anaphylactic reactions only when the student is experiencing signs of anaphylaxis, per criteria that will be covered in training, and does not have medication available; this includes students who have not previously been diagnosed with conditions leading to anaphylaxis and students who have a history of anaphylaxis and who do not have medication at school;

(3) each school that receives a stock supply of standard-dose and pediatric-dose epinephrine auto-injectors shall:

(a) develop and implement a plan to have one or more trained personnel on the school premises during operating hours, which includes class time and after school activities; and

(b) follow an anaphylactic reaction prevention protocol, as recommended by the department, to minimize an allergic student's exposure to food allergies.

(4) when stock epinephrine is used, 911 will be called immediately to activate the emergency response system;

(5) after administration of epinephrine, the student's condition will be continuously monitored and any additional treatment indicated will be given until an emergency medical system responder arrives;

(6) as soon as practicable, the parent, guardian, or legal custodian of the student will be notified by phone or in accordance with contact information on file at the school;

(7) a log will be kept of when epinephrine is used and the outcome of the student; these logs will be kept in the school health office at least five years; logs will be available for review upon request, per applicable federal and state privacy laws; logs will be maintained by the school nurse or school leader; logs may be either electronic or hard copy;

(8) an adverse events form will be completed when epinephrine is administered on an emergency basis; the form will be submitted within three working days to the regional school health advocate or the regional health officer; adverse events form will be maintained by the department for a minimum of five years.

[7.30.12.10 NMAC - N, 02/27/2015 A/E, 2/23/2026]

7.30.12.11 PREVENTION

A. A vital part of the emergency medication in schools programs is preventing respiratory distress and severe allergic reactions.

B. Recommendations will be developed by the department for school districts to use in the development of policies and procedures addressing both the use of the medications and prevention of respiratory distress and severe allergic reactions. The recommendations document will be issued upon request to interested school districts and governing bodies. The document will be available online through the office of school and adolescent health's website at http://nmhealth.org/about/phd/hsb/osah/.

C. The following resources are available for schools to use in developing prevention strategies, and can be obtained from the office of school and adolescent health's website at http://www.nmhealth.org/about/phd/pchb/osah/ or by contacting the office at 300 San Mateo Blvd. NE, Suite 902, Albuquerque, NM 87108:

(1) the environmental protection agency's "indoor air quality: tools for schools;"

(2) the centers for disease control and prevention's "voluntary guidelines for managing food allergies in schools and early care and education programs;" or

(3) the centers for disease control and prevention's toolkit "**initiating change: creating an asthma-friendly school**."

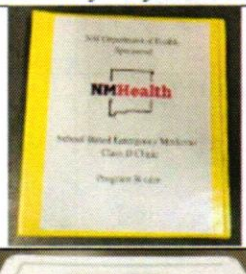
D. Other resources are available through the department's asthma control program as well as the office of school and adolescent health.

[7.30.12.11 NMAC - N, 02/27/2015 A/E, 2/23/2026]

HISTORY OF 7.30.12 NMAC: [RESERVED]

DOH Supplied Medication and Equipment List

DOH Supplied Medication & Equipment List
School Based Emergency Medicine Clinic

E-Kit	
Albuterol HFA Inhaler	 Manufacturer may vary based on pricing.
Program Binder	
Quarantine Bin	
Security Locks (10/pack)	
Sharps container	
NIST certified thermometer with min/max alarm	

Valved holding chamber with medium mask Optichamber Diamond with medium mask (1-5 years)	 Manufacturer may vary based on pricing.
Valved holding chamber with large mask Optichamber Diamond with large mask (5+ years)	 Manufacturer may vary based on pricing.
Epinephrine auto-injector 0.15 mg 2 pack with trainer *Restricted Item: additional approval required. Sites should utilize EpiPen 4 Schools Program.	 Manufacturer may vary based on pricing.
Epinephrine auto-injector 0.3 mg 2 pack with trainer *Restricted Item: additional approval required. Sites should utilize EpiPen 4 Schools Program.	 Manufacturer may vary based on pricing.
Incubator *Restricted Item: additional approval required.	
Field trip thermal insulation kit	

School Based Emergency Medicine Class D Clinic

REQUIRED FOR COMPLIANCE

NM Board of Pharmacy Approved Policy and Procedure Manual

School Based Emergency Medicine Class D Clinic NM Board of Pharmacy Policy and Procedure Manual

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School Based Emergency Medicine Class D Clinic NM Board of Pharmacy Policy and Procedure Manual

A. Security: Emergency medications must be stored in a secondary, secure but unlocked, tamper evident container. This container must be in a restricted area but readily accessible to trained personnel.

   a. A current list of trained school personnel authorized to administer emergency medicine will be maintained and available for inspection.

   b. Access to the drug storage container shall be limited to trained and authorized personnel.

B. Equipment: The clinic shall have the necessary equipment for the safe and appropriate storage of drugs [albuterol metered dose inhaler (MDI), and/or epinephrine auto-injector]. The following items shall be in the clinic:

   a. Reference materials: an updated reference source, appropriate to each practice site, either electronic or paper version.
   b. One copy of the most recently published New Mexico Board of Pharmacy laws, rules and regulations and available revisions, either electronic or paper version.
   c. Regional poison control center's telephone number.
   d. Secondary unlocked but secure (tamper evident) container must be used to store the medication.
   e. Thermometer appropriate to monitor drug storage area temperature.
   f. Class D clinics carrying epinephrine auto-injectors shall have a sharps container.
   g. Class D clinics carrying albuterol MDIs shall have spacers.

C. Sanitation: Albuterol MDIs and/ or epinephrine auto-injectors shall be kept in manufacturer's original packaging until time of use. Medications must be maintained in clean, orderly and sanitary conditions.

D. Licensing: All School Based Emergency Medicine clinics shall maintain current NM Board of Pharmacy class D clinic licensure. The license allows for administration of School Based Emergency Medicine by qualified personnel. Applicant shall submit required application and fee to the NM Board of Pharmacy office. A copy of the current Class D clinc registration and consultant pharmacist's license shall be posted in the drug storage area.

E. Formulary: Class D clinic shall only stock albuterol MDI and/or epinephrine auto-injector.

F. Drug Storage: Space for the storage and utilization of drugs shall have proper ventilation, lighting, temperature controls and adequate security as specified in this manual. The drug storage area shall be kept clean and orderly at all times.

a. Medication shall be stored in the manufacturer's original packaging until the time of administration, and in a secondary, secure but unlocked tamper-evident container. A list of the contents, including expiration dates, must be posted on the outside of the container. Expiration dates shall be monitored to ensure stock is in date to facilitate a timely replacement of short dated drugs.
b. Unusable and/or unwanted drug will be placed in a secure quarantine area and held for destruction. Removal options are transfer to another licensed clinic, return to the legitimate source of supply (i.e. wholesaler), or to a reverse distributor. Remaining portions of used albuterol MDI and/or epinephrine auto-injector may be destroyed by the consultant pharmacist.
c. All medications will be stored at controlled room temperature (68-77°F)[1]. The daily temperature log shall be completed on school days. In addition, proper drug storage temperature shall be maintained when school is not in session.
    i. Epinephrine auto-injector shall be protected from light. The contents shall be inspected through the clear window of the auto injector quarterly with proper storage conditions, and upon temperature excursions outside the range of 59-86°F. The solution should be clear; if it is discolored or contains particulates, replace the unit.

G. Temperature monitoring in a clinic with albuterol MDI and/or epinephrine auto-injector: The daily temperature log shall be completed on school days. In addition, proper drug storage temperature shall be maintained when school is not in session. A thermometer shall be maintained in each Class D clinic to monitor and maintain proper drug storage area temperature. The thermometer shall have the capability to record daily highs and lows with memory of such in order to review temperatures of non-school days. Alternatively, a thermometer with capability to electronically notify a designated person of out-of-range temperatures will suffice, if designated person takes corrective action.

H. Packaging and Repackaging: No packaging or repacking occurs at Class D clinics

I. Dispensing and Distributing: No dispensing or distributing occurs at Class D clinics

J. Supervision: duties of the consultant pharmacist
    a. Review records at least annually. This review shall include a review of the Self-Assessment Form, receipt, disposition records, and storage records. This annual review does not require an on-site visit by the consultant pharmacist.
    b. Oversee the removal of unused or unwanted albuterol MDI and/or epinephrine auto-injector. Removal options are transfer to another licensed clinic, return to the legitimate source of supply (e.g. wholesaler) or to a reverse distributor. Remaining portions of used dangerous drugs may be destroyed by the consultant pharmacist.
    c. Review albuterol MDI and/or epinephrine auto-injector administration records within 72 hours of administration. This review shall be documented and available for inspection by the NM Board of Pharmacy at the licensed location for 3 years. Review shall include

[1] Controlled room temperature as defined by USP, <695>, packaging and storage requirements

verification of compliance with procedures and protocols, including administration by properly trained personnel.

d. Ensure required records are available for inspection at the licensed location for three years, including a log of activities and communications of consultant pharmacist.
e. Verify a current list of trained authorized personnel, in accordance with NM Department of Health requirements, is maintained at the licensed location and available for inspection by the NM Board of Pharmacy.
f. Approve a policy and procedures manual outlining procedures for the receipt, storage, record keeping, administration and accountability of all dangerous drugs. This includes policies and procedures for the removal and destruction of unwanted, unused, outdated or recalled dangerous drugs. Must verify compliance with all training and protocols required by the NM Department of Health.

K. Labeling and Relabeling: No labeling or relabeling will occur.

L. Samples: Only samples of albuterol MDIs and/or epinephrine auto-injector may be stocked in a Class D clinic.

M. Drug Destruction and Returns: Removal options for unusable, unwanted albuterol MDI and/or epinephrine are: transfer to another licensed clinic, return to the legitimate source of supply, or to a reverse distributor. Remaining portions of used dangerous drugs may be destroyed by the consultant pharmacist. Destruction record must be maintained on-site and available for inspection by the NM Board of Pharmacy

N. Drug and device procurement: All drugs shall be obtained from a NM Board of pharmacy licensed distributor, resident pharmacy, drug manufacturer representative, or transferred from another class D clinic (only appropriately stored, unused and in date stock). Procurement records shall be maintained on-site and available for inspection by the NM Board of Pharmacy.

O. Records: All records required by the NM Board of Pharmacy shall be maintained on site and available for inspection for 3 years.

School Based Emergency Medicine Class D Clinic NM Board of Pharmacy Policy and Procedure Manual

Policy and Procedure Manual periodic review dates:

PHARMACIST	DATE of review and approval

Medication access is limited to trained and authorized personnel.

All trained and authorized individuals must read the manual, and sign below.
I have read and understand this drug policy and procedure manual:

Printed Name	Signature	Date
		Date
		Date
		Date
		Date
		Date
		Date
		Date
		Date
		Date
		Date
		Date

School Based Class D Clinic

Emergency Medication Perpetual Inventory for ***Epinephrine auto-injector***

Clinic Name: _____

Date	Student Name & id number/ Source of medication / Disposition other than administration	Lot	Exp.	Quantity Received	Quantity removed from Stock	Reason for Removal (See below)*	Person documenting Removed/added to/from inventory‡	Ending Inventory	Pharmacist reviewed administration records within 72 hours Yes or No
example 8/1/2015	example Cardinal	example zy109	example 9/1/2016	2			lmk	2	
example 8/14/2015	example John Doe #1000001	example zy109	example 9/1/2016		1	A	lmk	1	
example 9/20/2016	example Cardinal	example AB123	example 7/1/2017	1			lmk	2	

*Reason for Removal:

A= Administration, E= Expired, T=Transferred, R=Recalled, D=Destroyed

‡ Person adding or removing drug shall be the one to complete the entry

School Based Class D Clinic

Emergency Medication Perpetual Inventory for ***Albuterol MDI***

Clinic Name: _____

Date	Student Name & id number/ Source of medication / Disposition other than administration	Lot	Exp.	Quantity Received	Quantity removed from Stock	Reason for Removal (See below)*	Person documenting Removed from /added to inventory‡	Ending Inventory	Pharmacist reviewed administration records within 72 hours Yes or No

*Reason for Removal

A= Administration, E= Expired, T=Transferred, R=Recalled, D=Destroyed

‡ Person adding or removing drug shall be the one to complete the entry

Month/Year:_____ School Based Emergency Medicine Class D Clinic Drug Storage Area Temperature Log Clinic Name:_____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Min Temp																															
Max Temp																															
Room Temp °F																															
≥86																															
85																															
84																															
83																															
82																															
81			**Take immediate CORRRECTIVE ACTION if the temperature is in the shaded area***																												
80																															
79																															
78																															
77																															
76																															
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69																															
68																															
67																															
66																															
65																															
64																															
63			**Take immediate CORRRECTIVE ACTION if the temperature is in the shaded area***																												
62																															
61																															
60																															
≤59																															

Person checking the temperature will initial the box corresponding to the temperature on the appropriate date. * If the temperature is out of range, take corrective action. Document result. If temp is above 86°F or below 59°F contact consultant pharmacist for instructions and complete the Quarterly Medication Inspection/Drug Storage Out of Temp Range Report.

School Based Emergency Medicine Class D Clinic Quarterly (During School Session)/ Medication Inspection/
Drug Storage out of Temp Range (≤59°F or ≥86°F) Report

Clinic Name: _____

Date	Inspection type: quarterly or out of range temperatures *	Completed by (initials)	Is drug in date?	Are unwanted/ unusable drugs quarantined	Are drug storage conditions proper (clean, sanitary, orderly, etc.)?	Are the contents of the epinephrine auto-injector clear and no particulates?	Medication is in original manufacturer's packaging until time of use?	Secondary container contents, including expiration dates, are listed and attached to container?	Has drug been exposed to temperatures ≤59°F or ≥86°F?	How long was drug out the ≥86°F or ≤59°F range?	For out of range temperature, when pharmacist contacted what instructions were given?	What occurred as a result of the pharmacists instructions?
			Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N			
			Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N			
			Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N			
			Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N			
			Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N			
			Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N			
			Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N			
			Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N			
			Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N			
			Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N			
			Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N			
			Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N			
			Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N			

*Inspection type
Q= quarterly, Out of Temp Range: TR

Initials	Printed name & Title	Initials	Printed Name & Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BOARD OF PHARMACY

New Mexico Regulation and Licensing Department

BOARDS AND COMMISSIONS DIVISION

5500 San Antonio Dr. NE ▪ Suite C ▪ Albuquerque, New Mexico 87109

(505) 222-9830 ▪ Fax (505) 222-9845 ▪ (800) 565-9102

www.RLD.state.nm.us/pharmacy.aspx

SCHOOL BASED EMERGENCY MEDICINE CLASS D CLINIC
ANNUAL SELF-ASSESSMENT FORM

Clinic Name:_____ Date: _____

Clinic Address:_____ City:_____ Zip: _____

Clinic Phone:_____ Clinic Fax:_____ Email: _____

Clinic Contact person & Phone number: _____

NMBOP License Number:_____ Expiration Date: _____

Consultant Pharmacist Name and Phone Number: _____

1. POLICY AND PROCEDURE MANUAL		
a. Current, approved, NM Board of Pharmacy Policy and Procedure Manual Maintained on site:	Yes	No
i. Reviewed and approved by consultant pharmacist (annually):	Yes	No
ii. Reviewed and signed by personnel trained and authorized to administer medication(s)		
b. Clinic adheres to NM Board of Pharmacy approved Policy and Procedures Manual:	Yes	No
c. Medications stocked are limited to epinephrine auto-injector and/ or albuterol MDI:	Yes	No
2. RECEIPT RECORDS		
a. Accurate receipt records are maintained (perpetual inventory form):	Yes	No
b. Drug source is registered with the NM Board of Pharmacy:	Yes	No
c. Receipt records are signed and dated by person accepting receipt of medications:	Yes	No
d. Receipt records are maintained on-site and available for inspection or 3 years:	Yes	No
3. DRUG STORAGE		
a. All medications are stored under clean, sanitary and orderly conditions:	Yes	No
b. Drugs and are kept in the manufacturer's original packaging until time of use:	Yes	No
c. Medications are kept in a secondary, secure but unlocked tamper-evident container:	Yes	No
d. The secondary container has a list of contents attached to outside of the container, including drug name and expiration dates:	Yes	No
e. Drugs are stored in a restricted, secure but unlocked area and readily assessable to authorized, trained personnel:	Yes	No
f. Temperature logs for the drug storage area are maintained within appropriate range:	Yes	No
g. Unwanted and/ or unusable drug is placed in a secure quarantine area:	Yes	No
h. Quarterly medication inspection reports are completed and available for inspection:	Yes	No
4. PACKAGING AND REPACKAGING		
No packaging or repackaging, occurs at this clinic:	Yes	
5. DISPENSING AND DISTRIBUTING		
No dispensing or distribution occurs at this clinic:	Yes	
6. ADMINISTRATION AND REMOVAL RECORDS		
a. Records are kept of medications removed from stock (Perpetual Inventory form):	Yes	No
b. Records of transfer, return to wholesaler, reverse distributor and/or destruction are available on-site and available: for inspection by the NM Board of Pharmacy:	Yes	No
7. EQUIPMENT AND LICENSING		
a. A current and appropriate drug information reference, in print or online, is available:	Yes	No
b. A copy of the NM State Board of Pharmacy drug laws and regulations, in print or online, is available:	Yes	No
c. Poison control center's telephone number is available:	Yes	No
d. Current school based emergency medicine class D clinic license is posted:	Yes	No
e. Consultant pharmacist's current license is posted:	Yes	No
f. Current school based emergency medicine class D clinic self-assessment form is posted:	Yes	No
8. TRAINED AND AUTHORIZED PERSONNEL		
a. Current record of training of authorized personnel maintained:	Yes	No
b. Access to medications is limited to trained and authorized personnel	Yes	No
9. CONSULTANT PHARMACIST (TO BE COMLETED BY CONSULTANT PHARMACIST)		
a. Ensures a current and appropriate drug information reference is available at the clinic (in print or online):	Yes	No
b. Reviews and approves clinic's NM Board of Pharmacy required records, including this form:	Yes	No
c. Oversees the removal of dangerous drugs, and ensures proper documentation and record maintenance:	Yes	No
d. Ensures clinic compliance with the NM Board of Pharmacy approved Policy and Procedure Manual (and annual approval is documented):	Yes	No
e. Verifies compliance with all training and protocols for School Based Emergency Medicine clinics required by the NM Department of Health:	Yes	No
f. Verifies compliance with proper drug storage conditions:	Yes	No
g. Documentation of consultant pharmacist's activities and communications are maintained at the clinic and available for inspection:	Yes	No

I CERTIFY THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE

Printed name and title of clinic representative	Signature	Date

I HAVE REVIEWED AND APPROVE THIS COMPLETED SELF-ASSESSMENT FORM

Printed name of Consultant R.Ph.	Consultant R.Ph. signature	Date

School Based Emergency Medicine Class D Clinic

Drug Transfer Form (Copy must be kept at both sites)

Date	Drug Name	Lot	Exp	Quantity Transferred	Transferring clinic name (From)	Initials of Person Releasing Medication*	Receiving Clinic Name (To)	Initials of person accepting medication*

* Initials	Printed name & Title	Initials	Printed Name & Title