

Agenda Item Number:

**ORANGE COUNTY BOARD OF HEALTH
AGENDA ITEM SUMMARY**

Meeting Date: August 27, 2014

Agenda Item Subject: Epinephrine auto injectors in schools

Attachment(s): Proposed Resolution will be sent separately

Staff or Board Member Reporting: Matt Kelm

Purpose: Action
 Information only
 Information with possible action

Summary Information:

The North Carolina General Assembly passed legislation requiring all schools in the state to have two epinephrine auto injectors (aka "EpiPens") on site at all times. Further the law states that schools are to receive the prescription for these auto injectors from their local health department. To facilitate access to this medication the North Carolina Board of Pharmacy has proposed a rule change that would allow public health nurses to dispense epinephrine auto injectors. This would allow schools to receive both the prescription and the medication from one source. If this resolution is approved it will be submitted as public comment to the Board of Pharmacy and will also be shared with other Boards of Health with a request that they take similar action.

Recommended Action: Approve
 Approve & forward to Board of Commissioners for action
 Approve & forward to the North Carolina Board of Pharmacy and other Boards of Health for similar action
 Accept as information
 Revise & schedule for future action
 Other (detail):



North Carolina Department of Health and Human Services
Division of Public Health

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Robin Gary Cummings, M.D.
Deputy Secretary for Health Services
Acting State Health Director

August 18, 2014

MEMORANDUM

To: Jay Campbell
Executive Director, N.C. Board of Pharmacy

From: Robin Gary Cummings, M.D. 
Deputy Secretary for Health Services
State Health Director

Subject: Recommendation to change the formulary for nurses in public health departments to include epinephrine auto-injectors

Section 8.23.(a) Article 25A of Chapter 115C of the General Statutes authorizes a supply of emergency epinephrine auto-injectors on school property through prescriptions provided by the local health department. Public health nurses are permitted by law to dispense only those drugs listed on a formulary recommended by DHHS and approved by the Board of Pharmacy. This formulary does not currently include epinephrine auto-injectors. In light of the legislature's action, the DHHS recommends that the public health nurse formulary be modified pursuant to G.S. 90-85.34A to include epinephrine auto-injectors.

Due to the requirement that the Board of Pharmacy in consultation with the State Board of Education, adopt rules addressing the authorization for school personnel to obtain a prescription for epinephrine for emergency health circumstances in public schools within 60 days of the enactment of epinephrine auto-injector legislation, we further request that the Board of Pharmacy approve this change as soon as possible.

cc: Penny Slade-Sawyer, Division of Public Health Director
Danny Staley, Division of Public Health Deputy Director
Chris Hoke, Regulatory and Legal Affairs, DPH
Kevin Ryan, Chief, Women's and Children's Health Section
Carol Tant, Children & Youth Branch Head

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SUPPLY OF EMERGENCY EPINEPHRINE AUTO-INJECTORS ON SCHOOL PROPERTY

SECTION 8.23.(a) Article 25A of Chapter 115C of the General Statutes is amended by adding a new section to read:

"§ 115C-375.2A. School supply of epinephrine auto-injectors.

(a) A local board of education shall provide for a supply of emergency epinephrine auto-injectors on school property for use by trained school personnel to provide emergency medical aid to persons suffering from an anaphylactic reaction during the school day and at school-sponsored events on school property. Each school shall store in a secure but unlocked and easily accessible location a minimum of two epinephrine auto-injectors. For purposes of this section, "school property" does not include transportation to or from school.

(b) For the purposes of this section and G.S. 115C-375.2, "epinephrine auto-injector" means a disposable drug delivery system with a spring-activated, concealed needle that is designed for emergency administration of epinephrine to provide rapid, convenient first aid for persons suffering a potentially fatal reaction to anaphylaxis.

(c) The principal shall designate one or more school personnel, as part of the medical care program under G.S. 115C-375.1, to receive initial training and annual retraining from a school nurse or qualified representative of the local health department regarding the storage and emergency use of an epinephrine auto-injector. Notwithstanding any other provision of law to the contrary, the school nurse or other designated school personnel who has received training under this subsection shall obtain a non-patient specific prescription for epinephrine auto-injectors from a physician, physician assistant, or nurse practitioner of the local health department serving the area in which the local school administrative unit is located.

(d) The principal shall collaborate with appropriate school personnel to develop an emergency action plan for the use of epinephrine auto-injectors in an emergency. The plan shall include at least the following components:

- (1) Standards and procedures for the storage and emergency use of epinephrine auto-injectors by trained school personnel.
- (2) Training of school personnel in recognizing symptoms of anaphylaxis.
- (3) Emergency follow-up procedures, including calling emergency services and contacting a student's parent and physician.
- (4) Instruction and certification in cardiopulmonary resuscitation.

(e) A supply of emergency epinephrine auto-injectors provided in accordance with this section shall not be used as the sole medication supply for students known to have a medical condition requiring the availability or use of an epinephrine auto-injector. Those students may be authorized to possess and self-administer their medication on school property under G.S. 115C-375.2.

(f) A local board of education, its members, employees, designees, agents, or volunteers, and a physician, physician assistant, or nurse practitioner of the local health department shall not be liable in civil damages to any party for any act authorized by this section or for any omission relating to that act unless that act or omission amounts to gross negligence, wanton conduct, or intentional wrongdoing."

SECTION 8.23.(b) G.S. 115C-238.29F(a) reads as rewritten:

"(a) Health and Safety Standards. – A charter school shall meet the same health and safety requirements required of a local school administrative unit. The Department of Public Instruction shall ensure that charter schools provide parents and guardians with information about meningococcal meningitis and influenza and their vaccines at the beginning of every school year. This information shall include the causes, symptoms, and how meningococcal meningitis and influenza are spread and the places where parents and guardians may obtain additional information and vaccinations for their children.

The Department of Public Instruction shall also ensure that charter schools provide parents and guardians with information about cervical cancer, cervical dysplasia, human papillomavirus, and the vaccines available to prevent these diseases. This information shall be provided at the beginning of the school year to parents of children entering grades five through 12. This information shall include the causes and symptoms of these diseases, how they are transmitted, how they may be prevented by vaccination, including the benefits and possible side effects of vaccination, and the places where parents and guardians may obtain additional information and vaccinations for their children.

The Department of Public Instruction shall also ensure that charter schools provide students in grades seven through 12 with information annually on the preventable risks for preterm birth in subsequent pregnancies, including induced abortion, smoking, alcohol consumption, the use of illicit drugs, and inadequate prenatal care.

The Department of Public Instruction shall also ensure that charter schools provide students in grades nine through 12 with information annually on the manner in which a parent may lawfully abandon a newborn baby with a responsible person, in accordance with G.S. 7B-500.

The Department of Public Instruction shall also ensure that the guidelines for individual diabetes care plans adopted by the State Board of Education under G.S. 115C-12(31) are implemented in charter schools in which students with diabetes are enrolled and that charter schools otherwise comply with the provisions of G.S. 115C-375.3.

The Department of Public Instruction shall ensure that charter schools comply with G.S. 115C-375.2A. The board of directors of a charter school shall provide the school with a supply of emergency epinephrine auto-injectors necessary to carry out the provisions of G.S. 115C-375.2A."

SECTION 8.23.(c) G.S. 115C-238.66(7) reads as rewritten:

"(7) Health and safety. – The board of directors shall require that the regional school meet the same health and safety standards required of a local school administrative unit.

The Department of Public Instruction shall ensure that regional schools comply with G.S. 115C-375.2A. The board of directors of a regional school shall provide the school with a supply of emergency epinephrine auto-injectors necessary to carry out the provisions of G.S. 115C-375.2A."

SECTION 8.23.(d) Within 60 days of the date this act becomes law, the North Carolina Board of Pharmacy, in consultation with the State Board of Education, shall adopt rules addressing the authorization for school personnel to obtain a prescription for epinephrine for emergency health circumstances in public schools in accordance with G.S. 115C-375.2A, as enacted by this section.

SECTION 8.23.(e) Subsections (a) through (c) of this section become effective November 1, 2014.

OPPORTUNITY SCHOLARSHIP GRANT CLARIFICATIONS

SECTION 8.25.(a) G.S. 115C-562.2(a) reads as rewritten:

"(a) The Authority shall make available no later than February 1 annually applications to eligible students for the award of scholarship grants to attend any nonpublic school. Information about scholarship grants and the application process shall be made available on the Authority's Web site. ~~Beginning March 1,~~Beginning March 15, the Authority shall begin awarding scholarship grants according to the following criteria:

(1) First priority shall be given to eligible students who received a scholarship grant during the previous school year if those students have applied by March 1.

...."

SECTION 8.25.(b) G.S. 115C-562.2 is amended by adding a new subsection to read:

"(e) Scholarship applications and personally identifiable information related to eligible students receiving scholarship grants shall not be a public record under Chapter 132 of the General Statutes. For the purposes of this section, personally identifiable information means any information directly related to a student or members of a student's household, including the name, birthdate, address, Social Security number, telephone number, e-mail address, financial information, or any other information or identification number that would provide information about a specific student or members of a specific student's household."

SECTION 8.25.(c) G.S. 115C-562.3(a) reads as rewritten:

"(a) The Authority may seek verification of information on any application for scholarship grants from eligible students. The Authority shall select and verify ~~a random sample of no less than six percent (6%) of applications annually~~annually, including those with apparent errors on the face of the application. The Authority shall establish rules for the verification process and may use the federal verification requirements process for free and reduced-price lunch applications as guidance for those rules. If a household fails to cooperate

1 21 NCAC 46 .2401 is proposed for amendment as follows:

2

3 **21 NCAC 46 .2401 MEDICATION IN HEALTH DEPARTMENTS**

4 A registered nurse employed by a local health department may dispense prescription drugs or devices under the
5 following conditions:

- 6 (1) Drugs or devices may be dispensed only to health department patients, with the exception ~~of~~ of:
7 (a) opioid antagonists, which may be dispensed either to health department patients or to others as
8 permitted by G.S. ~~90-106.2; 90-106.2, and~~ (b) epinephrine auto-injectors, which may be dispensed
9 either to health department patients or to school personnel as permitted by G.S. 115C-375.2A.
- 10 (2) No drugs or devices may be dispensed except at health department clinics;
- 11 (3) The health department shall secure the services of a pharmacist-manager who shall be responsible
12 for compliance with all statutes, rules, and regulations governing the practice of pharmacy and
13 dispensing of drugs at the health department;
- 14 (4) Only the general categories of drugs or devices listed in Rule .2403 may be dispensed by a health
15 department registered nurse;
- 16 (5) All drugs or devices dispensed pursuant to G.S. 90-85.34A and these rules shall be packaged,
17 labeled, and otherwise dispensed in compliance with state and federal law, and records of
18 dispensing shall be kept in compliance with state and federal law. The pharmacist-manager shall
19 verify the accuracy of the records at least weekly, and where health department personnel dispense
20 to 30 or more patients in a 24-hour period per dispensing site, the pharmacist-manager shall verify
21 the accuracy of the records within 24 hours after dispensing occurs.

22

23 *History Note: Authority G.S. 90-85.6; 90-85.34A; 90-106.2; 115C-375.2A;*

24 *Eff. March 1, 1987;*

25 *Amended Eff. January 1, 2015; August 1, 2014; May 1, 1989.*

1 21 NCAC 46 .2403 is proposed for amendment as follows:

2
3 **21 NCAC 46 .2403 DRUGS AND DEVICES TO BE DISPENSED**

4 (a) Pursuant to the provisions of G.S. 90-85.34A(a)(3), prescription drugs and devices included in the following
5 general categories may be dispensed by registered nurses in local health department clinics when prescribed for the
6 indicated conditions:

7 (1) Anti-tuberculosis drugs, as recommended by the North Carolina Department of Health and Human
8 Services in the North Carolina Tuberculosis Policy Manual (available at www.ncdhhs.gov), when
9 used for the treatment and control of tuberculosis;

10 (2) Anti-infective agents used in the control of sexually-transmitted diseases as recommended by the
11 United States Centers for Disease Control in the Sexually Transmitted Diseases Treatment
12 Guidelines (available at www.cdc.gov);

13 (3) Natural or synthetic hormones and contraceptive devices when used for the prevention of
14 pregnancy;

15 (4) Topical preparations for the treatment of lice, scabies, impetigo, diaper rash, vaginitis, and related
16 skin conditions;

17 (5) Vitamin and mineral supplements; ~~and~~

18 (6) Opioid antagonists prescribed pursuant to G.S. ~~90-106.2~~ 90-106.2; and

19 ~~(7)~~ Epinephrine auto-injectors prescribed pursuant to G.S. 115C-375.2A.

20 (b) Regardless of the provisions set out in this Rule, no drug defined as a controlled substance by the United States
21 Controlled Substances Act, 21 U.S. Code 801 through 904, or regulations enacted pursuant to that Act, 21 CFR 1300
22 through 1308, or by the North Carolina Controlled Substances Act, G.S. 90-86 through 90-113.8, may be dispensed
23 by registered nurses pursuant to G.S. 90-85.34A.

24
25 *History Note: Authority G.S. 90-85.6; 90-85.34A; 90-106.2; 115C-375.2A;*

26 *Eff. March 1, 1987;*

27 *Amended Eff. January 1, 2015; August 1, 2014; May 1, 1989.*



A RESOLUTION TO SUPPORT ADDING EPINEPHRINE AUTO-INJECTORS TO THE PUBLIC HEALTH NURSE DISPENSING FORMULARY

WHEREAS, food allergies affect an estimated 4-6% of children in the United States and among these children 16-18% experience a reaction during school hours¹⁻⁴; and

WHEREAS, an average of 210 children experience severe anaphylaxis per year in North Carolina schools⁵ and the prevalence of severe allergies in North Carolina Schools is increasing⁶; and

WHEREAS, epinephrine is an important tool in the emergency response to an allergy and delayed administration of the drug is associated with increased risk of death⁷; and

WHEREAS, the North Carolina General Assembly recently required that all schools stock a minimum of two epinephrine auto-injectors at each school (N.C.G.S. § 115C-375.2A); and

WHEREAS, N.C.G.S. § 115C-375.2A explicitly states that *“the school nurse or other designated school personnel who has received training under this subsection shall obtain a non-patient specific prescription for epinephrine auto-injectors from a physician, physician assistant, or nurse practitioner of the local health department serving the area in which the local school administrative unit is located.”*

WHEREAS, public health nurses provide the majority of services at local health departments in North Carolina and are an efficient and effective method of service delivery; and

WHEREAS, public health nurses are permitted by law to dispense only those drugs listed on a formulary recommended by DHHS and approved by the North Carolina Board of Pharmacy; and

WHEREAS, epinephrine auto-injectors are not currently included in this formulary; and

WHEREAS, the North Carolina Board of Pharmacy and Department of Health and Human Services have recommended that the formulary be amended to include epinephrine auto-injectors;

THEREFORE BE IT RESOLVED on this 27th day of August, 2014, that we the Orange County Board of Health support the rule change proposed by the North Carolina Board of Pharmacy to add epinephrine auto-injectors to the formulary of drugs public health nurses are permitted to dispense.

Corey Davis, Chair
Orange County Board of Health

Colleen Bridger, MPH, PhD
Orange County Health Director

Citations

1. Branum, A.M. and S.L. Lukacs, Food allergy among U.S. children: trends in prevalence and hospitalizations. NCHS Data Brief, 2008(10): p. 1-8.
2. Liu, A.H., et al., National prevalence and risk factors for food allergy and relationship to asthma: results from the National Health and Nutrition Examination Survey 2005-2006. J Allergy Clin Immunol, 2010. 126(4): p. 798-806 e13.
3. Nowak-Wegrzyn, A., M.K. Conover-Walker, and R.A. Wood, Food-allergic reactions in schools and preschools. Arch Pediatr Adolesc Med, 2001. 155(7): p. 790-5.
4. Sicherer, S.H., et al., The US Peanut and Tree Nut Allergy Registry: characteristics of reactions in schools and day care. J Pediatr, 2001. 138(4): p. 560-5.
5. McIntyre, C.L., et al., Administration of epinephrine for life-threatening allergic reactions in school settings. Pediatrics, 2005. 116(5): p. 1134-40.
6. Annual Report of School Health Services in NC Public Schools, 2004-2012 <http://www.ncdhhs.gov/dph/wch/stats>
7. Sampson, H.A., Fatal food-induced anaphylaxis. Allergy, 1998. 53(46 Suppl): p. 125-30