Department of Education

# Regulation of the Chancellor

Number: A-715
Subject: ADMINISTRATION OF EPINEPHRINE TO STUDENTS WITH SEVERE ALLERGIES
Category: STUDENTS
Issued: November XX, 2026

**SUMMARY OF CHANGES**

This regulation supersedes Chancellor's Regulation A-715 dated August 22, 2012.

Changes:

- The regulation changes the term "epi-pen" to "epinephrine device" to reflect updates in technology.
- Removes link to the standing order for the administration of epinephrine for nurses working in New York City schools to students without a student-specific medical order on file.
- Names of offices have been updated.

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**ABSTRACT**

New York City Public Schools recognizes that severe allergic reactions leading to anaphylaxis are a life-threatening medical emergency. This regulation sets forth the policies and procedures to reduce the risk of exposure and allow treatment with single-dose epinephrine devices. This regulation supersedes Chancellor's Regulation A-715 issued August 22, 2012. The regulation:

- requires that all school nurses be trained in the assessment, management, and treatment of severe allergy and anaphylaxis, and play a primary role in the case management of students at risk for anaphylaxis;
- permits the administration of epinephrine by all nurses working in New York City public schools to any student having an anaphylactic reaction pursuant to the non-patient specific standing order issued by the Office of School Health (OSH);
- requires that at least two non-nursing school staff personnel be trained to administer an epinephrine device when a nurse is not available, in any school where there is a student who has a Medication Administration Form (MAF) on file for the administration of epinephrine;
- permits a student to carry an epinephrine device, as prescribed by their medical provider, if that student is determined to be able to self-administer medication.

## I. BACKGROUND

A. Anaphylaxis

Anaphylaxis is a life-threatening medical condition occurring in allergic individuals after exposure to specific allergens. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body. These symptoms may include some of the following: hives, itching, difficulty swallowing, coughing, difficulty breathing, nausea, abdominal pain, change in mental status, drop in blood pressure or shock.

Most anaphylactic reactions in schools are due to food allergies, although medications, stinging insects, or latex can also result in anaphylaxis. The time between exposure to an allergen and the onset of symptoms can vary from minutes to hours; the majority of reactions occur within one hour, and can progress rapidly.

B. Prevention

The risk of exposure to allergens for a child is reduced when the school, medical provider and parent work together to develop a management plan for the student. This should include both prevention as well as treatment methods in the event of accidental exposure. The parent and school should refer to the procedures for development of a plan to address a child's life-threatening allergies pursuant to Chancellor's Regulations A-701 and A-710.

Food allergy is the most common cause of anaphylaxis in children in school. New York City Public Schools does not provide a peanut, milk or other allergen-free food service or school because the risk of accidental exposure or cross-contamination is always present. However, arrangements should be made at school to reduce the risk of exposure for identified students with severe food allergies.

C. Importance of Epinephrine

Epinephrine is the treatment of choice for anaphylaxis. Because of the potential speed with which anaphylaxis can progress to death, timely administration of epinephrine is critical. The risk of death from untreated anaphylaxis far outweighs the risk of administering epinephrine, even if administered inadvertently to someone not having an anaphylactic reaction. Single-dose epinephrine devices are designed for usage by a lay person. They can also be used by children themselves when their pediatrician or health care provider determines that they are capable of self-administration. Effects of epinephrine begin to wear off after 10-20 minutes; therefore, it is essential that 911 be contacted immediately.

D. Identification of students with severe allergies

1. Parents are responsible for notifying the school about a child with severe allergies. School staff should convey this information to school health staff. A Medication Administration Form (MAF) for the child should be maintained at the school. This form can be found at the following link https://www.schools.nyc.gov/school-life/health-and-wellness/staying-healthy/allergies.
2. Allergy information for a student should be noted by school and health staff on the appropriate information records, e.g., school health records, electronic student records (e.g. ATS, OASIS or any successor system), and emergency blue card.
3. The Allergy Response Plan form must be completed for each student. This form can be found at the following link: https://www.schools.nyc.gov/school-life/health-and-wellness/staying-healthy/allergies.

## II. LIABILITY

Given the potentially fatal consequences for a child who needs epinephrine and does not receive it in a timely manner, employees who have been trained pursuant to this regulation should not be deterred from administering epinephrine for fear of being sued. The New York City Law Department has agreed to defend and indemnify any employee who is sued as a result of the administration of epinephrine via a device pursuant to this regulation.

Furthermore, the emergency administration of epinephrine by a nurse or school health physician to any adult or non-student having a severe allergic reaction for which there is no current individual medical order at the school, while outside the scope of employment, would be covered under the Good Samaritan Law, NYS Public Health Law § 3000A.

## III. ORDERS PERMITTING ADMINISTRATION OF EPINEPHRINE

The Medical Director of OSH has issued a Standing Order for the administration of epinephrine for nurses working in New York City schools to students without a student-specific medical order on file for epinephrine. The Non-Specific Standing Order permits a school nurse to administer epinephrine to students without an MAF upon recognition of the symptoms of severe allergic reaction or anaphylaxis. EMS MUST BE CONTACTED IMMEDIATELY AFTER ADMINISTRATION.

## IV. TRAINING

A. Identification of School Personnel

1. For students who are not able to self-administer, the administration of epinephrine is primarily the responsibility of the school nurse. However, because a school nurse is not always available at the time of an anaphylactic reaction, school personnel must be trained to administer epinephrine in the event that a student for whom there is a MAF for use of an epinephrine device is suffering from a severe allergic or anaphylactic reaction and is unable to self-administer medication.

2. The school principal, in consultation with the school health staff will determine which unlicensed school staff should be trained to administer epinephrine, based on the individual student and school circumstances. The principal must ensure the availability of at least 2 appropriately trained staff (in addition to a nurse) to administer an epinephrine device to students known to be at risk for anaphylaxis when a nurse is not available, by considering the following:

    a. The school should first seek volunteers;

    b. The teacher(s) of an elementary school student(s) who has a MAF for epinephrine must be trained. For older children, especially in middle and high school where the student is not based in one classroom, individual circumstances will determine which staff are appropriate to be trained.

c. In addition to teachers, the school principal and/or other administrators must be trained so that a trained supervisor is in the school whenever an identified student is in the building.[1] Depending on circumstances of the individual student(s) at risk, other appropriate staff include: staff who are present in the cafeteria during school meals (for students with food allergies), health aides, paraprofessionals, playground/recess staff (for those with insect bite allergies), etc. Additional staff may need to be trained for after-school activities and programs, school trips, etc. Schools may request additional or follow-up training as needed.

d. Principals should ensure that trained staff remain available despite staff transfers, absenteeism, and personnel turnover. In addition, if a student transfers to another NYCPS school, the prior school's principal and health team should inform the new principal and school health staff of the needs of the incoming student.

3. The principal should ensure that information regarding school staff trained to administer epinephrine as well as the storage location of the epinephrine device is entered into the online School Safety Plan. Principals must ensure that the school's internal communication system can summon those staff who have been trained to the site of the emergency.

B. Training of School Personnel

4. In order to ensure quality and uniformity of nursing skills, school nurses will be trained by the Office of School Health in the prevention and recognition of severe allergic reactions and anaphylaxis, school management of the severely allergic child, the administration of epinephrine, appropriate handling and disposal of epinephrine devices, the immediate care of the patient until help (911) arrives, and the teaching thereof to unlicensed school personnel.

5. In schools where there is a child who has a Medication Administration Order for epinephrine, unlicensed school staff identified in accordance with the prior section will be trained by school nurses, physicians or other appropriate trainers in the prevention and recognition of severe allergic reactions and anaphylaxis, administration of epinephrine, appropriate handling and disposal of epinephrine devices, immediate care of the patient until help (911) arrives, and classroom and school management of students at risk for severe allergy and anaphylaxis.

6. School health professionals will provide training and refresher training to any school staff whenever it is requested, but at a minimum will train/retrain non-medical school staff at least yearly so long as there are students in the school for whom there is a medical order for epinephrine

[1] Principals should ask those staff who have been trained in the use of Automated External Defibrillators (AED) if they are willing to be trained in the administration of epinephrine.

administration.

7. If there are no on-site nurses or physicians to train school staff, principals should contact their Borough Nursing Director, Health Director, or the Office of School Health at OfficeOfSchoolHealth@schools.nyc, to arrange for training of school staff through the School Health Program.

## V. RESPONDING TO AN EMERGENCY

A. The school nurse or a trained staff member must immediately respond to an anaphylactic emergency. In the event of apparent anaphylaxis, epinephrine must be administered in accordance with this regulation and the training provided to school staff.

B. Upon administering epinephrine, Emergency Medical Services (EMS) must be notified immediately by calling 911. The information reported to them must include, but is not limited to, the event/time/dose/route of administration. If two people respond to the emergency, one trained person should administer the epinephrine device and the other should simultaneously contact EMS. If a staff member is alone, epinephrine must be administered first, and the staff member should then immediately contact EMS/911.

C. The parent/guardian of a student to whom epinephrine has been administered must be notified as soon as possible.

## VI. DISPOSAL OF THE USED EPINEPHRINE DEVICE

Used injectable epinephrine devices must be placed into the carrying container and discarded into a designated sharps or medical waste container. If no designated sharps disposal container is available, discard a used injectable device into an impermeable container, and give to the Emergency Medical Services (EMS) personnel upon their arrival.

## VII. SUPPLYING THE EPINEPHRINE DEVICE

A. The parent of a student who has a MAF for epinephrine must supply the school with the epinephrine device. It is recommended that two epinephrine devices be supplied, with the second functioning as a back-up in case of malfunction or as an extra dosage if necessary. Epinephrine devices must be supplied in their original packaging as received from the pharmacist. It is recommended that the school be supplied with epinephrine devices even if the student is able to self administer.

B. All schools must have an epinephrine device of each size (as appropriate for the school population, e.g., 1 'junior/pediatric' device and/or 1 'adult/older child' device) available for non-patient specific emergency situations and/or as back-up respectively. All such schools will be supplied with epinephrine devices through the Office of School Health.

## VIII. AVAILABILITY OF EPINEPHRINE DEVICES

A. Emergency medications should be stored in a safe, appropriate, and secure, yet accessible location that will allow for rapid, life-saving administration by authorized personnel. Actual location of the medicines should be carefully considered and

identified in a student's individual written management plan. All those involved with the student's care should be notified where the medication is stored. The epinephrine device should not be stored in a locked container. For outside school activities, such as gym class or a class trip, the epinephrine device should be carried in a hand-held emergency kit in the possession of a trained staff member. Epinephrine devices should be kept in close proximity to the student whenever exposure to an allergen is likely (e.g., classroom, lunchroom, playground, etc.).

B. In cases where a student may carry and/or self-administer the epinephrine device, the student should keep the device (ideally, two) with them at all times. The student should bring the epinephrine device to all off-site activities (e.g., class trip, work-study).

## IX. STORAGE AND REPLACEMENT OF EPINEPHRINE

A. Epinephrine is stable and should be stored at room temperature until the marked expiration date. Epinephrine devices should not be exposed to direct sunlight, extreme heat, or refrigeration. The epinephrine device should be replaced with a fresh unit prior to the expiration date, or when the device has been used or accidentally discharged. The contents of the injectable epinephrine device should be clear and colorless. If the contents are discolored or brown, the device should not be used, and should be replaced.

B. The parent of a student with a MAF for epinephrine is responsible for replacing an expired or discolored device. School staff should be alert to expiration dates and communicate with parents to replace epinephrine devices as needed.

## X. RECORD KEEPING

A. A record of all persons to whom epinephrine has been administered must be kept. It must include the recipient's name, date, time, dose and route of administration, location of incident, symptoms observed, name of nurse or person administering the epinephrine dose, the manufacturer and lot number of the epinephrine, and documentation of EMS notification. In schools with a school nurse, this information should be maintained by the school nurse, in the student's health record. If an epinephrine device is administered by school staff because the nurse was unavailable, this information must be recorded by school staff and given to the nurse upon their return. In schools without a school nurse, this information should be maintained by the principal.

B. An online occurrence report must be prepared when an epinephrine device is administered in accordance with Chancellor's Regulation A-412.

## XI. FOLLOW-UP

A. Whenever possible, the nurse shall also report information concerning the epinephrine administration to the patient's primary care provider.

B. The school nurse or principal as appropriate should contact the parent the following day for information on the status of the child and necessary medical follow-up.

C. Supervising medical and school staff should review the response events with all staff involved to learn from the episode, both for the on-going care of the individual student as well as for other potential episodes school-wide. Depending upon the severity of the situation, and the disruption that ensued during the event, appropriate debriefing, crisis response and mental health teams may be needed.

D. Replacement for the used epinephrine device must be arranged as soon as possible through the parent or the School Health Program as appropriate.

## XII. INQUIRIES

Inquiries pertaining to this regulation should be addressed to:

Office of School Health - NYCPS/DOHMH
Director, Nursing Services
NYC Department of Education
52 Chambers Street New York, NY 10007

Email: OfficeOfSchoolHealth@schools.nyc.gov