



OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION

Undesignated Emergency Medication Action Plan: Response Guidance

LEA Name:

School Name:

Key:

REQUIRED – The requested information must be provided as it is required by the legislation and/or program protocol. If a question format is “Yes” or “No,” the response must be a “Yes” indicating that the school will take the required action. The Office of the State Superintendent of Education (OSSE) will monitor schools’ undesignated emergency response as documented in the incident reports submitted to DC Health to ensure the appropriate actions are being implemented.

BEST PRACTICE – OSSE and DC Health strongly recommend that the best practice be adopted and implemented by the school; however, the action is not required. Best practices are recommended because it better equips staff to respond during an anaphylactic, asthmatic or hypoglycemic incident. The question can be answered with a “Yes,” “No,” or “Not Applicable.”

	Content	Provided		Response Guidance
		Yes	No	
2. Liaison and AOMs				
2.1 Liaison Contact Information				
REQUIRED	Name			Provide name.
REQUIRED	Room Number			Provide room number.
REQUIRED	Email			Provide email.
REQUIRED	Phone Number			Provide phone number.

2.2 AOM 1 Contact Information				
REQUIRED	Name			Provide name.
REQUIRED	Room Number			Provide room number.
REQUIRED	Email			Provide email.
REQUIRED	Phone Number			Provide phone number.

2.3 AOM 2 Contact Information				
REQUIRED	Name			Provide name.
REQUIRED	Room Number			Provide room number.
REQUIRED	Email			Provide email.
REQUIRED	Phone Number			Provide phone number.
3. Storage of Undesignated Emergency Meds (UEMs)				
REQUIRED	Location			Provide location.
4. Location of Sharps Container				
REQUIRED	Location			Provide location.
5. School-specific Actions Before and in Preparation for an Emergency				
REQUIRED	5.1 Yes/No The liaison will be responsible for conducting monthly medication inspections and completing monthly logs?			Yes
BEST PRACTICE	5.2 Yes/No AOMs will be available for before- and after-school activities?			Yes or No
REQUIRED	5.3 How will certified staff be alerted when a medical emergency happens?			Briefly describe the alert process the school will implement.
REQUIRED	5.4 Where are the <i>designated medications</i> located?			<p>Identify location(s) in school where designated medications are located.</p> <p>Note: Most medications are expected to be in the health suite or central office if the school does not have a health suite. However, some prescribed medications may be kept in a classroom and self-carried if indicated on the student's Medication and Treatment Authorization Form.</p>
REQUIRED	5.5 Who [name(s) and title(s)] will have access to the <i>designated medications</i> ?			Provide name(s) and title(s).

School-Specific Actions During an Emergency				
REQUIRED	5.6 If the student has designated medications, how will the designated medication be accessed/retrieved during an emergency?			Briefly describe how medications will be accessed and retrieved.
REQUIRED	5.7 Who [name(s) and title(s)] will deliver the designated medications to the site of the emergency?			Provide name(s) and title(s).
REQUIRED	5.8 If the student does not have designated medication, then who [name(s) and title(s)] will retrieve the UEMs and bring it to the site of the emergency?			Provide name(s) and title(s).
REQUIRED	5.9 Who [name(s) and title(s)] will monitor the students until the EMS arrives?			Provide name(s) and title(s).
School-specific Actions After an Emergency				
REQUIRED	5.10 Who [name(s) and title(s)] will notify DC Health of replenishment and replacement orders?			Provide name(s) and title(s)
REQUIRED	5.11 Who [name(s) and title(s)] will submit incident reports within one business day to DC Health via the School Health Services Program portal?			Provide name(s) and title(s).
REQUIRED	5.12 Who [name(s) and title(s)] will notify a student's responsible person and health suite personnel after the school's certified staff or agent administers an undesignated emergency medication?			Provide name(s) and title(s)
Actions During an Emergency by Staff other than School Liaison or AOM(s)				

REQUIRED	5.13 Yes/No Will staff call 9-1-1?			Yes
REQUIRED	5.14 Yes/No Will staff call the parent or guardian of the student?			Yes
REQUIRED	5.15 Yes/No Will staff escort Emergency Medical Services (EMS) to the location of the emergency?			Yes
6. School-Specific Policies and Procedures				
BEST PRACTICE	6.1 Yes/No Will the school recommend students who used undesignated emergency medication to complete an action plan or individual health plan?			Yes or No
BEST PRACTICE	6.2 Yes/No Will the school recommend students who used undesignated emergency medication to have an appointment with their primary care provider or physician?			Yes or No
BEST PRACTICE	6.3 Yes/No Will the school recommend students to bring designated medication to school?			Yes or No
REQUIRED	6.4 Yes/No Will students be allowed to self-carry their designated medications?			Yes
REQUIRED	6.5 Will the school post the emergency response information?			Yes
BEST PRACTICE	6.6 Who is responsible for monitoring students who initially present with mild symptoms of an allergic reaction?			Provide name(s) and title(s) or "Not Applicable" if the school does not have a person responsible for monitoring students who initially present with mild symptoms of an allergic reaction.
BEST PRACTICE	6.7 How will staff monitor students who initially present with mild symptoms of an allergic			Briefly describe the monitoring procedure the staff will use or "Not Applicable" if staff will not monitor students who initially present with mild symptoms of an allergic reaction.

	reaction (e.g., use of lanyards, bracelets)?			
BEST PRACTICE	6.8 How will health suite personnel and AOMs be alerted if students with mild symptoms of an allergic reaction start to have severe symptoms?			Briefly describe how the health suite personnel and AOMs will be alerted.
BEST PRACTICE	6.9 What is the school's plan to address situations that arise with allergy-related bullying among the school population?			Briefly describe the school's plan to address situations that arise with allergy-related bullying among the school population or "Not Applicable" if the school does not have a plan.
BEST PRACTICE	6.10 Will the local education agency (LEA)/school implement allergy reductions strategies (e.g., Nut-Free Zone classifications, outside food sharing policies)?			Briefly describe the school's allergy reductions strategies or "Not Applicable" if the school does not those strategies.
BEST PRACTICE	6.11 Yes/No Provided that there remains a sufficient supply of the UEMs in the school building, will the school take the UEMs on school-authorized field trips?			Yes or No
BEST PRACTICE	6.11.1 If Yes, who [name(s) and title(s)] will be responsible for monitoring the UEMs and returning them to the storage container?			Provide name(s) and title(s).
BEST PRACTICE	6.11.2 Yes/No Will at least one AOM accompany the other staff on the field trip?			Yes or No

REQUIRED	6.12 <i>Yes/No</i> Will a staff member accompany the student to the emergency department via EMS?			Yes
BEST PRACTICE	6.12.1 If Yes, who [name(s) and title(s)] will accompany the student?			Provide name(s) and title(s) or “Not Applicable.”
BEST PRACTICE	6.13 <i>Yes/No</i> Will the LEA/school conduct emergency drills for anaphylactic, asthmatic, and hypoglycemic emergency?			Yes or No
BEST PRACTICE	6.13.1 If Yes, what is the schedule for drills?			Provide drill schedule or “Not Applicable.”
BEST PRACTICE	6.13.2 Who [name(s) and title(s)] will complete drill reports?			Provide name(s) and title(s) or “Not Applicable.”
REQUIRED	6.14 What is the LEA’s/school’s procedure when a parent or guardian refuses EMS transportation to the emergency department for their child?			Provide the procedure when a parent or guardian refuses EMS transportation to the emergency department for their child or “Not Applicable.”