



2017

Guidelines for Medication Administration in Schools

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GUIDELINES REGARDING ADMINISTRATION OF STUDENT MEDICATION

The administration of medication to a student while he is at school should be a rare occurrence. However, there are circumstances that require medication be given during school hours. Each request for medication will be evaluated individually by the school nurse and school authorities. Utah statute UCA 53A-11-601 requires local education agencies (LEA) to adopt policies for:

- Designation of volunteer employees who may administer medication;
- Proper identification and safekeeping of medication;
- The training of designated volunteer employees by the school nurse;
- Maintenance of records of administration; and
- Notification to the school nurse of medication that will be administered to students once:
 - **Student's parent/guardian has provided a current written and signed request**
 - **Documentation from the student's healthcare provider that the medication has been prescribed, and is medically necessary when the student is under the control of the school**

The Utah Department of Health recommends the following guidelines:

An **"AUTHORIZATION OF STUDENT MEDICATION" form** (M-1), or similar LEA approved form, should be completed and signed before medication can be administered. This authorization must be updated annually and as needed when **there is a change in a doctor's orders for a student medication**. This form should include:

- A signature from parent requesting medication be administered during regular school hours to their student, and
- A signature from the **student's licensed health care provider that they** have prescribed the medication including documentation as to the method, amount, and time schedule for administration, and
- A statement from the licensed health care provider that administration of medication is medically necessary during periods when the student is under the control of the school.

School Nurse Responsibility

The school nurse should be responsible to oversee medication administration in schools to ensure that medications are administered safely. These responsibilities should include:

- Consulting with LEA administration and/or boards in development/revision of medication administration policy

- Develop and maintain a record keeping system for obtaining parental consent and healthcare provider order, receiving and counting medications, administering medication, training of unlicensed assistive personnel (UAP), documenting medication errors, and disposal of medication not retrieved by parent
- Develop and conduct training of UAP who are to be trained to administer medications. The school nurse is responsible for training and for determining the competency of the UAP. The school nurse is also responsible for ongoing supervision of the UAP in task of medication administration.
- **Evaluate a student's ability** to carry and self-administer emergency medication
- Develop procedure for administering medication on a field trip.

Parental Responsibility

It is the responsibility of the parent to:

- Give the first dose of a new medication at home, including a dosage change.
- Provide the school with medication in the original container, transported to the school by a responsible adult.
- Provide the written M-1 Medication Authorization (or other LEA approved) form with any new medication, or when the dosage changes.
- Inform the **school nurse of any changes in the student's health status.**

School Responsibility

A daily medication administration log shall be kept for each student receiving medication. Each dose of medicine given must be charted by indicating the date, time given, and the signature or initials of the person giving the medication.

The medication shall be accepted only in a container that is labeled by a pharmacy or manufacturer. The label must include the name of the medication, route of **administration, the time of administration, and the physician's name.** Over-the-counter medication should come in the originally manufactured container, have legible administration and dosage instructions, and not be expired.

A parent or other responsible adult shall bring the medication to the school and take home any left over at the end of the school year. The medication should be counted by the adult and the school person receiving the medication, and the number recorded on the medication administration log (L-2) (or other LEA approved form) along with the names of those who counted the medication.

Coordination and Oversight of Unlicensed Staff – Responsibility of Nursing

In Utah, RNs can oversee medication administration of UAP as permitted in the Utah Nurse Practice Act Rule (R156-31b-701a). According to R-156-31b-701 the registered nurse is the person to determine whether the delagatee can safely provide the requisite care, and if not, the nurse cannot delegate the task. The delegator retains accountability for appropriate delegation.

It is the responsibility of the school nurse to inform the school administrator if, in the opinion of the school nurse, the UAP delegated by the administrator is not competent to carry out the task of administering medication. Furthermore, the school nurse may not provide oversight or coordination of this task when the school nurse is of the opinion that the UAP is not competent to carry out this task.

Training of Unlicensed Assistive Personnel

According to the Nurse Practice Act Rule (2015) a registered nurse shall personally train UAP who will be delegated the task of administering routine medication(s). Training must be done at least annually. The delegation of a first dose of medication cannot be done, including any dosage changes (which will be treated as a first dose).

Individualized Healthcare Plans (IHP) and Emergency Action Plans (EAP)

The individualized healthcare plan (IHP) is required by professional standards of practice and uses the nursing process (assessment, diagnosis, planning, implementation, and evaluation) to determine a plan of action that meets the health care needs of a student during the school day. This plan is developed by the school nurse and provides written directions for school staff to follow in meeting the **individual student's health care needs**.

The emergency action plan (EAP) is also required by professional standards of practice and provides steps for school personnel in dealing with a life threatening or seriously harmful health situation for an individual student. This plan is developed by the school nurse and may be a part of the IHP.

According to the Utah Nurse Practice Act Rule (2015) all delegated tasks, including medication administration should be identified **within the student's current** healthcare plan (R156-31b-701a). The healthcare plans can be a detailed IHP or a simplified EAP, but should describe the conditions when medication should be administered to the student, whether routine or in an emergency situation.

Standing Orders

Standing orders are medical orders written by the school's physician. These orders may authorize administration of specific over-the-counter (OTC) medication such as

acetaminophen or ibuprofen and emergency medications such as epinephrine to students according to a defined protocol.

Although parent or guardian approval (consent) is not needed for the administration of medications during a life threatening emergency, consent is required for the administration of OTC medications.

Homeopathic and Herbal Remedies

Herbal medicine has its foundation in plants (also known as botanicals) and can be taken in several forms, including pills, powders, and essential oils. Although herbal **remedies are considered “natural”, they can cause side effects, and may interact** with other drugs being taken for other conditions.

Dietary supplements include vitamins and minerals and have a place in both conventional and complementary medicine. For example, a student with cystic fibrosis may need to take enzymes and vitamins with every meal. These should be addressed in the medication policies, and would also need to be treated as any **other medication, requiring a licensed prescriber’s order and parent/guardian** permission.

According to the National Association of School Nurses (NASN) “Registered nurses possess the knowledge about how to comply with NPAs and issues such as over-the-counter medications, off-label usage, and alternative medications, in a safe, evidence-based manner (2017-proposed)”. Schools must decide whether to develop policies that permit or prohibit the use of these substances within the school setting. If a school policy permits the administration of alternative medications, they should be treated as any other medication requiring a **licensed prescriber’s order and parent/guardian permission.**

As with any therapeutic intervention, when complementary and/or alternative medicines are requested to be administered, the first consideration is the health and safety of the student. When considering the administration of these substances in school, the following questions should be addressed:

- Does this substance need to be given during school hours?
- Is there documentation regarding the safety and efficacy of the substance?
- Has the parent or guardian provided written permission for the substance to be administered in school?
- Has a licensed prescriber written an order for this substance?

Off-Label and Research Medications

Off-label medications are Federal Drug Administration (FDA) approved medications prescribed for non-approved purposes. Research or investigational medications are substances undergoing formal study, are currently involved in clinical trials, but **don’t have** FDA approval. If a school policy permits the administration of off-label and research medications, it requires a **licensed prescriber’s order and** parent/guardian consent.

Who Can Prescribe Medication in Utah?

A licensed authorized prescribing professional is a physician (MD or DO), advanced practice registered nurse (APRN) with prescriptive authority, Physician Assistant (PA) who has direction from a physician or written protocol, dentist, or a podiatrist. Those that are not permitted to prescribed medications in Utah are licensed practical nurses (LPN), registered nurses (RN), medical assistants (MA), nutritionists, psychologists, naturopathic physicians (NP), and chiropractors.

Specific Medications Laws

Utah has several laws that directly address emergency medications in the schools. Please see those specific laws (listed below) for more detailed information.

Asthma Medications

Utah Code 53A-11-602 addresses asthma medications, and requires public schools to permit a student to possess and self-administer asthma medication if:

- The parent or guardian signs a statement authorizing the student to self-administer the medication, and that the student is responsible for, and capable of, self-administering the asthma medication; and
- **The student's healthcare provider provides a written statement that it is medically appropriate for the student to self-administer and be in possession of the asthma medication at all times, and the name of the asthma medication authorized for the student's use.**

The Utah Department of Health has developed an Asthma Action Plan (IHP 101.1 or IHP 101.2) that includes sections for both the healthcare provider and the parent required signatures. Students carrying asthma medication must have a completed medication authorization form submitted to the school (either the state form or an LEA approved form with the same information included).

Epinephrine

Utah Code 26-41-101 requires schools to have at least one epinephrine auto-injector (EAI) available. Section 104 of this chapter requires schools to permit a student to possess an EAI if:

- The parent or guardian signs a statement authorizing the student to possess and self-administer the EAI, and that the student is responsible for, and capable of possessing or possessing and self-administering an EAI; and
- **The student's healthcare provider provides a written statement that it is medically appropriate for the student to possess or possess and self-administer the EAI at all times.**

The Utah Department of Health has developed an Allergy & Anaphylaxis Emergency Action Plan (IHP 104.1) that includes sections for both the healthcare provider and the parent required signatures. Students carrying EAI must have a completed medication authorization form submitted to the school (either the state form or an LEA approved form with the same information included). The emergency 911

number and parent or guardian should always be called if an EAI is administered to the student.

Glucagon and Diabetes Medications

Glucagon is a hormone that must be injected to treat severe low blood glucose, or hypoglycemia. It works to release glucose into the bloodstream to bring the blood glucose level back up.

Utah Code 53A-11-603 requires schools to permit a student to possess or possess and self-administer diabetes medication if:

- The parent or guardian signs a statement authorizing the student to possess or possess and self-administer diabetes medication, including glucagon, and that the student is responsible for, and capable of possessing or possessing and self-administering the diabetes medication; and
- **The student's healthcare provider provides a written statement that it is medically appropriate for the student to possess or possess and self-administer the diabetes medication at all times, and the name of the diabetes medication(s) authorized for student's use.**

The Utah Department of Health and local diabetes physicians have developed a Diabetes Medication Management Order (DMMO) (M-2) that includes sections for both the healthcare provider and the parent required signatures. Students carrying diabetes medication must have a completed medication authorization form submitted to the school (either the state form or an LEA approved form with the same information included). The emergency 911 number and parent or guardian should always be called in glucagon is administered to the student.

Seizure Rescue Medication

Utah Code 53A-11-603.5 requires schools to attempt to identify and train school employees who are willing to volunteer to receive training to administer seizure rescue medication to a student if:

- A prescribing healthcare provider has prescribed a seizure rescue medication to the student; and
- **The student's parent or guardian has previously administered the student's seizure rescue medication in a nonmedically-supervised setting without a complication; and**
- The student has previously ceased having a full body prolonged convulsive seizure activity as a result of receiving the seizure rescue medication.

The Utah Department of Health and the local pediatric neurology physicians have developed a Seizure Medication Management Order (SMMO) (M-3) that includes sections for both the healthcare provider and the parent required signatures. This form is required if seizure rescue medication is ordered for administration in the schools. The emergency 911 number and parent or guardian should always be called if any seizure rescue medication is administered to the student.

Opiate Overdose (Naloxone)

Utah Code 26-55-101 allows organizations (including schools) to obtain and administer an opiate antagonist (naloxone) in an opiate-related drug overdose event. This medication can be obtained at certain pharmacies in Utah without a prescription. If a school chooses to house naloxone, their medication policy should address this.

Student Self-Administration of Medication

Students may be allowed to assume responsibility for carrying and administering their own medications (excluding controlled substances), provided that self-administration is approved in writing by the prescribing health care provider, the parent or guardian, and the school or district policy. If the student will be carrying asthma medication, epinephrine, diabetes medication, or if seizure rescue medication is to be administered at school there must be a completed authorization form submitted to the school (either the state form(s) or an LEA approved form with the same information included).

Storage

Medication must be stored in a secure refrigerator, drawer, or cabinet accessible only by those authorized to administer the medication. An exception to this would be asthma inhalers, epinephrine auto-injectors, and glucagon, which must not be stored in a locked area so they are readily available in an emergency. Seizure rescue medication should be kept locked, but accessible.

Transportation of Medications To/From School

Each LEA should develop a written policy to ensure the safe and secure transporting of medication. Issues to address in this policy should include:

- Medications transported to school
- Medications transported from school
- Medication transportation for emergency evacuation during the school day
- Medication transportation during field trips

Disposal of Unused Medication

Parent or guardian should be informed that it is their responsibility to retrieve any unused medication if the student is withdrawn from the school and/or at the end of the school year. The school should maintain a written policy to cover the following issues regarding those medications that are not retrieved.

- Written communication should be sent to the parent or guardian prior to the end of the school year with notification that unused medications must be retrieved by a specified date. The same communication needs to occur for any student who withdraws during the school year.
- Any medications not picked up by the designated date should be disposed of by the school nurse in the presence of another school employee in a manner

to prevent any possibility of further use of the medications. Environmental considerations should be kept in mind when disposing of unused medications.

- The school nurse and the school employee in charge of the disposal of unused medications should document the name of the medication and the amount disposed of along with the name of the student for which it was prescribed. Both individuals should sign the documentation.

Six Rights of Medication Administration

The six rights of assisting with medication include the following:

- Right student
- Right medication
- Right dosage
- Right time
- Right route
- Right documentation

These should be triple checked each and every time medication is administered. This includes:

- First, when taking the medication out of storage area; and
- Second, prior to administering the medication to the student; and
- Third, when returning the medication to the storage area.

Medication Errors

A medication incident or error report form (M-4 or other LEA approved form) should be used to report medication errors and must be filled out every time a medication error occurs. Routine errors include the following:

- Wrong student
- Wrong medication
- Wrong dosage
- Wrong time
- Wrong route

All medication incident or error reports should be shared between the school nurse, the parent or guardian, and other appropriate school and health care personnel according to school policy.

The Poison Control number is (800) 222-1222 and may need to be consulted for medication errors.

Students Who Forget to Take Their Medication

Schools have a responsibility to administer ordered and authorized medication. They can fulfill their obligation to provide health-related services to all children under the Individuals with Disabilities Education Improvement Act (2004) and Section 504 of the Rehabilitation Act (1973) as amended through the Americans

with Disabilities Amendment Act [ADAA] in 2008. A forgetful student must be sent for, or medication taken to their classroom. If a student forgets or refuses to come for medications, a conference with parent, counselor, nurse, and student should be arranged. A care plan should be developed that includes strategies to help forgetful students remember to come to the designated location for their medication. Some students may need help with problem solving.

Documentation

Documentation of medication given at school should be part of the school's written policy and practice for administering medications. Each dose of medication administered or witnessed by school staff should be documented on a medication log (L-1 or other LEA approved form) in ink or electronically. This log becomes a permanent health record for parents and health care providers, and provides legal protection to those who assist with medications at school. It also helps ensure that students receive medications as prescribed, and can help reduce medication errors.

Any hand-written error should be corrected by drawing a single line through the error, recording the correct information, then initialing and dating the corrected entry, as with any medical record.

The medication log should contain the following information:

- Student name
- Prescribed medication and dosage
- Schedule for medication administration
- Name(s) and signature(s)/initial(s) or electronic identification of individual(s) authorized and trained to supervise administration of medications

Definitions

Administration: the provision of prescribed medication to a student according to the orders of a healthcare provider, and as permitted by Utah law.

Asthma Inhaler: a device for the delivery of prescribed asthma medication which is inhaled. It includes metered dose inhalers (MDI), dry powder inhalers, and nebulizers.

Epinephrine Auto Injector: a device to deliver the correct epinephrine dose parenterally and is used as a treatment for symptoms of an allergic reaction.

Healthcare Provider: a medical/health practitioner who has a current license in the State of Utah with a scope of practice that includes prescribing medication.

Local Education Agency (LEA): the school district, charter or private school.

Medication: prescribed drugs and medical devices that are controlled by the U.S. Food and drug Administration and are ordered by a healthcare provider. It includes over-the-counter medications prescribed through a standing order by the school **physician or prescribed by the student's healthcare provider.**

Medication Authorization Form: A form required before medication can be stored, administered, or carried by a student. This form can be the M-1 form designed by the State, or a form created by the LEA.

Medication Error: occurs when a medication is not administered as prescribed. This includes when the medication prescribed is not given to the correct student, at the correct time, in the dosage prescribed, by the correct route, or when the wrong medication is administered.

Medication Log: a form that provides required documentation when medication is administered to a student. This form can be the M-2 form designed by the State, or a form created by the LEA.

Parent: a natural or adoptive parent, a guardian, or person acting as a parent of a **child with legal responsibility for the child's welfare.**

School Nurse: A registered professional nurse with a current nursing license who practices in a school setting.

Self-Administration: when the student administers medication independently to themselves under indirect supervision of the school nurse.

Unlicensed Assistive Personnel: a school employee who does not have a professional license that allows them to administer medication.

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ATTACHMENTS

ATTACHMENT A - Medication Authorization Form (Sample)

SCHOOL MEDICATION AUTHORIZATION FORM In Accordance with UCA 53A-11-601				Date:	Student Picture
STUDENT INFORMATION					
Student:	DOB:	Grade:	School:		
Parent:	Phone:	Email:			
Prescriber Name:	Phone:	Fax:			
School Nurse:	School Phone:	Fax:			
<p>Parent: complete the above section, read and sign below, obtain signature from Health Care Provider and As parent/guardian I request the medication(s) listed below be given to my student during regular school hours.</p> <p><input type="checkbox"/> I understand medication will be administered by trained school employee volunteers.</p> <p><input type="checkbox"/> I understand a new medication authorization form will be required each school year, and whenever there is a dosage change.</p> <p><input type="checkbox"/> I understand parent or guardian is responsible for maintaining necessary supplies, medications, and equipment.</p> <p><input type="checkbox"/> I understand prescription medication must be transported to and from school by an adult*.</p> <p><input type="checkbox"/> I understand all medication, both prescription and over-the-counter, must be in the current original pharmacy container and label, with the child's name, medication name, administration time, dosage, and health care provider's name.</p> <p><input type="checkbox"/> I understand over-the-counter medication must be in the original manufacture container.</p> <p><input type="checkbox"/> I understand the information contained in this order will be shared with school staff on a need-to-know basis.</p> <p><input type="checkbox"/> I understand it is my responsibility to notify the school nurse of any change in my student's health status, care or medication order.</p> <p>I give permission for my child's healthcare provider to share information with the school nurse for the</p>					
Parent Name (print):		Signature:		Date:	
Emergency Contact Name:		Relationship:		Phone:	
MEDICATION INFORMATION					
<p>If a request is being made for school staff to <u>administer</u> asthma medication, epinephrine auto-injector, diabetes medication, or seizure rescue medication, an additional specific form(s) will be required, and must be signed by the parent and physician, and kept on file at the school. These supplemental forms will also be required for students who <u>carry and self-administer</u> asthma medication, epinephrine auto-injectors, and diabetes medications.</p>					
Name of Medication	Indication/Diagnosis	Dosage	Route	Time	Side Effects
Additional Instructions to the school:					
<p>SIGNATURE This order can only be signed by an MD/DO; Nurse Practitioner, Certified Physician's Assistant or a provider with prescriptive practice.</p> <p>The above named student is under my care. It is medically necessary for medication administration while student is under the control of the school.</p> <p><input type="checkbox"/> It is medically appropriate for the student to self-carry* this medication, <u>when able and appropriate</u>, and be in possession of this medication and supplies at all times (see statement above under Medication Information). This student has been trained to self-administer the medication and is capable of doing this safely.</p> <p><input type="checkbox"/> It is <u>not</u> medically appropriate to carry and self-administer this medication. Please have the appropriate/designated school personnel maintain this student's medication for use if needed.</p>					
Prescriber Name:			Phone:		
Prescriber Signature:			Date:		
CONTINUED ON NEXT PAGE:					

School Nurse		
<input type="checkbox"/> Signed by physician and parent	<input type="checkbox"/> Medication appropriately labeled	<input type="checkbox"/> Medication log generated
Medication is kept: <input type="checkbox"/> Front office <input type="checkbox"/> Health office <input type="checkbox"/> Classroom <input type="checkbox"/> Other* (specify):		
School Nurse Signature:		Date:
*Student may carry some medication in certain circumstances. This applies to asthma medication, epinephrine auto-injectors, and diabetes medications, and ONLY after supplemental forms are completed and turned in to the school. <i>District and school medication policies have the final say on whether medication other than asthma medication, epinephrine auto-injectors, and diabetes medications can be self-carried.</i>		

ATTACHMENT B - Medication Administration Log (Sample)

MEDICATION ADMINISTRATION LOG												
(One log per medication)												
STUDENT:				PARENT:				YEAR:		TEACHER:		
MEDICATION				DOSE		ROUTE		TIME		COMMENT:		
DATE												
COUNT												
INITIALS (2 PEOPLE)												
MEDICATION ADMINISTRATION LOG												
August				September				October				November
Notes:												
December				January				February				March
Notes:												
April				May				June				July
Notes:												
CODES												
(initials) = given, X = No School, A = Absent, NP = No med Available, R = Refused, PC = Parent called/notified, OT = Off Track												
STAFF TO ADMINISTER												
Staff Name				Signature				Initial		Date Trained		
Official Use Only: School Nurse to complete						Date Complete Form Received:						
School Nurse Name				Signature				Initial		Date(s) Staff Trained		
Notes:												

This form is not required if Local Education Agency (LEA) has developed their own medication authorization form/log with the same information included.

ATTACHMENT C - Medication Error Reporting Form (Sample)

UTAH MEDICATION ERROR REPORT FORM		
<p>A medication error is defined as failure to administer the prescribed medication to the right student, at the right time, the right medication, the right dose or the right route. The person who administered the medication should complete this form and turn it in to the school nurse or school administrator. This form is not required if Local Education Agency (LEA) has developed their own Error or Incident form.</p>		
Date/Time:	Prepared by:	
School District:	School:	Date:
Student Name:	Student DOB:	Teacher/Grade:
Medication Name:	Dose Ordered:	Time Ordered:
Licensed Prescriber:	Phone:	
Parent/Guardian:	Phone:	
TYPE OF ERROR (Check all that apply)		
<input type="checkbox"/> Wrong student	Student on order:	Student given:
<input type="checkbox"/> Wrong Medication	Medication ordered:	Medication given:
<input type="checkbox"/> Wrong Dosage	Dosage ordered:	Dosage given:
<input type="checkbox"/> Wrong Time	Time ordered:	Time given:
<input type="checkbox"/> Wrong Route	Route ordered:	Route given:
<input type="checkbox"/> Medication not available	<input type="checkbox"/> Student refusal	<input type="checkbox"/> Medication wasted
<input type="checkbox"/> Expired Medication	<input type="checkbox"/> Omitted dose(s):	
<input type="checkbox"/> Possible adverse reaction	Describe:	
<input type="checkbox"/> Other:	Explain:	
Narrative description of error (use back of form if necessary):		
ACTION TAKEN		
Student transported by EMS? <input type="checkbox"/> No <input type="checkbox"/> Yes, Location:		
Persons notified:		
Licensed Prescriber Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Notified:	Time Notified:
Parent/Guardian Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Notified:	Time Notified:
School Administrator Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Notified:	Time Notified:
School Nurse Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Notified:	Time Notified:
FOLLOWUP INFORMATION		
Narrative of follow up:		
SIGNATURES		
Individual preparing report:	Date:	
School Nurse:	Date:	
Administrator:	Date:	

Utah Code

Part 6
Administration of Medication

53A-11-601 Administration of medication to students -- Prerequisites – Immunity from liability.

- (1) A public or private school that holds any classes in grades kindergarten through 12 may provide for the administration of medication to any student during periods when the student is under the control of the school, subject to the following conditions:
 - (a) the local school board, charter school governing board, or the private equivalent, after consultation with the Department of Health and school nurses shall adopt policies that provide for:
 - (i) the designation of volunteer employees who may administer medication;
 - (ii) proper identification and safekeeping of medication;
 - (iii) the training of designated volunteer employees by the school nurse;
 - (iv) maintenance of records of administration; and
 - (v) notification to the school nurse of medication that will be administered to students; and
 - (b) medication may only be administered to a student if:
 - (i) the student's parent or legal guardian has provided a current written and signed request that medication be administered during regular school hours to the student; and
 - (ii) the student's licensed health care provider has prescribed the medication and provides documentation as to the method, amount, and time schedule for administration, and a statement that administration of medication by school employees during periods when the student is under the control of the school is medically necessary.
- (2) Authorization for administration of medication by school personnel may be withdrawn by the school at any time following actual notice to the student's parent or guardian.
- (3) School personnel who provide assistance under Subsection (1) in substantial compliance with the licensed health care provider's written prescription and the employers of these school personnel are not liable, civilly or criminally, for:
 - (a) any adverse reaction suffered by the student as a result of taking the medication; and
 - (b) discontinuing the administration of the medication under Subsection (2).

Amended by Chapter 173, 2008 General Session

53A-11-602 Self-administration of asthma medication.

- (1) As used in this section, "asthma medication" means prescription or nonprescription, inhaled asthma medication.
- (2) A public school shall permit a student to possess and self-administer asthma medication if:
 - (a) the student's parent or guardian signs a statement:
 - (i) authorizing the student to self-administer asthma medication; and
 - (ii) acknowledging that the student is responsible for, and capable of, self-administering the asthma medication; and
 - (b) the student's health care provider provides a written statement that states:
 - (i) it is medically appropriate for the student to self-administer asthma medication and be in possession of asthma medication at all times; and
 - (ii) the name of the asthma medication prescribed or authorized for the student's use.

- (3) The Utah Department of Health, in cooperation with the state superintendent of public instruction, shall design forms to be used by public schools for the parental and health care provider statements described in Subsection (2).
- (4) Section 53A-11-904 does not apply to the possession and self-administration of asthma medication in accordance with this section.

Enacted by Chapter 4, 2004 General Session

53A-11-603 Administration of glucagon -- Training of volunteer school personnel -- Authority to use glucagon -- Immunity from liability.

- (1) As used in this section, "glucagon authorization" means a signed statement from a parent or guardian of a student with diabetes:
 - (a) certifying that glucagon has been prescribed for the student;
 - (b) requesting that the student's public school identify and train school personnel who volunteer to be trained in the administration of glucagon in accordance with this section; and
 - (c) authorizing the administration of glucagon in an emergency to the student in accordance with this section.
- (2)
 - (a) A public school shall, within a reasonable time after receiving a glucagon authorization, train two or more school personnel who volunteer to be trained in the administration of glucagon, with training provided by the school nurse or another qualified, licensed medical professional.
 - (b) A public school shall allow all willing school personnel to receive training in the administration of glucagon, and the school shall assist and may not obstruct the identification or training of volunteers under this Subsection (2).
 - (c) The Utah Department of Health, in cooperation with the state superintendent of public instruction, shall design a glucagon authorization form to be used by public schools in accordance with this section.
- (3)
 - (a) Training in the administration of glucagon shall include:
 - (i) techniques for recognizing the symptoms that warrant the administration of glucagon;
 - (ii) standards and procedures for the storage and use of glucagon;
 - (iii) other emergency procedures, including calling the emergency 911 number and contacting, if possible, the student's parent or guardian; and
 - (iv) written materials covering the information required under this Subsection (3).
 - (b) A school shall retain for reference the written materials prepared in accordance with Subsection (3)(a)(iv).
- (4) A public school shall permit a student or school personnel to possess or store prescribed glucagon so that it will be available for administration in an emergency in accordance with this section.
- (5)
 - (a) A person who has received training in accordance with this section may administer glucagon at a school or school activity to a student with a glucagon authorization if:
 - (i) the student is exhibiting the symptoms that warrant the administration of glucagon; and
 - (ii) a licensed health care professional is not immediately available.
 - (b) A person who administers glucagon in accordance with Subsection (5)(a) shall direct a responsible person to call 911 and take other appropriate actions in accordance with the training materials retained under Subsection (3)(b).

- (6) School personnel who provide or receive training under this section and act in good faith are not liable in any civil or criminal action for any act taken or not taken under the authority of this section with respect to the administration of glucagon.
- (7) Section 53A-11-601 does not apply to the administration of glucagon in accordance with this section.
- (8) Section 53A-11-904 does not apply to the possession and administration of glucagon in accordance with this section.
- (9) The unlawful or unprofessional conduct provisions of Title 58, Occupations and Professions, do not apply to a person licensed as a health professional under Title 58, Occupations and Professions, including a nurse, physician, or pharmacist who, in good faith, trains nonlicensed volunteers to administer glucagon in accordance with this section.

Enacted by Chapter 215, 2006 General Session

53A-11-603.5 Trained school employee volunteers -- Administration of seizure rescue medication -- Exemptions from liability.

- (1) As used in this section:
 - (a) "Prescribing health care professional" means:
 - (i) a physician and surgeon licensed under Title 58, Chapter 67, Utah Medical Practice Act;
 - (ii) an osteopathic physician and surgeon licensed under Title 58, Chapter 68, Utah Osteopathic Medical Practice Act;
 - (iii) an advanced practice registered nurse licensed under Title 58, Chapter 31b, Nurse Practice Act; or
 - (iv) a physician assistant licensed under Title 58, Chapter 70a, Physician Assistant Act.
 - (b) "Section 504 accommodation plan" means a plan developed pursuant to Section 504 of the Rehabilitation Act of 1973, as amended, to provide appropriate accommodations to an individual with a disability to ensure access to major life activities.
 - (c) "Seizure rescue authorization" means a student's Section 504 accommodation plan that:
 - (i) certifies that:
 - (A) a prescribing health care professional has prescribed a seizure rescue medication for the student;
 - (B) the student's parent or legal guardian has previously administered the student's seizure rescue medication in a nonmedically-supervised setting without a complication; and
 - (C) the student has previously ceased having full body prolonged or convulsive seizure activity as a result of receiving the seizure rescue medication;
 - (ii) describes the specific seizure rescue medication authorized for the student, including the indicated dose, and instructions for administration;
 - (iii) requests that the student's public school identify and train school employees who are willing to volunteer to receive training to administer a seizure rescue medication in accordance with this section; and
 - (iv) authorizes a trained school employee volunteer to administer a seizure rescue medication in accordance with this section.
 - (d)
 - (i) "Seizure rescue medication" means a medication, prescribed by a prescribing health care professional, to be administered as described in a student's seizure rescue authorization, while the student experiences seizure activity.
 - (ii) A seizure rescue medication does not include a medication administered intravenously or intramuscularly.

- (e) "Trained school employee volunteer" means an individual who:
 - (i) is an employee of a public school where at least one student has a seizure rescue authorization;
 - (ii) is at least 18 years old; and
 - (iii) as described in this section:
 - (A) volunteers to receive training in the administration of a seizure rescue medication;
 - (B) completes a training program described in this section;
 - (C) demonstrates competency on an assessment; and
 - (D) completes annual refresher training each year that the individual intends to remain a trained school employee volunteer.
- (2)
 - (a) The Department of Health shall, with input from the State Board of Education and a children's hospital, develop a training program for trained school employee volunteers in the administration of seizure rescue medications that includes:
 - (i) techniques to recognize symptoms that warrant the administration of a seizure rescue medication;
 - (ii) standards and procedures for the storage of a seizure rescue medication;
 - (iii) procedures, in addition to administering a seizure rescue medication, in the event that a student requires administration of the seizure rescue medication, including:
 - (A) calling 911; and
 - (B) contacting the student's parent or legal guardian;
 - (iv) an assessment to determine if an individual is competent to administer a seizure rescue medication;
 - (v) an annual refresher training component; and
 - (vi) written materials describing the information required under this Subsection (2)(a).
 - (b) A public school shall retain for reference the written materials described in Subsection (2)(a)(vi).
 - (c) The following individuals may provide the training described in Subsection (2)(a):
 - (i) a school nurse; or
 - (ii) a licensed health care professional.
- (3)
 - (a) A public school shall, after receiving a seizure rescue authorization:
 - (i) inform school employees of the opportunity to be a school employee volunteer; and
 - (ii) subject to Subsection (3)(b)(ii), provide training, to each school employee who volunteers, using the training program described in Subsection (2)(a).
 - (b) A public school may not:
 - (i) obstruct the identification or training of a trained school employee volunteer; or
 - (ii) compel a school employee to become a trained school employee volunteer.
- (4) A trained school employee volunteer may possess or store a prescribed rescue seizure medication, in accordance with this section.
- (5) A trained school employee volunteer may administer a seizure rescue medication to a student with a seizure rescue authorization if:
 - (a) the student is exhibiting a symptom, described on the student's seizure rescue authorization, that warrants the administration of a seizure rescue medication; and
 - (b) a licensed health care professional is not immediately available to administer the seizure rescue medication.

- (6) A trained school employee volunteer who administers a seizure rescue medication shall direct an individual to call 911 and take other appropriate actions in accordance with the training described in Subsection (2).
- (7) A trained school employee volunteer who administers a seizure rescue medication in accordance with this section in good faith is not liable in a civil or criminal action for an act taken or not taken under this section.
- (8) Section 53A-11-601 does not apply to the administration of a seizure rescue medication.
- (9) Section 53A-11-904 does not apply to the possession of a seizure rescue medication in accordance with this section.
- (10)
 - (a) The unlawful or unprofessional conduct provisions of Title 58, Occupations and Professions, do not apply to a person licensed as a health care professional under Title 58, Occupations and Professions, including a nurse, physician, or pharmacist for, in good faith, training a nonlicensed school employee who volunteers to administer a seizure rescue medication in accordance with this section.
 - (b) Allowing a trained school employee volunteer to administer a seizure rescue medication in accordance with this section does not constitute unlawful or inappropriate delegation under Title 58, Occupations and Professions.

Enacted by Chapter 423, 2016 General Session

53A-11-604 Diabetes medication -- Possession -- Self-administration.

- (1) As used in this section, "diabetes medication" means prescription or nonprescription medication used to treat diabetes, including related medical devices, supplies, and equipment used to treat diabetes.
- (2) A public school shall permit a student to possess or possess and self-administer diabetes medication if:
 - (a) the student's parent or guardian signs a statement:
 - (i) authorizing the student to possess or possess and self-administer diabetes medication; and
 - (ii) acknowledging that the student is responsible for, and capable of, possessing or possessing and self-administering the diabetes medication; and
 - (b) the student's health care provider provides a written statement that states:
 - (i) it is medically appropriate for the student to possess or possess and self-administer diabetes medication and the student should be in possession of diabetes medication at all times; and
 - (ii) the name of the diabetes medication prescribed or authorized for the student's use.
- (3) The Utah Department of Health, in cooperation with the state superintendent of public instruction, shall design forms to be used by public schools for the parental and health care provider statements described in Subsection (2).
- (4) Section 53A-11-904 does not apply to the possession and self-administration of diabetes medication in accordance with this section.

Enacted by Chapter 215, 2006 General Session

53A-11-605 Definitions -- School personnel -- Medical recommendations -- Exceptions -- Penalties.

- (1) As used in this section:
 - (a) "Health care professional" means a physician, physician assistant, nurse, dentist, or mental health therapist.

- (b) "School personnel" means a school district or charter school employee, including a licensed, part-time, contract, or nonlicensed employee.
- (2) School personnel may:
 - (a) provide information and observations to a student's parent or guardian about that student, including observations and concerns in the following areas:
 - (i) progress;
 - (ii) health and wellness;
 - (iii) social interactions;
 - (iv) behavior; or
 - (v) topics consistent with Subsection 53A-13-302(6);
 - (b) communicate information and observations between school personnel regarding a child;
 - (c) refer students to other appropriate school personnel and agents, consistent with local school board or charter school policy, including referrals and communication with a school counselor or other mental health professionals working within the school system;
 - (d) consult or use appropriate health care professionals in the event of an emergency while the student is at school, consistent with the student emergency information provided at student enrollment;
 - (e) exercise their authority relating to the placement within the school or readmission of a child who may be or has been suspended or expelled for a violation of Section 53A-11-904; and
 - (f) complete a behavioral health evaluation form if requested by a student's parent or guardian to provide information to a licensed physician.
- (3) School personnel shall:
 - (a) report suspected child abuse consistent with Section 62A-4a-403;
 - (b) comply with applicable state and local health department laws, rules, and policies; and
 - (c) conduct evaluations and assessments consistent with the Individuals with Disabilities Education Act, 20 U.S.C. Sec. 1400 et seq., and its subsequent amendments.
- (4) Except as provided in Subsection (2), Subsection (6), and Section 53A-11a-203, school personnel may not:
 - (a) recommend to a parent or guardian that a child take or continue to take a psychotropic medication;
 - (b) require that a student take or continue to take a psychotropic medication as a condition for attending school;
 - (c) recommend that a parent or guardian seek or use a type of psychiatric or psychological treatment for a child;
 - (d) conduct a psychiatric or behavioral health evaluation or mental health screening, test, evaluation, or assessment of a child, except where this Subsection (4)(d) conflicts with the Individuals with Disabilities Education Act, 20 U.S.C. Sec. 1400 et seq., and its subsequent amendments; or
 - (e) make a child abuse or neglect report to authorities, including the Division of Child and Family Services, solely or primarily on the basis that a parent or guardian refuses to consent to:
 - (i) a psychiatric, psychological, or behavioral treatment for a child, including the administration of a psychotropic medication to a child; or
 - (ii) a psychiatric or behavioral health evaluation of a child.
- (5) Notwithstanding Subsection (4)(e), school personnel may make a report that would otherwise be prohibited under Subsection (4)(e) if failure to take the action described under Subsection (4)(e) would present a serious, imminent risk to the child's safety or the safety of others.

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- (6) Notwithstanding Subsection (4), a school counselor or other mental health professional acting in accordance with Title 58, Chapter 60, Mental Health Professional Practice Act, or licensed through the State Board of Education, working within the school system may:
 - (a) recommend, but not require, a psychiatric or behavioral health evaluation of a child;
 - (b) recommend, but not require, psychiatric, psychological, or behavioral treatment for a child;
 - (c) conduct a psychiatric or behavioral health evaluation or mental health screening, test, evaluation, or assessment of a child in accordance with Section 53A-13-302; and
 - (d) provide to a parent or guardian, upon the specific request of the parent or guardian, a list of three or more health care professionals or providers, including licensed physicians, psychologists, or other health specialists.
- (7) Local school boards or charter schools shall adopt a policy:
 - (a) providing for training of appropriate school personnel on the provisions of this section; and
 - (b) indicating that an intentional violation of this section is cause for disciplinary action consistent with local school board or charter school policy and under Section 53A-8a-502.
- (8) Nothing in this section shall be interpreted as discouraging general communication not prohibited by this section between school personnel and a student's parent or guardian.

Amended by Chapter 335, 2013 General Session

Utah Code

Chapter 41

Emergency Injection for Anaphylactic Reaction Act

26-41-101 Title.

This chapter is known as the "Emergency Injection for Anaphylactic Reaction Act."

Enacted by Chapter 17, 1998 General Session

26-41-102 Definitions.

As used in this chapter:

- (1) "Anaphylaxis" means a potentially life-threatening hypersensitivity to a substance.
 - (a) Symptoms of anaphylaxis may include shortness of breath, wheezing, difficulty breathing, difficulty talking or swallowing, hives, itching, swelling, shock, or asthma.
 - (b) Causes of anaphylaxis may include insect sting, food allergy, drug reaction, and exercise.
- (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 anaphylactic reaction.
- (3) "Qualified adult" means a person who:
 - (a) is 18 years of age or older; and
 - (b) has successfully completed the training program established in Section 26-41-104.
- (4) "Qualified entity":
 - (a) means a facility or organization that employs, contracts with, or has a similar relationship with a qualified adult who is likely to have contact with another person who may experience anaphylaxis; and
 - (b) includes:
 - (i) recreation camps;
 - (ii) an education facility, school, or university;
 - (iii) a day care facility;
 - (iv) youth sports leagues;
 - (v) amusement parks;
 - (vi) food establishments;
 - (vii) places of employment; and
 - (viii) recreation areas.

Amended by Chapter 332, 2015 General Session

26-41-103 Voluntary participation.

- (1) This chapter does not create a duty or standard of care for:
 - (a) a person to be trained in the use and storage of epinephrine auto-injectors; or
 - (b) except as provided in Subsection (5), a qualified entity to store epinephrine auto-injectors on its premises.
- (2) Except as provided in Subsections (3) and (5), a decision by a person to successfully complete a training program under Section 26-41-104 and to make emergency epinephrine auto-injectors available under the provisions of this chapter is voluntary.
- (3) A school, school board, or school official may not prohibit or dissuade a teacher or other school employee at a primary or secondary school in the state, either public or private, from:
 - (a) completing a training program under Section 26-41-104;

- (b) possessing or storing an epinephrine auto-injector on school property if:
 - (i) the teacher or school employee is a qualified adult; and
 - (ii) the possession and storage is in accordance with the training received under Section 26-41-104; or
- (c) administering an epinephrine auto-injector to any person, if:
 - (i) the teacher or school employee is a qualified adult; and
 - (ii) the administration is in accordance with the training received under Section 26-41-104.
- (4) A school, school board, or school official may encourage a teacher or other school employee to volunteer to become a qualified adult.
- (5)
 - (a) Each primary or secondary school in the state, both public and private, shall make an emergency epinephrine auto-injector available to any teacher or other school employee who:
 - (i) is employed at the school; and
 - (ii) is a qualified adult.
 - (b) This section does not require a school described in Subsection (5)(a) to keep more than one emergency epinephrine auto-injector on the school premises, so long as it may be quickly accessed by a teacher or other school employee, who is a qualified adult, in the event of an emergency.
- (6) No school, school board, or school official shall retaliate or otherwise take adverse action against a teacher or other school employee for:
 - (a) volunteering under Subsection (2);
 - (b) engaging in conduct described in Subsection (3); or
 - (c) failing or refusing to become a qualified adult.

Amended by Chapter 332, 2015 General Session

26-41-104 Training in use and storage of epinephrine auto-injector.

- (1)
 - (a) Each primary and secondary school in the state, both public and private, shall make initial and annual refresher training, regarding the storage and emergency use of an epinephrine auto-injector, available to any teacher or other school employee who volunteers to become a qualified adult.
 - (b) The training described in Subsection (1)(a) may be provided by the school nurse, or other person qualified to provide such training, designated by the school district physician, the medical director of the local health department, or the local emergency medical services director.
- (2) A person who provides training under Subsection (1) or (6) shall include in the training:
 - (a) techniques for recognizing symptoms of anaphylaxis;
 - (b) standards and procedures for the storage and emergency use of epinephrine auto-injectors;
 - (c) emergency follow-up procedures, including calling the emergency 911 number and contacting, if possible, the student's parent and physician; and
 - (d) written materials covering the information required under this Subsection (2).
- (3) A qualified adult shall retain for reference the written materials prepared in accordance with Subsection (2)(d).
- (4) A public school shall permit a student to possess an epinephrine auto-injector or possess and self-administer an epinephrine auto-injector if:
 - (a) the student's parent or guardian signs a statement:

- (i) authorizing the student to possess or possess and self-administer an epinephrine auto-injector; and
- (ii) acknowledging that the student is responsible for, and capable of, possessing or possessing and self-administering an epinephrine auto-injector; and
- (b) the student's health care provider provides a written statement that states that:
 - (i) it is medically appropriate for the student to possess or possess and self-administer an epinephrine auto-injector; and
 - (ii) the student should be in possession of the epinephrine auto-injector at all times.
- (5) The Utah Department of Health, in cooperation with the state superintendent of public instruction, shall design forms to be used by public schools for the parental and health care providers statements described in Subsection (4).
- (6)
 - (a) The department:
 - (i) shall approve educational programs conducted by other persons, to train:
 - (A) people under Subsection (6)(b) of this section, regarding the proper use and storage of emergency epinephrine auto-injectors; and
 - (B) a qualified entity regarding the proper storage and emergency use of epinephrine auto-injectors; and
 - (ii) may, as funding is available, conduct educational programs to train people regarding the use of and storage of emergency epinephrine auto-injectors.
 - (b) A person who volunteers to receive training as a qualified adult to administer an epinephrine auto-injector under the provisions of this Subsection (6) shall demonstrate a need for the training to the department, which may be based upon occupational, volunteer, or family circumstances, and shall include:
 - (i) camp counselors;
 - (ii) scout leaders;
 - (iii) forest rangers;
 - (iv) tour guides; and
 - (v) other persons who have or reasonably expect to have contact with at least one other person as a result of the person's occupational or volunteer status.

Amended by Chapter 332, 2015 General Session

26-41-105 Authority to obtain and use an epinephrine auto-injector.

- (1) A qualified adult who is a teacher or other school employee at a public or private primary or secondary school in the state, or a school nurse, may obtain from the school district physician, the medical director of the local health department, or the local emergency medical services director a prescription for epinephrine auto-injectors.
- (2) A qualified adult may obtain from a physician, pharmacist, or any other person or entity authorized to prescribe or dispense prescription drugs, a prescription for an epinephrine auto-injector.
- (3) A qualified adult:
 - (a) may immediately administer an epinephrine auto-injector to a person exhibiting potentially life-threatening symptoms of anaphylaxis when a physician is not immediately available; and
 - (b) shall initiate emergency medical services or other appropriate medical follow-up in accordance with the training materials retained under Section 26-41-104 after administering an epinephrine auto-injector.
- (4)

- (a) A qualified entity that complies with Subsection (4)(b), may obtain from a physician, pharmacist, or any other person or entity authorized to prescribe or dispense prescription drugs, a prescription for a supply of epinephrine auto-injectors, for:
 - (i) storing the epinephrine auto-injectors on the qualified entity's premises; and
 - (ii) use by a qualified adult in accordance with Subsection (3).
- (b) A qualified entity shall:
 - (i) designate an individual to complete an initial and annual refresher training program regarding the proper storage and emergency use of an epinephrine auto-injector available to a qualified adult; and
 - (ii) store epinephrine auto-injectors in accordance with the standards established by the department in Section 26-41-107.

Amended by Chapter 332, 2015 General Session

26-41-106 Immunity from liability.

- (1) The following, if acting in good faith, are not liable in any civil or criminal action for any act taken or not taken under the authority of this chapter with respect to an anaphylactic reaction:
 - (a) a qualified adult;
 - (b) a physician, pharmacist, or any other person or entity authorized to prescribe or dispense prescription drugs;
 - (c) a person who conducts training described in Section 26-41-104; and
 - (d) a qualified entity.
- (2) Section 53A-11-601 does not apply to the administration of an epinephrine auto-injector in accordance with this chapter.
- (3) This section does not eliminate, limit, or reduce any other immunity from liability or defense against liability that may be available under state law.

Amended by Chapter 332, 2015 General Session

26-41-107 Administrative rulemaking authority.

The department shall adopt rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to:

- (1) establish and approve training programs in accordance with Section 26-41-104;
- (2) establish a procedure for determining who is eligible for training as a qualified adult under Subsection 26-41-104(6)(b)(v); and
- (3) establish standards for storage of emergency auto-injectors by a qualified entity under Section 26-41-104.

Enacted by Chapter 332, 2015 General Session

ATTACHMENT F - Opiate Overdose Response Act (UCA 26-55-101)

Utah Code

Effective 5/10/2016

**Chapter 55
Opiate Overdose Response Act**

26-55-101 Title.

This chapter is known as the " Opiate Overdose Response Act."

Amended by Chapter 202, 2016 General Session

Amended by Chapter 207, 2016 General Session

Amended by Chapter 208, 2016 General Session

26-55-102 Definitions.

As used in this chapter:

- (1) "Controlled substance" means the same as that term is defined in Title 58, Chapter 37, Utah Controlled Substances Act.
- (2) "Dispense" means the same as that term is defined in Section 58-17b-102.
- (3) "Health care facility" means a hospital, a hospice inpatient residence, a nursing facility, a dialysis treatment facility, an assisted living residence, an entity that provides home- and community-based services, a hospice or home health care agency, or another facility that provides or contracts to provide health care services, which facility is licensed under Chapter 21, Health Care Facility Licensing and Inspection Act.
- (4) "Health care provider" means:
 - (a) a physician, as defined in Section 58-67-102;
 - (b) an advanced practice registered nurse, as defined in Section 58-31b-102;
 - (c) a physician assistant, as defined in Section 58-70a-102; or
 - (d) an individual licensed to engage in the practice of dentistry, as defined in Section 58-69-102.
- (5) "Increased risk" means risk exceeding the risk typically experienced by an individual who is not using, and is not likely to use, an opiate.
- (6) "Local health department" means:
 - (a) a local health department, as defined in Section 26A-1-102; or
 - (b) a multicounty local health department, as defined in Section 26A-1-102.
- (7) "Opiate" means the same as that term is defined in Section 58-37-2.
- (8) "Opiate antagonist" means naloxone hydrochloride or any similarly acting drug that is not a controlled substance and that is approved by the federal Food and Drug Administration for the diagnosis or treatment of an opiate-related drug overdose.
- (9) "Opiate-related drug overdose event" means an acute condition, including a decreased level of consciousness or respiratory depression resulting from the consumption or use of a controlled substance, or another substance with which a controlled substance was combined, and that a person would reasonably believe to require medical assistance.
- (10) "Overdose outreach provider" means:
 - (a) a law enforcement agency;
 - (b) a fire department;
 - (c) an emergency medical service provider, as defined in Section 26-8a-102;
 - (d) emergency medical service personnel, as defined in Section 26-8a-102;
 - (e) an organization providing treatment or recovery services for drug or alcohol use;
 - (f) an organization providing support services for an individual, or a family of an individual, with a substance use disorder;

- (g) an organization providing substance use or mental health services under contract with a local substance abuse authority, as defined in Section 62A-15-102, or a local mental health authority, as defined in Section 62A-15-102;
 - (h) an organization providing services to the homeless;
 - (i) a local health department; or
 - (j) an individual.
- (11) "Patient counseling" means the same as that term is defined in Section 58-17b-102.
- (12) "Pharmacist" means the same as that term is defined in Section 58-17b-102.
- (13) "Pharmacy intern" means the same as that term is defined in Section 58-17b-102.
- (14) "Prescribe" means the same as that term is defined in Section 58-17b-102.

Amended by Chapter 127, 2016 General Session
Amended by Chapter 202, 2016 General Session
Amended by Chapter 207, 2016 General Session
Amended by Chapter 208, 2016 General Session

26-55-103 Voluntary participation.

This chapter does not create a duty or standard of care for a person to prescribe or administer an opiate antagonist.

Enacted by Chapter 130, 2014 General Session

26-55-104 Prescribing, dispensing, and administering an opiate antagonist -- Immunity from liability.

- (1)
- (a)
- (i) For purposes of Subsection (1)(a)(ii), "a person other than a health care facility or health care provider" includes the following, regardless of whether the person has received funds from the department through the Opiate Overdose Outreach Pilot Program created in Section 26-55-107:
 - (A) a person described in Subsections 26-55-107(1)(a)(i)(A) through (1)(a)(i)(F); or
 - (B) an organization defined by department rule made under Subsection 26-55-107(7)(e) that is in a position to assist an individual who is at increased risk of experiencing an opiate-related drug overdose event.
 - (ii) Except as provided in Subsection (1)(b), a person, including an overdose outreach provider, but not including a health care facility or health care provider, that acts in good faith to administer an opiate antagonist to an individual whom the person believes to be experiencing an opiate-related drug overdose event is not liable for any civil damages for acts or omissions made as a result of administering the opiate antagonist.
- (b) A health care provider:
- (i) does not have immunity from liability under Subsection (1)(a) when the health care provider is acting within the scope of the health care provider's responsibilities or duty of care; and
 - (ii) does have immunity from liability under Subsection (1)(a) if the health care provider is under no legal duty to respond and otherwise complies with Subsection (1)(a).
- (2) Notwithstanding Sections 58-1-501, 58-17b-501, and 58-17b-502, a health care provider who is licensed to prescribe an opiate antagonist may prescribe, including by a standing prescription drug order issued in accordance with Subsection 26-55-105(2), or dispense an opiate antagonist:

- (a)
 - (i) to an individual who is at increased risk of experiencing an opiate-related drug overdose event;
 - (ii) to a family member of, friend of, or other person, including a person described in Subsections 26-55-107(1)(a)(i)(A) through (1)(a)(i)(F), that is in a position to assist an individual who is at increased risk of experiencing an opiate-related drug overdose event; or
 - (iii) to an overdose outreach provider for:
 - (A) furnishing to an individual who is at increased risk of experiencing an opiate-related drug overdose event, or to a family member of, friend of, or other individual who is in a position to assist an individual who is at increased risk of experiencing an opiate-related drug overdose event, as provided in Section 26-55-106; or
 - (B) administering to an individual experiencing an opiate-related drug overdose event;
 - (b) without a prescriber-patient relationship; and
 - (c) without liability for any civil damages for acts or omissions made as a result of prescribing or dispensing the opiate antagonist in good faith.
- (3) A health care provider who dispenses an opiate antagonist to an individual or an overdose outreach provider under Subsection (2)(a) shall provide education to the individual or overdose provider that includes written instruction on how to:
- (a) recognize an opiate-related drug overdose event; and
 - (b) respond appropriately to an opiate-related drug overdose event, including how to:
 - (i) administer an opiate antagonist; and
 - (ii) ensure that an individual to whom an opiate antagonist has been administered receives, as soon as possible, additional medical care and a medical evaluation.

Amended by Chapter 202, 2016 General Session, (Coordination Clause)

Amended by Chapter 202, 2016 General Session

Amended by Chapter 207, 2016 General Session

Amended by Chapter 208, 2016 General Session

26-55-105 Standing prescription drug orders for an opiate antagonist.

- (1) Notwithstanding Title 58, Chapter 17b, Pharmacy Practice Act, a person licensed under Title 58, Chapter 17b, Pharmacy Practice Act, to dispense an opiate antagonist may dispense the opiate antagonist:
- (a) pursuant to a standing prescription drug order made in accordance with Subsection (2); and
 - (b) without any other prescription drug order from a person licensed to prescribe an opiate antagonist.
- (2) A physician who is licensed to prescribe an opiate antagonist, including a physician acting in the physician's capacity as an employee of the department, or a medical director of a local health department, as defined in Section 26A-1-102, may issue a standing prescription drug order authorizing the dispensing of the opiate antagonist under Subsection (1) in accordance with a protocol that:
- (a) limits dispensing of the opiate antagonist to:
 - (i) an individual who is at increased risk of experiencing an opiate-related drug overdose event;
 - (ii) a family member of, friend of, or other person, including a person described in Subsections 26-55-107(1)(a)(i)(A) through (1)(a)(i)(F), that is in a position to assist an individual who is at increased risk of experiencing an opiate-related drug overdose event; or
 - (iii) an overdose outreach provider for:

- (A) furnishing to an individual who is at increased risk of experiencing an opiate-related drug overdose event, or to a family member of, friend of, or other individual who is in a position to assist an individual who is at increased risk of experiencing an opiate-related drug overdose event, as provided in Section 26-55-106; or
- (B) administering to an individual experiencing an opiate-related drug overdose event;
- (b) requires the physician to specify the persons, by professional license number, authorized to dispense the opiate antagonist;
- (c) requires the physician to review at least annually the dispensing practices of those authorized by the physician to dispense the opiate antagonist;
- (d) requires those authorized by the physician to dispense the opiate antagonist to make and retain a record of each person to whom the opiate antagonist is dispensed, which shall include:
 - (i) the name of the person;
 - (ii) the drug dispensed; and
 - (iii) other relevant information; and
- (e) is approved by the Division of Occupational and Professional Licensing within the Department of Commerce by administrative rule made in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.

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Enacted by Chapter 208, 2016 General Session

26-55-106 Overdose outreach providers.

Notwithstanding Sections 58-1-501, 58-17b-501, and 58-17b-502:

- (1) an overdose outreach provider may:
 - (a) obtain an opiate antagonist dispensed on prescription by:
 - (i) a health care provider, in accordance with Subsections 26-55-104(2) and (3); or
 - (ii) a pharmacist or pharmacy intern, as otherwise authorized by Title 58, Chapter 17b, Pharmacy Practice Act;
 - (b) store the opiate antagonist; and
 - (c) furnish the opiate antagonist:
 - (i)
 - (A) to an individual who is at increased risk of experiencing an opiate-related drug overdose event; or
 - (B) to a family member of, friend of, or other individual who is in a position to assist an individual who is at increased risk of experiencing an opiate-related drug overdose event; and
 - (ii) without liability for any civil damages for acts or omissions made as a result of furnishing the opiate antagonist in good faith; and
- (2) when furnishing an opiate antagonist under Subsection (1), an overdose outreach provider:
 - (a) shall also furnish to the recipient of the opiate antagonist:
 - (i) the written instruction under Subsection 26-55-104(3) received by the overdose outreach provider from the health care provider at the time the opiate antagonist was dispensed to the overdose outreach provider; or
 - (ii) if the opiate antagonist was dispensed to the overdose outreach provider by a pharmacist or pharmacy intern, any written patient counseling under Section 58-17b-613 received by the overdose outreach provider at the time of dispensing; and

- (b) may provide additional instruction on how to recognize and respond appropriately to an opiate-related drug overdose event.

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26-55-107 Opiate Overdose Outreach Pilot Program -- Grants -- Annual reporting by grantees -- Rulemaking -- Annual reporting by department.

(1) As used in this section:

- (a) "Persons that are in a position to assist an individual who is at increased risk of experiencing an opiate-related drug overdose event":

- (i) means the following organizations:

- (A) a law enforcement agency;
 - (B) the department or a local health department, as defined in Section 26A-1-102;
 - (C) an organization that provides drug or alcohol treatment services;
 - (D) an organization that provides services to the homeless;
 - (E) an organization that provides training on the proper administration of an opiate antagonist in response to an opiate-related drug overdose event;
 - (F) a school; or
 - (G) except as provided in Subsection (1)(a)(ii), any other organization, as defined by department rule made under Subsection (7)(e), that is in a position to assist an individual who is at increased risk of experiencing an opiate-related drug overdose event; and

- (ii) does not mean:

- (A) a person licensed under Title 58, Chapter 17b, Pharmacy Practice Act;
 - (B) a health care facility; or
 - (C) an individual.

- (b) "School" means:

- (i) a public school:

- (A) for elementary or secondary education, including a charter school; or
 - (B) for other purposes;

- (ii) a private school:

- (A) for elementary or secondary education; or
 - (B) accredited for other purposes, including higher education or specialty training; or

- (iii) an institution within the state system of higher education, as described in Section 53B-1-102.

(2) There is created within the department the "Opiate Overdose Outreach Pilot Program."

(3) The department may use funds appropriated for the program to:

- (a) provide grants under Subsection (4);
- (b) promote public awareness of the signs, symptoms, and risks of opioid misuse and overdose;
- (c) increase the availability of educational materials and other resources designed to assist individuals at increased risk of opioid overdose, their families, and others in a position to help prevent or respond to an overdose event;
- (d) increase public awareness of, access to, and use of opiate antagonist;
- (e) update the department's Utah Clinical Guidelines on Prescribing Opioids and promote its use by prescribers and dispensers of opioids;
- (f) develop a directory of substance misuse treatment programs and promote its dissemination to and use by opioid prescribers, dispensers, and others in a position to assist individuals at increased risk of opioid overdose;

- (g) coordinate a multi-agency coalition to address opioid misuse and overdose; and
 - (h) maintain department data collection efforts designed to guide the development of opioid overdose interventions and track their effectiveness.
- (4) No later than September 1, 2016, and with available funding, the department shall grant funds through the program to persons that are in a position to assist an individual who is at increased risk of experiencing an opiate-related drug overdose event.
- (5) Funds granted by the program:
- (a) may be used by a grantee to:
 - (i) pay for the purchase by the grantee of an opiate antagonist; or
 - (ii) pay for the grantee's cost of providing training on the proper administration of an opiate antagonist in response to an opiate-related drug overdose event; and
 - (b) may not be used:
 - (i) to pay for costs associated with the storage or dispensing of an opiate antagonist; or
 - (ii) for any other purposes.
- (6) Grantees shall report annually to the department on the use of granted funds in accordance with department rules made under Subsection (7)(d).
- (7) No later than July 1, 2016, the department shall, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, make rules specifying:
- (a) how to apply for a grant from the program;
 - (b) the criteria used by the department to determine whether a grant request is approved, including criteria providing that:
 - (i) grants are awarded to areas of the state, including rural areas, that would benefit most from the grant; and
 - (ii) no more than 15% of the total amount granted by the program is used to pay for grantees' costs of providing training on the proper administration of an opiate antagonist in response to an opiate-related drug overdose event;
 - (c) the criteria used by the department to determine the amount of a grant;
 - (d) the information a grantee shall report annually to the department under Subsection (6), including:
 - (i) the amount of opiate antagonist purchased and dispensed by the grantee during the reporting period;
 - (ii) the number of individuals to whom the opiate antagonist was dispensed by the grantee;
 - (iii) the number of lives known to have been saved during the reporting period as a result of opiate antagonist dispensed by the grantee; and
 - (iv) the manner in which the grantee shall record, preserve, and make available for audit by the department the information described in Subsections (7)(d)(i) through (7)(d)(iii); and
 - (e) as required by Subsection (1)(a)(i)(G), any other organization that is in a position to assist an individual who is at increased risk of experiencing an opiate-related drug overdose event.
- (8) The department shall report to the Legislature's Social Services Appropriations Subcommittee no later than September 1 of each year on the outcomes of the Opiate Overdose Outreach Pilot Program.

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