Recommendations and Requirements
Emergency Response Medications
Albuterol, Epinephrine, Opioid Antagonist, Anti-Seizure, Glucagon

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1. Scope
   a. These Recommendations and Requirements are specifically for emergency response medications noted in the California Education Code for use in schools and administered by individuals at an educational site or school-related activities.
   b. Guidance on first aid kits or first aid supplies can be found in the Local Educational Agency's (LEA's) Emergency Operation Plan, school nurses, the local Fire Department, Emergency Medical Services, or from the LEA's consulting physician, as required by California Code of Regulations, Title 8 Section 3400.
   c. Guidance on Emergency Response Equipment can be found here Recs and Reqs for Emergency Response Equipment 2025-09-05.docx

2. Medication Requirements
   a. Albuterol
      1) Standing Order EDC §49414.7 (2024).

2) An LEA may determine (is not required) to make emergency stock albuterol and trained personnel available at K-12 schools, does not include childcare. EDC 49414.7 (2024).

3) A qualified supervisor of health (or administrator) for the LEA shall obtain a prescription for each school for stock albuterol inhalers and shall be responsible for stocking and restocking inhalers through the Albuterol Standing Order. Albuterol Standing Order

4) Schools must report administration of Albuterol within three days of use. Administration Reporting within 3 days

5) Schools are recommended to have a minimum of two school employees trained in minimum standards including:

   a) Techniques for recognizing symptoms of respiratory distress.

   b) Standards and procedures for the storage, restocking, and emergency use of stock albuterol inhalers.

   c) Emergency follow up procedures, including calling the emergency 911 telephone number and contacting, if possible, the pupil's parent or guardian and physician.

   d) Recommendations on the necessity of instruction and certification in cardiopulmonary resuscitation.

   e) Written materials covering the information required under this subdivision EDC §49414(e)(2).

   f) California Schools Nurses Organization Specialized Physical Health-Care Services Asthma & Stock Albuterol Guidelines module (Optional)

6) Training for volunteers shall be provided to a volunteer during the volunteers' regular working hours and at no cost to the volunteer.

7) The LEA shall distribute a notice at least once per school year to all staff which includes the volunteer request describing the voluntary duties for administering stock albuterol and the training a volunteer will receive.

8) A public school may accept gifts, grants and donations from any source for the support of the stocking albuterol inhalers for emergency aid.

9) Other Considerations

   a) Albuterol – Training materials shall be retained indefinitely for reference.

   b) Board Policy and Administrative Regulation 5141.23 addresses Asthma Management including the potential use of Albuterol.

b. Epinephrine

1) LEAs shall provide emergency epinephrine delivery systems, to be stored in an accessible location at each school site including childcare programs operated by

or under contract with the LEA Epinephrine may be used by school nurses or trained volunteers. EDC §49414 (2026)

2) Board Policy and Administrative Regulation 5141.21 and/or 5141.23 Asthma Management must reflect LEAs intent to house undesignated stock of Epinephrine for emergency use and must be updated to the generalized language of "deliver systems" which includes "Neffy" instead of autoinjectors.

3) Standing Orders for Undesignated Stock Epinephrine are renewed through CDPH. A medical Authorization is required to accompany standing orders. First Time Applying for CDPH Standing Order

4) Medical Authorization is needed to obtain emergency stock albuterol inhalers.

5) Each LEA shall designate one or more volunteers to receive initial and annual refresher training. Training shall consist of:

   a) Techniques for recognizing symptoms of anaphylaxis.

   b) Standards and procedures for the storage, restocking, and emergency use of epinephrine delivery systems.

   c) Emergency follow up procedures, including calling the emergency 911 telephone number and contacting, if possible, the pupil's parent and physician.

   d) Recommendations on the necessity of instruction and certification in cardiopulmonary resuscitation.

   e) Instruction on how to determine which epinephrine delivery system to use, which shall include consideration of the age of the person suffering, or reasonably believed to be suffering, from an anaphylactic reaction as a guideline of equivalency for the person's weight determination.

   f) Written materials covering the information required under this subdivision.

6) Training developed shall be consistent with the most recent voluntary guideline for managing food allergies in Schools and Early Care and Education Programs published by the CDC. Every 5 years policy including minimum standard training must be reviewed by the LEA.

7) Written materials prepared for this training will be retained indefinitely. A copy of the materials shall be made accessible such as publicly posting the location of the delivery systems.

c. Opioid Antagonist

1) LEAs may provide emergency opioid antagonist to their school sites (1/1/2017) EDC 49414.3

2) Each LEA making opioid antagonists available shall distribute a notice at least once per school year to all staff that contains the following information:

   a) A description of the volunteer request stating that the request is for volunteers to be trained to administer naloxone hydrochloride or another opioid

antagonist to a person if the person is suffering, or reasonably believed to be suffering, from an opioid overdose.

b) A description of the training that the volunteer will receive including storage and use of opioid antagonist.

c) Employee training will be at no cost to the employee and offered during regular working hours.

d) A statement that no benefit will be granted to or withheld from any individual based on his or her offer to volunteer and that there will be no retaliation against any individual for rescinding his or her offer to volunteer, including after receiving training.

3) Any LEA electing to utilize an opioid antagonist for emergency aid shall obtain a prescription for each school from an authorizing physician. A qualified supervisor of health at an LEA shall be responsible for stocking and restocking, if used, the opioid antagonist.

4) A school nurse or a volunteer may administer naloxone hydrochloride or another opioid antagonist to a person exhibiting potentially life-threatening symptoms of an opioid overdose at school or a school activity when a physician is not immediately available.

5) If the opioid antagonist is used it shall be restocked as soon as reasonably possible, but no later than two weeks after it is used.

6) The opioid antagonist shall be restocked before its expiration date.

7) LEA shall not prohibit a student 12 years of age of older while on a school site or participating in school activities from carrying or administering an opioid antagonist for the purposes of providing emergency treatment. Pupils 12 years of age or older shall not be liable in civil action or criminal prosecution for their acts or omissions in administering an opioid antagonist unless the acts or omissions constitute gross negligence or willful misconduct. EDC§49414.35, 49414.6 (1/1/2025)

8) The superintendent shall establish minimum standards of training for the administration of Opioid antagonists that include but are not limited to:

a) Techniques for recognizing symptoms of an opioid overdose.

b) Standards and procedures for the storage, restocking, and emergency use of naloxone hydrochloride or another opioid antagonist.

c) Basic emergency follow up procedures, including, but not limited to, a requirement for the school or charter school administrator or, if the administrator is not available, another school staff member to call the emergency 911 telephone number and to contact the pupil’s parent or guardian.

d) Recommendations on the necessity of instruction and certification in cardiopulmonary resuscitation.

e) Written materials covering the information required under this subdivision.

9) Training established pursuant to this subdivision shall be consistent with the most recent guidelines for medication administration issued by the department.

10) Any person who administers an opioid antagonist, in good faith and not for compensation, to a person who is experiencing or is suspected of experiencing an overdose is not liable for civil damages resulting from any act or omission relating to such administration, other than an act or omission constituting gross negligence or willful or wanton misconduct. HSC 17799.102

d. Anti-Seizure Medication

1) If a student is diagnosed with seizures, a seizure disorder or epilepsy has been prescribed and emergency anti-seizure medication by the student's health care provider, the students LEA upon receipt of a request from the student's parent or guardian, may designate one or more volunteers at the school to receive training to administer emergency use anti-seizure medication. EDC 49468 (2023)

2) Minimum standards for training should include the following:

a) Recognition of the signs and symptoms of seizures and the appropriate steps to be taken to respond to those symptoms.

b) Administration, or assisting with the self-administration of, an emergency anti-seizure medication, or a medication or therapy prescribed to treat the symptoms of seizures, seizure disorders, or epilepsy, including manual vagus nerve stimulation, approved by the United States Food and Drug Administration, or any successor agency.

c) Basic emergency follow up procedures.

d) Written materials covering the information required under this subdivision.

3) Upon receipt of a parent or guardian's request, an LEA shall distribute a volunteer request notice at least once but no more than two times per school year to all staff including the following:

a) A description of the volunteer request stating that the request is for volunteers to be trained to recognize and respond to seizures, including training to administer emergency anti-seizure medication to a pupil diagnosed with seizures, a seizure disorder, or epilepsy if the pupil is suffering from a seizure.

b) A description of the training that the volunteer will receive pursuant to the established minimum standards for training as established by the LEA (example below).

c) The right of an employee to rescind their offer to volunteer pursuant to this article.

d) A statement that there will be no retaliation against any individual for rescinding the individual's offer to volunteer, including after receiving training.

4) Prior to administering Anti-seizure medication or therapy prescribed to a student an LEA shall obtain from the parent or guardian a seizure action plan that includes the following:

a) Authorization in writing for the medication to be administered to the student and school which shall be effective for the school year in which it is granted and shall be renewed each school year unless needed sooner.

b) A copy of a statement in writing from the student's health care provider that includes:

(1) The students name

(2) Name and purpose of the medication

(3) Prescribed dosage

(4) Method of administration

(5) Frequency with which the medication may be administered

(6) Detailed seizure symptoms, including frequency, type, or length of seizures that identify when the administration of an emergency anti-seizure medication becomes necessary

(7) Circumstances under which the medication may be administered

(8) Any potential adverse responses by the pupil and recommended mitigation actions, including when to call emergency services, including the emergency 911 telephone number

(9) A protocol for observing the pupil after a seizure, including, but not limited to, whether the pupil should rest in the school office, whether the pupil may return to class, and the length of time the pupil should be under direct observation

c) How and where the emergency Anti-Seizure medication will be stored at school

d) A signed notice verifying the parent/guardian was given information about Section 504

e) A signed notice verifying that a student's seizure may be responded to including the administration of emergency anti-seizure medication by a non-medical professional.

5) Emergency anti-seizure medication or medication prescribed to a student to treat the students' seizures; a seizure disorder or epilepsy symptoms shall be provided to the school with the label affixed by the dispensing pharmacy intact.

6) Upon request by parent/guardian

e. Glucagon

1) LEAs may provide school personnel with voluntary emergency medical training to provide emergency medical assistance to pupils with diabetes in the absence of a credentialed school nurse or other licensed nurse onsite. EDC 49414.5 (2026)

2) Training by a physician, credentialed school nurse, registered nurse, or certificated public health nurse according to the performance standards established by the American Diabetes Association and approved by the State Department of Health Services shall be deemed adequate. Training shall include:

a) Recognition and treatment of hypoglycemia.

b) Administration of glucagon.

c) Basic emergency follow-up procedures, including, but not limited to, calling the emergency 911 telephone number and contacting, if possible, the pupil's parent or guardian and licensed health care provider.

3) A school employee shall notify the credentialed school nurse assigned to the school district if he or she administers glucagon pursuant to this section.

a) If a credentialed school nurse is not assigned to the school district, the school employee shall notify the superintendent of the school district, or his or her designee, if he or she administers glucagon pursuant to this section.

4) All materials necessary to administer the glucagon shall be provided by the parent or guardian of the student.

5) In the case of a pupil who is able to self-test and monitor his or her blood glucose level, upon written request of the parent or guardian, and with authorization of the licensed health care provider of the pupil, a pupil with diabetes shall be permitted to test his or her blood glucose level and to otherwise provide diabetes self-care in the classroom, in any area of the school or school grounds, during any school-related activity, and, upon specific request by a parent or guardian, in a private location.

3. Requirements for Storage Locations of Medications

a. In general, most medications should be kept in locked cabinets.

b. Albuterol

1) There is no recommended placement for Albuterol inhalers.

c. Anti-Seizure Medication

1) As determined in the seizure action plan created for the student.

d. Epinephrine

1) Placement should be in an accessible location for trained staff.

e. Glucagon

1) There is no recommended placement for Glucagon.

f. Opioid Antagonist

1) Placement should be in an accessible location for trained staff.

4. Local Educational Agency Immunity

a. Albuterol - An LEA electing to utilize stock albuterol inhalers for emergency aid shall not be liable for any civil damages resulting from any act or omission, other than an act or omission constituting gross negligence or willful and wanton misconduct, in the emergency administration of an albuterol inhaler by any of its school nurses or trained volunteers.

b. Anti-Seizure – LEAs are not granted specific immunity within the Code.

c. Epinephrine - LEAs are not granted specific immunity within the Code.

d. Glucagon - LEAs are not granted specific immunity within the Code.

e. Opioid Antagonist - notwithstanding any other law or regulation, an LEA or an employee of an LEA, shall not be liable in a civil action, or subject to criminal prosecution for a pupil's acts or omissions in administering an opioid antagonist, unless an act or omission of the LEA, or the employee of the LEA, constitutes gross negligence or willful and wanton misconduct connected to the administration of the opioid antagonist.

5. Individual Immunity

a. General Good Samaritan Law HSC §1799.102 No person who in good faith, and not for compensation, renders emergency medical or nonmedical care at the scene of an emergency shall be liable for any civil damages resulting from any act or omission.

b. Albuterol - an employee who volunteers to provide albuterol for emergency aid shall be provided defense and indemnification by the LEA for any and all civil liability. This information shall be reduced to writing, provided to the volunteer, and retained in the volunteer's personnel file.

c. Epinephrine - A local educational agency shall ensure that each employee who volunteers under this section will be provided with defense and indemnification by the local educational agency for any and all civil liability.

d. Opioid Antagonist - A person trained as required who administers an opioid antagonist, in good faith and not for compensation, to a person who appears to be experiencing an opioid overdose shall not be liable in a civil action, or be subject to criminal prosecution for his or her acts or omissions in administering the opioid antagonist. Any public employee who volunteers to administer an opioid antagonist is not providing emergency medical care "for compensation," notwithstanding the fact that he or she is a paid public employee.

e. Opioid Antagonist - notwithstanding any other law or regulation, an LEA or an employee of an LEA, shall not be liable in a civil action, or subject to criminal prosecution for a pupil's acts or omissions in administering an opioid antagonist, unless an act or omission of the LEA, or the employee of the LEA, constitutes gross negligence or willful and wanton misconduct connected to the administration of the opioid antagonist.

f. Anti-Seizure emergency medication – A person not otherwise licensed to administer anti-seizure rescue medication, but who administers anti-seizure rescue medication at the scene of an emergency, in good faith and not for compensation, to a person who is experiencing, or is suspected of experiencing, a seizure shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for this administration so long as the person's conduct is not grossly negligent and does not constitute willful or wanton misconduct.

   Any local educational agency that designates volunteers to provide emergency antiseizure medication shall ensure that each employee who volunteers will be provided defense and indemnification by the local educational agency for any and all civil liability.

g. Glucagon – Individual volunteers are not granted specific immunity within the Code.

6. Other Considerations

   a. If medication is given incorrectly, a report of personal accident form should be completed to address concerns with appropriate description of events.

7. Legal References

   a. CA *Ed Code* 49414.7 (2024) Emergency stock albuterol inhalers for LEAs.

   b. CA *Ed Code* 49468-49468.5 (2022) Seizure Safe Schools Act

   c. CA *Ed Code* 49414 (2026) Emergency epinephrine delivery systems.

   d. 49414.3

   e. CA *Business and Professionals Code* 4119.2 (2026)

   f. CA *Health and Safety Code* 1596.7985 (7/1/2027) Establishing an anaphylactic policy for child day care facilities / staff training.

   g. CA *Health and Safety Code* 11999, 11999.1()

   h. CA Health and Safety Code 1799.102 (2009) Limitation of liability for good faith emergency assistance.

   i. CA *Civil Code* 1714.22,1797.197, 11372.7,11834.01, 11834.026, 11834.26, ()

   j. CA *Civil Code* 1714.27 (2025) Emergency services: liability

   k. CA *Civil Code* 1714.2 (2006) Grants Good Samaritan protection for Trained persons rendering care CPR.

l. CA *Civil Code* 1714.21 (2016) Grants Good Samaritan protection use of AED and CPR

m. CA Government Code 810-998.3 (1963) Liability of Public Entities and Public Employees.