



Mike Braun
Governor

Lindsay M. Weaver, MD, FACEP
State Health Commissioner

CSO-26-12

Statewide Standing Order for Stock Emergency Medications in K-12 Schools

Purpose: To provide Indiana K-12 schools access to life saving emergency medications as described in [IC 20-34-4.5-0.2](#). Emergency medications covered by this standing order include naloxone and nalmefene, medications indicated for reversal of opioid related overdose; epinephrine, a medication used to treat life threatening allergies; and albuterol, a medication used to provide quick relief from acute asthma-like symptoms. This statewide standing order is intended to ensure opioid overdose reversal medications, epinephrine and albuterol are readily available to any K-12 school(s) that comply with training requirements to provide the medications and provides the standing order to a pharmacy to be filled.

Eligible Providers: Pharmacists licensed pursuant to [IC 25-26-13](#).

Eligible Recipients: Schools as defined in [IC 20-34-4.5-0.6](#) or school corporations.

Emergency medications:

1. A federal Food and Drug Administration approved opioid overdose reversal medication, including nasal spray, as an overdose intervention drug that is subject to [IC-16-42-27](#).
2. Epinephrine, a medication to treat life threatening allergies.
3. Albuterol, a medication to provide quick relief from acute asthma-like symptoms.

Procedure: An eligible provider may dispense emergency medications to eligible recipients for storage at a school in accordance with [IC 20-34-4.5](#).

Overdose intervention medications

Dispense two boxes (two doses per box) or the equivalent (total 4 doses) of any of the following agents per school within a school corporation.

- Intranasal:
 - Naloxone 4mg (0.1ml) intranasal, administer one spray into one nostril.
 - Naloxone 3mg (0.1mL) intranasal, administer one spray into one nostril.

To **promote**, **protect**, and **improve** the health and safety of all Hoosiers.



- Naloxone 8mg (0.1mL) intranasal, administer one spray into one nostril.
- Nalmefene 2.7mg (0.1mL) intranasal, administer one spray in one nostril. Only for patients 12 years and older.
- Intramuscular auto-injectable:
 - Naloxone 2mg (0.44mL) IM, administer IM into the anterior lateral thigh.
 - Naloxone 5mg (0.5mL) IM, administer IM into the anterior lateral thigh.
 - Nalmefene 1.5mg (0.5mL) IM, administer IM into the anterior lateral thigh. Only for patients 12 years and older.

Epinephrine must have an expiration date at least 12 months from the date the pharmacy dispenses the medication. Dispense up to 2 boxes of 2 doses of each or the equivalent (total 4 doses) of the following per school within a school corporation.

- Intranasal:
 - 1mg intranasal for children weighing between 15-30 kg (66 lbs.)
 - 2mg intranasal for individuals weighing more than 30 kg (66 lbs.)
- Intramuscular auto-injectable:
 - 0.15 mg IM for children weighing between 15-30 kg (66 lbs.)
 - 0.30 mg IM intranasal for individuals weighing more than 30 kg (66 lbs.)

Albuterol

Dispense one albuterol MDI per school within a school corporation.

Dispense up to 25 disposable spacers with each MDI.

Dispense up to 25 disposable face masks with each MDI.

Administration of emergency medication; school employees, training: School employees may be trained by the registered nurse working in the school or other healthcare provider who is licensed or certified in Indiana, for whom the administration of emergency medication is within the healthcare provider's scope of practice, who has received training in the administration of emergency medication, and who is knowledgeable in recognizing the symptoms of a life-threatening emergency and the administration of emergency medication per [IC 20-34-4.5-2](#). See Protocols and Training for Stock Emergency Medications in K-12 Schools for specific information and training resources.

Geographic Region: This standing order is applicable statewide.



Standing Orders Authorization: This standing order is being issued pursuant to [IC 20-34-4.5-3](#).

This standing order shall be reviewed annually by the Indiana Department of Health and revised as needed. This standing order is effective January 1 through December 31, 2026.

Lindsay M. Weaver, MD, FACEP
Physician License No. 01069654A
NPI: 1578727327A



Protocols and Training for Stock Emergency Medications in K-12 Schools

(CSO-26-12, Effective January 1, 2026)

Purpose: To provide Indiana K-12 schools access to life saving emergency medications as described in [IC 20-34-4.5-0.2](#). Emergency medications covered by this standing order include naloxone and nalmefene, medications indicated for reversal of opioid related overdose; epinephrine, a medication used to treat life threatening allergic reactions (anaphylaxis); and albuterol, a medication used to provide quick relief in the treatment of acute asthma symptoms (bronchospasm). This statewide standing order is intended to ensure opioid reversal medications, epinephrine and albuterol are readily available to any K-12 school that complies with training requirements to provide the medications and provides the standing order to a pharmacy to be filled.

The registered nurse in the school may administer any stock emergency medication and is the recommended individual to provide training to lesser licensed individuals and school employees who volunteer to act as health aides. In the absence of a registered nurse, the individual should seek training from the local health department (LHD), or other healthcare provider licensed or certified in Indiana for whom the administration of emergency medication is within their scope of practice, who has received training in the administration of emergency medication, and who is knowledgeable in recognizing the symptoms of a life-threatening emergency to any of the following individuals:

1. Students at the school
2. School employees
3. Visitors at the school

Emergency medications:

2. A federal Food and Drug Administration approved opioid overdose reversal medication, including nasal spray, as an overdose intervention drug that is subject to [IC-16-42-27](#).
3. Epinephrine, a medication to treat life threatening allergic reactions (anaphylaxis).
3. Albuterol, a medication to provide quick relief of acute asthma-like symptoms (bronchospasm).

Standard precautions should be utilized whenever emergency medications are administered to prevent or minimize exposure to blood borne pathogens.

Directions for and Dosing of Emergency Medications: Upon recognition of a life-threatening emergency, the school Registered Nurse or other **trained** school employee may administer stock medication to any student, school employee or visitor:



1. For severe allergic reactions, administer stock, **epinephrine** in the following dose:
 - a. For a child weighing 15-30 kg (33-66 lbs.) administer 0.15 mg stock epinephrine IM into the anterior lateral thigh or 1mg intranasal epinephrine into the nose (one spray into one nostril). If no improvement within 5 minutes, may repeat once.
 - b. For individuals weighing greater than or equal to 30 kg (66 lbs. or more), administer 0.30 mg stock epinephrine IM into the anterior lateral thigh or 2mg intranasal epinephrine into the nose (one spray into one nostril). If no improvement within 5 minutes, may repeat once.
 - c. Upon administration of epinephrine, immediately call 911 and notify parent/guardian. Follow-up should be provided by emergency care personnel.

Epinephrine Training Resources

- [Epipen 4 Schools Training](#)
- [Epipen 4 Schools Resources](#)
- [How to Use Neffy](#)
- [Neffy in Schools Program](#)
- [Auvi-Q Epinephrine](#)
- [Auvi-Q Resources](#)
- [NASN Allergies and Anaphylaxis](#)
- [Food Allergies in Schools](#)
- [Red Cross Training Video](#)

2. For signs and symptoms of respiratory distress associated with bronchospasm, administer stock **albuterol** as follows:
 - a. Albuterol metered dose inhaler (MDI) – 2 puffs inhaled by mouth with use of spacer with each puff given separately (i.e. puff, inhale, puff, inhale). Add a face mask for younger children who may not be able to use a spacer or hold their breath. If no improvement after 15 minutes, repeat every 15 minutes until improvement occurs or until emergency help arrives.
 - b. Upon administration of albuterol, immediately call 911 and notify parent/guardian. Follow-up should be provided by emergency care personnel.
 - c. If respiratory distress is related to a severe allergic reaction, administer epinephrine as well as albuterol per this emergency order.

Albuterol Training Resources

- [Self-Care for Asthma-Using Your Inhaler](#)
- [About Asthma](#)
- [Allergy and Asthma Network - Asthma Action Plan](#)



- [Living with Asthma](#)
 - [NHLBI Asthma Action Plan](#)
3. For signs, symptoms, or suspicion of opioid overdose, administer stock opioid overdose intervention medication as follows:
- a. For a child less than 12 years old, administer stock intranasal naloxone into the nose (one spray into one nostril) or IM naloxone into the anterior lateral thigh.
 - b. For a child 12 years of age and older, administer stock intranasal naloxone or nalmefene into the nose (one spray into one nostril) or IM naloxone or nalmefene into the anterior lateral thigh.
 - c. If no response after 2 minutes, re-administer the intervention medication. Repeat doses may continue to be administered every 2-5 minutes as needed until emergency medical assistance arrives.
 - d. Upon administration of opioid reversal agent immediately call 911 and notify parent/guardian. Follow-up should be provided by emergency care personnel.
 - e. Note about nalmefene:
 - i. Nalmefene, like naloxone, is an opioid receptor antagonist used to treat acute opioid overdose. However, nalmefene has a higher half-life and can stay in the body between 12 and 24 hours, whereas naloxone is present in the body from 30 minutes to 2 hours. This prolonged half-life can make withdrawal symptoms more severe and last longer. Nalmefene is only available by prescription and is intended for use in healthcare and community settings for individuals who are 12 years old or older. Nalmefene nasal spray and intramuscular autoinjector were approved by the FDA as Opioid Overdose Reversal Medications (OORMs) in 2023 and 2024, respectively. Additionally, both naloxone and nalmefene can be given to pregnant women. Nalmefene can cause opioid withdrawal in an unborn baby so it is important that practitioners know the medication has been used so the patient and baby can be monitored.

Opioid Reversal Medication Training Resources

- [IDOH naloxone page](#)
- [Overdose Lifeline](#)
- [Naloxone Toolkit](#)
- [Lifesaving Naloxone](#)
- [What to Do if You Think Someone is Overdosing](#)
- [Information about Naloxone and Nalmefene](#)
- [FDA Approves Prescription Nasal Spray to Reverse Opioid Overdose](#)
- [FDA Approves First Nalmefene Hydrochloride Auto-Injector to Reverse Opioid Overdose](#)
- [How to Use IM Nalmefene](#)
- [How to Use Intranasal Nalmefene](#)