Administration of Epinephrine via Auto-Injector Program Assurances

| District: | |
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| As a co | ndition of receiving the prescription for Epinephrine Auto-Injector(s), the district will: |
| 1. | Provide the EAIs only to the school sites listed on the Request For Prescription. |
| 2. | Retain records of acquisition and disposition of EAIs for a period of 3 years. |
| 3. | Monitor the supply of EAIs and assured instruction of EAIs. |
| 4. | Train staff who have volunteered to provide emergency EAIs as follows: |
| | a) Provide initial training prior to issuing EAIs. |
| | b) Training to be based upon the Training Standards for the Administration of |
| | Epinephrine Auto-Injectors issued by the California Department of Education in accordance with Education Code Section 49414/SB1266. |
| | c) Training to be provided by the school nurse OR other qualified person designated by the Medical Director, Ventura County Public Health Department (VCPH). |
| | d) Provide required annual refresher training. |
| 5. | Provide the VCOE a list of those individuals who have been designated to receive training. |
| 6. | Provide the VCOE a list of those individuals who have been designated to conduct the training. |
| 7. | Recommend individuals designated to administer EAIs to have current CPR certification. |
| 8. | Assume all costs associated with the purchase and/ or replacement of the EAIs or other |
| | supplies necessary to train staff and administer the EAIs. |
| 9. | Notify the VCOE if there is a change for the Contact Person or the individual(s) designated to conduct the training. |
| 10. | Certify to the VCOE, on an annual basis, the training of personnel, purchase, and use of the EAIs. |
| Public I includir officers | trict shall hold harmless, defend at its own expense, and indemnify the Ventura County Health Department against any and all liability, claims, losses, damages, or expenses, ag reasonable attorney's fees, arising from all acts or omissions to act of the district or its, agents or employees with respect to EAIs; excluding, however, such liability, claims, losses, s, or expenses arising from Ventura County Public Health Department's sole negligence or act. |
| The dis | trict gives consent for the VCOE to communicate directly with the Contact Person regarding |
| Print Na | ame of Administrator/Qualified Healthcare Professional |
| | Date: |

Signature of Administrator/Qualified Healthcare Professional