

**OCFS Division of Child Care Services
Regulations for Elijah's Law/Stock Epinephrine**

Parts 414, 415, 416, 417, and Sub-parts 418-1 and 418-2 of Title 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York (NYCRR) are hereby amended to read as follows:

Subdivision (z) is added to section 414.5 of Title 18 NYCRR to read as follows:

(z) Pursuant to New York Public Health Law Section 2500-h, the program must comply with the anaphylaxis policy jointly issued by the Office and the New York State Department of Health and any amendments thereto. The program must notify the parent of any child in care of the anaphylaxis policy when the child is enrolled and annually thereafter. Notification shall include contact information for parents to engage further with the program to learn more about individualized aspects of the anaphylaxis policy.

Clause (c) of subparagraph (vii) of paragraph (2) of subdivision (c) of section 414.11 of Title 18 NYCRR is amended to read as follows:

(c) and has completed the Medication Administration Training (MAT) pursuant to subdivision (e) of this section or, in the case of administering patient-specific epinephrine auto-injectors, Diphenhydramine in combination with the auto-injector, asthma inhalers and nebulizers, has received training on its use from the parent, health care provider or a health care consultant;

Subparagraphs (viii), (ix), (x) and (xi) of paragraph (2) of subdivision (c) of section 414.11 of Title 18 NYCRR are amended to read as follows:

(viii) the designation of the health care consultant of record for programs, as indicated in paragraph (1) of this subdivision; [and]

(ix) When a health care consultant is required to approve a health care plan, the schedule of visits by a health care consultant to programs administering medications[,] must occur at least once every [two] year[s] and must include a review of the health care policies and procedures and a review of the documentation;[.]

(x) guidelines and procedures to be followed for the prevention of anaphylaxis and during a medical emergency resulting from anaphylaxis that comply with the anaphylactic policy for child day care providers jointly issued by the Office and the New York State Department of Health; and

(xi) For programs that will stock epinephrine auto-injectors, the plan must also designate one or more staff who will be responsible for the storage, maintenance, control and general oversight of any stock epinephrine auto-injectors acquired by the registrant. The plan must also state that staff may only use stock epinephrine auto-injectors, without a patient-specific prescription, after successfully completing a training course pursuant to subparagraph (i) of paragraph (8) of subdivision (h) of this section or if directed in a specific instance to use such device by a health care practitioner.

Paragraph (1) of subdivision (e) of section 414.11 of Title 18 NYCRR is amended to read as follows:

(1) All staff, except those excluded pursuant to [paragraph (5) of this subdivision, subdivision (f) and paragraph (h)(5) of]this section, who have agreed to administer medication must complete the [o]Office-approved [m]Medication [a]Administration [t]Training (MAT) or an [o]Office-approved equivalent before administering medications to children in day care. The certification of training in the administration of medications to children in day care shall be effective for a period of three-years from

the date of issuance. The staff person must complete a recertification training approved by the [o]Office in order to extend the certification for each additional three year period. Where a certification lapses, the staff person may not be recertified unless the staff person completes the initial [medication administration training](MAT) or the recertification training, as required by the [o]Office. Where enforcement action has been taken against the registrant based on a failure by the program to comply with requirements for the administration of medications set forth in this section, the [o]Office may require retraining or may prohibit a staff person from being involved in the administration of medications.

Subparagraph (i) of paragraph (16) of subdivision (f) of section 414.11 of Title 18 NYCRR is amended to read as follows:

(i) Child's first and last name for patient-specific prescriptions;

Paragraph (7) of subdivision (g) of section 414.11 of Title 18 NYCRR is amended to read as follows:

(7) School-age child care programs may not stock prescription medication, except for epinephrine auto-injectors to be used for emergency treatment of a child appearing to experience anaphylactic symptoms, provided that the program complies with the requirements set forth in sections 414.11(c)(2)(xi) and 414.11(h)(8) of this Part.

Paragraph (5) of subdivision (h) of section 414.11 of Title 18 NYCRR is amended to read as follows:

(5) When a program has not been authorized to administer medications in a day care setting in accordance with the requirements of subdivision (f) of this section, a designated staff may administer emergency care through the use of patient-specific epinephrine auto-injector[device]s, [d]Diphenhydramine, when prescribed in combination with the auto-injector, asthma inhalers and asthma nebulizers when necessary to prevent anaphylaxis or breathing difficulty for an individual child, but only when the parent and the child's health care provider have indicated such treatment is appropriate. In addition:

(i) ...

(ii) ...

(iii) ...

(iv) ...

(v) Staff who have been instructed on the use of the auto-injector, [d]Diphenhydramine, inhaler or nebulizer must be present during all hours the child with the potential emergency condition is in care;

(vi) The staff person administering the auto-injector, [d]Diphenhydramine, asthma medication or nebulizer must be at least 18-years-old;

(vii) ...

(viii) ...

(ix) ...

Paragraph (8) is added to subdivision (h) of section 414.11 of Title 18 NYCRR to read as follows:

(8) A designated staff may use a stock epinephrine auto-injector, without a patient-specific prescription, for emergency treatment of a child appearing to experience anaphylactic symptoms. In addition:

(i) All staff administering a stock epinephrine auto-injector must have successfully completed a training course in the use of epinephrine auto-injectors conducted by a nationally recognized organization experienced in training laypersons in emergency health treatment or an entity or person approved by the New York State Department of Health, or be directed in a specific instance to use such device by a health care practitioner. This training shall include how to recognize signs and symptoms of severe allergic reactions, including anaphylaxis; recommended dosage for adults and children; standards and procedures for the storage and administration of an epinephrine auto-injector and emergency follow-up procedures.

(ii) The staff person administering the epinephrine auto-injector must be at least 18-years-old;

(iii) The program must immediately contact 911 after administration of epinephrine; and

(iv) Storage, documentation of the administration of medication and labeling of the auto-injector must comply with this section.

Clause (a) of subparagraph (xvi) of paragraph (1) of subdivision (c) of section 415.13 of Title 18 NYCRR is amended to read as follows:

(a) Child's first and last name for patient-specific prescriptions;

Subclause (3) of clause (g) of subparagraph (ii) of paragraph (2) of subdivision (c) of section 415.13 of Title 18 NYCRR is amended to read as follows:

(3) has completed the Medication Administration Training (MAT) pursuant to paragraph (4) of this subdivision or, in the case of administering patient-specific epinephrine auto-injectors, Diphenhydramine in combination with the auto-injector, asthma inhalers and nebulizers, has received training on its use from the caretaker, health care provider or a health care consultant;

Clauses (h), (i) and (j) of subparagraph (ii) of paragraph (2) of subdivision (c) of section 415.13 of Title 18 NYCRR are amended to read as follows:

(h) the designation of the health care consultant of record for programs, as indicated in subparagraph (i) of this paragraph; [and]

(i) When a health care consultant is required to approve a health care plan, the schedule of visits by a health care consultant to providers administering medications must occur at least once every [two] year[s] and must include a review of the health care policies and procedures and a review of the documentation[.]; and

(j) For legally-exempt group child care programs that will stock epinephrine auto-injectors, the plan must also designate one or more staff who will be responsible for the storage, maintenance, control and general oversight of any stock epinephrine auto-injectors acquired by the program. The plan must also state that staff may only use stock epinephrine auto-injectors, without a patient-specific prescription, after successfully completing a training course pursuant to subparagraph (i) of paragraph (7) of subdivision (c) of this section or if directed in a specific instance to use such device by a health care practitioner.

Subparagraph (vii) of paragraph (5) of subdivision (c) of section 415.13 of Title 18 NYCRR is amended to read as follows:

(vii) Unless otherwise permitted by law, prescription medication cannot be kept as stock medication. Legally-exempt group child care programs may stock prescription epinephrine auto-injectors to be used for emergency treatment of a child appearing to experience anaphylactic symptoms, provided that the program complies with the requirements set forth in sections 415.13(c)(2)(ii)(j) and 415.13(c)(7) of this Part.

Subparagraph (i) of paragraph (6) of subdivision (c) of section 415.13 of Title 18 NYCRR is amended to read as follows:

(i) When a legally-exempt child care provider has not been authorized to administer medications in a child care setting in accordance with the requirements of this subdivision, a designated staff person may administer emergency care through the use of patient-specific epinephrine auto-injector[device]s, Diphenhydramine, when prescribed in combination with the auto-injector, asthma inhalers₂ and asthma nebulizers₂ when necessary to prevent anaphylaxis or breathing difficulty for a child, but only when the caretaker and the child's health care provider have indicated such treatment is appropriate. In addition:

(a) ...

(b) ...

(c) ...

(d) ...

(e) The provider or a staff who has been instructed on the use of the auto-injector, Diphenhydramine, inhaler or nebulizer must be present during all hours the child with the potential emergency condition is in care;

(f) The provider or staff administering the auto-injector, Diphenhydramine, asthma medication or nebulizer must be at least 18-years-old;

(g) ...

(h) ...

(i) Storage, documentation of the administration of medication and labeling of the auto-injector, asthma inhaler and asthma nebulizer must be in compliance with this subdivision.

Paragraph (7) is added to subdivision (c) of section 415.13 of Title 18 NYCRR to read as follows:

(7) A designated staff may use a stock epinephrine auto-injector, without a patient-specific prescription, for emergency treatment of a child appearing to experience anaphylactic symptoms. In addition:

(i) All staff administering a stock epinephrine auto-injector must have successfully completed a training course in the use of epinephrine auto-injectors conducted by a nationally recognized organization experienced in training laypersons in emergency health treatment or an entity or person approved by the New York State Department of Health, or be directed in a specific instance to use such device by a health care practitioner. This training shall include how to recognize signs and symptoms of severe allergic reactions, including anaphylaxis; recommended dosage for adults and children; standards and

procedures for the storage and administration of an epinephrine auto-injector and emergency follow-up procedures.

(ii) The staff person administering the epinephrine auto-injector must be at least 18-years-old;

(iii) The program must immediately contact 911 after administration of epinephrine; and

(iv) Storage, documentation of the administration of medication and labeling of the auto-injector must comply with this section.

Subdivision (aa) is added to section 416.5 of Title 18 NYCRR to read as follows:

(aa) Pursuant to New York Public Health Law Section 2500-h, the program must comply with the anaphylaxis policy jointly issued by the Office and the New York State Department of Health and any amendments thereto. The program must notify the parent of any child in care of the anaphylaxis policy when the child is enrolled and annually thereafter. Notification shall include contact information for parents to engage further with the program to learn more about individualized aspects of the anaphylaxis policy.

Clause (c) of subparagraph (vii) of paragraph (2) of subdivision (c) of section 416.11 of Title 18 NYCRR is amended to read as follows:

(c) has completed the Medication Administration Training (MAT) pursuant to subdivision (e) of this section or, in the case of administering patient-specific epinephrine auto-injectors, Diphenhydramine in combination with the auto-injector, asthma inhalers and nebulizers, has received training on its use from the parent, health care provider or a health care consultant;

Subparagraphs (viii), (ix), (x) and (xi) of paragraph (2) of subdivision (c) of section 416.11 of Title 18 NYCRR are amended to read as follows:

(viii) the designation of the health care consultant of record for programs, as indicated in paragraph (1) of this subdivision; [and]

(ix) [w]When a health care consultant is required to approve a health care plan, the schedule of visits by a health care consultant to programs administering medications[,] must occur at least once every [two] year[s] and must include a review of the health care policies and procedures and a review of the documentation;[.]

(x) guidelines and procedures to be followed for the prevention of anaphylaxis and during a medical emergency resulting from anaphylaxis that comply with the anaphylactic policy for child day care providers jointly issued by the Office and the New York State Department of Health; and

(xi) For programs that will stock epinephrine auto-injectors, the plan must also designate one or more caregivers who will be responsible for the storage, maintenance, control and general oversight of any stock epinephrine auto-injectors acquired by the licensee. The plan must also state that caregivers may only use stock epinephrine auto-injectors, without a patient-specific prescription, after successfully completing a training course pursuant to subparagraph (i) of paragraph (8) of subdivision (h) of this section or if directed in a specific instance to use such device by a health care practitioner.

Paragraph (1) of subdivision (e) of section 416.11 of Title 18 NYCRR is amended to read as follows:

(1) All caregivers, except those excluded pursuant to [paragraph (5) of this subdivision, subdivision (f), and paragraph (h)(5) of]this section, who have agreed to administer medication must complete the Office-approved [m]Medication [a]Administration [t]Training (MAT) or an Office-approved equivalent before administering medications to children in day care. The certification of training in the administration of medications to children in day care shall be effective for a period of three-years from the date of issuance. The caregiver must complete a recertification training approved by the Office in order to extend the certification for each additional three year period. Where a certification lapses, the caregiver may not be recertified unless the caregiver completes the initial [medication administration training](MAT) or the recertification training, as required by the [o]Office. Where enforcement action has been taken against the licensee based on a failure by the program to comply with requirements for the administration of medications set forth in this section, the [o]Office may require retraining or may prohibit a caregiver from being involved in the administration of medications.

Subparagraph (i) of paragraph (16) of subdivision (f) of section 416.11 of Title 18 NYCRR is amended to read as follows:

(i) child's first and last name for patient-specific prescriptions;

Paragraph (7) of subdivision (g) of section 416.11 of Title 18 NYCRR is amended to read as follows:

(7) Group [F]family day care programs may not stock prescription medication, except for epinephrine auto-injectors to be used for emergency treatment of a child appearing to experience anaphylactic symptoms, provided that the program complies with the requirements set forth in sections 416.11(c)(2)(xi) and 416.11(h)(8) of this Part.

Paragraph (5) of subdivision (h) of section 416.11 of Title 18 NYCRR is amended to read as follows:

(5) When a caregiver has not been authorized to administer medications in a day care setting in accordance with the requirements of subdivision (f) of this section, such caregiver may administer emergency care through the use of patient-specific epinephrine auto-injector[device]s, [d]Diphenhydramine, when prescribed in combination with the auto-injector, asthma inhalers and asthma nebulizers when necessary to prevent anaphylaxis or breathing difficulty for an individual child, but only when the parent and the child's health care provider have indicated such treatment is appropriate. In addition:

(i) ...

(ii) ...

(iii) ...

(iv) ...

(v) a caregiver who has been instructed on the use of the auto-injector, [d]Diphenhydramine, inhaler or nebulizer must be present during all hours the child with the potential emergency condition is in care;

(vi) the caregiver administering the auto-injector, [d]Diphenhydramine, asthma medication or nebulizer must be at least 18-years-old;

(vii) ...

(viii) ...

(ix) ...

Paragraph (8) is added to subdivision (h) of section 416.11 of Title 18 NYCRR to read as follows:

(8) A designated caregiver may use a stock epinephrine auto-injector, without a patient-specific prescription, for emergency treatment of a child appearing to experience anaphylactic symptoms. In addition:

(i) All caregivers administering a stock epinephrine auto-injector must have successfully completed a training course in the use of epinephrine auto-injectors conducted by a nationally recognized organization experienced in training laypersons in emergency health treatment or an entity or person approved by the New York State Department of Health, or be directed in a specific instance to use such device by a health care practitioner. This training shall include how to recognize signs and symptoms of severe allergic reactions, including anaphylaxis; recommended dosage for adults and children; standards and procedures for the storage and administration of an epinephrine auto-injector and emergency follow-up procedures.

(ii) The caregiver administering the epinephrine auto-injector must be at least 18-years-old;

(iii) The program must immediately contact 911 after administration of epinephrine; and

(iv) Storage, documentation of the administration of medication and labeling of the auto-injector must comply with this section.

Subdivision (aa) is added to section 417.5 of Title 18 NYCRR to read as follows:

(aa) Pursuant to New York Public Health Law Section 2500-h, the program must comply with the anaphylaxis policy jointly issued by the Office and the New York State Department of Health and any amendments thereto. The program must notify the parent of any child in care of the anaphylaxis policy when the child is enrolled and annually thereafter. Notification shall include contact information for parents to engage further with the program to learn more about individualized aspects of the anaphylaxis policy.

Clause (c) of subparagraph (vii) of paragraph (2) of subdivision (c) of section 417.11 of Title 18 NYCRR is amended to read as follows:

(c) and has completed the Medication Administration Training (MAT) pursuant to subdivision (e) of this section or, in the case of administering patient-specific epinephrine auto-injectors, Diphenhydramine in combination with the auto-injector, asthma inhalers and nebulizers, has received training on its use from the parent, health care provider or a health care consultant;

Subparagraphs (viii), (ix), (x) and (xi) of paragraph (2) of subdivision (c) of section 417.11 of Title 18 NYCRR are amended to read as follows:

(viii) the designation of the health care consultant of record for programs, as indicated in paragraph (1) of this subdivision; [and]

(ix) When a health care consultant is required to approve a health care plan, the schedule of visits by a health care consultant to programs administering medications[,] must occur at least once every [two]

year[s] and must include a review of the health care policies and procedures and a review of the documentation;[.]

(x) guidelines and procedures to be followed for the prevention of anaphylaxis and during a medical emergency resulting from anaphylaxis that comply with the anaphylactic policy for child day care providers jointly issued by the Office and the New York State Department of Health; and

(xi) For programs that will stock epinephrine auto-injectors, the plan must also designate one or more caregivers who will be responsible for the storage, maintenance, control and general oversight of any stock epinephrine auto-injectors acquired by the registrant. The plan must also state that caregivers may only use stock epinephrine auto-injectors, without a patient-specific prescription, after successfully completing a training course pursuant to subparagraph (i) of paragraph (8) of subdivision (h) of this section or if directed in a specific instance to use such device by a health care practitioner.

Paragraph (1) of subdivision (e) of section 417.11 of Title 18 NYCRR is amended to read as follows:

(1) All caregivers, except those excluded pursuant to [paragraph (5) of this subdivision, subdivision (f) of this section, and paragraph (h)(5), of]this section, who have agreed to administer medication must complete the Office-approved [m]Medication [a]Administration [t]Training (MAT) or an Office-approved equivalent before administering medications to children in day care. The certification of training in the administration of medications to children in day care shall be effective for a period of three-years from the date of issuance. The caregiver must complete a recertification training approved by the Office in order to extend the certification for each additional three year period. Where a certification lapses, the caregiver may not be recertified unless the caregiver completes the initial [medication administration training](MAT) or the recertification training, as required by the [o]Office. Where enforcement action has been taken against the registrant based on a failure by the program to comply with requirements for the administration of medications set forth in this section, the [o]Office may require retraining or may prohibit a caregiver from being involved in the administration of medications.

Subparagraph (i) of paragraph (16) of subdivision (f) of section 417.11 of Title 18 NYCRR is amended to read as follows:

(i) child's first and last name for patient-specific prescriptions;

Paragraph (7) of subdivision (g) of section 417.11 of Title 18 NYCRR is amended to read as follows:

(7) Family day care programs may not stock prescription medication, except for epinephrine auto-injectors to be used for emergency treatment of a child appearing to experience anaphylactic symptoms, provided that the program complies with the requirements set forth in sections 417.11(c)(2)(xi) and 417.11(h)(8) of this Part.

Paragraph (5) of subdivision (h) of section 417.11 of Title 18 NYCRR is amended to read as follows:

(5) When a caregiver has not been authorized to administer medications in a day care setting in accordance with the requirements of subdivision (f) of this section, such caregiver may administer emergency care through the use of patient-specific epinephrine auto-injector[device]s, [d]Diphenhydramine, when prescribed in combination with the auto-injector, asthma inhalers and asthma nebulizers when necessary to prevent anaphylaxis or breathing difficulty for an individual child, but only when the parent and the child's health care provider have indicated such treatment is appropriate. In addition:

(i) ...

(ii) ...

(iii) ...

(iv) ...

(v) a caregiver who has been instructed on the use of the auto-injector, [d]Diphenhydramine, inhaler or nebulizer must be present during all hours the child with the potential emergency condition is in care;

(vi) the caregiver administering the auto-injector, [d]Diphenhydramine, asthma medication or nebulizer must be at least 18-years-old;

(vii) ...

(viii) ...

(ix) ...

Paragraph (8) is added to subdivision (h) of section 417.11 of Title 18 NYCRR to read as follows:

(8) A designated caregiver may use a stock epinephrine auto-injector, without a patient-specific prescription, for emergency treatment of a child appearing to experience anaphylactic symptoms. In addition:

(i) All caregivers administering a stock epinephrine auto-injector must have successfully completed a training course in the use of epinephrine auto-injectors conducted by a nationally recognized organization experienced in training laypersons in emergency health treatment or an entity or person approved by the New York State Department of Health, or be directed in a specific instance to use such device by a health care practitioner. This training shall include how to recognize signs and symptoms of severe allergic reactions, including anaphylaxis; recommended dosage for adults and children; standards and procedures for the storage and administration of an epinephrine auto-injector and emergency follow-up procedures.

(ii) The caregiver administering the epinephrine auto-injector must be at least 18-years-old;

(iii) The program must immediately contact 911 after administration of epinephrine; and

(iv) Storage, documentation of the administration of medication and labeling of the auto-injector must comply with this section.

Subdivision (ad) is added to section 418-1.5 of Title 18 NYCRR to read as follows:

(ad) Pursuant to New York Public Health Law Section 2500-h, the program must comply with the anaphylaxis policy jointly issued by the Office and the New York State Department of Health and any amendments thereto. The program must notify the parent of any child in care of the anaphylaxis policy when the child is enrolled and annually thereafter. Notification shall include contact information for parents to engage further with the program to learn more about individualized aspects of the anaphylaxis policy.

Clause (c) of subparagraph (vii) of paragraph (2) of subdivision (c) of section 418-1.11 of Title 18 NYCRR is amended to read as follows:

(c) and has completed the Medication Administration Training (MAT) pursuant to subdivision (e) of this section or, in the case of administering patient-specific epinephrine auto-injectors, Diphenhydramine in combination with the auto-injector, asthma inhalers and nebulizers, has received training on its use from the parent, health care provider or a health care consultant;

Subparagraphs (viii), (ix), (x) and (xi) of paragraph (2) of subdivision (c) of section 418-1.11 of Title 18 NYCRR are amended to read as follows:

(viii) the designation of the health care consultant of record for programs, as indicated in paragraph (1) of this subdivision; [and]

(ix) [w]When a health care consultant is required to approve a health care plan, the schedule of visits by a health care consultant to programs administering medications[,] must occur at least once every [two] year[s] and must include a review of the health care policies and procedures and a review of the documentation;[.]

(x) guidelines and procedures to be followed for the prevention of anaphylaxis and during a medical emergency resulting from anaphylaxis that comply with the anaphylactic policy for child day care providers jointly issued by the Office and the New York State Department of Health; and

(xi) For programs that will stock epinephrine auto-injectors, the plan must also designate one or more staff who will be responsible for the storage, maintenance, control and general oversight of any stock epinephrine auto-injectors acquired by the licensee. The plan must also state that staff may only use stock epinephrine auto-injectors, without a patient-specific prescription, after successfully completing a training course pursuant to subparagraph (i) of paragraph (8) of subdivision (h) of this section or if directed in a specific instance to use such device by a health care practitioner.

Paragraph (1) of subdivision (e) of section 418-1.11 of Title 18 NYCRR is amended to read as follows:

(1) All staff, except those excluded pursuant to [paragraph (5) of this subdivision, subdivisions (f) and (h)(5) of]this section, who have agreed to administer medication must complete the Office-approved [m]Medication [a]Administration [t]Training (MAT) or an Office-approved equivalent before administering medications to children in day care. The certification of training in the administration of medications to children in day care shall be effective for a period of three-years from the date of issuance. The staff must complete a recertification training approved by the Office in order to extend the certification for each additional three year period. Where a certification lapses, the staff may not be recertified unless the staff completes the initial [medication administration training](MAT) or the recertification training, as required by the [o]Office. Where enforcement action has been taken against the licensee based on a failure by the program to comply with requirements for the administration of medications set forth in this section, the Office may require retraining or may prohibit a staff person from being involved in the administration of medications.

Subparagraph (i) of paragraph (16) of subdivision (f) of section 418-1.11 of Title 18 NYCRR is amended to read as follows:

(i) Child's first and last name for patient-specific prescriptions;

Paragraph (7) of subdivision (g) of section 418-1.11 of Title 18 NYCRR is amended to read as follows:
(7) Day care centers may not stock prescription medication, except [for]centers that participate in the New York State Fluoride Tablet Program, sponsored by the New York State Department of Health, will be permitted to stock prescription fluoride tablets. Additionally, day care centers may stock epinephrine auto-injectors to be used for emergency treatment of a child appearing to experience anaphylactic symptoms, provided that the program complies with the requirements set forth in sections 418-1.11(c)(2)(xi) and 418-1.11(h)(8) of this Part.

Paragraph (5) of subdivision (h) of section 418-1.11 of Title 18 NYCRR is amended to read as follows:

(5) When a program has not been authorized to administer medications in a day care setting in accordance with the requirements of subdivision (f) of this section, a designated staff person may administer emergency care through the use of patient-specific epinephrine auto-injector[device]s, [d]Diphenhydramine, when prescribed in combination with the auto-injector, asthma inhalers and asthma nebulizers when necessary to prevent anaphylaxis or breathing difficulty for an individual child, but only when the parent and the child's health care provider have indicated such treatment is appropriate. In addition:

(i) ...

(ii) ...

(iii) ...

(iv) ...

(v) Staff who have been instructed on the use of the auto-injector, [d]Diphenhydramine, inhaler or nebulizer must be present during all hours the child with the potential emergency condition is in care;

(vi) The staff person administering the auto-injector, [d]Diphenhydramine, asthma medication or nebulizer must be at least 18-years-old;

(vii) ...

(viii) ...

(ix) ...

Paragraph (8) is added to subdivision (h) of section 418-1.11 of Title 18 NYCRR to read as follows:

(8) A designated staff may use a stock epinephrine auto-injector, without a patient-specific prescription, for emergency treatment of a child appearing to experience anaphylactic symptoms. In addition:

(i) All staff administering a stock epinephrine auto-injector must have successfully completed a training course in the use of epinephrine auto-injectors conducted by a nationally recognized organization experienced in training laypersons in emergency health treatment or an entity or person approved by the New York State Department of Health, or be directed in a specific instance to use such device by a health care practitioner. This training shall include how to recognize signs and symptoms of severe allergic reactions, including anaphylaxis; recommended dosage for adults and children; standards and

procedures for the storage and administration of an epinephrine auto-injector and emergency follow-up procedures.

(ii) The staff person administering the epinephrine auto-injector must be at least 18-years-old;

(iii) The program must immediately contact 911 after administration of epinephrine; and

(iv) Storage, documentation of the administration of medication and labeling of the auto-injector must comply with this section.

Subdivision (ad) is added to section 418-2.5 of Title 18 NYCRR to read as follows:

(ad) Pursuant to New York Public Health Law Section 2500-h, the program must comply with the anaphylaxis policy jointly issued by the Office and the New York State Department of Health and any amendments thereto. The program must notify the parent of any child in care of the anaphylaxis policy when the child is enrolled and annually thereafter. Notification shall include contact information for parents to engage further with the program to learn more about individualized aspects of the anaphylaxis policy.

Clause (c) of subparagraph (vii) of paragraph (2) of subdivision (c) of section 418-2.11 of Title 18 NYCRR is amended to read as follows:

(c) and has completed the Medication Administration Training (MAT) pursuant to subdivision (e) of this section or, in the case of administering patient-specific epinephrine auto-injectors, Diphenhydramine in combination with the auto-injector, asthma inhalers and nebulizers, has received training on its use from the parent, health care provider or a health care consultant;

Subparagraphs (viii), (ix), (x) and (xi) of paragraph (2) of subdivision (c) of section 418-2.11 of Title 18 NYCRR are amended to read as follows:

(viii) the designation of the health care consultant of record for programs, as indicated in paragraph (1) of this subdivision; [and]

(ix) [w]When a health care consultant is required to approve a health care plan, the schedule of visits by a health care consultant to programs administering medications[,] must occur at least once every [two] year[s] and must include a review of the health care policies and procedures and a review of the documentation;[.]

(x) guidelines and procedures to be followed for the prevention of anaphylaxis and during a medical emergency resulting from anaphylaxis that comply with the anaphylactic policy for child day care providers jointly issued by the Office and the New York State Department of Health; and

(xi) For programs that will stock epinephrine auto-injectors, the plan must also designate one or more caregivers who will be responsible for the storage, maintenance, control and general oversight of any stock epinephrine auto-injectors acquired by the registrant. The plan must also state that caregivers may only use stock epinephrine auto-injectors, without a patient-specific prescription, after successfully completing a training course pursuant to subparagraph (i) of paragraph (8) of subdivision (h) of this section or if directed in a specific instance to use such device by a health care practitioner.

Paragraph (1) of subdivision (e) of section 418-2.11 of Title 18 NYCRR is amended to read as follows:
(1) All caregivers, except those excluded pursuant to [paragraph (5) of this subdivision, subdivision (f) and paragraph (h)(5) of]this section, who have agreed to administer medication must complete the Office-approved [m]Medication [a]Administration [t]Training (MAT) or an Office-approved equivalent before administering medications to children in day care. The certification of training in the administration of medications to children in day care shall be effective for a period of three-years from the date of issuance. The caregiver must complete a recertification training approved by the Office in order to extend the certification for each additional three year period. Where a certification lapses, the caregiver may not be recertified unless the caregiver completes the initial [medication administration training](MAT) or the recertification training, as required by the [o]Office. Where enforcement action has been taken against the registrant based on a failure by the program to comply with requirements for the administration of medications set forth in this section, the Office may require retraining or may prohibit a caregiver from being involved in the administration of medications.

Subparagraph (i) of paragraph (16) of subdivision (f) of section 418-2.11 of Title 18 NYCRR is amended to read as follows:

(i) Child's first and last name for patient-specific prescriptions;

Paragraph (7) of subdivision (g) of section 418-2.11 of Title 18 NYCRR is amended to read as follows:
(7) Small day care centers may not stock prescription medication, except for epinephrine auto-injectors to be used for emergency treatment of a child appearing to experience anaphylactic symptoms, provided that the program complies with the requirements set forth in sections 418-2.11(c)(2)(xi) and 418-2.11(h)(8) of this Part.

Paragraph (5) of subdivision (h) of section 418-2.11 of Title 18 NYCRR is amended to read as follows:

(5) When a caregiver has not been authorized to administer medications in a day care setting in accordance with the requirements of subdivision (f) of this section, such caregiver may administer emergency care through the use of patient-specific epinephrine auto-injector[device]s, [d]Diphenhydramine, when prescribed in combination with the auto-injector, asthma inhalers and asthma nebulizers when necessary to prevent anaphylaxis or breathing difficulty for an individual child, but only when the parent and the child's health care provider have indicated such treatment is appropriate. In addition:

(i) ...

(ii) ...

(iii) ...

(iv) ...

(v) A caregiver who has been instructed on the use of the auto-injector, [d]Diphenhydramine, inhaler or nebulizer must be present during all hours the child with the potential emergency condition is in care;

(vi) The caregiver administering the auto-injector, [d]Diphenhydramine, asthma medication or nebulizer must be at least 18-years-old;

(vii) ...

(viii) ...

(ix) ...

Paragraph (8) is added to subdivision (h) of section 418-2.11 of Title 18 NYCRR to read as follows:

(8) A designated caregiver may use a stock epinephrine auto-injector, without a patient-specific prescription, for emergency treatment of a child appearing to experience anaphylactic symptoms. In addition:

(i) All caregivers administering a stock epinephrine auto-injector must have successfully completed a training course in the use of epinephrine auto-injectors conducted by a nationally recognized organization experienced in training laypersons in emergency health treatment or an entity or person approved by the New York State Department of Health, or be directed in a specific instance to use such device by a health care practitioner. This training shall include how to recognize signs and symptoms of severe allergic reactions, including anaphylaxis; recommended dosage for adults and children; standards and procedures for the storage and administration of an epinephrine auto-injector and emergency follow-up procedures.

(ii) The caregiver administering the epinephrine auto-injector must be at least 18-years-old;

(iii) The program must immediately contact 911 after administration of epinephrine; and

(iv) Storage, documentation of the administration of medication and labeling of the auto-injector must comply with this section.