



Silver Valley Unified School District

35320 Daggett-Yermo Road, P.O. Box 847, Yermo CA 92398

PHONE: (760)254 2916

FAX: (760)254 2091

Agreement for Physician/Clinic Consultant Services

The following services will be provided:

By: Dr. Donald W. Case

To: Silver Valley Unified School District

- Review protocols for emergency treatment of anaphylaxis.
- Review and sign standing orders for epinephrine auto-injectors.
- Provide written script/prescription for 14 epinephrine auto-injectors.
- Provide phone consultation related to training and supervision of volunteer designated school employees for the emergency care of individuals suffering from anaphylaxis.

These services are provided through a mutual agreement between:

Dr. Donald W. Case

and

Silver Valley Unified School District

Clinic/Hospital/County Health Department (Date)

DONALD W. CASE, M.D.
412 South 6th Avenue
Barstow, California 92311

3-22-19

District/County Office of Education (Date)

Lewis Elementary School
(760) 386 1900

Trifolium View Intermediate School
(760) 386 3123

Newberry Springs Elementary School
(760) 357 3211

Yermo School
(760) 354 3931

Fort Irwin Middle School
(760) 386 1133

Silver Valley High School
(760) 254 2963

Alternative Education Center
(760) 354 2115

POWERFUL LEARNING FOR OUR MOST PRECIOUS RESOURCE

Epinephrine Standing Order Protocol

I, the undersigned Physician, for the purpose of facilitating the use of Epinephrine in the case of Potentially Life-Threatening Allergic Reactions (anaphylaxis) in individuals and in compliance with all applicable state laws and regulations, issue this Epinephrine Standing Order Protocol ("Protocol") on the following terms:

Physician License: I represent that I: (a) am licensed to prescribe legend drugs in this state as set forth below; (b) am qualified to practice medicine in this state; and (c) am in good standing with the appropriate professional licensing board.

Epinephrine: This Protocol constitutes my standing order for the treatment of anaphylaxis and the use of Epinephrine in emergency situations as further described below in a school setting.

Delegation: I, the undersigned Physician, delegate authority to all appropriate medical and school personnel employed by or acting on behalf of the below described school system.

Issued to: Silver Valley Unified School District
Name of School/ District
35320 Daggett-Yermo Rd.
Street Address
Yermo, CA 92398
City, Zip Code

Standing Order: All appropriate medical and school personnel (including, but not limited to, any Registered Nurse) employed by or acting on behalf of the school system may administer Epinephrine via an undesignated Epinephrine auto-injector to an individual using professional judgment if an individual is experiencing a potentially life-threatening allergic reaction, such as anaphylaxis.

Emergency Treatment Procedures: The following treatment Protocol will be utilized to manage anaphylactic reactions. Anaphylaxis is described as the sudden onset of generalized itching, erythema (redness), or urticaria (hives); angioedema (swelling of the lips, face, or throat); severe bronchospasm (wheezing); shortness of breath; shock; abdominal cramping; or cardiovascular collapse. In the event of a serious adverse reaction, including anaphylaxis, the following shall be done:

1. **Symptoms:** If itching and swelling are confined to a localized area, observe the patient closely for the development of generalized symptoms. If symptoms are generalized, activate the emergency medical system (e.g., call 911). This should be accomplished by a second person while the individual is being evaluated and managed by the first person.

2. **Dosage:** If conditions of anaphylaxis are developing or present themselves, administer Epinephrine USP, 1 mg/mL, (1:1000) as epinephrine auto-injector, EpiPen, intramuscularly into the antero-lateral aspect of the thigh (through clothing if necessary) according to the manufacturer's recommendation.

For individuals less than 66 pounds, use one EpiPen Jr. (0.3 mL epinephrine injection, USP, 1:2000) auto-injector to deliver 0.15 mg of epinephrine injection, USP.

For individuals 66 pounds and greater, use one EpiPen (0.3 mL epinephrine injection, USP, 1:1000) auto-injector to deliver 0.3 mg of epinephrine injection, USP.

3. **Monitoring:** Closely monitor the individual until EMS arrives. Perform CPR and maintain airway, if necessary. Keep the individual in a supine position unless he/she is having difficulty breathing. If having

STANDING ORDER CERTIFICATION FORM

Practitioner Name:	Donald W. Case
Practitioner Address:	412 South 6 th AVE Barstow CA, 92311
Practitioner Phone:	760-256-0213
Date:	3-22-19

Shipment Information

Recipient Name:	Tami Kash, R.N.
Recipient Title:	District Nurse - Silver Valley Unified School District
Recipient Address:	35320 Daggett-Yermo Rd, Yermo, CA 92398

By signing this Certification form, I certify that, under applicable state law, I may (1) purchase and possess quantities of EpiPen® (epinephrine injection, USP) or EpiPen Jr® (epinephrine injection, USP) Auto-Injectors (the "Product"), (2) prescribe, furnish and administer the Product to patients, (3) issue standing orders or otherwise delegate to appropriate persons the authority to prescribe, furnish or administer the Product to a student at a school or involved in a school-related activity, and (4) ship, or direct shipment of, quantities of the Product to a school for prescribing, furnishing or administering to a student at the school or involved in a school-related activity.

Practitioner Signature: 

DONALD W. CASE, M.D.

Date: 3-22-19

412 South 6th Avenue

Barstow, California 92311

Indications

EpiPen® (epinephrine injection, USP) 0.3 mg and EpiPen Jr® (epinephrine injection, USP) 0.15 mg Auto-Injectors are indicated in the emergency treatment of type 1 allergic reactions, including anaphylaxis, to allergens, idiopathic and exercise-induced anaphylaxis, and in patients with a history or increased risk of anaphylactic reactions. Selection of the appropriate dosage strength is determined according to body weight.

Important Safety Information

EpiPen® and EpiPen Jr® Auto-Injectors are intended for immediate administration as emergency supportive therapy only and are not intended as a substitute for immediate medical or hospital care. **In conjunction with the administration of epinephrine, the patient should seek immediate medical or hospital care.** More than two sequential doses of epinephrine should only be administered under direct medical supervision.

EpiPen® and EpiPen Jr® should **only** be injected into the anterolateral aspect of the thigh. **Do not inject intravenously, into buttock, or into digits, hands, or feet.** Instruct caregivers to hold the leg of young children firmly in place and limit movement prior to and during injection to minimize risk of injection-related injury.

Rare cases of serious skin and soft tissue infections have been reported following epinephrine injection. Advise patients to seek medical care if they develop symptoms of infection such as persistent redness, warmth, swelling, or tenderness at the injection site.

Epinephrine should be used with caution in patients with heart disease, and in patients who are on drugs that may sensitize the heart to arrhythmias, because it may precipitate or aggravate angina pectoris and produce ventricular

**CERTIFICATION FORM:
EpiPen® (epinephrine) Auto-Injector EpiPen4Schools® Program**

The school and/or school district identified below (the "School") hereby acknowledges and agrees that the EpiPen® (epinephrine) Auto-Injectors School Discount Program made available by Mylan Specialty L.P. ("Mylan Specialty") to the School is because it is a school and is conditioned upon the undersigned making this certification to Mylan Specialty.

The School represents and warrants to Mylan Specialty that:

- (i) all of the information provided in this certification is true, complete and accurate;
- (ii) the School will only receive/purchase EpiPen® (epinephrine) 0.3mg and EpiPen Jr® (epinephrine) 0.15mg Auto-Injectors in accordance with all applicable laws for use by the School, and the School has presented a valid prescription for the product;
- (iii) the School is an entity whose primary purpose is education for students in grades K through 12 that is licensed as an educational facility under all applicable laws;
- (iv) the School shall make best efforts to provide appropriate product training to any School personnel who may administer an EpiPen® or EpiPen Jr® Auto-Injector;
- (v) the person signing this certification on behalf of the School has the requisite authority to make this certification on behalf of the School identified below;
- (vi) the School hereby certifies that it will not in the next twelve (12) months purchase any products that are competitive products to EpiPen® Auto-Injectors;
- (vii) the School shall only purchase EpiPen® Auto-Injectors for its own use and the School shall not sell or transfer any EpiPen® Auto-Injectors purchased at the discounted price to a non-school third party, unless the prior written approval of Mylan Specialty, in its sole discretion, is obtained; and
- (viii) any transfer of any quantity of EpiPen® Auto-Injectors purchased at the discounted price available to the School in violation of this certification will be considered a breach of this certification allowing Mylan Specialty to prohibit the School from purchasing EpiPen® Auto-Injectors at the discounted price available to schools.

**To order EpiPen 2-Pak® and EpiPen Jr 2-Pak® units at a discounted price,
please fill out and submit the order form below:**

EpiPen Auto-Injector Units at Discounted Price	Quantity (2-Paks) Ordered*	Discounted Price Per Unit (One Unit = 2 Auto-Injectors)	Total
EpiPen 2-Pak®	10	\$112.10	
EpiPen Jr 2-Pak®	8	\$112.10	
Total Quantity Ordered*	18	\$112.10	

Please check if you would like to receive periodic updates about this program or EpiPen Auto-Injector.

**Please note there are two auto-injectors per EpiPen 2-Pak or EpiPen Jr 2-Pak. Example: If you wish to order 2 EpiPen Auto-Injectors and 2 EpiPen Jr Auto-Injectors, put the number 1 in the Quantity Ordered box next to EpiPen 2-Pak and 1 in the Quantity Ordered box next to EpiPen Jr 2-Pak. If you wish to order 4 EpiPen Jr Auto-Injectors, put the number 2 in the Quantity Ordered box next to EpiPen Jr 2-Pak and 0 (zero) in the Quantity Ordered box next to EpiPen 2-Pak.*

¹ ORDERING FOR MULTIPLE SCHOOLS: If you are ordering for multiple schools within a single school district, you may order unlimited two 2-Pak® Units per school. For example, if you are ordering two EpiPen Jr 2-Paks for each of 10 schools, you should enter 20 in the Quantity Ordered column next to EpiPen Jr 2-Pak Units.

If the terms and conditions provided in this certification are amended, modified or altered in any way, it will be considered null and void.

School/School District Name: Silver Valley Unified School District	
School Address: 35320 Daggett-Yermo Rd.	
City/State/Zip: Yermo, CA 92398	
School Phone:	
Authorized School Signatory Name:	
Authorized School Signatory Title:	
Authorized School Signatory Email:	
Signature:	Date:

Please fax the completed Certification Form and a copy of a valid EpiPen® Auto-Injector prescription for the total number of EpiPen Auto-Injectors ordered to BioRidge Pharma, LLC

**Attn: Kristina Paich
Fax: 973-718-4328 or email scan to: info@bioridgepharma.com
Phone: 973-845-7600**