2024-2025

Administered Epinephrine Auto-Injectors in Schools Report

TEXAS Health and Human Services
Texas Department of State Health Services

Table of Contents

Executive Summary

Texas Education Code (TEC), Section 38.209, requires K-12 schools that adopt an epinephrine delivery system policy under TEC, Section 38.208, to report the use of an epinephrine auto-injector.

Schools report data to the Department of State Health Services (DSHS) through the web form *Required Reporting of Unassigned Administered Epinephrine Auto-Injectors to DSHS* (Appendix A). This report provides information on school-submitted data during the 2024-2025 school year. DSHS analyzes the reported data annually.

During the 2024-2025 school year, Texas schools reported a total of 263 uses of an epinephrine auto-injector to DSHS. Most injections were given to students (82.1 percent). The adult dose of epinephrine, suitable for individuals weighing more than 66 pounds1, was most frequently administered (81.4 percent). Over half of the injections were given to people with no known history of anaphylaxis or allergies requiring epinephrine auto-injectors (52.5 percent). In most cases, the school's unassigned epinephrine auto-injector was used (95.8 percent). The most reported symptoms were tightness in throat or chest (65.4 percent), trouble breathing or shortness of breath (52.1 percent), swelling of lips, tongue, or throat (47.9 percent), anxiety (42.2 percent), and hives (40.7 percent). Schools reported food as the suspected cause or trigger for more than half of cases (54.0 percent).

[1] EPIPEN. (n.d). Dosage and Administration. Retrieved from https://www.epipen.com/hcp/about-epipen-and-generic/dosage-and-administration

Introduction

The purpose of this report is to understand the use of epinephrine auto-injectors in K-12 schools across Texas. This information will be used by DSHS and the Stock Epinephrine Advisory Committee (SEAC) to inform future program activities and areas of focus.

TEC, Chapter 38, Subchapter E, and the 25 Texas Administrative Code, Part 1, Chapter 40, Subchapter E, authorize and set standards when using prescription epinephrine on school campuses. The TEC, Section 38.209, requires a school district, open-enrollment charter school, or private school that adopts an epinephrine delivery system policy under TEC, Section 38.208, to report the use of an epinephrine auto-injector.

Per statute, schools must submit a report within 10 business days to the:

- School district,
- Charter holder if the school is an open-enrollment charter school, or the governing body of the school if the school is a private school,
- Physician or other person who prescribed the epinephrine auto-injector, and
- DSHS.

DSHS will update future reporting forms and data reports to replace "epinephrine auto-injectors" with "epinephrine delivery systems" in accordance with Senate Bill 1619, 89th Legislature, Regular Session, 2025. An epinephrine delivery system includes an epinephrine auto-injector and epinephrine nasal spray.

Methods

Schools report use of an epinephrine auto-injector using the *Required Reporting of Administered Epinephrine Auto-Injectors to DSHS* web form (Appendix A). Schools must make the report within 10 days of the use of an epinephrine auto-injector in a school.

The web form consists of 25 questions, including 10 open-ended, eight single-answer and seven multi-select questions. Questions ask about the recipient of the medication, where the medication was administered and by whom, the triggers and symptoms of anaphylaxis, and any follow-up actions taken. The web form can be found on the DSHS website.

DSHS staff collected the data from the web form for analysis. In August 2025, a program evaluator analyzed the K-12 school records submitted between August 1, 2024, and July 31, 2025, using Microsoft Excel.

Per statute, youth facilities or certain entities that voluntarily adopt an unassigned epinephrine policy must also report the administration of unassigned epinephrine using a web form found on the DSHS website. No "Youth Facilities or Certain Entities" records were submitted between August 1, 2024, and July 31, 2025.

Results

For the 2024-2025 school year, between August 1, 2024, and July 31, 2025, schools submitted a total of 263 records from 111 school districts (public, private, or charter). Ninety-six of the reporting school districts were public school districts (9.4 percent) of the 1,017 public school districts statewide).[2] In the 2023-2024 school year, 74 public school districts submitted reports. The remaining reports from the 2024-2025 school year came from eight charter schools and seven private schools.

The age of recipients (students, school personnel or volunteers, or visitors) ranged from three to 67 years old; the average age was 17 years old; and the median age was 14 years old.

Not all schools adopt a policy on the maintenance and administration of epinephrine auto-injectors and, therefore, are not required to report to DSHS. This limitation should be kept in mind when interpreting the following data.

School Information

As shown in Table 1, respondents from 18 Education Service Centers (ESC) regions submitted 263 records. ESC Region 10 submitted the most records (20.9 percent), followed by ESC Region 11 (17.9 percent), and ESC Region 20 (12.5 percent) (Appendix B).

Table 1: Frequency and Percent of Epinephrine Auto-Injector Use in Texas Schools by ESC Region (N=263)

Education Service Center (ESC) Region	Frequency (n)	Percent (%)
Region 1	11	4.2
Region 2	12	4.6
Region 4	19	7.2
Region 5	1	0.4
Region 6	4	1.5
Region 7	11	4.2
Region 8	4	1.5

[2] Texas Education Agency. School districts from TLC 2025. Texas Education Agency Public Open Data Site. Updated March 5, 2025. Accessed August 15, 2025. https://schoolsdata2-tea-texas.opendata.arcgis.com/

Education Service Center (ESC) Region	Frequency (n)	Percent (%)
Region 10	55	20.9
Region 11	47	17.9
Region 12	6	2.3
Region 13	31	11.8
Region 14	2	0.8
Region 15	1	0.4
Region 16	6	2.3
Region 17	5	1.9
Region 18	5	1.9
Region 19	10	3.8
Region 20	33	12.5
Total	**263**	**100.0**

Recipient Information

Per Table 2, schools reported that most epinephrine auto-injector injections were administered to students (82.1 percent). School personnel and/or volunteers received 16.3 percent of epinephrine auto-injector injections. Visitors received 1.5 percent of epinephrine auto-injector injections.

Table 2: Frequency and Percent of Epinephrine Auto-Injector Use in Texas Schools by Recipient (N=263)

Administered to	Frequency (n)	Percent (%)
Student	216	82.1
School Personnel/Volunteer	43	16.3
Visitor	4	1.5
Total	**263**	**100.0**

Note: Percent by recipient may not total 100.0 due to rounding.

While 81.4 percent of individuals received the adult dose of the epinephrine auto-injector injection, 18.6 percent received the child dose (Table 3). The adult dose of epinephrine is suitable for individuals weighing more than 66 pounds.[3]

Table 3: Frequency and Percent of Epinephrine Auto-Injector Use in Texas Schools by Dosage Type (N=263)

Dosage Type	Frequency (n)	Percent (%)
Adult	214	81.4
Child	49	18.6
Total	**263**	**100.0**

While almost all individuals received one dose of the epinephrine auto-injector injection (93.5 percent), a few received two doses (6.1 percent) (Table 4).

Table 4: Frequency and Percent of Epinephrine Auto-Injector Use in Texas Schools by Number of Doses (N=263)

Number of Doses	Frequency (n)	Percent (%)
One	246	93.5
Two	16	6.1
Four	1	0.4
Total	**263**	**100.0**

Approximately 44.5 percent of individuals who received the epinephrine auto-injector injection had a known history of anaphylaxis or allergies requiring epinephrine auto-injectors (Table 5). More than half of individuals who received the epinephrine auto-injector injection did not have a known history of anaphylaxis (52.5 percent). The history of anaphylaxis was unknown for 3.0 percent of reported cases.

Table 5: Frequency and Percent of Epinephrine Auto-Injector Use in Texas Schools by History of Anaphylaxis (N=263)

History of Anaphylaxis	Frequency (n)	Percent (%)
Yes	117	44.5
No	138	52.5
Unknown	8	3.0
Total	**263**	**100.0**

[3] EPIPEN. (n.d). Dosage and Administration. Retrieved from https://www.epipen.com/hcp/about-epipen-and-generic/dosage-and-administration

Approximately 19.4 percent of individuals who received the epinephrine auto-injector injection had a known history of asthma (Table 6). Most individuals who received the epinephrine auto-injector injection did not have a known history of asthma (69.2 percent). The history of asthma was unknown for 11.4 percent of reported cases reported.

Table 6: Frequency and Percent of Epinephrine Auto-Injector Use in Texas Schools by History of Asthma (N=263)

History of Asthma	Frequency (n)	Percent (%)
Yes	51	19.4
No	182	69.2
Unknown	30	11.4
Total	**263**	**100.0**

School Response Information

The unassigned auto-injector is assigned to the school and not to a specific student. Texas Education Code, Section 38.209, relates to unassigned auto-injectors. However, the Stock Epinephrine Advisory Committee (SEAC) has suggested schools also report the administration of assigned auto-injectors to show the extent to which anaphylactic reactions are treated in schools. As such, some schools report the administration of both assigned and unassigned auto-injectors.

In most cases of anaphylaxis (95.8 percent), schools reported that the unassigned epinephrine auto-injector was used (Table 7).

Table 7: Frequency and Percent of Epinephrine Auto-Injector Use in Texas Schools by Utilization of Unassigned Auto-Injector (N=263)

Unassigned Auto-Injector Utilized	Frequency (n)	Percent (%)
Yes	252	95.8
No	11	4.2
Total	**263**	**100.0**

As shown in Table 8, epinephrine auto-injector injection was most frequently administered by a nurse (89.0 percent), followed by "other" such as an assistant

principal, teacher, or office manager (4.6 percent), clinic staff (4.2 percent), or athletic staff (2.3 percent).

Table 8: Frequency and Percent of Epinephrine Auto-Injector Use in Texas Schools by Administrator (N=263)

Administered by	Frequency (n)	Percent (%)
Nurse	234	89.0
Other	12	4.6
Clinic Staff	11	4.2
Athletic Staff	6	2.3
Total	**263**	**100.0**

Note: Percent by administrator may not total 100.0 due to rounding. "Nurse" includes responses such as registered nurse (RN), licensed vocational nurse (LVN), campus nurse, district nurse, or school nurse. "Other" includes responses such as assistant principal, band director, bus driver, office manager, principal, student, teacher, or self-administered. "Clinic Staff" includes responses such as certified nurse assistant (CNA), licensed practical nurse (LPN), director of health services, district health coordinator, health aide, or nurse aide. "Athletic Staff" includes responses such as licensed athletic trainer (LAT), assistant director of athletics, athletic trainer, or basketball coach.

Most respondents reported the epinephrine auto-injector injection was administered in a clinic/nurse's office (84.0 percent) (Table 9). Some respondents (8.4 percent) indicated other locations, including a bathroom, cafeteria, hallway, or library.

Table 9: Frequency and Percent of Epinephrine Auto-Injector Use in Texas Schools by Location Administered (N=263)

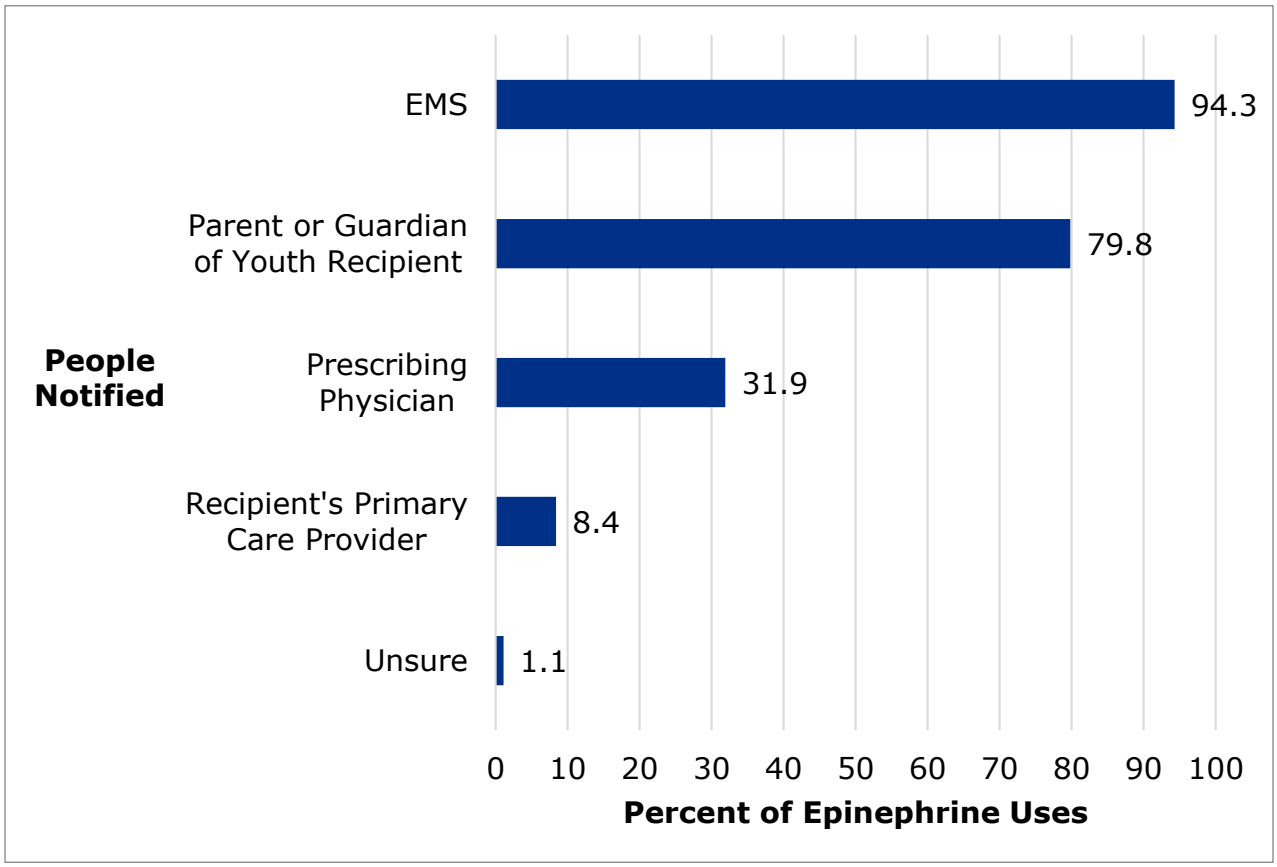
Location Administered	Frequency (n)	Percent (%)
Clinic/Nurse's Office	221	84.0
Other	22	8.4
Classroom or Office	20	7.6
Total	**263**	**100.0**

Note: "Clinic/Nurse's Office" includes responses such as campus clinic, health room, health clinic, nurse's office, nurse's clinic, or school clinic. "Other" includes responses such as athletic training room, bathroom, cafeteria, hallway, track/football field, gym, library, parking lot, school bus, gym, or unknown. "Classroom or Office" includes responses such as assistant principal's office, classroom, counselor's office, front office, trainer office, or teacher workroom.

Figure 1 shows the percentage of the type of respondents that were notified when the medication was administered. Respondents could select multiple options. Local emergency medical services were notified for 94.3 percent of individuals who received the epinephrine auto-injector. A parent or guardian of a youth recipient

was notified for 79.8 percent of individuals who received the epinephrine auto-injector. Though required by statute, a prescribing physician was notified for only about one-third of individuals who received the epinephrine auto-injector (31.9 percent). Approximately 8.4 percent of recipients had a primary care provider notified. Notification of medication administration submitted was unknown for 1.1 percent of recipients.

Figure 1: Percent of Epinephrine Auto-Injector Uses in Texas Schools by People Notified of Medication Administration (N=263)



Note: Percent was calculated by using the total number of participants (263) as the denominator for each notification. Respondents could select all applicable notifications. Therefore, the total frequency will not equal to 263, and the total percent will not equal to 100.0.

Table 10 shows the percentage of epinephrine auto-injector recipients who took different actions after the medication was administered. Respondents could select multiple options. Over half of individuals (57.0 percent) were taken by EMS to the Emergency Room after the medication was administered. 23.2 percent were picked up by a parent or guardian and taken to a healthcare provider, and 7.6 percent

were picked up by a parent or guardian and taken home. 4.9 percent of individuals were picked up by a parent or guardian, but unknown if medical care was obtained. About 1.1 percent of individuals returned to class.

Respondents were also asked to provide text responses for actions not already listed in the form. Thirty-six respondents provided text responses. Some actions mentioned included parent or recipient refused EMS transport and the recipient was picked up by a family member and taken to the emergency room or primary care physician.

Table 10: Percent of Epinephrine Auto-Injector Uses in Texas Schools by Status After Receiving Medication (N=263)

Status	Frequency (n)	Percent (%)
Was taken by EMS to the Emergency Room	150	57.0
Was picked up by a parent or guardian and taken to a healthcare provider	61	23.2
Was picked up by a parent or guardian and taken home	20	7.6
Other	16	6.1
Was picked up by a parent or guardian, but unknown if medical care was obtained	13	4.9
Returned to class	3	1.1

Note: Percent was calculated by using the total number of participants (263) as the denominator for each action. Respondents could select all actions that apply. Therefore, the total frequency will not equal to 263, and the total percent will not equal to 100.0.

Symptom Information

Figure 2 shows the percentage of recipients that experienced different anaphylaxis symptoms prior to receiving the epinephrine auto-injector medication. Respondents could select multiple symptoms.

Respiratory Symptoms: 65.4 percent of respondents reported tightness in the throat or chest, 52.1 percent reported having trouble breathing or shortness of breath, and 35.7 percent reported wheezing or coughing.

Skin Symptoms: 47.9 percent of respondents reported swelling of lips, tongue, or throat, 40.7 percent reported hives, 39.2 percent reported itchiness, and 31.2 percent reported a rash.

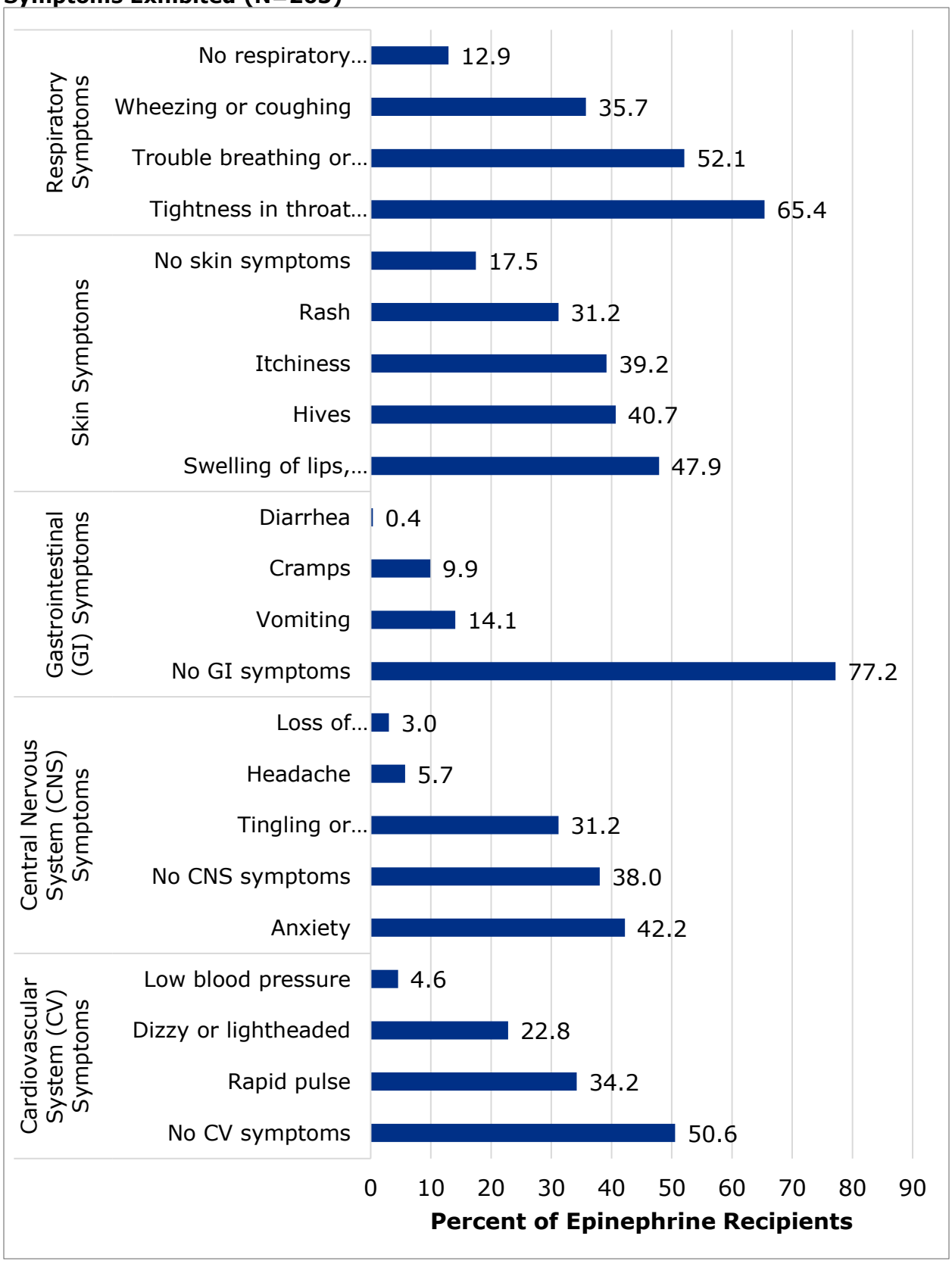
Gastrointestinal Symptoms: Most respondents (77.2 percent) did not report experiencing gastrointestinal symptoms. However, 14.1 percent reported vomiting, 9.9 percent reported cramps, and 0.4 percent reported diarrhea.

Central Nervous System Symptoms: 42.2 percent of respondents reported experiencing anxiety, 31.2 percent reported a tingling or numbing sensation, 5.7 percent reported a headache, and 3.0 percent reported a loss of consciousness.

Cardiovascular Symptoms: 34.2 percent of respondents reported rapid pulse, 22.8 percent reported feeling dizzy or lightheaded, and 4.6 percent reported low blood pressure.

Respondents could also provide text responses for any other signs or symptoms. Eighty-two respondents provided text responses, which included swelling (eyes, lips, tongue, face), sweating, difficulty speaking, difficulty swallowing, flushed or red skin, pallor, nausea, and low oxygen.

Figure 2: Percent of Epinephrine Auto-Injector Uses in Texas Schools by Symptoms Exhibited (N=263)



Note: Percent was calculated by using the total number of participants (263) as the denominator for each symptom. Respondents could select all symptoms that apply in each category, except where "No symptoms" was selected. Therefore, the total frequency will not equal to 263, and the total percent will not equal to 100.0.

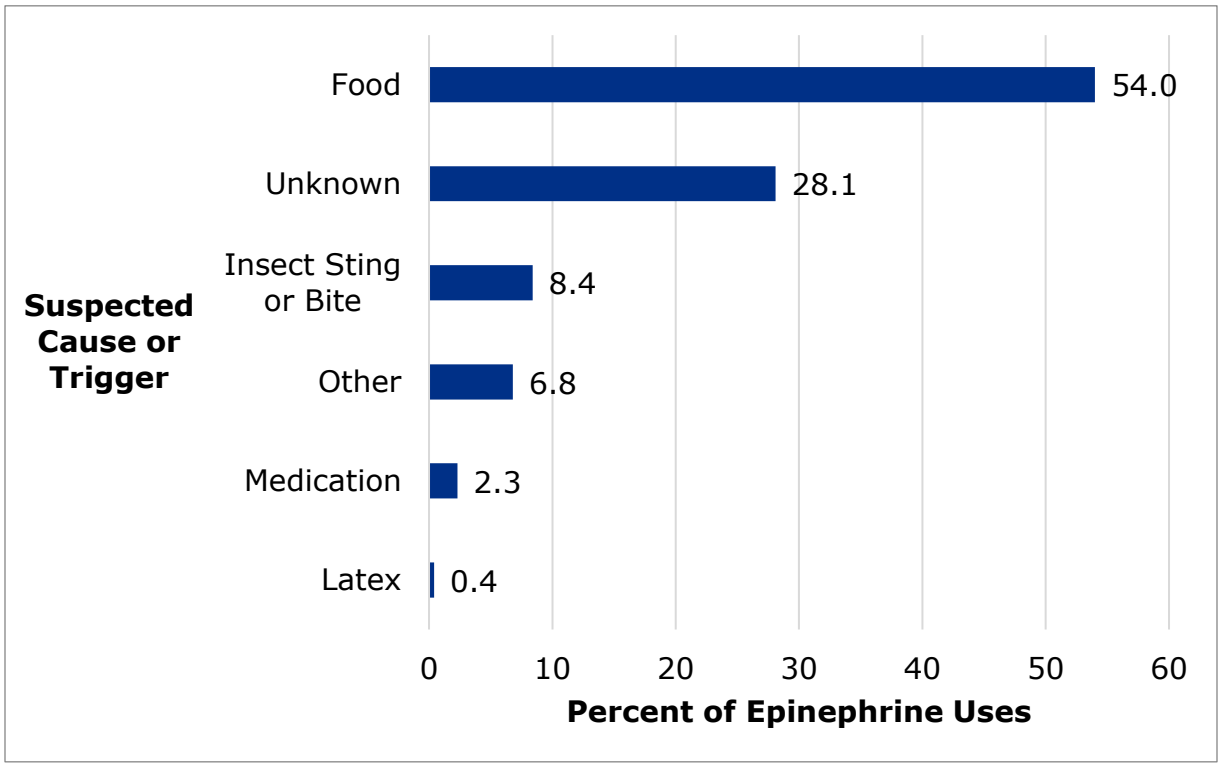
Suspected Cause Information

Figure 3 shows the percentage of reports with different suspected causes or triggers of anaphylaxis. In over half (54.0 percent) of cases, schools reported that food was the suspected trigger, followed by "unknown" (28.1 percent), and insect bite or sting (8.4 percent).

Forty respondents provided text responses for other suspected triggers, which included environmental triggers like pollen or dust, known allergies, fragrance/spray, grass, or ants.

One hundred and thirty-eight respondents provided text responses to identify the suspected food trigger. The most common identified food trigger was tree nuts (26.8 percent), followed by peanuts (21.0 percent), shellfish (5.1 percent), dairy (3.6 percent), sunflower seeds (3.6 percent), egg (2.2 percent), and soy (2.2 percent). An additional 17.4 percent of these respondents indicated that multiple ingredients were ingested, so the allergen was unknown.

Figure 3: Percent of Epinephrine Auto-Injector Uses in Texas Schools by Suspected Causes or Triggers of Anaphylaxis (N=263)



Analysis and Discussion

During the 2024-2025 school year, Texas schools reported a total of 263 uses of an epinephrine auto-injector to DSHS.

- When epinephrine auto-injector injections were given to students, most schools reported they administered one adult dose of epinephrine.
- Over half of the injections were given to individuals with no known history of anaphylaxis or allergies requiring epinephrine auto-injectors.
- In most cases, the school's unassigned epinephrine auto-injector was used. The most reported anaphylaxis symptoms were tightness in throat or chest, trouble breathing or shortness of breath, swelling of lips, tongue, or throat, anxiety, and hives.
- In over half of the reports, the suspected cause or trigger was food.

Conclusion

This report sought to understand the use of epinephrine auto-injectors in K-12 Texas schools in the 2024-2025 school year. According to school reports, over half of the epinephrine auto-injector injections were given to individuals with no known history of anaphylaxis or allergies requiring epinephrine auto-injectors. Food was the top suspected cause or trigger, and the most common anaphylaxis symptoms reported were tightness in throat or chest, trouble breathing or shortness of breath, swelling of lips, tongue, or throat, anxiety, and hives.

The DSHS will use the data in this report to monitor and guide future reporting and projects for allergy control in the school setting. DSHS will also examine trends in stock epinephrine reporting over time to guide future reporting and projects. These projects may include greater outreach, revisions to the reporting forms for additional information, or collaboration with other stakeholders interested in epinephrine auto-injector use in schools in Texas.

General Information

Contact Information

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Health Promotion and Chronic Disease Prevention Section

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Appendix A. Schools - Required Reporting of Administered Epinephrine Auto-Injectors to DSHS Form

Schools - Required Reporting of Unassigned Administered Epinephrine Auto-Injectors to DSHS

School districts, open-enrollment charter schools, private schools, and institutions of higher education must report the administration of unassigned epinephrine auto-injectors. This requirement is in the Texas Education Code, §38.209 and §51.883.

Texas Education Code, Chapter 61, §61.003(8) and (15) defines institution of higher education as a:

- Technical institute
- Junior college or community college
- College or university
- Medical or dental school
- Public state college
- Agency of higher education

No later than 10 business days after the date of an unassigned epinephrine auto-injection is administered, school campuses and institutions of higher education must submit a report in accordance with the Texas Administrative Code, Title 25, Part 1, Chapter 40, Section 40.68 and Texas Administrative Code, Title 25, Part 1, Chapter 40, Section 40.7.

School districts, open-enrollment charter schools, and private schools must report to the:

- School district
- Charter holder if the school is an open-enrollment charter school
- Governing body of the school if the school is a private school
- Prescribing physician
- Commissioner of the Department of State Health Services (DSHS)

Institutions of higher education must report to the:

- Prescribing physician
- Commissioner of DSHS

Private or independent institutions of higher education are not required to submit reports. DSHS encourages all institutions of higher education to report the use of epinephrine auto-injectors.

Note: Texas Administrative Code §40.65(e) requires schools to notify local emergency medical services when an individual is suspected of experiencing anaphylaxis and when an epinephrine auto-injector is administered. For information on this requirement, please read EMS Evaluation After Administering Epinephrine in Schools (PDF).

Submission of this electronic form meets the reporting requirement for DSHS. Be sure to report complete and accurate information.

Please fill out the entire form and provide detailed information.

All fields with an asterisk (*) must be completed.

School Information

Select if you are reporting for a K-12 school or an institution of higher education: *

- ○ K-12 School
- ○ Institution of Higher Education

Name of the institution of higher education, school district, open-enrollment charter school, or private school: *

Name of person completing this form: *

Email address of person completing this form: *

Confirm email address of person completing this form: *

Education Service Center region for your school district, open-enrollment charter school, or private school: *

- Select -

(Select N/A if this report is for an institution of higher education.)

County where the institution of higher education is located: *

(Type N/A if this report is for a school district, open-enrollment charter school, or private school.)

Recipient Information

Person who received the epinephrine auto-injector injection: *

- ○ Student
- ○ School Personnel or School Volunteer
- ○ Visitor

Age of person who received the epinephrine auto-injector injection: *

Location and Dosage Information

Physical location where you administered the injection: *

(Examples: cafeteria, classroom, school bus, hallway, football field, etc. You do not need to include mailing address.)

Number of doses administered: *

(1 dose = 1 epinephrine auto-injector)

Type of dosage administered: *

- ○ Child dose
- ○ Adult dose

Other Information

Date Administered: *

Title of the person who administered the injection: *

(Examples: 6th grade teacher, school librarian, basketball coach, school volunteer, etc.)

Did the person who received the epinephrine auto-injector injection have a known history of anaphylaxis or allergies requiring epinephrine auto-injectors? *

- ○ Yes
- ○ No
- ○ Unknown

Did the person who received the epinephrine auto-injector injection have a known history of asthma? *

- ○ Yes
- ○ No
- ○ Unknown

Was the school's unassigned epinephrine auto-injector utilized? *

- ○ Yes
- ○ No

Notification of medication administration was submitted to the following: Please mark all that apply. *

- [ ] EMS
- [ ] Prescribing Physician
- [ ] Recipients primary care provider
- [ ] Parent or guardian of youth recipient
- [ ] Unsure

(Examples: 9-1-1 was called, emailed prescribing physician that unassigned medication was used, etc.)

After the medication was administered, the recipient: *

- [ ] Returned to class
- [ ] Was picked up by a parent or guardian and taken home
- [ ] Was picked up by a parent or guardian and taken to a healthcare provider
- [ ] Was picked up by a parent or guardian, but unknown if medical care was obtained
- [ ] Was taken by EMS to the Emergency Room
- [ ] Other

If you selected "Other" for the question above, please explain:

Symptom Information

A person experiencing anaphylaxis may have many signs and symptoms. Please select the symptoms that the individual who received the auto-injector injection was exhibiting.

Please mark all that apply.
If no symptoms for a particular group occurred, choose "N/A."

Respiratory *

- [ ] Wheezing or coughing
- [ ] Trouble breathing or shortness of breath
- [ ] Tightness in throat or chest
- [ ] N/A (no respiratory symptoms)

Skin *

- [ ] Rash
- [ ] Hives
- [ ] Swelling of lips, tongue, or throat
- [ ] Itchiness
- [ ] N/A (no skin symptoms)

Gastrointestinal *

- [ ] Cramps
- [ ] Diarrhea
- [ ] Vomiting
- [ ] N/A (no gastrointestinal symptoms)

Central Nervous System *

- [ ] Headache
- [ ] Tingling or numbing sensation (lips, tongue, or throat)
- [ ] Loss of consciousness
- [ ] Anxiety
- [ ] N/A (no CNS symptoms)

Cardiovascular System *

- [ ] Dizzy or lightheaded
- [ ] Rapid pulse
- [ ] Low blood pressure
- [ ] N/A (no cardiovascular symptoms)

Other

Please list signs or symptoms not listed above, if applicable:

Suspected Cause

Please indicate the suspected cause or trigger of the anaphylaxis: *

- ○ Food
- ○ Latex
- ○ Insect sting or bite
- ○ Medication
- ○ Unknown
- ○ Other

If you selected "Other" for the suspected cause question above, please explain:

If you selected "Food" for the suspected cause question above, please identify:

(Examples: Eggs, Milk, Peanuts, Tree nuts, Fish, Shellfish, Wheat, Soy, Sesame, etc.)

CAPTCHA *

Math question *

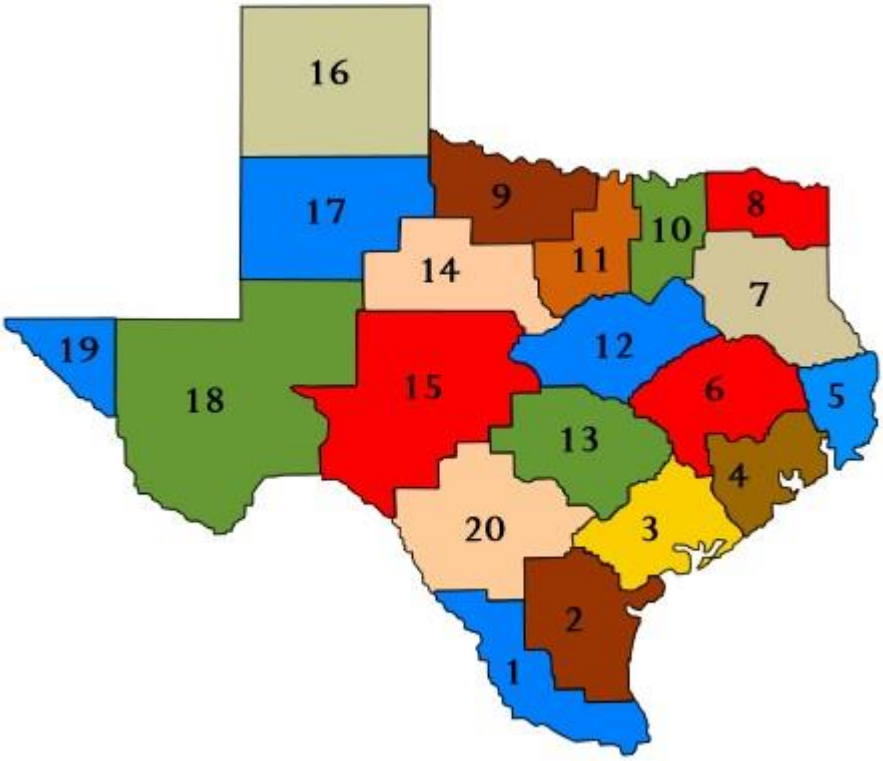
12 + 1 =

Solve this simple math problem and enter the result. E.g. for 1+3, enter 4.

This question is for testing whether or not you are a human visitor and to prevent automated spam submissions.

Submit

Appendix B: Regional Education Service Center Map



School Health Program

dshs.texas.gov/schoolhealth