

DIOCESE OF METUCHEN/IMMACULATE CONCEPTION SCHOOL

Policy and Procedures for Managing Students' Life-Threatening Food Allergies

-- ICS Wellness Plan

I. Policy Statement

- ❖ **Purpose** - create an allergy-conscious, inclusive, and respectful learning environment for all students.
- ❖ Adhere to an **allergy-conscious approach**, recognizing that strict avoidance of the allergen is the only way to prevent a severe reaction. We also follow an *inclusive* approach, ensuring that students with food allergies can safely participate in all school activities.

II. Food Allergy Basics

- ❖ **Allergy is an overreaction of the immune system** that can affect any system of the body, including the respiratory, cardiovascular, gastrointestinal, and integumentary (skin) systems. Ingestion or contact with, a minute amount of the allergenic food can trigger this overreaction and cause a variety of symptoms ranging from mild nausea or itching to anaphylaxis. **Anaphylaxis** is a potentially life-threatening systemic allergic reaction.
- ❖ Currently, there are no medications that cure food allergy. **Strict avoidance of the allergenic food is the only way of preventing reactions.** Because the severity of an allergic reaction is unpredictable and can range from mild to life-threatening, early recognition of symptoms and prompt intervention are critical for saving lives. **Deaths have occurred in schools due to failures to recognize and promptly treat anaphylactic reactions.**

III. Administration of Epinephrine to Students

- ❖ Placement of a pupil's **prescribed epinephrine** is in a secure but unlocked location easily accessible by the school nurse and designees **to ensure prompt availability** in the event of an allergic emergency at school or at a school-sponsored function.
- ❖ Location of the epinephrine shall be indicated on the pupil's emergency care plan. Back-up epinephrine via a pre-filled auto-injector mechanism shall also be available at the school if needed.
- ❖ Student will be transported to a hospital emergency room by emergency services personnel after the administration of epinephrine, even if the pupil's symptoms appear to have resolved.
- ❖ School nurse shall have the primary responsibility for the administration of the epinephrine.
- ❖ Parents or guardians of the pupil consent in writing to the administration of the epinephrine via a pre-filled auto-injector mechanism by the designees.
- ❖ In administering the epinephrine, the school, its employees, or agents of Immaculate Conception School shall have no liability as a result of any injury arising from the administration of the epinephrine to the pupil.

IV. General Guidelines

- ❖ For off-campus school events such as field trips, the school nurse or her designee(s) will carry the student's prescribed epinephrine with them to ensure its prompt availability at all times while off school grounds.
- ❖ All teachers, aides, volunteers, substitutes, and specialists who have food-allergic students under their supervision will **receive annual in-service training** on how to
 - a) minimize the risk of exposure to food allergens;
 - b) recognize the symptoms of a potentially life-threatening allergic reaction; and
 - c) enact emergency protocols for the administration of epinephrine and summoning of emergency medical personnel.
 - d) Information will note the importance of recognizing the risk of cross-contamination and how to guard against it, and the importance of checking food ingredient labels.
- ❖ At all times, the dignity of the child must be supported. The school will strongly discourage the labeling of a food allergic child. A food allergic student should never be referred to as "the peanut kid," "the bee kid," or any other name related to the student's condition.
- ❖ The school will provide professional development for faculty and staff regarding confidentiality to prevent the open discussion about the health of a specific student.

V. School-wide Procedures

a. Responsibilities of Parents/Guardians with Food-Allergic Children

- ❖ Parents/Guardians are the school's most important source of information on the health needs of their children.
- ❖ Parents/Guardians whose children have food allergies must be actively involved in the school's efforts to
 - (1) prevent allergic reactions and
 - (2) prepare for emergency situations.
- ❖ **Parents/Guardians of students with food allergies are required to:**
 - Inform the school about the food allergy by submitting to the school nurse an Individualized Emergency Healthcare Plan ("IEHP") prior to the first day of school.
 - Provide written medical documentation, instructions, and medications as directed by a physician, to the chief school administrator using the Individualized Emergency Healthcare Plan.
 - Provide written consent for the administration of epinephrine by the school nurse and his/her named designee(s), or for the student's self-administration of medication (if applicable) to the principal, that acknowledges their understanding that the school, its employees, affiliated individuals and agents shall incur no liability as a result of any injury arising from the administration of medication to the student, including epinephrine via a pre-filled auto-injector mechanism, and that the parents/guardians shall indemnify and hold harmless the school, its employees, affiliated individuals and agents against any claims arising out of the administration of the medication [See Appendix E – School Nurse Administration of Medication Form].
 - Inform the school nurse in writing if a student's status concerning food allergies changes at any time during the year.
 - Provide the school nurse with any medications directed by the child's healthcare provider, including but not limited to at least two epinephrine auto-injectors, and oral anti-histamine.
 - Replace expired epinephrine auto-injectors when necessary.
- ❖ **Parents/Guardians of students with food allergies are also encouraged to:**
 - Discuss the student's allergy, appropriate avoidance measures, and potential reactions with teachers and staff.
 - Offer to serve as a resource to other parents in selecting and purchasing safe snack foods to be shared by the class.
 - Provide a supply of safe snacks to the school.
 - Encourage their child to wear a Medical Alert bracelet.

b. Self-Administration of Medication by Student

- ❖ A student may be permitted to self-administer medication (for asthma, potentially life-threatening illnesses or life-threatening allergic reactions) only if:
 - The parents or guardians of the student provide to the principal written authorization for the self-administration of medication [See Appendix F – Self-Administration of Medication Form].
 - The parents or guardians of the student provide to the principal written certification from the physician that the student is subject to a life-threatening allergic reaction and is capable of, and has been instructed in, the proper method of self-administration of medication.
 - The parents or guardians of the student sign a statement acknowledging that the school shall incur no liability as a result of any injury arising from the self-administration of medication by the student and that the parents or guardians shall indemnify and hold harmless the school, its employees, affiliated individuals and agents against any claims arising out of the self-administration of medication by the student.
 - The permission is effective for the school year for which it is granted and is properly renewed for each subsequent school year pursuant to the requirements of the above stipulations.

Note: No child or teen should be expected to be completely responsible for the administration of epinephrine. A severe allergic reaction may be so incapacitating as to inhibit the ability to self-administer emergency medication, regardless of age. Those in positions of responsibility shall not assume that a student will self-inject in the face of an emergency. The capacity of self-administration does not preclude administration by a school nurse or his/her designee. Therefore, in the case of life-threatening allergic reaction, if appropriate authorization is on file from the parents and doctor for administration of epinephrine by the school nurse or his/her designee(s), the epinephrine will be administered by the school nurse or his/her designee(s). IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO MAKE SURE THAT THESE ADDITIONAL AUTHORIZATIONS HAVE BEEN PROPERLY PROVIDED TO THE SCHOOL.

c. Responsibilities of All Parents/Guardians

- ❖ As a school community, we **need the cooperation of everyone in creating a safer environment** for students with food allergies. **The principles of courtesy and respect for others are fundamental to the mission of the Diocese of Metuchen Catholic Schools.** It is in this spirit that we request all parents/guardians to:
 - ❑ Familiarize yourself with the Student/Parent Handbook guidelines on food allergies
 - ❑ Respect the rules established in your child's school and/or classroom regarding disallowed food items.
Parents will be informed if your child's classroom is designated as a SAFE ZONE due to severe allergies.
 - ❑ Carefully check the list of ingredients on food items you send to school.
- ❖ Ensure that the parents or guardians provide the principal with written orders from the physician or advanced nurse practitioner that the student requires administration of the medication. In the case of epinephrine, the written order must state that it is for anaphylaxes. In the case of self-administration of medication by the student, the written order must specify that the student is capable of, and has been instructed in, the proper method of self-administration of the medication.
- ❖ Ensure that the written authorization to administer medication (or self-administer medication, if applicable) is effective for the school year for which it is granted and is properly renewed for each subsequent school year in compliance with all requirements for written authorizations (i.e., including a new written order from the physician or advanced nurse practitioner that the student requires administration of the medication or is capable of, and has been instructed in, the proper method of self-administration of the medication).
- ❖ A letter will be sent home to parents of students with a food allergic classmate informing them that a student with a severe food allergy is in their child's class and explaining any attendant precautions or rules.
- ❖ Teachers and staff when planning **class celebrations will request non-food items** (e.g. stickers, pencils, etc...).
- ❖ **ICS policy is that there is "no eating on the bus."**
- ❖ Any student who is injected with epinephrine will be properly transported to a hospital emergency room by emergency services personnel.

d. Responsibilities of the School Principal in Conjunction with School Nurse

- ❖ The principal shall be responsible for the following in coordination with the school nurse or a qualified registered nurse:
 - ❑ Train all teachers, aides, employees, and specialists who will have food allergic students under their supervision how to:
 - (a) minimize the risk of exposure to food allergens, including strict enforcement of classroom rules on prohibited foods;
 - (b) recognize the symptoms of a potentially life-threatening allergic reaction;
 - (c) enact emergency protocols for administration of epinephrine and summoning emergency medical personnel
- ❖ Designate certain tables as "allergen-safe" and ensure that a mechanism is put in place to ensure that students who sit at those tables do not bring prohibited food items.
- ❖ Submit periodic reminders to appear in school publications regarding the food allergy policy and procedures, particularly around the time of special celebratory events such as Halloween, Christmas and Valentine's Day
- ❖ Deliver age-appropriate education regarding food allergies, cross-contamination and proper hand-washing techniques to classes having a food-allergic student.
- ❖ Ensure that teachers and staff serving as lunchroom and playground monitors have been provided information about which children have life-threatening food allergies (preferably with photos) and are trained in recognizing the symptoms of life-threatening allergic reactions and the appropriate emergency procedures.
- ❖ Ensure that substitute teachers in classrooms of food-allergic children are made aware of the food allergy and receive the requisite training for maximum student safety.
- ❖ Best efforts should be made to train enough staff members ("designees") such that at least two to four (2-4) trained staff members ("designees") are available at all times (taking into account possible absences or failures to locate specific personnel in an emergency).
- ❖ Review each student's Individualized Emergency Healthcare Plan ("IEHP") with his or her teacher and provide a copy for the teacher to maintain in the classroom.
- ❖ Inform parent volunteers about the food allergy policy and procedures and discuss safety precautions for school-wide events where food will be shared.

e. Responsibilities of the Classroom Teacher

- ❖ Classroom teachers are on the front-lines of food allergy safety. Not only do classroom teachers play a critical role in implementing precautionary allergen-avoidance measures and responding to medical emergencies, but they also set the tone for how the class as a whole responds to the food-allergic student's special needs.
- ❖ **For classrooms with food-allergic students, the classroom teacher shall:**
 - Participate in training to learn how to
 - (1) minimize the risk of exposing a student to food allergens;
 - (2) recognize the symptoms of a life-threatening allergic reaction; and
 - (3) manage a food allergy medical emergency.
- ❖ Review with the school nurse each student's Individualized Emergency Healthcare Plan ("IEHP") and the food allergy safety rules that will be enforced in the classroom.
- ❖ Keep in a prominent and accessible place in the classroom each student's
 - (1) Individualized Emergency Healthcare Plan ("IEHP") provided by the school nurse and
 - (2) epinephrine auto-injectors (if requested by the parents/guardians).
- ❖ For classrooms designated as "Safe Zones,"
 - (1) prominently display a sign outside the classroom a "Safe Zone" sign
 - (2) strictly enforce the rule that no unsafe products will be allowed into the classroom at any time.
- ❖ Ensure that volunteers, aides, specialists and substitute teachers with responsibility for the students are made aware of a child's food allergy, the symptoms of a life-threatening allergic reaction, and the steps to take in an emergency, including location of the epinephrine auto-injectors.
- ❖ Strictly enforce a no teasing or bullying policy with regard to food allergies.
- ❖ **Set and enforce a policy that food will not be shared among students.**
- ❖ Encourage the use of non-food items for all classroom events/activities as a way to avoid the potential presence of major food allergens.

Snack time in the classroom

- ❖ If food restrictions apply, check snacks brought from home to ensure that no peanuts or tree-nuts (or other prohibited food allergen) is brought into a classroom designated as a "**Safe Zone.**" If a peanut or tree-nut item is brought into the classroom, the teacher will remove the item and send it back home with a reminder that the classroom is a peanut and tree-nut safe zone.
- ❖ Prohibit students from sharing or trading food/snack items, drinks, straws, or utensils.
- ❖ Field trip items:
 - (1) first-aid kit,
 - (2) cell phone,
 - (3) any medication required by students (i.e., epinephrine auto-injectors, asthma inhalers, oral antihistamine, etc.);
 - (4) Individualized Emergency Health Plans ("IEHPs") and any other forms required by other regulations, policies or procedures.
- ❖ If students will be bringing lunch from home, please do not pack foods that contain any prohibited food allergen.
- ❖ **Bring hand wipes so that students may clean their hands after consuming food.**

Safe Zones

- ❖ Classrooms with students that have life-threatening allergies will be declared "Safe Zones." This means that foods containing the allergen will not be distributed in the classroom at any time. If there is a student in your child's classroom with a severe allergy the school must have your cooperation in the following ways:

Please carefully read the ingredient labels on all items you send to school.

Please do not send in any item that contains the allergen. This includes items with warnings such as "may contain traces of peanuts" or "manufactured on equipment that also processes peanuts and tree nuts."

f. Responsibilities of Classroom Parent Volunteers

- ❖ As an important liaison between the school and parents, volunteers should be informed about the rules regarding food allergy safety. It is the responsibility of classroom parent volunteers to:
 - ☐ Familiarize themselves with the school's food allergy policy and procedures.
 - ☐ Familiarize themselves with any classroom-specific rules regarding food allergy safety.
 - ☐ Include periodic reminders regarding the importance of adhering to classroom rules when communicating with parents regarding special activities or events.

g. Responsibilities of the CARES Director Program

- ❖ In order to ensure continuity of care for all students, it is imperative that the CARES Director:
 - ☐ Identify all food-allergic students enrolled in the program.
 - ☐ Receive copies of student's Individualized Emergency Healthcare Plan.
 - ☐ Consult with the school nurse on location of epinephrine auto-injectors and other medication.
 - ☐ Have immediate access to epinephrine auto-injector.
 - ☐ In consultation with the school nurse, ensure that CARES staff is trained on food allergy safety, specifically on how to:
 - (a) minimize the risk of exposure to food allergens;
 - (b) recognize the symptoms of a potentially life-threatening allergic reaction;
 - (c) enact emergency protocols for administration of epinephrine and summoning emergency medical personnel
- ❖ Provide continuity of care for students with food allergies, with particular emphasis placed on execution of emergency medical protocols.

This policy is a condensed version of the Diocese of Metuchen food allergy plan and can be found on the ICS website under parent resources.

The main goal of the ICS Wellness Program is to ensure the safety of our food allergic children while allowing them to be full participants in all ICS activities. Parents, we are most grateful for your cooperation in adhering to this plan.

May God continue to bless all our efforts in protecting His children and helping them to enjoy all the benefits of an ICS education!

Educational Services Commission of New Jersey has contracted Mrs. Danielle Harabin as the school nurse for Immaculate Conception School.

Individual Emergency Health Plan for Anaphylaxis

PICTURE OF STUDENT

Call 911 when Epinephrine has been administered.

Name: _____ **Allergic to:** _____

D/O/B: _____

Weight: _____

Teacher / Class: _____

Asthmatic (Check box if YES) Student has an increased risk of a severe allergic reaction. Epinephrine should be given first (before asthma medications) in case of a reaction with any breathing symptoms.

« STEP 1 TREATMENT » SIGNS OF AN ALLERGIC REACTION		MEDICATION (indicate medication name/dose/route, to be determined by physician authorizing treatment)	
Category	Symptom(s)	Epinephrine	Antihistamine
No symptoms and <i>suspected</i> ingestion of allergen.	First Dose <input type="checkbox"/> Second Dose <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
No symptoms and <i>known</i> ingestion of allergen.	First Dose <input type="checkbox"/> Second Dose <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>Mouth</i>	Itching, tingling, or swelling of lips, tongue, or mouth	First Dose <input type="checkbox"/> Second Dose <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Nose/Eyes</i>	Hay fever-like symptoms: runny, itchy nose; red eyes	First Dose <input type="checkbox"/> Second Dose <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Skin(1)</i>	Localized hives and/or localized itchy rash	First Dose <input type="checkbox"/> Second Dose <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Skin(2)</i>	Hives and/or itchy rash on more than one part of the body, swelling of face or extremities	First Dose <input type="checkbox"/> Second Dose <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Gut</i>	Nausea, abdominal cramps, vomiting, diarrhea	First Dose <input type="checkbox"/> Second Dose <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Throat</i>	Hacking cough, tightening of throat, hoarseness, difficulty swallowing	First Dose <input type="checkbox"/> Second Dose <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Lung</i>	Shortness of breath; wheezing; short, frequent, shallow cough	First Dose <input type="checkbox"/> Second Dose <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Heart</i>	Weak pulse, low blood pressure, fainting, dizzy, pale, cyanosis (blueness)	First Dose <input type="checkbox"/> Second Dose <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Multiple</i>	Symptoms from two or more of the above categories.	First Dose <input type="checkbox"/> Second Dose <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

DOSAGE

Epinephrine: Brand Name: _____ **Dosage:** () 0.15 mg IM () 0.3 mg IM

Antihistamine Medication: Brand Name: _____ **Dosage:** _____

Inhaler-Bronchodilator Brand Name: _____ **Dosage:** _____

Student may self-carry epinephrine: Yes _____ **No** _____

Student may self-administer epinephrine: Yes _____ **No** _____

« 2. EMERGENCY CONTACTS »

	NAME	RELATIONSHIP	PHONE NUMBER	INSTRUCTIONS
1	911			- 911 is the first call that must be made after administering epinephrine. - Indicate to the first responders that the student is suffering from an allergic reaction and may require additional epinephrine.
2	Physician: Dr. _____	Student's allergist or pediatrician		
3	Parent/Guardian:	(Specify Relationship):		
4	Parent/Guardian:	(Specify Relationship):		
5	Emergency Contact (name):	(Specify Relationship):		
6	If Possible - What hospital would you like the child transported to in case of an allergic reaction?			

Administration of Epinephrine

Date: _____

Who administered the epinephrine?

Dosage: _____

Time: _____

The forenamed student is my patient and I have authorized the treatment protocol outlined on the preceding page and affirm that there are no contraindications to receiving the treatment protocol.

Physician signature and date: _____

I authorize the administration of epinephrine, antihistamine or other specified medication to the forenamed student as per the treatment protocol outlined on the preceding page.

Parent/Guardian signature and date: _____

School Nurse (or Designee(s)) Administration of Medication Form

School Name: _____

School Address: _____

School Telephone Number: _____ School Fax Number: _____

Name of Principal: _____

Name of School Nurse: _____

Name of School Nurse's Trained Designee(s): _____

PARENT/GUARDIAN CONSENT TO ADMINISTRATION OF MEDICATION, WAIVER OF LIABILITY AND AGREEMENT TO INDEMNIFY

[Student Name:] _____ (“Student”)

- Requires non-emergency medication as specifically prescribed by Student's physician or advanced practice nurse.
- Requires emergency medication as specifically prescribed by Student's physician or advanced practice nurse.
 - Student has asthma or other life-threatening illness**
and/or
 - Student has life-threatening allergy that can result in anaphylaxis.**

As to all medications, we understand that a physician or advanced practice nurse must request administration of medication by specifying a specific drug, stating the condition for which it is needed, the dosage, times, circumstances for dispensing medication and any contradictions. In case of epinephrine, the physician/advanced practice nurse must state that it is for anaphylaxis. We have received a copy of school policy regarding administration of medication at school and we and our child agree that we will at all times abide by the policy. We understand that if dispensing of medication is permitted, it is our obligation to provide the school with the written orders of a physician or advanced practice nurse that our child requires the administration of the medication(s), as well as properly prescribed dosages which are current and that we, as parents/guardians (rather than the school) have the obligation at all times to ensure that the school has current, unexpired medication(s).

We authorize the administration of medication(s) to our child pursuant to the written order of our child's physician or advanced practice nurse by the school nurse (or his/her trained designee named herein). We understand and agree to so advise our physician/advanced practice nurse that the school will not dispense medication on those days when the school nurse is not available at school, except for the emergency administration of epinephrine. We acknowledge that it is our obligation to contact the school each day to verify that the school nurse will be available to dispense the medication and, if not, make arrangements so that we can dispense the medication to our child. We acknowledge and understand that no other person at, or affiliated with, the school is authorized to dispense medication to our child – the only exception is emergency administration of epinephrine (when the school nurse has trained a volunteer designee and the volunteer designee is available to administer the epinephrine in case of an anaphylactic reaction). In such case, we understand that our child will be immediately transported to a hospital following the injection of epinephrine, and it is our obligation to provide the school with working telephone numbers where we can be reached at all times and our responsibility (not the school's responsibility) to attend to our child once the emergency squad leaves the school or school activity with the child.

WE UNDERSTAND THAT THE SCHOOL, ITS EMPLOYEES, AFFILIATED INDIVIDUALS AND AGENTS SHALL INCUR NO LIABILITY AS A RESULT OF ANY INJURY ARISING FROM THE ADMINISTRATION OF MEDICATION(S) TO THE STUDENT, INCLUDING EPINEPHRINE VIA A PREFILLED, AUTO-INJECTOR MECHANISM, PURSUANT TO THIS POLICY. WE AGREE TO INDEMNIFY AND HOLD HARMLESS THE SCHOOL, ITS EMPLOYEES, AFFILIATED INDIVIDUALS AND AGENTS AGAINST ANY CLAIMS ARISING OUT OF THE ADMINISTRATION OF MEDICATION(S) TO THE STUDENT, INCLUDING EPINEPHRINE VIA A PRE-FILLED, AUTOINJECTOR MECHANISM.

Note: With respect to epinephrine, neither the capability of self-administration, the presence of antihistamine or another form of medication coupled with epinephrine in the doctor's order, nor a co-morbidity of asthma precludes an epinephrine administration and/or delegation for a student for anaphylaxis. Epinephrine administration by a trained adult will be made available and accessible to a child who needs it by also completing the separate requirements for administration of epinephrine as an emergency medication by the school nurse or his/her designee.

Permission is effective for the school year for which it is granted and must be renewed for each subsequent school year.

Parent/Guardian's Name:

(1) _____ (2) _____

Parent/Guardian's signature:

(1) _____ (2) _____

Date: _____

Self-Administration of Medication Form

School Name: _____

School Address: _____

School Telephone Number: _____

School Fax Number: _____

Name of Principal: _____

Name of Nurse: _____

PARENT/GUARDIAN CONSENT FOR SELF- ADMINISTRATION OF MEDICATION IN CERTAIN CIRCUMSTANCES; WAIVER OF LIABILITY AND AGREEMENT TO INDEMNIFY AND HOLD HARMLESS THE SCHOOL AND RELATED PERSONNEL

Student Name: _____ (“Student”) has a life-threatening illness, or potential for life threatening allergic reaction that could result in anaphylaxis. This Student requires the administration of medication, including, if appropriate, an asthma inhaler or epinephrine by pre-filled, single-dose auto-injector in the event of anaphylaxis. We authorize our child to self-administer _____ (“Medication(s)”). As to all medications, we understand that a physician or advanced practice nurse must request administration of medication by specifying a specific drug, stating the condition for which it is needed, the dosage, times, circumstances for dispensing medication and any contradictions. In case of epinephrine, a physician or advanced practice nurse must state that it is for anaphylaxis. We have received a copy of school policy regarding administration of medicines at school and we and our child agree that we will at all times abide by the policy. We understand that if dispensing of medication is permitted, it is our obligation to provide the school with the written orders of a physician or advanced practice nurse that our child requires the administration of the Medication(s), and is capable of, and has been instructed in, the proper self-administration of the Medication(s). In the event of self-administration of epinephrine, we understand that our child will be immediately transported to a hospital following the injection of epinephrine, and it is our obligation to provide the school with working telephone numbers where we can be reached at all times and our responsibility (not the school’s responsibility) to attend to our child once the emergency squad leaves the school or school activity with the child.

AS PARENT/GUARDIAN, WE UNDERSTAND THAT IF THE PROCEDURES SPECIFIED ARE FOLLOWED, THE SCHOOL, ITS EMPLOYEES, AFFILIATED INDIVIDUALS AND AGENTS SHALL INCUR NO LIABILITY AS A RESULT OF ANY INJURY ARISING FROM THE SELFADMINISTRATION OF MEDICATION BY STUDENT, AND WE AGREE TO INDEMNIFY AND HOLD HARMLESS THE SCHOOL, ITS EMPLOYEES, AFFILIATED INDIVIDUALS AND AGENTS AGAINST CLAIMS ARISING OUT OF THE SELF-ADMINISTRATION OF MEDICATION BY THE STUDENT.

In the case epinephrine, neither the capability of self-administration, the presence of antihistamine in the doctor’s order, nor a co-morbidity of asthma precludes epinephrine administration and or delegation for a student for anaphylaxis. Epinephrine administration by a trained adult will be made available and accessible to a child who needs it by also completing the separate requirements for administration of epinephrine as an emergency medicine by nurse or designee.

Permission is effective for the school year for which it is granted and must be renewed for each subsequent school year.

Parent/Guardian’s Name:

(1) _____ (2) _____

Parent/Guardian’s signature:

(1) _____ (2) _____

Date: _____

Definitions

Anaphylaxis – A serious allergic reaction that is rapid in onset and may cause death.

Auto-injector – premeasured, spring loaded pen-like device used to administer epinephrine and designed for ease of use by non-medical persons.

Certified School Nurse – A person who holds a current license as a registered professional nurse from the State Board of Nursing and an Educational Service Endorsement, school nurse or school nurse/non-instructional from the Department of Education pursuant to N.J.A.C. 6A:9-13.3 and 13.4.

Delegation – Transferring to a competent individual the authority to perform a selected nursing task in a selected situation. The school nurse retains accountability for the delegation.

Delegator – The person making the decision to delegate the administration of epinephrine.

Delegate/Designee – The person receiving designation to administer epinephrine.

Epinephrine (adrenaline) – A drug that can be successfully utilized to counteract anaphylaxis.

Food Allergy – Food allergy is a group of disorders characterized by immunological responses to specific food proteins. In the United States, the most likely common allergens in adults and children are cow's milk, eggs, peanuts, wheat, soy, fish, shellfish, and nuts.

Individualized Emergency Healthcare Plan (IEHP) – A personalized healthcare plan written by the certified school nurse that specifies the delivery of accommodations and services needed by a student in the event of an emergency.

Individualized Healthcare Plan (IHP) – A plan written by the certified school nurse that details accommodations and/or nursing services to be provided to a student because of the student's medical condition based on medical orders written by a health care provider in the student's medical home.

School Sponsored Function - Any activity, event, or program occurring on or off school grounds, whether during or outside of regular school hours that is organized and/or supported by the school.