

RANDOLPH TOWNSHIP SCHOOLS
RANDOLPH, NEW JERSEY

Date: _____

Dear _____:

The health care forms you submitted for _____ indicate that
(Student's name)
he/she has a potentially life threatening allergy. Information on the school district's policy for responding to anaphylaxis is enclosed.

In order to be prepared to respond to an anaphylaxis emergency, the school requires the following:

- _____ 1. Have the enclosed Physician's Certification of Student's Potential for Anaphylaxis and Emergency Health Care Plan Information Form and Authorization for medication form completed by your physician. These forms contain instructions the school is to follow in the event your child experiences an allergic reaction at school.
- _____ 2. Secure two epinephrine auto-injectors. One auto-injector will remain in the health office/main office. Placement of the second auto-injector will be determined by the parent(s)/guardian(s) in collaboration with the school nurse. Provide unl-doses of antihistamine, if so ordered.
- _____ 3. Provide two small pictures of your child which will be attached to copies of the Physician's Certification of Student's Potential for Anaphylaxis and Emergency Health Care Plan Information Form.
- _____ 4. Contact me by _____ to schedule an appointment to complete an Individual Student Health Plan for Anaphylaxis. Please bring the completed Physician's Certification of Student's Potential for Anaphylaxis and Emergency Health Care Plan information Form and Authorization for Medication form with you to the meeting.

I welcome the opportunity to meet with you to discuss your child's allergy.

Sincerely,

School Nurse

School

Phone Number

GUIDELINES REGARDING THE USE OF MEDICATION BY STUDENTS DURING FIELD TRIPS OR SCHOOL-SPONSORED EVENTS/ACTIVITIES

The school nurse, who dispenses medication to students during the school day, will only attend field trips for individual classes based on available resources and staffing. Therefore, we have established the following provisions to accommodate the needs of students who require medication:

Life-Threatening Conditions:

- Laws are in place, which permit the self-administration of medication by a student for asthma or other potentially life-threatening illnesses, a life-threatening allergic reaction, or adrenal insufficiency provided that certain requirements are met (N.J.S.A. 18A:40-12.3, District Policies/Regulations 5330 and 5331). To use this option, you must provide a written certification from your child's physician that your child has asthma or another potentially life-threatening illness, is subject to a life-threatening allergic reaction, or has adrenal insufficiency and is capable of, and has been instructed in, the proper method of self-administration of medication. You must also provide written authorization for your child to self-administer the medication. The certification and authorization forms are available on the District website and from the school nurse. The Randolph Township School District and its employees, agents, or representatives shall incur no liability as a result of any injury arising from the self-administration of medication by a student.
- Parents/guardians of students at-risk for life-threatening allergies, who are not yet able to self-administer but who may carry their medications, may elect to use one of the options listed below:
 - Students may be accompanied on the field trip by a district employee trained in the administration of epinephrine according to standard training protocols established by the State of New Jersey. Parents/guardians must consent in writing to the administration of epinephrine to his/her child by the trained employee and complete required certification and authorization forms available on the District website and from the school nurse (N.J.S.A. 18A:40-12.6).
 - Students may be accompanied on the field trip by his/her own parent(s)/guardian(s), at their own expense.
- Students who can neither self-medicate nor carry medications for life-threatening allergies may be attended to by:
 - His/her own parent(s)/guardian(s) accompanying the student on the trip, at their own expense.
 - Pending available resources and staffing, a nurse accompanying the student on the trip.

Other Conditions Requiring Medication:

- The following options are available to parents/guardians of students in non-emergency situations, but where the student requires a daily dose of medicine:
 - The student may receive the medication prior to, or following the trip;
 - The school nurse may receive permission from the child's parent(s)/guardian(s), through communicating with the child's physician, to adjust the medication to fit the times of the trip, as per written documentation from the physician;
 - The student may be accompanied on the trip by his/her own parent(s)/guardian(s), at their own expense.

All forms related to the options mentioned above must be submitted prior to the date of your child's trip. Please call the school nurse if you require additional information.

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District Policy

5330 - ADMINISTRATION OF MEDICATION (M)

Section: Students
Date Created: July 2012
Date Edited: August 2020

The Board of Education disclaims any and all responsibility for the diagnosis and treatment of an illness of any student. However, in order for many students with chronic health conditions and disabilities to remain in school, medication may have to be administered during school hours. Parents are encouraged to administer medications to children at home whenever possible as medication should be administered in school only when necessary for the health and safety of students. The Board will permit the administration of medication in school in accordance with applicable law.

Medication will only be administered to students in school by the school physician, a certified or noncertified school nurse, a substitute school nurse employed by the district, the student's parent, a student who is approved to self-administer in accordance with N.J.S.A. 18A:40-12.3 and 12.4, and school employees who have been trained and designated by the certified school nurse to administer epinephrine and hydrocortisone sodium succinate in an emergency pursuant to N.J.S.A. 18A:40-12.5, 12.6, 12.29, and 12.30.

Self-administration of medication by a student for asthma or other potentially life-threatening illness or a life threatening allergic reaction, or adrenal insufficiency is permitted in accordance with the provisions of N.J.S.A. 18A:40-12.3.

The school nurse shall have the primary responsibility for the administration of epinephrine and hydrocortisone sodium succinate to the student. However, the school nurse may designate, in consultation with the Board or the Superintendent, additional employees of the district who volunteer to be trained in the administration of epinephrine via a pre-filled auto-injector mechanism and the administration of hydrocortisone sodium succinate using standardized training protocols established by the New Jersey Department of Education (NJDOE) in consultation with the Department of Health when the school nurse is not physically present at the scene.

In accordance with the provisions of N.J.S.A. 18A:40-12.6.d, no school employee, including a school nurse or any other officer or agent of a Board of Education or a physician or an advanced practice nurse providing a prescription under a standing protocol for school epinephrine pursuant to N.J.S.A. 18A:40-12.5 and/or hydrocortisone sodium succinate pursuant to N.J.S.A. 18A:40-12.29, shall be held liable for any good faith act or omission consistent with the provisions of N.J.S.A. 18A:40-12.5 and N.J.S.A. 18A:40-12.20, nor shall any action before the New Jersey State Board of Nursing lie against a school nurse for any such action taken by a person designated in good faith by the school nurse pursuant to N.J.S.A. 18A:40-12.6d and N.J.S.A. 18A:40-12-33. Good faith shall not include willful misconduct, gross negligence, or recklessness.

The school nurse or designee shall be promptly available on site at the school and at school-sponsored functions in the event of an allergic reaction or an emergency requiring the administration of hydrocortisone sodium succinate. In addition, the parent must be informed that the school district, its employees and agents shall have no liability as a result of any injury arising from the administration of epinephrine or hydrocortisone sodium succinate to the student.

The parent of the student must sign a statement acknowledging their understanding the district shall have no liability as a result of any injury arising from the administration of the epinephrine via a pre-filled auto-injector mechanism or the administration of hydrocortisone sodium succinate to the student. In addition, the parent shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of the epinephrine via a pre-filled auto-injector mechanism or the administration of hydrocortisone sodium succinate to the student.

The permission for the emergency administration of epinephrine via a pre-filled auto-injector mechanism containing epinephrine to students for anaphylaxis and/or the emergency administration of hydrocortisone sodium succinate for adrenal insufficiency is effective for the school year it is granted and must be renewed for each subsequent school year.

Each school in the district shall have and maintain for the use of students at least one nebulizer in the office of the school nurse or a similar accessible location. Each certified school nurse or other persons authorized to administer asthma medication will receive training in airway management and in the use of nebulizers and inhalers consistent with NJDOE regulations. Every student that is authorized to use self-administered asthma medication pursuant to N.J.S.A. 18A:40-12.3 or a nebulizer must have an asthma treatment plan prepared by the student's physician which shall identify, at a minimum, asthma triggers, the treatment plan, and other such elements as required by the State Board of Education.

All student medications shall be appropriately maintained and secured by the school nurse, except those medications to be self-administered by students. In those instances the medication may be retained by the student with the prior knowledge of the school nurse. The school nurse may provide the Principal and other teaching staff members concerned with the student's educational progress with such information about the medication and its administration as may be in the student's best educational interests. The school nurse may report to the school physician any student who appears to be affected adversely by the administration of medication and may recommend to the Principal the student's exclusion pursuant to law.

The school nurse shall document each instance of the administration of medication to a student. Students self-administering medication shall report each incident to a teacher, coach, or other individual designated by the school nurse who is supervising the student during the school activity when the student self-administers. These designated individuals shall report such incidents to the school nurse within twenty-four hours of the self-administration of medication. The school nurse shall preserve records and documentation regarding the self-administration of medication in the student's health file.

N.J.S.A. 18A:6-1.1; 18A:40-3.1; 18A:40-6; 18A:40-7; 18A:40-12.3; 18A:40-12.4; 18A:40-12.5; 18A:40-12.6; 18A:40-12.7; 18A:40-12.8; 18A:40-12.29 through 12.33

N.J.S.A. 45:11-23

N.J.A.C. 6A:16-2.3(b)

Adopted: 17 July 2012
Revised: 18 August 2020



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District Regulation

5330 - ADMINISTRATION OF MEDICATION (M)

Section: Students
 Date Created: August 2010
 Date Edited: August 2020

A. Definitions

1. "Medication" means any prescription drug or over-the-counter medicine or nutritional supplement and includes, but is not limited to, aspirin and cough drops.
2. "Administration" means the taking of any medication by ingestion, injection, or application to any part of the body or the giving of direct physical assistance to the person who is ingesting, injecting, or applying medication.
3. "Self-administration" means carrying and taking medication without the intervention of the school nurse, approved through the school district policy and restricted to students with asthma, other potentially life-threatening illnesses or life-threatening allergic reaction, or adrenal insufficiency.
4. "Life-threatening illness" means an illness or condition that requires an immediate response to specific symptoms or sequelae (an after effect of disease or injury) that if left untreated may lead to potential loss of life.
5. "A pre-filled auto-injector mechanism containing epinephrine" is a medical device used for the emergency administration of epinephrine to a student for anaphylaxis.
6. "Noncertified nurse" means a person who holds a current license as a registered professional nurse from the State Board of Nursing and is employed by the district, and who is not certified as a school nurse by the New Jersey Department of Education (NJDOE).
7. "Substitute school nurse" means a person who holds a current license as a registered professional nurse from the State Board of Nursing and who has been issued a county substitute certificate to serve as a substitute for a certified school nurse in accordance with N.J.A.C. 6A:9B-7.6.
8. "School physician" means a physician with a current license to practice medicine or osteopathy from the New Jersey Board of Medical Examiners who works under contract or as an employee of the district. This physician is referred to as the medical inspector in N.J.S.A. 18A:40-4.1.
9. "Advanced practice nurse" means a person who holds current license as nurse practitioner/clinical nurse specialist from the State Board of Nursing.
10. "Certified school nurse" means a person who holds a current license as a registered professional nurse from the State Board of Nursing and an Educational Services Certificate with a school nurse endorsement or school nurse/non-instructional from the Department of Education pursuant to N.J.A.C. 6A:9B-14.3 and 14.4.

B. Permission for Administration by a School Nurse or Registered Nurse

1. Permission for the administration of medication in school or at school sponsored functions will be given only when it is necessary for the health and safety of the student.
2. Medication will not be administered to a student who is physically unfit to attend school or has a contagious disease. Any such student should not be permitted to attend school and may be excluded in accordance with Policy 8451.
3. Parent requests for the administration of medication in school must be made in writing and signed by the parent.
4. The parent must submit a certified statement written and signed by the student's physician. The statement must include:
 - a. The student's name;
 - b. The name of the medication;
 - c. The purpose of its administration to the student for whom the medication is intended;
 - d. The proper timing and dosage of medication;
 - e. Any possible side effects of the medication;
 - f. The time when the medication will be discontinued;
 - g. A statement that the student is physically fit to attend school and is free of contagious disease; and
 - h. A statement that the student would not be able to attend school if the medication is not administered during school hours.
5. The request for the administration of medication must be made to the Superintendent or designee prior to any administration of medication or delivery of the medication to the school. The Superintendent or designee may consult with the school nurse and the school physician in making his/her final determination to allow or deny the request.
 - a. An approved request will be signed by the Principal and given to the school nurse and the student's parent.
 - b. The parent will be informed of the reason for a denied request.

C. Administration of Epinephrine to Students

1. In accordance with N.J.S.A. 18A:40-12.5, the parent may provide the Superintendent or designee authorization for the emergency administration of epinephrine via a pre-filled auto-injector mechanism containing epinephrine to a student for anaphylaxis provided:
 - a. The parent provides the Superintendent or designee a written authorization for the administration of epinephrine with written orders from the physician or an advanced practice nurse that the student requires the administration of epinephrine for anaphylaxis.

- b. The parent of the student provides the Superintendent or designee with written orders from the physician or an advanced practice nurse that the student requires the administration of epinephrine for anaphylaxis;
 - c. The parent is informed in writing by the Board of Education or Superintendent or designee that the school district and its employees or agents shall have no liability as a result of any injury to a student arising from the administration of epinephrine via a pre-filled auto-injector mechanism.
 - d. The parent signs a statement acknowledging their understanding the district shall incur no liability as a result of any injury arising from the administration of epinephrine via a pre-filled auto-injector mechanism to the student and the parent shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of epinephrine via a pre-filled auto-injector mechanism to the student.
 - e. The permission for the emergency administration of epinephrine via a pre-filled auto-injector mechanism is effective for the school year it is granted and must be renewed for each subsequent school year upon the fulfillment of the requirements as outlined in a. through d. above.
 - f. The Superintendent or designee requires:
 - (1) The placement of the student's prescribed epinephrine to be in a secure but unlocked location easily accessible by the school nurse and trained designees to ensure prompt availability in the event of an allergic emergency at school or at a school-sponsored function. The location of the epinephrine shall be indicated on the student's emergency care plan. Back-up epinephrine shall also be available at the school if needed.
 - (2) The school nurse or trained designee to be promptly available on site at the school and school-sponsored functions in the event of an allergic reaction; and
 - (3) The transportation of the student to a hospital emergency room by emergency services personnel after the administration of epinephrine, even if the student's symptoms appear to have resolved.
 - g. The Superintendent or designee shall also:
 - (1) Permit the school nurse or a trained designee to administer epinephrine via a pre-filled auto-injector mechanism to any student without a known history of anaphylaxis or to any student whose parent has not met the requirements outlined in Regulation 5330 – Section C.1.c. when the school nurse or trained designee in good faith believes the student is having an anaphylactic reaction; and
 - (2) Require each school in the district to maintain in a secure, but unlocked and easily accessible location, a supply of epinephrine auto-injectors prescribed under a standing order from a licensed physician or advanced practice nurse, and that is accessible to the school nurse and trained designees for administration to a student having an anaphylactic reaction.
2. In accordance with N.J.S.A. 18A:40-12.6, the school nurse shall have the primary responsibility for the administration of the epinephrine. The school nurse shall designate, in consultation with the Board of Education, additional employees of the school district who volunteer to administer epinephrine via a pre-filled auto-injector mechanism to a student for anaphylaxis when the nurse is not physically present at the scene. In the event that a licensed athletic trainer volunteers to administer epinephrine, it shall not constitute a violation of the "Athletic Training Licensure Act," P.L.1984, c.203 (C.45:9-37.35 et seq.).
 - a. The school nurse shall determine that:
 - (1) The designees have been properly trained in the administration of the epinephrine via a pre-filled auto-injector mechanism using standardized training protocols established by the NJDOE in consultation with the Department of Health;
 - (2) The parent of the student consented in writing to the administration of the epinephrine via a pre-filled auto-injector mechanism by the designees;
 - (3) The Board or Superintendent or designee has informed the parent of the student in writing that the district and its employees or agents shall have no liability as a result of any injury arising from the administration of the epinephrine to the student;
 - (4) The parent of the student signed a statement acknowledging their understanding the district shall have no liability as a result of any injury arising from the administration of the epinephrine via a pre-filled auto-injector mechanism to the student and the parent shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of the epinephrine via a pre-filled auto-injector mechanism to the student; and
 - (5) The permission is effective for the school year for which it is granted and is renewed for each subsequent school year upon fulfillment of the requirements in subsections 2.a.(1) through 2.a.(4) above.
 3. The NJDOE, in consultation with the Department of Health, shall require trained designees for students enrolled in a school who may require the emergency administration of epinephrine for anaphylaxis when the school nurse is not available.
 4. Nothing in N.J.S.A. 18A:40-12.6 and Regulation 5330 – Section C. shall be construed to prohibit the emergency administration of epinephrine via a pre-filled auto-injector mechanism to a student for anaphylaxis by the school nurse or other employees designated pursuant to N.J.S.A. 18A:40-12.3(a)(1) when the student is authorized to self-administer epinephrine pursuant to N.J.S.A. 18A:40-12.3, or when there is a coexisting diagnosis of asthma, or when a prescription is received from a licensed health care professional for epinephrine coupled with another form of medication, or when the epinephrine is administered pursuant to N.J.S.A. 18A:40-12.5.f.
 5. The certified school nurse, in consultation with the Superintendent or designee, shall recruit and train volunteer designees who are determined acceptable candidates by the school nurse within each school building as deemed necessary by the nursing services plan, in accordance with N.J.S.A. 18A:40-12.6c(b).
 6. No school employee, including a school nurse, or any other officer or agent of a Board of Education, or a physician or an advanced practice nurse providing a prescription under a standing protocol for school epinephrine pursuant to N.J.S.A. 18A:40-12.5.f and Regulation 5330 – Section C.1.g., shall be held liable for any good faith act or omission consistent with the provisions of N.J.S.A. 18A:40-12.5 et seq., nor shall an action before

the New Jersey State Board of Nursing lie against a school nurse for any such action taken by a person designated in good faith by the school nurse pursuant to N.J.S.A. 18A:40-12.6. Good faith shall not include willful misconduct, gross negligence, or recklessness.

D. Administration of Hydrocortisone Sodium Succinate to Students

1. In accordance with the provisions of N.J.S.A. 18A:40-12.29, the Board will permit the emergency administration of hydrocortisone sodium succinate through appropriate delivery devices and equipment to a student for adrenal insufficiency provided that:
 - a. The parent of the student provides the Superintendent or designee a written authorization for the administration of hydrocortisone sodium succinate;
 - b. The parent of the student provides the Superintendent or designee written orders from the physician or an advanced practice nurse that the student requires the administration of hydrocortisone sodium succinate for adrenal insufficiency;
 - c. The Superintendent or designee informs the parent of the student in writing that the school district and its employees or agents shall have no liability as a result of any injury arising from the administration of hydrocortisone sodium succinate;
 - d. The parent of the student signs a statement acknowledging their understanding that the district shall have no liability as a result of any injury arising from the administration of hydrocortisone sodium succinate to the student and that the parent shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of hydrocortisone sodium succinate to the student; and
 - e. The permission for the administration of hydrocortisone sodium succinate is effective for the school year for which it is granted and must be renewed for each subsequent school year upon the fulfillment of the requirements as outlined in a. through d. above.
2. In accordance with the provisions of N.J.S.A. 18A:40-12.29.b:
 - a. The placement of the student's prescribed hydrocortisone sodium succinate shall be in a secure, but unlocked location easily accessible by the school nurse and trained designees to ensure prompt availability in the event of emergency situations at school or at a school-sponsored function. The location of the prescribed hydrocortisone sodium succinate shall be indicated on the student's emergency care plan. Back-up hydrocortisone sodium succinate, provided by the student's parent, shall also be available at the school if needed;
 - b. The school nurse or trained designee shall be promptly available on site at the school and school-sponsored functions in the event of an emergency; and
 - c. The student shall be transported to a hospital emergency room by emergency services personnel after the administration of hydrocortisone sodium succinate, even if the student's symptoms appear to have resolved.
3. In accordance with N.J.S.A. 18A:40-12.30, the school nurse has the primary responsibility for the administration of hydrocortisone sodium succinate.

The school nurse shall designate, in consultation with the Superintendent or designee, additional employees of the school district who volunteer to administer hydrocortisone sodium succinate to a student when the school nurse is not physically present at the scene.

In the event that a licensed athletic trainer volunteers to administer hydrocortisone sodium succinate, it shall not constitute a violation of the "Athletic Training Licensure Act" - N.J.S.A. 45:9-37.35 et seq.

The school nurse shall determine that:

 - a. The designees have been properly trained in the administration of hydrocortisone sodium succinate using standardized training protocols established by the NJDOE in consultation with the Department of Health;
 - b. The parent of the student consented in writing to the administration of hydrocortisone sodium succinate by the designee(s);
 - c. The Superintendent or designee has informed the parent of the student in writing that the district and its employees or agents shall have no liability as a result of any injury arising from the administration of hydrocortisone sodium succinate to the student;
 - d. The parent of the student signed a statement acknowledging their understanding that the district shall have no liability as a result of any injury arising from the administration of hydrocortisone sodium succinate to the student and that the parent shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of hydrocortisone sodium succinate to the student; and
 - e. The permission is effective for the school year for which it is granted and is renewed for each subsequent school year upon fulfillment of the requirements in N.J.S.A. 18A:40-12.30 and D.3.a through d above.
4. Nothing in N.J.S.A. 18A:40-12.30 and D.3. above shall be construed to prohibit the emergency administration of hydrocortisone sodium succinate to a student for adrenal insufficiency by the school nurse or other employees designated pursuant to N.J.S.A. 18A:40-12.30 and D.3. above when the student is authorized to self-administer hydrocortisone sodium succinate pursuant to N.J.S.A. 18A:40-12.3.
5. The certified school nurse, in consultation with the Superintendent or designee, shall recruit and train volunteer designees who are determined acceptable candidates by the school nurse within each school building as deemed necessary by the nursing services plan, in accordance with N.J.S.A. 18A:40-12.32(b).
6. No school employee, including a school nurse, or any other officer or agent of a Board of Education shall be held liable for any good faith act or omission consistent with the provisions of N.J.S.A. 18A:40-12.29 et al., nor shall an action before the New Jersey State Board of Nursing lie against a school nurse for any action taken by a person designated in good faith by the school nurse pursuant to N.J.S.A. 18A:40-12.30. Good faith shall not include willful misconduct, gross negligence, or recklessness, in accordance with N.J.S.A. 18A:40-12.33.

E. Permission for Self-Administration of Medication

In accordance with N.J.S.A. 18A:40-12.3, the Board shall permit the self-administration of medication by a student for asthma, or other potentially life-threatening illnesses, or a life-threatening allergic reaction, or adrenal insufficiency provided that:

1. The parent of the student provides the Board or Superintendent or designee written authorization for the self-administration of medication;
2. The parent of the student provides the Board or Superintendent or designee a signed written certification from the physician of the student that the student has asthma or another potentially life threatening illness or is subject to a life-threatening allergic reaction, or has adrenal insufficiency and is capable of, and has been instructed in, the proper method of self-administration of medication. The written certification must include:
 - a. The student's name;
 - b. The name of the medication;
 - c. The purpose of its administration to the student for whom the medication is intended;
 - d. The proper timing and dosage of medication;
 - e. Any possible side effects of the medication;
 - f. The time when the medication will be discontinued, if applicable;
 - g. A statement that the student is physically fit to attend school and is free of contagious disease; and
 - h. A statement the medication must be administered during the school day or the student would not be able to attend school.
3. The Board or the Superintendent or designee informs the parent of the student in writing that the district and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication by the student;
4. The parent of the student signs a statement acknowledging that the school district shall incur no liability as a result of any injury arising from the self-administration of medication by the student and that the parent shall indemnify and hold harmless the school district, the Board, and its employees or agents against any claims arising out of the self-administration of medication by the student;
5. The parent's written authorization and the physician's written certification is reviewed by the Principal or designee with the school nurse and the school physician. The school nurse and the school physician must agree the student is capable of self-administration of the medication. If it is determined the student may self-administer medication in accordance with the request:
 - a. The request will be signed by the Principal and given to the school nurse and the student's parent;
 - b. The parent will be informed of a reason for a denied request.
6. Permission to self-administer one medication shall not be construed as permission to self-administer other medication; and
7. Permission shall be effective on the school year for which it is granted and shall be renewed for each subsequent school year upon fulfillment of the requirements in E.1. through E.46. above.

E. Custodianship of Medication

1. Medications to be administered by the school nurse or a registered nurse:
 - a. All medications must be delivered to the school by the parent.
 - b. All medications must be in the original container, with the prescription information affixed.
 - c. The school nurse shall be custodian of students' medication, which will be properly secured.
 - d. Any unused medication must be picked up by the student's parent.
 - e. After reasonable efforts to have the parent retrieve the medication have failed, any unused medication that remains in the school at the end of the school year or two school weeks after the student stops taking the medication, whichever first occurs, must be destroyed or discarded by the school nurse, in accordance with proper medical controls.
2. Medications to be self-administered by a student:
 - a. Time being of the essence in cases of asthma or other potentially life threatening illnesses, or a life-threatening allergic reaction, or adrenal insufficiency, all medications to be self-administered by a student must be kept in the student's possession.
 - b. No student may possess medication for self-administration unless the proper permission has been granted by the Principal or designee and a record of the medication is on file in the office of the school nurse.
 - c. Students who are permitted to self-administer medications must secure their medication in such a manner that the medication will not be available to other students. The medication must be in a sealed container and clearly labeled with the medication name, dosage, and ordering physician. The medication, if ingested by someone other than the student, shall not cause severe illness or death.
 - d. Students who are permitted to self-administer medications shall only have in their possession the quantity of medication necessary for the time period of the student's school day.
 - e. Notwithstanding any other law or regulation, a student who is permitted to self-administer medication in accordance with the provisions of N.J.S.A. 18A:40-12.3 shall be permitted to carry an inhaler or prescribed medication for allergic reactions, including a pre-filled auto-injector mechanism, or prescribed medication for adrenal insufficiency, at all times, provided the student does not endanger himself/herself or other persons through misuse.

G. Administration of Medication

1. No medication shall be administered to or taken by a student in school or at a school-sponsored function except as permitted by Board Policy 5330 and this Regulation.
2. Medication will only be administered to students in school by the school physician, a certified or noncertified school nurse, a substitute school nurse employed by the district, a student who is approved to self-administer in accordance with N.J.S.A. 18A:40-12.3, and school employees who have been trained and designated by the certified school nurse to administer epinephrine in an emergency pursuant to N.J.S.A. 18A:40-12.5 and 12.6 and to administer hydrocortisone sodium succinate in an emergency pursuant to N.J.S.A. 18A:40-12.29 and 12.30.
3. When practicable, self-administration of medication should be observed by the school nurse.
4. Students self-administering medication shall report each administration of medication and any side effects to a teacher, coach, or the individual in charge of the student during school activities. Such individuals shall report all administrations and any side effects reported or observed to the school nurse within twenty-four hours.
5. When a student attends a school-sponsored function at which medication may be required (such as an outdoor field trip or athletic competition) and the school nurse cannot be in attendance, the student's parent will be invited to attend. If neither the school nurse nor the parent can attend and the student does not have permission to self-administer medication and there is a risk that the student may suffer injury from lack of medication, the student may be excused from the function.

H. Emergencies

1. Any medical emergency requiring medication of students will be handled in accordance with Policy 8441 and implementing regulations on first aid and, as appropriate, the school physician's standing orders for school nurses. Arrangements will be made to transport a student to a hospital emergency room after the administration of epinephrine in accordance with N.J.S.A. 18A:40-12.5.e.(3) and after the administration of hydrocortisone sodium succinate in accordance with N.J.S.A. 18A:40-12.29.b.(3).

I. Records

The school nurse shall include the following in a student's health record:

1. The approved written request for the administration or self-administration of medication;
2. A record of each instance of the administration of the medication by the school nurse or a registered nurse;
3. A record of reports by teachers, coaches, and other individuals in charge of school activities who report student self-administration of medication;
4. Any side effects that resulted from the administration of medication; and
5. Whether the supply of medication provided in cases where the medication is to be administered by the school nurse or a registered nurse was exhausted or the parent removed the medication or, if the parent failed to remove the medication, the medication was destroyed and the date on which that occurred.

J. Notification

1. The school nurse may provide the Principal and other teaching staff members concerned with the student's educational progress with information about the medication and administration when such release of information is in the student's best educational interest.
2. The school nurse will provide teachers, coaches, and other individuals in charge of school activities with a list of students who have been given permission to self-administer medication.
3. The school nurse will inform the student's parent of any difficulty in the administration of medication or any side effects.
4. The school nurse will report to the school physician any student who appears to be adversely affected by the medication.

Adopted: 02 August 2010
Revised: 18 August 2020



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District Policy

5331 - MANAGEMENT OF LIFE-THREATENING ALLERGIES IN SCHOOLS (M)

Section: Students
 Date Created: July 2012
 Date Edited: July 2012

M

The Board of Education recognizes pupils may have allergies to certain foods and other substances and may be at risk for anaphylaxis. Anaphylaxis is a sudden, severe, serious, systemic allergic reaction that can involve various areas of the body (such as the skin, respiratory tract, gastrointestinal tract, and cardiovascular system). Anaphylaxis is a serious allergic reaction that may be rapid in onset and may cause death. Policy 5331 has been developed in accordance with the Guidelines for the Management of Life-Threatening Food Allergies in Schools developed by the New Jersey Department of Education.

An Individualized Healthcare Plan (IHP) and an Individualized Emergency Healthcare Plan (IEHP) will be developed for each pupil at risk for a life-threatening allergic reaction. Self-administration of medication, the placement and the accessibility of epinephrine, and the recruitment and training of designees who volunteer to administer epinephrine during school and at school-sponsored functions when the school nurse or designee is not available shall be in accordance with N.J.S.A. 18A:40-12 and Board Policy and Regulation 5330. School staff will be appropriately trained by the school nurse or designee to understand the school's general emergency procedures and steps to take should a life-threatening allergic reaction occur.

The school district will develop and implement appropriate strategies and prevention measures for the reduction of risk of exposure to food allergens throughout the school day, during before- and after-school programs, at all school-sponsored activities, in the cafeteria, or wherever food is present.

A description of the roles and responsibilities of parent(s) or legal guardian(s), staff, and pupils to prevent allergic reactions and during allergic reactions are outlined in Regulation 5331.

Every incident involving a life-threatening allergic reaction and/or whenever epinephrine is administered throughout the school day, during before- and after-school programs, and/or at all school-sponsored activities shall be reported to the school nurse or designee. The school nurse or designee shall be responsible to notify emergency responders, the Principal or designee, the school physician, and the Superintendent of Schools. The Superintendent shall inform the Board of Education after every incident including a life-threatening allergic reaction or whenever epinephrine is administered by the school nurse or designee. In addition, in accordance with the provisions of N.J.S.A. 18A:40-12.5.e.(3), the school nurse or designee shall arrange for the transportation of a pupil to the hospital emergency room by emergency services personnel after the administration of epinephrine, even if the pupil's symptoms appear to have resolved.

There will be occasions where food and/or beverages will be served as part of a classroom experience, field trip, and/or celebration. Because the ingredients of these food and beverage products may be unknown to the food preparation person and/or server, a pupil with anaphylaxis to food should not consume any food products that he/she is unsure of the ingredients. The teacher will provide, whenever possible, advance notice of the classroom experience, field trip, or celebration in order for the pupil to bring a food or beverage product from their home so they may participate in the activity.

When a parent(s) or legal guardian(s) informs the Building Principal and the school nurse the pupil may have an anaphylactic reaction to a substance other than food, the Building Principal will work with school staff to determine if these substances are on school grounds. The Building Principal will inform and work with the parent(s) or legal guardian(s) and the pupil to avoid the pupil's exposure to these substances if present on school grounds.

School staff will be appropriately trained by the school nurse or designee to understand the school's general emergency procedures and steps to take should a life-threatening allergic reaction occur. The school nurse or designee will provide appropriate training to school staff to understand allergies to food and other substances, to recognize symptoms of an allergic reaction, and to know the school's general emergency procedures and steps to take should a life-threatening allergic reaction occur. The school nurse will work with appropriate school staff to eliminate or substitute the use of allergens in the allergic pupil's meals, educational/instructional tools and materials, arts and crafts projects, or incentives.

Policy and Regulation 5331 should be annually reviewed, evaluated, and updated where needed. Policy and Regulation 5331 will be disseminated and communicated to all parent(s) or legal guardian(s) of pupils in the school in the beginning of each school year and when a pupil enters the school after the beginning of the school year.

N.J.S.A. 18A:40-12.3 through 18A:40-12.6

New Jersey Department of Education - Guidelines for the Management of Life-Threatening Food Allergies in Schools – September 2008

Adopted: 17 July 2012



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District Regulation

5331 - MANAGEMENT OF LIFE-THREATENING ALLERGIES IN SCHOOLS (M)

Section: Students
 Date Created: August 2010
 Date Edited: January 2013

M

A. Definitions

1. Anaphylaxis - A serious allergic reaction that is rapid in onset and may cause death.
2. Epinephrine (adrenaline) - A drug that can be successfully utilized to counteract anaphylaxis.
3. Food Allergy - A group of disorders characterized by immunologic 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.
4. 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 pupil in the event of an emergency.
5. Individualized Healthcare Plan (IHP) - A plan written by the certified school nurse that details accommodations and/or nursing services to be provided to a pupil because of the pupil's medical condition based on medical orders written by a health care provider in the pupil's medical home.
6. 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.

B. Policy and Regulation Development

1. Policy and Regulation 5331 address different allergens, varying ages and maturity levels of pupils, and the physical properties and organizational structures of schools in this school district. The components below were critical in developing Policy and Regulation 5331.
 - a. The school district nursing staff, in consultation with the school physician, if needed:
 - (1) Assessed the overall health needs of the pupil population at risk for anaphylaxis, particularly pupils with food allergies; and
 - (2) Assessed current and relevant policies and/or protocols regarding the care of pupils with life-threatening allergies and identified areas in need of development or improvement.
2. Policy and Regulation 5331 were developed using a multidisciplinary team that included various school district administrators, teachers, and support staff members.
3. Additional factors need to be regarded at the secondary school level in order to provide the best care for food-allergic teens. The multidisciplinary team should consider the factors below when developing Policy and Regulation 5331 as it pertains to food-allergic teens.
 - a. Pupils move to different classrooms, frequently in larger buildings and campuses, presenting needs for updated avoidance strategies, epinephrine availability, and designated assistance.
 - b. Pupils may have open lunch periods and accompany friends to local eateries.
 - c. Pupils may have access to vending machines.
 - d. Certain classes give rise to new avoidance issues, e.g., chemistry/biology labs, home economics/culinary class, etc.
 - e. The number of off-site school-sponsored functions increases, e.g., travel, sometimes to other States and foreign countries; athletic games and competitions, sometimes in other towns; dances; etc.
 - f. Risk-taking behaviors frequently accompany the independence of adolescent years.
 - g. N.J.S.A. 18A:40-12.6 provides for a delegate for the emergency administration of epinephrine even when a pupil is able to self-administer life-saving medication. Although teenage pupils will more than likely be permitted to carry and self-administer emergency medications, those pupils are not to be expected to have complete responsibility for the administration of epinephrine. A severe allergic reaction can completely incapacitate a pupil and inhibit the ability to self-administer emergency medication. Therefore, the school nurse or volunteer delegate shall be available during school and school-sponsored functions to administer epinephrine in an emergency in accordance with the provisions of N.J.S.A. 18A:40-12.5.e. (2).
4. The Principal and/or the school nurse will educate staff and the community regarding Policy and Regulation 5331; obtain feedback on the implementation and effectiveness of the Policy and Regulation; and annually review, evaluate, and update the Policy and Regulation, as needed or required by law.

C. Prevention Measures

1. Considerations for the Cafeteria

The Principal, in consultation with the school nurse, teaching staff members, food service staff members, and other appropriate staff members, will work to make the cafeteria environment as safe as possible for food-allergic pupils. This process includes making determinations about serving foods with known allergens and identifying steps that can be taken to reduce the chance of accidental exposure. The steps may include:

- a. Training to food service personnel on food label reading and safe handling, as well as safe meal substitutions for food-allergic children.
- b. Educating cafeteria staff and monitors about food-allergy management and make them aware of the pupils who have life-threatening food allergies.
- c. Developing and implementing standard procedures for cleaning tables, chairs, and trays, particularly those designated as allergen-safe, after lunch periods using dedicated and disposable supplies to avoid cross contact.
- d. When possible, sharing ingredient/allergen information for food provided by the school to pupils and parent(s) or legal guardian(s).
- e. Making allergen-safe table(s) an available option for allergic pupils.
- f. Considering allergen-full table(s) (i.e., all those eating peanut butter sit together).
- g. Discouraging pupils from sharing or trading food/snack items, drinks, straws, or utensils.
- h. Encouraging pupils to wash hands before and after eating.
- i. Considering the benefits and ramifications of serving and/or removing allergen-containing foods or removing a particular food item from the school menu.
- h. Making accommodations in the event a pupil cannot be in direct proximity to certain allergens that are being cooked/boiled/steamed.

2. Considerations for the Classroom

Provisions will be made to develop safeguards for the protection of food-allergic pupils in the classroom. The school nurse will work with the classroom teacher(s) so the teacher understands and is able to initiate the pupil's IEHP, as necessary.

- a. If possible, consider prohibiting the use or consumption of allergen containing foods in the classroom.
- b. Conduct training for teachers, aides, volunteers, substitutes, and pupils about food allergies.
- c. Develop and implement a procedure that will alert substitute teachers to the presence of any pupils with food allergies and any accompanying instructions.
- d. Develop and implement a letter to parent(s) or legal guardian(s) of classmates of the food-allergic pupil (without identifying the pupil), particularly in lower grades, explaining any prohibitions on food in the classroom.
- e. Discourage the use of food allergens for classroom projects/activities, classroom celebrations, etc.
- f. Encourage the use of non-food items for all classroom events/activities, as a way to avoid the potential presence of major food allergens.
- g. Notify parent(s) or legal guardian(s) of classroom celebrations that involve food with particular attention to notification of parent(s) or legal guardian(s) of food-allergic children.
- h. Encourage pupils to wash hands before and after eating.
- i. Develop and implement standard procedures for cleaning desks, tables, and the general classroom area.

3. General Considerations for the School Environment

The Principal, in consultation with the school nurse, teaching staff members, food service staff members, and other appropriate staff members, will work to make the school environment as safe as possible for the food-allergic pupil to include:

- a. Developing and implementing cleaning procedures for common areas (i.e., libraries, computer labs, music and art rooms, hallways, etc.).
- b. Developing and implementing guidelines for food fundraisers (i.e. bake sales, candy sales, etc.) that are held on school grounds.
- c. Avoiding the use of food products as displays or components of displays in hallways.
- d. Developing protocols for appropriate cleaning methods following events held at the school, which involve food.

4. Field Trips and Other School Functions

N.J.S.A. 18A:40-12.6 requires a nurse or delegate to be available during school and school-sponsored functions in the event of anaphylaxis. Pupils with food allergies should participate in all school activities and will not be excluded based on their condition. The appropriate school staff member(s) should:

- a. Communicate (with parent(s) or legal guardian(s) permission) relevant aspects of the IEHP to staff, as appropriate, for field trips, school sponsored functions, and before-and after-school programs.
- b. Encourage long-term planning of field trips in order to ensure that food-allergic pupils receive needed services while away from school.
- c. Evaluate appropriateness of trips when considering the needs of pupils e.g., a trip to a dairy farm should not be scheduled for a class with a milk- allergic pupil.
- d. Encourage, but do not require, parent(s) or legal guardian(s) of food-allergic pupils to accompany their child on school trips.
- e. Implement the district's procedure for the emergency administration of medications.
- f. Implement the district's procedure for emergency staff communications on field trips.
- g. Inform parent(s) or legal guardian(s), when possible, of school events at which food will be served or used.

5. Bus Transportation

The district administrative staff and transportation personnel will consider the needs of pupils with life- threatening allergies while being transported to and from school and to school-sponsored activities. The appropriate school staff member(s) should:

- a. Advise bus drivers of the pupils that have food allergies, symptoms associated with food-allergic reactions, and how to respond appropriately;
- b. Assess the emergency communications systems on buses;
- c. Consider assigned bus seating i.e., pupils with food allergies can sit at the front of the bus or can be paired with a "bus buddy"; and
- d. Assess existing policies regarding food on buses.

6. Preparing for an Emergency

The Principal and school nurse will establish emergency protocols and procedures in advance of an emergency. These protocols and procedures should:

- a. Provide training for school personnel about life-threatening allergic conditions;
- b. Create a list of volunteer delegates trained by the nurse in the administration of epinephrine, and disseminate the list appropriately;
- c. Ensure that epinephrine is quickly and readily accessible in the event of an emergency. If appropriate, maintain a backup supply of the medication;
- d. Coordinate with local EMS on emergency response in the event of anaphylaxis;
- e. Consider conducting anaphylaxis drills as part of the district or school-wide emergency response plan.
- f. Ensure access to epinephrine and allergy-free foods when developing plans for fire drills, lockdowns, etc.
- g. Ensure that reliable communication devices are available in the event of an emergency.
- h. Adhere to Occupational Safety and Health Administration (OSHA) and Universal Precautions Guidelines for disposal of epinephrine auto injectors after use.

7. Sensitivity and Bullying

A food-allergic pupil may become victim to threats of bullying related to his/her condition. N.J.A.C. 6A:16-7.9 requires each Board of Education to develop, adopt, and implement a policy prohibiting harassment, intimidation, or bullying on school grounds, including on a school bus or at function, pursuant to N.J.S.A. 18A:37-15. The appropriate school staff member(s) should:

- a. Remind pupils and staff that bullying or teasing food-allergic pupils will not be tolerated and violators should be disciplined appropriately;
- b. Offer professional development for faculty and staff regarding confidentiality to prevent open discussion about the health of specific pupils; and
- c. Discourage needless labeling of food-allergic pupils in front of others. A food-allergic pupil should not be referred to as "the peanut kid," "the bee kid" or any other name related to the pupil's condition.

D. Roles and Responsibilities for Managing Food Allergies

The risk of accidental exposure to foods can be reduced in the school setting if schools, pupils, parent(s) or legal guardian(s), and physicians work together to minimize risks of exposure to allergens and provide a safe educational environment for food-allergic pupils.

1. Family's Role

- a. Notify the school of the pupil's allergies;
- b. Work with the school team to develop a plan that accommodates the pupil's needs throughout the school, including the classroom, the cafeteria, after-care programs, during school-sponsored activities, and on the school bus, as well as an IEHP;

- c. Provide written medical documentation, instructions, and medications as directed by a physician, using the Food Allergy Action Plan as a guide. Include a photo of the child on written form;
- d. Provide properly labeled medications and promptly replace medications after use or upon expiration;
- e. Educate the child in the self-management of their food allergy including: safe and unsafe foods; strategies for avoiding exposure to unsafe foods; symptoms of allergic reactions; how and when to tell an adult they may be having an allergy-related problem; and how to read food labels (age appropriate);
- f. Review policies and procedures with the school staff, the child's physician, and the child (if age appropriate) after a reaction has occurred; and
- g. Provide current emergency contact information and update regularly.

2. School's Role

- a. Review the health records submitted by parent(s) or legal guardian(s) and physicians;
- b. Identify a core team including the school nurse, teacher, Principal, and school food service and nutrition manager/director to work with parent(s) or legal guardian(s) and the pupil (age appropriate) to establish an IEHP. Changes to the IEHP that promote food allergy management should be made with core team participation;
- c. Assure that all staff who interact with the pupil on a regular basis understand food allergies, can recognize symptoms, know what to do in an emergency, and work with other school staff to eliminate the use of food allergens in the allergic pupil's meals, educational tools, arts and crafts projects, or incentives;
- d. Coordinate with the school nurse to ensure medications are appropriately stored and ensure an emergency kit is available that contains a physician's standing order for epinephrine. Epinephrine should be kept in a secure but unlocked location that is easily accessible to delegated school personnel;
- e. Pupils who are permitted to self-administer should be permitted to carry their own epinephrine in accordance with State regulations and district policy;
- f. Designate school personnel who volunteer to administer epinephrine in an emergency;
- g. Be prepared to handle a reaction and ensure there is a staff member available who is properly trained to administer medications during the school day, regardless of time or location;
- h. Review policies and prevention plans with the core team members, parent(s) or legal guardian(s), pupil (age appropriate), and physician after a reaction has occurred;
- i. Work with the transportation administrator to insure that school bus drivers receive training that includes symptom awareness and what to do if a reaction occurs and assess the means by which a bus driver can communicate during an emergency, including proper devices and equipment;
- j. Discuss field trips with the family of the food-allergic child to decide appropriate strategies for managing the food allergy;
- k. Follow Federal and/or State laws and regulations regarding sharing medical information about the pupil; and
- l. Take threats or harassment against an allergic child seriously.

3. Pupil's Role

- a. Pupils should not trade food with others;
- b. Pupils should not eat anything with unknown ingredients or known to contain any allergens;
- c. Pupils should be proactive in the care and management of their food allergies and reactions based on their developmental level; and
- d. Pupils should notify an adult immediately if they eat something they believe may contain the food to which they are allergic.

Adopted: 15 January 2013



Allergy and Anaphylaxis Emergency Plan

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Child's name: _____ Date of plan: _____

Date of birth: ____/____/____ Age ____ Weight: _____kg

Child has allergy to _____

- Child has asthma. ☐ Yes ☐ No (If yes, higher chance severe reaction)
Child has had anaphylaxis. ☐ Yes ☐ No
Child may carry medicine. ☐ Yes ☐ No
Child may give him/herself medicine. ☐ Yes ☐ No (If child refuses/is unable to self-treat, an adult must give medicine)

Attach
child's
photo

IMPORTANT REMINDER

Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.

For Severe Allergy and Anaphylaxis What to look for



If child has ANY of these severe symptoms after eating the food or having a sting, **give epinephrine**.

- Shortness of breath, wheezing, or coughing
- Skin color is pale or has a bluish color
- Weak pulse
- Fainting or dizziness
- Tight or hoarse throat
- Trouble breathing or swallowing
- Swelling of lips or tongue that bother breathing
- Vomiting or diarrhea (if severe or combined with other symptoms)
- Many hives or redness over body
- Feeling of "doom," confusion, altered consciousness, or agitation

☐ **SPECIAL SITUATION:** If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s): _____. Even if child has MILD symptoms after a sting or eating these foods, **give epinephrine**.

Give epinephrine! What to do

1. Inject epinephrine right away! Note time when epinephrine was given.
2. Call 911.
 - Ask for ambulance with epinephrine.
 - Tell rescue squad when epinephrine was given.
3. Stay with child and:
 - Call parents and child's doctor.
 - Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes.
 - Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side.
4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine.
 - Antihistamine
 - Inhaler/bronchodilator

For Mild Allergic Reaction What to look for



If child has had any mild symptoms, **monitor child**.

Symptoms may include:

- Itchy nose, sneezing, itchy mouth
- A few hives
- Mild stomach nausea or discomfort

Monitor child What to do

Stay with child and:

- Watch child closely.
- Give antihistamine (if prescribed).
- Call parents and child's doctor.
- If more than 1 symptom or symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")

Medicines/Doses

Epinephrine, intramuscular (list type): _____ Dose: ☐ 0.10 mg (7.5 kg to less than 13 kg)*

☐ 0.15 mg (13 kg to less than 25 kg)

☐ 0.30 mg (25 kg or more)

Antihistamine, by mouth (type and dose): _____ (*Use 0.15 mg, if 0.10 mg is not available)

Other (for example, inhaler/bronchodilator if child has asthma): _____

Parent/Guardian Authorization Signature

Date

Physician/HCP Authorization Signature

Date

Allergy and Anaphylaxis Emergency Plan

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Child's name: _____ Date of plan: _____

Additional Instructions:

Contacts

Call 911 / Rescue squad: _____

Doctor: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Other Emergency Contacts

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

**RANDOLPH TOWNSHIP SCHOOLS
RANDOLPH, NEW JERSEY**

Physician Certification for Self-Medication Pursuant to N.J.S.A. 18A:40-12.3

Name of Student: _____ School: _____

Teacher: _____ Grade: _____

Name and Address of Parent(s)/Guardian(s):

Medical Condition: _____

Medication/Dosage: _____

Possible Side Effects: _____

I certify that _____ has asthma or other potentially life-
(student)

threatening illnesses, is subject to a life-threatening allergic reaction, or has adrenal insufficiency. I have discussed the administration of this medication with the above-named student and I certify that he/she is capable of and has been instructed in the proper method of self-administration of the medication in an emergency situation as directed above.

Physician's Signature

Date

Physician's Name (please print)

Parent Acknowledgment and Authorization Pursuant to N.J.S.A. 18A:40-12.3

I hereby authorize the above-named student to self-administer medication in potentially life-threatening situations as evidenced by my submission of the above Physician Certification.

By also signing the Acknowledgment, I understand that the Board of Education, its employees or agents shall incur no liability, as a result of any injury arising from the self-administration or medication by the student. I hereby indemnify and hold harmless the Board and its offices, employees and agents against any claims arising out of the self-administration of medication by the student.

Parent's or Guardian's Signature

Date

Parent's or Guardian's Name (please print)

Student's Name (please print)

RANDOLPH TOWNSHIP SCHOOLS
RANDOLPH, NEW JERSEY
INDIVIDUAL STUDENT HEALTH PLAN FOR ANAPHYLAXIS

FOR: _____ SCHOOL: _____ GRADE: _____
(Name of Student)

SCHOOL YEAR: _____ HOME ROOM: _____

A. Diet

Allergic to: _____

√ = indicates items that are components of the student's health plan.

 X Parent/Guardian will be provided copies of 3A through D referred to in the Procedures for Students at risk for Anaphylaxis.

 X The student must be informed by the family and physician about foods to avoid.

_____ The student may not eat any foods during the school day except as provided by the home.

_____ The student brings lunch from home.

_____ Snacks supplied from home will be kept in the homeroom and used as needed during the school day.

_____ The student may not come in contact with offending food(s):
_____ smell _____ feel _____ taste

_____ Cleaning of school furniture is required prior to student use if known food contamination has occurred. Note: the classroom teacher notifies the custodian of the need for cleaning furniture due to food contamination.

_____ The student does or does not need to sit at the nut free table at lunch.

_____ The parent will notify the principal and Health Office when the student will be attending a school sponsored activity – i.e. sports, field trip, club, etc.

_____ Other: _____

B. Classroom/School Routines and Activities

_____ The student's epinephrine auto-injector will be located:

(please check) _____ fanny pack _____ notebook case _____ health office
_____ main office _____ back pack

_____ The student is transported by school bus # _____.

_____ The student drives to school.

- _____ The parents transport the student to and from school.
- _____ The student walks to and from school.
- X Parent or designee should attend school functions beyond the school day; i.e., plays, concerts, family nights where refreshments/snacks are typically provided.
- X The student, who is authorized to carry, will have a single dose epinephrine and unl-dose premeasured antihistamine on his/her person at all times.
- X The parent will replace all single dose epinephrine and antihistamine upon expiration.
- X Teacher shall notify the parent/guardian when foods are being served during classroom celebrations and field trips.
- X If the parent does not want a volunteer delegate assigned to his/her student, the parent must submit that in writing to the health office.
- X This IHCP – Anaphylactic Plan may be shared with individuals who provide direct school, health, safety, educational and sport services to this student.

NOTE: Having the auto-injector carried in a fanny pack on the student's person is the only option that ensures availability of the epinephrine at all times.

C. Response to an Episode

- _____ The adult in charge calls or designates another adult to call 911. The caller must specify that the student is experiencing anaphylaxis.
- _____ Simultaneously to the call to 911, epinephrine via auto-injector is administered by the school nurse, principal or trained volunteer in the school.
- _____ Follow up is carried out by the appropriate personnel including transportation to the nearest hospital emergency room by emergency medical personnel when appropriate.
- _____ Other: _____

_____	_____
School Nurse's Signature	Date
_____	_____
Parent/Guardian's Signature	Date
_____	_____
Parent/Guardian's Signature	Date

AUTHORIZATION FOR EPIPEN DESIGNEE

When the school nurse is not available, I (we) _____
(Mother)

_____ the parents/guardians of _____
(Father) (Child)

authorize the administration of epinephrine via auto-injector to my child by a designated staff member trained by the school nurse. I understand that the Randolph School District shall have no liability as a result of any injury arising from the administration of the epinephrine via the auto-injector to the child. I/we indemnify and hold harmless the District and its employees or agents against any claims arising out of the administration of the epinephrine auto-injector to my child.

Parent/Guardian's Signature

Date

Parent/Guardian's Signature

Date

RANDOLPH TOWNSHIP SCHOOL
INFORMATION SHEET
THE TREATMENT OF ANAPHYLAXIS IN SCHOOL

WHAT IS ANAPHYLAXIS?

Anaphylaxis is a sudden, severe allergic reaction that may involve the skin, the respiratory tract, the gastrointestinal tract, and in some cases, the cardiovascular system (1). In children attending school, anaphylaxis is generally the result of allergic reactions to foods, insect stings, or rarely, medications. Patients with asthma are at greatest risk of severe anaphylactic reactions.

Signs and symptoms of anaphylaxis vary considerably from patient to patient, but frequently begin with a tingling sensation; itching or metallic taste in the mouth followed by itching and tightness in the throat hives and/or generalized swelling of the face and extremities. This may be followed by a sensation of "air hunger" and wheezing, nausea, abdominal cramps and vomiting, a drop in blood pressure and loss of consciousness. Onset of symptoms may be within minutes or delayed up to one hour and the time course of the reaction may follow one of three patterns (2): uniphasic with rapid progression of symptoms, biphasic with early symptoms followed by apparent resolution for one to two hours and then rapid development of respiratory symptoms and/or hypotension, or uniphasic with protracted symptoms despite medical management.

WHAT IS THE APPROPRIATE RESPONSE TO AND TREATMENT FOR ANAPHYLAXIS?

The rapidity with which life-threatening reactions may develop in susceptible children necessitates the availability and early, appropriate administration of epinephrine (adrenaline) followed by immediate transport to an emergency room at the first sign of anaphylaxis symptoms. Children at risk for anaphylactic reactions must be identified to the school. School personnel will be trained to recognize symptoms of impending anaphylaxis and to summon an emergency service for transport to the nearest emergency facility. In addition to the school nurse, some personnel volunteers may be trained to administer epinephrine.

At the first sign of laryngeal symptoms (itching or tightness in the throat), difficulty breathing (shortness of breath or wheezing), and/or the sequential development of skin and gastrointestinal symptoms, the child should be given an injection of epinephrine (adrenaline) and transported to the nearest emergency facility. Each child should have a specific emergency plan with the dose of epinephrine to be given and the telephone number of the child's parents or guardians and physician. In no case should treatment or transport be delayed if the parents, guardians or the physician cannot be reached.

Epinephrine is the most effective drug for treating anaphylaxis and should be readily available for any child at risk for anaphylaxis. It is most easily administered with an auto-injectable device in the lateral thigh muscle.

Prompt recognition of signs and symptoms of anaphylaxis, early administration of epinephrine, and rapid transport to an appropriate emergency facility are the keys to successful response to anaphylaxis.

WHAT IS THE SCHOOL DISTRICT AUTHORIZED TO DO TO TREAT ANAPHYLAXIS?

N.J.S.A. 18A:40-12.5 and 12.6 directs boards of education to develop policies for the emergency administration of epinephrine via auto-injector. Randolph Township Board of Education Policy No. R5331 entitled, "Emergency Administration of Medication", was adopted pursuant to this statutory directive. Under this policy, the school nurse has primary responsibility for the administration of epinephrine via auto-injector but may designate a trained volunteer to act when the nurse is not physically present at the scene. The school district must have written orders from the student's physician indicating that the student's allergies require the administration of epinephrine and that the student cannot self-administer the epinephrine. In addition, the school district must have the physician and parents/guardians written consent to administer epinephrine via auto-injector by the trained volunteer designated by the nurse, as well as a signed statement from the parent/guardian releasing the school district from liability and agreeing to indemnify and hold the school district harmless from any claim arising out of the administration of epinephrine by the trained volunteer.

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1. Bochner BS, Lichtenstein LM: Anaphylaxis. N Engl J Med 1991; 324:1785-1790
 2. Sampson HA, Mendelson L, Rosen JP: Fatal and near-fatal food-induced anaphylaxis reactions in children. N Engl J Med 1992; 327:380-384.
 3. New Jersey Department of Education: Guidelines for Management of Life-Threatening Food Allergies In Schools; September 2008