

Newton Public Schools
57 Trinity Street
Newton, New Jersey 07860-1831
973-383-7392
FAX: 973-383-5378

Dear Parent/Guardian:

It has come to the attention of the Newton Public School District that your son/daughter has a history of a severe allergy that has resulted in anaphylaxis. Therefore, it is important for you to be aware of the school district's policy for treating anaphylaxis. Attached is the following information about how the school district responds to anaphylaxis:

- Board of Education Policy No. 5141.21 entitled "Administration of Medication"
- Information Sheet on the Treatment of Anaphylaxis in School

Note that the Board Policy No. 5141.21 placed the primary responsibility for the administration of epinephrine via the Epi-pen by the school nurse. However, because the nurse is not always available and because of the emergency nature of anaphylaxis the school nurse, in accordance with N.J.S.A. 18A:40-12.5, 18a:40-12.6 AND board Policy No. 5141.21 will train volunteer school employees in the administration of the Epi-pen. Only the school nurse may administer medication other than the Epi-pen.

When the school district follows the procedures of N.J.S.A. 18a:40-12.5, 18a:40-12-6 AS SET FORTH IN board Policy No. 5141.21, the school district and its employees or agents shall have no liability as a result of any injury arising from the administration of the Epi-pen to your child.

If you have any questions about the district policy regarding the administration of epinephrine, please contact the school nurse.

Sincerely,

Principal

Date

**NEWTON SCHOOLS
(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. Persons with asthma are at greatest risk of severe anaphylactic reactions.

Signs and symptoms of anaphylaxis vary considerably from person to person and from episode to episode in the same person. Frequently it begins 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 or two hours and then rapid development of respiratory symptoms and/or hypertension, or uniphasic with protracted symptoms despite medical management.

WHAT IS THE APPROPRIATE RESPONSE 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. 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 emergency medical services for transport to the nearest emergency facility. In addition to the school nurse, personnel volunteers may be trained to administer epinephrine to specific students.

If a child with a known food allergy is suspected of ingesting the food, or a child with insect sting allergy is suspected of being stung the school nurse or the specific designee for that child, if the nurse is not available, will implement the Individual Emergency Plan for that student. This plan will include the dose of epinephrine to be given and the telephone number of the ambulance service to be summoned, the child's parents/guardians, physician, and the emergency room to which the child is to be taken. **In no case should treatment or transport be delayed if the parents/guardians or the physician cannot be reached.**

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 board of education to develop policies for the emergency administration of epinephrine via Epi-pen. The school nurse has the primary responsibility for the administration of epinephrine via Epi-pen but may designate a trained volunteer to act for a specific student when the school nurse is not physically present at the scene. For this to occur all conditions of the Board Policy must be met as outlined in the attached letter.

1. Bochner BS, Lichtenstein IM: 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

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:

- Have the enclosed Physician's Certification of Student's Potential for Anaphylaxis and Emergency Health Care Plan Information Form completed by your physician. This form contains instructions the school is to follow in the event your child experiences an allergic reaction at school.
- Secure two epinephrine kits. Placement of kits will be decided in each individual situation.
- 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.
- 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 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

**EMERGENCY HEALTH CARE PLAN
PHYSICIAN'S CERTIFICATION OF STUDENT'S POTENTIAL FOR
ANAPHYLAXIS AND EMERGENCY HEALTH CARE PLAN INFORMATION**

Student's
Name: _____

DOB: _____

School: _____

Teacher: _____

ALLERGY TO: _____

Allergy Diagnosis: (please include the history of anaphylaxis, description of patient's allergy, additional medical conditions and dietary restrictions):

SIGNS OF AN ALLERGIC REACTION INCLUDE:

Systems:

- MOUTH
- THROAT*
- SKIN
- GUT
- LUNG*
- HEART*

Symptoms:

- itching & swelling of the lips, tongue, or mouth, metallic taste in mouth
- itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
- hives, itchy rash, and/or swelling about the face or extremities
- nausea, abdominal cramps, vomiting, and/or diarrhea
- shortness of breath, repetitive coughing, and/or wheezing
- "thready pulse", "passing-out"

The severity of symptoms can quickly change. * All above symptoms can potentially progress to a life-threatening situation!

ACTION:

1. *If allergen contact is suspected, give _____ immediately!
Medication/dose/route
2. CALL 911 -- inform dispatcher that student is experiencing anaphylaxis.
3. CALL: Mother (H) _____ Father(H) _____ or emergency
contacts (W) _____ Father(W) _____
4. CALL: Dr. _____ at _____

DO NOT HESITATE TO ADMINISTER REMEDIATION OR CALL RESCUE SQUAD EVEN IF PARENTS OR DOCTOR CANNOT BE REACHED!

Parent Signature

Date

Doctor Signature

Date

EMERGENCY CONTACTS	TRAINED STAFF MEMBERS
1. _____ Relationship: _____ Phone: _____	1. _____ Relationship: _____ Phone: _____
2. _____ Relationship: _____ Phone: _____	2. _____ Relationship: _____ Phone: _____

INDIVIDUALIZED HEALTH CARE PLAN

I. IDENTIFYING INFORMATION

Student's Name:	School:
Birthdate:	Teacher:
Age:	Grade:

CONTACTS

PARENTS:

EMERGENCY CONTACTS:

Mother's Name: _____	Name 1: _____
Address: _____	Phone:(H) _____ (W) _____
Home Phone: _____	Name 2: _____
Work Phone: _____	Phone:(H) _____ (W) _____
Father's Name: _____	Address: _____
Home Phone: _____	Work Phone: _____

PHYSICIAN:

Physician: _____ Phone: _____
Physician Address: _____

HOSPITAL:

Emergency Room: _____ Phone: _____
Hospital Address: _____ Phone: _____
Ambulance Service: _____ Phone: _____

SCHOOL:

School Nurse: _____ Phone: _____

II. MEDICAL OVERVIEW

Medical Condition: _____ Any Known Allergies: _____
Medications: _____
Possible Side Effects: _____
Necessary Health Care Procedures at School: _____

Health Care Plan for Period _____ to _____

III. OTHER IMPORTANT INFORMATION

IV. BACKGROUND INFORMATION/NURSING ASSESSMENT

Brief Medical History:

Check if additional information is attached

Specific Health Care Needs:

Check if additional information is attached

Social/Emotional Concerns:

Check if additional information is attached

Academic Achievement:

Check if additional information is attached

V. HEALTH CARE ACTION PLAN

Attach physician's order and other standards for care.

Procedures and Interventions (student specific)

PROCEDURE	ADMINISTERED BY	EQUIPMENT	MAINTAINED BY	AUTH/TRAINED BY

V. HEALTH CARE ACTION PLAN (continued)

Medications:

Attach medication form and administration log

Diet:

Check if additional information is attached

Transportation:

Check if additional information is attached

Equipment – list necessary equipment/supplies

Provided by Parent

Provided by District

1.

2.

3.

None required

Safety Measures:

Check if additional information is attached

Emergency Plan Attached Transportation Plan Attached Training Plan Attached

Substitute/Backup Staff (when primary staff not available):

Possible Problems to be Expected:

Training:

VI. HEALTH CARE PLAN REVIEW

Next review date of Health Care Plan: _____

VII. DOCUMENTATION OF PARTICIPATION

We have participated in the development of the Health Care Plan and agree with its contents.

<u>Signature</u>	<u>Date</u>	<u>Title</u>
_____	_____	Administrator or Designee
_____	_____	Teacher
_____	_____	Nurse
_____	_____	Other: _____
_____	_____	Other: _____

VIII. PARENT AUTHORIZATION FOR SPECIAL HEALTH SERVICES

We (I), the undersigned, who are the parents/guardians of _____, _____
(Student Name) (DOB)
request and approve the attached Individualized Health Care Plan. We (I) understand that a qualified designated person(s) will be performing the health care service. It is our understanding that in performing this service, the designated person(s) will be using a standardized procedure, which has been approved by the student's Health Care Team and Physician.

We (I) will notify the school immediately if the health status of _____ changes, we change physicians, or there is a change or cancellation of the procedure.

We (I) agree to provide the following, if any: medical equipment and supplies, medication, dietary supplements.

Parent Signature
Date: _____

Parent Signature
Date: _____

Student's Name: _____ Epinephrine Auto-Injector Training

Person Trained: _____ Instructor: _____

Position: _____

	DEMO DATE	RETURN DEMONSTRATION				
		DATE	DATE	DATE	DATE	DATE
A) Background Information						
Understands the concepts of universal precautions						
States definition of anaphylaxis						
States trigger and symptoms for student						
States potential adverse reactions						
Knows how to check pulse and respirations						
B) Care of Anaphylactic Reaction						
Completes a full initial assessment (history, symptoms, vital signs)						
Determines need for epinephrine						
Checks for right medication, right student						
Checks medication for expiration date and color (if discolored or expired, do not use)						
Removes safety cap from injector						
Places auto-injector against lateral aspect of thigh						
Pushes auto-injector firmly against thigh until injector activates						
Holds for a minimum of 10 seconds						
Calls 911 with history and location						
Continues to assess cardiac and respiratory status. Begins CPR if appropriate						
Documents medication, dose, time and place of administration						
Disposes of injector properly						
Notifies school nurse or school administrator of event						

I hereby acknowledge that I have been trained in the administration of Epinephrine Auto-Injector to the protocol outlined above.

 Signature of Trainee

 Date

 Instructor's Signature

 Date

Facts about Epinephrine

Epinephrine has been prescribed for patients who are susceptible to severe allergic reactions. Epinephrine is a hormone produced by the body. When given as a medication it will constrict blood vessels (helping to raise the blood pressure and improve perfusion) and will dilate the bronchioles (helping to open the airway and improve respiration).

Many people who are subject to severe allergic reactions from such things as bee stings, peanut, nut and food allergies, latex products and shell fish, are prescribed an epinephrine auto-injector by their physician to use when such a reaction occurs.

The reason it is important for such a patient to carry an epinephrine auto-injector (*Epi-Pen*) is that an allergic reaction can become life threatening so quickly that there is not enough time to transport the patient to a hospital to receive the medication. An auto-injector is a spring-loaded needle and syringe with a single dose of epinephrine that will automatically release and inject the medication.

Epinephrine in the auto-injector comes in two (2) dosage forms.

- Adult dosage is called an Epi-Pen and contains 0.3 mg of epinephrine.
- Child dosage is called an Epi-Pen Jr. and contains 0.15 mg of epinephrine.

His/her doctor or advanced practice nurse will write the appropriate dosage for the student.

The side effects of epinephrine include increased heart rate, pallor, dizziness, chest pain, headache, nausea, vomiting, excitability and anxiety.

There are no contraindications when epinephrine is used in a life-threatening emergency.

For use by designated caregiver(s)

MEDICATION: EPI-PEN® INJECTION
Procedure for Anaphylaxis

CONFIDENTIAL

FOR _____ **DOB** _____

WRITTEN ON _____ **BY** _____, **RN** (_____)

Check medication monthly. Advise parent/guardian immediately to replace medicine when observing discolored medication and/or two weeks before expiration date. In an emergency use expired/discolored medication.

- | |
|--|
| <input type="checkbox"/> IF OBSERVING SIGNS OF ANAPHYLAXIS |
| <input type="checkbox"/> AFTER INGESTION OF _____ |
| <input type="checkbox"/> UPON BEING STUNG BY INSECT: _____ |

DO:

1. Follow directions below to inject 0. ____ mg of epinephrine subcutaneously into thigh.
 - a. Pull off gray safety cap.

 - b. Place black tip of EPI-PEN in either thigh, at right angle to the leg. Epi-Pen should only be injected into the outer thigh.

 - c. Press Epi-Pen hard into thigh until auto-injector mechanism functions, and hold in place for several seconds. Epi-Pen may then be removed and discarded. Massage the injection area for 10 seconds.

2. Continue to monitor student for absent breathing/pulse until arrival of EMS/911.
 - a. Begin CPR for absent breathing/pulse.
 - b. Offer reassurance to student, as appropriate.

(DISPOSE OF USED SYRINGE IN NONPERMEABLE CONTAINER AND FOLLOW YOUR DISTRICT'S GUIDELINES FOR DISCARD OF BIOHAZARDS.)
USED BY PERMISSION OF CENTER LABORATORIES DIVISION OF EM INDUSTRIES, INC.

-
- Select: with "X", as pertinent to student's procedure**
- To be reviewed by RN yearly.
 - **IF PROCEDURE IS IMPLEMENTED: PHOTO COPY PROCEDURE NOTE TIME**