STERLING HIGH SCHOOL DISTRICT

501 S. WARWICK ROAD
SOMERDALE, NJ 08083-2175
Phone: (856) 784-1333
Fax: (856) 566-4195

Dear Parent/Guardian:

Your child has a severe life threatening allergy resulting from one of the following: food, medication, insect stings, exercise, food-dependent exercise, or idiopathic anaphylaxis.

The District has developed and adopted written policies and procedures to address the emergency administration of epinephrine to a student for anaphylaxis. The nurse employed by the District is charged with the primary medical responsibility of the children within the school, including the administration of all medication. Pursuant to N.J.S.A. 18A:40-12.3-12.6; NJ A.c. 6A:16-1.4(a)(7), and N.J.A.C. 6A:16-2.1(a)(2)(iv), the nurse shall designate, in consultation with the Board of Education, an additional school employee to administer epinephrine via a pre-filled auto-injector mechanism to a pupil for anaphylaxis when the nurse is not physically present at the scene. In accordance with the previously cited statutory law and the District's policies, a delegate has been assigned to your child.

The delegate has been trained by the nurse in the proper administration of the epinephrine via a pre-filled auto injector mechanism utilizing standardized training protocols established by the Department of Education in consultation with the Department of Health and Senior Services. The delegate has reviewed your child's Individualized Emergency Healthcare Plan (IEHP) with the school nurse and has become familiar with the symptoms that may trigger an allergic reaction for your child.

The delegate may not administer an antihistamine (ex. – Benadryl) to your child even if specified in the IEHP because the statute of N.J.S.A. 18A:40-2.6 only authorizes the delegation of epinephrine. In the event of an emergency, the delegate will administer the epinephrine auto injector, initiate CPR, if trained, and call 911.

Please be advised that pursuant to N.J.S.A 18A:40-12.5 (c) & (d), the Board of Education's agents and employees will have no liability as a result of any injury arising from the administration of the epinephrine via a pre-filled auto injector mechanism.

Please complete, sign and return the attached permission form. This form is valid for a period of one school year only.

Thank you for allowing us to keep your child healthy at school. Any questions should be addressed to your school nurse.

Sterling High School District

Health History for Anaphylaxis

Student's Name:_____D.O.B._____Grade_____Teacher_____

Please complete the information below:

1. Student's known allergies:

   _____

   _____

2. Student's reactions to known allergies:

   _____

   _____

   _____

3. Symptoms of reactions from mild to severe:

   _____

   _____

   _____

4. Past treatment of reactions from mild to severe:

   _____

   _____

   _____

   _____

5. Effectiveness of treatment:

   _____

   _____

   _____

   _____

6. Number of past serious reactions which required the use of an epi-pen:_____

7. Date/Dates of epi-pen use:_____

8. Any other health concerns/illnesses:

   _____

   _____

   _____

   _____

Please note: In order to ensure the safety of this student, the student should only eat food provided from home.

Parent/Guardian Signature:_____Date_____

STERLING HIGH SCHOOL DISTRICT
BOARD OF EDUCATION

NAME_____ SCHOOL YEAR _____

DATE OF BIRTH _____ GRADE _____

EMERGENCY HEALTH CARE PLAN FOR SEVERE ALLERGY TO BEE OR INSECT STING OR FOOD (ANAPHYLAXIS)

Stay with student and assess for these symptoms:

___Sneezing, wheezing, coughing
___Shortness of breath or tightness of chest; difficulty breathing
___Difficulty swallowing; hoarseness
___Swelling of eyes, lips, face, tongue or throat
___Sweating and anxiety
___Nausea, abdominal pain, vomiting, and diarrhea
___Itching, with or without hives, raised red rash in any area of the body
___Dizziness and/or fainting
___Involuntary bowel or bladder emptying
___Sense of impending disaster or approaching death
___Burning sensation, especially face or chest
___Blueness around lips, inside lips, eyelid
___Loss of consciousness

Treatment:

- Ascertain accessibility of epinephrine auto-injector
- If nurse is present: Call nurse at 2239 to come to your location
- If nurse is not present: Ascertain availability of epinephrine auto-injector. Contact the parents or emergency contact person (see attached). Stay with student, keep him/her quiet, monitor symptoms until parent arrives, watch him/her for more symptoms listed below

Nurse/Nurse Delegate:

- Administer epinephrine via auto-injector (as per MD order) immediately; hold against the upper, outer thigh, through clothing if necessary
- Call 911 immediately – paramedics should always be called if epinephrine is administered via the auto-injector.
- Epinephrine only lasts 20 – 30 minutes. Begin CPR, if trained. Contact parents or emergency contact person. If unavailable, school personnel should accompany student to the hospital (Follow ambulance to the hospital).

Epinephrine Auto-Injector Administration Procedure:

1. Grasp the auto-injector in one hand and form a fist around the unit. With the other hand, pull off the safety cap.
2. Hold the tip of the auto-injector near the student's outer thigh.
3. Press firmly and hold the tip into the outer thigh so that the auto-injector is perpendicular (at 90 degree angle) to the thigh.
4. Hold the auto-injector firmly in place for 10-15 seconds.
5. Remove the auto-injector form the thigh and massage the injection area for several seconds.
6. Check the tip
7. Dispose of the auto-injector in a "sharps" container or give the expended auto-injector to the paramedics.

Physician's Signature & Stamp: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

STERLING HIGH SCHOOL INDIVIDUAL HEALTH CARE PLAN (IHP) FOR CHILDREN WITH LIFE THREATENING ALLERGIES

NAME_____ DATE OF BIRTH _____

FROM: NURSE'S OFFICE ALLERGY: BEE STING PEANUT

Anaphylaxis – A rapid, severe allergic response that occurs when a person is exposed to an allergen, an allergy – causing substance, to which he or she has been previously sensitized. It is brought on when the allergen enters the bloodstream, causing the release of chemicals throughout the body that try to protect it from the foreign substance.

Common Triggers for Anaphylaxis:

- Stings of bees, wasps, hornets, yellow jackets and fire ants.
- Foods including peanuts and other nuts, milk, eggs, shellfish, whitefish, as well as some food additives.
- Medications including certain antibiotics, as well as seizure medication, muscle relaxants, and even aspirin and non-steroidal anti-inflammatory agents; and/or
- Exercise

Signs & Symptoms of Anaphylaxis:

Includes hives or rash, swelling of face and/or extremities, tingling of lips and mouth, flushing of face or body, coughing, wheezing, dyspnea (shortness of breath), nausea, vomiting, abdominal cramps, diarrhea, tachycardia (increases heart rate), low blood pressure and syncope (fainting).

What to Do:

1. Lay the student/staff down to keep blood flowing to the brain until ambulance arrives.
2. Call the nurse at ext. 2239 or, if unavailable, a school administrator. It is critical for the nurse to administer epinephrine via auto injector as per Dr. order.
3. Activate Emergency Medical System (911) immediately.
4. Continue to monitor ABC's (airway, breathing, circulation). If respiratory or cardiac arrest occurs begin rescue breathing or CPR, if trained.
5. Call parents/legal guardians @ _____.

If a pupil should suffer an anaphylactic reaction and neither the school nurse nor the delegate is available, activate emergency medical system by dialing 911.

If a pupil develops symptoms of anaphylaxis after an insect sting, and the stinger is still in the child's skin, it should be gently scraped off the skin (do not squeeze), clean site with soap and water. Apply ice to sting site.

*Contact the parents or legal guardians only after instituting lifesaving measures with epinephrine, calling 911, and transporting the child to the emergency department. Precious moments may be wasted trying to call the child's parents or physician first. Deaths have occurred during these delays!

Emergency Contacts

Mother: home #_____ work#_____ other #_____
Father: home #_____ work #_____ other #_____

Other Emergency contacts:

Name:_____ Phone #_____
Name:_____ Phone #_____

Doctor's Name: _____ Phone #_____

Preferred Hospital: _____

Trained School Personnel:
1. _____ ext. _____
2. _____ ext. _____
3. _____ ext. _____
4. _____ ext. _____
5. _____ ext. _____

Written by: _____ Date: _____

We/I request that my child be assisted by the school nurse and/or delegate in administering medication as prescribed by the child's health care provider. We/I will indemnify and hold blameless the District and any and all employees of the District against any injury or claims that arise as a result of the administration of my child's medication. We/I realize that We/I must renew this certificate annually. We/I understand that the school district and its employees and agents shall incur no liability as a result of any injury arising from the administration of medications, including epi-pen, to our/my child. We/I further understand that we/I hereby indemnify and hold harmless the school district and its employees and agents against any injury or claims arising out of the nurse's administration of our/my child's medications, including the administration of epi-pen by the school nurse or the individual designated by the Board of Education who shall be permitted to administer epi-pen to our/my child when the nurse is not physically present at the scene.

I give my permission to share my child's medical condition with teachers, guidance counselor, administrators, coach and athletic trainer

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Copies to: _____ _____

_____ _____

_____ _____

_____ _____

STERLING HIGH SCHOOL DISTRICT
BOARD OF EDUCATION

EDUCATIONAL PLANNING MEETING FOR PUBLIC LAW 1997, C.368

Student's Name: _____

Background: _____

_____

Accommodations: See Individualized Health Care Plan, Student Specific Emergency Care Plan, Delegates Trained in Emergency Administration of Epinephrine

Signatures/Dates

_____ Student	_____ Date
_____ Student	_____ Date
_____ Staff	_____ Date
_____ Staff	_____ Date
_____ Principal	_____ Date
_____ Guidance Counselor	_____ Date
_____ Parent/Guardian	_____ Date
_____ Parent/Guardian	_____ Date
_____ Certified School Nurse	_____ Date

HEALTH SERVICES

PHYSICIAN'S ORDER FOR SEVERE ALLERGY EMERGENCY TREATMENT

SCHOOL YEAR _____

Student's Name_____ Birthdate_____ Grade _____

Severely allergic to: _____ Asthmatic? _____ Yes _____ No

Previous episode of anaphylaxis _____ No _____ Yes If yes, when: _____

Emergency Contact:

Name:_____ Relationship _____ Phone: _____

MEDICATIONS

ANTIHISTAMINE: Name _____Dose (mg) _____

Give antihistamine for any one of the following checked symptoms:

_____Contact with allergen, but no symptoms
_____Skin-hives, itchy rash, extremity swelling
_____Lips-itching, tingling, burning, or swelling of lips
_____Head/neck-swelling of tongue, mouth, or throat, hoarseness, hacking cough, tightening of throat
_____Gut-abdominal cramps, nausea, vomiting, diarrhea
_____Lungs-repetitive cough, wheezing, shortness of breath
_____Heart-thready pulse, low blood pressure, fainting, pale or bluish skin
_____Other _____

EPINEPHRINE AUTOINJECTOR: _____ Epi Pen 0.3 mg _____ Epi Pen Jr. 0.15 mg _____ Other

Give epinephrine for any one of the following checked symptoms:

_____Contact with allergen, but no symptoms
_____Skin-hives, itchy rash, extremity swelling
_____Lips-itching, tingling, burning, or swelling of lips
_____Head/neck-swelling of tongue, mouth, or throat, hoarseness, hacking cough, tightening of throat
_____Gut-abdominal cramps, nausea, vomiting, diarrhea
_____Lungs-repetitive cough, wheezing, shortness of breath
_____Heart-thready pulse, low blood pressure, fainting, pale or bluish skin
_____Other _____

****

Choose ONE administration order:

_____1. Give Antihistamine only _____ Give epinephrine only _____ *Delegate available will be assigned

_____2. Give Antihistamine and Epinephrine at the same time _____ *Delegate available will be assigned

_____3. Give Antihistamine first, observe for further symptoms and give Epinephrine PRN _____

**Please note-in the absence of a school nurse, if available, a trained delegate will give Epinephrine and any antihistamine order will be disregarded. IF NO NURSE OR DELEGATE, 911 WILL BE CALLED IMMEDIATELY.

****

_____1. This student has been trained and is capable of self-administration of the following medication(s) name abov

_____Epinephrine – single dose unit _____Epinephrine & Antihistamine – single dose unit

*Under NJ state law, orders for Antihistamine alone cannot be self-administered.

_____2. This student is NOT capable of self-administration of the medications named above.

Physician's Signature: _____ Date:_____

Phone: _____ Stamp _____

Sterling High School District
501 S. Warwick Road
Somerdale, NJ 08083
(856) 784-1333

EMERGENCY ADMINISTRATION OF EPINEPHRINE

Pursuant to NJSA 18A:40-12.3-12.6, NJAC 6A:16-1.4(a)(7), and NJAC 6A:16-2.1(a)(2)(IV)

I have fully read and understand the letter sent from the District outlining the emergency administration of epinephrine by a delegate via a pre-filled auto injector.

Parent/Guardian signature_____

Parent/Guardian Name (printed)_____

Child's name_____

Date_____

This form is valid for a period of one school year only.