



# STERLING HIGH SCHOOL

*HOME OF THE SILVER KNIGHTS*

Elizabeth Donato, RN, BSN

501 S. Warwick Road

Somerdale, NJ 08083

Phone (856) 784-1333 x 4239 FAX (856) 566-4195



Dear Parent/Guardian,

Your child has a severe life-threatening allergy 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 administration of all medication. Pursuant to N.J.S.A 18A:40-13.6;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-fill 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 epinephrine via 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 pre-filled auto injector mechanism.

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

Thank you for allowing us to keep your child healthy at school. Please reach out to the school nurse with any questions.



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## 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

# Allergy and Anaphylaxis Emergency Plan

American Academy of Pediatrics

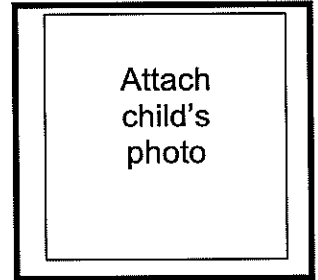
DEDICATED TO THE HEALTH OF ALL CHILDREN®



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)

## 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 \_\_\_\_\_

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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: \_\_\_\_\_