

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 uni-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

# RANDOLPH TOWNSHIP PUBLIC SCHOOLS



25 SCHOOL HOUSE ROAD, RANDOLPH, NJ 07869

(973) 361-0808

Jennifer A. Fano  
Superintendent

jfano@rtnj.org  
973-361-2405 (FAX)

Dear Parent/Guardian,

The purpose of this letter is to inform you of the district guidelines regarding the use of medication by students during school field trips.

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 allow self-administration of medication in potentially life-threatening situations (N.J.S.A. 18A 40-12.3). These medications include asthma inhalers and epinephrine. To use this option, you must provide written documentation from your child's physician certifying that your child is capable of self-administering his/her medication; and you must also provide written authorization for your child to self-administer the medication. The certification and authorization form is available from the school nurse.
- Parents of students at risk for life-threatening allergies, who are not yet able to self-administer but who may carry their medication, 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 an authorization form which is available from the school nurse. (18A:40-12.8).
  - Students may be accompanied on the field trip by his/her own parent/guardian.
- Students who can neither self-medicate nor carry medications for life-threatening allergies may be attended to by:
  - His/her own parent/guardian accompanying the student on the trip.

*We commit to inspiring and empowering all students in Randolph Schools to reach their full potential as unique, responsible and educated members of a global society.*

- Pending available resources and staffing, a nurse accompanying the student on the trip.

#### Other Conditions Requiring Medication

- The following options are available to parent(s)/guardian(s) of students who are not at risk for life-threatening conditions but require a daily dose of medication.
  1. The student may receive the medication prior to, or following the trip;
  2. The school nurse may receive permission from the child's parent/guardian, 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;
  3. The student may be accompanied on the trip by his/her own parent/guardian.

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

Sincerely,



Jennifer Fano

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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 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





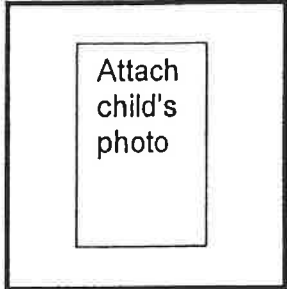
# Allergy and Anaphylaxis Emergency Plan



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.

<p><b>For Severe Allergy and Anaphylaxis</b> <b>What to look for</b></p> <p>If child has ANY of these severe symptoms after eating the food or having a sting, <b>give epinephrine.</b></p> <ul style="list-style-type: none"> <li>• Shortness of breath, wheezing, or coughing</li> <li>• Skin color is pale or has a bluish color</li> <li>• Weak pulse</li> <li>• Fainting or dizziness</li> <li>• Tight or hoarse throat</li> <li>• Trouble breathing or swallowing</li> <li>• Swelling of lips or tongue that bother breathing</li> <li>• Vomiting or diarrhea (if severe or combined with other symptoms)</li> <li>• Many hives or redness over body</li> <li>• Feeling of "doom," confusion, altered consciousness, or agitation</li> </ul> <p><input type="checkbox"/> <b>SPECIAL SITUATION:</b> 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, <b>give epinephrine.</b></p>	<p><b>Give epinephrine!</b> <b>What to do</b></p> <ol style="list-style-type: none"> <li>1. Inject epinephrine right away! Note time when epinephrine was given.</li> <li>2. Call 911.             <ul style="list-style-type: none"> <li>• Ask for ambulance with epinephrine.</li> <li>• Tell rescue squad when epinephrine was given.</li> </ul> </li> <li>3. Stay with child and:             <ul style="list-style-type: none"> <li>• Call parents and child's doctor.</li> <li>• Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes.</li> <li>• Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side.</li> </ul> </li> <li>4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine.             <ul style="list-style-type: none"> <li>• Antihistamine</li> <li>• Inhaler/bronchodilator</li> </ul> </li> </ol>
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<p><b>For Mild Allergic Reaction</b> <b>What to look for</b></p> <p>If child has had any mild symptoms, monitor child. Symptoms may include:</p> <ul style="list-style-type: none"> <li>• Itchy nose, sneezing, itchy mouth</li> <li>• A few hives</li> <li>• Mild stomach nausea or discomfort</li> </ul>	<p><b>Monitor child</b> <b>What to do</b></p> <p>Stay with child and:</p> <ul style="list-style-type: none"> <li>• Watch child closely.</li> <li>• Give antihistamine (if prescribed).</li> <li>• Call parents and child's doctor.</li> <li>• If symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")</li> </ul>
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## Medicines/Doses

Epinephrine, intramuscular (list type): \_\_\_\_\_ Dose:  0.15 mg  0.30 mg (weight more than 25 kg)

Antihistamine, by mouth (type and dose): \_\_\_\_\_

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 Parents/Guardians:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Condition: \_\_\_\_\_

Medication/Dosage: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

I certify that \_\_\_\_\_ suffers from \_\_\_\_\_, a  
(student) (condition)

Potentially life-threatening illness. 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 of 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 or Guardian 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.

- Parent/Guardian will be provided copies of 3A through D referred to in the Procedures for Students at risk for Anaphylaxis.
- 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.
- Parent or designee should attend school functions beyond the school day; i.e., plays, concerts, family nights where refreshments/snacks are typically provided.
- The student, who is authorized to carry, will have a single dose epinephrine and uni-dose premeasured antihistamine on his/her person at all times.
- The parent will replace all single dose epinephrine and antihistamine upon expiration.
- Teacher shall notify the parent/guardian when foods are being served during classroom celebrations and field trips.
- 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.
- 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.

- 
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