

R 5331 MANAGEMENT OF LIFE-THREATENING ALLERGIES IN SCHOOLS

A. Definitions

1. Anaphylaxis - A serious allergic reaction that is rapid in onset and may cause death. Anaphylaxis is a rapid, severe and extreme 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. Anaphylaxis is a potentially fatal medical emergency and requires immediate treatment. Anaphylaxis can affect various organ systems including the skin, respiratory system, cardiovascular system, eyes, uterus, bladder and digestive system. The initial symptoms may appear within a few seconds or up to two hours after exposure.
 - a. Symptoms include the following: Itching of the skin and hives (raised rash); Flushing and swelling of the tissues of the lips, throat, tongue, hands and feet; Wheezing, shortness of breath, coughing, hoarseness; Headache; Nausea, vomiting, abdominal cramps, diarrhea; Sense of impending doom, loss of consciousness; Increased heart rate, low blood pressure.
 - b. Common causes of anaphylaxis are: the stings of bees, wasps, hornets, yellow jackets and fire ants; foods such as peanuts and other nuts, milk, fish; medications, latex, and exposure to chemical agents such as cedar chips, herbicides, pesticides; exercise.
2. 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.
3. 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.
4. 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.



5. 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, in consultation with the Guidelines for the Management of Life-Threatening Food Allergies in Schools as created by the New Jersey Department of Education and the New Jersey Department of Health and Senior Services.
3. The Board policy for the emergency administration of epinephrine via a single dose pre-filled auto-injector mechanism to a pupil for anaphylaxis provides that:
 - a. The parents or guardians of a pupil with a known history of anaphylaxis shall be required to provide the school nurse (who will forward same to the Principal) written authorization for the administration of the epinephrine via a single dose pre-filled auto-injector mechanism to their child by the school nurse or appropriately trained designee (as set forth in Policies 5330 and 5331 and Regulation 5330) before said individuals administer the epinephrine to any child in attendance at school or any school function of the District;
 - b. The parents or guardians of the pupil shall provide to the school nurse (who will forward same to the Principal) written orders from a physician or advanced practice nurse that the pupil requires the



administration of epinephrine, based upon a documented history of anaphylaxis, and does not have the capability for self-administration of the medication;

- c. The parents or guardians of the pupil have been informed 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 pupil;
- d. The parents or guardians of the pupil sign a written authorization indicating their consent to administration of medication by the designees and acknowledging their understanding that the district shall have no liability as a result of any injury arising from the administration of the medication to the pupil as well as their understanding that they shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of the medication; and
- e. The permission as set forth herein is effective for the school year for which it is granted and must be renewed, utilizing the same procedures, each school year thereafter.
- f. Pupils with a history of anaphylaxis (as documented by a physician) may require the emergency administration of epinephrine via a pre-filled auto injector for anaphylaxis and may not have the capacity to self-administer the medication. The school nurse has the primary responsibility for the administration of a pre-filled single dose auto-injector mechanism containing epinephrine. However, the school nurse may designate, in consultation with the Board or Superintendent, additional employees of the district who volunteer 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. The school nurse shall determine that:
 - 1) The designees have been properly trained in the administration of epinephrine via a pre-filled auto-injector mechanism using standard training protocols established by the Department of Education in consultation with the Department of Health and Senior Services;
 - 2) The parents or guardians of the pupil have been informed 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 pupil;



- 3) The parents or guardians of the pupil sign a written authorization indicating their consent to administration of medication by the designees and acknowledging their understanding that the district shall have no liability as a result of any injury arising from the administration of the medication to the pupil as well as their understanding that they shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of the medication; and
 - 4) The permission as set forth herein is effective for the school year for which it is granted and must be renewed, utilizing the same procedures, each school year thereafter.
- g. The pre-filled single dose auto-injector mechanism containing epinephrine which shall be maintained in a secure but unlocked location in accordance with N.J.S.A. 18A:40-12.5 (said location will be noted on each pupil's emergency care plan). It will be stored separately from the training injector.
 - h. On a case-by-case basis, the school district will coordinate with the pupil's parents to maintain a back-up supply if needed.
 - i. In the event epinephrine is administered to a pupil, thereafter, the pupil will be transported to a hospital emergency room by emergency services personnel, regardless of whether the pupil's symptoms appear to have resolved.
 - j. The district shall ensure that the school nurse or appropriately trained designee is available on sight at all school-sponsored functions in accordance with N.J.S.A. 18A:40-12.5. In the event of an allergic reaction, any individual in the pupil's presence who is not trained to administer epinephrine will call the Main Office of the school to initiate the appropriate procedure.

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.
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.



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.
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.
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.
6. Preparing for an Emergency: The Principal and school nurse will establish emergency protocols and procedures in advance of an emergency.
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 a school-sponsored function, pursuant to N.J.S.A. 18A:37-15.

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. In accordance with Policy and Regulation 5330, 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.
- 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. However, it will be stored separately from the training injector.



- 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.
- 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.
- d. Pupils should notify an adult immediately if they eat something they believe may contain the food to which they are allergic.



Regulation

STAFFORD TOWNSHIP SCHOOL DISTRICT

PUPILS

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N.J.S.A 18A:40-12.3; N.J.S.A 18A:40-12.4; N.J.S.A 18A:40-12.5;
N.J.S.A. 18A:40-12.6; Guidelines for the Management of Life Threatening Food
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