

Green Brook Township Public Schools

IEF Elementary School 105 Andrew Street, Green Brook, N.J. 08812	Green Brook Middle School 132 Jefferson Avenue, Green Brook, N.J. 08812
School Nurse: Mrs. Ostrander Office Phone: 732-9681052 ext. # 3 Fax: 732-968-0791	School Nurse: Mrs. Seracka Office Phone: 732-968-1051 Ext. # 3 Fax: 732-752-1086

PARENT/GUARDIAN REQUEST: ADMINISTRATION OF EMERGENCY EPINEPHRINE, ANAPHYLAXIS CARE PLAN/ IHP & IEHP

I. Administration of medication Policy and Regulations:

This permission form is to acknowledge administration of epinephrine via an auto-injector and the enactment of the Anaphylaxis Care Plan/ IHP (Individualized Healthcare Plan) & IEHP (Individualized Emergency Healthcare Plan) to this student by either the school nurse (CSN), a registered nurse (RN) or a trained "Epi" delegate.

- ★ As per Board of Education policy # 5330, the administration of medication in the Green Brook School District requires a Parent/Guardian's and a Health Care Practitioner's written request.
- ★ This medication request and the Anaphylaxis Care Plan/ IHP & IEHP will be effective for the current school year and must be renewed for each subsequent school year.
- ★ Medications can only be given by the school nurse, substitute school nurse, an "Epi-pen: Delegate, or the student's parent/guardian as per N.J.A.C. 6A: 16-2.3.
- ★ Self-administration of medication: epinephrine auto-injectors or asthma rescue inhalers are the only self-administered medications that students may carry and self-administer after this completed form is presented to the school nurse.
- ★ All medications must be transported to the Health Office by an adult and in their original pharmacy labeled container.
- ★ Any medications that remain in the Health Office after 2 weeks from the last day of the school year will be discarded.
- ★ If the duties of the school nurse (or substitute) require his/her presence at another location at the time the medication is needed, the ultimate responsibility for medication administration will remain with the parent/guardian.
- ★ **Emergency services (911) are always called whenever epinephrine is administered and the "student must/will be transport by emergency services personnel to a hospital emergency room" as/per PL. N.J. S. A. # 18A:40-12.5.**
- ★ **The cost of transportation of a student via emergency services personnel to a hospital emergency room is the responsibility of the parent/ guardian(s).**

II. STUDENT PERSONAL DATA

Student's Name: _____	DOB: _____
Student's Grade: _____	Date plan initiated _____ School Year: _____
Address: _____	School: GBMS - IEF
City: _____	Gender: <input type="checkbox"/> M♂ <input type="checkbox"/> F♀
Health care practitioner: _____	Phone #: _____
Hospital: _____	

III. HEALTH CARE PLAN/ ALLERGIC TRIGGERS/ SYMPTOMS

Health care interventions initiated by the nurse(s) or delegate(s) will follow the: HEALTH CARE PRACTITIONER'S REQUEST: ADMINISTRATION OF EMERGENCY EPINEPHRINE, ANAPHYLAXIS CARE PLAN/ IHP & IEHP orders and the GB BOE Policy and Regulations.

Note: Emergency services (911) is always called whenever epinephrine is administered and the "student must/will be transport by emergency services personnel to a hospital emergency room".

Diagnosis: (i.e. allergy to peanuts, tree nuts, bee stings etc.)

List triggers: (i.e. ingestion touching, smelling allergen, etc.)

List Past Allergic Symptoms (i.e. hives, itching, swelling of tongue, breathing difficulties, etc.)

IV. MEDICATION			
Medication	Criteria for Administration	Dosage	Repeat dose instructions
Epinephrine (EPI-PEN)	As per Practitioner's order	As per practitioner's order	As per practitioner's order
Diphenhydramine Benadryl	As per Practitioner's order	As per practitioner's order	As per practitioner's order
Other: as listed on HCP's Care Plan	As per Practitioner's order	As per practitioner's order	As per practitioner's order

V. "EPI" DELEGATES: initial only one box

I ACCEPT the use of an Epinephrine Auto-injector Delegate to administer epinephrine to my child if there is an anaphylactic/ allergy emergency.

I DO NOT ACCEPT the use of an Epinephrine Auto-injector Delegate to administer epinephrine to my child if there is an anaphylactic/ allergy emergency.

All Delegate names are listed on the school web site under services or on the nurse's web pages. This list is updated each January. Please review the list of delegates who may be available to administer epinephrine to your child if an anaphylaxis reaction occurs and the school nurse is not available.

NOTE: A delegate may only administer one dose of epinephrine, and may not administer any other medication such as Benadryl, steroids or other medications.

Emergency Ambulance Transport will transport your child, as per law, if epinephrine (Epi-Pen) is administered. The cost of this transportation will be the responsibility of the parent/ guardian.

VI. PARENTAL PERMISSION FOR EPINEPHRINE ADMINISTRATION:

INITIAL ONLY ONE BOX	I acknowledge the following choice for the administration of an emergency dose of epinephrine via a pre-filled auto injection to my child who:
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	... IS NOT CAPABLE of the self-administration of an emergency dose of epinephrine for an anaphylaxis reaction and I give permission for the school nurse or substitute school nurse or delegates to administer an emergency dose of epinephrine via auto-injector.
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	... IS CAPABLE of the self-administration of an emergency dose of epinephrine for a possible anaphylaxis reaction and I give permission for the school nurse/ substitute school nurse or the delegates to administer an emergency dose of epinephrine if my child is unable to administer the medication to him or herself.
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VII. PARENTAL ACKNOWLEDGEMENT AND SIGNATURE:

The following signatures signify that I acknowledge of my understanding, agreement to and consent for the above named student to receive care as outlined on this form and:

- as written by my child's health care practitioner (HCP) on the attached anaphylaxis care plan,
- as outlined in N.J.S.A. 18A: 40-12.5 & 12.6 and the NJDOH's "Protocol and Implementation Plan" for Emergency Administration of Epinephrine, and GB BOE policies.
- the medication may be administered by the school nurse, nurse substitute or by a delegate.

I further acknowledge that school district and its employees or agents shall incur no liability as a result of any injury arising from the administration or lack of administration of an epinephrine auto-injector or other HCP prescribed medications and as the parent/guardian, I shall indemnify and hold harmless the school district and its' employees or agents from any and all claims arising from the administration or lack of administration of a pre-filled epinephrine auto-injector or any other medications prescribed by my Health Care Practitioner.

Legal Parent/Guardian printed name:	Date:
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Legal Parent/Guardian signature:

Green Brook Township Public Schools

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 132 Jefferson Avenue, Green Brook, N.J. 08812
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HEALTH CARE PRACTITIONERS REQUEST: ADMINISTRATION OF EMERGENCY EPINEPHRINE, ANAPHYLAXIS CARE PLAN/ IHP & IEHP

This permission form is to acknowledge administration of epinephrine via an auto-injector and the enactment of the Anaphylaxis Care Plan/ IHP (Individualized Healthcare Plan) & IEHP (Individualized Emergency Healthcare Plan) to this student by either the school nurse (CSN), a registered nurse (RN) or a trained "Epi" delegate. As per Board of Education policy # 5330, the administration of medication in the Green Brook School District requires a Health Care Practitioner's written request. **This Administration of Emergency Epinephrine and Anaphylaxis Care Plan/ IHP & IEHP request will be effective for the current school year and must be renewed for each subsequent school year.**

I. PERSONAL

Student's Name: _____

DOB: _____ Grade: _____

Date plan initiated: _____ M F School: _____ GBMS - IEF

Health Care Practitioner Name: _____ Phone _____

Hospital: _____ #: _____

II. ALLERGIC TRIGGERS (ENVIRONMENTAL, FOOD, INHALATION, ETC.)

List allergy/ anaphylaxis triggers: _____

III. MEDICATION ORDERS:

	Medication	Dose	Route	Order of adm.	Repeat Dosing Instructions (Q4H, Q15 min.)	Criteria for Administration <u>List symptoms & actions to be taken for treatment</u>
Registered Nurse only	Benadryl Diphenhydramine	mg.	PO	①		
RN only	Other med:			②		
RN or "Epi" Delegate:	Epi-Pen- Auvi-Q	0.15 mg 0.3 mg	IM	③		
RN only 2 nd dose	Epi-Pen Auvi-Q	0.15 mg 0.3 mg	IM	④		

Administering Personnel: Administration of epinephrine medication can be given by the CSN, RN or by a trained "Epi" delegate upon the practitioner's and parent's written permissions. An "Epi" delegates may administer only one dose of epinephrine and may not administer any other medications, including Diphenhydramine or steroids.

IV. ADMINISTRATION ORDERS:

INITIAL ONE	In my judgment, the above-named student may require epinephrine for an anaphylactic reaction and:
	➔ IS NOT CAPABLE of the self-administration of an emergency dose of epinephrine for a possible anaphylactic reaction, therefore the CSN, RN or trained "Epi" delegate may administer it.
	➔ IS CAPABLE of the self-administration of an emergency dose of epinephrine for a possible anaphylaxis reaction. If the student is unable to perform epinephrine self-administration then the CSN, RN or trained "Epi" delegate may administer epinephrine via an auto-injector.

V. ANAPHYLAXIS CARE PLAN: ASSESSMENT & INTERVENTIONS

No Anaphylaxis		
Student Assessment Reveals		Monitor student for changes in the following:
Airway/ Breathing	Normal respirations Rate/ minute:	Respirations <15 or > 25, impaired airway, shortness of breath or any difficulty breathing.
	Cough: none	Coughing, scratchy throat, impaired airway, choking.
Circulation	Normal pulse	Pulse > more than 120 Pulse < less than 55
Skin	Lips: pink/ no swelling	Color changing to white/ blue, swelling/ tingling of any body part.
	Itching: none	Itching, hives, rash, and/or any redness
	Hives: none	Hives eruptions from mild to confluence hives
Stomach	Nausea: none	Vomiting or abdominal pain
LOC	Conscious/ lucid	Diminishing level of consciousness
Additional HCP orders		

Anaphylaxis		
Student Assessment Reveals: Symptoms		CALL 911 and Administer Epinephrine via auto-injector Monitor and maintain respirations and circulation. Provide comfort and reassurance
Airway/ Breathing	Respiratory distress: Wheezing	Raise head
	Cough: persistent	
Circulation	Rapid >120 or absent pulse	Raise extremities higher than heart
Skin	Lips: White / blue,	
	Swelling of lips, tongue, face, fingers	
	Severe generalized hives	Raise head
Abdomen	Severe abdominal pain, vomiting	Recline on side
LOC	Un-consciousness	Raise extremities higher than heart
Additional HCP orders		

VII. HEALTH CARE PRACTITIONER'S ACKNOWLEDGEMENT:

As this child's Health Care Provider I hereby acknowledge my understanding and agree to the procedures outlined in N.J.S.A. 18A: 40-12.5 & 12.6, the NJDOH's "Protocol and Implementation Plan" for Emergency Administration of Epinephrine and this IHP/IEHP. I acknowledge that the prescribed medication(s) and IHP/IEHP procedures enacted by the school nurse, nurse substitute or by a trained epinephrine delegate of the Green Brook School District and its' employees or agents shall incur no liability as a result of any injury arising from the administration or lack of administration of a epinephrine auto-injector, other medications or the procedures in this IHP/IEHP, and I shall indemnify and hold harmless the school district and its' employees or agents from any and all claims arising from the administration or lack of administration of an epinephrine auto-injector or any other prescribed medications or procedures.

Practitioner's Stamp

Practitioner's printed name:	
Practitioner's signature:	
Date:	
Parent/Guardian signature	

Revised 9-9-13

Classroom Health Care Plan: Anaphylaxis- Allergic Reaction



Anaphylaxis is a severe, potentially life-threatening allergic reaction. It can occur within seconds of exposure to an antigen, such as peanut, tree nuts, other food proteins or the venom from a bee sting.

The histamine chemicals released by the immune system can cause: drop in blood pressure, blockage of breathing passages; rapid or weak pulse; a skin rash, and nausea and vomiting. Common triggers of anaphylaxis include exposure to foods, medications, and insect venom.

Anaphylaxis requires an immediate an injection of epinephrine and EMS care.

SYMPTOMS OF A MILD ALLERGIC EPISODE:

Student reports **possible** ingestion, bite or contact with a possible allergen.

No Anaphylaxis		
Student Assessment Reveals		Monitor student for changes in the following:
Airway	Normal respirations	Respirations: impaired breaths, slow or rapid breathing
	Cough: none	Coughing, scratchy throat, impaired airway, choking.
Circulation	Normal pulse	Pulse > more than 120 Pulse < less than 55
Skin	Lips: pink/ no swelling, but tingling	Color changing to white/ blue, swelling/ tingling of any other body part.
	Itching: present	Itching, hives, rash, and/or any redness
	Hives: few	Hives eruptions from mild to confluence hives
Stomach	Nausea: none	Vomiting or abdominal pain
LOC	Conscious/ lucid	Diminishing level of consciousness

ACTION PLAN for no Anaphylaxis symptoms

- Stop student's activity immediately.
- Keep student and yourself calm.
- Investigate events surrounding possible ingestion, bite or contact with allergen.
- Notify school nurse at ext. 3040 (IEF) or 2040 (GBMS) of events.
- Send student to nurse with a buddy.

SYMPTOMS OF AN ANAPHYLAXIS EMERGENCY:

Anaphylaxis			
Student Assessment Reveals: Symptoms of			
Airway/ Breathing	Respiratory distress: Wheezing, trouble breathing	Skin	Lips: White / blue,
	Cough: persistent		Swelling of lips, tongue, face, fingers
Circulation	Rapid >120 or absent pulse		Severe generalized hives
Abdomen	Severe abdominal pain, vomiting	LOC	Un-consciousness

EMERGENCY ACTION PLAN

- Keep student and yourself calm.
- If student is allowed to self-medicate with an epinephrine auto injector, have them self-administer. **If epinephrine auto-injector is administer then follow steps below for an anaphylactic emergency.**
- Immediately notify school nurse at ext. 3040 (IEF) or 2040 (GBMS)
- Call main office or self-activate: **Secure Your Students "Epi" Team report to room XYZ**
- Stay with your student having an anaphylaxis event.
- Secure other classmates in another area or room with an adult.
- "Epi" team reports to designate room, and activates Anaphylaxis Assessment & Intervention Plan.
- If no nurse or "Epi" Team member is available in area then, call 911 and inform the EMS that you have an anaphylactic emergency. (i.e., after-school activities/sports, field trips, bus transportation, etc.)
- Notify administrator(s) who will call parent/guardian
- A staff member should accompany the student with EMS transport if the parent/ guardian or emergency contact is not present and if adequate supervision for other students is available.