

Wyckoff Administration Policy on Epinephrine
Nurse, Student and or Delegate

It is the policy of this school to apply New Jersey Law N.J.S.A. 18A: 40-12.3-12.6 in the following way:

The school will provide for the administration of a pre-filled epinephrine auto -injector.

The school nurse, substitute nurse, or trained designated individual;(s) are able to administer epinephrine in accordance with the above New Jersey Law adopted in 1997, amended in 2007, 2012 and effective in 2012. This may be facilitated as follows:

- The parent or guardian of the student has provided his/her written authorization for the administration of the epinephrine;
- The parent or guardian of the student has provided written orders from the primary health care provider that the student requires the administration of epinephrine and that the nurse or a trained designated individual(s) may administer the treatment;
- The parent or guardian signs a statement acknowledging that all individuals involved shall have no liability as a result of any injury arising from the administration of the epinephrine and that the parents/guardian shall indemnify and hold harmless the individual involved against any claims arising from the administration of the epinephrine;
- The parent or guardian has read this school policy on the administrations of epinephrine and has signed the epinephrine acknowledgment form indicating his/her understanding and acceptance of the policy
- It is the responsibility of the parent/guardian to provide two pre-filled, single dose auto-injector mechanism containing epinephrine; prescribed and labeled for this child
- The parent/guardian is responsible for replacing the two pre-filled, single dose auto-injector mechanism containing epinephrine when it has expired and/or it has been used.
- Orders must be renewed yearly and provided to the school on or prior to the first day of classes.

When epinephrine is administered, 911 will be immediately called and the student will be transported to a medical health care facility. Examples of these situations include but are not limited to the following: student is on a class trip; student is at a school sponsored after school activity or student is participating in an off site educational experience.

**Wyckoff Public Schools
Acknowledgement Form
School Administration Policy on Epinephrine
Nurse, Student and/or Delegate**

I have read the School Administration Policy on Epinephrine. I understand and acknowledge that this school offers the administration of epinephrine by: the student who is capable of self-administration, the school nurse, substitute nurse and/or a trained delegate (s).

I also understand and I am aware that if the student is unable to self-administer the epinephrine that the nurse, the substitute nurse or a trained delegate (s) will carry out the medication administration. The trained delegate will only administer epinephrine in an emergency, when the nurse is unavailable.

In the event of a coexisting diagnosis of asthma, or when a prescription is received from a licensed health care professional for epinephrine coupled with another form of medication, the school nurse or substitute nurse will administer the medication as ordered.

If a situation arises when the epinephrine is administered, 911 will be immediately called. I also understand that my child will be transported to a medical care facility.

Parent/ Guardian Signature

Date

**Wyckoff Public Schools
Authorization to Administer Epinephrine Auto Injector
and Self Administer of Epinephrine Auto Injector**

Facial Picture

To be filled Out by Parent/ Guardian

I authorize the school nurse/principal/administrator to contact my primary health care provider on any questions related to my child's care. I also authorize the school nurse, substitute nurse or delegate to administer the below medication to my child during regular school hours and at other times when my child is participating in a school sponsored event. I authorize my child to engage in self-administration if appropriate. I understand that the district, school, school nurse, substitute nurse, and delegates shall incur no liability as a result of any injury arising from the administration of their medication; and that I will indemnify and hold harmless the Wyckoff Board of Education, the Wyckoff School District, and their employees, school nurse, substitute nurse and delegates against any claims arising from the administration to my child.

Parent/Guardian Signature _____ Date _____

To be filled Out by Prescribing Health Care Provider:

Current Weight _____

Name of Child _____ HR _____

Diagnosis _____

(1) Name of Medication _____

Purpose of Drug _____

Dosage _____

Frequency and Directions _____

(2) Name of Medication _____

Purpose of Drug _____

Dosage _____

Frequency and Directions _____

The student is capable and has been instructed in and understands the proper method of self-administering the medication named above

The student is not approved to self-administer the above medication and the nurse or trained delegates may administer treatment

Signature of Health Care Provider

Date

Health Care Provider's Stamp _____

Individualized Emergency Care Plan
Severe Allergic Anaphylaxis Action Plan

Student Name: _____ Date: _____

Teacher: _____ Grade/Class: _____

Family Member: _____

Phone: (H) _____ (W) _____ Cell _____

Emergency Contact #1: _____

Phone: (H) _____ (W) _____ Cell _____

Emergency Contact #2: _____

Phone: (H) _____ (W) _____ Cell _____

Primary Health Care Provider: _____ Phone: _____

Address _____

Location of medication and other supplies:

Medical Conditions: Student has severe allergic reaction to the following:

History of documented anaphylaxis with use of epinephrine: NO ___ YES ___

If yes, when: _____

Signs and Symptoms of student's past reaction:

Additional signs and symptoms to observe for:

Mild- Hives, itching, nausea, no respiratory distress

Severe- A harsh, high pitched sound when breathing; persistent cough; severe abdominal pain; respiratory distress, rapid pulse; edema of lips, tongue or face

(continued)

(Continued Individual Emergency Care Plan)

MONITOR:

Monitor for signs of anaphylaxis under direct observation for 30 minutes. If SEVERE signs and symptoms occur the following must be done immediately

TREATMENT:

1. Administer epinephrine auto injector
2. Call 911 and notify emergency personnel of severe allergic reaction. Notify emergency personnel of the allergen and the time an epinephrine auto injection was administered.
3. Notify the school nurse, parent or designee, school administration, and primary health care practitioner.

Nurses will record time of administration of all medications on the student's health record, and all trained delegates will notify the school nurse and/or paramedic's time epinephrine was administered.

School Nurse Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Wyckoff Public Schools
Emergency Administration of Epinephrine
Statement of Indemnification

1. I am the parent or guardian of _____, a student currently enrolled in the _____.

2. I have provided to the Wyckoff School District, through its administration, written certification from _____'s physician or advanced practice nurse attesting to the fact that _____ requires the administration of epinephrine for anaphylaxis and does or does not have the capability for self-administration of epinephrine of the medication.

3. On _____ I provided to the Wyckoff School District, through its administration, a current pre-filled, single dose or twin jet auto injector mechanisms containing epinephrine for the use of my child _____. The epinephrine I provided is due to expire on _____. I understand that epinephrine can only be obtained through a prescription and that I am fully responsible for keeping track of the expiration dates of said epinephrine and replacing the same with pre-filled, single dose or twin jet mechanisms containing epinephrine when they have expired.

4. When required and in accordance with the procedures specified by N.J.S.A. 18A: 40-12.5 and N.J.S.A. 18A: 40-12.6, I hereby consent, via this writing, to the administration by the school nurse or trained delegate of this pre-filled, single dose or twin jet auto injector mechanism containing epinephrine, which I have provided to the Wyckoff School District, to my child, _____.

5. The Wyckoff School District, through its administration, has informed me in writing that if the procedures specified in N.J.S.A. 18A: 40-12.5 and N.J.S.A. 18A: 40-12.6 are followed, the Wyckoff School District and/or its employees or delegates shall incur no liability as a result of any injury arising out of its administration of a pre-filled single or twin jet auto injector mechanism containing epinephrine to my child _____.

6. This statement acknowledges that where the procedures specified in N.J.S.A 18A: 40-12.5 and N.J.S.A. 18A: 40-12.6 are followed, the district shall incur no liability and further acknowledges that I shall hereby indemnify and hold harmless the district and its employees or delegates against any claims arising out of the administration of pre-filled single or twin jet dose auto-injector mechanism containing epinephrine to my child _____.

7. I understand that the permission being granted for the administration of a pre-filled, single or twin jet dose auto-injector mechanism containing epinephrine to my child is effective only for the school year for which such permission is granted and must be renewed for each subsequent school year.

8. I understand that there is an available nut free table in my child's lunchroom, (a) my child has my permission to eat at a different table if he/she chooses _____ (initial) or (b) I prefer my child sits at the nut free table _____(initial)

Date Parent/Guardian's Signature