

## **SETON HALL PREPARATORY SCHOOL**

### **POLICY AND PROTOCOL FOR EMERGENCY ADMINISTRATION OF EPINEPHRINE BY A DELEGATE TRAINED BY THE SCHOOL NURSE**

#### **PURPOSE:**

Public law 1997c368 (N.J.S.A. 18A:40-12.5 and 12.6) was adopted because a school nurse may not be immediately available to assess the severity of an allergic reaction and to administer Epinephrine for pupils who cannot administer the medication themselves.

#### **RESPONSIBILITY:**

The parent/guardian of a pupil must provide the following:

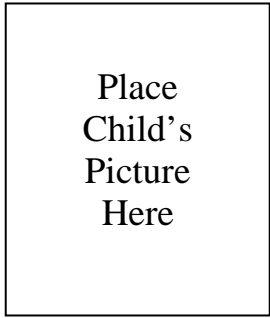
- Written authorization for the administration of a pre-filled single dose auto-injector mechanism containing epinephrine.
- Written orders from the physician that the pupil requires the administration of epinephrine for Anaphylaxis and does not have the capability for self-administration of the medication.
- A signed statement from the parent acknowledging their understanding that if the procedures specified are followed, Seton Hall Preparatory School shall have no liability as a result of an injury arising from this administration.
- A current pre-filled, single dose auto-injector mechanism containing epinephrine. The parent or guardian is responsible for replacing this mechanism when it has expired.
- Permission is effective for the school year and will be renewed for each subsequent year.
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#### **PROCEDURE:**

- The school nurse will designate in consultation with the Principal, an appropriate employee of the school to administer the epinephrine in the absence of the school nurse.
- The school nurse develops an individual health care plan and an individualized emergency care plan utilizing the nursing process.
- The school nurse trains the chosen delegate according to the plan developed by the N.J. Department of Education and the Department of Health.
- The delegate is trained in the “one client-one task” principle, i.e., the task is not transferable to any other student, staff, or situation.
- The nurse will educate the school staff about anaphylaxis, its causes, signs, symptoms and treatment.
- The nurse will review, document, and update the training with the delegate. She may choose another delegate if they have not demonstrated the adequacy of their knowledge.

# Food Allergy Action Plan

Student's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Teacher: \_\_\_\_\_



ALLERGY TO: \_\_\_\_\_

Asthmatic Yes\*  No  \*Higher risk for severe reaction

## ◆ STEP 1: TREATMENT ◆

<u>Symptoms:</u>	<u>Give Checked Medication**:</u> <small>** (To be determined by physician authorizing treatment)</small>
▪ If a food allergen has been ingested, but <i>no symptoms</i> :	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ Mouth    Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ Skin      Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ Gut        Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ Throat†   Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ Lung†     Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ Heart†    Weak or thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ Other†    _____	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ If reaction is progressing (several of the above areas affected), give:	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine

†Potentially life-threatening. The severity of symptoms can quickly change.

## DOSAGE

**Epinephrine:** inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject® 0.3 mg Twinject® 0.15 mg (see reverse side for instructions)

**Antihistamine:** give \_\_\_\_\_  
medication/dose/route

**Other:** give \_\_\_\_\_  
medication/dose/route

**IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.**

## ◆ STEP 2: EMERGENCY CALLS ◆

1. Call 911 (or Rescue Squad: \_\_\_\_\_). State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Parent \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

4. Emergency contacts:  
Name/Relationship \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

a. \_\_\_\_\_ 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

b. \_\_\_\_\_ 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

**EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!**

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

(Required)

**AUTHORIZATION TO ADMINISTER EPINEPHRINE**

Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_

(To Be Completed by Physician or Advanced Practice Nurse)

The student named above requires administration of epinephrine for anaphylaxis, and does not have the capability to self-administer the medication.

Dosage: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Description of Emergency Situation: \_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(SIGNATURE OF PHYSICIAN OR ADVANCE PRACTICE NURSE)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION AND ACKNOWLEDGMENT**

I/We hereby authorize the school to administer epinephrine via epi-pen to the student name above, in accordance with New Jersey law and the school policy stated below, as stated in the orders of the physician/advanced nurse above. This authorization includes the school nurse or, in the absence of the school nurse, another school employee designated and trained by the school nurse in accordance with New Jersey law.

I/We acknowledge receipt of written notice from the school that, provided the procedures set forth in New Jersey law and School policy are followed, the school and its employees or agents shall have no liability as a result of any injury arising from administration of the epi-pen to the student. I/We understand and agree that the school and its employees or agents shall have no liability as stated in the written notice. I/We further agree to indemnify and hold harmless the school and its employees or agents against any claims arising out of administration of the epi-pen to the student.

I/We understand this authorization and these agreements are effective for the duration of the current school year.

\_\_\_\_\_  
(SIGNATURE OF PARENT OR GUARDIAN)

\_\_\_\_\_  
(SIGNATURE OF PARENT OR GUARDIAN)