

TOMS RIVER BOARD OF EDUCATION

Dear Parent/Guardian:

Re: N.J.S.A. 18A:40-12.5 and 12.6 **Development of policy for emergency administration of epinephrine via pre-filled auto-injector mechanism to pupil.**

The board of education shall develop a policy in accordance with the guidelines established by the Department of Education pursuant to section 4 of P.L. 2007, c.57 (C.18A:40-12.6a) for the emergency administration of epinephrine via pre-filled auto-injector mechanism to a pupil for anaphylaxis provided that:

- a) The parents or guardian of the pupil provided to the board of education written authorization for the administration of the epinephrine;
- b) The parents or guardian of the pupil provide to the board of education written orders from the physician or advanced practice nurse that the pupil required the administration of epinephrine for anaphylaxis *and does/ does not (please circle) have the capability for self-administration of the medication;*
- c) The board informs the parents or guardians of the pupil 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 via pre-filled auto-injector mechanism;
- d) The parents or guardians of the pupil sign a statement acknowledging their understanding that if the procedures specified in this section are followed, 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 to the pupil and that the parents or guardians shall indemnify and hold harmless the district and its employees or agents or the non-public school and its employees or agents against any claims arising out of the administration of the administration of the epinephrine via a pre-filled auto-injector mechanism;
- e) The permission is effective for the school year for which it is granted and is renewed for each subsequent school year upon fulfillment of the requirements in subsections a. through d. of this section.

If you desire the above mentioned district policy provisions available to your student for this school year, please complete and sign all enclosed pages of this form and return immediately to the school nurse.

Sincerely,

_____R.N.

I have read and acknowledge the above.

Parent Signature _____

AUTHORIZATION FOR EMERGENCY ADMINISTRATION
OF EPI-PEN BY A DESIGNATED INDIVIDUAL

Date: _____

I hereby authorized the Toms River Board of Education to designate a nurse, or in her absence, a trained designee, to administer the Epi-pen to my child _____ in case of an emergency.
(Name of child, please print)

Attached please find the written orders from Dr. _____, my child's physician, stating that my child required the administration of epinephrine for anaphylaxis and that he/she **does/ does not (please circle) have the ability to self-medicate.**

I understand that if the procedures specified in the NJSA 18A:40-12.5 are followed that the district shall have no liability, as a result of any injury arising from the administration of a pre-filled, single dose, auto-injector mechanism containing epinephrine to the pupil and I shall indemnify and hold harmless the district and its employees.

Parent/Guardian Name (print)

Parent/Guardian, Signature

Date

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: **Yes (higher risk for a severe reaction)** **No**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

- If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
- If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION
of symptoms from different body areas.



1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy or runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or discomfort

FOR **MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA**, GIVE EPINEPHRINE.

FOR **MILD SYMPTOMS FROM A SINGLE SYSTEM AREA**, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.1 mg IM 0.15 mg IM 0.3 mg IM

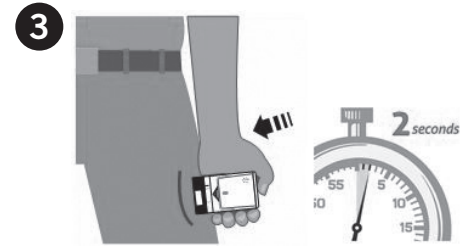
Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

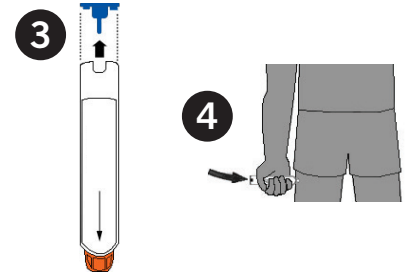
HOW TO USE AUVI-Q® (EPINEPRHINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
5. Call 911 and get emergency medical help right away.



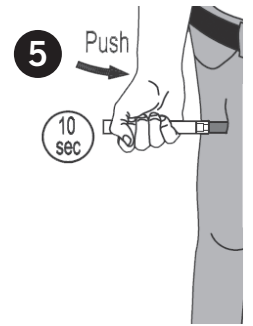
HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____

PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____