



BARNEGAT TOWNSHIP SCHOOL DISTRICT

550 BARNEGAT BOULEVARD NORTH
BARNEGAT, NEW JERSEY 08005
(609) 698-5800 FAX (609) 660-5974

Dr. Brian Latwis
Superintendent of Schools

Stephen J. Brennan, MBA, CPA
Business Administrator/Board Secretary

Dear Parent or Guardian:

Re: Emergency Administration of Epinephrine

Please be advised that pursuant to N.J.S.A. 18A:40-12.5 et seq., and Board of Education Policy, the Board shall assign the school nurse primary responsibility for the emergency administration of epinephrine via a pre-filled auto-injector mechanism for anaphylaxis, both at school and during school-sponsored functions. The school nurse shall designate additional employees to administer epinephrine via a pre-filled auto-injector mechanism when the nurse is not available. For the board to permit the nurse, or designee(s), to administer epinephrine to a pupil via a prefilled auto-injector mechanism, parents/guardians must meet conditions as follows:

1. Provide the Board with written orders from the pupil's physician stating that the pupil requires the administration of epinephrine for anaphylaxis;
2. Provide the Board with written permission for the administrator of epinephrine via a prefilled auto-injector mechanism by the school nurse, or designee(s);
3. Provide the Board with a signed statement acknowledging that the district shall incur no liability as a result of any injury arising from the administration of epinephrine via a prefilled auto-injector mechanism by the school nurse, or designee(s), to the pupil and that the district, its employees, and agents shall be indemnified and held harmless against any claims arising out of the administration to the pupil of the epinephrine via a pre-filled auto-injector mechanism.

You are also hereby informed as follows:

1. Permission is effective for the school year for which it is granted and must be renewed for each subsequent school year upon fulfillment or requirements listed above;
2. The district and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of epinephrine via a pre-filled auto-injector mechanism to the pupil;
3. The pupil's epinephrine will be placed in a secure but unlocked location which shall be indicated on the pupil's emergency care plan. If your physician orders a second dose to be given, the parent must supply it in the original container;
4. The school nurse, or designee(s), will be promptly available at school and school sponsored functions in the event of an allergic reaction;
5. The pupil shall be transported to a hospital emergency room by emergency services personnel after the administration of epinephrine, even if symptoms appear to be resolved.

Enclosed you will find a form which must be signed and returned to your school principal. If you have any questions regarding this procedure, please call your school principal.

Sincerely,

Brian Latwis

Brian Latwis, Ed.D.
Superintendent of Schools

**PLACE
PICTURE
HERE**

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
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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: _____

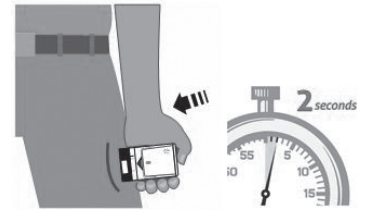
Antihistamine Dose: _____

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

HOW TO USE AUVI-Q® (EPINEPHRINE 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.

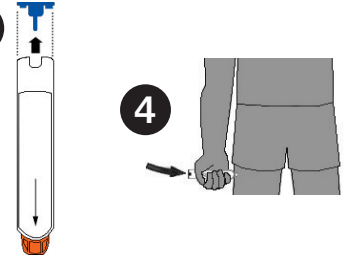
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HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

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.

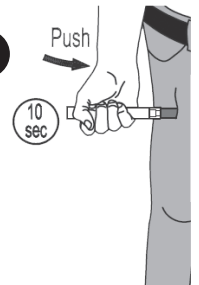
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HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

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.

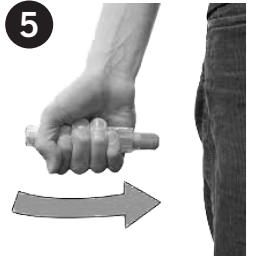
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HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, pull off the blue safety release.
4. Place the orange tip against the middle of the outer thigh (upper leg) at a right angle (perpendicular) to the thigh.
5. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
6. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
7. Remove and massage the injection area for 10 seconds.
8. Call 911 and get emergency medical help right away.

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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: _____

NAME/RELATIONSHIP: _____ PHONE: _____

Physician Order of Emergency Administration of Epinephrine

I hereby inform Barnegat Township Board of Education that my patient,

Print Student's Name

Requires the administration of epinephrine for anaphylaxis.

Physician's Name

Date

Permission for Emergency Administration of Epinephrine

We hereby authorize the emergency administration of epinephrine via a pre-filled auto injector mechanism to our child, _____
(PRINT Student's Name)

By the Barnegat Township Board of Education school nurse, of designee, at school and during school-sponsored functions. We hereby acknowledge and understand that the Barnegat Township Board of Education shall have no liability as a result of any injury arising from the administration of epinephrine via pre-filled auto-injector mechanism and we shall indemnify and hold harmless the district and its employees or agent against any claims arising out of the administration of epinephrine via pre-filled auto-injector mechanism. We understand that permission is effective for this school year only and must be renewed each subsequent school year. We also understand that we are responsible for replacing the pre-filled auto-injector mechanisms if same have expired or been used.

Parent/Guardian Signature

Date

Barnegat High School Students – use Form to Self – Carry

Russell O. Brackman Middle Students-Please Check with School Nurse for Eligibility

Physician Certification for Self-Administration of Medication

I hereby certify that my patient,

PRINT Student's Name

Has asthma, another potentially life-threatening illness, or is subject to a life-threatening allergic reaction. Medication must be readily available and taken immediately. He/she is capable of, and has been instructed in, the proper method of self-administration of medication.

Name of Medication: _____

Dose/Route: _____ Time: _____

Additional Instructions: _____

Date: _____

Signature of Physician: _____

Physician's Stamp: _____

Self-Medication Permission Form

We authorize our child, _____

(PRINT Student's Name)

to carry and self-administer his/her own medication in school and during school sponsored functions for asthma, another potentially life-threatening illness, or life-threatening allergic reaction. By signing below, we acknowledge being informed in writing and we understand that the Barnegat Township Board of Education and its employees shall incur no liability as a result of any injury arising from the self-administration of medication by our child, and we indemnify and hold harmless the district and its employees against any claims arising out of self-administration of medication by our child. We understand this permission is effective for this school year only, and must be renewed each subsequent school year. We also understand that we are responsible for the medication carried and self-administered by our child. Permission for our child to self-administer medication is effective upon approval and notification by the Barnegat Township Board of Education.

Parent/Guardian Signature

Date