

EMERGENCY ADMINISTRATION OF EPI-PEN

The parents or guardians of pupils requiring emergency administration of epinephrine (epi-pen) for anaphylaxis must provide the board with written authorization for the administration of the epi-pen. Parents must provide written orders from their physician that the pupil is in need of the administration of the epi-pen for anaphylaxis and that the student does not have the capacity to administer the medication him/herself. The written order of the prescribing physician, shall include:

- a. The purpose of medication
- b. The dosage
- c. The times at which or the special circumstances under which medication shall be administered
- d. The length of time for which medication is prescribed
- e. The possible side effects

All of the above documents shall be kept on file in the school nurse's office.

The board will inform the parents or guardians, in writing, that if the procedures specified in the law are followed, the employees or agents of the school district shall have no liability as a result of injury from the administration of the medication. Parents or guardians of the pupil are required to sign a statement acknowledging this understanding. The statement also requires the parents or guardians to indemnify and hold harmless the district from any claims arising from the administration of epi-pen to the pupil. The permission and signed statements from the parents or guardians are to remain in effect for the school year in which they are issued, and must be renewed in each subsequent school year.

The school nurse shall have the primary responsibility for administration of the epi-pen. The school nurse may designate, in consultation with the board, another employee who may administer the epi-pen to an affected pupil when the nurse is not physically present. This provision grants to the nurse the authority and responsibility of determining the appropriate school employee to administer epi-pen in the absence of the school nurse. The designee must be trained by the nurse using the standardized training protocols established by the Department of Education. These protocols, as amended are incorporated herein as if set forth at length. The parents must consent in writing to the administration of the epi-pen by the nurse-designated individual.

Legal References:

- NJSA 18A:40-12.5, et seq.
- NJSA 18A:11-1 et seq.
- NJAC 6:29-1.3(a) 9
- NJSA 18A:40-7
- NJSA 18A:40-4
- NJSA: 18A:40-1

ADOPTED: November 16, 1999

UNION TOWNSHIP BOARD OF EDUCATION
UNION, NEW JERSEY
BOARD POLICY

FILE CODE 5141.212

EMERGENCY ADMINISTRATION OF EPI-PENS

PERMISSION FORM

As the parents/guardians of _____, we request the school nurse or the designee trained by the school nurse to administer the epi-pen to our child in case of an allergic reaction or anaphylactic shock. I/We understand that if the procedures specified in the "Protocol and Implementation Plan for the Emergency Administration of Epinephrine" by a delegate trained by the school nurse or the school nurse are followed, the Union Township Board of Education and their employees shall have no liability as a result of any injury arising from the administration of the medication. I/We agree to indemnify and hold harmless the Union Board of Education, its employees and agents, from any claims arising from the administration of a pre-filled, single dose, auto injector mechanism containing epinephrine to the pupil.

I/We understand that I/we are responsible for providing a current, pre-filled, single dose auto-injector mechanism containing epinephrine to the school nurse, and for replacing same when the medicine expires or the prescription changes.

Signed _____

Relationship _____

This request is in effect for the ____/____ school year and must be renewed annually.

NEW JERSEY SCHOOL BOARD ASSOCIATION
PROPOSED POLICIES
FOOD ALLERGIES AND ADMINISTERING MEDICATION

Policy

FOOD ALLERGIES

The **(District Name)** Board of Education acknowledges that food allergies can be life threatening. The risk of accidental exposure to foods can only be reduced in the school setting if schools work with students, parents, and physicians to minimize risks and provide a safe educational environment for food-allergic students. The **(District Name)** District shall take reasonable steps to identify students who may be at risk of life threatening food allergies and to prevent the likelihood of an allergic reaction.

The chief school administrator shall oversee the implementation of the following guidelines. The **(District Name)** Board of Education policies and procedures on food allergies shall be disseminated to the school community annually.

Family's Responsibility

- A. Notify the school of the child's allergies;
- B. Work with the school team to develop a Food Allergy Action Plan that promotes food allergy management and accommodates the child's needs throughout the school including the classroom, in the cafeteria, in after-care programs, during school-sponsored activities, and on the school bus, as well as a defined emergency allergic reaction plan.
- C. Provide written medical documentation, instructions, and medications as directed by a physician, using the Food Allergy Action Plan as a guide. Include a photo of the child on written form;
- D. Replace medications after use or upon expiration;
- E. Educate the child in the self-management of their food allergy including:
 - 1. Safe and unsafe foods;
 - 2. Strategies for avoiding exposure to unsafe foods;
 - 3. Symptoms of allergic reactions;
 - 4. How and when to tell an adult they may be having an allergy-related problem;
 - 5. How to read food labels (age appropriate);
 - 6. Review policies/procedures with the school staff, the child's physician, and the child (if age appropriate) after a reaction has occurred.

School's Responsibility

- A. Be knowledgeable about and follow applicable federal laws including ADA, IDEA, Section 504, and FERPA and any state laws or district policies that apply;
- B. Review the health records submitted by parents and physicians;
- C. Include food-allergic students in school activities. Students should not be excluded from school activities solely based on their food allergy;
- D. Identify a core team including but not limited to, school nurse, teacher, principal, school food service and nutrition manager/director, and counselor (if available) to work with parents and the student (age appropriate) to establish a prevention plan. Changes to the prevention plan to promote food allergy management should be made with core team participation.

FOOD ALLERGIES (continued)

- E. Provide training to staff that interact with the student on a regular basis in understanding food allergy, recognizing symptoms, emergency intervention, and working with other school staff to eliminate the use of food allergens in the allergic student's meals, educational tools, arts and crafts projects, or incentives.
- F. Review and/or practice the Food Allergy Action Plans before an allergic reaction occurs to assure the efficiency/effectiveness of the plans.
- G. Coordinate with the school nurse to be sure medications are appropriately stored, and be sure that an emergency kit is available that contains a physician's standing order for epinephrine. Students should be allowed to carry their own epinephrine, if age appropriate after approval from the student's physician/clinic, parent and school nurse, and allowed by state or local regulations.
- H. Designate school personnel who are properly trained to administer medications in accordance with the State Nursing and Good Samaritan Laws governing the administration of emergency medications.
- I. Be prepared to handle a reaction and ensure that there is a staff member available who is properly trained to administer medications during the school day regardless of time or location.
- J. Review policies/prevention plan with the core team members, parents/guardians, student (age appropriate), and physician after a reaction has occurred.
- K. Work with the district transportation administrator to assure that school bus driver training includes symptom awareness and what to do if a reaction occurs.
- L. Recommend that all buses have communication devices in case of an emergency.
- M. Enforce a "no eating" policy on school buses with exceptions made only to accommodate special needs under federal or similar laws, or school district policy. Discuss appropriate management of food allergy with family.
- N. Discuss field trips with the family of the food-allergic child to decide appropriate strategies for managing the food allergy.
- O. Follow federal/state/district laws and regulations regarding sharing medical information about the student.
- P. Take threats or harassment against an allergic child seriously.

Student's Responsibility

- A. Should not trade food with others;
- B. Should not eat anything with unknown ingredients or known to contain any allergen;
- C. Should be proactive in the care and management of their food allergies and reactions based on their developmental level;
- D. Should notify an adult immediately if they eat something they believe may contain the food to which they are allergic;

NJSBA Review/Update:
Adopted:

FOOD ALLERGIES (continued)

Comments: *Policy derived from the specification of the The Food Allergy & Anaphylaxis Network*

Key Words

Allergy, Allergies, Food Allergy, Allergic Reaction, Anaphylaxis

Possible

<u>Cross References:</u>	*3516	Safety
	*3542	Food service
	*4112.4/4212.4	Employee health
	*4131/4131.1	Staff development; inservice education/visitations/conferences
	*5125	Pupil records
	*5141	Student health
	*5141.1	Accidents
	*5141.2	Illness
	*5141.3	Health examinations and immunizations
	*5141.4	Child abuse and neglect
	*5141.21	Administering medication
	*5142	Pupil safety
	*5200	Nonpublic school pupils
	*6142.4	Physical education and health

*Indicates policy is included in the Critical Policy Reference Manual.

ADMINISTERING MEDICATION

The board shall not be responsible for the diagnosis and treatment of pupil illness. The administration of medication to a pupil during school hours will be permitted only when failure to take such medicine would jeopardize the health of the pupil, or the pupil would not be able to attend school if the medicine were not made available to him/her during school hours.

For purposes of this policy, "medication" shall include all medicines prescribed by a physician for the particular pupil, including emergency medication in the event of bee stings, medication for asthma, diabetes or other medical diagnosis requiring medication during the school day, and all non-prescription "over the counter" medication (see policy 5141 Health).

Before any medication may be administered to or by any pupil during school hours, the board shall require the written request of the parent/guardian which shall give permission for such administration and relieve the board and its employees of liability for administration of medication. In addition, the board requires the written order of the prescribing physician which shall include:

- A. The purpose of the medication;
- B. The dosage;
- C. The time at which or the special circumstances under which medication shall be administered;
- D. The length of time for which medication is prescribed;
- E. The possible side effects of the medication.

Both documents shall be kept on file in the office of the school nurse.

The district medical inspector shall develop procedures for the administration of medication which provide that:

- A. All medications, whether prescribed or "over the counter", shall be administered by the medical inspector, school nurse or substitute school nurse, the parent/guardian or the pupil himself/herself where the parent/guardian so permits and with the school nurse present;
- B. Medications shall be securely stored and kept in the original labeled container;
- C. The school nurse shall maintain a record of the name of the pupil to whom medication may be administered, the prescribing physician, the dosage and timing of medication and a notation of each instance of administration;
- D. All medications shall be brought to school by the parent/guardian or adult pupil and shall be picked up at the end of the school year or the end of the period of medication, whichever is earlier;
- E. A student may self-administer medication without supervision of the school nurse for asthma or other life-threatening illnesses. "Life-threatening illness" has been defined as an illness or condition that requires an immediate response to specific symptoms or sequelae that if left untreated may lead to potential loss of life such as, but not limited to, the use of an inhaler to treat an asthma attack or the use of an adrenalin injection to treat a potential anaphylactic reaction.

ADMINISTERING MEDICATION (continued)

Each school in the district shall have and maintain at least one nebulizer in the office of the school nurse or at a similar accessible location. The chief school administrator shall prepare and the board shall adopt regulations on the administration of asthma medication through the use of a nebulizer by the school nurse or his/her designee(s). Regulations shall be in accord with New Jersey statute and administrative code and shall include, but not be limited to the following:

- A. Requirement that each school nurse shall be authorized to administer asthma medication through use of a nebulizer;
- B. Requirement that each school nurse receive training in airway management and in the use of nebulizers and inhalers consistent with nationally recognized standards;
- C. Requirement that each student authorized to use asthma medication or a nebulizer have an asthma treatment plan prepared by the student's physician that identifies, at a minimum, asthma triggers and an individualized health care plan for meeting the medical needs of the student while attending school or a school-sponsored event.

Pupil Self-Administration of Medication

The board shall permit self-administration of medication for asthma, diabetes or other potentially life-threatening illnesses by pupils who have the capability for self-administration of medication, both on school premises during regular school hours and off-site or after regular school hours when a pupil is participating in field trips or extracurricular activities. Parents/guardians of the pupil must meet the following conditions:

- A. Provide the board with written authorization for the pupil's self-administration of medication;
- B. Provide written certification from the pupil's physician that the pupil has asthma or another potentially life-threatening illness and is capable of and has been instructed in the proper method of self-administration of medication;
- C. Sign a statement acknowledging that the district shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil and that the parents/guardians shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the self-administration of medication by the pupil.

The board shall:

- A. Inform the pupil and his/her parents/guardians that permission is effective for the school year for which it is granted and must be renewed for each subsequent school year upon fulfillment of requirements listed above;
- B. Inform parents/guardians in writing that the district and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication;
- C. Maintain the right to revoke a pupil's permission to self-medicate if he/she has failed to comply with all conditions of this policy and/or has violated in any way the tenets of the agreement to self-medicate. The chief school administrator shall confer with the school physician and school nurse prior to recommending termination of a pupil's permission to self-medicate and shall also consult with the pupil, the pupil's parents/guardians and the pupil's physician.

Upon written request of the parent or guardian and as provided in the individualized health care plan, the student shall be allowed to attend to the management and care of his/her diabetes in the classroom or on school grounds, if evaluated and determined to be capable of doing so consistent with the plan, and N.J.S.A. 18A:40-12.15 and board policy 5141 Health for specific rules regarding diabetes management.

ADMINISTERING MEDICATION (continued)

Emergency Administration of Epinephrine

The board shall permit the school nurse or medical inspector to administer epinephrine via epi-pen or other pre-filled auto-injector mechanism in emergency situations. In their absence, a designee or designees who are employees of the board may do so.

The designees must be properly trained by the school nurse in the administration of the epi-pen or other pre-filled auto-injector mechanism using the standardized training protocol designated by the State Department of Education. Each designee shall receive individual training for each pupil for whom he/she is designated.

The board shall inform the pupil's parents/guardians in writing that if the specified procedures are followed, the district, its employees and agents shall have no liability as a result of any injury arising from the administration of the epi-pen or other pre-filled auto-injector mechanism to the pupil.

Parents/guardians shall provide the board with the following:

- A. 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;
- B. Written permission for the administration of epinephrine via epi-pen or other pre-filled auto-injector mechanism by the school nurse or designee(s);
- C. A signed statement acknowledging their understanding that if the specified procedures are followed, the district shall have no liability as a result of any injury arising from the administration of the epi-pen or other pre-filled 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 of the epi-pen or other pre-filled auto-injector mechanism to the pupil.

Permission for the administration of epinephrine via epi-pen or other pre-filled auto-injector mechanism shall be granted annually and must be renewed each school year upon the fulfillment of the above requirements.

Placement and Availability of Epinephrine, and Transportation to Hospital Emergency Room

Pursuant to P.L. 2007, C. 57, school policy requires:

- A. The placement of a pupil's prescribed epinephrine in a secure but unlocked location easily accessible by the school nurse and designees to ensure prompt availability in the event of an allergic emergency at school or at a school-sponsored function. The location of the epinephrine shall be indicated on the pupil's emergency care plan. Back-up epinephrine shall also be available at the school if needed;
- B. The school nurse or designee to be promptly available on site at the school and school-sponsored functions in the event of an allergic reaction; and
- C. The transportation of the pupil to a hospital emergency room by emergency services personnel after the administration of epinephrine, even if the pupil's symptoms appear to have resolved.

Implementation

The board may adopt additional regulations on all aspects of the administration of medication. When implementing school policy and P.L. 2007, C. 57, staff will consult these NJ Department of Education guidance documents:

- A. Training Protocols for the Emergency Administration of Epinephrine (9/08);

ADMINISTERING MEDICATION (continued)

B. Guidelines for the Management of Life-Threatening Food Allergies in Schools (9/08).

Adopted:
 NJSBA Review/Update:
 Readopted:

Key Words

Administering Medication, Medication in School, Nebulizer

<u>Legal References:</u>	<p><u>N.J.S.A.</u> 18A:11-1 <u>N.J.S.A.</u> 18A:40-1 <u>N.J.S.A.</u> 18A:40-3.2 <u>et seq.</u> <u>N.J.S.A.</u> 18A:40-4 <u>N.J.S.A.</u> 18A:40-7 <u>N.J.S.A.</u> 18A:40-12.3 through -12.4 <u>N.J.S.A.</u> 18A:40-12.5 <u>N.J.S.A.</u> 18A:40-12.6 <u>N.J.S.A.</u> 18A:40-12.7 <u>N.J.S.A.</u> 18A:40-12.8 <u>N.J.S.A.</u> 18A:54-20 <u>N.J.S.A.</u> 45:11-23 <u>N.J.A.C.</u> 6A:16-1.1<u>et seq.</u> See particularly: <u>N.J.A.C.</u> 6A:16-1.3, -1.4(a), -2.1, -2.2, -2.3, -2.4</p>	<p>General mandatory powers and duties Employment of medical inspectors, optometrists and nurses; salaries; terms; rules Medical and Nursing Personnel Examination for physical defects and screening of hearing of pupils Exclusion of pupils who are ill Self-administration of medication by pupil; conditions Policy for emergency administration of epinephrine to public school pupils Administration of epinephrine; primary responsibility; parental consent Nebulizer Administration of asthma medication by school nurse through nebulizer; training; pupil asthma treatment plan Powers of board (county vocational schools) Definitions Programs to Support Student Development</p>
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Bernards Township Education Association v. Bernards Township Board of Education, 1981 S.L.D. (9/29/81), aff'd State Board, 1982 S.L.D. 4/7/82, aff'd App. Div., unpublished opinion (A-4211-81T3, 5/18/83)

Communications Workers of America, Local 1033, On behalf of Karen Norton, Barbara Woolston, Mary Ellen Schoen et al. v. New Jersey State Department of Education, Marie H. Katzenbach School for the Deaf, State Board Docket #52-91

Policy Advisory #1 on N.J.S.A. 18A:40-12.3 et seq. Self-Administration of Medication By a Pupil, New Jersey State Department of Education, June 5, 1995

Protocol and Implementation Plan for the Emergency Administration of Epinephrine by a Delegate Trained by the School Nurse, New Jersey State Department of Education, October, 1998

Possible Cross References:

<p>*5131.6 *5141 *5141.1</p>	<p>Drugs, alcohol, tobacco (substance abuse) Health Accidents</p>
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ADMINISTERING MEDICATION (continued)

- *5141.2 Illness
- *5141.3 Health examinations and immunizations
- *6153 Field trips

*Indicates policy is included in the Critical Policy Reference Manual.

SAMPLE POLICY
ANAPHYLAXIS TO FOOD

Policy

ANAPHYLAXIS TO FOOD

Definition

The Board of Education recognizes pupils may have anaphylaxis to certain foods. Anaphylaxis is a sudden, severe, potentially fatal, systemic allergic reaction that can involve various areas of the body (such as the skin, respiratory tract, gastrointestinal tract, and cardiovascular system). Symptoms can occur within minutes to hours after contact with the allergy-causing substance and these reactions can be mild to life threatening.

Notification of School Personnel

It is very important the parents/guardians of pupils with anaphylaxis to food inform the Building Principal and the school nurse in the event the pupil may have an anaphylactic reaction while in school. At the beginning of each school year, each building principal will send written notice home to parents/guardians requesting parents to inform the Principal of students' food allergies. Food allergies will be noted with students' emergency information, in each teacher's roll book and/or seating chart, and in emergency substitute plans.

Administration of Medication and Self-Administration

The Board of Education disclaims any and all responsibility for the diagnosis and treatment of any illness, including any allergies, of any pupil. At the same time, the Board recognizes a pupil's health and safety may be contingent upon timely administration of medication duly prescribed by a physician. Any administration of medications to pupils in school will be in accordance with Policy No. 5141.21 and applicable State laws.

The Building Principal and the school nurse will notify school staff that interacts with the pupil. The Board will permit the self-administration of medication for a pupil with anaphylaxis to food pursuant to N.J.S.A. 18A:40-12.3 through N.J.S.A. 18A:40-12.6. The parents/guardians of a pupil with anaphylaxis to food must provide the Superintendent written authorization for the emergency administration of epinephrine via a pre-filled single dose auto-injector mechanism for the pupil in accordance with Policy.

Special Rules for Elementary Grades

Since elementary aged students may not be developmentally prepared to monitor their own intake of food items, extra care must be taken with young children. The Building Principal and the school nurse will take precautions to ensure the safety of pupils with anaphylaxis to food. For the elementary grades (P-5), if there is a student with anaphylaxis to foods in a classroom, at the beginning of the school year the building Principal will inform all parents/guardians of students in that classroom of the specific allergy. In order to protect the anaphylactic student, parents/guardians will be directed not to send the allergen into the classroom. The classroom teacher shall take reasonable precautions to assure that known allergens to students enrolled in that class do not enter the classroom. Elementary classrooms with anaphylactic students will be clearly marked with a sign on the door indicating allergens that may not enter the classroom, e.g. "Peanut Free Classroom, No Peanut Products Allowed in this Classroom." Students with anaphylaxis to food(s), along with their allergens will be noted in the class notes provided to substitute teachers.

ANAPHYLAXIS TO FOOD (continued)

Outside and Other Food (all grades)

Since even trace amounts of an allergen or the smell of such can cause anaphylaxis, teachers, other school personnel, parents, guardians, school volunteers, or any other individual should not knowingly bring a known allergen into any classroom known to have a child with anaphylaxis to that allergen. There will be occasions where food and/or beverages will be served as part of a classroom experience, field trip and/or classroom celebration. A pupil with anaphylaxis to food should not consume any food product which he/she does not know or is unsure of the ingredients, or the food preparer or server cannot identify the ingredients. The teacher will provide the parent/guardian and the pupil with advance notice of any classroom experience, field trip and/or classroom celebration, in case the parent wishes to send food or beverage from home which the parent is absolutely certain will not cause an allergic reaction.

So as to minimize inadvertent exposure of a student with anaphylaxis to a known allergen, food items brought into the school or classrooms by outside sources for consumption by a class or group of students must be accompanied by an ingredients list for review by the principal/designee, classroom teacher, event organizer and/or students. Items brought without an ingredients label for consumption by a class or group of students are not to be permitted to be distributed and consumed by students.

Based on the school cafeteria's use of government commodity foods and beverages and donations of food and beverages by parents/guardians and organizations, and even when provided a list of ingredients for food items, the district may not know the exact ingredients used in the preparation of all food and beverage items served within the school lunch program, in classrooms, by parents/guardians and/or by school organizations. Therefore, the parents/guardians and/or the pupil with anaphylaxis to food should be responsible for the pupil's purchase and consumption of any food products sold or provided by the school and/or by any school related organizations that may cause an anaphylactic reaction, and avoid foods that could potentially cause a reaction to the anaphylactic student.

Cafeteria Food

Upon the request of a parents/guardians of a pupil with anaphylaxis to food, the Building Principal, working with the school nurse and school cafeteria personnel, will accommodate a pupil with anaphylaxis to food by offering limited food substitutions that are free of the pupil's food allergy. Cafeteria workers will take reasonable and necessary precautions to prevent cross-contamination of foods with common allergens. Cafeteria workers will be provided training on an annual basis regarding understanding food allergies, safe food preparation to prevent anaphylaxis, recognition of symptoms of anaphylaxis, and what to do in an emergency situation.

Since a common and serious food allergen for children are peanuts and/or tree nuts, and this allergen is common in foods and food products, each elementary building Principal will establish a "Peanut-free Table" in the cafeteria and inform parents of anaphylactic students of this option. A "Peanut-free Table" may be requested by a parent for a student at another grade level. So as not to exclude students from their peers, the building Principal will arrange for both anaphylactic and non-anaphylactic students to eat lunch at the "Peanut-free Table" and inform the non-anaphylactic students and their parents/guardians in writing of the requirements and responsibilities of eating lunch at the "Peanut-free Table." Parents/guardians of anaphylactic students declining the option for their child to eat lunch at the "Peanut-free Table" will sign a waiver to that effect. Peanut-free tables are to be washed with separate cleaning supplies to prevent cross-contamination.

Procedures for Special Events Outside the Regular School Day at which Food is Served

ANAPHYLAXIS TO FOOD (continued)

Food is commonly a component of various special events sponsored by the school or school-connected organizations. Such events shall include celebrations, activities, bazaars, fairs, fund-raiser, or other events at which food is freely served. Such events shall not include regular monthly business or work meetings. This policy shall not apply to events at which food is solely purchased.

So as to maximize the safety and well-being of students with anaphylaxis to food, the following procedures shall be adhered to at any event or any event conducted by a school connected organization as mentioned above that involves the serving of food:

1. All event organizers shall in writing acknowledge receipt of these procedures.
2. All food items must be accompanied by an ingredients list for review by the event organizers. This shall include homemade dishes.
3. Any "homemade" food item is to be placed on a separate table, with the ingredients list clearly posted near the item, and with clear notice that the dish is homemade and we cannot guarantee the ingredients.
4. NO food items shall be permitted at any school sponsored event or at any event conducted by a school connected organization that contains peanuts or tree nuts.
5. Children in fifth grade and below must be accompanied by a parent/guardian unless staff/parent supervision is arranged and provided for the purpose of properly supervising children.

Even given these procedures, the Burlington Township School District cannot completely guarantee an allergen-free environment, therefore parents/guardians with children with food allergies should assume responsibility for children at such events in which food will be served, and may wish to not have their children attend.

Class/School Trips

The Anaphylaxis policy applies also to class trips. Students with anaphylaxis to food and their particular allergen(s) shall be identified to chaperones and/or supervisors of the trip. The chaperone shall monitor and/or advise the student to prevent the intake of known food allergens. If possible, a nurse and/or delegate shall attend the trip and have access to an Epi-pen. All chaperones shall have a means to contact the nurse and/or delegate or call "911" in case of emergency.

Substitute Teachers

This Anaphylaxis Policy shall be included in all substitute teacher manuals. Students with anaphylaxis shall be identified in each teacher's roll book and/or seating chart, or in notes left for the substitute teacher, so the substitute can identify anaphylactic students.

Allergic Reactions

Students showing signs of allergic reactions (i.e. running nose; sneezing; congestion; itching, swelling and watering eyes; wheezing, cough or shortness of breath; hives; swelling of any kind (face, eyes, mouth, lips, tongue, throat); stomach cramping must be escorted to the nurse by an adult. If off site, the adult in charge should call "911."

ANAPHYLAXIS TO FOOD (continued)Transportation

Bus drivers shall be educated on symptoms of anaphylaxis and should be advised on procedures if a child is having a reaction on the bus. Bus drivers transporting children with anaphylaxis shall be provided a list of those children.

Annual Notification and Training

The School Nurse will provide training to school staff including cafeteria monitors/aides on an annual basis in order for school staff to understand food allergies, recognize symptoms, know what to do in an emergency situation, and will work with other school staff to eliminate or substitute the use of food allergens in the allergic pupil's meals, educational/instructional tools and materials, arts and crafts projects, or incentives.

Each building principal will disseminate this policy to all teachers, students, parents, and guardians on an annual basis, and this policy will be included in all student handbooks.

Adopted:

Key Words

School Lunch, Food Service, Nutrition, Wellness,

Legal References:	<u>N.J.S.A.</u> 18A:11-1	General mandatory powers and duties
	<u>N.J.S.A.</u> 18A:18A-4.1 f.,h.	Use of competitive contracting in lieu of public bidding; boards of education
	<u>See particularly:</u>	
	<u>N.J.S.A.</u> 18A:18A-5a(6)	
	<u>N.J.S.A.</u> 18A:18A-6	Standards for purchase of fresh milk; penalties; rules and regulations
	<u>N.J.S.A.</u> 18A:33-3 through -5	Cafeterias for pupils
	<u>N.J.S.A.</u> 18A:33-9 through -14	Findings, declarations relative to school breakfast programs.
	<u>See particularly:</u>	
	<u>N.J.S.A.</u> 18A:33-10	
	<u>N.J.S.A.</u> 18A:33-15 through -19	Improved Nutrition and Activity Act (IMPACT Act)
	<u>N.J.S.A.</u> 18A:54-20	Powers of board (county vocational schools)
	<u>N.J.S.A.</u> 18A:58-7.1 through -7.2	School lunch program ...
	<u>N.J.A.C.</u> 2:36-1.1 et seq.	Child Nutrition Programs
	<u>See particularly:</u>	
	<u>N.J.A.C.</u> 2:36-1.7	Local school nutrition policy
	<u>N.J.A.C.</u> 6A:16-5.1(b)	School safety plans
	<u>N.J.A.C.</u> 6A:23-2.6	Supplies and equipment
	<u>N.J.A.C.</u> 6A:32-12.1	Reporting requirements
	<u>N.J.A.C.</u> 6A:32--14.1	Review of mandated programs and services

ANAPHYLAXIS TO FOOD (continued)

N.J.A.C. 6A:30-1.1 et seq. Evaluation of the Performance of School Districts

Sec. 204 at the Federal Child Nutrition and WIC Reauthorization Act of 2004 (P.L. 108-265)

42 U.S.C. 1751 et seq. Richard B. Russell National School Lunch Act

42 U.S.C. 1771 et seq. Child Nutrition Act of 1966

7 C.F.R. Part 210 Medically authorized special needs diets

7 C.F.R. Part 210.10 Foods of minimum nutritional value

Resources:

<http://www.state.nj.us/agriculture/> The New Jersey Department of Agriculture, Model Policy and Question and Answer resource.

www.usda.gov/cnpp/DietGd.pdf Dietary Guidelines for Americans.

www.usda.gov/cnpp/pyramid.html USDA Food Guide for dietary Guidelines, examples of eating patterns that exemplify these standards.

www.nasbe.org/HealthySchools/fithealthy.mgi Fit, Healthy and Ready to Learn, A School Health Policy Guide. This Guide lists elements such as the size of tables and chairs; seating is not overcrowded; a relaxed environment for socializing; amount of noise; rules of safe behavior, and cleanliness.

www.fns.usda.gov/cnd/menu/fmrv foods of minimal nutritional value (FMNV's) as defined by federal regulations at 7 C.F.R. Part 210.10.

Possible

<u>Cross References:</u>	*1200	Participation by the public
	*1220	Ad hoc advisory committees
	*3000/3010	Concepts and roles in business and noninstructional operations; goals and objectives
	*3220/3230	State funds; federal funds
	*3450	Money in school buildings
	*3510	Operation and maintenance of plant
	*3542	Food Service
	*3542.31	Free or reduced-price lunches/milk
	*3542.44	Purchasing
	*4222	Noninstructional aides
	*5131	Conduct/discipline
	9123	Appointment of board secretary
	9124	Appointment of business official

*Indicates policy is included in the Critical Policy Reference Manual.