

**BERNARDS TOWNSHIP
SCHOOL DISTRICT**

**PARENT HANDBOOK FOR
STUDENT ALLERGIES**

Updated January 2016

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I. District Policy and Procedure

District Policy

5331 - MANAGEMENT OF LIFE-THREATENING ALLERGIES IN SCHOOLS (M)

Section: Students

Date Created: August, 2013

Date Edited: August, 2013

To view the complete district policy 5331 please click [here](#).

District Regulation

5331 - MANAGEMENT OF LIFE-THREATENING ALLERGIES IN SCHOOLS (M)

Section: Students

Date Created: August, 2013

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II. District Safety Guidelines

BERNARDS TOWNSHIP SCHOOL DISTRICT FOOD ALLERGY GUIDELINES

The Board of Education recognizes pupils may have allergies to certain foods and other substances and may be at risk for anaphylaxis. Anaphylaxis is a sudden, severe, serious, systemic allergic reaction that can involve various areas of the body (such as the skin, respiratory tract, gastrointestinal tract, and cardiovascular system). Anaphylaxis is a serious allergic reaction that may be rapid in onset and may cause death.

-The single most effective way to prevent an allergic or anaphylactic reaction is to avoid the allergen.

-A collaborative partnership between school, families and medical personnel can provide a safe and healthy learning environment.

-In the event of an anaphylactic reaction, the availability of an Emergency Health Care Plan (EHCP) and Epinephrine auto-injectors are essential.

-PL 1997, C368 (N.J.S.A. 18 A 40-12.5 and 12.6) permits the delegation of another employee of the school district, *other than the school nurse*, to administer epinephrine via a pre-filled auto-injector to a pupil for anaphylaxis.

-Hand washing using soap & water before and after eating is encouraged. (*Purell* does NOT remove peanut protein.)

Forms:

At the beginning of each school year, parents are required to supply

- Doctor's medication orders, also known as the Emergency Health Care Plan (EHCP)
- Epinephrine auto-injector

All forms can be found on the district website. (<http://www.bernardsboe.com/>)

- EHCP form (Doctor's medication orders)
 - Required to be filled out by the child's MD
 - To be an acceptable order, the following must be complete
 - Doctors signature and stamp
 - Parent signature and contact information
 - Delegate permission, yes/no
- Allergy Questionnaire (Appendix A)
 - Only needs to be completed once, upon entry into district

I. Classrooms (Lessons, Snack Times and Celebrations):

A. All Schools:

- At the start of the year, the building administration will send a letter to all parents notifying them of the safe food practices in their school.
- Teachers and other school staff will not give food as a reward for good behavior and/or good work – with the exception of certain programs for special needs students.
- Sharing of food is discouraged in all schools. This is the case in all classes—not just classes with food-allergic children.
- Parents will be given advance notice by teachers for unique sanctioned lessons, events or celebrations involving food.

B. Elementary Schools:

- Parents may provide their child with a daily snack for “snack time”, specific guidelines for the daily snack are class dependent and will be distributed accordingly
- Birthday parties will be FOOD FREE
- Limited celebrations per year (i.e. Halloween, Valentine’s Day, Winter Holidays, and End of Year party)
- Parents will be informed in advance of exactly which foods will be served during any sanctioned classroom event or celebration if the food(s) are being supplied for the class in general. Additionally children may bring in their own individual snack for the event (in the same way they do for daily snack times).
- Any food that is served as part of a classroom event or celebration must be consumed in the classroom.
- Unscheduled celebrations and events which include food will not be permitted.
- No food should leave the school to be consumed in unsupervised situations.
- All students will receive information on the necessity of proper hand washing.
- Alert posters to be posted outside appropriate classrooms.

C. **Middle and High Schools:** Due to the nature of multiple class changes over the course of the year, all classrooms are NOT food allergy safe.

II. Lunch Rooms

A. All Schools:

- Allergy information will appear in the child’s cafeteria account.
- Parents will review the cafeteria menu and refer all ingredient related questions to ARAMARK Food Services for clarification.

B. Elementary Schools:

- An allergy aware table will be designated in the cafeteria for students with allergies.
- Parent may decide whether they want their child to eat at the table or not and submit their wishes in writing (appendix B).
- Once the parent requests for the allergy aware table, it will stay in place for each school year, unless the parents submit, in writing, that they want them to join their class lunch table.
- The table will be washed before and after lunch with a separate disposable cloth and cleaner.

C. **Middle and High Schools:** Students self-determine where they will sit.

III. Epinephrine auto-injectors:

- Epinephrine auto-injectors are located throughout each building in secure unlocked locations.
- Parents will provide properly labeled medication at the beginning of each school year, after use and upon expiration.
- All medications MUST be picked up at the end of the year or it will be discarded (as per state regulation)

A. Implementation and Communication:

- Prior to the start of the school year, the parent/guardian will:
 - Submit a completed EHCP/MD order
 - Provide child’s medications.
- At the beginning of the school year, the school nurse will:
 - Provide the classroom teachers with the 2 EHCPs, the second one shall be placed in their sub-folder.

- Will assure appropriate signage is provided in the building.
- Will maintain a list of all students with food allergies throughout the year.
- All staff will be provided with a yearly in-service on the importance of allergy awareness.
- The nurse will note the presence of an allergic student on class lists provided to the building administration, substitute teachers, lunch aides, staff of extracurricular activities before and after school at the beginning of each school year in addition to whenever necessary.
- The nurse will communicate the presence of an allergic child, to all staff as needed.
- Teachers will make every effort to maintain a clean environment in their classroom by wiping down tables/desks as needed.

B. Epinephrine Delegates:

- A delegate is an employee of the school district, who has volunteered and trained by the school nurse, to administer an epinephrine via a pre-filled auto injector to a pupil for anaphylaxis when a nurse is not physically present at the scene. (Section 2 of P.L 1997, c.368)
 - A completed EHCP, is needed to delegate
 - Delegates **are not** allowed to administer any other type of medication (i.e. Benadryl or inhalers).
 - Delegates will be trained at the start of the school year and throughout and as needed.

IV. School Sponsored Activities Outside of the Regular School Day:

A. Field Trips:

- Schools will attempt to secure substitute nurse, for trips when food will be eaten.
- If nurse is unavailable, the parent will be invited to attend.
- If parent cannot attend, a delegate to administer the EpiPen will be present.
- A nurse or delegate will accompany your child on any field trips or school-sponsored activity.

B. Elementary School (After care/Before care, Mini-units, clubs, etc.):

- Snacks may be present as students are allowed to bring their own snacks in these situations. In the event that a snack is provided by school staff, parents will be informed in advance of exactly what is being provided.
 - A delegate, (trained school employee, other than nurse) will be present to administer Epinephrine via a pre-filled, auto-injector, in the event of anaphylaxis.
 - Epinephrine auto-injectors will be available in unlocked secure location or supplied by parents

C. Middle School (Clubs, Sports, other extracurricular activities):

- Food & snacks may be present. In the event that the food is provided by school staff, parents will be informed in advance of exactly what is being provided. Please see William Annin Middle School's "Food Allergy Safe Practices" found on Annin's website for additional information.
- A delegate (trained school employee, other than nurse) will be present to administer Epinephrine via a pre-filled, auto-injector, in the event of anaphylaxis.
- Epinephrine auto-injectors will be available in unlocked secure location or supplied by parents

D. High School (Clubs, Sports, other extracurricular activities):

- Food & snacks may be present. In the event that the food is provided by school staff, parents will be informed in advance of exactly what is being provided.
- High school staff is given instruction and guidance about pertinent food allergies and relevant food concerns at the beginning of the school year and as the need arises.
- A delegate (trained school employee, other than nurse) will be present to administer Epinephrine via a pre-filled, auto-injector, in the event of anaphylaxis.

- Epinephrine auto-injectors will be available in unlocked secure location or supplied by parents
- **High School students** are expected to have their Epinephrine auto-injectors in their possession for any extracurricular activity.

V. Transportation: Students are prohibited from eating on the school bus to and from school. Parents with concerns regarding busing should contact the transportation department.

****All questions regarding food allergies should be addressed directly to the school nurse.****

III. Appendix – Forms

Appendix A - Bernards Township Public Schools

Health Office Allergy Questionnaire

Student Name _____ Date of Birth _____

What is your child allergic to?

Please specify _____

Did your child ever have a reaction?

Yes- Give date(s), if possible _____

*How was it treated _____

*Describe the reaction or symptoms your child exhibits when having an allergic reaction _____

No

Blood test, positive

Does your child see an allergist for their allergies?

Yes-Physician Name _____ Last visit _____ - _____ - _____

No

Does your child take any medication for his/her allergy? Yes No

Name of medication	Dosage	When used (daily, twice daily, as needed)

Is there a need to keep medication at school?

Yes-please list _____

No

Please provide any additional information you think would be helpful for the school nurse regarding your child's allergy prevention or emergency treatment.

Parent/Guardian Signature

Date

Appendix B - Bernards Township Public Schools

Allergy Aware Lunch Table

Dear Parent/Guardian,

As part of the Allergy Aware Environment, an allergy aware lunch table will be available in the cafeteria for those students with a food allergy.

Students with a peanut and/or nut allergy will be permitted to sit at this table. Only those students who have been invited as a friend, may join them. It is imperative that a child sitting at this table not bring any items with allergens in their lunch. Please indicate your child's seating preference below.

- Yes, I request my child to sit at the Allergy Aware lunch table.
- No, I do not want my child to sit at the Allergy Aware lunch table but instead sit at the class lunch table.

*Please note: Once the child is assigned to the Allergy Aware table, they remain assigned until you provide written permission otherwise.

Child's Name

Parent/Guardian signature

Date

Appendix C - EHCP

Bernards Township Public Schools

Life Threatening Allergy
EMERGENCY HEALTH CARE PLAN

Name: D.O.B.: Grade/Teacher:

Allergy To:

Delegate: In the event of anaphylaxis, I give permission for a delegate (a trained school employee other than nurse) to administer epinephrine via a pre-filled, auto-injector to my child. Yes No (please initial)

STEP 1: TREATMENT

SYMPTOMS

GIVE CHECKED MEDICATION

(To be determine by physician authorizing treatment)

Table with 4 columns: Symptom description, Epinephrine checkbox, or, Antihistamine checkbox. Rows include MOUTH, SKIN, STOMACH, THROAT*, LUNG*, HEART*, OTHER, and a summary row for progressing reactions.

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

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPenJR® Auvi-Q 0.3mg Auvi-Q 0.15mg

Antihistamine: give Other Medication / Dose / Route

I have certified that this child is capable of self administering this medication NO YES

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

STEP 2: EMERGENCY CALLS

1. CALL 9-1-1: State that an allergic reaction has been treated, and additional epinephrine may be needed

2. CALL Mother: Father:

EVEN IF PARENTS OR DOCTORS CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY

I hereby request and authorize appropriate Bernards Township Public School employees to administer prescribed medication as directed by the undersigned licensed health care provider. I grant permission for Bernards Township Public School employees to exchange information with my child's health care provider as deemed necessary.

Parent's Signature Date

PHYSICIAN STAMP (Must be present for plan to be valid)

Physician Signature Date

Nurses Signature Date

Appendix D: BERNARDS TOWNSHIP PUBLIC SCHOOLS
NURSE'S OFFICE

Indemnification/Hold Harmless Nurse Delegate

My child _____ has a life-threatening allergy to _____
(Child's Name) (Allergen)

requiring the immediate administration of epinephrine upon exposure to this. It is my belief that

_____ is not capable of administering epinephrine via a single
(Child's Name)
dose auto injector mechanism appropriately and independently. I am aware that the school nurse has the primary responsibility for the administration of pre-filled, single dose auto-injector mechanism containing epinephrine. I am authorizing the following nurse designated employees, who may be physically present at the scene of an exposure/anaphylactic episode, to administer a pre-filled, single dose auto-injector mechanism containing epinephrine to my child.

Principal _____ Assistant Principal _____

Classroom Teacher _____

I furthermore agree to the indemnification agreement contained below:

The parent or guardian agrees to indemnify, defend, and hold the school District harmless from any and all claims, actions, costs, expenses, damages, and liabilities, including attorney fees, arising out of, or connected with the administration of a pre-filled single dose auto injector mechanism containing epinephrine if the procedures as outlined in Board Policy 5330 and the "Training Protocols for the Implementation of Emergency Administration of Epinephrine" issued by the New Jersey Department of Education are followed.

The parent or guardian agrees to extend this indemnification/hold harmless agreement to the Board of Education, Board of Education employees, and its agents. The parent or guardian agrees the school District, Board of Education employees, and its agents shall incur no liability as a result of any injury arising out of or connected with this procedure.

This agreement shall take effect on the date listed below and shall stay in effect for the school year granted and must be renewed for each subsequent school year. This agreement must be signed and in full effect prior to the granting of permission to delegate the administration of this medication.

Parent / Guardian Signature **Date**

School Nurse's Signature **Date**

Date of Agreement (Date of Full Effect) _____