

Appendix D

Sample Individualized Health Care Plans and Treatment Plans

INDIVIDUALIZED HEALTH CARE PLAN (Elementary)				
Name: _____ Birth Date: _____ Grade: _____ Teacher: _____				
Plan effective from _____ to _____				
ASSESSMENT DATE/NURSE	FUNCTIONAL HEALTH CONCERN	STUDENT OBJECTIVE(S)	INTERVENTIONS	EVALUATION
	<p>Risk of anaphylactic reaction (life-threatening allergic response) related to the ingestion or inhalation of peanuts and/or tree nuts (protein component)</p> <p>Risk of severe allergic reaction to the ingestion or inhalation of [add other allergens here if applicable, or delete]</p> <p>Student has an Individualized Emergency Care Plan (IECP)</p>	<p>Student will cooperate with staff 100% of the time by following school, classroom and IHCP rules in order to remain free of allergic reactions while in school.</p> <p>If student suspects that he/she has ingested (fill in food allergens), student will immediately notify staff who will implement the IECP according to the allergen-specific plan.</p> <p>Student will cooperate with staff members 100% of the time if they need to implement the IECP.</p>	<p>Parents will:</p> <ul style="list-style-type: none"> ✧ inform school nurse and teacher of food allergy. ✧ provide a physician's order and medication for medical intervention. ✧ inform school nurse of any changes in health status as relates to food allergy and treatment. ✧ educate student in the self-management of his/her food allergies appropriate for his/her age level. ✧ provide emergency contact information. ✧ meet with school nurse, administrator and teacher to develop a prevention plan. ✧ provide safe snacks/treats for student to keep in school and, if desired, a list of appropriate foods for student to have at snack. ✧ provide wipes for classmates to use entering room in am and after lunch. <p>Nurse will:</p> <ul style="list-style-type: none"> ✧ meet with parents and teacher to develop a prevention plan. ✧ post "peanut/nut-free" sign outside of classroom. ✧ work with teacher to eliminate the use of peanuts/tree nuts in classroom snacks, curriculum, educational tools, classroom parties, foreign language projects, and arts and crafts projects. ✧ educate school staff who interact with student regarding 	<p>[Enter documentation method or date(s) accomplished for all applicable interventions]</p>

Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools

INDIVIDUALIZED HEALTH CARE PLAN (Elementary)

Name: _____ Birth Date: _____ Grade: _____ Teacher: _____
 Plan effective from _____ to _____

			<p>food allergy, allergic reaction symptoms, recognizing signs and symptoms of anaphylaxis, and prevention and treatment plans.</p> <ul style="list-style-type: none"> ✧ train school staff in EpiPen administration, as appropriate. ✧ develop and disseminate emergency care plan for student (add use of walkie-talkie if appropriate and specific to student). ✧ review cleaning/care of nut/peanut free table in cafeteria with maintenance and cafeteria staff. <p style="text-align: center;">INTERVENTIONS</p>	
			<p>Teacher/classroom staff will:</p> <ul style="list-style-type: none"> ✧ eliminate the use of nuts/peanuts in classroom snacks, educational tools, and arts and crafts projects. ✧ be trained in the administration of EpiPen, as appropriate. ✧ consult in advance of field trips with the school nurse and parents. ✧ [for food allergens other than peanut/nut] notify parents in advance regarding curriculum/projects that may contain [add these food allergens]. ✧ Follow the emergency care plan if Student has a reaction. <p>Student will:</p> <ul style="list-style-type: none"> ✧ not eat any foods except those that come from home or have been approved by the parent. ✧ inform teacher/staff if he/she is not feeling well, for any reason, but especially if he/she thinks he/she may be having an allergic reaction. 	

Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools

School Nurse: _____ Date: _____

Review by: Parent: _____ Date: _____ Student: _____ Date: _____

IHCP meeting attendees:

DRAFT

Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools

INDIVIDUALIZED HEALTH CARE PLAN (Middle)				
Name: _____ Birth Date: _____ Grade: _____ Teacher: _____				
Plan effective from _____ to _____				
ASSESSMENT DATE/NURSE	FUNCTIONAL HEALTH CONCERN	STUDENT OBJECTIVE(S)	INTERVENTIONS	EVALUATION
	<p>Risk for life-threatening allergic response to <u>allergen</u>; history of asthma</p> <p>Student has an Individualized Emergency Care Plan (IECP)</p>	<p>Student will remain free of allergic reactions to peanuts while in school 100% of the time by following the IHCP requirements, especially food refusal and advocating for himself/herself when allergens may be present in the environment.</p> <p>Student will immediately initiate self administration of emergency medications OR immediately notify an adult and cooperate with staff administration of emergency medications in the event of suspected ingestion of peanut 100 % of the time.</p>	<p>Parents will:</p> <ul style="list-style-type: none"> ✧ inform school nurse and teacher of food allergy prior to the start of school each year. ✧ provide a physician's order and medication for medical intervention, both for Student to carry for self-administration and a back-up for the health office. Medication should not expire during the school year. ✧ inform school nurse of any changes in health status as relates to food allergy and treatment. ✧ educate Student in the self-management of his/her food allergies appropriate for his/her age level. ✧ provide emergency contact information. ✧ meet with school nurse and teacher to develop an IECP and IHCP. <p>Nurse will:</p> <ul style="list-style-type: none"> ✧ meet with parents and teacher to develop the IECP and IHCP. ✧ work with teacher to eliminate the use of allergen in classroom snacks, curriculum, educational tools, classroom parties, foreign language projects, and arts and crafts projects. ✧ educate school staff who interact with Student regarding food allergy, and recognition of symptoms of allergic reactions, including local, general and anaphylactic types, with emphasis on recognition and emergency interventions for the latter. ✧ train certified personnel in EpiPen administration, as appropriate. ✧ develop and disseminate emergency care plan and transportation plan for student. ✧ implement the IECP and direct emergency actions in the event of anaphylaxis. ✧ review with student, at least annually, his/her knowledge of 	

Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools

INDIVIDUALIZED HEALTH CARE PLAN (Middle)

Name: _____ Birth Date: _____ Grade: ____ Teacher: _____
 Plan effective from _____ to _____

ASSESSMENT DATE/NURSE	FUNCTIONAL HEALTH CONCERN	STUDENT OBJECTIVE(S)	INTERVENTIONS	EVALUATION
			<p>the symptoms of anaphylaxis and skills needed for self administration of an EpiPen, including practice in injecting an EpiPen into an orange.</p> <p>Teacher/classroom staff will:</p> <ul style="list-style-type: none"> ✧ work to eliminate the use of allergen in classroom snacks, curriculum, educational tools, classroom parties, foreign language projects, and arts and crafts projects. ✧ be trained in the administration of EpiPen, as appropriate. ✧ be prepared to implement the IECP if indicated. ✧ consult and collaborate in advance with the school nurse and parents to decide what accommodations are appropriate for each field trip. Parents' judgment will be respected. ✧ send to all parents the middle school notice of field trip form which shall contain a standard request that snacks and lunch be peanut/nut free. ✧ notify parents in advance of in-class food celebrations. <p>Student will:</p> <ul style="list-style-type: none"> ✧ not eat any foods at school, on field trips or in extracurricular activities that do not come from home or have not been approved by her parents. ✧ inform teacher/staff if he/she is not feeling well for any reason, but especially if he/she thinks he/she may be having an allergic reaction. ✧ <i>[For students carrying their own medications]</i> Follow the medication plan for self-administration of EpiPen and Benadryl. Accordingly, student will bring to and from school, and at all times carry (e.g., in belt-carrying case or in a purse) an up-to-date EpiPen and dissolvable Benadryl tablet, according to the physician's order. If a student chooses to keep emergency medications in her purse, she will keep the purse with her at all times in school, during extracurricular activities, and on field trips. 	

Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools

INDIVIDUALIZED HEALTH CARE PLAN (Middle)				
Name: _____ Birth Date: _____ Grade: ____ Teacher: _____				
Plan effective from _____ to _____				
ASSESSMENT DATE/NURSE	FUNCTIONAL HEALTH CONCERN	STUDENT OBJECTIVE(S)	INTERVENTIONS	EVALUATION
			<ul style="list-style-type: none"> ✧ not self-administer Benadryl or EpiPen without immediately notifying the school nurse, or another responsible adult, in the absence of the school nurse. ✧ not keep any medication in his/her locker. ✧ participate with school nurse in review of emergency self-administration of medication plan and implementation skills. 	

School Nurse: _____ Date: _____

Review by: Parent: _____ Date: _____ Student: _____ Date: _____

IHCP meeting attendees: _____

(Sample) **FOOD ALLERGY TREATMENT PLAN AND
PERMISSION FOR THE ADMINISTRATION OF MEDICATIONS BY SCHOOL PERSONNEL**

PATIENT'S NAME: _____ DATE OF BIRTH: _____

PATIENT'S ADDRESS: _____ TELEPHONE: _____

CAAC PHYSICIAN'S NAME: _____ PATIENT'S PCP: _____

ASTHMA YES NO

SPECIFIC FOOD ALLERGY: _____

IF PATIENT INGESTS OR THINKS HE/SHE HAS INGESTED THE ABOVE NAMED FOOD:

_____ Observe patient for symptoms of anaphylaxis** X 2 hours

_____ Administer **adrenaline** before symptoms occur, IM EpiPen Jr. Adult

_____ Administer **adrenaline** if symptoms occur, IM EpiPen Jr. Adult

_____ Administer Benadryl _____ tsp. _____

_____ Administer _____

_____ Call 911, transport to ER if symptoms occur for evaluation, treatment and observation X 4 hours

IF REACTION OCCURS,
PLEASE NOTIFY THIS OFFICE! _____
Physician's Signature Today's Date

1. Is this a controlled drug? Yes No Time of administration: _____
2. Medication shall be administered from _____ to _____
(dates)
3. Relevant side effects, if any, to be observed: _____
4. Other Suggestions: Please allow child to self-administer medication if able to. _____

****SYMPTOMS OF ANAPHYLAXIS**

Chest tightness, cough, shortness of breath, wheezing
Tightness in throat, difficulty swallowing, hoarseness
Swelling of lips, tongue, throat
Itching mouth, itchy skin
Hives or swelling
Stomach cramps, vomiting, or diarrhea
Dizziness or faintness

Signature _____ M.D.

I HAVE RECEIVED, REVIEWED, AND
UNDERSTAND THE ABOVE INFORMATION

Patient/parent/guardian signature

Date/Initials

Emergency Response Protocol - Severe Food Allergy to Peanuts


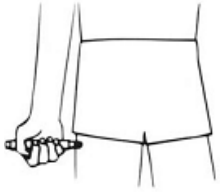
Student Name: (Child's First and Last Name)
Teachers: (Mr/s. Teacher's Name)
Parent Contact: (Mother Full Name, Home phone: xxx-xxx-xxxx)
 (Mother's Cell: xxx-xxx-xxx Father's Cell: xxx-xxx-xxx)
Doctor Contact: (Dr. Full Name, Allergy Specialist: xxx-xxx-xxxx)

Key safety rules of the classroom & outside play area:

- The regular and specials classrooms and play-areas are peanut- and tree nut-free environments.
- (Child's name) travel EpiPen® medicine kit and a walkie-talkie will remain with (child's name) at all times during the day and be managed by a trained adult.
- (Child's Name) eats only foods provided and labeled by parent/guardian. Adult will assist (child) daily in washing his/her hands thoroughly with soap and water for 15 seconds before eating. Adult in charge will approve daily snacks and other foods consumed by students.
- Students and adults should wipe their hands with wipes upon entering the classroom and practice good hand washing techniques after eating.
- If (child's name) asks to see the nurse, allow him/her to do so immediately with an adult for any reason.

Asthmatic and at increased risk for severe reaction Yes X No __

SIGNS OF AN ALLERGIC REACTION INCLUDE:

Systems	Symptoms	EpiPen® Directions	
Mouth*	itching and swelling of the lips, tongue, or mouth.	 <p>Pull off gray safety cap. Place black top on thigh, at right angle to leg (Always apply to thigh.) Using a quick motion, press hard into thigh until auto-injector mechanism functions and hold in place for 10 seconds. The EpiPen Jr unit should then be removed and discarded. Massage the injection area for 10 seconds.</p> 	
Skin*	hives, itchy rash, and/or swelling about the face or extremities.		
Gut*	nausea, abdominal cramps, vomiting and/or diarrhea.		
Throat*	itching and/or sense of tightness in the throat, hoarseness, hacking cough.		
Lung*	shortness of breath, repetitive coughing, and/or wheezing.		
Heart*	"thready" pulse, "passing-out."		

MEDICINE KIT LOCATION: Kit #1: Classroom Med Kit located in classroom, Kit #2: Travel Med Kit to be with adult with (child's name) at all times, Kit #3: Nurses Med Kit located in nurses office with albuterol and nebulizer. Kit #4 located in front pouch of child's backpack. The medicine in the EpiPen Jr. cannot hurt (child's name) under any circumstances; it will save his/her life.

WHAT TO DO: If you suspect or know (child's name) has come into SKIN CONTACT with peanuts but not ingested them, contact the nurse. If nurse cannot respond immediately: wash point(s) of contact where the welt is located with warm soapy water, rinse and dry. Apply small amount of topical Benadryl cream. If she is uncomfortable, administer 2 teaspoons of Children's Benadryl. Symptoms should stop progressing within five minutes.

If other welts are appearing quickly or you notice any other *symptoms: ALL of the above symptoms can progress to a life-threatening situation. If you suspect or know peanuts have entered his/her mouth or he/she has ingested them, **stay calm, call the nurse.**

If the nurse cannot respond immediately, administer the EpiPen Jr. in thigh. Once needle is in, count to 10; then call 911 and transport to hospital!