Managing Life-Threatening Food Allergies

Allergy Plan and Procedures

For

Cheshire Public Schools

July 2006

Contents

Section One

Overview of Food Allergies and Anaphylaxis in School-Aged Children

Food allergy is an exaggerated response by the immune system to a food that the body mistakenly identifies as being harmful. Once the immune system decides that a particular food is harmful, it produces specific antibodies to that particular food.

The next time the individual eats that food, the immune system releases moderate to massive amounts of chemicals, including histamine, to protect the body. These chemicals trigger a cascade of allergic symptoms that can affect the respiratory system, gastrointestinal tract, skin, and cardiovascular system.

In some people symptoms appear in only one body system, while in others symptoms appear in several systems. These symptoms can range from mild to severe and may be life-threatening depending on the individual and type of exposure.

Scientists estimate that approximately 11 million Americans suffer from potentially life-threatening food allergies. Of these 11 million, 2 million are school-aged children. At the present time, there is no cure for food allergy and avoidance is the only way to prevent an allergic reaction.

Although an individual can have a life-threatening allergic to any food, including fruits, vegetables, and meats, over 90 percent of allergic reactions are caused by the following eight foods:

Peanut
Tree nut (walnut, cashew, pecan, hazelnut, almond, etc.)
Milk
Egg
Fish
Shellfish
Soy
Wheat

Although eight foods are responsible for the most reactions, it is important to remember that ANY food can cause a serious allergic reaction.

Most, *but not all,* childhood allergies to milk, egg, soy and wheat, are outgrown by age 5. Peanut and tree nuts typically cause the most severe allergic reactions, and approximately 90 percent of fatal and near-fatal reactions are due to these foods. Allergies to peanut, tree nuts, fish and shellfish are often considered to be life long.

Ingestion of the food allergen is the principal route of exposure that leads to allergic reactions. For sensitized individuals, ingestion of even very minute amounts of foods can, in certain instances, result in fatal reactions without rapid intervention. While, it is also possible for a child to have an allergic reaction to tactile (touch) exposure or inhalation exposure, research has shown that they are extremely unlikely to result in severe or life-threatening reactions. Nevertheless, if children with life-threatening food allergies touch the allergens and then put their fingers to their eyes, nose or mouth, the exposure becomes an ingestion, and may cause anaphylaxis. The quantity of food necessary to trigger an allergic reaction may depend upon multiple variables. Each individual's level of sensitivity may fluctuate over time. The type and severity of symptoms can vary for a specific food in an individual and for different foods in someone with multiple food allergies. A food allergy fact sheet is available at **http://www.foodallergy.org/Presentations/EventDownload/FABasics.pdf**

What is Anaphylaxis?

Anaphylaxis (pronounced anna–fill–axis) is a potentially life-threatening medical condition occurring in allergic individuals after exposure to an allergen. People with allergies have over-reactive immune systems that target otherwise harmless elements in our diet and environment. During an allergic reaction to food, the immune system identifies a specific food protein as a target. This initiates a sequence of events in the cells of the immune system resulting in the release of chemical mediators such as histamine. These chemical mediators trigger inflammatory reactions in the tissues of the skin, the respiratory system, the gastrointestinal tract, and the cardiovascular system. When the inflammatory symptoms are widespread and systemic, the reaction is termed "anaphylaxis," a potentially life-threatening event. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body. These symptoms may include:

Organ	**Symptoms**
Skin	Swelling of any body part, hives, rash on any part of body, itching of any body part, itchy lips.
Respiratory	Runny nose, cough, wheezing, difficulty breathing, shortness of breath, throat tightness or closing, and difficulty swallowing, difficulty breathing, shortness of breath, change in voice.
Gastrointestinal (GI)	Itchy tongue, mouth and/or throat, vomiting, stomach cramps, abdominal pain, nausea, and diarrhea.
Cardiovascular	Heartbeat irregularities, flushed, pale skin, coughing, cyanotic (bluish) lips and mouth area, decrease in blood pressure, fainting or loss of consciousness, dizziness, change in mental status, and shock .

Other Sense of impending doom, anxiety, itchy, red, watery eyes.

Anaphylaxis may occur in the absence of any skin symptoms such as itching and hives. Fatal anaphylaxis is more common in children who present with respiratory symptoms, or GI symptoms such as abdominal pain, nausea or vomiting. In many fatal reactions, the initial symptoms of anaphylaxis were mistaken for asthma or mild GI illness, which resulted in delayed treatment with epinephrine auto-injector.

All symptoms, no matter how minor need to be recognized and treated promptly.

Fatal anaphylaxis is more common in children with food allergies who are asthmatic, even if the asthma is mild and well controlled. Children with a history of anaphylaxis or those whose prior food reactions have included respiratory symptoms such as difficulty breathing, throat swelling or tightness are also at an increased risk for severe or fatal anaphylaxis.

Anaphylaxis characteristically is an immediate reaction, occurring within minutes of exposure, although onset may occur one to two hours after ingestion. In up to 30 percent of anaphylactic reactions, the initial symptoms may be followed by a second wave of symptoms two to four hours later and possibly longer. This combination of an early phase of symptoms followed by a late phase of symptoms is defined as *biphasic reaction*. While the initial symptoms usually respond to epinephrine auto-injector, the delayed response may not respond as well to epinephrine auto-injector or other forms of therapy used in anaphylaxis.

It is imperative that following the administration of epinephrine auto-injector, the child be transported by emergency medical services to the nearest hospital emergency department even if the symptoms appear to be resolved.

Children experiencing anaphylaxis should be observed in a hospital emergency department for a minimum of four to six hours or longer after initial symptoms subside, to monitor for signs or symptoms of a biphasic reaction. In the event a biphasic reaction occurs, intensive medical care can immediately be provided.

For those children at risk for food-induced anaphylaxis, the most important management strategy in the school is **prevention**. In the event of an anaphylactic reaction, epinephrine auto-injector is the treatment of choice and should be given immediately. Sometimes, if symptoms do not subside, a second epinephrine auto-injector is necessary. Reports indicate that as many as one-third of individuals experiencing anaphylaxis may require a second (epinephrine) injection to control their reaction until they can get to a hospital (http://www.EpiPen.com/user.aspx, 2005).

Studies (Sampson, 1992 and Bock, 2001) show that fatal and near-fatal anaphylactic reactions are sometimes associated with not using epinephrine auto-injector or delaying the use of epinephrine treatment. When in doubt, it is better to give the epinephrine auto-injector and call the Emergency Medical System for an ambulance. Fatalities are more likely to occur when epinephrine administration is withheld.

Summary of Anaphylaxis

Food allergies are more prevalent in younger children. Every food allergy reaction has the potential of developing into a life-threatening event. Several factors may increase the risk of a severe or fatal anaphylactic reaction: asthma or a history of asthma; a previous history of anaphylaxis; peanut, tree nut, and/or shellfish allergies; presentation with gastrointestinal or respiratory symptoms, and delay in the administration of or failure to administer epinephrine auto-injector.

The severity and rapid onset of food induced anaphylaxis emphasizes the need for an effective emergency plan that includes early recognition of the symptoms of anaphylaxis, immediate administration of epinephrine auto-injector and prompt transfer of the child by the emergency medical system to the closest hospital. This section was based in part from the following resources, websites and documents:

The Food Allergy & Anaphylaxis Network at http://www.foodallergy.org. Excerpts were adapted and printed with permission.

Managing Life Threatening Food Allergies in Schools, 2002. Massachusetts Department of Education.

Excerpts from the Managing Life Threatening Food Allergies in Schools are included by permission of the Massachusetts Department of Education. The Massachusetts Guidelines may be revised periodically. The complete and current version of the Massachusetts Managing Life Threatening Food Allergies in Schools is available on the Internet at http://www.doe.mass.edu/cnp/news02/allergy.pdf.

Section Two

Legislation

Schools have a responsibility to be knowledgeable about all relevant state and federal laws, and how they impact school policies on life-threatening food allergies. Brief descriptions of the most relevant state and federal laws follow. It is important to note that the Connecticut Public Act 05-104 created an entitlement to an individualized health care plan for children with life-threatening food allergies regardless of the child's status as a child with a disability under Section 504 of the 1973 Rehabilitation Act or Individuals with Disabilities Educational Act (IDEA), or the Americans with Disabilities Act of 1990.

State Legislation

PA 05-104 An Act Concerning Food Allergies and the Prevention of Life Threatening Incidents in School. This public act requires the State Department of Education to develop guidelines for the management of students with life-threatening food allergies and have these guidelines available by January 1, 2006. In addition, not later than July 1, 2006, each local and regional board of education shall implement a plan based on these guidelines for the management of students with life-threatening food allergies enrolled in the schools under its jurisdiction which includes the development of an individualized health care plan for every student with life-threatening food allergies.

CGS 10-212a Administration of Medications in Schools. This statute pertains to the administration of medications in the school setting. This statute addresses who may prescribe medications and who may administer medications in the school setting.

Section (d) of CGS 10-212a Administration of Medications in Schools by a paraprofessional. This section of the statute provides for a paraprofessional to administer medication to a specific student with a life-threatening food allergy if there is written permission from the parent; written medication order by a legally qualified prescriber; and that the school nurse and school medical advisor have approved the plan and provide general supervision to the paraprofessional.

The Regulations of Connecticut State Agencies Section 10-212a-1 through10-212a-7. These regulations provide the procedural aspects of medication administration in the school setting. The regulations include definitions within the regulations; the components of a district policy on medication administration; the training of school personnel; self-administration of medications;

handling, storage and disposal of medications; and supervision of medication administration.

CGS 10-220i – Transportation of Students carrying cartridge injectors. This statute states that students with life-threatening allergies cannot be denied access to school transportation solely due to the need to carry a cartridge injector while traveling on a vehicle used for school transportation.

CGS 52-557b – Good Samaritan Law. Immunity from liability for emergency medical assistance, first aid or medication by injection. This statute provides immunity from civil damages to individuals who have been properly trained and who provide emergency assistance, voluntarily and gratuitously and other than in the course of their employment or practice to another person in need of assistance.

PA 05-144 and 05-272 – An Act Concerning the Emergency Use of Cartridge Injectors
This public act amends the Good Samaritan Law and extends immunity to certain trained individuals, including before- and after-school program staff. This statute specifies the conditions in which this may occur. Additionally, it specifies that these before- and after-school programs are those administered by a local board of education or other municipal agency.

Note: See Appendix F for each statute and public act listed above.

Federal Legislation

Certain federal laws may also be relevant to school districts' responsibilities for meeting the needs of students with severe food allergies. It is important to note, however, that there is considerable variation in interpretation of these laws with respect to students with severe food allergies, as there is variability among the practices of school districts in addressing the needs of these students in school. Additionally, Connecticut has created an entitlement to an individualized health care plan for a child with life-threatening food allergies without reference to a child's status as disabled under either Section 504 of the Rehabilitation Act of 1973 (Section 504) or Individuals with Disabilities Education Act (IDEA).

Section 504 of the Rehabilitation Act of 1973 prohibits all programs and activities receiving federal financial assistance, including public schools, from discriminating against students with disabilities, as defined in the law. A student with a disability under Section 504 is defined as one who has a physical or mental health impairment (in this case, life-threatening food allergy) that "substantially limits a major life activity," such as walking, seeing, hearing, speaking, breathing, learning, working, caring for oneself, and performing manual tasks (29 U.S.C. 794 § 504; 34 C.F.R. § 104 et seq.).

"Substantially limited" is not defined in the law or Section 504 regulations. It is the responsibility of the Section 504 team to determine eligibility criteria and placement as outlined in the regulations. In

order to determine a child's qualification, an individualized assessment of the child is required. If qualified, the child is entitled to receive a free, appropriate public education, including related services. These services should occur within the child's usual school setting with as little disruption as possible to the school's and the child's routines, in a way that ensures that the child with a disability is educated to the maximum extent possible with his non-disabled peers.

The Americans with Disabilities Act (ADA) of 1990 also prohibits discrimination against any individual with a disability, and extends the Section 504 requirements into the private sector. The ADA contains a definition of "individual with a disability" that is almost identical to the Section 504 definition. The ADA also provides a definition of substantially limits (42 U.S.C. §12101 et seq.; 29 C.F.R. § 1630 et seq.).

The Individuals with Disabilities Education Act of 1976 (IDEA) provides financial assistance to state and local agencies for educating students with disabilities that significantly interfere with learning. Children are eligible if they fit into one or more of the 13 categories of disability defined in the law and if, because of the disability, they require specialized instruction (20 U.S.C. § 1400 et seq.; 34 C.F.R. §
300 et seq.).

Cheshire personnel should familiarize themselves with these three federal laws and the regulations enacted hereunder to determine a child's eligibility. Relevant court and agency decisions in Section 504, IDEA and ADA may provide additional guidance regarding the eligibility of students with severe food allergy for the federal laws noted above. When making eligibility determination for children with life-threatening food allergies, schools must look at the student's needs on a case-by-case basis.

School personnel have a responsibility to be knowledgeable about all relevant state and federal laws, and about how they impact school policies.

The Family Education Rights and Privacy Act of 1974 (FERPA) protects the privacy of students and their parents by restricting access to school records in which individual student information is kept. This act sets the standard for the confidentiality of student information. FERPA also sets the standards for notification of parents and eligible students of their rights with regards to access to records, and stipulates what may or may not be released outside the school without specific parental consent. Within schools, FERPA requires that information be shared among school personnel only when there is a legitimate educational interest.

Occupational Safety and Health Administration (OSHA), a regulatory agency within the U.S. Department of Labor, requires schools in Connecticut to meet safety standards set forth by this agency. These standards include the need for procedures to address possible exposure to blood-born pathogens. Under OSHA regulations, schools are required to maintain a clean and healthy school environment. Schools must adhere to *Universal Precautions* designed to reduce the risk of transmission of blood-borne pathogens, which include the use of barriers such as surgical gloves and other protective measures, such as needle disposal, when dealing with blood and other body fluids or tissues.

Section Three

Food Allergy Management Plan and Guidelines

Identification of Students with Life-Threatening Food Allergies

Strategies to be used to identify students with life-threatening food allergies may include using school newsletters, kindergarten registration, school nurse communications with families (i.e., new student health history form), and communication with community nursery schools and preschools. These strategies for identification of students with life-threatening food allergies facilitate proper planning prior to the beginning of the school year.

Process for Annual Development of Individualized Health Care Plan

A formalized process will be used for the development of an individualized health care plan for students with life-threatening food allergies. This process includes a standardized template for the development of both the Individualized Health Care Plan (IHCP) and the Emergency Care Plan (ECP), recommendations of team members who are involved in the development of the IHCP, a process to obtain medical information and proper authorizations to administer medication from the student's health care provider, and a process to develop other accommodations within the IHCP such as allergen-free zones in the classroom and/or cafeteria.

Administration of Medications

Medication administration for students with life-threatening food allergies must follow District policy and procedures regarding medication administration. Medication administration at schools and at school activities must be in compliance with CGS, Section 10-212a and Sections10-212a -1 through 10-212a -7 of the Regulations of the Connecticut State Agencies.

Administration of Medications during the School Day

In the absence of a school nurse, administration of an epinephrine cartridge auto-injector may be administered by a principal, teacher, occupational therapist (OT) or physical therapist (PT) with proper training by the school nurse.

Training for Medication Administration

The school nurse shall provide the training on administration of medication to all school personnel to whom they delegate the administration of medications. This training must include the medication, the desired effects, when and how to administer the medication, the potential side effects, and the emergency response plan.

Supervision

The school nurse is responsible for the supervision of the other school personnel who are delegated responsibility for administering medications.

Administration of Medications (continued)

Other considerations

Other considerations include the following:

- Obtaining proper medication authorizations from the student's health care provider [licensed physician, APRN or Physician's Assistant (PA)];
- Parental permission to administer medication at school;
- Ensuring medication is provided by the parent for use in the school setting;
- Determination of where medications will be stored (i.e., in the health room, in the classroom, or carried by the student on their person);
- Safety considerations including storage during and beyond the school day; and
- Determination of competence of an individual student's ability to self-administer their own medication by the authorized health care provider, the parent, and the school nurse.

Standing Orders

There shall be a standing order from the School Medical Advisor for the school nurses to administer epinephrine to students who are not known to have a life-threatening food allergy, do not have their own medication order and have their first anaphylactic reaction in school. This standing order shall include an order to administer a second dose of epinephrine if the symptoms of an anaphylactic reaction have not subsided within a specified number of minutes with the first dose of epinephrine. These orders shall be reviewed and signed by the School Medical Advisor on an annual basis.

Communication Plans

The expectations for communication and privacy issues between relevant school staff (such as school nurses, teachers, administrators, etc), families and the student's health care providers (such as physicians, nurses, and EMS) include:

- Obtaining documentation by the student's health care provider (licensed physician or Advanced Practice Registered Nurse [APRN]) of the life threatening allergies, which may include the proper authorizations for medications and emergency response protocols.
- A communication process with the student's health care providers and parents regarding individual student's prevention and management plans.
- Establishing communication systems within the school (i.e., walkie-talkies) and during off-site activities (i.e., cell phones or radios on school transportation and field trips).
- Determining a communication process between school and parents of children without life-threatening food allergies including standard parental notification letters regarding allergen classrooms.
- Establishing procedures that ensure the appropriate people (such as all teachers, paraprofessionals, custodians, bus drivers, substitute staff, cafeteria aides/monitors and kitchen staff) are familiar with the IHCP and emergency plan on an annual basis.

Provisions for Initial and Ongoing Education for School Community

Education and Professional Development Opportunities

The school nurse may need to update clinical knowledge and skills related to severe food allergy in school settings. This would include information pertaining to: allergies; individualized health care plans; emergency care plans; transportation plans and issues; accommodations within regular education; requirements of Section 504, appropriate school district policies and procedures; collaborating with families; and implications of normal development in drafting care plans.

The school nurse in collaboration with the parent(s) of students with life-threatening food allergies and School Medical Advisor shall provide education to relevant school staff such as classroom teacher/specialist, substitutes, students, school administrators, school food service staff, custodians, bus drivers, coaches and other on-site persons in charge of conducting after school activities. This education may include: overview of life-threatening food allergies; prevention strategies; emergency care plans; medication training; food safety; sanitation; and specific accommodations, such as field trips.

The school nurse in collaboration with school administration may provide education to parents of students with life-threatening food allergies. This education may include: general information (anaphylaxis, epinephrine, etc); school medication policies and procedures; and school policies and procedures related to the development of school plans to manage life-threatening food allergies.

The school nurse in collaboration with school administration and food allergy educators may provide education to peers of students with life-threatening food allergies. Peer education is a critical component of food allergy management at school. As students with life-threatening food allergies and their peers mature, it is often the children themselves that first recognize a reaction and summon help. This education may include general terms (anaphylaxis, epinephrine, etc); school policies on prevention strategies, such as prohibiting food swapping and allergen free zones; and school policies on bullying and teasing.

In addition to education of the school community, education efforts may also include education for the individual student to promote self-advocacy and competence in self-care. Strategies may include:

- Collaborating to help families and school staff define reasonable (and unreasonable risks) for children at each developmental stage. These risks may include self-carrying and self-administration of medication, making food choices in the school cafeteria, educating peers about life-threatening food allergies, etc.
- Determining appropriate steps for safety in the context of children's needs to take risks in order to learn and develop.

Prevention Measures

Prevention measures shall include:

- Effective sanitation and cleaning measures, such as cleaning the designated allergy lunch table and classroom surfaces with disposable paper towels and cleaning products known to effectively remove food proteins.

Prevention Measures (continued)

- Promotion of hand-washing practices following eating to prevent cross-contact using recommended procedures of soap and water or hand wipes when soap and water are not available.
- Enforcement of safe practices among students, such as prohibiting meal/snack swapping, utensil swapping among students, and prohibiting eating on school transportation.
- Consideration of allergen-free zones such as the classroom, lunch tables, or cafeteria zone to decrease exposure to allergen.
- Development of common practices for alerting and assigning substitute staff for school nurses and teachers.
- Provide supervision in the cafeteria and on the playground by trained and knowledgeable staff in recognition of symptoms of anaphylaxis and emergency plans.
- Plan for celebrations (birthdays, school parties, holidays, and other school events) which may include alternatives to food for celebrations, provisions for allergy-free foods for celebrations, etc.)
- Plan for fire drills, lockdowns, or shelter in place which may include considerations for access to medications, allergy free foods, etc.
- Buildings that have designated allergy free classrooms, should not be available for public use.
- Adhere to OSHA and Universal Precautions Guidelines for disposal of epinephrine auto-injectors after use.

Food Service and Food Safety Considerations

School Meals

Generally, children with food allergies or intolerances that are not life-threatening do not have a disability as defined under either Section 504 of the Rehabilitation Act or IDEA. Therefore, school food services may, but are not required to, make food substitutions. Any substitutions made would require a completed "Medical Statement for Children *without* Disabilities" to be on file.

However, if a licensed physician determines the food allergy is severe enough to result in a life-threatening (anaphylactic) reaction, the school food service program must make the substitutions prescribed by the physician, even if the child is not considered disabled under Section 504 or IDEA. In this case, the "Medical Statement for Children *with* Disabilities" form must be completed and on file.

The school nurse has the lead in obtaining appropriate documentation such as medical statements. It is essential that this information is communicated to the School Food Service Director.

Collaboration with food service staff is essential to assist the student with life-threatening food allergies to participate in the school meal program. With documentation from the student's health care provider, meal substitutions can be made to ensure that students are provided with food choices that avoid certain foods. Food labels are available in each school kitchen for daily review by the parent, so that they may decide whether their child will eat school lunch that day.

Food Safety

The School Food Service Director has the responsibility to insure school food service facilities are operated in compliance with state and local regulations. School food service employees are to be provided annual training on the issues and concerns in regards to food allergies in the school environment.

School food service allergy awareness training may include: identifying the major allergens; label reading; cleaning and separating to avoid cross contact with allergens; personal hygiene to avoid cross contact with allergens; and developing standard operating procedures to document and monitor allergen free measures and preparation areas within the kitchen.

Note: The Food Allergy & Anaphylaxis Network, in cooperation with the National Restaurant Association, has developed training program guidelines for food service employees that may be obtained through the Food Allergy & Anaphylaxis Network at (800-929-4040). Special procedures for handling meal accommodations for children with life-threatening food allergies and other special dietary needs can be obtained by contacting the Connecticut State Department of Education. Information regarding the U.S. Department of Agriculture's requirements can be found in *Accommodating Children with Special Dietary Needs in the School Nutrition Programs: Guidance for School Food Service Staff* at:

http://www.fns.usda.gov/cnd/Guidance/special_dietary_needs.pdf

Monitoring Effectiveness of District Plan and Procedures

Cheshire Public Schools shall ensure periodic assessments of the effectiveness of the Allergy Plan and Procedure. Assessments should occur:

- At least annually with the school district team;
- After each emergency event involving the administration of medication to determine the effectiveness of the process, why the incident occurred, what worked and did not work in the District plan and procedures; and

Section Four

Development of Individualized Health Care Plans (IHCP)

For Students

Children with life-threatening food allergies should have an Individualized Health Care Plan (IHCP) and an Emergency Care Plan (ECP) to address how that child's health and safety needs will be met while in school.

Emergency Care Plans (ECP): The written Emergency Care Plan (ECP) for students with life-threatening food allergies may sometimes be called an Allergy Action Plan (AAP). An ECP provides specific directions about what to do in a medical emergency such as an accidental exposure to the allergen or safety emergency such as a fire drill or lockdown. The ECP is often part of the IHCP. This written plan helps the school nurse, school personnel and emergency responders react to an emergency situation in a prompt, safe and individualized manner. The ECP includes:

1. The child's name and other identifying information, such as date of birth and grade and photo;

2. The child's specific allergy;

3. The child's signs and symptoms of an accidental exposure to the allergen;

4. The medication to be administered in the event of an accidental exposure to the allergen;

5. The location and storage of epinephrine auto-injector(s);

6. Who will administer the medication (including self-administration options);

7. Follow-up plan (i.e., calling 911);

8. Recommendation that if the child continues to experience symptoms after the administration of epinephrine auto-injector, especially if drop in blood pressure (BP), dizziness or lightheadedness occurs, then place the student lying on his/her back (supine position) with their legs elevated above their head.

9. Emergency contacts for parents/family and medical provider.

In order to develop the ECP, the school nurse should obtain current health information from the family and the student's health care provider(s), including student's emergency plan and all medication orders and consult with the health care provider as indicated to clarify emergency medical protocol and medication orders.

Individualized Health Care Plans and the Essential Components

In addition to the development of the ECP, students with life-threatening food allergies should also have an Individualized Health Care Plan (IHCP). In order for this to happen, it is necessary to determine a process for developing and implementing an individualized plan for the student. This process should include:

- Identification of a core team to establish the plan. The school nurse should have the lead role on this team. In addition to the school nurse, this team should include, at a minimum, parent(s), guardian(s) or other family members, classroom teacher and the student (if appropriate). Other possible members may include the school administrator(s), School Medical Advisor, student's health care provider, special teachers, and other school staff such as the school food service manager.
- Collaboration between the school nurse and parent to consider developmentally and age appropriate accommodations and draft language for consideration at the core team meeting.
- Meeting of team members to finalize IHCP. While the health care providers can offer recommendations for the types of accommodations needed in the school setting, it is the core team's responsibility for the development of these recommendations based on the student's needs and the school environment for the student (e.g., IHCP or Section 504 plan). If the team determines that a student does meet the eligibility requirements for Section 504, the IHCP may be considered one and the same as the Section 504 plan.

Individualized Health Care Plans and the Essential Components (continued)

- Based on the student's health status, determine the minimum frequency with which health information will be reviewed and the plan updated accordingly.

IHCP's are usually developed for students with special health needs or whose health needs require daily intervention. These plans describe how to meet an individual child's daily health and safety needs in the school setting. An individual health care plan includes functional health issues (nursing diagnoses), student objectives (expected outcomes) for promoting self-care and age appropriate independence, responsibilities of parents, school nurse, teacher, student and administration as appropriate.

Individualized health care plans should address student needs both during the normal school day and situations outside of the normal school routine. This information may be distributed to all school staff that has responsibility for the student with life-threatening food allergies. Considerations to be included in the individual health care plan and accommodation plans for students with life-threatening food allergies may include:

- classroom environment, including allergy free considerations;
- cafeteria safety, including allergy free tables or zones;
- participation in school nutrition programs;
- snacks, birthday and other celebrations;
- alternatives to food rewards and incentives;
- hand-washing;
- location(s) of emergency medication;
- risk management during lunch and recess times;
- classroom projects (e.g., science activities that may involve food or allergen products);
- classroom jobs (e.g., feeding fish, washing tables, etc.);
- specials, such as music and art;
- special events (e.g., cultural programs, science programs);
- field trips, fire drills, and lockdowns;
- staff education;
- substitute staff notification and training (including nurses, teachers, specials, student teachers, cafeteria staff, and others as appropriate);
- school transportation;
- transitions to after-school programs;
- athletic and extracurricular activities;
- individualized adaptations of district parental notification letter (if necessary);
- PTO or PTA sponsored events for students; and
- transition to new grades and school buildings in the District.

Additional considerations for middle and high school students include:

- transportation on sports team bus;
- school dances;
- biology labs;
- open campus and extended study periods;
- vending machine options; and
- culinary arts programs.

The Individualized Health Care Plan (IHCP) may also include a summary of nursing assessments. The Individual Health Care Plan is also used to document interventions and evaluate outcomes.

IHCP's should be updated at least annually, and more frequently as necessary to keep pace with changing student needs and school environment. During this update, a review of the student's competency levels, self-care plans, and changes in the school environment should be considered.

Reviews should occur:

- at least annually with the school team, including the parents or guardians, and when appropriate, the student;
- more frequently if there are changes in the student's emergency care plan, changes in the self-monitoring and self-care abilities of the student, or whenever an adjustment to the plan is appropriate; and
- after each emergency event involving the administration of an EpiPen® a (summative evaluation) to determine the effectiveness of the process, why the incident occurred, what worked and did not work and person(s) involved.

Form #1

Medical Statement for Children *without* Disabilities
Requiring Special Meals in Child Nutrition Programs

Example: Lactose Intolerance; Irritable Bowel Syndrome.
Questionable Allergy per parent: chocolate or strawberry

Place Child' Picture Here

Part I *(To be filled out by School)*
Date: _____ Name of Child: _____
School Attended by Child: _____

Part II (*To be filled out by Medical Authority*)

Patient's Name: _____ Age: _____

Diagnosis: _____
_____
_____
_____

Describe the medical or other special dietary needs that restrict the child's diet:
_____
_____

List food(s) to be omitted from the diet and food(s) to be substituted (Diet Plan):
_____
_____
_____
_____
_____

List foods that require a change in texture:

Cut up or chopped to bite-size pieces: _____
Finely ground: _____
Pureed: _____

Special Equipment Needed:
_____
_____

Date _____ Signature of Medical Authority _____

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Form #2

Medical Statement for Children *with* Disabilities
Requiring Special Meals in Child Nutrition Programs

Example: Diabetes; Severe Life Threatening Food Allergy
Part I *(To be filled out by School)*

Paste Child's Picture Here.

Date: _____ Name of Child: _____
School Attended by Child: _____

Part II (*To be filled out by Physician*)

Patient's Name: _____ Age: _____

Diagnosis: _____
_____
_____
_____

Describe the patient's disability and the major life activity affected by the disability:
_____
_____

Does the disability restrict the individual's diet? ☐ Yes ☐ No
If yes, list food(s) to be **omitted** from the diet and food(s) to be **substituted** (Diet Plan):
_____
_____
_____
_____

List foods that require a change in texture:

Cut up or chopped to bite-size pieces: _____
Finely ground: _____
Pureed: _____

Special Equipment Needed:
_____
_____

Date _____ Signature of Physician _____

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Form #3

FOOD ALLERGY TREATMENT PLAN AND
PERMISSION FOR THE ADMINISTRATION OF MEDICATIONS BY SCHOOL PERSONNEL

PATIENT'S NAME:_____ DATE OF BIRTH:_____

PATIENT'S ADDRESS:_____ TELEPHONE: _____

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** for 2 hours
_____Administer **adrenaline** before symptoms occur, IM EpiPen Jr. Adult
_____Administer **adrenaline** if symptoms occur, IM EpiPen Jr. Adult
_____Administer **Benadryl____** tsp. or Atarax_____ tsp. Swish & Swallow
_____Administer_____
_____Call 911, transport to ER if symptoms occur for evaluation, treatment and observation for 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 _____

*Signature:*_____ *M.D.* *Date:*_____

****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

I have received, reviewed, and understand the above information.

_____ _____
Patient/parent/guardian signature Date

Sample……..INDIVIDUALIZED HEALTH CARE PLAN (Elementary)

Student Name: _____ Birth Date: _____ Grade: _____ Teacher: _____

Plan effective from 2006 to 2007

ASSESSMENT DATE/NURSE	FUNCTIONAL HEALTH CONCERN	STUDENT OBJECTIVE(S)	INTERVENTIONS	EVALUATION
	Risk of anaphylactic reaction (life-threatening allergic response) related to the ingestion or inhalation of peanuts and/or tree nuts (protein component) **Risk of severe allergic reaction to the ingestion or inhalation of [add other allergens here if applicable, or delete]** **Student has an Individualized Emergency Care Plan (IECP)**	**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.** **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.** **Student will cooperate with staff members 100% of the time if they need to implement the IECP.**	**Parents will:** ✧ **Inform school nurse and teacher of food allergy** ✧ **Provide a physician's order and medication for medical intervention. 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, 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** **Nurse will:** ✧ **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 food allergy, allergic reaction symptoms, recognizing signs and symptoms of anaphylaxis, and prevention and treatment plans** ✧ **Train school staff in EpiPen administration, as appropriate** ✧ **Develop and disseminate emergency care plan for student** ✧ **(add use of walkie-talkie if appropriate and**	**[Enter documentation method or date(s) accomplished for all applicable interventions]**

specific to student)

- ✧ **Review cleaning/care of nut/peanut free table in cafeteria with maintenance and cafeteria staff**

Sample……INDIVIDUALIZED HEALTH CARE PLAN (Elementary)

Student Name: _____ Birth Date: _____ Grade: _____ Teacher: _____

Plan effective from 2006 to 2007

INTERVENTIONS

Teacher/classroom staff will:

- ✧ **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**

Student will:

- ✧ **Not eat any foods except those that come from home or have been approved by the parent or the school nurse.**
- ✧ **Inform teacher/staff if he/she is not feeling well, for any reason, but especially of he/she thinks he/she may be having an allergic reaction**

School Nurse: _____ Date: _____

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

IHCP meeting attendees: _____

Sample…….INDIVIDUALIZED HEALTH CARE PLAN (Middle)

Student Name: _____ Birth Date: _____ Grade: _____ Teacher: _____

Plan effective from 2006 to 2007

ASSESSMENT DATE/NURSE	FUNCTIONAL HEALTH CONCERN	STUDENT OBJECTIVE(S)	INTERVENTIONS	EVALUATION
	Risk for life-threatening allergic response to allergen; history of asthma **Student has an Individualized Emergency Care Plan (IECP)**	**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 him/her when allergens may be present in the environment.** **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.**	**Parents will:** ✧ **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 it 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.** **Nurse will:** ✧ **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 staffs 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 the symptoms of anaphylaxis and skills needed for self-administration of an EpiPen, including practice in injecting an EpiPen into an orange.**	

Sample……INDIVIDUALIZED HEALTH CARE PLAN (Middle)

Student Name: _____ Birth Date: _____ Grade: _____ Teacher: _____

Plan effective from 2006 to 2007

ASSESSMENT DATE/NURSE	FUNCTIONAL HEALTH CONCERN	STUDENT OBJECTIVE(S)	INTERVENTIONS	EVALUATION

Teacher/classroom staff will:

- ✧ **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.**

Student will:

- ✧ **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 his/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.**
- ✧ ***[For students carrying their own medications]* 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.**
- ✧ **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.**

Sample……INDIVIDUALIZED HEALTH CARE PLAN (Middle)

Student Name: _____ Birth Date: _____ Grade: _____ Teacher: _____

Plan effective from 2005 to 2006

School Nurse: _____ Date: _____

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

IHCP meeting attendees: _____

_____

_____