

The Board of Education, with the assistance of the school medical advisor and the school nurse, shall develop a plan for managing life-threatening food allergies in accordance with the Connecticut State Department of Education Bureau of Health and Nutrition Services.

The plan shall include:

1. An Overview of Food Allergies and Anaphylaxis
2. State and Federal Legislation
3. A Food Allergy Management Plan
4. Procedural Guidelines
5. Guidelines for Individual Health Care Plans
6. Appendices

Legal Reference: PA-00104

Policy Adopted: 7/10/06
Policy Revised: 12/12/2016

I. Overview of Life-Threatening Food Allergies and Anaphylaxis

- a. School personnel have a responsibility to be knowledgeable about life-threatening food allergies and anaphylaxis.

- b. Food Allergy

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 allergy 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 and 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.

c. 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.

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; Difficulty swallowing; Difficulty breathing, shortness of breath Change in voice
Gastrointestinal (GI)	Itchy tongue, mouth and/or throat; Vomiting; Stomach cramps; Abdominal pain; Nausea; 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; 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.

Fatal anaphylaxis is more common in children with food allergies who are asthmatic, even if the asthma is mild and well controlled. Children with 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.

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

d. 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: Guidelines for Managing Food Allergies in Connecticut Schools (CT. S.D.E.2006), The Food

Allergy & Anaphylaxis Network at <http://www.foodallergy.org>. Excerpts were adapted and printed with permission. 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 ss.edu/cnp/news02/allergy.pdf.

II. State and Federal Legislation

a. School personnel 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.

1. 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 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 through 10-212a-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.

2. Federal Legislation

Certain federal laws may also be relevant to the 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.).

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

District personnel should familiarize themselves with these three federal laws and the regulations enacted there under 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, the school must look at the student’s needs on a case by case basis.

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-borne 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.

III. Food Allergy Management Plan

- a. The Hartland Board of Education shall require school staff to work with students, parents, and physicians in partnership to minimize risk of accidental exposure to provide a safe educational environment for food-allergic students.
- b. Family's Responsibility
 1. Notify the school of the child's allergies.
 2. Work with the school team to develop a Food Allergy Action Plan that accommodates the child's needs throughout the school including in the classroom, in after-school programs, during school-sponsored activities and on the school bus.
 3. Provide written medical documentation, instructions, and medications as directed by a physician, using the Food Allergy Action Plan as a guide. A photo of the child should be included on the written form.
 4. Provide properly labeled medications and replace medications after use or upon expiration.
 5. Educate the child in the self-management of their food allergy including:
 - safe and unsafe foods
 - strategies for avoiding exposure to unsafe foods
 - symptoms of allergic reactions
 - how and when to tell an adult they may be having an allergy-related problem
 - 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.
 7. Provide emergency contact information.
- c. School's Responsibility
 1. Be knowledgeable about and follow applicable federal laws.
 2. Review the health records submitted by parents and physicians.
 3. Include food-allergic students in school activities.
 4. Assure that all staff who interact with the student on a regular basis understand the food allergy, can recognize symptoms, know what to do in an emergency and work with other school staff to eliminate the use of food allergens in the allergic student's environment.
 5. Practice the Food Allergy Action Plans before an allergic reaction occurs to assure the efficiency/effectiveness of the plans.
 6. Be prepared to handle a reaction and designate a staff member who is properly trained to administer medications during the school day regardless of time or location.
 7. Review policies/prevention plan with the core team members, parents/guardians, student (age appropriate), and physician after a reaction has occurred.
 8. Work with the district transportation administrator to assure that school bus driver is properly trained.
 9. 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.

10. Discuss field trips with the family of the food-allergic child to decide appropriate strategies for managing the food allergy.
- d. Student's Responsibility
 1. Must not trade food with others.
 2. Must not eat anything with unknown ingredients or known to contain any allergen.
 3. Must be proactive in the care and management of their food allergies and reactions based on their developmental level.
 4. Must notify an adult immediately if they eat something they believe may contain the food to which they are allergic.

IV. Procedural Guidelines

- a. The Hartland Board of Education School shall work through school staff to identify students with life-threatening food allergies using the school emergency form and student health history form.
- b. The school nurse, working with the student's parents and physician, shall develop an Individualized Health Care Plan (IHCP) that includes an Emergency Care Plan (ECP) upon entry into the Hartland Public Schools. The IHCP shall be reviewed annually and revised as needed.
- c. Administration of Medications
Medication administration for students with life-threatening food allergies must follow the Hartland School District's policy and procedures regarding medication administration as outlined in the Medication Policy #5141.21.
- d. Communication Plans
 1. The school nurse shall obtain documentation from the student's health care provider of the life-threatening allergies, as well as authorizations for medications, emergency response protocols and prevention and management plans.
 2. The school nurse and classroom teacher shall be responsible for notifying the parents of children without life-threatening food in writing of allergen classrooms.
 3. The school nurse shall inform all teachers, paraprofessionals, custodians, bus drivers and substitute staff of the IHCP and emergency plans.
- e. Provisions for Initial and Ongoing Education

Clinical updating for the school nurse and school medical advisor shall take place in accordance with State requirements.
- f. The Hartland Board of Education shall provide information and training for staff as needed to safeguard students with life-threatening allergies.

1. School Nurse- Will be updated with information pertaining to: allergies; the student individualized health care plans; district policy.

2. School Personnel- The school nurse in collaboration with the parent(s) of students with life-threatening food allergies and school medical advisor shall provide school personnel with information that may include: an overview of life-threatening food allergies; prevention strategies; emergency plans.

3. School and community partners- The school nurse in collaboration with school administration, the school medical advisor and parent(s) of students with life-threatening food allergies shall provide education to the school and community partners information that may include: general terms; prevention strategies; and school policies and procedures

4. Students (peers)- The school nurse in collaboration with school administration and food allergy educators may provide education to peers of students with life-threatening food allergies. This education may include: general terms (anaphylaxis, epinephrine etc); school policies on prevention strategies, such as prohibiting food swapping and allergen free zones.

g. Prevention Measures

The Hartland Board of Education authorizes that school personnel shall establish school-wide prevention measures as deemed necessary as indicated in a student's IHCP.

h. Monitoring Effectiveness

Periodic assessments of The Hartland Public Schools Plan for Managing Life-Threatening Food Allergies shall be conducted annually by the district team and after each emergency to determine: the effectiveness of the process; why the incident occurred; and adjustments that need to be made in the future.

V. Guidelines for Individual Health Care Plans

a. The Individual Health Care Plan (IHCP) shall include an Emergency Care Plan (ECP) that shall be established by the Core Team. (Should a determination be made 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.)

b. The Core Team shall be comprised of: the school nurse, who shall take the lead role; the student's personal physician; the parent(s) or guardian(s); school administrator; classroom teacher; and student (if appropriate).

c. The school nurse shall be responsible for: communicating with the student's personal physician; developing the IHCP with the team members; gathering and disseminating information to school and ancillary personnel

d. The IHCP shall be made using the IHCP form that includes: the student's name; date of birth; grade; teacher; plan effective date; assessment date/nurse; functional health concern; student objective; interventions; evaluation.

e. The Emergency Care Plan (ECP) shall be made using the ECP form to indicate: the student's name date of birth; grade; photo; specific allergy; signs and symptoms of an accidental exposure to the allergen; the medication to be administered in the event of an accidental exposure to the allergen; location and storage of epinephrine auto-injector(s); who will administer the medication; follow-up plan; recommendation symptoms continue after the administration of epinephrine auto-injector; and emergency contacts for family and medical provider.

VI. Appendices

To ensure compliance and accuracy, this plan is a direct adaptation of *Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools*.

References:

www.state.ct.us/sde/deps/student/Health/Food-Allergies.pdf

<http://www.foodallergy.org/allergens/index.html>

Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools

INDIVIDUALIZED HEALTH CARE PLAN (Elementary)

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

Plan effective from 2005 to 2006

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 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 specific to student). ○ review cleaning/care of nut/peanut free table in cafeteria with maintenance and cafeteria staff. 	<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: Student **Birth Date:** _____ **Grade:** _____ **Teacher:** _____

Plan effective from 2005 **to** 2006

			INTERVENTIONS	
			<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. Student will: ○ 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. 	

School Nurse:

Date:

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

IHCP meeting attendees:

Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools

INDIVIDUALIZED HEALTH CARE PLAN (Middle)

Name: Student **Birth Date:** _____ **Grade:** _____ **Teacher:** _____
Plan effective from 2005 to 2006

ASSESSMENT DATE / NURSE	FUNCTIONAL HEALTH CONCERN	STUDENT OBJECTIVE(S)	INTERVENTIONS	EVALUATION
	<p>Risk for life-threatening allergic response to allergen; 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 the symptoms of anaphylaxis and skills needed for self administration of an EpiPen, including practice in injecting an EpiPen into an orange. 	

Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools

INDIVIDUALIZED HEALTH CARE PLAN (Middle)

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

Plan effective from 2005 to 2006

ASSESSMENT DATE / NURSE	FUNCTIONAL HEALTH CONCERN	STUDENT OBJECTIVE(S)	INTERVENTIONS	EVALUATION
			<ul style="list-style-type: none"> ○ 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 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. ○ 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. 	

Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools

School Nurse: _____ Date: _____

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

IHCP meeting
attendees: _____

Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools

(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. or Atarax _____ tsp. Swish & Swallow

_____ 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 _____

Guidelines for Managing Life-Threatening Food Allergies in Connecticut Schools

**Emergency Response Protocol 200-200
Severe Food Allergy to Peanuts**

Student Name: _____

Teachers: _____

Parent Contact: _____

Doctor Contact: _____

Child's
Picture

Key safety rules of the classroom & outside play area:

- The regular and specials classrooms and play-areas are peanut- and tree nut-free environments.
- _____ travel EpiPen® medicine kit and a walkie-talkie will remain with _____ at all times during the day and be managed by a trained adult.
- _____ 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 _____ 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 No

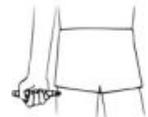
SIGNS OF AN ALLERGIC REACTION INCLUDE:

Systems	Symptoms
Mouth*	itching and swelling of the lips, tongue, or mouth.
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.”



EpiPen® Directions

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.



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.

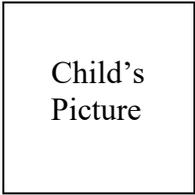
If other welts are appearing quickly or you notice any other *symptoms: ALL of the above symptoms can progress to a life-threatening situation. If you suspect or know peanuts have **entered his/her mouth** or he/she has **ingested** them, **stay calm, call the nurse.**

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!

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Parent Contact: _____

Doctor Contact: _____



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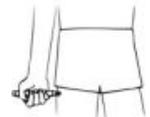
Yes X No ___

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