

**BUREAU OF NURSING
INDIVIDUALIZED HEALTH CARE PLAN (IHCP)**

Name _____	DOB _____	Teacher _____
Plan effective from: _____	Goal: To minimize and manage exposure to food allergens in school	
School _____	ALLERGEN(S) _____	

- Functional Health Concern:**
- Risk of anaphylactic reaction (life-threatening allergic response) related to the ingestion of:

 - Risk of severe allergic reaction to the ingestion of :

 - Student has an Individualized Health Care Plan (IHCP) and Allergy Action Plan (AAP)

- Student Objectives:**
- 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 his/her food allergen, student will immediately notify staff who will implement the AAP.
 - Student will cooperate with staff member(s) 100% of the time if an AAP needs to be implemented.

INTERVENTIONS	Follow-up (date / ongoing)
<p align="center">Parents / Guardians responsibilities:</p> <ul style="list-style-type: none"> <input type="checkbox"/> inform school nurse and teacher of food allergy <input type="checkbox"/> provide an authorized physician’s order, an approved AAP, prescribed medication for medical intervention and indicate hospital of choice for emergencies: _____ <input type="checkbox"/> meet with nurse and school staff to discuss and develop an IHCP <input type="checkbox"/> provide updated emergency contact information <input type="checkbox"/> inform school nurse of any changes in health status as relates to food allergy and treatment <input type="checkbox"/> educate student in the self-management of his/her food allergies appropriate for his/her age level <input type="checkbox"/> educate student about the proper and responsible use of an EpiPen® or other medication if self-administering <input type="checkbox"/> provide safe snacks/treats for student to keep in school <input type="checkbox"/> inform responsible personnel if the child is participating in before or after school programs, athletics, extracurricular activities or PTO/PTA sponsored events for students <input type="checkbox"/> _____ <input type="checkbox"/> _____ <p align="center">Nurse responsibilities:</p> <ul style="list-style-type: none"> <input type="checkbox"/> meet with parents/guardians and appropriate staff to develop an IHCP and discuss the student's AAP <input type="checkbox"/> develop, review and disseminate AAP and IHCP for student with appropriate staff <input type="checkbox"/> check the expiration date of EpiPens® / medications provided <input type="checkbox"/> train school staff in EpiPen® / medication administration <input type="checkbox"/> work with teacher(s) to eliminate the use of specified food allergens in classroom snacks, curriculum, educational tools, classroom parties, and arts and crafts projects <input type="checkbox"/> educate school staff who interact with student regarding food allergy, allergic reaction symptoms, recognizing signs and symptoms of anaphylaxis, prevention and treatment plan <input type="checkbox"/> review cleaning/care of allergen free table procedure in cafeteria with maintenance and cafeteria staff <input type="checkbox"/> post “Food Allergen” sign* outside of classroom (*obtain from Bureau of Nursing) <input type="checkbox"/> _____ <input type="checkbox"/> _____ 	
<p>(over)</p>	

Administrator/ teacher/classroom staff responsibilities:

- meet and participate with nurse and parent/guardian to develop an IHCP and discuss the student’s AAP
- eliminate the use of food allergen in classroom snacks, educational tools, and arts and crafts projects
- be trained in the administration of EpiPen® / medications as ordered, and educated regarding allergic reaction symptoms, recognizing signs and symptoms of anaphylaxis, prevention and treatment plan
- notify the nurse, or in his/her absence, the School Administrator if the student reports signs of an allergic reaction
- be familiar with the student's AAP and follow it if the student has a reaction
- be sure staff, including volunteers, student teachers, para-professionals, and substitute teachers are informed of the student’s food allergy and established AAP
- leave information in an organized, prominent and accessible format for substitute teacher and other staff
- maintain “FOOD ALLERGEN” sign posted by nurse outside of the classroom
- inform all classroom parents/guardians of any children with life threatening allergies in advance of any school event or parties and enlist their help in keeping allergic foods out of the classroom
- consider non-food treats for rewards, incentives and for classroom celebrations
- ensure a cell phone or other communication device is available on bus and driver knows 911 protocol
- _____
- _____

Regarding field trips

- consult with the school nurse and parent / guardian in advance of school field trips
- ensure the EpiPen® and instructions are taken on field trip and are immediately available in the event of an allergic reaction and a trained staff person is available on trip
- student should remain with trained staff member who is responsible for carrying the ordered medication(s) AND is trained in recognizing signs and symptoms of anaphylaxis
- ensure a cell phone or other communication device is available for responsible staff member in charge
- know 911 protocol

Student responsibilities:

- not eat any foods except those that come from home or have been approved by the parent / guardian
- 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
- _____
- _____

For students carrying their own EpiPen®/ medication

- self administered their EpiPen® or other medication **immediately** notify the school nurse or another responsible adult
- not store medication in his/her locker
- learn and understand the proper and responsible use of an EpiPen® or other medication if self administering
- _____
- _____

Additional comments:

- _____
- _____
- _____

Follow-up
(date / ongoing)

CONTRACT

School Nurse _____ Date _____
 Parent / Guardian _____ Date _____
 Student _____ Date _____
 Principal _____ Bldg. Leader / Asst. Prin. _____
 Teacher _____ Teacher _____
 Other _____ Other _____