

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

Name _____	DOB _____	Teacher _____
Plan effective from: _____	Goal: <b>To minimize and manage exposure to food allergens in school</b>	
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.

<b>INTERVENTIONS</b>	<b>Follow-up (date / ongoing)</b>
<p align="center"><b>Parents / Guardians responsibilities:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> inform school nurse and teacher of food allergy</li> <li><input type="checkbox"/> provide an authorized physician’s order, an approved AAP, prescribed medication for medical intervention and indicate hospital of choice for emergencies: _____</li> <li><input type="checkbox"/> meet with nurse and school staff to discuss and develop an IHCP</li> <li><input type="checkbox"/> provide updated emergency contact information</li> <li><input type="checkbox"/> inform school nurse of any changes in health status as relates to food allergy and treatment</li> <li><input type="checkbox"/> educate student in the self-management of his/her food allergies appropriate for his/her age level</li> <li><input type="checkbox"/> educate student about the proper and responsible use of an EpiPen® or other medication if self-administering</li> <li><input type="checkbox"/> provide safe snacks/treats for student to keep in school</li> <li><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</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> </ul> <p align="center"><b>Nurse responsibilities:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> meet with parents/guardians and appropriate staff to develop an IHCP and discuss the student's AAP</li> <li><input type="checkbox"/> develop, review and disseminate AAP and IHCP for student with appropriate staff</li> <li><input type="checkbox"/> check the expiration date of EpiPens® / medications provided</li> <li><input type="checkbox"/> train school staff in EpiPen® / medication administration</li> <li><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</li> <li><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</li> <li><input type="checkbox"/> review cleaning/care of allergen free table procedure in cafeteria with maintenance and cafeteria staff</li> <li><input type="checkbox"/> post “Food Allergen” sign* outside of classroom (*obtain from Bureau of Nursing)</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> </ul>	
<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 \_\_\_\_\_