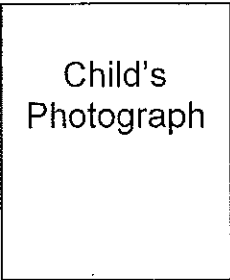


ILLINOIS FOOD ALLERGY EMERGENCY ACTION PLAN AND TREATMENT AUTHORIZATION



NAME: _____ D.O.B: ____/____/____

TEACHER: _____ GRADE: _____

ALLERGY TO: _____

Asthma: Yes (higher risk for a severe reaction) No

Weight: _____ lbs

ANY SEVERE SYMPTOMS AFTER SUSPECTED INGESTION:

LUNG: Short of breath, wheeze, repetitive cough
 HEART: Pale, blue, faint, weak pulse, dizzy, confused
 THROAT: Tight, hoarse, trouble breathing/swallowing
 MOUTH: Obstructive swelling (tongue)
 SKIN: Many hives over body

Or Combination of symptoms from different body areas:

SKIN: Hives, itchy rashes, swelling
 GUT: Vomiting, crampy pain



INJECT EPINEPHRINE IMMEDIATELY

- Call 911
- Begin monitoring (see below)
- Additional medications:
 - Antihistamine
 - Inhaler (bronchodilator) if asthma

Inhalers/bronchodilators and antihistamines are not to be depended upon to treat a severe reaction (anaphylaxis) → Use Epinephrine.

When in doubt, use epinephrine. Symptoms can rapidly become more severe.

MILD SYMPTOMS ONLY

Mouth: Itchy mouth
 Skin: A few hives around mouth/face, mild itch
 Gut: Mild nausea/discomfort



GIVE ANTIHISTAMINE

- Stay with child, alert health care professionals and parent.

IF SYMPTOMS PROGRESS (see above), INJECT EPINEPHRINE

If checked, give epinephrine for ANY symptoms if the allergen was likely eaten.
 If checked, give epinephrine before symptoms if the allergen was definitely eaten.

MEDICATIONS/DOSES

EPINEPHRINE (BRAND AND DOSE): _____

ANTIHISTAMINE (BRAND AND DOSE): _____

Other (e.g., inhaler-bronchodilator if asthma): _____

MONITORING: Stay with the child. Tell rescue squad epinephrine was given. A second dose of epinephrine can be given a few minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping child lying on back with legs raised. Treat child even if parents cannot be reached.

Student may self-carry epinephrine Student may self-administer epinephrine

CONTACTS: Call 911 Rescue squad: (____) _____

Parent/Guardian: _____ Ph: (____) _____

Name/Relationship: _____ Ph: (____) _____

Name/Relationship: _____ Ph: (____) _____

Licensed Healthcare Provider Signature: _____ Phone: _____ Date: _____
 (Required)

I hereby authorize the school district staff members to take whatever action in their judgment may be necessary in supplying emergency medical services consistent with this plan, including the administration of medication to my child. I understand that the Local Governmental and Governmental Employees Tort Immunity Act protects staff members from liability arising from actions consistent with this plan. I also hereby authorize the school district staff members to disclose my child's protected health information to chaperones and other non-employee volunteers at the school or at school events and field trips to the extent necessary for the protection, prevention of an allergic reaction, or emergency treatment of my child and for the implementation of this plan.

Parent/Guardian Signature: _____ Date: _____

(OVER)

DOCUMENTATION

- Gather accurate information about the reaction, including who assisted in the medical intervention and who witnessed the event.
- Save food eaten before the reaction, place in a plastic zipper bag (e.g., Ziploc bag) and freeze for analysis.
- If food was provided by school cafeteria, review food labels with head cook.
- Follow-up:
 - Review facts about the reaction with the student and parents and provide the facts to those who witnessed the reaction or are involved with the student, on a need-to-know basis. Explanations will be age-appropriate.
 - Amend the Emergency Action Plan (EAP), Individual Health Care Plan (IHCP) and/or 504 Plan as needed.
 - Specify any changes to prevent another reaction.

TRAINED STAFF MEMBERS

Name: _____

Room: _____

Name: _____

Room: _____

Name: _____

Room: _____

LOCATION OF MEDICATION

- Student to carry
- Health Office/Designated Area for Medication
- Other: _____

ADDITIONAL RESOURCES

American Academy of Allergy, Asthma and Immunology (AAAAI)

414-272-6071

<http://www.aaaai.org>

http://www.aaaai.org/patients/resources/fact_sheets/food_allergy.pdf

http://www.aaaai.org/members/allied_health/tool_kit/ppt/

Children's Memorial Hospital

773-KIDS-DOC

<http://www.childrensmemorial.org>

Food Allergy Initiative (FAI)

212-207-1974

<http://www.faiusa.org>

Food Allergy and Anaphylaxis Network (FAAN)

800-929-4040

<http://www.foodallergy.org>

This document is based on input from medical professionals including Physicians, APNs, RNs and certified school nurses. It is meant to be useful for anyone with any level of training in dealing with a food allergy reaction.

Individual Health Care Plan (IHCP)

CONFIDENTIAL

Individual Health Care Plan (IHCP) for _____ Allergens _____

PROBLEM: Risk for anaphylaxis **GOAL:** Prevent allergic reactions from occurring and ensure student's safety at school

<p>Parent (please answer the questions below):</p> <ol style="list-style-type: none"> 1. I would like my child's emergency medication kept in: <ul style="list-style-type: none"> <input type="checkbox"/> The nurse's office <input type="checkbox"/> The classroom <input type="checkbox"/> Nurses' office and classroom 2. If the emergency medication is kept in the classroom, the medication should be transported by school personnel wherever my child travels to within the school: <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Does your child require an allergen free eating area? <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 4. I would like to accompany my child on field trips. <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 5. My child <u>must</u> wash his/her hands with soap and water or use a cleansing wipe before eating. <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Students in the classroom should be encouraged to wash their hands upon arrival to school and after eating lunch. <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 7. I will provide a shelf-stable allergen free snack that will be available in the classroom if needed. <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Please list other accommodations needed at school:</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>	<p>Teacher Responsibilities</p> <ul style="list-style-type: none"> → Ensure a student with a suspected allergic reaction is accompanied by an adult at all times. → Keep a copy of the student's Emergency Action Plan and IHCP in the classroom sub folder. → Inform parents of the allergic student in advance of any in-class events where food will be served. → Ensure that food or products containing the student's allergens are not used for class projects, science experiments, or celebrations. → If the parent of a student with a food allergy is not attending a field trip, the student will be assigned to a staff member who has been trained to implement the Emergency Action Plan and is carrying the emergency medication. → Plan for the following on field trips: oversee cleaning the table of the student with food allergies before eating, ensure the student with the food allergy washes his/her hands before eating, ensure the student with the food allergy eats only allergen free food or food supplied by the parent, carry a cell phone to call 911 if needed, and review the Emergency Action Plan before the field trip. → Implement accommodations that parent indicated, "yes" in parent section.
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(COVER)

Individual Health Care Plan (IHCP)

CONFIDENTIAL

Individual Health Care Plan (IHCP) for _____ Allergens _____

Principal Responsibilities	School Nurse Responsibilities
<ul style="list-style-type: none"> → Ensure there are walkie-talkies available to playground and P. E. staff. → Conduct emergency response drills for allergic reactions to food at the beginning of the school year. → Delegate proper cleaning of the allergen free area in the lunchroom and classroom (when the classroom is used as a lunchroom). → Prohibit sharing or trading food at school. → Encourage students to bring healthy snacks to school and avoid bringing snack made with peanuts or nuts. → Ensure student has an allergen free area available in the lunchroom if parent indicated an allergen free area is needed (see parent section). 	<ul style="list-style-type: none"> → Educate all staff that interacts with the student about food allergy symptoms and the steps required to implement the Emergency Action Plan. Review emergency procedures with classroom teacher prior to field trips as needed. → Assist principals with emergency response drills for allergic reactions to food. → Ensure access to emergency medication when developing plans for fire drills, lockdowns, etc. → If student rides the bus, provide a copy of the Emergency Action Plan to the bus driver. → A copy of the student's Emergency Action Plan and IHCP will be distributed on a need to know basis.

The Individual Health Care Plan has been reviewed and signed by:

Parent signature _____

Date _____

*The Emergency Action Plan and Individual Health Care Plan will be distributed to staff on a need to know basis.
A copy of the Emergency Action Plan will be given to the bus driver if the student uses bus transportation.*

Zion Lutheran School
Allergy History Form
(Return to Zion School Office)

Dear Parent/Guardian of:

Date:

According to your child's health records, he/she has an allergy to:

Please provide us with more information about your child's health needs by responding to the following questions and returning this form to the school office.

- 1) When and how did you first become aware of the allergy?

- 2) When was the last time your child had a reaction?

- 3) Please describe the signs and symptoms of the reaction.

- 4) What medical treatment was provided and by whom?

- 5) If medication is required while your child is at school, the enclosed Emergency Action Plan (EAP) form must be completed by a licensed medical provider and parent/guardian.

- 6) Please describe the steps you would like us to take if your child is exposed to this allergen while at school.

Parent or Guardian: _____ Date: _____

Print Name: _____

