



# Marblehead Community Charter Public School

17 Lime Street Marblehead, MA 01945

Tel: 781-631-0777

marbleheadcharter.org

Head of School: Stephanie Brant

## *Emergency Asthma Action Plan*

Asthma Action Plan for: \_\_\_\_\_ DOB: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Asthma triggers: \_\_\_\_\_

**\*\*\*\*\*SIGNS OF AN ASTHMA REACTION\*\*\*\*\***

Excessive coughing
Wheezing
Difficulty breathing, shortness of breath
Tightness in chest
Blue tinged lips or nail beds

If any symptom above is displayed:

1. If student is unable to walk to nurse's office, call on walkie/overhead page "Nurse Purdy to (i.e. Room #, Gym, etc) for asthma."
2. If a student is able to walk to the nurse's office, have staff accompany to nurse.
3. If nurse is unavailable or you are on field trip, student may self-administer rescue inhaler.
4. Nurse will assess and administer additional medications as needed/prescribed.
5. Parents/guardians will be contacted as soon as possible by staff.

Emergency contacts:

Name: \_\_\_\_\_ #: \_\_\_\_\_

Name: \_\_\_\_\_ #: \_\_\_\_\_

Name: \_\_\_\_\_ #: \_\_\_\_\_



# Marblehead Community Charter Public School

17 Lime Street Marblehead, MA 01945

Tel: 781-631-0777

marbleheadcharter.org

Head of School: Stephanie Brant

## Individual Health Care Plan for Anaphylaxis

Student name: \_\_\_\_\_ DOB: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Diagnosis: Anaphylaxis/Life-threatening allergy

Allergen(s): \_\_\_\_\_

### **Student Responsibilities:**

1. Will be aware, on an age appropriate level, of the details of their allergy (causes, symptoms, avoidance, and rules) and reactions
2. Notify an adult immediately of any allergic symptom or if ingestion of allergen is suspected.
3. Will not trade or share food for safety reasons.

### **Teacher Responsibilities:**

1. Will be fully trained in dealing with emergency procedures in the event of suspected ingestion of/contact with allergens, including the administration of an Epipen and urgency; need to call 911 by someone else as medication(s) is being administered (always alert paramedics to situation and request epinephrine).
2. Will understand how to recognize an anaphylactic reaction and how to respond.
3. Will receive a copy of IHCP and will leave information/location of medication in an accessible place for substitutes and specialty staff. The Epipen will not be kept in any storage that is locked at any time that this child is on school grounds for a school activity.
4. Foods that this student is allergic to will not be used for class projects, class art & crafts, science experiments, cooking, other instructional activities. Per school policy, no outside food may be brought in for celebrations during the school day without prior approval from the School Nurse and Director of Food Services.
5. Will ensure that this student has a parent in attendance or an Epipen trained staff

member for field trips.

**Nurse Responsibilities:**

1. Will gather all proper documentation from family
2. Meet with the parents and staff annually and as needed to update IHCP
3. Provide IHCP to classroom staff and specialty staff
4. The nurse will train all teachers and specialty staff in the use of Epipen use and will maintain a list of trained personnel. Training will also include identifying common allergens and what symptoms to look for in an anaphylactic reaction.

**Parent/Guardian Responsibilities:**

1. Will provide documentation (written protocol, emergency treatment plan & written orders) from a licensed provider regarding each allergy
2. Will sign consent forms to administer emergency medication. **Note:** permission is effective for the school year for which the prescription/protocol is granted and there will need to be renewal each subsequent school year.
3. Will provide emergency medications (replacing after use or upon expiration).

We, the undersigned, have participated in the development of and hereby accept the above Individual Health Care Plan (IHCP).

We request and approve the attached Individualized Health Care Plan. We understand that a qualified, designated person(s) will be performing health care service. We will notify the school immediately if the health status changes, if we change physicians, or there is a change or cancellation of this procedure. We agree to provide the necessary medical equipment and supplies, medication, dietary supplements, and other items noted in this plan:

Parent/Guardian Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Nurse Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY ACTION PLAN**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Teacher(s): \_\_\_\_\_ Grade: \_\_\_\_\_

Medication: Epinephrine auto injector

Emergency Medication/Location:

1. Yellow cases in Community Room and hallway by Art/Music Rooms
2. AED cases by front office and in gym
3. Nurse’s Office

Life Threatening Allergy to:

---

**\*SIGNS OF AN ALLERGIC REACTION\***

Itching/swelling of lips, tongue or mouth Itching or tightness in throat; hoarseness, hacking cough, difficulty breathing, shortness of breath hives, itchy rash, swelling of face/extremities nausea, stomach cramps, vomiting, fainting, and loss of consciousness.

If any symptom above is displayed and ingestion is suspected:

1. While obtaining Epipen, call on walkie/overhead page “Nurse Purdy to (i.e. Room # , Community Room, Gym, etc). This will bring support staff and nurse to appropriate room
2. Main teacher immediately administer Epipen as trained
3. Main teacher from next room will call 911 and assist other children from room
4. Nurse will assess and administer additional medications as needed/prescribed
5. Parents/guardian will be contacted as soon as possible by staff

Emergency contacts:

Name: \_\_\_\_\_ #: \_\_\_\_\_

Name: \_\_\_\_\_ #: \_\_\_\_\_

Name: \_\_\_\_\_ #: \_\_\_\_\_