

## STUDENT HEALTH SERVICES

### School District Medical Advisor

The Bozrah Board of Education shall appoint a school district medical advisor and appropriate medical support service personnel including nurses.

School health efforts shall be directed toward detection and prevention of health problems and to emergency treatment, including the following student health services:

1. Appraising the health status of student and school personnel;
2. Counseling students, parents, and others concerning the findings of health examination;
3. Encouraging correction of defects;
4. Helping prevent and control disease;
5. Providing emergency care for student injury and sudden illness;
6. Maintaining school health records.

### Health Records

There shall be a health record for each student enrolled in the school district which will be maintained in the school nurse's room. For the purposes of confidentiality, records will be treated in the same manner as the student's cumulative academic record.

Student health records are covered by the Family Educational Rights and Privacy Act (FERPA) and are exempt from the Health Insurance Portability Accountability Act (HIPAA) privacy rule. However, it is recognized that obtaining medical information from health care providers will require schools to have proper authorization and to inform parents that such information once released by health care providers is no longer protected under HIPAA but is covered under FERPA.

Policy  
ADOPTED: 11/03/09

BOZRAH PUBLIC SCHOOLS  
Bozrah, Connecticut

## EMERGENCY HEALTH CARE PLAN

|                                     |
|-------------------------------------|
| Place<br>Child's<br>Picture<br>Here |
|-------------------------------------|

|  |                                |                             |
|--|--------------------------------|-----------------------------|
| <b>ALLERGY TO:</b>                             |                                |                             |
| <b>Student's Name:</b>                         |                                |                             |
| <b>DOB:</b>                                    |                                |                             |
| <b>Teacher</b>                                 |                                |                             |
| <b>Asthmatic</b>                               | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| * Denotes <b>HIGH RISK</b> for severe reaction |                                |                             |

| SIGNS OF AN ALLERGIC REACTION INCLUDE  |  |
|--|--|
| Systems:   | Symptoms:  |
| <b>MOUTH</b>   | itching & swelling of the lips, tongue, or mouth                                 |
| <b>THROAT</b>  | itching and/or a sense of tightness in the throat, hoarseness, and hacking cough |
| <b>SKIN</b>  | hives, itchy rash, and/or swelling about the face or extremities                 |
| <b>GUT</b>   | nausea, abdominal cramps, vomiting, and/or diarrhea                              |
| <b>LUNG</b>  | shortness of breath, repetitive coughing, and/or wheezing                        |
| <b>HEART</b>   | "thready" pulse, "passing out"   |
| <p>The severity of symptoms can quickly change.<br/>                     *All above symptoms can potentially progress to a life-threatening situation!</p> |  |

**Action:**

1. If ingestion is suspected, give *(medication/dose/route)* \_\_\_\_\_ and \_\_\_\_\_  
 \_\_\_\_\_ **immediately!**
2. CALL RESCUE SQUAD: \_\_\_\_\_
3. CALL: Mother \_\_\_\_\_ Father \_\_\_\_\_  
 or emergency contacts.
4. CALL: Dr. \_\_\_\_\_ at \_\_\_\_\_

**DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL RESCUE SQUAD  
 EVEN IF PARENTS OR DOCTOR CANNOT BE REACHED!**

|                         |             |                           |             |
|-------------------------|-------------|---------------------------|-------------|
| <i>Parent Signature</i> | <i>Date</i> | <i>Doctor's Signature</i> | <i>Date</i> |
|-------------------------|-------------|---------------------------|-------------|

| Emergency Contacts |                      | Trained Staff Members |             |
|--------------------|----------------------|-----------------------|-------------|
| 1.                 | <i>Name/Relation</i> | 1.                    | <i>Name</i> |
|                    | <i>Phone</i>         |                       | <i>Room</i> |
| 2.                 | <i>Name/Relation</i> | 2.                    | <i>Name</i> |
|                    | <i>Phone</i>         |                       | <i>Room</i> |
| 3.                 | <i>Name/Relation</i> | 3.                    | <i>Name</i> |
|                    | <i>Phone</i>         |                       | <i>Room</i> |

**For children with multiple food allergies, use one form for each food.**

## School Guidelines for Managing Students with Food Allergies

Food allergies can be life threatening. The risk of accidental exposure to foods can be reduced in the school setting if schools work with students, parents, and physicians to minimize risks and provide a safe educational environment for food-allergic students.

### Family's Responsibility

- Notify the school of the child's allergies.
- Work with the school team to develop a plan that accommodates the child's needs throughout the school including in the classroom, in the cafeteria, in after-care programs, during school-sponsored activities, and on the school bus, as well as a Food Allergy Action Plan.
- Provide written medical documentation, instructions, and medications as directed by a physician, using the Food Allergy Action Plan as a guide. Include a photo of the child on written form.
- Provide properly labeled medications and replace medications after use or upon expiration.
- 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)
- Review policies/procedures with the school staff, the child's physician, and the child (if age appropriate) after a reaction has occurred.
- Provide emergency contact information.

### School's Responsibility

- Be knowledgeable about and follow applicable federal laws including ADA, IDEA, Section 504, and FERPA and any state laws or district policies that apply.
- Review the health records submitted by parents and physicians.
- Include food-allergic students in school activities. Students should not be excluded from school activities solely based on their food allergy.
- Identify a core team of, but not limited to, school nurse, teacher, principal, school food service and nutrition manager/director, and counselor (if available) to work with parents and the student (age appropriate) to establish a prevention plan. Changes to the prevention plan to promote food allergy management should be made with core team participation.
- Assure that all staff who interact with the student on a regular basis understands food allergy, can recognize symptoms, knows what to do in an emergency, and works with

other school staff to eliminate the use of food allergens in the allergic student's meals, educational tools, arts and crafts projects, or incentives.

## **School Guidelines for Managing Students with Food Allergies**

### **School's Responsibility** (continued)

- Practice the Food Allergy Action Plans before an allergic reaction occurs to assure the efficiency/effectiveness of the plans.
- Coordinate with the school nurse to be sure medications are appropriately stored, and be sure that an emergency kit is available that contains a physician's standing order for epinephrine. In states where regulations permit, medications are kept in a easily accessible secure location central to designated school personnel, not in locked cupboards or drawers. Students should be allowed to carry their own epinephrine, if age appropriate after approval from the student's physician/clinic, parent and school nurse, and allowed by state or local regulations.
- Designate school personnel who are properly trained to administer medications in accordance with the State Nursing and Good Samaritan Laws governing the administration of emergency medications.
- Be prepared to handle a reaction and ensure that there is a staff member available who is properly trained to administer medications during the school day regardless of time or location.
- Review policies/prevention plan with the core team members, parents/guardians, student (age appropriate), and physician after a reaction has occurred.
- Work with the district transportation administrator to assure that school bus driver training includes symptom awareness and what to do if a reaction occurs.
- Recommend that all buses have communication devices in case of an emergency.
- 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. Discuss appropriate management of food allergy with family.
- Discuss field trips with the family of the food-allergic child to decide appropriate strategies for managing the food allergy.
- Follow federal/state/district laws and regulations regarding sharing medical information about the student.
- Take threats or harassment against an allergic child seriously.

### **Student's Responsibility**

- Never trade food with others.
- Never eat anything with unknown ingredients or known to contain any allergen.
- Should be proactive in the care and management of their food allergies and reactions based on their developmental level.
- Should notify an adult immediately if they eat something they believe may contain the food to which they are allergic.

## **School Guidelines for Managing Students with Food Allergies**

More detailed suggestions for implementing these objectives and creating a specific plan for each individual student in order to address his or her particular needs are available in The Food Allergy & Anaphylaxis Network's (FAAN) School Food Allergy Program. The School Food Allergy Program has been endorsed and/or supported by the Anaphylaxis Committee of the American Academy of Allergy, Asthma and Immunology, the National Association of School Nurses, and the Executive Committee of the Section on Allergy and Immunology of the American Academy of Pediatrics. FAAN can be reached at: 800/929-4040.

*The following organizations participated in the development of this document:*

*American School Food Service Association  
National Association of Elementary School Principals  
National Association of School Nurses  
National School Boards Association  
The Food Allergy & Anaphylaxis Network*

**Medical Statement for Children *without* Disabilities  
Requiring Special Meals in Child Nutrition Programs**

**Part I (To be filled out by School)**

Date: \_\_\_\_\_ Name of Child: \_\_\_\_\_  
School Attended by Child: \_\_\_\_\_

**Part II (To be filled out by Medical Authority)**

Patient's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the medical or other special dietary needs that restrict the child's diet:  
\_\_\_\_\_  
\_\_\_\_\_

List food(s) to be omitted from the diet and food(s) to be substituted (Diet Plan):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List foods that require a change in texture:  
  
Cut up or chopped to bite-size pieces: \_\_\_\_\_  
Finely ground: \_\_\_\_\_  
Pureed: \_\_\_\_\_

**Special Equipment Needed:**  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Signature of Medical Authority \_\_\_\_\_

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**Medical Statement for Children *with* Disabilities  
Requiring Special Meals in Child Nutrition Programs**

**Part I (To be filled out by School)**

Date: \_\_\_\_\_ Name of Child: \_\_\_\_\_  
School Attended by Child: \_\_\_\_\_

**Part II (To be filled out by Physician)**

Patient's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the patient's disability and the major life activity affected by the disability:  
\_\_\_\_\_  
\_\_\_\_\_

Does the disability restrict the individual's diet?     Yes         No  
If yes, list food(s) to be **omitted** from the diet and food(s) to be **substituted** (Diet Plan):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List foods that require a change in texture:  
  
    Cut up or chopped to bite-size pieces: \_\_\_\_\_  
    Finely ground: \_\_\_\_\_  
    Pureed: \_\_\_\_\_

**Special Equipment Needed:**  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Signature of Physician \_\_\_\_\_

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**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\*\* for 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 for 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 \_\_\_\_\_

Signature: \_\_\_\_\_ M.D. Date: \_\_\_\_\_

**\*\*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

**I have received, reviewed, and understand the above information.**

\_\_\_\_\_  
Patient/parent/guardian signature

\_\_\_\_\_  
Date

CAAC/DMC Food Allergy Treatment Plan 01/05



**INDIVIDUALIZED HEALTH CARE PLAN (Elementary)**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Effective from \_\_\_\_\_ to \_\_\_\_\_

| IDENTIFY<br>HEALTH CONCERN | FUNCTIONAL<br>HEALTH CONCERN  | STUDENT<br>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><b>Student has an Individualized Emergency Care Plan (IECP)</b></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 IECF according to the allergen-specific plan.</p> <p>Student will cooperate with staff members 100% of the time if they need to implement the IECF.</p> | <p>Parents will:</p> <ul style="list-style-type: none"> <li>✧ inform school nurse and teacher of food allergy</li> <li>✧ provide a physician's order and medication for medical intervention</li> <li>✧ inform school nurse of any changes in health status as relates to food allergy and treatment</li> <li>✧ educate student in the self-management of his/her food allergies appropriate for his/her age level</li> <li>✧ provide emergency contact information</li> <li>✧ meet with school nurse, administrator and teacher to develop a prevention plan</li> <li>✧ provide safe snacks/treats for student to keep in school and, if desired, a list of appropriate foods for student to have at snack</li> <li>✧ provide wipes for classmates to use entering room in am and after lunch</li> </ul> <p>Nurse will:</p> <ul style="list-style-type: none"> <li>✧ meet with parents and teacher to develop a prevention plan</li> <li>✧ post "peanut/nut free" sign outside of classroom</li> <li>✧ 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</li> <li>✧ educate school staff who interact with student regarding food allergy, allergic reaction symptoms, recognizing signs and symptoms of anaphylaxis, and prevention and treatment plans</li> <li>✧ train school staff in EpiPen administration, as appropriate</li> <li>✧ develop and disseminate emergency care plan for student</li> <li>✧ (add use of walkie-talkie if appropriate and specific to student)</li> <li>✧ review cleaning/care of nut/peanut free table in cafeteria with maintenance and cafeteria staff</li> </ul> | <p>[Enter documentation date(s) accomplished and applicable interventions]</p> |

**INDIVIDUALIZED HEALTH CARE PLAN (Elementary)**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Effective from \_\_\_\_\_ to \_\_\_\_\_

|  |  |  | <b>INTERVENTIONS</b>   |  |
|--|--|--|--|--|
|  |  |  | <p>Teacher/classroom staff will:</p> <ul style="list-style-type: none"><li>✧ eliminate the use of nuts/peanuts in classroom snacks, educational tools, and arts and crafts projects</li><li>✧ be trained in the administration of EpiPen, as appropriate</li><li>✧ consult in advance of field trips with the school nurse and parents</li><li>✧ [for food allergens other than peanut/nut] notify parents in advance regarding curriculum/projects that may contain [add these food allergens]</li><li>✧ Follow the emergency care plan if student has a reaction</li></ul> <p>Student will:</p> <ul style="list-style-type: none"><li>✧ not eat any foods except those that come from home or have been approved by the parent</li><li>✧ 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</li></ul> |  |

School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

Review by: Parent: \_\_\_\_\_ Date: \_\_\_\_\_ Student: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

IHCP meeting attendees: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Emergency Response Protocol 2009-2010 Severe Food Allergy to Peanuts



Student Name: (Child's First and Last Name)  
 Teachers: (Teacher's Name)  
 Parent Contact: (Mother Full Name, Home phone: xxx-xxx-xxxx)  
 (Mother's Cell: xxx-xxx-xxxx Father's Cell: xxx-xxx-xxxx)  
 Doctor Contact: (Dr. Full Name, Allergy Specialist: xxx-xxx-xxxx)

Key safety rules of the classroom & outside play area:

- The regular and specials classrooms and play-areas are peanut- and tree nut-free environments.
- (Child's name) travel EpiPen® medicine kit 'and a walkie-talkie will remain with (child's name) at all times during the day and be managed by a trained adult.
- (Child's Name) 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 (child's name) 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  | EpiPen Directions                              |
|---|---|--|
| Mouth *   | Itching and swelling of the lips, tongue or mouth.                          | Pull off gray safety cap<br>Place black top on |
| thigh, at right leg (always apply to thigh)           | Skin*      Hives, itchy rash, and/or swelling about the face or extremities | angle to                                       |
| press hard  |   | Using a quick motion,                          |
| Gut * auto-injector                                   | Hives, itchy rash, and/or swelling about the face or extremities            | into thigh until                               |
| and hold in   |   | mechanism functions                            |
| Throat *<br>Massage the injection area for 10 seconds | Itching and/or sense of tightness in the throat, hoarseness, hacking cough  | place for 10 seconds.                          |
| Lung *  | Shortness of breath, repetitive coughing, and/or wheezing.                  |  |
| Heart *   | "Thready" pulse, "passing out"  |  |

**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 he/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!