

WHAT'S INSIDE

• General Food Allergy Awareness	2
• Emergency Preparedness Checklist	4
• Emergency Response Checklist	5
• Healthcare Professionals Checklist	6
• Intake/Forms	
▪ Student Health History	7
▪ Allergy History Form	9
▪ Anaphylaxis Emergency Care Plans (English & Spanish)	10
▪ 504 Plan	17
▪ Individual Health Plan (IHP)	23
▪ Medical Information Release	29
▪ Medication Authorization	30
▪ Self-Carry Authorization	31
▪ Field Trip Risk Assessment	33
▪ Medical Statement for Special Meals/Accommodations	35
▪ Medical Statement for Students Requiring Special Meals	38
▪ Letters/Newsletters	39
• Education/Training	
▪ Food Allergy Basics	40
▪ Self Image and Social Factors	41
▪ Cross-Contact Poster	42
▪ How to Read a Food Label	43
▪ Food Allergy Questionnaire	47
▪ Generic Adrenaclick® Skills Test	49
▪ Auvi-Q™ Skills Test	50
▪ EpiPen® Skills Test	51

GENERAL FOOD ALLERGY AWARENESS

Estimated to affect 1 in every 13 children under the age of 18.^{1,2}

- Food allergy increased 50% among children age 0–17 years from 1997 through 2011^{3,7}
- 30% of children with food allergies also have asthma which increases risk of anaphylaxis
- 17% to 27% of kids experience anaphylaxis for the first time at school.

THERE IS NO CURE! Strict avoidance is key.

Food Allergy

- Immune system response
- Antibodies are created to certain food(s)
- Symptoms severe and life-threatening
- Symptoms: see potential signs & symptoms table

Food Intolerance

- No immune system response
- Lack certain digestive enzyme (i.e., lactose intolerance)
- Symptoms normally non life-threatening
- Potential symptoms: gas, bloating, abdominal pain, headaches

9 foods account for 90% of all reactions (note: any food can cause an allergic reaction)^{4,5,6}:

- Milk
- Eggs
- Peanuts
- Tree Nuts
- Sesame
- Soy
- Wheat
- Fish
- Shellfish

What is anaphylaxis (pronounced ana-fil-axis)?

This is an allergic EMERGENCY. It is a rapid, severe allergic reaction that occurs when a person is exposed to an allergen (an allergy-causing substance). When the allergen enters the blood stream, the body releases chemicals to “protect” itself from the allergen. This is an adverse immunologic response to food protein. These chemicals can cause dangerous symptoms including breathing difficulty, swelling, dizziness, low blood pressure, shock, and even death.

Potential signs and symptoms of an allergic reaction

Mouth: Itchy, swelling of tongue and/or lips

Throat: Itchy, tightness/closure, hoarseness, trouble breathing/swallowing

Skin: Itchy, hives, redness, swelling, red watery eyes

Gut: Nausea, vomiting, cramps, diarrhea

Lung: Short of breath, wheeze, repetitive cough

Heart: Pale or blue skin color, dizzy/faint, weak pulse

Neurological: Sense of “impending doom,” irritability, change in alertness, mood change, confusion

Other: Itchy, red, watery eyes

Be aware there are other allergens such as insect venom, medication, and latex that can cause anaphylactic reactions. Please see the FAME manual for additional details.



GENERAL GUIDELINES ON MANAGING LIFE-THREATENING FOOD ALLERGIES (LTFA) IN THE SCHOOL SETTING

- The recommendation is that every school with a child at risk for anaphylaxis has a full time registered professional nurse on staff, responsible for the development of the Individual Healthcare Plan (IHP), or Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP).
- Every child at risk for anaphylaxis will have one or more of the following: Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP), an Individual Health Plan (IHP) and/or a 504 plan to include a specific classroom plan
- The school will contact local Emergency Medical Service (EMS) to inform them that a student with life-threatening allergy is enrolled (note: not all ambulances carry epinephrine)
- Staff will be trained on food allergy prevalence, symptoms and reaction prevention at least annually and as needed. Drills should also be practiced
- All necessary staff should be trained in epinephrine auto-injector administration
- All necessary staff should be aware of epinephrine auto-injector location (unlocked)
- Develop an emergency shelter-in-place (disaster) plan

Best Practice

- Read food labels every time
- No food sharing or trading
- Practice good hand washing before and after eating (note: hand sanitizer does not remove the food—soap/water and/or hand wipes are okay)
- Prevent cross-contact of foods, utensils, eating areas, classroom surfaces, etc.
- Clean and disinfect all surfaces
- Substitute food items in classroom lesson plans and special events

1. Branum AM, Lukacs SL. Food allergy among U.S. children: trends in prevalence and hospitalizations. *NCHS Data Brief*. 2008 Oct(10):1-8.
2. Liu AH, Jaramillo R, Sicherer SH, Wood RA, Bock SA, Burks AW, Massing M, Cohn RD, Zeldin DC. National prevalence and risk factors for food allergy and relationship to asthma: results from the National Health and Nutrition Examination Survey 2005-2006. *J Allergy Clin Immunol* 2010 Oct;126(4):798-806 e13.
3. Jackson KD, Howle LD, Akinbami LJ. Trends in Allergic Conditions Among Children: United States, 1997-2011. *NCHS Data Brief*. 2013 May(5): 1-8.
4. Sampson H. Food allergy. *J Allergy Clin Immunol* 2003; 111(2):540-547.
5. Sicherer SH, Muñoz-Furlong A, Murphy R, Wood RA, Sampson HA. Symposium: Pediatric Food Allergy. *Pediatrics* 2003; 111(6):1591-1594.
6. U.S. Food and Drug Administration. *Food Allergies: What You Need To Know*. Silver Spring, MD: U.S. Department of Health and Human Services
7. Wood RA, Camargo Jr CA, Lieberman P, Sampson HA, Schwartz LB, Zitt M, Collins C, Tringale M, Wilkinson M, Boyle J, Simons E. Anaphylaxis in America: The Prevalence and Characteristics of Anaphylaxis in the United States. *J Allergy Clin Immunol* 2013.08.016.

This tool-kit is intended as a reference and information source only. The information in this tool-kit is not a substitute for professional care, and must not be used for self-diagnosis or treatment.

BJC HealthCare assumes no liability for the information contained in this reference or for its use.

EMERGENCY PREPAREDNESS CHECKLIST

- Get child's emergency contact information
- Get child's emergency care plan/Food Allergy Action Plan(FAAP)
- Get medication from parents/guardians
- Have stock supply of epinephrine auto-injectors if your state allows
Note: There are an increasing number of severe reactions in students with undiagnosed LTFA (see FAME manual for details on undiagnosed LTFA)
- Contact your local Emergency Medical Services (EMS)
 - Inform that a child has life-threatening food allergy (LTFA)
 - Is epinephrine carried on ambulance
- Education and Training
 - Know signs and symptoms of anaphylaxis
 - Review how to use epinephrine auto-injector
 - Have emergency medication readily available in a secure accessible area. Have a second dose readily available along with permission for non-licensed trained personnel to give. See Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP).
 - Know expiration date
 - Instructions on how to use the Generic Adrenaclick®: epinephrineautoinject.com
 - Generic Adrenaclick® Skills Test
 - Instructions on how to use the Auvi-Q™: auvi-q.com
 - Auvi-Q™ Skills Test
 - Instructions on how to use an EpiPen®: epipen.com
 - EpiPen® Skills Test
- Develop an emergency response plan and team
 - Develop a plan for school, home, and community
 - Emergency Shelter-In-place plan (disaster plan)
 - Have safe foods available for students with life-threatening food allergies
- Do emergency drills
 - Date completed
 - Frequency
 - Completed by

ALLERGIC REACTION— EMERGENCY RESPONSE CHECKLIST

GOAL: To quickly recognize, respond and appropriately provide treatment and management of an allergic reaction.

For an allergic reaction, contact the school nurse or school nurse designee immediately AND refer to the child's Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP) (if immediately available).

If anaphylaxis does occur or the ECP/FAAP direction states, the person with the child shall:

- Inject epinephrine immediately
- Call 911
- Remain with the student and stay calm—have second dose readily available
- Place the student in a reclining position, raise legs and do not move them
- Contact parents/guardians/emergency contacts

Things to consider if an emergency occurs at school:

- Who will stay with the student and who will attend to student's classmates?
- Who will activate the emergency response team (building specific and/or system-wide)?
- Who will notify the local emergency medical services that a life-threatening allergic reaction is occurring?
- Who will notify school administration?
- Who will notify the parents/guardians; student's primary care provider and/or allergy specialist?
- Who will meet emergency medical responders at school entrance and direct to the student?
- Who will accompany student to the emergency care facility?
- Who will manage crowd control, if applicable?
- Who will complete the necessary follow-up paperwork and follow-up with the family?

Boyce JA, Assa'ad A, Burks AW, Jones SM, Sampson HA, Wood RA, et al. Guidelines for the diagnosis and management of food allergy in the United States: report of the NIAID-sponsored expert panel. *J Allergy Clin Immunol* 2010;126:S1-58.

HEALTHCARE PROFESSIONALS CHECKLIST

Intake

Student Health Records/Forms

- Student health history
- Medical release
- Date medication received/expires
- Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP)
- Food allergy history form
- Medication authorization
- Healthcare provider contact information
- Photo of student: Yes No

Policy/Procedure

Laws Federal/State

School District Policy/Procedures

- Food Allergy Management Prevention Plan (FAMPP)—[See resources for FAMPP](#)

Team Development Meeting

- ECP/FAAP
- Individual Health Care Plan (IHP)
- 504 Accommodation Plan
- Individualized Education Plan (IEP)
- Will the student carry their own medication?
- Meal substitution necessary?
- Medical statement for special meals submitted? Yes No
- Designee in absence of school nurse
- Transportation (bus or other)

All responsible staff (including substitutes) that interact with the student need copies of the students:

- ECP/FAAP IHP 504/IEP

Field Trips

- Field Trip Risk Assessment
- Medication bag

Classroom Lessons/Celebrations

- Alternatives to food

Emergency Procedures and Emergency Shelter-in-Place Plan

Preparedness

Education/Training (at least annually and as needed)

- Eight most common food allergens
- Signs and symptoms of an allergic reaction
- How to respond to an allergic reaction
- How to use an epinephrine auto-injector
- Hand washing or use hand wipes before/after eating
- How to Read a Food Label
- Provide and review role specific checklist

Medication Handling and Storage

- Accessible location (unlocked)
- Can all staff administer epinephrine auto-injector or designee(s)
- Accessible by whom
- Date received/expires

Emergency Prevention

- Contact local Emergency Medical Services (EMS)
- Do they carry epinephrine?

Emergency Response

- Give epinephrine
- Call 911
- Know school's emergency protocol

Review

Intake forms submitted

Education/training, emergency prevention and response

Policy compliance

STUDENT HEALTH HISTORY

Student's name

Birthdate

Grade

Sex

Home phone

Cell phone

The following information is needed to provide a safe and healthy environment for your child. If your child has a serious medical condition, it is vital that you discuss this with the nurse, teacher, and/or principal immediately. This information will be confidential and used as needed by the necessary school staff and applicable school volunteers to keep your child safe.

Has your child had any of the following? (check the boxes below for ALL that apply)	Yes ✓	No ✓	Medication required at school or home Yes or No?	If YES, give details/name the medication, dosage, and if used at school (S) and/or home (H)
ADD/ADHD				
Allergies <input type="checkbox"/> Dust, pollen, ragweed, dustmites <input type="checkbox"/> Food allergies <input type="checkbox"/> Latex <input type="checkbox"/> Medication <input type="checkbox"/> Insects Triggered by?				List ALL environmental, food, insect, medication, and allergies: Type of Response: <input type="checkbox"/> Hives <input type="checkbox"/> Rash <input type="checkbox"/> Itching <input type="checkbox"/> Vomiting <input type="checkbox"/> Swelling <input type="checkbox"/> Difficultly Breathing <input type="checkbox"/> Wheezing <input type="checkbox"/> Other? Epinephrine auto-injector at home: <input type="checkbox"/> Y <input type="checkbox"/> N Epinephrine auto-injector at school: <input type="checkbox"/> Y <input type="checkbox"/> N
Anemia/Sickle Cell Anemia				
Anxiety/Panic Attack				
Asthma Is an inhaler used? <input type="checkbox"/> Yes <input type="checkbox"/> No How often? Triggered by?				
Bladder Infections				
Blood Disorders				
Bone-Joint Disease				
Bowel Movement Condition				
Bronchitis/Upper Respiratory				
Cancer				
Cerebral Palsy				
Color Blindness				
Diabetes Blood sugar checked at school? <input type="checkbox"/> Yes <input type="checkbox"/> No Insulin taken? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Depression				
Epilepsy/Seizure Date of last seizure				
Fainting Spells (explain)				
Headaches/Migraines				

Has your child had any of the following? (check the boxes below for ALL that apply)	Yes ✓	No ✓	Medication required at school or home Yes or No?	If YES, give details/name the medication, dosage, and if used at school (S) and/or home (H)
Hearing Problems/Devices/ Frequent Ear Infections				
Heart Condition				
Kidney Trouble				
Muscle Disorder				
Neurological Concern				
Nose Bleeds (frequent)				
Orthopedic Concerns				
Physical Activity Limitations				
Speech Problems				
Vision Problems Wears: Glasses or Contacts				Eye Dr. name: Phone #: Last eye exam:
Dental Problems				Dentist name: Phone #: Last visit:

Healthcare provider

Phone

Last visit

Specialist name

Phone

Last visit

IF STUDENT(S) REQUIRES MEDICATION PRESCRIBED BY A PHYSICIAN, DENTIST, OR OPTOMETRIST AT SCHOOL, PLEASE OBTAIN THE APPROPRIATE FORMS IN THE OFFICE. ALL MEDICATION MUST BE SUPPLIED TO THE SCHOOL IN THE ORIGINAL PHARMACY OR MANUFACTURER'S LABELED CONTAINER.

List any operations, injuries, hospitalizations, or other concerns:

Incident 1:

Date

Incident 2:

Date

Comments

In case of emergency, accident, or serious illness to the student named on this sheet in which medical treatment is required, I (parent/guardian) request the school to contact me. If the school is unable to reach me, my signature below authorizes the school to exercise their own judgment in contacting emergency services through 911. The school may make whatever arrangements are necessary to transport the student to a hospital emergency room at my (parent/guardian) expense. This may involve cost.

Parent/guardian name

PARENT/GUARDIAN SIGNATURE

DATE

Emergency contact

Phone

ALLERGY HISTORY

Please complete this form and return it to the school nurse. Thank you for helping us keep your child safe and healthy at school.

Please list what your child is allergic to (include all foods, insects, medications, environmental, and latex):

1. What kind of reaction has your child had to the above listed allergen(s) in the past (note: each reaction can present with different symptoms)?

- Hives Rash Itching Vomiting Swelling Hard to breathe Wheezing
 Other?

2. When was the last time your child had an allergic reaction?

3. Did you use an epinephrine auto-injector in this reaction? Yes No

4. Have you ever used an epinephrine auto-injector for your child's allergic reaction? Yes No
If yes, when?

5. Does your child require an epinephrine auto-injector or any additional medication at school to keep them safe with allergies? Yes No
(If yes, please complete and return the medication authorization form.)

6. When was your child's last doctor visit for the above listed allergy(ies) and what suggestions did he/she give if a reaction occurs?

7. Did you receive a Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP) from your child's doctor? Yes No

8. Does your child require special diet restrictions from the school cafeteria? Yes No
(If yes, please complete and return the Medical Statement for Special Meals.)

Healthcare provider/allergist name

Phone

Parent/guardian name

PARENT/GUARDIAN SIGNATURE

DATE



**PLACE
PICTURE
HERE**

Name: _____ D.O.B.: _____

Allergic to: _____








Weight: _____ lbs. Asthma: **Yes (higher risk for a severe reaction)** **No**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____
THEREFORE:
 If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
 If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:





SEVERE SYMPTOMS

 LUNG Shortness of breath, wheezing, repetitive cough	 HEART Pale or bluish skin, faintness, weak pulse, dizziness	 THROAT Tight or hoarse throat, trouble breathing or swallowing	 MOUTH Significant swelling of the tongue or lips
 SKIN Many hives over body, widespread redness	 GUT Repetitive vomiting, severe diarrhea	 OTHER Feeling something bad is about to happen, anxiety, confusion	OR A COMBINATION of symptoms from different body areas.

↓ ↓ ↓

- INJECT EPINEPHRINE IMMEDIATELY.**
- Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

 NOSE Itchy or runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea or discomfort
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FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

- Antihistamines may be given, if ordered by a healthcare provider.
- Stay with the person; alert emergency contacts.
- Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.1 mg IM 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

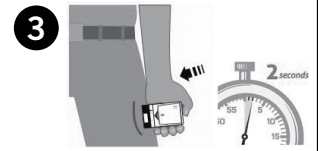
Other (e.g., inhaler-bronchodilator if wheezing): _____

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE _____ DATE _____ PHYSICIAN/HCP AUTHORIZATION SIGNATURE _____ DATE _____



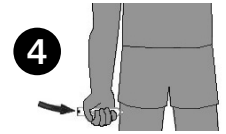
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



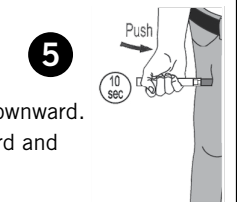
HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE SYMJEPI™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPI by finger grips only and slowly insert the needle into the thigh. SYMJEPI can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____



**COLOQUE
UNA
FOTOGRAFÍA
AQUÍ**

Nombre: _____ Fecha de nacimiento: _____








Alérgico a: _____

Peso: _____ kilos. Asma: **SÍ (Riesgo más alto de reacción grave)** **No**

NOTA: No recurra a antihistamínicos ni inhaladores (broncodilatadores) para tratar una reacción grave. UTILICE EPINEFRINA.

Extremadamente reactivo a los siguientes alérgenos: _____
POR LO TANTO:
 Si esta opción está marcada y es **PROBABLE** que se ha ingerido el alérgeno, administre epinefrina de inmediato ante **CUALQUIERA** de estos síntomas.
 Si esta opción está marcada y es **SEGURO** que se ha ingerido el alérgeno, administre epinefrina de inmediato aunque no se observe ningún síntoma.

ANTE CUALQUIERA DE LOS SIGUIENTES: SÍNTOMAS GRAVES

 PULMÓN Falta de aire, sibilancia, mucha tos	 CORAZÓN Tez azulada o pálida, desmayo, pulso débil, mareo	 GARGANTA Ronquera u oclusión, dificultad para tragar o respirar	 BOCA Hinchazón significativa de la lengua o los labios
 PIEL Urticaria extendida en las distintas partes del cuerpo, enrojecimiento generalizado	 INTESTINOS Vómitos reiterados, diarrea grave	 OTRO Sensación de que va a pasar algo malo, ansiedad, confusión.	O UNA COMBINACIÓN de los síntomas de las distintas áreas

↓ ↓ ↓

- 1. INYECTE EPINEFRINA DE INMEDIATO**
- 2. Llame al 911.** Avise al operador telefónico que el paciente tiene anafilaxia y puede necesitar epinefrina cuando llegue el equipo de emergencia.
 - Considere la administración de otros medicamentos además de la epinefrina:
 - Antihistamínico
 - Inhalador (broncodilatador) en caso de respiración sibilante
 - Mantenga al paciente en posición horizontal, con las piernas en alto y abrigado. Si tiene dificultades para respirar o vómitos, manténgalo sentado o tendido sobre un costado.
 - Si los síntomas no mejoran o vuelven a aparecer, puede administrar otras dosis adicionales de epinefrina a partir de los 5 minutos de la administración de la última dosis.
 - Comuníquese con los contactos de emergencia.
 - Lleve al paciente a la sala de emergencias, aunque los síntomas hayan desaparecido. (El paciente debe permanecer en la guardia médica durante por lo menos 4 horas porque los síntomas pueden reaparecer).

SÍNTOMAS LEVES

 NARIZ Picazón o moqueo nasal, estornudos	 BOCA Picazón bucal	 PIEL Algunas ronchas, picazón leve	 INTESTINO Náuseas leves o malestar
------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------

EN CASO DE SÍNTOMAS LEVES EN MÁS DE UN ÁREA DEL CUERPO, ADMINISTRE EPINEFRINA.

EN CASO DE SÍNTOMAS LEVES EN UN ÁREA ÚNICA SIGA ESTAS INSTRUCCIONES:

1. Se pueden administrar antihistamínicos, con prescripción médica.
2. Quédese junto a la persona; comuníquese con los contactos de emergencia.
3. Observe atentamente los posibles cambios. Si los síntomas empeoran, administre epinefrina.

MEDICAMENTOS/DOSIS

Marca de epinefrina o fármaco genérico: _____

Dosis de epinefrina: 0,1 mg IM 0,15 mg IM 0,3 mg IM

Marca de antihistamínico o fármaco genérico: _____

Dosis de antihistamínico: _____

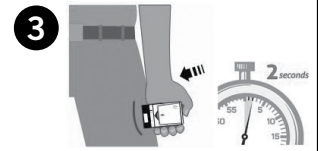
Otros (por ejemplo, broncodilatador en caso de sibilancia): _____

FIRMA DE AUTORIZACIÓN DEL PACIENTE O PADRE/TUTOR _____ FECHA _____ FIRMA DE AUTORIZACIÓN DEL MÉDICO O PROFESIONAL DE SALUD INTERVINIENTE _____ FECHA _____



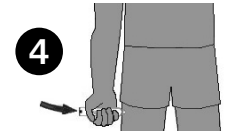
CÓMO UTILIZAR AUVI-Q® (INYECCIÓN DE EPINEFRINA, USP), KALEO

1. Retire AUVI-Q del estuche externo. Saque la tapa de seguridad roja.
2. Coloque el extremo negro de AUVI-Q® contra la parte exterior media del muslo.
3. Oprima firmemente hasta escuchar un clic y un silbido, mantenga presionado por 2 segundos.
4. Llame al 911 y pida asistencia médica de emergencia de inmediato.



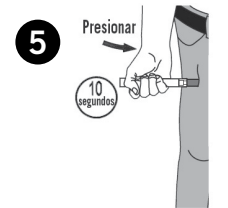
CÓMO USAR EL AUTOINYECTOR DE EPINEFRINA EPIPEN® Y EPIPEN JR® Y LA INYECCIÓN DE EPINEFRINA (FÁRMACO GENÉRICO AUTORIZADO DE EPIPEN®), USP (AUTOINYECTOR), MYLAN

1. Retire el autoinyector EpiPen® o EpiPen Jr® del tubo transparente.
2. Sujete el autoinyector firmemente con el puño con la punta naranja (el extremo de la aguja) apuntando hacia abajo. Con la otra mano, retire el protector de seguridad azul tirando firmemente hacia arriba.
3. Gire y oprima con firmeza el autoinyector contra la parte exterior media del muslo hasta que haga clic. Sostenga firmemente en el lugar durante 3 segundos (cuenta lentamente 1, 2, 3).
4. Retire el dispositivo y masajee el área durante 10 segundos. Llame al 911 y pida asistencia médica de emergencia de inmediato.



CÓMO UTILIZAR LA INYECCIÓN DE EPINEFRINA IMPAX (GENÉRICO AUTORIZADO DE ADRENALIN®), USP, AUTOINYECTOR, LABORATORIOS IMPAX

1. Retire del autoinyector de epinefrina de su estuche protector. Saque las dos tapas de extremo azul. Ahora podrá ver una punta roja.
2. Sujete el autoinyector firmemente con el puño con la punta roja apuntando hacia abajo. Coloque la punta roja contra la parte exterior media del muslo en un ángulo de 90°, en posición perpendicular al muslo.
3. Oprima y sostenga con firmeza durante aproximadamente 10 segundos. Retire el dispositivo y masajee el área durante 10 segundos.
4. Llame al 911 y pida asistencia médica de emergencia de inmediato.



CÓMO UTILIZAR SYMJEPITM (INYECCIÓN DE EPINEFRINA, USP)

1. Cuando esté listo para aplicar la inyección, retire la tapa para dejar la aguja expuesta. No coloque el dedo encima del dispositivo.
2. Sostenga la inyección SYMJEPITM solo con los dedos e inserte la aguja en el muslo suavemente. SYMJEPITM puede inyectarse a través de la ropa si es necesario.
3. Después de que la aguja esté en el muslo, empuje el émbolo hacia abajo hasta que haga clic y manténgalo durante 2 segundos.
4. Retire la jeringa y masajee el lugar de la inyección durante 10 segundos. Llame al 911 y pida asistencia médica de emergencia de inmediato.
5. Una vez que se haya administrado la inyección, colocando una mano con los dedos detrás de la aguja, deslice la protección de seguridad por sobre la aguja.



INFORMACIÓN DE ADMINISTRACIÓN Y SEGURIDAD PARA TODOS LOS AUTOINYECTORES

1. No coloque el dedo pulgar, los demás dedos o la mano sobre la punta del autoinyector ni aplique la inyección fuera de la parte exterior media del muslo. En caso de inyección accidental, diríjase inmediatamente a la sala de emergencias más cercana.
2. Si administra el medicamento a un niño pequeño, sostenga su pierna firmemente antes y durante la aplicación para evitar posibles lesiones.
3. Si es necesario, la epinefrina se puede aplicar a través de la ropa.
4. Llame al 911 inmediatamente luego de aplicar la inyección.

INSTRUCCIONES/INFORMACIÓN ADICIONAL (la persona puede llevar epinefrina, el paciente puede autoadministrarse la medicación, etc.):

Trate a la persona antes de llamar a los contactos de emergencia. Las primeras señales de una reacción pueden ser leves, pero los síntomas pueden agravarse con rapidez.

CONTACTOS DE EMERGENCIA – LLAME AL 911

EQUIPO DE RESCATE: _____

MÉDICO: _____ TELÉFONO: _____

PADRE O TUTOR: _____ TELÉFONO: _____

OTROS CONTACTOS DE EMERGENCIA

NOMBRE/RELACIÓN: _____

TELÉFONO: _____

NOMBRE/RELACIÓN: _____

TELÉFONO: _____

Anaphylaxis Emergency Action Plan

Patient Name: _____ Age: _____

Allergies: _____

Asthma Yes (*high risk for severe reaction*) No

Additional health problems besides anaphylaxis: _____

Concurrent medications: _____

	Symptoms of Anaphylaxis
MOUTH	itching, swelling of lips and/or tongue
THROAT*	itching, tightness/closure, hoarseness
SKIN	itching, hives, redness, swelling
GUT	vomiting, diarrhea, cramps
LUNG*	shortness of breath, cough, wheeze
HEART*	weak pulse, dizziness, passing out

*Only a few symptoms may be present. Severity of symptoms can change quickly.
Some symptoms can be life-threatening. ACT FAST!

Emergency Action Steps - DO NOT HESITATE TO GIVE EPINEPHRINE!

1. Inject epinephrine in thigh using (check one):
- | | |
|-------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Adrenacllick (0.15 mg) | <input type="checkbox"/> Adrenacllick (0.3 mg) |
| <input type="checkbox"/> Auvi-Q (0.15 mg) | <input type="checkbox"/> Auvi-Q (0.3 mg) |
| <input type="checkbox"/> EpiPen Jr (0.15 mg) | <input type="checkbox"/> EpiPen (0.3 mg) |

Epinephrine Injection, USP Auto-injector- authorized generic

(0.15 mg) (0.3 mg)

Other (0.15 mg) Other (0.3 mg)

Specify others: _____

IMPORTANT: ASTHMA INHALERS AND/OR ANTIHISTAMINES CAN'T BE DEPENDED ON IN ANAPHYLAXIS.

2. Call 911 or rescue squad (before calling contact)

3. Emergency contact #1: home _____ work _____ cell _____

Emergency contact #2: home _____ work _____ cell _____

Emergency contact #3: home _____ work _____ cell _____

Comments: _____

Doctor's Signature/Date/Phone Number

Parent's Signature (for individuals under age 18 yrs)/Date

This information is for general purposes and is not intended to replace the advice of a qualified health professional. For more information, visit
www.aaaai.org. © 2017 American Academy of Allergy, Asthma & Immunology 4/2017

Allergy and Anaphylaxis Emergency Plan

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

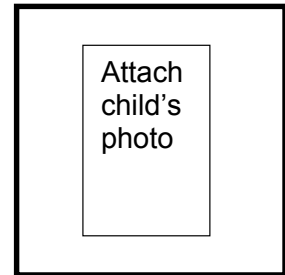


Child's name: _____ Date of plan: _____

Date of birth: ____/____/____ Age ____ Weight: _____kg

Child has allergy to _____

- Child has asthma. Yes No (If yes, higher chance severe reaction)
Child has had anaphylaxis. Yes No
Child may carry medicine. Yes No
Child may give him/herself medicine. Yes No (If child refuses/is unable to self-treat, an adult must give medicine)



IMPORTANT REMINDER

Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.

For Severe Allergy and Anaphylaxis What to look for If child has ANY of these severe symptoms after eating the food or having a sting, give epinephrine. <ul style="list-style-type: none">• Shortness of breath, wheezing, or coughing• Skin color is pale or has a bluish color• Weak pulse• Fainting or dizziness• Tight or hoarse throat• Trouble breathing or swallowing• Swelling of lips or tongue that bother breathing• Vomiting or diarrhea (if severe or combined with other symptoms)• Many hives or redness over body• Feeling of "doom," confusion, altered consciousness, or agitation <input type="checkbox"/> SPECIAL SITUATION: If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s): _____. Even if child has MILD symptoms after a sting or eating these foods, give epinephrine.	Give epinephrine! What to do <ol style="list-style-type: none">1. Inject epinephrine right away! Note time when epinephrine was given.2. Call 911.<ul style="list-style-type: none">• Ask for ambulance with epinephrine.• Tell rescue squad when epinephrine was given.3. Stay with child and:<ul style="list-style-type: none">• Call parents and child's doctor.• Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes.• Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side.4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine.<ul style="list-style-type: none">• Antihistamine• Inhaler/bronchodilator
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

For Mild Allergic Reaction What to look for If child has had any mild symptoms, monitor child. Symptoms may include: <ul style="list-style-type: none">• Itchy nose, sneezing, itchy mouth• A few hives• Mild stomach nausea or discomfort	Monitor child What to do Stay with child and: <ul style="list-style-type: none">• Watch child closely.• Give antihistamine (if prescribed).• Call parents and child's doctor.• If symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Medicines/Doses

Epinephrine, intramuscular (list type): _____ Dose: 0.15 mg 0.30 mg (weight more than 25 kg)

Antihistamine, by mouth (type and dose): _____

Other (for example, inhaler/bronchodilator if child has asthma): _____

Parent/Guardian Authorization Signature _____ Date _____ Physician/HCP Authorization Signature _____ Date _____

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Allergy and Anaphylaxis Emergency Plan

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Child's name: _____ Date of plan: _____

Additional Instructions:

Contacts

Call 911 / Rescue squad: (___) ___-_____

Doctor: _____ Phone: (___) ___-_____

Parent/Guardian: _____ Phone: (___) ___-_____

Parent/Guardian: _____ Phone: (___) ___-_____

Other Emergency Contacts

Name/Relationship: _____ Phone: (___) ___-_____

Name/Relationship: _____ Phone: (___) ___-_____

© 2017 American Academy of Pediatrics. All rights reserved. Your child's doctor will tell you to do what's best for your child. This information should not take the place of talking with your child's doctor. Page 2 of 2.

504 PLAN

This federal civil rights law, commonly referred to as Section 504, helps ensure that individuals with handicaps/disabilities are not excluded from participating in any program or activity that receives federal financial assistance. Students who are covered by this law are eligible to receive what is known as a 504 Plan.

A 504 Plan is a written management plan developed on a case by case basis. Individual accommodation(s) will vary based upon each student's individual needs, and may require input from their healthcare provider. Examples of 504 accommodations may include, but not be limited to, special seating arrangements, curriculum adjustments, field trips, special school events and staff training. Parents/guardians are within their rights to request an evaluation for eligibility and to pursue such a plan. All schools subject to this law should have a 504 Coordinator on staff who can help parents/guardians throughout the 504 process.

Accommodations should be reasonable and supported by using evidence based practice standards such as the CDC Voluntary Guidelines. The following 504 outline provides an overview of steps to take to create a 504 Plan.

Please review the following step by step instructions on how to use the 504 Plan flow chart that starts on the next page:

Step 1: Identify your role in creating the 504 Plan.

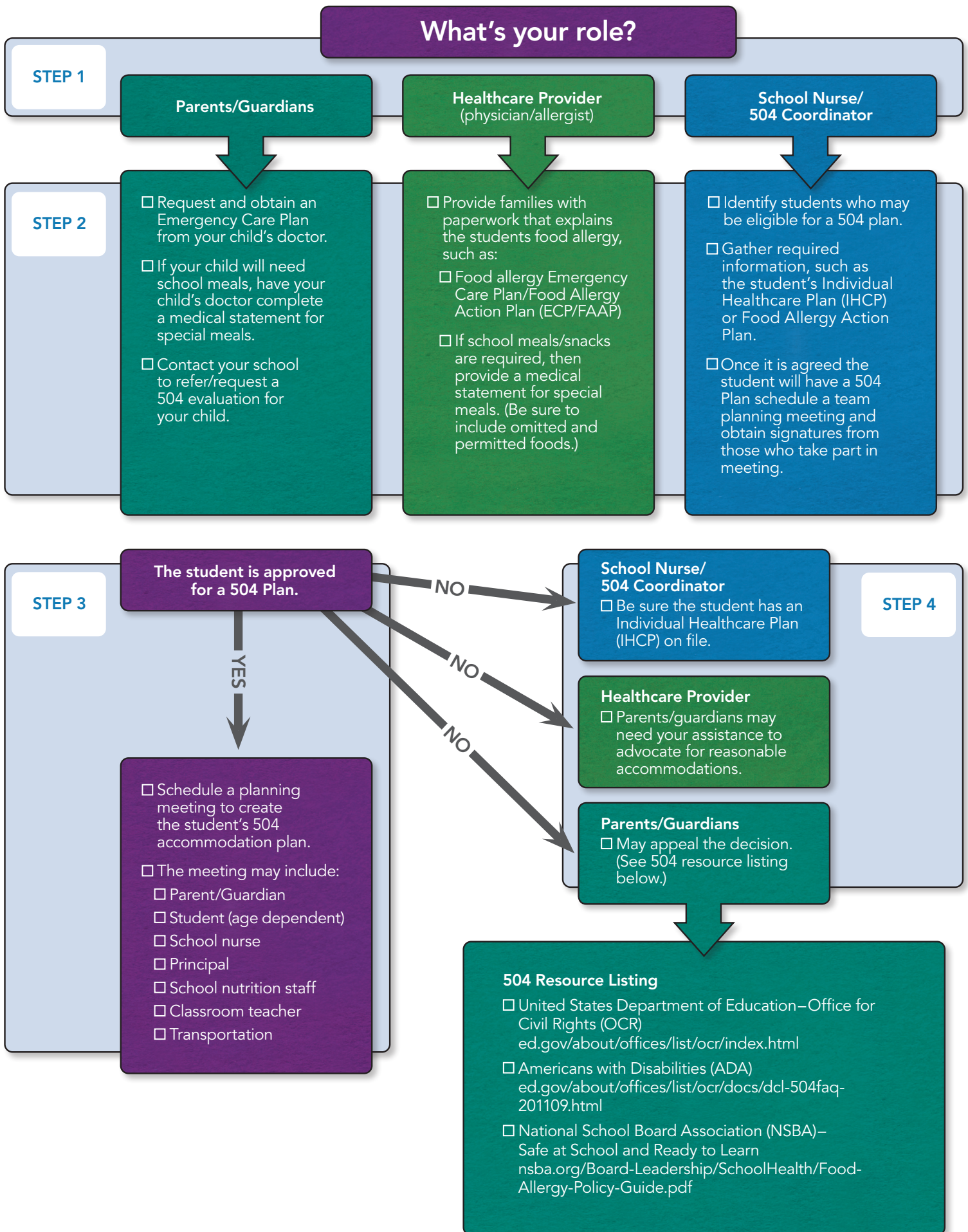
Step 2: Review and complete the tasks listed under your specific role.

Step 3: Once the student is approved for a 504 Plan, then review details on the flow chart which follows this page:

- a. Scheduling a 504 planning meeting
- b. Sample accommodation listing (*note: The accommodation listing features check boxes for building a 504 plan to meet the student's individual needs.*)

Step 4: If the school does not approve a 504 Plan, there is information on who to contact and resources to assist.

What's your role?



Accommodations

(sample recommendations adapted from CDC Voluntary Guidelines)

Some states and school districts have a 504 template; contact your schools 504 coordinator and/or school administrator for details.

General Accommodations

- All staff will follow the schools food allergy policies.
- School nurse will educate and train all staff members who have contact with the student in recognizing the symptoms of an allergic reaction, emergency procedures and the use of epinephrine auto-injectors.
- Student's epinephrine auto-injectors will be kept in secure (unlocked), accessible area.
- Make sure events and field trips are consistent with food allergy policies.
- Have access to epinephrine auto-injectors and train relevant staff to use them.
- Have children, school staff, and volunteers to wash hands before and after handling or eating food.
- Have a system in place to identify all students with food allergies.

Emergency Accommodations

- Student will self carry two epinephrine auto-injectors at all times (age dependent.)
- Student will have access to safe foods in case of an Emergency Shelter-in-Place.

Transportation Accommodations

- Train transportation staff how to respond to food allergy emergencies.
- Do not allow food to be eaten on buses except by children with special needs such as diabetes.

Classroom Accommodations

- Avoid the use of identified allergens in class projects, parties, holidays and celebrations, arts, crafts, science experiments, cooking, snacks, rewards or for other purposes.
- Inform and educate substitute of child's food allergy.
- Support parents/guardians who wish to provide safe snack items for their child.
- Use non-food incentives for prizes, gifts, awards.

Celebrations

- Consider celebrations with non-food items (school supplies, toys/trinkets, crafts, t-shirts, prize system).
- If food is allowed, check for allergens and make sure all items are clearly labeled.
- Wash all desks, tables, chairs, with soap and water/district approved cleaning products after celebrations with food.

Accommodations
(cont. on next page)

Accommodations (cont. from previous page)

School Activities, Field Trips, Accommodations

- Do not exclude children with food allergies from field trips, events or extracurricular activities.
- Package meals and snacks appropriately to prevent cross-contact.
- Invite parents/guardians of children with food allergies to chaperone (but do not require.)

Social/Emotional Accommodations

- Provide age appropriate education to all children on the seriousness of food allergies.
- If teasing, harassment, or bullying occurs, immediate disciplinary actions will take place based on the school's anti-bullying policy.

Cafeteria Accommodations

- Consider allergy-friendly (allergen-free) tables.
- Have a system in place to identify all students with food allergies.

If school prepared meals required

- Make necessary changes to school meals.
- Obtain approval from licensed physician or as stated in the ECP.
- Designate an allergen-safe food preparation area.
- Provide menu copies to parents/guardians in advance to plan meals.
- Provide food labels, recipes or ingredient lists used to prepare meals and snacks.
- Keep food labels for at least 24 hours after servicing the food in case the child has a reaction.
- Read all food labels with each purchase for potential food allergens.
- Wash all tables and chairs with soap and water district approved cleaning products after each meal services.

Physical Education & Recess

- Access to epinephrine auto-injectors.

- **Review 504 Plan annually and as needed.**
- **Designate responsible party to follow through with accommodations (see sample on next page.)**
- **Have all participants sign the final 504 Plan.**

504 PLAN

Student's name

Date

School

Grade

Disability

504 Participants

Name	Title
	Parent/Guardian
	School Nurse
	Principal
	Assistant Principal
	Counselor
	School Nutrition Staff
	504 Coordinator
	Transportation Staff
	Classroom Teacher
	Other
	Other

- Received a written notice of my rights under Section 504.
- Give permission for the 504 coordinator to distribute copies of the 504 accommodation.

PARENT/GUARDIAN SIGNATURE

DATE

All participants received a copy of this Accommodation Plan

504 COORDINATOR SIGNATURE

DATE

(504 PLAN CONTINUED ON OTHER SIDE)

504 PLAN

Accommodations	Responsible Party	Done	Completion Date
<p>General</p> <ul style="list-style-type: none"> The school nurse will educate/train all staff (including support and substitute) annually and as needed. <ul style="list-style-type: none"> -This training may include: review of district policy/procedures, staff responsibilities, signs/symptoms of an allergic reaction, and the use of epinephrine auto-injectors. 	<ul style="list-style-type: none"> School nurse District representative School nurse District representative 	<input type="checkbox"/> <input type="checkbox"/>	<hr/> <hr/>
<p>Emergency</p> <ul style="list-style-type: none"> Epinephrine auto-injectors will be accessible to all staff that have contact with the child. Student’s epinephrine auto-injectors will be kept in a secure (unlocked), accessible area. The student will have access to safe foods box in case of an emergency Shelter-in-Place. 	<ul style="list-style-type: none"> School nurse Administrator Counselor School nutrition service 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<hr/> <hr/> <hr/>
<p>Social/Emotional</p> <ul style="list-style-type: none"> If teasing, harassment, or bullying occurs, immediate disciplinary actions will take place based on the school’s anti-bullying policy 	<ul style="list-style-type: none"> Administrator Counselor Teacher 	<input type="checkbox"/>	<hr/>
<p>Classroom</p> <ul style="list-style-type: none"> Avoid the use of identified allergens in class projects, parties, holidays and celebrations, arts, crafts, science experiments, cooking, snacks, rewards or for other purposes Students will wash hands or use hand wipes before and after eating. Incentives will take the form of a nonfood item. 	<ul style="list-style-type: none"> Classroom teacher Administrator 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<hr/> <hr/> <hr/>
<p>Cafeteria</p> <ul style="list-style-type: none"> Make necessary substitutions to meal once approval is obtained from a licensed physician through dietary orders or as stated in the ECP. Designate an allergen-safe food preparation area. Provide advanced copies of menus for parents/guardians to use in planning meals. Parents/guardians will be contacted if school menu changes. Designated person staff will wipe the table/chair where the child sits before and after breakfast/lunch/snacks. Students will wash hands or use hand wipes before and after eating. 	<ul style="list-style-type: none"> School nutrition services Parent/guardian School nutrition services 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<hr/> <hr/> <hr/> <hr/> <hr/>
<p>School Activities/Field Trips</p> <ul style="list-style-type: none"> Inform parents/guardians about field trips and provide parents/guardians the opportunity to attend. Enforce a no No eating policy on transportation. Have two-way communication devices available in case of an emergency. Have access to epinephrine auto-injectors and train staff to use them. 	<ul style="list-style-type: none"> Administrator District representative 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<hr/> <hr/> <hr/> <hr/>
<p>Review Annually and as Needed</p>	<ul style="list-style-type: none"> Parent/guardian School nurse Principal Assistant principal Counselor School nutrition staff District representative 		

INSTRUCTIONS TO COMPLETE AN INDIVIDUAL HEALTH CARE PLAN (IHP)

Section I: Identifying Information—Provide detailed information

- a. **Student's Information**
- b. **Parents/Guardians Information**
- c. **Physician's Information**
- d. **Hospital Information**
- e. **School Nurse Information**

Section II. Medical Overview—Complete the questions on the lines provided

- a. **Medical Condition:** include ALL medical conditions (i.e., food allergies, asthma)
- b. **Medications:** include ALL medications
- c. **Side Effects:** include ANY side effects from medications
- d. **Necessary Health Care Procedures at School**
- e. **Healthcare Plan for Period:** include start and end date

Section III. Other Information—add in optional information that has not been covered in the IHP

Section IV. Background Information/Nursing Assessment—provide detailed information on the following, if necessary check the box and attach additional sheets.

- a. **Medical History:** description of the child's past allergic reactions, include triggers, signs/symptoms, and the child's verbal description
- b. **Social/Emotional Concerns:** describe how the medical conditions can cause social and emotional response in the child and require the need for support
- c. **Academic Achievement:** describe academic achievements and/or challenges that can be affected due to the medical condition(s)

Section V. Interventions— Provide detailed information on the following, if necessary check the box and attach additional sheets.

- a. Medications:** List medications or refer to Emergency Care Plan (ECP) and/or Food Allergy Action Plan (FAAP)
- b. Diet:** List meal substitutions; note if parent/guardian is requesting the school provide school meal substitutions then a written physician statement is necessary
- c. Transportation:** List the student’s form of transportation to/from school: bus, car, walker; Note: it is highly recommended that no eating/drinking is allowed on the bus
- d. Classroom School Modifications:** Consider seating assignments; handwashing schedules/procedures; cleaning procedures for chairs/desks
- e. Equipment:** Remember emergency medications, first aid kit, cleaning supplies, snacks
- f. Safety Measures:** Attach Emergency Care Plan (ECP), Food Allergy Action Plan (FAAP), 504 Plan/IEP
- g. Substitute Backup Staff:** It is highly recommended that all substitute staff be included in training
- h. Possible Problems:** i.e., all staff training; staff/parent/guardian resistance with procedures; understanding that food allergies are life-threatening
- i. Training:** Consider annually/biannually; do the parents/guardians want to participate

Section VI. Individual Health Plan Review— Document Next Review Date

Section VII. Documentation of Participation— Have ALL school staff members who are identified as responsible parties read, review and sign the IHP.

Section VIII. Parent/Guardian Authorization for Special Health Services— provide child name, DOB, and parents/guardians signature/date.

INDIVIDUAL HEALTH PLAN (IHP)

Section I: Identifying Information

Student's name	Birth date	Age
School	Grade	

PARENTS/GUARDIANS

Mother's name

Mother's address

Mother's home phone	Work	Cell
---------------------	------	------

Father's name

Father's address

Father's home phone	Work	Cell
---------------------	------	------

PHYSICIAN

Physician name	Phone
----------------	-------

Physician address

HOSPITAL

Hospital emergency room	Phone
-------------------------	-------

Hospital address

Ambulance service	Phone
-------------------	-------

SCHOOL

School nurse	Phone
--------------	-------

Section II: Medical Overview

Medical condition

Any known allergies

Medications

Possible side effects

Necessary health care procedures at school

Healthcare plan for period

to

Section III: Other Important Information

--

Section IV: Background Information/Nursing Assessment

Brief Medical History	<input type="checkbox"/> Check if additional information is attached.
Social/Emotional Concerns:	<input type="checkbox"/> Check if additional information is attached.
Academic Achievement	<input type="checkbox"/> Check if additional information is attached.

INDIVIDUAL HEALTH PLAN (IHP)

Section V: Interventions

Medications: See Emergency Plan and Medication Authorization Forms.		
<input type="checkbox"/> Check if additional information is attached.		
Diet		
<input type="checkbox"/> Check if additional information is attached.		
Transportation:		
<input type="checkbox"/> Check if additional information is attached.		
Classroom School Modifications:		
<input type="checkbox"/> Check if additional information is attached.		
Necessary Equipment/Supplies	Provided by Parent/Guardian	Provided by District
Safety Measures: See attached Emergency Action Plans.		
<input type="checkbox"/> Check if additional information is attached.		
Substitute Backup Staff (when primary staff not available): ECP/FAAP or IEP will be in the substitute folder. Substitute teachers will be trained in the recognition of allergy symptoms, administration of epinephrine auto-injectors.		
Possible Problems to be Expected		
Training: All staff at _____ School will participate in training annually and as needed that addresses recognizing signs/symptoms of an allergic reaction, administering epinephrine auto-injectors, cross-contact, and understanding related social-emotional issues. All staff training will be documented. New staff will be trained prior to working with students during the school day.		

Section VI: Individual Health Plan Review

Next review date of Health Care Plan: As needed, when requested by any team member.

Section VII: Documentation of Participation

We the undersigned staff of the _____ School District, have read and understand the Individual Health Plan and agree with its contents and attachments. The parents/guardians will be notified by a staff member to be identified by the school nurse or school counselor, if there is a change or cancellation of a procedure.

SIGNATURE

DATE

School nurse

Documentation of teacher, teacher assistant, and office staff reviewing and understanding the contents of the IHP its attachments will be documented by the school district.

VIII: Parent/Guardian Authorization for Special Health Services

We (I) the undersigned who are the parents/guardians of (child) _____ (date of birth) _____ have participated in the development of this Individualized Health Plan. We approve this Individualized Health Plan and the attachments.

We (I) understand that (a) qualified designated person(s) will perform the health care service. It is our understanding that in performing this service, the designated person(s) will be using a standardized procedure.

We (I) will notify the school immediately if the health status of child changes, we change physicians, or there is a change or cancellation in procedure.

We (I) agree to provide the following,

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

MEDICAL INFORMATION RELEASE

Student

Date of birth

Address

City

State

Zip

I, _____ the (parent/guardian) of the student named above,
authorize _____ (name of the school/organization)

to release the necessary confidential health information to the appropriate school representatives including nurse, principal, teacher(s), food service staff, emergency personnel, and applicable volunteers who have a need to know my child's health information to provide safety at school.

Information to be released includes the following (check if applicable):

- Health record
- Psychological/psychiatric evaluation
- IHP or ECP/FAAP or 504/IEP
- Parent/guardian contact information
- LTFA and asthma history
- Other:
- Social worker/counselor report

I understand that signing this form is voluntary, and it will be used only for the specific information authorized for release regarding my child to specified party, as designated above.

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

WITNESS SIGNATURE

DATE

AUTHORIZATION OF MEDICATION AT SCHOOL

Student

Date of birth

School

Grade

PARENT/GUARDIAN PLEASE READ and COMPLETE THIS PORTION

- I request the listed medication be given as ordered by the licensed healthcare professional.
- I give health services staff permission to communicate with the medical office about this medication. I understand certain medication may be administered by non-licensed staff members who have been trained and are supervised by a registered nurse.
- I understand medication information may be shared with all school staff working with my child and emergency staff, if necessary.
- All medication must be brought to the school in the original pharmacy or manufacturer's labeled container with instructions as noted below by the licensed healthcare professional.
- I request and authorize my child to carry and/or self-administer their medication. Yes No

PARENT/GUARDIAN SIGNATURE

DATE

Home phone

Work or cell phone

THIS SECTION TO BE COMPLETED ONLY BY A LICENSED HEALTHCARE PROFESSIONAL (please print clearly)

Medication Name	Diagnosis/Reason for Medication	Dosage	Administration Method	Time(s) to be Taken

- I request and authorize this student to carry their medication: Yes No
- I request and authorize this student to self-administer their medication: Yes No
- List possible medication side effects:

I request and authorize the above-named student be administered the above identified medication in accordance with the indicated instructions from _____ to _____ (not to exceed the current school year and summer school).

Name of licensed healthcare professional (please print)

Contact number

SIGNATURE OF LICENSED HEALTHCARE PROFESSIONAL

DATE

AUTHORIZATION FOR STUDENTS TO SELF-CARRY

Please fill out and complete all four sections.

Student's name

School year

To be Completed by Prescribing Health Professional

It is my professional opinion that
is capable of carrying and self-administering the following medication:

Medication name

Dosage

Frequency

I recommend self-administration of this medication for the treatment of:

Special Instructions or Comments

HEALTH CARE PROVIDER SIGNATURE

DATE

PRINT NAME

PHONE

To Be Completed by Parent/Guardian

I, request and authorize my child _____ to carry
and/or self-administer their _____ medication.

This authorization is given based on the following:

- I hereby give permission for my child to self-administer prescribed medication at school.
- I authorize release of information related to my child's health/medications between the school nurse and the prescribing healthcare provider.
- I understand that my child shall be permitted to carry their medication at all times providing they do not misuse the medication.
- I understand that if my child misuses the medication, school employees will take the medication and terminate this agreement.
- I understand that this authorization shall be effective for this current school year and must be renewed annually.

PARENT/GUARDIAN SIGNATURE

DATE

PRINT NAME

PHONE

Continued on the back side

To Be Completed by Licensed School Nurse

- The student can demonstrate correct use/administration.
- The student can recognize correct dosage.
- The student recognizes prescribed timing for medication.
- The student agrees to not share the medication with others.
- The student will keep a second labeled container in the health office.

The student (is/is not) able to demonstrate the specified responsibilities. The student (may/may not) carry the prescribed medication.

LICENSED SCHOOL NURSE NAME (PLEASE PRINT)

SIGNATURE

DATE

To Be Completed by the Student

I, _____ agree to the responsibilities of carrying medication. I have been trained in the proper use of my prescribed medication and understand how it is given. I will keep this medication with me at all times and take my responsibility to self-carry seriously. I also understand that if I misuse my medication, this agreement will end. If I take my medication I will contact the school nurse.

STUDENT NAME (PLEASE PRINT)

STUDENT SIGNATURE

DATE

FIELD TRIP RISK ASSESSMENT

Questions for Coordinator of the Field Trip Destination

Child's name

Child's teacher/grade

Child's allergy(ies)

Conversation with parents/guardians: Yes No N/A **Date?**

Will parent/guardian attend? Yes No

Nurse attending: Yes No

If no, identify trained adult to attend, who will review Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP) with school nurse and receive epinephrine administration training:

Field trip date

Field trip time

Field trip destination

Destination contact name and phone number

Questions

1. Will any food or beverages be distributed before, during or after the field trip?

Any food displayed or demonstrations?

Any hands on activities involving food (i.e. feeding animals)?

Are sack lunches necessary? Yes No

If yes, provide school nutrition services proper notice to prepare.

2. How will snack/lunches be stored on the bus ride to the fieldtrip destination? If necessary, what steps will be taken to keep the child's lunch/snack separate from the others?

3. Where will the children eat snack and/or lunch?

4. Where will students wash their hands or use wipes before/after snack/lunch?
5. Are the tables where the children eat able to be adequately washed with soap and water (and by whom?) or do they need plastic tablecloths?
6. Which trained adult will be in charge of the child's snack/lunch who has food allergy and monitor to ensure that the offending allergen is not given to the child?
7. Who will privately discuss with all attending adults, teachers, and parent/guardian chaperones, that under no circumstances is the child to be allowed to eat or touch or given any food or drink by any other adults/children? The child must only eat/drink food that has been provided by the parent/guardian and distributed to the child by the teacher/nurse in charge.
8. Prior to the field trip, will all teachers and adults responsible for the children review the emergency response protocol?
9. Will the nurse map out an emergency route to the nearest hospital from the field trip destination and give it to the classroom teacher and/or the bus driver prior to the day of the field trip?
10. Who will be responsible for carrying and administering the medications (i.e. epinephrine auto-injector, inhaler) in an emergency situation?
11. Will the nurse/teacher carrying the medicine pack carry a charged cell phone? If not, how will they contact 911?
12. What steps will be taken if 911 (no cell phone connection) cannot be reached in the event of an emergency after the child has received the epinephrine auto-injector?

Epinephrine auto-injectors must be with the child on all field trips, both long and short.

Medications, authorizations, and emergency care plans will be routinely sent with classroom teachers for all medically involved students when leaving the school grounds for any reason.

Adapted from AllergySupport.Org. Copyright © 2004-2005, and also, [Guideline for Managing Life-Threatening Food Allergies in Connecticut Schools](#)

MEDICAL STATEMENT FOR SPECIAL MEALS AND/OR ACCOMMODATIONS

The following forms are sample medical statements for food substitutions or modifying meals.

Note: Families may also obtain a detailed letter from the student's physician identifying all of the items below in a–e.

United States Department of Agriculture (USDA) Regulations:

For schools participating in a federally-funded school nutrition program, USDA regulations 7 CFR Part 15b require substitutions or modifications in school meals for students whose disabilities restrict their diets. A student with a disability or medical condition must be provided substitutions in foods when that need is supported by a statement signed by a licensed physician. A physician is a person licensed by the State to practice medicine. The term includes physicians or doctors of osteopathic medicine. These fully trained physicians are licensed by the State to prescribe medication or to perform surgery. The physician's statement must identify:

- a. The student's disability or medical condition
- b. An explanation of why the disability restricts the student's diet
- c. The major life-activity affected by the disability
- d. List the food or foods to be omitted from the student's diet
- e. List the food or choice of foods that must be substituted

Definitions¹

USDA FNS Instruction 783-2, 7 CFR Part 15b

Disability: Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, "person with a disability" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

"Physical or mental impairment:" means (1) any physiological disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more of the following body systems: Neurological, musculoskeletal, special sense organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic skin and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; metabolic diseases such as diabetes and phenylketonuria (PKU); food anaphylaxis; mental retardation; emotional illness; and drug addiction and alcoholism.

Major life activities: are defined as caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

¹USDA regulations have not been amended to reflect the ADA Amendments Act. Regulation will be updated by Department of Agriculture (196 section 131).

¹USDA Accommodating Children with Special Dietary Needs in the School Nutrition Programs, fns.usda.gov/cnd/guidance/special_dietary_needs.pdf

MEDICAL STATEMENT FOR STUDENTS REQUIRING SPECIAL MEALS AND/OR ACCOMMODATIONS

Please note: This statement must be updated when there is a change or discontinuance of a diet order.

Student's name _____ **Birth date** _____ **Gender** M F

School attended _____ **Grade** _____

Parent/guardian name _____ **Home phone** _____

Work phone _____ **Cell phone** _____

I hereby give permission for the school staff to follow the stated nutrition plan below. I give my permission for School Nutrition services to contact the doctor named below with any questions related to my child's nutrition requirements and share such information with appropriate school staff.

PARENT/GUARDIAN SIGNATURE

DATE

****FOR PROVIDERS'S USE ONLY**** (TO BE COMPLETED BY A LICENSED HEALTHCARE PROVIDER)

Indicate student's disability or medical condition (including allergies) requiring the student to need a special diet.

Check major life activities affected by the student's disability or medical condition.

- Caring for self Eating Performing manual tasks Walking Seeing Hearing
 Speaking Breathing Learning Working Other _____
 Major bodily function (i.e. immune system, neurological, respiratory, circulatory, endocrine, & reproductive functions)

Diet prescription (check all that apply)

- Food allergy (please specify all) _____
 Diabetic (attach meal plan) _____ Calorie level (attach meal plan) _____
 Other (describe) _____

OMITTED FOODS/BEVERAGES

ALLOWED SUBSTITUTIONS

OMITTED FOODS/BEVERAGES	ALLOWED SUBSTITUTIONS

** If milk allergy listed above in the omitted box, please specify fluid milk substitution: _____

*** If lactose intolerance, please specify one of the following:

- No fluid milk only (may have cheese, yogurt, pudding, ice cream, etc.)
 No milk products (no fluid milk, yogurt, cheese, pudding, ice cream, etc.)
 No milk products and no products prepared with milk (i.e., no breads, desserts, or other products prepared with milk)

Healthcare provider's name (please print) _____ **Office phone** _____

HEALTHCARE PROVIDER'S SIGNATURE

DATE

Revised 7/2022

Student's name

School attended

Additional comments or instructions

United States Department of Agriculture

Food and Nutrition Service Instruction 783-2

7 CFR Part 15b

Section 504 of the *Rehabilitation Act of 1973* mandates that "no otherwise qualified individual with a disability shall solely by reason of his or her disability be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program (school) or activity receiving Federal financial assistance."

"Disabled person" means any person who has a physical or mental impairment, which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

"Physical or mental impairment" means (1) any physiological disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more of the following body systems: Neurological, musculoskeletal, special sensory organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic skin, and endocrine or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to such diseases as orthopedic, visual, speech, and hearing impairments; cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction, and alcoholism.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

MEDICAL STATEMENT FOR STUDENTS REQUIRING SPECIAL MEALS

Student's name

Birth date

School attended

School district

Parent/guardian name

Phone number

1. Identify the disability, or medical condition (diagnosis) that requires a special diet/meal or accommodation?

2. How does the disability restrict the diet?

3. What major life activity is affected?

4. Diet Prescription:

5. List food/type of food to be omitted. A specific list/menu may also be included, for the safety of the child:

6. List food/type of food to be substituted. A specific list/menu may also be included, for the safety of the child:

7. Additional Comments/Concerns:

8. The above named student needs special school meals as described above, due to student's disability or chronic medical condition.

HEALTHCARE PROVIDER'S NAME

DATE

HEALTHCARE PROVIDER'S SIGNATURE

PHONE NUMBER

LETTERS/NEWSLETTERS

As school administrators, educators, and school nurses to create a nurturing, learning environment is challenging when major health issues such as life-threatening food allergies are present. Food allergies are a growing concern in schools across America. Education of staff, parents/guardians and students can assist in increasing awareness and maintaining safety.

Below are ideas to include in letters/newsletters to families in your school.

I. Include facts/stats, for example (see food allergy resources for additional sources):

- Food allergies are estimated to affect 1 in every 13 children.^{1,2}
- The number of children with food allergies is increasing.³
- There is no cure for food allergies. Strict avoidance is key.⁴

II. Outline your school food allergy policy (for example):

- Our school district has adopted a food allergy policy that focuses on providing a safe and healthy environment for all students to learn.
- School personnel will take part in food allergy education and training.
- All students will take part in age appropriate food allergy education.
- In the cafeteria, allergen friendly seating may be necessary.
- Classroom projects or activities will avoid using common food allergens that are harmful to students.
- Bullying and teasing will result in immediate corrective action.
- No eating on the school bus.
- We will celebrate special events with non-food items, such as school supplies or a special reward system. If food is involved, only labeled prepackaged healthy food items with a complete ingredient listing are allowed.

III. Include what parents/guardians and classmates can do to help keep all children safe (for example):

- All students should wash their hands before/after meals or snacks. Hand sanitizers do not remove the food allergen.
- We will keep a box of hand wipes in the classroom, and ask your child to use them.
- No sharing/trading food/drinks, eating utensils or food containers with other students.
- Report any bullying or teasing that you hear or see.
- Please plan to celebrate special occasions without food.

IV. Closing

- Thank you in advance for your support.
- This is a learning process for all of us, but we trust that you will follow these guidelines.
- If you have any questions or concerns about food allergy related issues, please contact us.

¹Branum AM, Lukacs SL. Food allergy among U.S. children: trends in prevalence and hospitalizations. NCHS Data Brief. 2008 Oct(10):1-8.

²Liu AH, Jaramillo R, Sicherer SH, Wood RA, Burks AW, Massing M, Cohn RD, Zeldin DC. National prevalence and risk factors for food allergy and relationship to asthma: results from the National Health and Nutrition Examination Survey 2005-2006. *J Allergy Clin Immunol* 2010 Oct;126(4):798-806 e13.

³Trends in Allergic Conditions Among Children: United States, 1997-2011; National Center of Health Statistics Data Brief, 121, May 2013.

⁴U.S. Food and Drug Administration, Food Allergies: What You Need to Know Available atfda.gov/Food/ResourcesForYou/Consumers/ucm079311.htm, last accessed on April 18, 2013.

Food Allergy Basics

9 Most Common Food Allergens

- Milk
- Eggs
- Peanuts
- Tree Nuts
- Soy
- Wheat
- Fish
- Shellfish
- Sesame

Note: Any food can cause a reaction

Know the Difference

Food Intolerance

when the body has difficulty digesting a certain food—the immune system is not affected

Food Allergy

an immune system response to a certain food

Anaphylaxis

a sudden, severe allergic reaction that can cause difficulty breathing, tongue and throat swelling—even DEATH

What Does an Allergic Reaction Look Like?

- Hives
- Puffy face, lips, or tongue
- Itchy red skin
- Hard to breathe
- Tight throat
- Hard to swallow
- Tummy ache
- Diarrhea
- Vomiting (Throwing-up)
- Weakness (drop in blood pressure)

In case of an Allergic Reaction
Give Epinephrine then Call 911

Self Image and Social Factors



Having food allergies can cause social and emotional responses that could include:

- Increased stress
- Fear
- Anxiety
- Anger/frustration
- Sadness/depression
- Guilt
- Denial
- Embarrassment
- Sibling rivalry
- Teasing/harassment*
- Bullying*

* Teasing, harassment, and bullying of children with food allergies is common

Positive Social and Emotional Tips

- Children with food allergies are like any other children, except they have to be careful what they eat
- Listen and allow the children to talk about their feelings
- Provide encouragement: to help the children speak up for their own health and safety
- Educate others: All children should be taught about food allergies to increase peer compassion
- Respond to teasing, harassment, and bullying—zero tolerance

Cross-Contact

Potential Sources

- Unclean hands or gloves
- Cooking oils
- Splashed or spilled food
- Fryers or grills
- Tables/chairs & desks
- Counter surface or food prep areas
- All utensils, dishes, pots/pans and cutting boards
- Meat/cheese slicers
- Soiled linens/cleaning cloths & sponges

Ways to AVOID/PREVENT

- Know what foods the child can or cannot have
- Read ALL food labels, everytime—every line
- Use clean utensils, dishes, pot/pans—must be washed thoroughly in hot soapy water and sanitized
- Practice good hand washing and use clean gloves
- NO food sharing or trading
- Clean tables, counter surfaces and food prep areas
- Have an emergency plan

IT IS IMPORTANT to always read food labels due to hidden food allergens.

Hidden Allergens

- **Eggs:** egg substitutes, mayonnaise, baked goods, noodles
- **Fish/Shellfish:** seafood flavoring, worcestershire sauce
- **Milk:** cheese, bread/buns, soup, hot dogs, canned tuna, deli meat
- **Wheat:** flours, soup/gravy mixes, snacks
- **Soy:** baked goods, breads/buns, candy
- **Peanut/Tree Nuts:** candy, chocolate, ice cream, baked goods, salads, salad dressings, barbecue sauce, cereal/granola bars
- **Sesame:** hummus, baked goods, protein and energy bars, dressings, bread crumbs

In case of an Allergic Reaction
Give Epinephrine then Call 911

HOW TO READ A FOOD LABEL

Avoid food and non-food items that have advisory statements on labeling such as “may contain...” or “made/manufactured on equipment” or “in a facility that processes...”

How to Read a Label for a Milk-Free Diet

All FDA-regulated manufactured food products that contain milk as an ingredient are required by U.S. law to list the word “milk” on the product label.

Avoid foods that contain milk or any of these ingredients:

- butter, butter fat, butter oil, but-ter acid, butter ester(s)
- buttermilk
- casein
- casein hydrolysate
- caseinates (*in all forms*)
- cheese
- cottage cheese
- cream
- curds
- custard
- diacetyl
- ghee
- half-and-half
- lactalbumin, lactalbumin phosphate
- lactoferrin
- lactose
- lactulose
- milk (*in all forms, including condensed, derivative, dry, evaporated, goat’s milk and milk from other animals, low fat, malted, milkfat, nonfat, powder, protein, skimmed, solids, whole*)
- milk protein hydrolysate
- pudding
- Recaldent®
- rennet casein
- sour cream, sour cream solids
- sour milk solids
- tagatose
- whey (*in all forms*)
- whey protein hydrolysate
- yogurt

Milk is sometimes found in the following:

- artificial butter flavor
- baked goods
- caramel candies
- chocolate
- lactic acid starter culture and other bacterial cultures
- luncheon meat, hot dogs, sausages
- margarine
- nisin
- nondairy products
- nougat

Keep the following in mind:

- Individuals who are allergic to cow’s milk are often advised to also avoid milk from other domestic animals. For example, goat’s milk protein is similar to cow’s milk protein and may, therefore, cause a reaction in individuals who have a milk allergy.

How to Read a Label for an Egg-Free Diet

All FDA-regulated manufactured food products that contain egg as an ingredient are required by U.S. law to list the word “egg” on the product label.

Avoid foods that contain eggs or any of these ingredients:

- albumin (*also spelled albumen*)
- egg (*dried, powdered, solids, white, yolk*)
- eggnog
- lysozyme
- mayonnaise
- meringue (*meringue powder*)
- ovalbumin
- surimi
- vitellin
- Words starting with “ovo” or “ova” (such as ovalbumin)

Egg is sometimes found in the following:

- baked goods
- breaded foods
- drink foam (alcoholic, specialty coffee)
- candies
- canned soups
- casseroles
- cream fillings/custards
- lecithin
- macaroni
- marzipan
- marshmallows
- nougat
- pasta
- meatballs/meatloaf
- salad dressings

Keep the following in mind:

- Individuals with egg allergy should also avoid eggs from duck, turkey, goose, quail, etc., as these are known to be cross-reactive with chicken egg.
- While the whites of an egg contain the allergenic proteins, patients with an egg allergy must avoid all eggs completely.

How to Read a Label for a Soy-Free Diet

All FDA-regulated manufactured food products that contain soy as an ingredient are required by U.S. law to list the word “soy” on the product label.

Avoid foods that contain soy or any of these ingredients:

- edamame
- miso
- natto
- shoyu
- soy (*soy albumin, soy cheese, soy fiber, soy flour, soy grits, soy ice cream, soy milk, soy nuts, soy sprouts, soy yogurt*)
- soya
- soybean (*curd, granules*)
- soy protein (*concentrate, hydrolyzed, isolate*)
- shoyu
- soy sauce
- tamari
- tempeh
- textured vegetable protein (TVP)
- tofu

Soy is sometimes found in the following:

- Asian cuisine
- vegetable broth
- vegetable gum
- vegetable starch

Keep the following in mind:

- The FDA exempts highly refined soybean oil from being labeled as an allergen. Studies show most allergic individuals can safely eat soy oil that has been highly refined (**not** cold pressed, expeller pressed, or extruded soybean oil).
- Soy protein may be found in numerous products, such as breads, cookies, crackers, canned broth and soups, canned tuna and meat, breakfast cereals, high-protein energy bars and snacks, low-fat peanut butters, and processed meats.
- Most individuals allergic to soy can safely eat soy lecithin.
- Follow your doctor’s advice regarding these ingredients.

How to Read a Label for a Peanut-Free Diet

All FDA-regulated manufactured food products that contain peanut as an ingredient are required by U.S. law to list the word “peanut” on the product label.

Avoid foods that contain peanuts or any of these ingredients:

- artificial nuts
- beer nuts
- cold pressed, expeller pressed, or extruded peanut oil
- goobers
- ground nuts
- mixed nuts
- monkey nuts
- nut meat
- nut pieces
- peanut butter
- peanut flour
- peanut protein hydrolysate

Peanut is sometimes found in the following:

- African, Asian (*especially Chinese, Indian, Indonesian, Thai, and Vietnamese*), and Mexican dishes
- baked goods (*i.e., pastries, cookies*)
- candy (*including chocolate candy*)
- chili
- egg rolls
- enchilada sauce
- marzipan
- mole sauce
- nougat

Keep the following in mind:

- The FDA exempts highly refined peanut oil from being labeled as an allergen. Studies show that most allergic individuals can safely eat peanut oil that has been highly refined (not cold pressed, expeller pressed, or extruded peanut oil). Follow your doctor’s advice.
- A study showed that unlike other legumes, there is a strong possibility of cross-reaction between peanuts and lupine (or lupin). Flour derived from lupine is becoming a common substitute for gluten-containing flours. The law requires that a food product’s ingredients must be listed on the label such as “lupin” or “lupine.”
- Mandelonas are peanuts soaked in almond flavoring.
- Arachis oil is peanut oil.
- Many experts advise patients allergic to peanuts to avoid tree nuts as well.
- Sunflower seeds are often produced on equipment shared with peanuts.
- Some alternative nut butters, such as soy nut butter or sunflower seed butter, are produced on equipment shared with other tree nuts and, in some cases, peanuts. Contact the manufacturer before eating these products.

How to Read a Label for a Wheat-Free Diet

All FDA-regulated manufactured food products that contain wheat as an ingredient are required by U.S. law to list the word “wheat” on the product label. The law defines any species in the genus *Triticum* as wheat.

Avoid foods that contain wheat or any of these ingredients:

- bread crumbs
- bulgur
- cereal extract
- club wheat
- couscous
- cracker meal
- durum
- einkorn
- emmer
- farina
- farro
- flour (*all purpose, bread, cake, durum, enriched, graham, high gluten, high protein, instant, pastry, self-rising, soft wheat, steel ground, stone ground, whole wheat*)
- freekah
- hydrolyzed wheat protein
- Kamut
- matzoh, matzoh meal (*also spelled as matzo, matzah, or matza*)
- pasta
- seitan
- semolina
- spelt
- sprouted wheat
- triticale
- vital wheat gluten
- wheat (*bran, durum, germ, gluten, grass, malt, sprouts, starch*)
- wheat bran hydrolysate
- wheat germ oil
- wheat grass
- wheat protein isolate
- whole wheat berries

Wheat is sometimes found in the following:

- glucose syrup
- oats
- soy sauce
- starch (*gelatinized starch, modified starch, modified food starch, vegetable starch*)
- surimi

How to Read a Label for a Shellfish-Free Diet

All FDA-regulated manufactured food products that contain a crustacean shellfish as an ingredient are required by U.S. law to list the specific crustacean shellfish on the product label.

Avoid foods that contain shellfish or any of these ingredients:

- barnacle
- crab
- crawfish (*crawdad, crayfish, ecrevisse*)
- krill
- lobster (*langouste, langoustine, Moreton bay bugs, scampi, tomalley*)
- prawns
- shrimp (*crevette, scampi*)

Mollusks are not considered major allergens under food labeling laws and may not be fully disclosed on a product label.

Your doctor may advise you to avoid mollusks or these ingredients:

- abalone
- clams (*cherrystone, geoduck, littleneck, pismo, quahog*)
- cockle
- cuttlefish
- limpet (*lapas, opihi*)
- mussels
- octopus
- oysters
- periwinkle
- scallops
- sea cucumber sea urchin
- snails (*escargot*)
- squid (*calamari*)
- whelk (*Turban shell*)

Shellfish are sometimes found in the following:

- bouillabaisse
- cuttlefish ink
- fish stock
- glucosamine
- seafood flavoring (*i.e., crab or clam extract*)
- surimi

Keep the following in mind:

- Any food served in a seafood restaurant may contain shellfish protein due to cross-contact.
- For some individuals, a reaction may occur from inhaling cooking vapors or from handling fish or shellfish.

How to Read a Label for a Tree Nut-Free Diet

All FDA-regulated manufactured food products that contain a tree nut as an ingredient are required by U.S. law to list the specific tree nut on the product label.

Avoid foods that contain nuts or any of these ingredients:

- almond
- artificial nuts
- beechnut
- Brazil nut
- Butternut
- cashew
- chestnut
- chinquapin
- coconut
- filbert/hazelnut
- gianduja (a chocolate-nut mixture)
- ginkgo nut
- hickory nut
- litchi/lychee/lychee nut
- macadamia nut
- marzipan/almond paste
- Nangai nut
- natural nut extract (i.e., almond, walnut)
- nut butters (i.e., cashew butter)
- nut meal
- nut meat
- nut paste (i.e., almond paste)
- nut pieces
- pecan
- pesto
- pili nut
- pine nut (also referred to as Indian, pignoli, piñolia, pignon, piñon, and pinyon nut)
- pistachio
- praline
- shea nut
- walnut

Tree nuts are sometimes found in the following:

- black walnut hull extract (flavoring)
- natural nut extract
- nut distillates/alcoholic extracts
- nut oils (i.e., walnut oil, almond oil)
- walnut hull extract (flavoring)

Keep the following in mind:

- Mortadella may contain pistachios.
- Tree nut proteins may be found in cereals, crackers, cookies, candy, chocolates, energy bars, flavored coffee, frozen desserts, marinades, and barbecue sauces.
- Ethnic restaurants (i.e., Chinese, African, Indian, Thai, and Vietnamese), ice cream parlors, and bakeries are considered high-risk for people with tree nut allergy due to the common use of nuts and the possibility of cross-contact, even if you order a tree-nut-free item.
- Tree nut oils are sometimes used in lotions and soaps. lotions.
- There is no evidence that coconut oil and shea nut oil/butter are allergenic.
- Many experts advise patients allergic to tree nuts to avoid peanuts as well.
- Talk to your doctor if you find other nuts not listed
- Coconut, the seed of a drupaceous fruit, has typically not been restricted in the diets of people with tree nut allergy. However, in October of 2006, the FDA began identifying coconut as a tree nut. Medical literature documents a small number of allergic reactions to coconut; most occurred in people who were not allergic to other tree nuts. Ask your doctor if you need to avoid coconut.

How to Read a Label for a Fish-Free Diet

All FDA-regulated manufactured food products that contain fish as an ingredient are required by U.S. law to list the specific type of fish on the product label.

- More than half of all people who are allergic to one type of fish also are allergic to other fish, so allergists often advise their patients to avoid all fish.
- Finned fish and shellfish do not come from related families of foods, so being allergic to one does not mean that you will not be able to tolerate the other. Be sure to talk to your doctor about which kinds of fish you can eat and which to avoid.

The term "fish" encompasses all species of finned fish, including (but not limited to):

- anchovies
- bass
- catfish
- cod
- flounder
- grouper
- haddock
- hake
- herring
- mahi mahi
- perch
- pike
- pollock
- salmon
- scrod
- sole
- snapper
- swordfish
- tilapia
- trout
- tuna
- fish fume
- Fish gelatin (kosher gelatin, marine gelatin)
- fish oil
- fish sauce
- imitation fish or shellfish
- isinglass lutefisk maw, maws (fish maw)
- fish stock
- fishmeal
- nuoc mam (Vietnamese name for fish sauce; beware of other ethnic names)
- pizza (anchovy topping)
- roe
- salad dressing
- seafood flavoring
- shark cartilage, fin
- sushi, sashimi
- surimi (artificial crabmeat also known as "sea legs" or "sea sticks")
- worcestershire sauce

Keep in mind the following:

- Some sensitive individuals may react to aerosolized fish protein through cooking vapors.
- Seafood restaurants are considered high-risk due to the possibility of cross-contact, even if you do not order fish.
- Ethnic restaurants (i.e., Chinese, African, Indonesian, Thai, and Vietnamese) are considered high-risk because of the common use of fish and fish ingredients and the possibility of cross-contact, even if you do not order fish.

How to Read a Label for a Sesame-Free Diet

Sesame is not currently included in the list of major allergens that must be declared by food manufacturers as part of the Food Allergen Labeling Consumer Protection Act (FALCPA). The list below includes information about ingredients to avoid if you have a sesame allergy, including uncommon names for the ingredient.

Avoid foods that contain sesame or any of these ingredients:

- Benne, benne seed, benniseed
- Gingelly, gingelly oil
- Gomasio (sesame salt)
- Halvah
- Sesame flour
- Sesame oil*
- Sesame paste
- Sesame salt
- Sesame seed
- Sesamol
- Sesamum indicum
- Sesemolina
- Sim sim
- Tahini, Tahina, Tehina
- Til

* Studies show that most individuals with specific food protein allergies can safely consume highly refined oils derived from the original food source (examples include highly refined peanut and soybean oil). Because sesame oil is not refined, it is recommended that it be avoided by individuals with sesame allergy.

Sesame may also be included and undeclared in ingredients such as flavors or spice blends. If you are unsure whether or not a product could contain sesame, you should call the manufacturer to ask about their ingredients and manufacturing practices. Because spice blend and flavoring recipes are generally considered proprietary information, it is advised to specifically inquire if sesame is used as an ingredient, rather than simply asking what ingredients are used in a flavoring or spice blend.

Sesame has been found as an ingredient in the food items listed below. Please note this list is not all inclusive. It does not imply that sesame is always present in these foods. It is intended to serve as a reminder to always be vigilant and ask questions about ingredients before eating a food that you have not prepared yourself.

Examples of foods that may contain sesame include:

- Asian cuisine (sesame oil is commonly used in cooking)
- Baked goods (such as bagels, bread, breadsticks, hamburger buns and rolls)
- Bread crumbs
- Cereals (such as granola and muesli)
- Chips (such as bagel chips, pita chips and tortilla chips)
- Crackers (such as melba toast and sesame snap bars)
- Dipping sauces (such as baba ghanoush, hummus and tahini sauce)
- Dressings, gravies, marinades and sauces
- Ethnic foods such as flavored rice, noodles, risotto, shish kebabs, stews and stir fry
- Falafel
- Goma-dofu (Japanese dessert)
- Herbs and herbal drinks
- Margarine
- Pasteli (Greek dessert)
- Processed meats and sausages
- Protein and energy bars
- Snack foods (such as pretzels, candy, Halvah, Japanese snack mix and rice cakes)
- Soups
- Sushi
- Tempeh
- Turkish cake
- Vegetarian burgers

Sesame may also be found in non-food items, including:

- Cosmetics (including soaps and creams)
- Medications
- Nutritional supplements
- Pet foods

In non-food items, the scientific name for sesame, *Sesamum indicum*, may be on the label.

FOOD ALLERGY QUESTIONNAIRE

School: _____ Date: _____

True or False: circle the correct answer for the following questions:		
1. Food allergy and food intolerance are the same thing.	True	False
2. Hand washing with soap & water helps prevent the spread of food allergens.	True	False
3. After administering epinephrine to a child, they may resume normal activities.	True	False
4. Early symptoms of a food allergy may mimic symptoms seen in food poisoning such as nausea, abdominal pain, vomiting and diarrhea.	True	False
5. There are several effective forms of treatment for food allergies.	True	False
6. Allergic reactions only occur if the individual eats the offending food.	True	False
7. Only children with severe food allergies need to have a Food Allergy Action Plan.	True	False
8. If anaphylactic shock is not treated immediately, it can be fatal.	True	False
9. Once a food label is checked there is no reason to check it the next time the item is purchased.	True	False
10. Children typically outgrow their food allergies to peanuts, tree nuts and fish.	True	False

(answers on back)

FOOD ALLERGY QUESTIONNAIRE

School: _____ Date: _____

Answer Key
<p>1. Food allergy and food intolerance are the same thing. False: Food allergy is a true immune system response that can result in anaphylaxis and food intolerance occurs when the body has difficulty digesting certain foods but the immune system is not affected.</p>
<p>2. Hand washing with soap & water helps prevent the spread of food allergens. True: Hand washing with soap & water helps prevent the spread of food allergens. Note: studies show that antibacterial sanitizers do not remove the food allergen protein.</p>
<p>3. After administering epinephrine to a child, they may resume normal activities. False: After administering epinephrine to a child, the child should be transported to nearest emergency facility for follow up. Remember, a biphasic anaphylactic reaction can occur.</p>
<p>4. Early symptoms of a food allergy may mimic symptoms seen in food poisoning such as nausea, abdominal pain, vomiting and diarrhea. True: Early symptoms of a food allergy may mimic symptoms seen in food poisoning such as nausea, abdominal pain, vomiting and diarrhea.</p>
<p>5. There are several effective forms of treatment for food allergies. False: There is no cure or treatment for food allergies, only strict avoidance. Epinephrine is not a treatment it is an emergency medication given in case an anaphylactic reaction occurs.</p>
<p>6. Allergic reactions only occur if the individual eats the offending food. False: Allergic reactions can occur through ingestion, skin contact and in some cases inhalation.</p>
<p>7. Only children with severe food allergies need to have a Food Allergy Action Plan. False: It is recommended that all children with food allergies have a Food Allergy Action Plan.</p>
<p>8. If anaphylactic shock is not treated immediately, it can be fatal. True: Anaphylaxis is a life-threatening medical emergency that involves several systems in the body. Death can occur with delayed administration of epinephrine.</p>
<p>9. Once a food label is checked there is no reason to check it the next time the item is purchased. False: Food labels should be checked every time for hidden ingredients and manufacturer changes.</p>
<p>10. Children typically outgrow their food allergies to peanuts, tree nuts and fish. False: Peanuts, tree nuts, fish and shellfish are typically lifelong allergies, only 20% or less of children will ever outgrow these allergies.</p>

GENERIC ADRENACLICK® AUTO-INJECTOR SKILLS TEST

Name _____ School _____

Place a (1) in the box if the skill is attained.

1	Identify five signs and symptoms of anaphylaxis.	
2	Have someone call 911 (If no one available, administer Generic Adrenaclick® then call 911).	
3	Remove Generic Adrenaclick® from the case if ready to use. (Note: The Generic Adrenaclick® auto-injector is designed to go through clothing or directly on skin).	
4	Pull off GRAY end cap with the [1]. Be careful not to touch the RED tip.	
5	Pull off GRAY end cap with the [2].	
6	Place the RED tip of the Epinephrine auto-injector against the middle of the outer thigh area (upper leg).	
7	Press the Generic Adrenaclick® firmly against the thigh until the needle enters the thigh. Hold in place while slowly counting to 10.	
8	Remove the Generic Adrenaclick® from the injection site and monitor until help arrives.	
9	Have a second dose readily available to repeat steps 4-8, if symptoms do not improve or worsen in 5 to 15 minutes.	
SCORE FOR NUMBER OF SKILLS CORRECTLY PERFORMED		9

Potential Signs and Symptoms of Anaphylaxis

Mouth: Itchy, swelling of tongue and/or lips

Throat: Itchy, tightness/closure, hoarseness, trouble breathing/swallowing

Skin: Itchy, hives, redness, swelling, red watery eyes

Gut: Nausea, vomiting, cramps, diarrhea

Lung: Short of breath, wheeze, repetitive cough

Heart: Pale or blue skin color, dizzy/faint, weak pulse

Neurological: Sense of “impending doom,” irritability, change in alertness, mood change, confusion

Other: Itchy, red, watery eyes

Store and Use

- Room temperature
- DO NOT refrigerate
- Do not keep in car during hot/cold weather
- Check expiration date, most expire within one year
- View color through window of unit: Should be clear. If brown, need new one
- Dispose of auto-injector properly

Call 911 immediately after using the auto-injector.

Transport by emergency personnel and monitor for further medical assistance in the emergency room at least 4 hours.

Which Generic Adrenaclick® should you use?

- (0.3 mg) if > 66 lbs
- (0.15 mg) if 33 – 66 lbs

STAFF SIGNATURE _____

DATE _____

AUVI-Q™ SKILLS TEST

Name _____ School _____

Place a (1) in the box if the skill is attained.

1	Identify five signs and symptoms of anaphylaxis.	
2	Have someone call 911 (If no one available, administer Auvi-Q™ then call 911).	
3	Remove Auvi-Q™ from the outer case if ready to use (note: The Auvi-Q™ is designed to go through clothing or directly on the skin).	
4	Pull off red safety guard. Be careful not to touch the black base of the auto-injector.	
5	Place the black end of the Auvi-Q™ against the middle of the outer thigh area.	
6	Press the Auvi-Q™ firmly against the thigh until a click and hiss is activated. Hold in place for 5 seconds.	
7	Remove the Auvi-Q™ from the injection site and monitor until help arrives.	
8	Have a second dose readily available to repeat steps 2-7, if symptoms do not improve or worsen in 5 to 15 minutes.	
SCORE FOR NUMBER OF SKILLS CORRECTLY PERFORMED		8

Potential Signs and Symptoms of Anaphylaxis

Mouth: Itchy, swelling of tongue and/or lips

Throat: Itchy, tightness/closure, hoarseness, trouble breathing/swallowing

Skin: Itchy, hives, redness, swelling, red watery eyes

Gut: Nausea, vomiting, cramps, diarrhea

Lung: Short of breath, wheeze, repetitive cough

Heart: Pale or blue skin color, dizzy/faint, weak pulse

Neurological: Sense of “impending doom,” irritability, change in alertness, mood change, confusion

Other: Itchy, red, watery eyes

Store and Use

- Room temperature in the outer case it comes in
- DO NOT refrigerate
- Do not place/leave in vehicle in hot or cold weather
- Check expiration date, most expire within one year
- View color through window of unit: Should be clear. If brown, need new one.
- Dispose of auto-injector properly

Call 911 immediately after using the Auvi-Q™.

Transport by emergency personnel and monitor for further medical assistance in the emergency room at least 4 hours.

When do you use Auvi-Q™?

- Auvi-Q™ auto-injector (0.3 mg) if > 66 lbs
- Auvi-Q™ auto-injector (0.15 mg) if 33 – 66 lbs
- Auvi-Q™ auto-injector (0.1 mg) if 16.5 – 33 lbs

STAFF SIGNATURE _____

DATE _____

EPIPEN® SKILLS TEST

Name _____ School _____

Place a (1) in the box if the skill is attained.

1	Identify five signs and symptoms of anaphylaxis.	
2	Have someone call 911 (If no one available, administer EpiPen® then call).	
3	Remove EpiPen® from package and protective carry tube by flipping the yellow or green cap. (note: The EpiPen® is designed to work through clothing or directly on the skin).	
4	Make a fist around the EpiPen® Auto Injector and point the orange tip downward.	
5	Remove blue safety cap with your other hand, careful not to touch orange tip.	
6	Hold the EpiPen® with the orange tip pointing toward the middle part of the outer thigh area at a 90 degree angle.	
7	Swing and press the orange tip HARD into the outer thigh until you hear a “click.” Keep pressing the EpiPen® firmly against the thigh for 3 seconds, counting out loud. If administering to a young child, hold the leg firmly in place.	
8	Remove EpiPen® straight out of injection site.	
9	Massage injection site for 10 seconds. Monitor status until help arrives. Have next dose ready if needed.	
10	Patient has received the correct dose of the medication if the orange needle tip is extended and the window is obscured. If not, repeat steps 4-9.	
SCORE FOR NUMBER OF SKILLS CORRECTLY PERFORMED		10

Potential Signs and Symptoms of Anaphylaxis

Mouth: Itchy, swelling of tongue and/or lips

Throat: Itchy, tightness/closure, hoarseness, trouble breathing/swallowing

Skin: Itchy, hives, redness, swelling, red watery eyes

Gut: Nausea, vomiting, cramps, diarrhea

Lung: Short of breath, wheeze, repetitive cough

Heart: Pale or blue skin color, dizzy/faint, weak pulse

Neurological: Sense of “impending doom,” irritability, change in alertness, mood change, confusion

Other: Itchy, red, watery eyes

Store and Use

- Room temperature in the plastic tube it comes in
- DO NOT refrigerate
- Do not place/leave in vehicle in hot or cold weather
- Check expiration date, most expire within one year
- View color through window of unit: Should be clear. If brown, need new one.
- Dispose of auto-injector properly

Call 911 immediately after using the EpiPen®.

Transport by emergency personnel and monitor for further medical assistance in the emergency room at least 4 hours.

When do you use EpiPen® vs. EpiPen Jr®?

- EpiPen® auto-injector (0.3 mg) if > 66 lbs
- EpiPen Jr® auto-injector (0.15 mg) if 33 – 66 lbs

STAFF SIGNATURE _____

DATE _____