

## **Requirements for Developing a Individualized Health Care Plan for Life-Threatening Allergies**

An allergy is a systemic or local reaction to “triggers.” The body can respond to triggers with mild symptoms to life-threatening allergic anaphylaxis.

“Requirements for Developing an Individualized Health Care Plans for Life-Threatening Allergies” will cover the responsibility of the parents, school, and student. Follow the steps out lined in “Serious Chronic Illness” for help in developing a health care plan. The “Emergency Allergy Medication Permission Form” and the “Individualized Health Care Plan for Life Threatening Allergies including Food Allergies” can be used.

### **Parents**

- Notify the school of all allergies a student has.
- Educate the student about the allergies.
- Educate the school on the allergen and avoidance of the allergen.
- Provide a written and signed statement form by the physician that includes requirements from the “Medication at School “section and the following:
  - a. the student’s allergy, signs and symptoms, and instruction for care,
  - b. the times at which or circumstances under which the medicine may be administered;
  - c. when to call EMS.
- Provide a written statement releasing the school, the Archdiocese and diocesan employees and agents from liability for an injury arising from medication use. Also identifying the school, the school district, its employees and agents from any claim arising from the student’s medication use.
- Provide the medication with proper medication label. Replace the medication after use or upon expiring.

### **School**

- The school will take all steps necessary to help a student with allergies avoid the allergen.
- For a student with severe allergies, the parent, student, principal, school nurse or health consultant, teacher, and if appropriate coaches, the before and after program coordinator, and others will develop and sign an individualized health care plan
- All teachers, the principal, nurse or health consultant, and if appropriate coaches and the before and after program workers need to know the student who has serious allergic reactions, the signs and symptoms of a reaction, instruction of care, and proper treatment.
- All teachers, the principal, nurse or health consultant, and if appropriate, coaches and the before and after program workers need to know the students who are on epinephrine treatment. They need to know the specific allergy, the warning signs, where the medication is, and emergency treatment. Any time an Epipen is used 911 will be called and Advanced Life Support will be asked for.
- All teachers, the principal, nurse or health consultant, and if appropriate, coaches and the before and after program workers need to know the location of the epinephrine (Epipen) that is with the student and the location of the back up.

### **Student**

- Every student with an allergy needs to know his/her allergy, how to avoid the allergen, the reaction they have, care they need, restriction, and treatment.
- The student, if ordered, can carry his/her own epinephrine auto-injector device that is labeled appropriately including the expiration date and stating in writing where the student will carry the Epipen. The student will know the back-up location and the location will be stated in writing. The student is to notify an adult immediately if he/she has come in contact with allergen.

**Individualized Health Care Plan for Life-Threatening Allergies  
Including Food Allergies**

To be completed by the student or parent if the child is too young:

Students Name \_\_\_\_\_ Grade \_\_\_\_\_

I have allergy/s to \_\_\_\_\_. I know I need to avoid \_\_\_\_\_.

The reaction/s I have are: \_\_\_\_\_

I know my care is \_\_\_\_\_

The medication I need is \_\_\_\_\_

How is the medication given? \_\_\_\_\_

The medication located (where) \_\_\_\_\_. The back up location for my medication is \_\_\_\_\_.

I do have/do not have permission to carry my medication. \_\_\_\_\_

I will carry the medication (where) \_\_\_\_\_. The back up location for my medication is \_\_\_\_\_.

I will tell the responsible adult immediately if I have come in contact with the allergen or I am having a reaction.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by the Parent**

\_\_\_\_\_ (Student's Name) has severe allergies to \_\_\_\_\_. This allergy may cause

in my child. I have provided to the school the physician's medication permission and instructions. I want these instructions carried out. I have instructed my child of about his/her allergy, how to avoid exposure to the allergen, care to take if exposure occurs. I will provide the medication with proper pharmacy label and be aware of the expiration date to replace the medication. I hereby request treatment of the medication specified above to be given to the above named student, and that someone may give the medication other than a medically trained person. I know 911 will be called with the use of epinephrine. Such agreement by the school is adequate consideration of my agreements contained herein. In consideration for the school agreeing to allow the medication to be given to the student as requested herein. I agree to indemnify and hold harmless the Archdiocese of Galveston – Houston, its servants, agents, an employees, including, but not limited to the parish, the school, the principal, and the individuals giving the medication, of and from any and all claims, demands, or causes of action arising out of or in any way connected with the giving of the medication or failing to give the medication to the student. Further, for said consideration, I, on behalf of myself and the other parent of the student, hereby release and waive any and all claims, demands, or causes of action against the Archdiocese of Galveston – Houston, its agents, servants, or employees, including, but not limited to the parish, the school, the principal, and the individual giving or failing to give the medication.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by the school**

\_\_\_\_\_ Instruction has been given on the medication order and the parent's instruction of care.

\_\_\_\_\_ The students' responsible adults are instructed in the allergy, symptoms, and avoidance, care, and treatment.

\_\_\_\_\_ Epinephrine auto injected device locations are known.

\_\_\_\_\_ If the EpiPen is used, 911 with advance life support will be called.

Principal \_\_\_\_\_ School Nurse or Health Consultant \_\_\_\_\_

Teacher \_\_\_\_\_ PE \_\_\_\_\_

(If appropriate) Before & After Program Coordinator \_\_\_\_\_

Coach \_\_\_\_\_ Date \_\_\_\_\_

Physician \_\_\_\_\_ Date \_\_\_\_\_



PLACE  
PICTURE  
HERE

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergy 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 foods:** \_\_\_\_\_

THEREFORE:

[ ] If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.

[ ] If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.

## FOR ANY OF THE FOLLOWING: SEVERE SYMPTOMS



### LUNG

Short of breath, wheezing, repetitive cough



### HEART

Pale, blue, faint, weak pulse, dizzy



### THROAT

Tight, hoarse, trouble breathing/swallowing



### MOUTH

Significant swelling of the tongue and/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.



- 1. INJECT EPINEPHRINE IMMEDIATELY.**
- 2. Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they 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 them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

## MILD SYMPTOMS



### NOSE

Itchy/runny nose, sneezing



### MOUTH

Itchy mouth



### SKIN

A few hives, mild itch



### GUT

Mild nausea/discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.**

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

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

## MEDICATIONS/DOSES

Epinephrine Brand: \_\_\_\_\_

Epinephrine Dose: [ ] 0.15 mg IM [ ] 0.3 mg IM

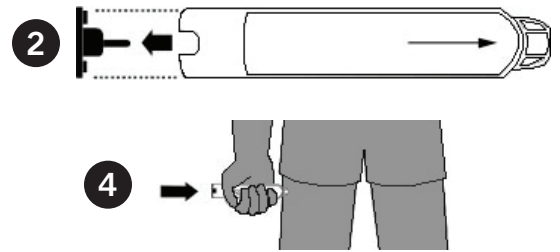
Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

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

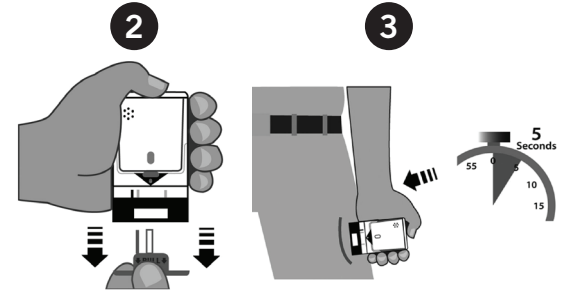
## EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



## AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



## ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.



## 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 get worse quickly.

### EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

### OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

PARENT/GUARDIAN AUTHORIZATION SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_