

# Individual Health Care Plan (IHCP)

## CONFIDENTIAL

Individual Health Care Plan (IHCP) for \_\_\_\_\_ Allergens \_\_\_\_\_

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

<p>Parent (please answer the questions below):</p> <p>1. I would like my child's emergency medication kept in: <input type="checkbox"/> The nurse's office   <input type="checkbox"/> The classroom   <input type="checkbox"/> Nurses' office and classroom</p> <p>2. If the emergency medication is kept in the classroom, the medication should be transported by school personnel wherever my child travels to within the school: <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>3. Does your child require an allergen free eating area? <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>4. I would like to accompany my child on field trips. <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>5. My child <u>must</u> wash his/her hands with soap and water or use a cleansing wipe before eating. <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>6. Students in the classroom should be encouraged to wash their hands upon arrival to school and after eating lunch. <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>7. I will provide a shelf-stable allergen free snack that will be available in the classroom if needed. <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Please list other accommodations needed at school: _____</p>	<p>Teacher Responsibilities</p> <p>→Ensure a student with a suspected allergic reaction is accompanied by an adult at all times.</p> <p>→Keep a copy of the student's Emergency Action Plan and IHCP in the classroom sub folder.</p> <p>→Inform parents of the allergic student in advance of any in-class events where food will be served.</p> <p>→Ensure that food or products containing the student's allergens are not used for class projects, science experiments, or celebrations.</p> <p>→If the parent of a student with a food allergy is not attending a field trip, the student will be assigned to a staff member who has been trained to implement the Emergency Action Plan and is carrying the emergency medication.</p> <p>→Plan for the following on field trips: oversee cleaning the table of the student with food allergies before eating, ensure the student with the food allergy washes his/her hands before eating, ensure the student with the food allergy eats only allergen free food or food supplied by the parent, carry a cell phone to call 911 if needed, and review the Emergency Action Plan before the field trip.</p> <p>→Implement accommodations that parent indicated, "yes" in parent section.</p>
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### Principal Responsibilities

- Ensure there are walkie-talkies available to playground and P.E. staff.
- Conduct emergency response drills for allergic reactions to food at the beginning of the school year.
- Delegate proper cleaning of the allergen free area in the lunchroom and classroom (when the classroom is used as a lunchroom).
- Prohibit sharing or trading food at school.
- Encourage students to bring healthy snacks to school and avoid bringing snack made with peanuts or nuts.
- Ensure student has an allergen free area available in the lunchroom if parent indicated an allergen free area is needed (see parent section).

### School Nurse Responsibilities

- Educate all staff that interacts with the student about food allergy symptoms and the steps required to implement the Emergency Action Plan. Review emergency procedures with classroom teacher prior to field trips as needed.
- Assist principals with emergency response drills for allergic reactions to food.
- Ensure access to emergency medication when developing plans for fire drills, lockdowns, etc.
- If student rides the bus, provide a copy of the Emergency Action Plan to the bus driver.
- A copy of the student's Emergency Action Plan and IHCP will be distributed on a need to know basis.

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

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

*The Emergency Action Plan and Individual Health Care Plan will be distributed to staff on a need to know basis.*

*A copy of the Emergency Action Plan will be given to the bus driver if the student uses bus transportation.*