

# SNOHOMISH COUNTY ECEAP

**Policy Title** Children with allergies

## **Policy**

Snohomish County ECEAP serves children with a variety of medical conditions, some of which necessitate obtaining additional information and staff training in order to ensure children's safety and to be able to best respond to each child's individual needs. When an enrolled child has an allergy, an Allergy Emergency Classroom Accommodation Plan (AECAP) must be completed by the child's medical provider and reviewed by site staff and the ECEAP Nurse BEFORE the child may attend the program.

## **Procedures**

1. When an allergy is noted on a child's Health History form, additional paperwork and in-person consultation and follow up must be completed prior to a child attending class
2. If the allergy noted is a food allergy, a Diet Prescription for Meals at School form must be completed
3. In all instances of allergies, an AECAP must be completed by the child's health care provider in order to meet the following requirements:
  - a. Licensed provider documentation of food allergy
  - b. Licensed provider verification of order for prescriptions and other medications needed
  - c. Parent/guardian's signed consent to administer all medications
  - d. The type of allergies (e.g., to milk, tree nuts, etc.)
  - e. Description of the student's past allergic reactions, including triggers and warning signs
  - f. Name/telephone number of the student's healthcare provider
4. When an allergy necessitates emergency treatment (i.e., an Epi-pen), an up-to-date prescription must be maintained at the ECEAP site at all times; should the ECEAP site provide transportation, a second up-to-date prescription must be maintained on the bus
5. When an allergy requires non-emergent treatment/medication, an up-to-date prescription/medication, in its original package, must be maintained at the ECEAP site at all times
6. Once the AECAP has been completed by the child's health care provider, an in-person meeting must occur to assure full understanding of the plan by all involved.
  - a. At minimum, meeting participants must include:
    - i. Parent/guardian
    - ii. ECEAP Program Manager
    - iii. Teacher
    - iv. Family Support staff working with family
    - v. ECEAP Nurse and/or School Nurse
  - b. The AECAP will be reviewed and discussed, including a review of any and all treatments prescribed by the health care provider
  - c. Parent/Guardian will sign AECAP if not already completed
  - d. ECEAP staff will sign AECAP

- e. ECEAP staff will confirm parent/guardian emergency contact information obtained at enrollment and located in the child's file
- f. At conclusion of meeting, ECEAP Nurse and/or School Nurse will provide training to ECEAP staff on proper administration and/or use of any treatments indicated in AECAAP
- g. If the ECEAP Nurse is not participating in the meeting, a copy of the AECAAP must be faxed to the County for her review

**\*\*\*For sites housed in schools, please provide your school nurse with a copy of this policy**

The school nurse will:

1. Initiate an Individual Health Care Plan based on the information provided by the parent, as well as the nurse's assessment. The plan shall include the student's name, method of identifying the student, specific offending allergens, warning signs of reactions and emergency treatment. The plan should include, but not be limited to, risk reduction and emergency response at the following times: (a) travel to and from school, (b) the school day, and (c) before and after school programs, and field trips. The IHCP should be signed by the parent, school nurse, and if possible, by the student's physician.
2. Initiate an Allergy Action Plan (AAP) which, with the parent's permission, will be with the student at all times and appropriate adults should know where the AAP is (e.g., in the classroom, cafeteria, etc.) Include the student's photo (if possible), the student's name, specific offending allergens, warning signs of reactions and emergency management, including medications and names of those trained to administer. The AAP should be signed by the parent, and school nurse. (Complete a medication care plan, which should include who is trained in administering the Epi-Pen, plans for field trips or short-term special events, where the Epi-Pen shall be stored (including a back-up storage) and how they should be monitored for currency.
3. Based on the student's age, class, etc., identify who will be part of the multidisciplinary team approval. (These may include but not be limited to the principal or designee, classroom teacher, student, food services director, counselor, school physician, physical education teacher, custodian, bus driver, local EMS, etc.)
4. Assess the student for his/her ability to self-administer epinephrine. Criteria may include the student's capabilities and the safety of other students. (It is important that students assume more responsibility for their food allergies as they grow older and are more developmentally ready.)
5. Determine the appropriateness for the student to carry his/her epinephrine.
6. Provide information on the availability of a Medical Alert Bracelet.