



Framingham Centre Nursery School

24 Vernon Street
Framingham, MA 01701
508-875-8260
www.fcnsma.org

Requirements for Children with Allergies/Medical Conditions attending Framingham Centre Nursery School

This booklet includes all the paperwork required by The Massachusetts Department of Early Education and Care (EEC) and FCNS in the case of a child with any allergy or medical condition regardless of whether or not they are to receive medication during school hours.

An **Individual Health Care Plan (IHCP)** is required for **ALL** children with **ANY** allergy or medical **condition**, even one such as a medication allergy that may never be administered at FCNS but could be important information to share with emergency personnel in the case of a 911 situation.

Medication Consent Forms must be filled out for **EACH** medication on site. A child with an epi-pen, Benadryl, and Motrin will need 3 Medication Consent Forms signed by the pediatrician.

Please Note: FCNS is **not permitted** to administer **ANY** medication, even over-the-counter ones such as Motrin or Tylenol, **without an IHCP and a Medication Consent Form** signed by a doctor* **AND** **the medication provided by the parent.**

*only exception is for topical, non-prescription medication **NOT** applied to an open wound/broken skin.

*A child with an allergy or medical condition that does not have **all** the required forms signed and dated by their doctor and their parent will not be allowed to attend school until these documents are on file. All forms are valid for 1 year and must be updated annually or when there is a change in the allergy or medical condition.*

Table of Contents:

- FCNS Allergy Policy [606 CMR 7.11(1-3)]
- Individual Health Care Plans Parent Information Sheet
- Individual Health Care Plan Form - sample
- Medication Consent Form – sample 1 & 2
- Food Allergy Action Plan (for ANY allergy that requires an Epi-pen)
- Requirements for Children with Allergies/Medical Conditions Acknowledgement form to be completed and returned to the office.

Please keep this booklet for your records. You can pick up the IHCP, Medication Consent Form and Food Allergy Action Plan forms from the office or download them from the school's website – fcnsma.org/parent-resources/

FRAMINGHAM CENTRE NURSERY SCHOOL
ALLERGY POLICY – Revised 7/25/11
[606 CMR 7.11(1-3)]

INTRODUCTION – Several children who attend Framingham Centre Nursery School (FCNS) suffer from allergies. These include food allergies, asthma, insect stings and other types of allergies. Allergic reactions may range from mild skin irritations to severe reactions during which the child may experience anaphylactic shock and even death. For some children the allergic trigger may be so sensitive that it takes only a very small amount of that substance to result in serious consequences. In fact, with some food allergies the food does not even have to be ingested and can cause anaphylaxis upon skin contact.

PURPOSE – The FCNS Policy is intended to:

- support children attending FCNS who have allergies;
- minimize the risk of allergic reaction by these children so that they may more safely attend FCNS;
- ensure that all information provided by parents of allergic children is provided to teachers;
- foster cooperation between parents and FCNS in determining how best to deal with allergic children; and
- educate all children attending FCNS and their families about the allergies that are present in the school, the severity of reactions suffered by children attending FCNS, and the ways that risk of reactions may be minimized.

Parent Responsibilities

1. All parents of children attending FCNS are responsible for:

- **ensuring that no peanuts, other nuts or any peanut-nut products are brought into FCNS;**
 - cross-contaminants are possible if cooking utensils at home or production equipment for commercial manufacture are also used to prepare food containing nuts.
 - If sending in snacks to share with your children’s classes, those that are commercially prepared and packaged with an ingredient list attached are safest.
 - reading labels of store bought snacks to ensure that nuts are not listed as an ingredient.
- ensuring that their children are properly cleaned up (i.e. hands, face, clothing) before coming to school so that allergic triggers are not brought into school as accidental contamination;
- being supportive of those children with allergies.

2. All parents of allergic children attending FCNS are responsible for:

- identifying in writing to FCNS all of their child’s allergies;
- creating with the child’s health care provider and providing to FCNS an Individual Health Care Plan. The plan will provide written medical documentation, instructions, medications and medications administration training using the Food Allergy Action Plan as a guide. This includes providing a photo of the child on the written form **and a list of specific symptoms your child reacts with**. We have learned that different children can have very different symptoms when reacting to the same allergen. The Food Allergy Action Plan is attached and also available at <http://www.foodallergy.org/files/FAAP.pdf>;
- alternatively, the child’s health care provider may sign off on medication administration training being provided by the parents or FCNS health care consultant
- providing all necessary medications, in the original containers, related to their child’s allergies;
- supporting and educating FCNS staff about their child’s allergies;
- **if a child has multiple food allergies, providing all food and drink to be consumed by their child while at FCNS. We will not give a child having multiple food allergies anything to eat or drink (except water) that is not provided by his/her family.**
- for children having single food allergies, providing a safe alternate snack to be kept on-site for unexpected times when fancy snacks are contributed to their child’s classroom;
- **ensuring that all emergency contact phone numbers are current at all times and that parents are always reachable. Please confirm with the office.**

FCNS Responsibilities

1. It is the responsibility of FCNS to:

- designate school personnel who are properly trained to administer medications (see FCNS Health Care Policy);
- review Allergy Action Plans and Individual Health Care Plans on an annual basis;
- request that all parents be supportive of children with allergies;
- send a letter to every family in September of each new year, informing them of the food allergies present in their classes, along with any other relevant information to help the parents understand the severity of the allergy;
- ensure that the presence of allergens is avoided to every possible extent;
- ensure that only staff assigned routinely to a specific classroom are permitted to give food or drink of any kind to a child with food allergies who is assigned to that particular classroom;
- ensure that the teachers, including any substitute teachers, are given all information which has been provided by the parents regarding the allergies of students in their classes;
- ensure that the teachers are trained in first aid, CPR, recognition of a severe allergic reaction, and use of emergency prescription medication (i.e. the Epi-pen);
- follow the FCNS Emergency Plan, located at the end of this policy, for dealing with children who have life threatening allergies;

2. FCNS may not continue to administer a medication to a child if the child reacts to that medication with a rash.

Director(s)' Responsibilities

1. It is the responsibility of the Director(s) to:

- compile and store all relevant health and allergy information in a readily accessible location, including general allergy information, the Emergency Plan, and current contact phone numbers;
- post children's names, allergies and emergency contacts in the office and in the classrooms in a way that preserves a child's privacy;
- store prescription medication, in clearly labeled containers, in a locked top drawer of the gray-green filing cabinet in the office; emergency medication will be carried by a child's teacher and available at all times;
- take all allergy information, prescription medication and emergency authorization/contact numbers on the traditional Pre-K bus ride field trip;
- administer any necessary emergency prescription medication in the event of an allergic reaction if the child is in close proximity to her. Have Office Assistant or Teacher call 911 if an Epi-pen has been administered by a Director

Teacher's Responsibilities

1. It is the responsibility of the Teacher to:

- be familiar with Action Plans applicable to any children in the classroom;
- carry emergency medication at all times for the child
- be ready to administer emergency medication to a child if a Director is not in close proximity
- discourage the sharing of food, cups, utensils, etc.;
- discuss allergies with the children in an age appropriate way when necessary;
- eliminate certain types of food and other items from their classrooms when necessary, whether used in snacks, crafts, or other activities;
- ensure that classroom snacks are safe for children with single food allergies - checking ingredients or checking with parents of each allergic child if in doubt. Letting those parents know when their child's supply of special safe snacks for occasional use is running low;
- ensure that parents of children with multiple food allergies provide all food and drink to be ingested (except water) by their child. Letting those parents know when their child's supply of special safe snacks for daily use is running low;
- ensure that children wash their hands before and after eating;
- make every effort possible to ensure that children bring in tree nut and peanut-safe lunches.

EMERGENCY PLAN

- If a **child is stung by an insect or reaction to a food allergy is suspected**, the child should immediately be taken to the FCNS Director(s)' office.
- A Director is responsible for **administering any necessary medication** according to the directions in the applicable Action Plan unless the well-being of the child requires that the Teacher administer it immediately.
- **The parent must be called** if medication of any type is administered.
- **911 must be called** by an Office Assistant, Teacher or Director if an Epi-pen is administered. The child will be accompanied by a familiar adult (Teacher/Director) from FCNS if he/she is transported before the parent arrives; the child's Emergency Authorization and Release Form (Green Sheet) will be taken with the child to MetroWest Medical Center (Framingham Campus).
- The person administering the medication will fill out the dosage, date and time information on the **MA Department of Early Education and Care Authorization for Medication Form** to keep in FCNS records.

Note: The Allergy Asthma Information Association suggests that when in doubt as to whether there is an allergic reaction, do not delay in administering medication. If a child requires an Epi-pen, the Director or Teacher should give the Epi-pen immediately because there are no contraindications in doing so.



Small Group, Large Group and School Age Child Care Licensing

POLICY STATEMENT: Individual Health Care Plans

Information for Parents:

All programs must maintain as part of a child's record, an Individual Health Care Plan (IHCP) for each child with a chronic medical condition which has been diagnosed by a licensed health care provider as required by 606 CMR 7.11(3)(a)-(c). An IHCP ensures that a child with a chronic medical condition receives health care services he or she may need while attending the program.

Programs must develop an IHCP in collaboration with the parents/guardians, school age child who is 9 years or older (when appropriate), program educators and the child's licensed health care practitioner, who must authorize the IHCP.

The IHCP must include the following:

- * description of the chronic condition which has been diagnosed by a licensed health care practitioner**
- * description of the symptoms of the condition**
- * outline of any medical treatment that may be necessary while the child is in care**
- * description of the potential side effects of the treatment**
- * outline of the potential consequences to the child's health if the treatment is not administered**

An educator must have successfully completed training relative to a child's IHCP. This training must be given by the child's health care practitioner or, with the child's health care practitioner's written consent, by the child's parent or the program's health care consultant. The training must specifically address the child's medical condition, medication and other treatment needs. Some examples of an IHCP would include children with asthmatic conditions, allergic reactions, ADHD, or diabetic conditions. *IHCP's are not required for children without chronic conditions needing oral or topical medications.*

In the event of an **unanticipated**, non-life-threatening condition requiring treatment (as specified in the IHCP) the educator must make a reasonable attempt to contact the parents/guardians prior to administering the unanticipated medication or beginning the unanticipated treatment. If parent/ guardians cannot be reached immediately, they should be notified as soon as possible after the medication or treatment has been administered to the child.

Educators must ensure that they document the administration of all medications and medical treatments in the child's medication/treatment log.

Written parental and licensed health care practitioner authorization shall be valid for one year, unless withdrawn sooner and must be renewed annually, or when the child's condition changes, for administration of medication and/or treatment to continue.

Additional information regarding Individual Health Care Plans:

- Educators with written parental consent and authorization of a licensed health care practitioner may develop and implement an Individual Health Care Plan that permits older school age children *who are 9 years or older* to carry their own inhalers and epinephrine auto-injectors and use them as needed, without the direct supervision of an educator. All educators must be aware of how the inhaler or epinephrine auto-injector will be kept secure from access by other children in the program. Whenever an IHCP provides for a child to carry his or her own medication, the licensee must maintain an on-site back-up supply of the medication for use as needed.
- **A copy of the IHCP must be maintained in the child's file. It is recommended that a copy of the IHCP also be located in the classroom.**
- There must be one person trained in the implementation of a child's IHCP whenever the child is in the care of the program.
- **In addition to a licensed health care practitioner, training to implement an IHCP may also be given by the child's parent or the program's health care consultant with the licensed health care practitioner's written consent.**

Additional medication requirements to consider:

- *Emergency medication such as Epipens must be immediately available for use. For example, Epipens must be brought with children for outdoor play or walks as required by 7.11(2)(f). Training by a licensed health care practitioner for the specific administration of an Epipen is **highly recommended but not required.***
- All staff who administer medication of any kind must be trained in medication administration as required by 7.11(1)(b)2.

Individual Health Care Plan Form

Plan must be renewed annually or when child's condition changes

Child's Photo



Check all that apply....

Plan was created by:

- Parent
- Doctor or Licensed Practitioner
- Program's Health Care Consultant
- Older school age child (9+ yrs. of age)
- Other: _____

Plan is maintained by:

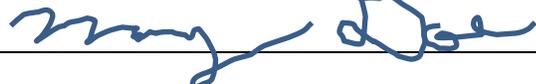
- Director
- Assistant Director
- Child's Educator
- Other: _____

Name of child: John Doe	Date: 8/20/2015
Any change to the child's Health Care Plan? (circle one) <input checked="" type="radio"/> YES (indicate changes below) <input type="radio"/> NO (updated physician/parental signatures required)	
Name of chronic health care condition: food allergies	
Description of chronic health care condition: allergic to peanuts	
Symptoms: allergic reaction to both ingested and contact exposure with peanuts <ul style="list-style-type: none">• hives, itching, difficult breathing, throat closing	
Medical treatment necessary while at the program: 1. oral Benadryl to be administered if possible contact with peanut 2. Epi-pen to be administered in case of allergic reaction	
Potential side effects of treatment: <ul style="list-style-type: none">• Benadryl - sleepiness, excitability• Epi-pen - tachycardia	
Potential consequences if treatment is not administered: escalation of symptoms, Anaphylaxis	
Name of educators that received training addressing the medical condition: Jacey Norton, FCNS Director and FCNS teaching staff	

I authorize the child's parent or the program's Health Care Consultant to train staff on this child's specific medical needs.

Name of Licensed Health Care Practitioner (please print): **Dr. Smith**

Licensed Health Care Practitioner authorization:  Date: **8/20/15**

Parental/Guardian consent:  Date: **8/20/15**

For Older Children ONLY (9+ years of age)

With written parental consent and authorization of a licensed health care practitioner, this Individual Health Care Plan permits older school age children to carry their own inhaler and/or epinephrine auto-injector and use them as needed without the direct supervision of an educator.

The educator is aware of the contents and requirements of the child's Individual Health Care Plan specifying how the inhaler or epinephrine auto-injector will be kept secure from access by other children in the program. Whenever an Individual Health Care Plan provides for a child to carry his or her own medication, the licensee must maintain on-site a back-up supply of the medication for use as needed.

Age of child: _____ Date of birth: _____ Back-up medication received? YES NO

Parent signature: _____ Date: _____

Administrator's signature: _____ Date: _____

MEDICATION CONSENT FORM 606 CMR 7.11(2)(b)

Name of child: John Doe

Name of medication: diphenhydramine HCl (such as Benadryl), 12.5 mg/5ml

Please one of the following:

Prescription: _____ OR Oral/Non-Prescription:

Unanticipated Non-Prescription for mild symptoms

Topical Non-Prescription (applied to open wound/ broken skin)

My child has previously taken this medication

My child has **not** previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with his/her individual health care plan

Dosage: **5 ml (liquid diphenhydramine HCl, 12.5mg/5ml)**

Date(s) medication to be given: **as needed**

Times medication to be given: **as needed**

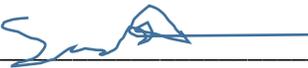
Reasons for medication: **in case of allergic reaction**

Possible side effects: **sleepiness, excitability**

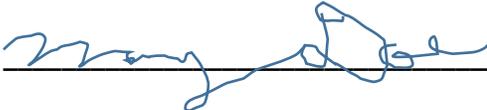
Directions for storage: **room temperature (68° - 77° F)**

Name and phone number of the prescribing health care practitioner:

Dr. Smith 508-555-1234

Child's Health Care Practitioner Signature  Date **8/20/15**

I, Mary Doe, give permission to authorize
(print Parent or Guardian name)
educator(s) to administer medication to my child as indicated above.

Parent/Guardian Signature  Date **8/20/15**

For topical, non-prescription **NOT** applied to open wound / broken skin - **parent signature only**

MEDICATION CONSENT FORM 606 CMR 7.11(2)(b)

Name of child: John Doe

Name of medication: Epi-pen Jr., 0.15mg auto injection

Please one of the following:

Prescription: **OR** Oral/Non-Prescription: _____

Unanticipated Non-Prescription for mild symptoms

Topical Non-Prescription (applied to open wound/ broken skin)

My child has previously taken this medication

My child has **not** previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with his/her individual health care plan

Dosage: auto injector (0.15mg epinephrine administered upon injection)

Date(s) medication to be given: as needed

Times medication to be given: as needed

Reasons for medication: in case of severe allergic reaction

Possible side effects: tachycardia

Directions for storage: room temperature (68° - 77° F)

Name and phone number of the prescribing health care practitioner:

Dr. Smith 508-555-1234

Child's Health Care Practitioner Signature [Signature] Date 8/20/15

I, Mary Doe, give permission to authorize
(print Parent or Guardian name)
educator(s) to administer medication to my child as indicated above.

Parent/Guardian Signature [Signature] Date 8/20/15

For topical, non-prescription **NOT** applied to open wound / broken skin - **parent signature only**

SAMPLE Food Allergy Action Plan

Name: John Doe D.O.B.: 09 / 21 / 2011

Allergy to: peanuts

Weight: 40 lbs. Asthma: Yes (higher risk for a severe reaction) No



Extremely reactive to the following foods: peanuts

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.

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:

- LUNG: Short of breath, wheeze, repetitive cough
HEART: Pale, blue, faint, weak pulse, dizzy, confused
THROAT: Tight, hoarse, trouble breathing/swallowing
MOUTH: Obstructive swelling (tongue and/or lips)
SKIN: Many hives over body

Or **combination** of symptoms from different body areas:

- SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)
GUT: Vomiting, crampy pain



1. INJECT EPINEPHRINE IMMEDIATELY

2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications:*
-Antihistamine
-Inhaler (bronchodilator) if asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

MILD SYMPTOMS ONLY:

- MOUTH: Itchy mouth
SKIN: A few hives around mouth/face, mild itch
GUT: Mild nausea/discomfort



1. GIVE ANTIHISTAMINE

2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring (see box below)

Medications/Doses

Epinephrine (brand and dose): Epi-pen Jr., 0.15mg auto-injector

Antihistamine (brand and dose): Diphenhydramine HCl (such as Benadryl), 5ml

Other (e.g., inhaler-bronchodilator if asthmatic): N/A

Monitoring

Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

Parent/Guardian Signature

8/20/2015
Date

Physician/Healthcare Provider Signature

8/20/2015
Date

TURN FORM OVER

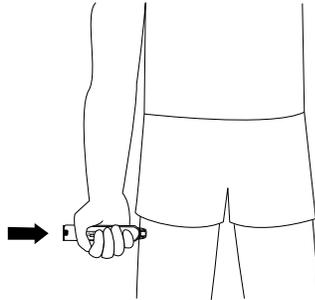
Form provided courtesy of FAAN (www.foodallergy.org) 7/2010

EPIPEN Auto-Injector and EPIPEN Jr Auto-Injector Directions

- First, remove the EPIPEN Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap



- Hold orange tip near outer thigh (always apply to thigh)



- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds



DEY® and the Dey logo, EpiPen®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak® are registered trademarks of Dey Pharma, L.P.

Twinject® 0.3 mg and Twinject® 0.15 mg Directions



Remove caps labeled "1" and "2."

Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



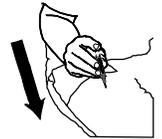
SECOND DOSE ADMINISTRATION: If symptoms don't improve after 10 minutes, administer second dose:

Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.



Slide yellow collar off plunger.

Put needle into thigh through skin, push plunger down all the way, and remove.



Adrenaclick™ 0.3 mg and Adrenaclick™ 0.15 mg Directions



Remove GREY caps labeled "1" and "2."



Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).

Contacts

Call 911 (Rescue squad: () -) Doctor: Dr. Smith
 Parent/Guardian: Mary Doe

Phone: (508) 555 - 1234
 Phone: (508) 555 - 2222

Other Emergency Contacts

Name/Relationship: Sally Doe (grandmother)
 Name/Relationship: Jane Doe (aunt)

Phone: (508) 555 - 1111
 Phone: (617) 555 - 2323



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Requirements for Children with Allergies/Medical Conditions Acknowledgement

Please review this acknowledgement and return it to the office.

I have received the Framingham Centre Nursery School Requirements for Children with Allergies/Medical Conditions booklet outlining the documents required for my child with an allergy or medical condition to attend school.

I understand that if I have not provided the required documents signed and dated by my child's doctor and myself, my child will not be allowed to attend school until these forms are on file.

I understand that these forms are valid for 1 year or until my child's allergy or medical condition changes.

Child's Name: _____

Child's Date of Birth: _____

Parent's Name (please print): _____

Parent's Signature: _____

Date: _____