



## **2.11B Individual Health Plan (IHP)** **Instruction Sheet**



### **PURPOSE STATEMENT**

Staff uses the Individual Health Plan (IHP) form for children with health conditions, including asthma, health conditions that require inhaled medication, and/or severe allergies that require an Epipen/Epipen, Jr. The plan serves as a guide for EHS/HS staff, parent/guardian, and health care providers to meet the child's healthcare needs while at school.

### **TIMELINE**

This form is used as needed when a child...

- requires adaptations in daily activities because of a medical condition
- needs medication regularly and/or during school hours
- requires a specialized emergency plan

### **STAFF RESPONSIBLE**

The program staff who may participate in the development of the Individual Health Plan may consist of, but are not limited to Site Supervisor, Assistant Site Supervisor, EHS/HS Teacher/Associate Teacher, or other support staff such as Family Service Advocate, Early Childhood Education/Disabilities Specialist, Comprehensive Services and Quality Improvement Program Support staff, and Area Director.

Site Supervisor and all staff listed on the IHP as trained are responsible for ensuring implementation of the procedures and accommodations of the IHP.

### **INSTRUCTIONS**

- Identify name of the child, date of birth, site name, and the date that the plan is developed, and the parent/guardian's name and phone number.
- Diagnosis of Health Condition/Area of Concern: check all that apply.
  - If available, attach any documentation of diagnosis related to the health concern.
- Identify medication(s) that will be taken while child is in school and medications taken only at home.
  - If medication will be taken at school, staff will refer to instructions and possible side effects stated by the doctor on the Authorization to Administer Medication form.
  - If medication will be taken ONLY at home, ask parent/guardian possible side effects and list them in this section.
- Staff check all program areas that the child may need accommodations according to the parent/guardian.
- Check which staff are responsible for overseeing the health plan in the classroom, write names of staff.



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### **Section I: For Asthma or Any Condition Requiring Inhaled Medication ONLY**

- If the child has asthma or has a condition requiring inhaled medication, staff complete this section.
- If not, staff check the “Not Applicable” box.
- Staff ask the parent/guardian what the known triggers are for the child’s asthma episodes. Once the triggers are identified, staff circle any known triggers listed on the form.
- Staff and parent/guardian discuss the typical signs and symptoms of the child’s asthma episodes and check each box that applies.
- Staff and parent/guardian review the “Note to Staff” and the “Get emergency help if” sections together.

### **Section II: For Severe Allergies Requiring Epipen or Epipen Jr. ONLY**

- If the child has severe allergies and needs an Epipen/Epipen, Jr., staff complete this section.
- If not, staff check the “Not Applicable” box.
- Staff ask the parent/guardian about the child’s typical signs and symptoms of anaphylaxis and check each box that applies.
- Staff inform parent/guardian of emergency procedures for anaphylaxis in the “Important Note to Staff” section.
  - Staff must call 911 and the parent/guardian immediately when Epinephrine (Epipen/Epipen, Jr.) is administered.

### **Section III: Other Health Condition(s)**

- Staff ~~write~~ enters the name of health condition at the top column. Then write down typical signs and symptoms of the condition in the “Signs and Symptoms” section and what action should be taken in the “Do the following” section.

### **Staff Use Only boxes within each Section (I-III)**

- If staff receive documentation from the child’s physician that a section of the IHP is no longer applicable, staff complete this box by checking the “No Longer Applicable” box, noting the date, and initialing.

### **For all IHPs**

- Staff reviews the ‘Staff Responsibilities’ and the ‘Parent/Guardian Responsibilities’ sections with the parent/guardian and all staff present in an effort to prevent a health crisis and promote wellness for the child.



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### **Staff Trained and Responsible to Administer Procedures and Accommodations**

- The staff trained and responsible for administering all necessary procedures and accommodations must print their names, sign and date this section. Mandatory: training at least two site staff on how to administer medication and/or accommodations for the child.
- Document the name of the person who provided the training.
- The parent/guardian signs after he/she has reviewed the IHP for accuracy and approves the plan.

### **Returning Children**

- In order to ensure accuracy and maintain a safe environment, a new IHP form must be completed each year for every child in the program.

### **NOTICE OF CHANGE IN STAFF**

- Use only when there is a change in the staff responsible for administering necessary procedures and accommodations for the child or when additional staff in the classroom that were not present at the creation of the IHP are trained on the IHP/medication administration.
- Complete as directed above in “Staff Trained and Responsible to Administer Procedures and Accommodations.”
- The original form is kept in the Section 2 of the Child File, a copy will be kept with the child's medication (if applicable), and a copy will be faxed to the Health Coordinator immediately.

### **Note:**

- The IHP should not be done in place of a Request for Special Meals form.
- Children with a Request for Special Meals form do not always need an IHP as well. See Request for Special Meals Instruction Sheet for details.