



Saints John and Paul Catholic Parish

FATHER JOSEPH R. MCCAFFREY, PASTOR
2586 WEXFORD BAYNE ROAD
SEWICKLEY, PA 15143-8610
TELEPHONE: (724) 935-2104
FAX: (724) 935-8320
EMAIL: INFO@STJSJOHNANDPAUL.ORG

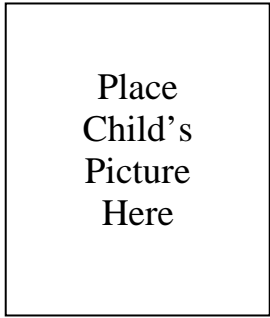
Faith Formation Food Policy

Revised June 16, 2008

1. For all Faith Formation Programs involving children in preschool through 8th grade, we have adopted a “no food” policy as a general rule. This includes prohibiting candy treats and “community snack tables” at all events when parents are not present.
2. When a snack or lunch is needed for a Faith Formation Program, families will be asked to send a snack/lunch for their child in a marked bag with the child’s name clearly visible.
3. A “nut free” area will be prepared (specifically cleaned prior to the event), and clearly marked at all events with food and an adult will supervise and remain in this area to make sure that children who need the assurance of this environment (staff will be made aware of these needs by the parents/guardians prior to the event) and every reasonable effort will be made to maintain the safety of this area.
4. We have implemented a “no food or eating-utensil trading” rule. The children will be encouraged to wash or wipe their hands after eating and any surfaces will be wiped clean of contaminating foods.
5. For insect avoidance- we will restrict eating to inside the church for the affected children.
6. Pizza lunches will still be made available on occasion (CVOL retreats, Summer Program) and families will be notified well-ahead of time so they can make alternate arrangements if their child can not/prefers not to have the pizza.
7. The “Children’s Faith Formation Program-Personal Data Form” includes a request for health information which may limit or modify a child’s ability to participate fully in children’s programs.
8. For any child who uses an Epi-Pen or other specific medication, every effort will be made to request that the parent/guardian complete Appendix J II (Parent Request for Administration of Medication and Agreement of Release - p. 48) and Form A (Physician’s instructions concerning medication given at Parish Religious Education Program - p. 49) from the “Diocese of Pittsburgh Principles, Policies, and Guidelines for Parish Programs of Religious Education/CCD”. These forms are a part of the Faith Formation Registration Packet that each family completes when registering each year.
9. Parents may also provide the Parish with a copy of the Food Allergy Action Plan (sample attached) for their child. A copy of this document will be given to the catechist/program leader responsible for the child during the parish program/event.
10. Any child who may need emergency access to a prescribed Epi-Pen should carry it with them at all times (or their parent or other designated adult should carry it and should accompany the child to the parish program/event.) The adult responsible for the parish program/event should be made aware that the child is carrying the Epi-Pen and where it is being stored, i.e., in a fanny pack, purse, pocket, etc. Such information should also be noted on the Food Allergy Action Plan Form referred to in number 9 above.
11. All staff members and adult volunteers will be notified about all children with special medical concerns prior to the start of a program. If the parish has received copies of Appendix J II (p. 48) and Form A (p. 49) and a staff member or parent volunteer has agreed to administer specific medication for affected children, the name of this staff member/parent volunteer will be relayed to the child’s parent/guardian and all staff/parent volunteers present at the event/program.
12. The existing Diocesan guidelines for responding to a medical emergency situation (Policy J I: Accidents-p. 36) will also be followed.

Food Allergy Action Plan

Student's Name: _____ D.O.B: _____ Teacher: _____



ALLERGY TO: _____

Asthmatic Yes* No *Higher risk for severe reaction

◆ STEP 1: TREATMENT ◆

| <u>Symptoms:</u> | <u>Give Checked Medication**:</u> <small>** (To be determined by physician authorizing treatment)</small> |
|---|--|
| ▪ If a food allergen has been ingested, but <i>no symptoms</i> : | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| ▪ Mouth Itching, tingling, or swelling of lips, tongue, mouth | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| ▪ Skin Hives, itchy rash, swelling of the face or extremities | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| ▪ Gut Nausea, abdominal cramps, vomiting, diarrhea | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| ▪ Throat† Tightening of throat, hoarseness, hacking cough | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| ▪ Lung† Shortness of breath, repetitive coughing, wheezing | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| ▪ Heart† Weak or thready pulse, low blood pressure, fainting, pale, blueness | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| ▪ Other† _____ | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |
| ▪ If reaction is progressing (several of the above areas affected), give: | <input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine |

†Potentially life-threatening. The severity of symptoms can quickly change.

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject® 0.3 mg Twinject® 0.15 mg (see reverse side for instructions)

Antihistamine: give _____
medication/dose/route

Other: give _____
medication/dose/route

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

◆ STEP 2: EMERGENCY CALLS ◆

1. Call 911 (or Rescue Squad: _____). State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____ Phone Number: _____

3. Parent _____ Phone Number(s) _____

4. Emergency contacts:
Name/Relationship _____ Phone Number(s) _____

a. _____ 1.) _____ 2.) _____

b. _____ 1.) _____ 2.) _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian's Signature _____ Date _____

Doctor's Signature _____ Date _____

(Required)

TRAINED STAFF MEMBERS

1. _____

Room _____

2. _____

Room _____

3. _____

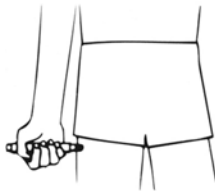
Room _____

EpiPen® and EpiPen® Jr. Directions

- Pull off gray activation cap.



- Hold black tip near outer thigh (always apply to thigh).



- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

Twinject® 0.3 mg and Twinject® 0.15 mg Directions



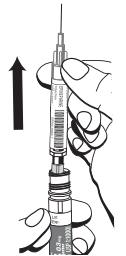
- Remove caps labeled "1" and "2."
- Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



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.



Once EpiPen® or Twinject® is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.

***Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.*



POLICY J I: ACCIDENTS

The following are considered medical emergencies:

| | |
|--------------------|-----------------|
| Bee sting | Drug Overdose |
| Cardiac Arrest | Head Injury |
| Respiratory Arrest | Severe Bleeding |
| Choking | Severe Burn |
| Seizures | Severe Injury |
| Diabetic Emergency | Trauma |
| Allergic Reactions | |

It should be determined if anyone on the Religious Education staff is certified in emergency procedures. This information is to be kept accessible in the Religious Education Office.

If an accident occurs during the Religious Education Program or a Religious Education activity the following procedures should be followed:

1. Call medical emergency number immediately.
2. Follow proper first aid procedures as given by emergency personnel for that particular emergency.
3. Call parents.

Fill out an accident report form to be kept on file in the parish Religious Education office.

(See Appendix J I – Accident Report Form)

(Adapted from Catholic School Safety and Security Manual – Ch. 5 – Medical Emergency 5-4)

POLICY J II: MEDICATION

It is the responsibility of the parent to administer medication to their children either before or after Religious Education events and notify the parish regarding medical special needs when this affects the child in the program.

In the event of a day long event/retreat, it is the parents responsibility to make arrangements to have medication administered at appropriate times. If a member of the religious education staff agrees to administer the medication, written instructions must be provided by the parents. An official diocesan release form and the medication must be supplied to the Catechetical Administrator by the parents/guardian. Medication is to be kept out of the reach of students.

(See Appendix J II, Part II, Legal Concerns – Medication Release Form)

APPENDIX J II

PARENT REQUEST FOR ADMINISTRATION OF MEDICATION
AND
AGREEMENT OF RELEASE

We request that religious education personnel of _____ Parish Religious Education Program administer medication per attached Physician's Form A to our child, _____, according to the direction of our attending physician. In making this request, we acknowledge that we have been advised that no physician will be present or available during the administration of medication, that a nurse will not be present or available for this purpose, and that medication will be administered by a person with no medical training.

We acknowledge our awareness that the administration of medication under the anticipated circumstances might pose a substantial risk of injury to, including death of, our child. On behalf of ourselves and our child, we hereby exonerate, release and discharge _____ Parish, the Roman Catholic Diocese of Pittsburgh, and their agents and employees, from any and all claims, causes of action and liability whatsoever in respect of any injury to, including death of, our child which may result at any time in the future by reason of any action taken, in good faith, pursuant to this request.

Date

Parent/Guardian

Parent/Guardian

(Signatures of all parents/guardians required)

THIS DOCUMENT IS A CONTRACT WHICH AFFECTS YOU AND YOUR CHILD'S LEGAL RIGHTS. YOU SHOULD READ THIS DOCUMENT CAREFULLY. IF YOU DO NOT FULLY UNDERSTAND, YOU MAY SEEK INDEPENDENT LEGAL ADVICE BEFORE SIGNING THIS DOCUMENT.

