

Elementary Anaphylaxis Action Plan

Anaphylaxis Action Plan for ____

(Student's name)

Principal: Use this checklist and the Anaphylaxis Action Form to develop an Anaphylaxis Action Plan for the above-named student. Check the boxes when items are completed. This process needs to be completed annually. Indicate on the Anaphylaxis Action Form the date for the next review.

Principal's Responsibilities

- Be aware of School District 61 Anaphylaxis Policy and Regulation 5141.21 and Regulation 5141.21
 (a) attachment as well as your responsibilities for keeping students at risk of anaphylaxis safe while at school and participating in school-related activities.
- □ Inform school staff of their responsibilities regarding school district Anaphylaxis Policy and Regulation 5141.21 and Regulation 5141.21 (a) attachment
- **D** Endeavour to contact parents prior to school starting in September when possible.
- □ Inform the parents of SD 61 Anaphylaxis Policy and Regulation 5141.21 and Regulation 5141.21 (a) attachment as well as the intent to provide an "allergy aware" environment for students with life threatening allergies.
- □ Provide parents with an Anaphylaxis Action Form and Medication Administration Form. Request that parent(s) and their physician complete the Medication Administration Form .
- □ Inform parent(s) that only an epinephrine auto-injector will be administered by school staff in the event of an anaphylactic reaction (no oral antihistamines).
- □ Request parent(s) to provide two epinephrine auto-injectors.
- Meet with the parent(s) and teacher(s) to review the Anaphylaxis Action Form and complete an Anaphylaxis Action Plan.

Develop the Anaphylaxis Action Plan (AAP):

- □ Review responsibilities of the parent(s), student, teacher(s) and principal in developing and implementing the plan.
- Recommend to parent(s) that their child wear a MedicAlert bracelet or necklet. Provide parent(s) with a MedicAlert brochure and inform parent(s) of MedicAlert's free "No Child Without" program.
- □ Check to see parent(s) have completed the Anaphylaxis Action Form and that they have provided two epinephrine auto-injectors.
- □ Check to see the physician has signed the Medication Administration Form and has indicated the use of an epinephrine auto-injector to treat anaphylaxis.
- Request the teacher send a letter home to other classroom parents informing them of a student in the class at risk of anaphylaxis. Use the "Child in the Classroom with Life-Threatening Allergy to Nuts" letter.
- **□** Request parents' permission to use student's picture on the Anaphylaxis Action Form.
- Provide a copy of the Anaphylaxis Action Plan to parent(s).

□ Keep a copy of the Anaphylaxis Action Form with the student's Permanent Student Record.

Inform involved school staff:

- Activate the student's computer record to indicate the student has a life-threatening allergy.
- Provide a safe, <u>unlocked</u>, centrally located storage area for one of the student's epinephrine autoinjector and the school's additional one.
- □ Ensure staff are aware of the location of the epinephrine auto-injector, Medication Administration Form, Medical Alert List and Anaphylaxis Action Form.
- □ All school staff are to be responsible for administering an epinephrine auto-injector in an emergency.
- **D** Post the Anaphylaxis Action Form in appropriate, confidential, staff locations.
- Provide a copy of the Anaphylaxis Action Form to the teacher and involved school staff.
- □ Inform involved staff of their responsibilities for student safety in the classroom, on school grounds and during field trips, co-curricular, or extra-curricular activities.
- Post signs and symptoms of anaphylaxis and how to administer the epinephrine auto-injector in relevant areas in the school. This may include classrooms, office, staff room, lunch room, cafeteria, multipurpose and any common room areas.
- Public Health Nurse is available to consult regarding any concerns with the Anaphylaxis Action Plan, Anaphylaxis Action Form or Medication Administration Form.

Teacher and Staff Responsibilities

- Be aware of school district Anaphylaxis Policy and Regulation 5141.21 and Regulation 5141.21 (a) attachment and your responsibilities for keeping students at risk of anaphylaxis safe while at school and while participating in school-related activities.
- □ Be familiar with students in your class at risk of anaphylaxis. Be familiar with student's Anaphylaxis Action Form, emergency treatment and location of the epinephrine auto-injector.
- □ Inform teacher-on-call of student at risk of anaphylaxis, location of Anaphylaxis Action Form, emergency treatment and location of the epinephrine auto-injector.
- Create a positive and helpful attitude toward student at risk of anaphylaxis.
- □ In consultation with parent(s)/student provide students with age-appropriate "allergy awareness" education.

For student with food allergies:

- □ In consultation with school staff develop an "allergy aware" classroom.
- □ Request parent(s) to consult with the teacher before bringing food into the classroom.
- Encourage students NOT to share food, drinks or utensils.
- □ Encourage a non-isolating eating environment for the student with a food allergy (the student should eat in the classroom with classmates when possible).
- **□** Encourage all students to eat with their food on a napkin rather than directly on the desk or table.

- □ Encourage all students to wash their hands with soapy water before and after eating.
- □ Wash desks with hot water and district provided cleaner after students eat.
- Do not use identified allergen(s) in classroom activities.

On field trips/co-curricular/extra-curricular activities:

- **Take a copy of the Anaphylaxis Action Form.**
- □ Take an epinephrine auto-injector and ensure the student has their epinephrine auto-injector with them.
- **Take a cellular phone and relevant phone numbers.**
- Be aware of the life threatening allergen exposure risk (food and insect allergies).
- **I** Inform supervising adults of student at risk of anaphylaxis and indicated emergency treatment.
- □ Request supervising adults to sit near student in vehicle (or bus)

STUDENT RESPONSIBILITIES

- Be aware of risks for allergic reactions and always take steps to reduce the risk of exposure.
- □ Know the signs and symptoms of anaphylaxis.
- □ Notify an adult if you are feeling unwell or if you think you are having a reaction.
- □ Carry an epinephrine auto-injector at all times.
- □ Wear a MedicAlert bracelet or necklet at all times.

If you have food allergies:

- □ Eat only food and drinks approved by your parent or guardian.
- Do not share cutlery and dishes.
- Do not eat food that has had direct contact with a desk or table.

PARENT RESPONSIBILITIES

- □ Inform school staff and classroom teacher of your child's life threatening allergy.
- **□** Ensure your child is aware of their allergy and the signs and symptoms of an allergic reaction.
- □ Inform your child of ways to avoid allergic reactions.
- □ Inform your child to notify an adult if they are having an allergic reaction.
- □ Complete the Anaphylaxis Action Form and return it to the principal. Set up a time to meet with designated school staff to develop the Anaphylaxis Action Plan.
- **I** In conjunction with your physician, complete the Medication Administration Form.
- Provide two "in date" epinephrine auto-injectors for school use: one to be kept with your child; the other to be kept in a central unlocked location at school.
- *Ensure your child has their epinephrine auto-injector with them at all times

- **□** Teach your child to administer his/her own epinephrine auto-injector when age appropriate.
- Ensure your child wears a MedicAlert bracelet or necklet.
- □ In consultation with the classroom teacher determine your role in providing "allergy awareness" education for classmates
- □ Notify school staff if there is a change in your child's allergy condition.
- □ Check expiry date of epinephrine auto-injectors.

If your child has a food allergy:

- **□** Ensure your child knows only to eat food and drinks approved by parents or guardian.
- **D** Remind your child to check that their epinephrine auto-injector is available before he/she eats.

I give permission for my child's photo to be placed on the Anaphylaxis Action Form.

Parent/Guardian Name	Parent /Guardian Signature	Date
I have read the Anaphylaxis Act	ion Plan.	
Parent/Guardian:	Date:	
Student (Optional):	Date:	
Principal:	Date:	

Student's Picture Student's Name: (Recommended) Student's Name: (Recommended) Daytime Phone #: Daytime Phone #:	Student's Name:	(D/W/X)	Female:
Parer Parer Dayti Emer Emer Dayti Dayti Physi Ph	t/Guardians:	Date of Birth:	Male
Emer Emer Dayti Physi Physi Physi Physi Physi Parent/Student Responsibilities: • Inform teacher of allergy, emerge injectors. • Ensure student wears a MedicAler * Ensure student with food allergies	Davrime Phone #:	en: Do not include antibiotic uts	cs or other drugs ects
Physi Physi	Emergency Contact:	other:	□ OU
Physi Anaphylaxis Prevention Strat Anaphylaxis Prevention Strat Parent/Student Responsibilities: • Inform teacher of allergy, emerge injectors. • Ensure student wears a MedicAlei • Ensure student with food allergie:	Daytime Phone #:	Additional Information:	
 Anaphylaxis Prevention Strat Parent/Student Responsibilities: Inform teacher of allergy, emerge injectors. Ensure student wears a MedicAler Ensure student with food allergie: 	Physician Name:		
 Parent/Student Responsibilities: Inform teacher of allergy, emerge injectors. Ensure student wears a MedicAlet Ensure student with food allergies 	gies	Parents/Guardians observations of symptoms include	of symptoms include:
 Inform teacher of allergy, emerge injectors. Ensure student wears a MedicAlei Ensure student with food allergie: 		swelling (eyes, lips, face, tongue)	
Ensure student wears a MedicAler Ensure student with food allergies	Inform teacher of allergy, emergency treatment and location of both Epinephrine auto-	difficulty breathing or swallowing	 wheezing
Ensure student with food allergies	bracelet or necklet		voice changes
Discuss annonriate location of ho	Ensure student with food allergies eats only food/drinks approved by parents/guradians Discuss appropriate location of both Eninenbrine auto-injectors with teacher/principal	Trushed face of body fainting or loss of consciousness	 voice changes vomiting
Ensure student keeps a Epineph	Ensure student keeps a Epinephrine auto-injector in a close location at all times	dizziness or confusion	diarrhea
Check expiry date on the Epinephrine auto-injectors Teacher Resummerihilities:	ine auto-injectors		
In consultation with parent/stude	In consultation with parent/student/provide "allergy awareness" education for	□ other	
classmates	-	Due to the unpredictability of reactions early symptoms should	s early symptoms should
Inform teacher on-call of student at risk of location of both Epinephrine auto-injectors	Inform teacher on-call of student at risk of anaphylaxis, emergency treatment and location of both Foineohrine auto-injectors	never be ignored.	
When student has a food allergy:		Emergency Protocol:	
In consultation with teacher develop an "allergy aware" classroom	op an "allergy aware" classroom		
Encourage students NOT to share food, drinks or utensils	food, drinks or utensils	 Administer an epinepririne auto-injector. Call 911 request an Advanced Life Support Ambulance 	-Injector. ife Sunnort Ambulance
Encourage a non-reviaming caming city of the subscript of the subscri	בווכטטו מעב מ ווטורזסטומנוויט כמונון פוועו טווויוסוע עד אינטטוויסע מידי אינטטון אינט אינט אינט אינט אינט אינט Encourage all students to wash hands with soapy water before and after eating	Notify Parent/Guardian	
Request all desks be washed with	Request all desks be washed with hot water and district provided cleaner after	Administer second an epinephrine auto-injector within 5	ne auto-injector within 5
 Do not use the identified allocation in classroom activities 		minutes if no improvement in symptoms or symptoms reactive	mptoms or symptoms
On field tribs/co-curricular/extra-curricular activities:	s) in classionin activities curricular activities:	 Lay student on back, leds elevated. If vomiting, lay on side 	ted. If vomiting, lay on side
Take both Epinephrine auto-inject	Take both Epinephrine auto-injectors a copy of the Anaphylaxis Form and a cell phone	making sure airway is clear so that they do not choke on	hat they do not choke on
Be aware of allergen exposure risk (food, latex and insect allergies) Toform currenticipe of the of the data and constraints transmit	(food, latex and insect allergies)	vomit. Do NOT sit or stand student up as this can cause a	ent up as this can cause a
Request supervising adults sit near student in bus (or vehicle)	rt and entergency deaunent student in bus (or vehicle)	 Have ambulance transport to hospital 	spital
Inform student with food allergies not to eat on bus (or vehicle)	not to eat on bus (or vehicle)	Epinephrine auto-injector	
		#1 location: #2 location:	

Middle School Anaphylaxis Action Plan



Anaphylaxis Action Plan for _____

(Student's name)

Principal: Use this checklist and the Anaphylaxis Action Form to develop an Anaphylaxis Action Plan for the above-named student. Check the boxes when items are completed. This process needs to be completed annually. Indicate on the Anaphylaxis Action Form the date for the next review.

Principal's Responsibilities

- Be aware of School District 61 Anaphylaxis Policy and Regulation 5141.21 and Regulation 5141.21
 (a) attachment as well as your responsibilities for keeping students at risk of anaphylaxis safe while at school and participating in school-related activities.
- □ Inform school staff of their responsibilities regarding school district Anaphylaxis Policy and Regulation 5141.21 and Regulation 5141.21 (a) attachment
- **□** Endeavour to contact parents prior to school starting in September when possible.
- Inform the parent of SD 61 Anaphylaxis Policy and Regulation 5141.21 and Regulation 5141.21 (a) attachment as well as the intent to provide an "allergy aware" environment for students with life threatening allergies.
- Provide parents with an Anaphylaxis Action Form and Medication Administration Form. Request that parent(s) and their physician complete the Medication Administration Form.
- □ Inform parent(s) that only an epinephrine auto-injector will be administered by school staff in the event of an anaphylactic reaction (no oral antihistamines).
- □ Request parent(s) to provide two epinephrine auto-injectors.
- Meet with the parent(s), teacher(s) and to review the Anaphylaxis Action Form and complete an Anaphylaxis Action Plan.

Develop the Anaphylaxis Action Plan (AAP):

- □ Review responsibilities of the parent(s), student, teacher(s) and principal in developing and implementing the plan.
- Recommend to parent(s) that their child wear a MedicAlert bracelet or necklet. Provide parent(s) with a MedicAlert brochure and inform parent(s) of MedicAlert's free "No Child Without" program.
- □ Check to see parent(s) have completed the Anaphylaxis Action Form and that they have provided two epinephrine auto-injectors.
- □ Check to see the physician has signed the Medication Administration Form and has indicated the use of an epinephrine auto-injector to treat anaphylaxis.
- Request the teacher send a letter home to other classroom parents informing them of a student in the class at risk of anaphylaxis. Use the "Child in the Classroom with Life-Threatening Allergy to Nuts" letter.
- **□** Request parents' permission to use student's picture on the Anaphylaxis Action Form.
- Provide a copy of the Anaphylaxis Action Plan to parent(s).
- □ Keep a copy of the Anaphylaxis Action Form with the student's Permanent Student Record.

Inform involved school staff:

- Activate the student's computer record to indicate the student has a life-threatening allergy.
- Provide a safe, <u>unlocked</u>, centrally located storage area for one of the student's epinephrine autoinjector and the school's additional one.
- □ Ensure staff are aware of the location of the epinephrine auto-injector, Medication Administration Form, Medical Alert List and Anaphylaxis Action Form.
- □ All school staff are to be responsible for administering an epinephrine auto-injector in an emergency.
- **D** Post the Anaphylaxis Action Form in appropriate, confidential, staff locations.
- Provide a copy of the Anaphylaxis Action Form to the teacher and involved school staff.
- □ Inform involved staff of their responsibilities for student safety in the classroom, on school grounds and during field trips, co-curricular, or extra-curricular activities.
- Post signs and symptoms of anaphylaxis and how to administer the epinephrine auto-injector in relevant areas in the school. This may include classrooms, office, staff room, lunch room, cafeteria, multipurpose and any common room areas.
- Public Health Nurse is available to consult regarding any concerns with the Anaphylaxis Action Plan, Anaphylaxis Action Form or Medication Administration Form.

Teacher and Staff Responsibilities

- Be aware of school district Anaphylaxis Policy and Regulation 5141.21 and Regulation 5141.21 (a) attachment and your responsibilities for keeping students with at risk of anaphylaxis safe while at school and while participating in school-related activities.
- Be familiar with students in your class at risk of anaphylaxis. Be familiar with student's Anaphylaxis Action Form, emergency treatment and location of the epinephrine auto-injector.
- □ Inform teacher-on-call of student at risk of anaphylaxis, location of Anaphylaxis Action Form, emergency treatment and location of the epinephrine auto-injector.
- Create a positive and helpful attitude toward student at risk of anaphylaxis.
- □ In consultation with parent(s)/student provide students with age-appropriate "allergy awareness" education.

For student with food allergies:

- □ In consultation with-school staff develop an "allergy aware" classroom.
- **□** Request parent(s) to consult with the teacher before bringing food into the classroom.
- □ Encourage students NOT to share food, drinks or utensils.
- □ Encourage a non-isolating eating environment for the student with a food allergy (the student should eat in the classroom with classmates when possible).
- **□** Encourage all students to eat with their food on a napkin rather than directly on the desk or table.

- □ Encourage all students to wash their hands with soapy water before and after eating.
- □ Wash desks with hot water and district provided cleaner after students eat.
- Do not use identified allergen(s) in classroom activities.

On field trips/co-curricular/extra-curricular activities:

- **Take a copy of the Anaphylaxis Action Form.**
- □ Take an epinephrine auto-injector and ensure the student has their epinephrine auto-injector with them.
- **Take a cellular phone and relevant phone numbers.**
- Be aware of the life threatening allergen exposure risk (food and insect allergies).

STUDENT RESPONSIBILITIES

- □ Work with the school staff to develop and provide "allergy awareness" education to your classmates.
- Be aware of risks for allergic reactions and always take steps to reduce the risk of exposure.
- □ Know the signs and symptoms of anaphylaxis.
- □ Notify an adult if you are feeling unwell or if you think you are having a reaction.
- □ Carry an epinephrine auto-injector at all times.
- □ Wear a MedicAlert bracelet or necklet at all times.

If you have food allergies:

- □ Eat only food and drinks approved by your parent or guardian.
- Do not share cutlery and dishes.
- Do not eat food that has had direct contact with a desk or table.

PARENT RESPONSIBILITIES

- □ Inform school staff and classroom teacher of your child's life threatening allergy.
- **Ensure your child is aware of their allergy and the signs and symptoms of an allergic reaction.**
- □ Inform your child of ways to avoid allergic reactions.
- □ Inform your child to notify an adult if they are having an allergic reaction.
- □ Complete the Anaphylaxis Action Form and return it to the principal. Set up a time to meet with designated school staff to develop the Anaphylaxis Action Plan.
- □ In conjunction with your physician, complete the Medication Administration Form.
- Provide two "in date" epinephrine auto-injectors for school use: one to be kept with your child; the other to be kept in a central unlocked location at school.
- *Ensure your child has their epinephrine auto-injector with them at all times
- **□** Teach your child to administer their own epinephrine auto-injector.

- □ Ensure your child wears a MedicAlert bracelet or necklet.
- □ In consultation with the classroom teacher determine your role in providing "allergy awareness" education for classmates
- □ Notify school staff if there is a change in your child's allergy condition.
- □ Check expiry date of epinephrine auto-injectors.

If your child has a food allergy:

- **□** Ensure your child knows only to eat food and drinks approved by parents or guardian.
- Remind your child to check that their epinephrine auto-injector is available before they eats.

I give permission for my child's photo to be placed on the Anaphylaxis Action Form.

Parent/Guardian Name	Parent /Guardian Signature	Date	
I have read the Anaphylaxis Act	ion Plan.		
Parent/Guardian:	Date:		
Student (Optional):	Date:		
Principal:	Date:		

Greater		Date developed:	
School District	Migdie School Student – Anaphylaxis Action Form	Date to be reviewed:	
Student's Picture		(V/M/D) [Female:	
(Recommended)	Student's Name:		
		o not include antibiotic	ther drugs
		Peanuts Nuts Dairy Insects	Latex
	Daytime Phone #:	other:	
	Emergency Contact:	This student also has asthma yes no no	
	Daytime Phone #:	Additional Information	
	Physician Name:		
Anaphylaxis Prevention Strategies	Strategies	Parents/Guardians observations of symptoms include:	ptoms include:
Parent/Student Responsibilities	oilities	swelling (eyes, lips, face, tongue)	king
Inform teacher of allergy	Inform teacher of allergy, emergency treatment and location of both Epinephrine	wing	ezing
auto-injectors		cold, clammy sweating skin	voice changes
Know anaphylaxis risks a	Know anaphylaxis risks and take measures to prevent anaphylaxis reaction		voice changes
Discuss appropriate locat	Discuss appropriate location of both Epinephrine auto-injectors with teacher/	sciousness	iting
		usion	nea
Ensure student keeps a E NOT in locker	Ensure student keeps a Epinephrine auto-injector in a close location at all times, NOT in locker	 stomach cramps contabing 	
Ensure two Epinephrine :	Ensure two Epinephrine auto-injectors are taken on field trips	Due to the unpredictability of reactions early symptoms should	lv symptoms should
Ensure student wears Me	Ensure student wears MedicAlert bracelet or necklet	never be ignored.	
Check expiry date on the	Check expiry date on the Epinephrine auto-injectors	-	
For students with food allergies:	'gies:	Emergency Protocol:	
Ensure student knows to	Ensure student knows to eat only food and drinks approved by parents/guardians	Administer an epinephrine auto-injector.	-
Encourage washing of th	Encourage washing of the student's desk and/or writing surface with hot water	Call 911 request an Advanced Life Support Ambulance Notify Dependicular	oort Ambulance
Teacher/Coach/Sunervising Adult Resnonsibilities	with abutt provided degiter prior to the stateful using the desk er/Coach/Supervising Adult Responsibilities	Administer second an epinephrine auto-injector within 5	-injector within 5
In consultation with pare	In consultation with parent/student provide "allerov awareness" education for	minutes if no improvement in symptoms or symptoms	is or symptoms
classmates			abia an traff a sitismat
Inform teacher-on-call of student at risk of Incretion of both Environmentation of the Information	Inform teacher-on-call of student at risk of anaphylaxis, emergency treatment and	 Lay student on back, legs elevated. If vomiting, lay on side making sure airway is clear so that they do not choke on 	/omiting, lay on side y do not choke on
	rocation of both Epinephinic auto injectors. Take an Eninenhrine auto-injector a conv of the Ananhvlaxis Actions Plan and a	vomit. Do NOT sit or stand student up as this can cause a	as this can cause a
cell phone (or appropriate portable phone)	te portable phone)	dangerous reaction. Have ambulance transnort to hosnital	
Be aware of allergen exp	Be aware of allergen exposure risk (food, latex and insect allergies)	pinep	
Inform supervising adults treatment	Inform supervising adults of student at risk of anaphylaxis and emergency treatment	#1 location: #2 location:	

Secondary School Anaphylaxis Action Plan



Anaphylaxis Action Plan for _____

(Student's name)

Principal: Use this checklist and the Anaphylaxis Action Form to develop an Anaphylaxis Action Plan for the above-named student. Check the boxes when items are completed. This process needs to be completed annually. Indicate on the Anaphylaxis Action Form the date for the next review.

Principal's Responsibilities

- Be aware of School District 61 Anaphylaxis Policy and Regulation 5141.21 and Regulation 5141.21
 (a) attachment as well as your responsibilities for keeping students at risk of anaphylaxis safe while at school and participating in school-related activities.
- □ Inform school staff of their responsibilities regarding school district Anaphylaxis Policy and Regulation 5141.21 and Regulation 5141.21 (a) attachment
- **□** Endeavour to contact parents prior to school starting in September when possible.
- Inform the parent of SD 61 Anaphylaxis Policy and Regulation 5141.21 and Regulation 5141.21 (a) attachment as well as the intent to provide an "allergy aware" environment for students with life threatening allergies.
- Provide parents with an Anaphylaxis Action Form and Medication Administration Form. Request that parent(s) and their physician complete the Medication Administration Form.
- □ Inform parent(s) that only an epinephrine auto-injector will be administered by school staff in the event of an anaphylactic reaction (no oral antihistamines).
- □ Request parent(s) to provide two epinephrine auto-injectors.
- Meet with the parent(s) and teacher(s) to review the Anaphylaxis Action Form and complete an Anaphylaxis Action Plan.

Develop the Anaphylaxis Action Plan (AAP):

- Review responsibilities of the parent(s), student, teacher(s) and principal in developing and implementing the plan.
- Recommend to parent(s) that their child wear a MedicAlert bracelet or necklet. Provide parent(s) with a MedicAlert brochure and inform parent(s) of MedicAlert's free "No Child Without" program.
- □ Check to see parent(s) have completed the Anaphylaxis Action Form and that they have provided two epinephrine auto-injectors.
- Check to see the physician has signed the Medication Administration Form and has indicated the use of a epinephrine auto-injector to treat anaphylaxis.
- Request the teacher send a letter home to other classroom parents informing them of a student in the class at risk of anaphylaxis. Use the "Child in the Classroom with Life-Threatening Allergy to Nuts" letter.
- **D** Request parents' permission to use student's picture on the Anaphylaxis Action Form.

- Provide a copy of the Anaphylaxis Action Plan to parent(s).
- Keep a copy of the Anaphylaxis Action Form with the student's Permanent Student Record.

Inform involved school staff:

- Activate the student's computer record to indicate the student has a life-threatening allergy.
- Provide a safe, <u>unlocked</u>, centrally located storage area for one of the student's epinephrine autoinjector and the school's additional one.
- □ Ensure staff are aware of the location of the epinephrine auto-injector, Medication Administration Form, Medical Alert List and Anaphylaxis Action Form.
- □ All school staff are to be responsible for administering an epinephrine auto-injector in an emergency.
- **D** Post the Anaphylaxis Action Form in appropriate, confidential, staff locations.
- Provide a copy of the Anaphylaxis Action Form to the teacher and involved school staff.
- □ Inform involved staff of their responsibilities for student safety in the classroom, on school grounds and during field trips, co-curricular, or extra-curricular activities.
- Post signs and symptoms of anaphylaxis and how to administer the epinephrine auto-injector in relevant areas in the school. This may include classrooms, office, staff room, lunch room, cafeteria, multipurpose and any common room areas.
- Public Health Nurse is available to consult regarding any concerns with the Anaphylaxis Action Plan, Anaphylaxis Action Form or Medication Administration Form.

Teacher and Staff Responsibilities

- Be aware of school district Anaphylaxis Policy and Regulation 5141.21 and Regulation 5141.21 (a) attachment and your responsibilities for keeping students at risk of anaphylaxis safe while at school and while participating in school-related activities.
- Be familiar with students in your class at risk of anaphylaxis. Be familiar with student's Anaphylaxis Action Form, emergency treatment and location of the epinephrine auto-injector.
- □ Inform teacher-on-call of student at risk of anaphylaxis, location of Anaphylaxis Action Form, emergency treatment and location of the epinephrine auto-injectors.
- Create a positive and helpful attitude toward students at risk of anaphylaxis.
- □ In consultation with parent(s)/student, provide students with age-appropriate "allergy awareness" education.

For student with food allergies:

- □ In consultation with school staff develop an "allergy aware" classroom.
- **□** Request parent(s) to consult with the teacher before bringing food into the classroom.
- □ Encourage students NOT to share food, drinks or utensils.
- □ Encourage a non-isolating eating environment for the student with a food allergy (the student should eat in the classroom with classmates when possible).

- Encourage all students to eat with their food on a napkin rather than directly on the desk or table.
- **□** Encourage all students to wash their hands with soapy water before and after eating.
- □ Wash desks with hot water and district provided cleaner after students eat.
- Do not use identified allergen(s) in classroom activities.

On field trips/co-curricular/extra-curricular activities:

- Take a copy of the Anaphylaxis Action Form.
- □ Take an epinephrine auto-injector and ensure the student has their Epinephrine auto-injector with them.
- **Take a cellular phone and relevant phone numbers.**
- Be aware of the life threatening allergen exposure risk (food and insect allergies).

STUDENT RESPONSIBILITIES

- □ Work with the school staff to develop and provide "allergy awareness" education to your classmates.
- Be aware of risks for allergic reactions and always take steps to reduce the risk of exposure.
- □ Know the signs and symptoms of anaphylaxis.
- □ Notify an adult if you are feeling unwell or if you think you are having a reaction.
- □ Carry an epinephrine auto-injector at all times.
- □ Wear a MedicAlert bracelet or necklet at all times.

If you have food allergies:

- **□** Eat only food and drinks approved by your parent or guardian.
- Do not share cutlery and dishes.
- Do not eat food that has had direct contact with a desk or table.

PARENT RESPONSIBILITIES

- □ Inform school staff and classroom teacher of your child's allergy.
- **□** Ensure your child is aware of their allergy and the signs and symptoms of an allergic reaction.
- □ Inform your child of ways to avoid allergic reactions.
- □ Inform your child to notify an adult if they are having an allergic reaction.
- □ Complete the Anaphylaxis Action Form and return it to the principal. Set up a time to meet with designated school staff to develop the Anaphylaxis Action Plan.
- **I** In conjunction with your physician, complete the Medication Administration Form.
- Provide two "in date" epinephrine auto-injectors for school use: one to be kept with your child; the other to be kept in a central unlocked location at school.

- *Ensure your child has their epinephrine auto-injectors with them at all times.
- **□** Teach your child to administer their own epinephrine auto-injector.
- Ensure your child wears a MedicAlert bracelet or necklet.
- □ In consultation with the classroom teacher determine your role in providing "allergy awareness" education for classmates
- □ Notify school staff if there is a change in your child's allergy condition.
- □ Check expiry date of epinephrine auto-injectors.

If your child has a food allergy:

- **D** Ensure your child knows only to eat food and drinks approved by parents or guardian.
- **Q** Remind your child to check that their epinephrine auto-injector is available before he/she eats.

I give permission for my child's photo to be placed on the Anaphylaxis Action Form.

Parent/Guardian Name	Parent /Guardian Signature	Date
I have read the Anaphylaxis Acti	on Plan.	
Parent/Guardian:	Date:	
Student (Optional):	Date:	
Principal:	Date:	

4	Greater	Date developed:	d:
1	School District Secondary School Student – Anaphylaxis Action Form	S ACTION FORM Date to be reviewed:	ewed:
		F A/M/D	Female:
	Student's Name: Date	Date of Birth: (Male
	Darent/Guardians:	Allergen: Do not include antibiotics or other drugs	iotics or other drugs
		🗆 Peanuts 🗆 Nuts 🗆 Dairy 🗆	InsectsLatex
	Daytime Phone #:	other:	
	Emergency Contact:	This student also has asthma ves	s⊐ no⊐
	Daytime Phone #:	Additional Information	
	Physician Name:		
Ani	Anaphylaxis Prevention Strategies	Parents/Guardians observations of symptoms include:	f symptoms include:
Par	Parent/Student Responsibilities	swelling (eves, lips, face, tongue)	choking
•	Inform teacher of allergy, emergency treatment and location of both epinephrine	difficulty breathing or swallowing	wheezing
	auto-injectors		voice changes
•	Know anaphylaxis risks and take measures to prevent anaphylaxis reaction		voice changes
•	Discuss appropriate location of both epinephrine auto-injectors with teacher/	fainting or loss of consciousness	vomiting
		□ dizziness or confusion	diarrhea
•	Ensure student keeps a epinephrine auto-injector in a close location at all times,		a other
		coughing	
•	Ensure two epinepurine auto-injector are taken on field trips	Due to the unpredictability of reactions early symptoms should	ns early symptoms should
•	Ensure student wears MedicAlert bracelet or necklet	never be ignored.	
•	Check expiry date on the epinephrine auto-injectors	Emergency Protocol:	
For	For students with food allergies:		
•	Ensure student knows to eat only food and drinks brought from home a pproved by parents/guardian	 Administer an epinephrine auto-injector. Call 911 request an Advanced Life Support Ambulance 	njector. e Support Ambulance
•	Encourage washing of the student's desk and/or writing surface with soapy hot	 Notify Parent/Guardian Administer second an epinephrine auto-injector within 	e auto-iniector within 5
Tea	water with district provided cleaner prior to the student using the desk Teacher/Coach/Supervising Aduilt Responsibilities	minutes if no improvement in symptoms or symptoms	nptoms or symptoms
•	In consultation with parent/student provide "allergy awareness" education for	 reoccur I av student on back leds elevated If vomiting lay on side 	d If vomiting lav on cide
	classmates	making suggering of backy reast becaused. It wannen by an and making sure airway is clear so that they do not choke on	at they do not choke on
•	Inform teacher-on-call of student at risk of anaphylaxis, emergency treatment and location of both epinephrine auto-injectors	vomit. Do NOT sit or stand student up as this can cause a dannerous reaction	int up as this can cause a
•	Take an epinephrine auto-injector, a copy of the Anaphylaxis Actions Plan and a	Have ambulance transport to hospital	spital
	cell pnone (or appropriate portable pnone)	Epinephrine auto-injector	
•	Be aware of allergen exposure risk (food, latex and insect)allergies)	#1 location:	
•	Inform supervising adults of student at risk of anaphylaxis and emergency treatment	#2 location:	

(Student's Picture	Recommended				
			<u> </u>			