

# ANAPHYLAXIS ACTION FORM/PLAN – SECONDARY SCHOOL STUDENT

Date developed: \_\_\_\_\_

Date to be reviewed: \_\_\_\_\_

Student's Picture (Optional)	<b>Student's Name:</b> _____	Date of Birth: _____ (d/m/y)	Gender: OM    OF
	Parent Guardian: _____ Daytime Phone #: _____ Emergency Contact: _____ Daytime Phone #: _____ Physician Name: _____ Physician Phone #: _____	<b>What is your child allergic to?</b> (parents complete)	
		<b>Additional Information:</b> (parents complete)	
<b>Anaphylaxis Prevention Strategies</b>		<b>Symptoms: ✓ all that apply</b> (parents complete)	
<u><b>Parent/Student Responsibilities</b></u> <ul style="list-style-type: none"> <li>Inform teacher of allergy, emergency treatment and location of Epi-Pen®</li> <li>Be aware of anaphylaxis exposure risk at school and on field trips</li> <li>Take measures to prevent anaphylaxis: keep Epi-Pen® in a close location at all times, NOT in locker – take your Epi-Pen® on field trips</li> <li>If you carry a cell phone, pre-program it to dial “911” and inform your friends</li> <li>Encourage your friends to learn how to administer Epi-Pen®</li> <li>Wear a Medical Alert bracelet or necklace</li> </ul>		<input type="radio"/> swelling (eyes, lips, face, tongue) <input type="radio"/> coughing <input type="radio"/> difficult breathing or swallowing <input type="radio"/> choking <input type="radio"/> cold, clammy sweating skin <input type="radio"/> wheezing <input type="radio"/> flushed face or body <input type="radio"/> voice changes <input type="radio"/> fainting or loss of consciousness <input type="radio"/> vomiting <input type="radio"/> dizziness or confusion <input type="radio"/> diarrhea <input type="radio"/> stomach cramps <input type="radio"/> other: _____	
<u><b>Teacher Responsibilities</b></u> <ul style="list-style-type: none"> <li>Be aware of student's allergy, emergency treatment and location of Epi-Pen®</li> <li>Inform teachers-on-call of student with anaphylaxis, emergency treatment and location of Epi-Pen®</li> <li>Take a cellular phone on field trips/co-curricular/extra-curricular activities</li> <li>Supervising adults must be aware of student with anaphylaxis and emergency treatment</li> </ul>		<b>Emergency Plan:</b> Epi-Pen® at school? <input type="radio"/> Yes <input type="radio"/> No If NO, reason _____ Epi-Pen® location _____ # of Epi-Pens® required due to transportation time _____ <b>Standard Emergency Plan:</b> <ul style="list-style-type: none"> <li><b>Administer Epi-Pen®</b></li> <li><b>Call 911</b></li> <li><b>Notify Parent</b></li> <li><b>Have ambulance transport student to hospital</b></li> </ul> Any changes required to standard emergency plan? <input type="radio"/> Yes <input type="radio"/> No – specify _____	

## **ANAPHYLAXIS ACTION PLAN – SECONDARY SCHOOL STUDENT**

### **Principal**

Use this checklist and the Anaphylaxis Action Form (AAF) to develop an Anaphylaxis Action Plan (AAP) for the above named student. Check the boxes when items are completed.

### **Principal's Responsibilities**

- Notify the Public Health Nurse of know new students with a diagnosis of anaphylaxis.
- Be aware of the School District 51 Anaphylaxis Policy and your responsibilities for keeping students with anaphylactic allergies safe while at school and while participating in school-related activities. Please share this information with all appropriate staff.
- Contact parent prior to school starting in September.
- Inform the parent and student of the School District 20 Anaphylaxis Policy and intent to provide a safe environment for students with life threatening allergies.
- Request parent pick up and complete Anaphylaxis Action Form and Request for Administration of an Epi-Pen®.
- Set up a time to meet with the parent, student, teacher and public health nurse to review the AAF and complete an AAP.

### **Develop the Anaphylaxis Action Plan:**

- Review responsibilities of the parent, student, teacher, principal and the Public Health Nurse in developing and implementing the plan.
- Request the student wear a Medical Alert bracelet or necklace.
- Request parent to return completed Request for Administration of an Epi-Pen® and provide a current Epi-Pen®.
- Discuss with the parent/student the importance of the student keeping his/her Epi-Pen® close at all times. Ensure student knows NOT to keep the Epi-Pen® in his/her locker.
- Determine when the AAP should be reviewed and write this date on the AAF.
- Request the parent's/student's permission to use the student's picture on the AAF.
- Obtain signatures from parent, student, teacher and principal on the AAP.
- Provide everyone with a signed copy of the AAP.

### **Inform involved school staff:**

- Activate the student's demographic computer record, which indicates the student has a life-threatening health condition.
- Inform staff and Public Health Nurse of the location of the Epi-Pen®, Request for Administration of an Epi-Pen®, Medical Alert information and AAF.
- Designate school staff responsible for administering Epi-Pen® in an emergency.
- Provide a copy of the AAF to involved school staff.
- Inform involved staff of their responsibilities for student safety in classrooms, on school grounds and during field trips/co-curricular/extra-curricular activities.

### **Request assistance from Public Health Nurse to:**

- Review the completed Request for the Administration of an Epi-Pen® and use of Epi-Pen®.
- Provide allergy prevention and anaphylaxis management education including a demonstration of the use of Epi-Pens® to involved school staff.
- Provide anaphylaxis management education including a demonstration on the use of Epi-Pens® to the student's friends.

## Teacher and Staff Responsibilities

- Be familiar with the names of students in your class with anaphylaxis. Be familiar with the student's AAF, emergency treatment and location of Epi-Pen®.
- Inform teacher-on-call of student with anaphylaxis, emergency treatment and location of Epi-Pen®.
- Create a positive and helpful attitude toward student with anaphylaxis.

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

- Be aware of student's allergy, emergency treatment and location of the student's Epi-Pen®.
- Encourage supervising adults to be aware of student's allergy and emergency treatment.
- Take a cellular phone on all field trips/co-curricular/extra-curricular activities.

## Student Responsibilities

- Inform your teachers, coaches, supervising adults and friends of your allergy, emergency treatments and location of your Epi-Pen®.
- Keep your Epi-Pen® in a close location at all times, **NOT** in your locker.
- Take your Epi-Pen® with you on field trips.
- Be aware of anaphylactic exposure risk at school and on field trips and take measures to prevent anaphylaxis.
- Wear a Medical Alert bracelet or necklace at all times.
- Know the signs and symptoms of an anaphylactic reaction.
- Let someone know if you are having an anaphylactic reaction
- Encourage your friends to learn how to administer Epi-Pen®.
- If you carry a cell phone, pre-program it to dial "911" and inform your friends.

## Parent Responsibilities

- Ensure school staff, classroom teachers, coaches and supervising adults are informed of your child's allergy.
- Complete the AAF and return it to the principal. Set up a time to meet with designated school staff to develop the AAP.
- In conjunction with your physician or Public Health Nurse, complete the Request for the Administration of an Epi-Pen® form.
- In consultation with the principal, your child, teacher and Public Health Nurse, develop a plan (AAP) to keep your student safe from anaphylactic reactions while in school.
- Provide a current Epi-Pen® for school use.
- Ensure your child wears a Medical Alert bracelet or necklace.
- Notify school staff and the Public Health Nurse if there is a change in your student's allergy condition or treatment.