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. This process needs to be completed annually. Indicate on the AAF the date for the next review.

Principal's Responsibilities

- Be aware of School District 62 Anaphylaxis policy and regulations and your responsibilities for keeping students with anaphylaxis safe while at school and participating in school-related activities.
- □ Inform school staff of school district Anaphylaxis policy and regulations and their responsibilities.
- □ Notify the public health nurse of new students with a diagnosis of anaphylaxis.
- □ Contact parents prior to school starting in September
- Inform the parent of SD62 Anaphylaxis policy and regulations and intent to provide an "allergy aware" environment for students with life threatening allergies.
- □ Provide parents with an AAF* and Medication Administration Card. Request that parent(s) and their physician complete the Medication Administration Card.
- □ Inform parent(s) that only EpiPens will be administered in the event of an anaphylactic reaction (no oral antihistamines or Twinject) by school staff.
- □ Request parent(s) to provide two EpiPens.
- □ Meet with the parent(s), teacher(s) and public health nurse to review the AAF and complete an AAP*.

Develop the AAP:

- □ Review responsibilities of the parent(s), student, teacher(s), principal and public health nurse in developing and implementing the plan.
- Request parent(s) to ensure their child wears a Medic Alert bracelet or necklet. Provide parent(s) with a Medic Alert brochure and inform parent(s) of Medic Alert's "No Child Without" program.
- Check to see parent(s) have completed the AAF and that they have provided two EpiPens.
- Check to see the physician has signed the Medication Administration Card and has indicated the use of EpiPens to treat anaphylaxis.
- □ For students with food allergies, inform the parent(s) of the "Child in Classroom with Anaphylaxis" letter* and request that the teacher send the letter home to other classroom parents informing them of a student in the class with anaphylaxis.
- □ Request parents' permission to use student's picture on the AAF.
- □ Obtain signatures from parent, student (optional), teacher and principal on the AAP.
- Provide a signed copy of the AAP to parent(s).
- □ Keep a copy of the AAF 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 health condition.
- Provide a safe, <u>unlocked</u>, centrally located storage area for the student's EpiPen.
- Ensure staff and public health nurse are aware of the location of EpiPens, Medication Administration Card, Medical Alert List and AAF.
- Designate school staff to be responsible for administering EpiPens in an emergency.
- □ Post the AAF in appropriate, confidential, staff locations.
- □ Provide a copy of the AAF 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 EpiPens in relevant areas in the school. This may include classrooms, office, staff room, lunch room and the cafeteria.

^{*}See Outlook: Public Folders/All Public Folders/Forms/Student Health

Secondary School- Anaphylaxis Action Plan for

(Student's name)

Request assistance from Public Health Nurse to:

- Review the completed AAF and Medication Administration Card.
- Review the EpiPens to ensure they are current.
- Provide anaphylaxis training and view EpiPen DVD for involved school staff as soon as possible in the school year.
- □ Review "allergy aware" classroom procedures with teacher.
- Assist with "allergy awareness" education of classmates.
- Provide Medic Alert brochures.

Teacher and Staff Responsibilities

- Be aware of school district Anaphylaxis policy and regulations and your responsibilities for keeping students with anaphylactic allergies safe while at school and while participating in school-related activities.
- □ Be familiar with students in your class with anaphylaxis. Be familiar with student's AAF, emergency treatment and location of EpiPens.
- □ Inform teacher on-call of student with anaphylaxis, location of AAF, emergency treatment and location of EpiPens.
- □ Create a positive and helpful attitude toward student with anaphylaxis.
- □ In consultation with parent(s)/student/public health nurse, provide students with age-appropriate "allergy awareness" education.

For student with food allergies:

- □ In consultation with the public health nurse, develop an "allergy aware" classroom.
- □ Request parent(s) to consult with the teacher before bringing food into the classroom.
- □ Encourage students NOT 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).
- □ Encourage all students to eat 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.
- □ Request students wash all desks with soapy water after eating. (Request all desks be washed with soapy water after students eat.)
- Do not use allergenic foods in crafts.

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

- \Box Take a copy of the AAF.
- □ Take EpiPens or ensure the student has his/her EpiPens.
- □ Take a cellular phone.
- □ Be aware of anaphylaxis exposure risk (food, latex and insect allergies).
- Ensure supervising adults are aware of student with anaphylaxis and emergency treatment.

Student Responsibilities

- □ Inform your teachers, coaches, supervising adults and friends of your allergy, emergency treatment and location of your EpiPen.
- □ Carry an EpiPen with you at all times.
- Be aware of risks for anaphylactic reactions and take responsibility to avoid these.
- □ Know the signs and symptoms of anaphylaxis.
- Let an adult know if you are having an anaphylactic reaction.
- □ Wear a Medic Alert bracelet or necklet at all times.
- □ Work with the Public Health Nurse to develop and provide "allergy awareness" education to your classmates.

Secondary School- Anaphylaxis Action Plan for _____

(Student's name)

- □ If you have food allergies:
 - Eat only food and drinks brought from home.
 - Do not share utensils.

Parent Responsibilities

- □ Inform school staff and classroom teacher of your child's allergy.
- Ensure your child is aware of his/her allergy and the signs and symptoms of an anaphylactic reaction.
- □ Inform your child of ways to avoid anaphylactic reactions.
- □ Inform your child to notify an adult if he/she is having an anaphylactic reaction.
- 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, complete the Medication Administration Card.
- Provide two current EpiPens for school use: one to be kept with your child; the second one to be kept in a central unlocked location at school.
- □ Inform school staff of your child's ability to administer his/her EpiPen.
- □ Ensure your child knows where his/her EpiPens are kept.
- □ Teach your child to administer his/her own EpiPen.
- □ Ensure your child wears a Medic Alert bracelet or necklet.
- □ In consultation with the classroom teacher and public health nurse, determine your role in providing "allergy awareness" education for classmates.
- Notify school staff and public health nurse if there is a change in your child's allergy condition or treatment.

If your child has a food allergy:

□ Ensure your child knows only to eat food and drinks from home.

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 Action Plar | ۱. | |
| Parent/Guardian: | Date: | |

Student (Optional): _____ Date: _____

Principal: _____

See Outlook: Public Folders/All Public Folders/Forms/Student Health

Date: _____