SCHOOL DISTRICT NO. 20 (KOOTENAY-COLUMBIA)
2001 Third Avenue, Trail BC V1R 1R6 – Phone 250.368.6434 / Fax 250.364.2470

ANAPHYLAXIS ACTION FORM/PLAN: SECONDARY SCHOOL STUDENT

Policy 1.4
Regulation 1.4.2R

PRINCIPAL

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

Principal's Responsibilities

- ☐ Notify the Public Health Nurse of known new students with a diagnosis of anaphylaxis.
- ☐ Be aware of School District No. 20 Student Health and Safety Policy (as it pertains to Anaphylaxis) and your responsibilities for keeping student 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 School District No. 20 Student Health and Safety 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(s) and public health nurse to review the AAF and complete an AAP.

Develop the Anaphylaxis Action Plan (AAP):

- ☐ Review responsibilities of the parent, student, teacher(s), principal and 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 parents'/student's permission to use the student's picture on the AAP.
- ☐ Obtain signatures from parent, student, teacher(s) 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 AAP.
- ☐ Designate school staff responsible for administering Epi-Pen® in an emergency.
- ☐ Provide a copy of the AAP 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 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(es) with anaphylaxis. Be familiar with the student's AAP, 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 treatment 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 the 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 complete the AAP.
- ☐ In conjunction with your physician, complete the Request for Administration of an Epi-Pen® form.
- ☐ In consultation with principal, your child, teacher(s) and public health nurse, develop a plan (AAP) to keep your child 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 public health nurse if there is a change in your child's allergy condition or treatment.

SCHOOL DISTRICT NO. 20 (KOOTENAY-COLUMBIA) – STUDENT SUPPORT SERVICES
2001 Third Avenue, Trail BC V1R 1R6 – Phone 250.368.6434 / Fax 250.364.2470

ANAPHYLAXIS ACTION FORM/PLAN – SECONDARY SCHOOL STUDENT

Date developed: _____
Date to be reviewed: _____

Policy 1.4:
Regulation 1.4.2R

Student's Name: _____
Parent/Guardian: _____
Daytime Phone #: _____
Emergency Contact: _____
Daytime Phone #: _____
Physician Name: _____
Physician Phone #: _____

Date of Birth (d/m/y): _____ Gender: ☐M ☐F

What is your child allergic to? (parents complete)

Additional information: (parents completed)

Symptoms (check all that apply) (parents complete)

- ☐ swelling (eyes, lips, face, tongue)
- ☐ difficulty breathing or swallowing
- ☐ cold, clammy, sweating skin
- ☐ flushed face or body
- ☐ fainting or loss of consciousness
- ☐ dizziness or confusion
- ☐ stomach cramps
- ☐ other: _____
- ☐ coughing
- ☐ choking
- ☐ wheezing
- ☐ voice changes
- ☐ vomiting
- ☐ diarrhea

Emergency Plan:

Epi-Pen® at school? ☐ Yes ☐ No

If NO, reason: _____

Epi-Pen® location: _____

Standard Emergency Plan:

- **Administer Epi-Pen®**
- **Call 911**
- **Notify parent**
- **Have ambulance transport student to hospital**

Any changes required to standard emergency plan?
☐ No ☐ Yes – specify:

Anaphylaxis Prevention Strategies

Parent/Student Responsibilities:

- Inform teachers/friends of allergy, emergency treatment and location of Epi-Pen®.
- Be aware of anaphylaxis exposure risk at school and on field trips.
- Take measures to present anaphylaxis: keep Epi-Pen® in a close location at all times, NOT in locker – take your Epi-Pen® on field trips.
- If you carry a cell phone, pre-program it to dial "911" and inform your friends.
- Encourage your friends to learn how to administer Epi-Pen®.
- Wear a Medical Alert bracelet or necklace.

Teacher/Coach/Supervising Adult Responsibilities:

- Be aware of student's allergy, emergency treatment and location of Epi-Pen®.
- Inform teachers-on-call of student with anaphylaxis, emergency treatment and location of Epi-Pen®.
- Take a cellular phone on field trips/co-curricular/extra-curricular activities.
- Supervising adults must be aware of student with anaphylaxis and emergency treatment.