

Annual Review of Allergy Aware Checklist & Emergency Plan

STUDENTS AT RISK OF ANAPHYLAXIS:

- Have a labelled epinephrine auto-injector in a readily accessible, unlocked, location in the office.
- In addition to epinephrine auto-injector in the office they should carry their own auto-injector (K-12).
- Tell someone, preferably an adult, immediately after accidental exposure to an allergen or as soon as symptoms occur.

If they have food allergies, they should also:

- Avoid eating if they do not have an auto-injector with them.
- Be careful with foods prepared by others.
- Do not share food, drinks or utensils.
- Wash hands with soap and water before and after meals.

STAFF RESPONSIBILITIES

- All school-based support staff that are in regular contact with students play a key role in helping to create a safer environment.
- All school-based staff should participate in annual anaphylaxis training to support the identification of students at risk; recognition of the signs and symptoms of anaphylaxis; and emergency steps, including how to use an epinephrine auto-injector.
- All staff should be aware of students who are at risk of anaphylaxis and be prepared to respond to an emergency situation.
- The Anaphylaxis Emergency Plan (individual) should be posted in areas that are accessible to all staff, but respect the privacy wishes of the parent and student. Suggested areas are the office, staff room, lunchroom, cafeteria, and staff person's day book.
- The entire student population should be educated about the seriousness of anaphylaxis and how to help their fellow students who are at risk. This can be achieved through general awareness assemblies or a special health lesson.

PRINCIPAL OR DESIGNATE:

- Ensure that parents, guardians and students provide information on life-threatening allergies at time of registration.
- Ensure that there is an Anaphylaxis Emergency Plan for each student at risk.
- Maintain a file for each at-risk child that includes documentation of diagnosis, recommended treatment, an emergency procedure, emergency contact information and parental/guardian consent. Keep documents with a physician's signature on file in MyED for future reference.
- Arrange annual training for all employees and welcome others who are in regular contact with students.

PARENT RESPONSIBILITIES

- Ensure you have provided school staff with a signed (by parent/guardian and physician) Anaphylaxis Emergency Action Plan. This form is valid indefinitely unless your child's medical condition changes.
- Review the Anaphylaxis Emergency Action Plan and Allergy Aware Checklist annually. If you would like to arrange a time to meet with designated school staff to review the Anaphylaxis Emergency Action Plan/Allergy Aware Checklist complete the form at the bottom of the page.
- 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
- Inform school staff if there are any changes to 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.
- Teach your child to administer their own epinephrine auto-injector when age appropriate.

Consideration should be given to the following:

- Allergen foods served in school lunchrooms or arranged for special events should be avoided in elementary and middle school and clearly identified in secondary school.
- All school-based support staff should participate in school-hosted anaphylaxis training to support the identification of students at risk; recognition of the signs and symptoms of anaphylaxis; and emergency steps, including how to use an epinephrine auto-injector.

I would like to request a meeting with the principal/vice principal to discuss/review my child's medical alert condition.

- Yes, I would like a meeting.
- No, thank you. My child's medical condition has not changed. **We have reviewed the Allergy Aware Checklist and Anaphylaxis Emergency Action Plan.**

Parent/Guardian and Student: By typing your name below you agree that this electronic signature is the legal equivalent of your handwritten signature

Parent/Guardian
Signature _____

Date: _____

Student (If age 8 years and up): _____

Date: _____