

ANAPHYLAXIS AND MEDICAL EMERGENCY PROTOCOL PLAN

Overview

In our school, we have several students who are at risk for potentially life-threatening allergies. Most are allergic to food (nuts) and some are at risk for insect sting allergy.

Anaphylaxis is a severe allergic reaction that can be caused by foods, insect stings, medications, latex or other substances. While anaphylaxis can lead to death if untreated, anaphylactic reactions and fatalities can be avoided. Education and awareness are the keys to keeping students with potentially life-threatening allergies safe.

Our school anaphylaxis plan is designed to ensure that students at risk are identified, strategies are in place to minimize the potential for accidental exposure, and staff is trained to respond in an emergency situation.

Identification of Students at Risk

At the time of registration, parents are asked about medical conditions, including whether their child is at risk for life threatening allergies. **All staff must be aware of these students.**

It is the responsibility of the parent to:

- Inform the School Administration and School Nurse of their child's allergy.
- In a timely manner, please complete all medical forms (where applicable).
- **Parental permission is required to post the student's Emergency plan.**

The Plan will be posted in key areas such as the Main office, Staff Room, Nurse's Office and Cafeteria (inside the food preparation area).

- **Advise the school if their child has outgrown an allergy or no longer requires an epinephrine auto-injector.**
(A letter from the child's Allergist is required or Physician if possible)
- If possible, have your child wear medical identification (e.g. Medic Alert bracelet). The identification could alert others to the child's allergies and indicate that the child carries an epinephrine auto-injector. Information accessed through a special number on the identification jewelry can also assist first responders, such as EMS, to access important information quickly.

EMERGENCY PROTOCOL PLAN

- A copy of the student's plan along with a School picture will be placed in designated areas of the school (Main Office, Staff Room/Work Area, Nurses Office and Cafeteria, inside the food preparation area).
- **Parental Permission** is required to post the student's plan.
- Where applicable, the Emergency Protocol Plan should be signed by a Medical Doctor.

You have indicated on the Student Health Declaration Record that _____
has a Medical Condition or an Anaphylactic Reaction of/to: _____ Student Name

****Please add any additional responses not indicated below.***

To Respond Effectively during an Emergency, the Staff and Faculty will:

1. Stay with the student at all times.
2. **If the Student is having a Severe Allergic Reaction and carries an EPIPEN**, it will be administered at **the first sign of reaction** and a second dose 5 -15mins later **IF** the reaction continues to worsen. The time of administration will be noted, or;
3. **If the Student is having a Severe Asthmatic Attack and carries an Inhaler(s)**, it will be administered immediately and the time of administration will be noted.
4. Call 911
5. Notify the School Nurse (if the nurse is in the building)
6. Notify designated Emergency Contact, Parents/Guardian.
7. If the EPIPEN is administered, the student must be transported to the hospital even if symptoms have subsided. The Epipen is an emergency support therapy only.
8. If the student is being driven to the hospital, another adult should accompany the driver to provide assistance to the student if necessary. Where applicable, the student's backup EPIPEN should be taken.

****For all other Medical Emergencies, #2, #3 and #7 will be omitted.**

PARENT/GUARDIAN AGREEMENT:

I, **Parent** **Guardian** _____ give my consent for the Staff/Faculty of Luther College High School to execute the school's commitments as outlined within this plan. In the event of an emergency, I authorize the Luther High School staff/faculty to administer the designated medication and obtain suitable medical assistance. I agree to assume all costs associated with medical treatment and absolve Luther College High School and its employees of responsibility for any adverse reactions resulting from administration of the medication.

Signature Parent/Guardian

_____/_____/_____
Date M/D/Y

Physician Signature (where applicable)

_____/_____/_____
Date M/D/Y