

Anaphylactic Reaction Emergency Classroom Plan

Name: _____

DOB: _____

Grade: _____

Allergic to: _____

Parent: _____

Home: _____

Work: _____

Cell: _____

Parent: _____

Home: _____

Work: _____

Cell: _____

Picture

Classroom Teachers:

- Remain calm.
- Call the main office for assistance (dial 0).
- The main office will announce, "Shelter In Place, Activate MERT" over the intercom, notify the nurse, request emergency medical personnel (Call 9-1-1), and notify the parent.
- If student becomes unconscious before help arrives, gently guide them to the floor, lay the student flat and raise his/her legs.
- Remain with the student until help arrives.
- If you are a member of the TJS MERT Team and are a trained delegate, administer the epinephrine auto injector as instructed.
- If you are the only adult present, instruct a student to notify the nearest teacher to assist in supervising your students away from the room in which the medical emergency exists.
- When help arrives, have other students move to another classroom.

Prescribing

Physician: _____

Phone: _____

Epipen Location: Nurse's Office, AED Box

Medical Orders: (For School Nurse to complete)

Nurse's

Signature: _____

Delegates (to be completed by nurse):

1. **TJS MERT Team, All Trained Staff**

2. _____

3. _____

Signs & Symptoms of Allergic Reaction:

- Itching, tingling, or swelling of lips, tongue, mouth
- Hives, itchy rash, swelling of the face or extremities
- Nausea, abdominal cramps, vomiting, diarrhea
- Tightening of throat, hoarseness, hacking cough
- Shortness of breath, repetitive coughing, and/or wheezing
- Weak or thready pulse, low blood pressure, fainting, pale, blueness

I have read the information contained here and give my permission that this information may be shared with all faculty, staff, substitutes, cafeteria workers and bus drivers.

I agree to allow a trained designee to administer Epinephrine in the absence of the nurse.

Print Name _____

Parent's signature _____

Date _____