Anaphylaxis Emergency Plan: _______________________________________(name)

This person has a potentially life-threatening allergy (anaphylaxis) to:

(Check the appropriate boxes.)

Food(s): ____

____

____

Insect stings/Other:____

INSERT PHOTO HERE

Epinephrine Auto-Injector: Expiry Date:________________ /________________________

Dosage:

EpiPen Jr® 0.15 mg EpiPen® 0.3 mg ALLERJECT® 0.15 mg ALLERJECT® 0.3 mg

EmeradeTM 0.3 mg EmeradeTM 0.5 mg

Location of Auto-Injector(s):____

Previous anaphylactic reaction: Person is at greater risk.

Asthmatic: Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

A person having an anaphylactic reaction might have ANY of these signs and symptoms:

- **Skin system:** hives, swelling (face, lips, tongue), itching, warmth, redness
- **Respiratory system (breathing):** coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal system (stomach):** nausea, pain or cramps, vomiting, diarrhea
- **Cardiovascular system (heart):** paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or lightheadedness, shock
- **Other:** anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste

Early recognition of symptoms and immediate treatment could save a person's life.

Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.

1. **Give epinephrine auto-injector** (e.g. EpiPen®, ALLERJECT®, EmeradeTM) at the first sign of a known or suspected anaphylactic reaction. (See attached instructions.)
2. **Call 9-1-1** or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
3. **Give a second dose of epinephrine** as early as 5 minutes after the first dose if there is no improvement in symptoms.
4. **Go to the nearest hospital immediately (ideally by ambulance),** even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4-6 hours).
5. **Call emergency contact person (e.g. parent, guardian).**

Emergency Contact Information

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned patient, parent, or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the patient's physician.

Patient/Parent/Guardian Signature	Date	Physician Signature ☐ On file	Date

Student Emergency Response Plan

A. To be completed by the parent/guardian

Student Name (Last name, First name)	DOB (D/M/Y)	Gender M F	Personal Health #
Address	City/Province	Postal Code	
Student Home phone #	MedicAlert ID: YES NO	Teacher	Grade	Classroom #

Name of Father	Home Phone #	Business Phone #
Name of Mother	Home Phone #	Business Phone #
Name of Guardian	Home Phone #	Business Phone #
Emergency Contact Person	Relationship to student	Phone #
Alternate Contact Person	Relationship to student	Phone #

B. To be completed by physician

Allergy Description

Food: ____

____

Insect: ____

Other: ____

Symptoms to watch for (please check):

- ❑ Itchy eyes, nose, face, body
- ❑ Flushing/redness/warmth of face and body
- ❑ Swelling of eyes, face, lips, tongue and throat (throat tightness), trouble swallowing
- ❑ Nasal congestion or hay fever-like symptoms (runny itchy nose, watery eyes, sneezing, cough, hoarse voice, inability to breathe)
- ❑ Hives/rash
- ❑ Headache, nausea, pain/cramps, vomiting, diarrhoea, uterine cramps in females
- ❑ Wheezing, shortness of breath, chest pain/tightness
- ❑ Anxiety, feeling of foreboding, fear and apprehension
- ❑ Weakness and dizziness/light-headedness, pale blue colour, weak pulse, shock
- ❑ Loss of consciousness, coma
- ❑ Other ____

Name of medication: ❑ EpiPen auto-injector ❑ Other ________________________________		Expiry Date:
Reason for medication:		
Method of Administration *(dosage, time of administration)* Self-administered? Y / N		
Additional instructions:		
What is the impact of a missed dose?		
________________________ Name of Physician (print)	__________________________ Signature of physician ______________ Date	Phone #

C. To be completed by the parent/guardian

1. I am aware of the CISVA's policy and the school's plan on treating students with a known risk of anaphylaxis/life threatening allergies
2. I agree that the above information is correct
3. If changes occur I will contact the school and provide revised instructions
4. I agree that if medication is required, I will supply it to the school in the original container with my child's name and the pharmacist's directions for use, including dosage
5. I am aware that no medication will be administered until this form is completed and returned
6. I am aware that the Public Health Nurse for the school will be informed of my child's condition and medication and that the nurse may contact me as necessary
7. I am aware that staff working with my child need to know of my child's condition and of the medication required
8. I am aware I am required to update this information each September.

I authorize and request the administration of the above medication by the school and its employees.

____ __________________

Signature of parent/guardian Date

D. To be completed by the principal or designate

Staff designated to supervise/administer medication

Alternate(s)

Location of Medication in the School

______________________________	____________________________	_______________
Name of Principal/Designate	Signature of Principal/Designate	Date

E. Training Documentation

Date of Training/Review	Name of Trainer

F. Procedures to deal with Allergies/Anaphylaxis

If you see symptoms of a severe allergic reaction or know that a child has eaten something they are allergic to:

1. Administer the EpiPen. Don't hesitate.
    a. Pull off the gray safety cap
    b. Push black tip into outer thigh. If necessary, may be done through light or single layer of clothing (no thicker than jeans)
    c. Listen for a "click". Hold for 10 seconds. Remove and discard.
    d. **If symptoms persist or recur,** a second dose can be administered in 10 to 20 minutes (maximum 3 doses)
2. **Have someone call 911**. Tell them that a student has had an anaphylactic reaction. Give them the name of the address and school (use 911 protocol).
3. The student should rest quietly. Do not send the student to the office.
4. Help the student to remain calm and breathe normally. **An adult must stay with the student**.
5. Call the parents/guardians/emergency contact.
6. Observe and monitor the student until the ambulance arrives.