



Parent/Guardian: In addition to the A.1 Medical Information form, our policy requires that we work together to develop an Individual Anaphylaxis Emergency Plan to safeguard your child/ward and to identify how we will respond in the event of an emergency.

Individual Anaphylaxis Emergency Plan

for _____
Child's Name

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

Child's Photo	<i>(Check all that apply)</i>		<input type="checkbox"/> Insect stings
	<input checked="" type="checkbox"/> Peanuts		<input type="checkbox"/> Latex
	<input type="checkbox"/> Tree Nuts		<input type="checkbox"/> Medication: _____
	<input type="checkbox"/> Eggs		<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Milk		
Food: The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat unmarked/bulk foods or products with a "may contain" warning.			
Epinephrine Auto-Injector		1.	
Expiry dates		2.	
Dosage:	<input type="checkbox"/> EpiPen® Jr 0.15 mg	<input type="checkbox"/> EpiPen® Jr 0.30 mg	
	<input type="checkbox"/> Twinject™ 0.15 mg	<input type="checkbox"/> Twinject™ 0.30 mg	
Location of Auto-Injectors:	1.	2.	
	3.	4.	
<input type="checkbox"/> Asthmatic: Person is at greater risk. If person is having a reaction and has difficulty breathing, given EpiPen® before asthma medication.			

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

- **Skin:** hives, swelling, itching, warmth, redness, rash
- **Respiratory (breathing):** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (e.g., runny itchy nose, watery eyes, sneezing), trouble swallowing.
- **Gastrointestinal (stomach):** nausea, pain/cramps, vomiting, diarrhea
- **Cardiovascular (heart):** pale/blue color, weak pulse, passing out, dizzy/lightheaded, shock
- **Other:** anxiety, feeling of "impending doom", headache

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

EMERGENCY PROCEDURES: *act quickly, the first signs may be mild but can get worse quickly.*

1. **Give epinephrine auto-injector** (e.g., EpiPen or Twinjet) at the first sign of a reaction occurring in conjunction with known or suspected contact with allergen.
 - a. Staff will lay the child on the floor. Remove the safety cap and inject the EpiPen in the thigh (Note: can be done through clothes).
2. **Call 9-1-1.** Tell them someone is having a life-threatening allergic reaction. Staff will monitor the child and keep him/her comfortable and calm until the ambulance arrives. Give a 2nd dose in 10-15 minutes or sooner **IF** the reaction continues or worsens.
3. When the ambulance arrives, the Supervisor or designate will **accompany the child to the hospital.** Take the EpiPen container and the child's file.
 - a. If there is a 2nd EpiPen, take it with you in the ambulance as it may be required.
4. The Acting Supervisor (or designate left at the centre) will **contact the child's parents** as soon as possible after the onset of the reaction.
5. A **Serious Occurrence Report** will be filed with Owl Management and the Ministry.

This plan was developed on _____ and will be reviewed at least annually, or at the request of Owl, the parent/guardian or a health care professional.

Signatures: _____
Custodial Parent/Guardian Owl Child Care Services – Supervisor

(01/07) Adapted from Anaphylaxis Canada.

This form is to be retained in the child's file in the office of the child care. A copy of page 1 will be posted at Owl in the child's room, kitchen and staff room.



Individual Anaphylaxis Emergency Plan

Child's Name

Date of Birth _____ School _____
 Address: _____ Grade _____

Owl Program: _____ Normally picked up by _____

PARENTS/GUARDIANS		EMERGENCY INFORMATION	
	Parent 1	Parent 2	
Name			Doctor
Home Phone			Contact 1
Work Phone			Contact 2
Cell Phone			

PERSONS INFORMED OF THIS PLAN			
Person		Date Given	By Whom?
Parent 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Parent 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
ALL Owl Staff	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Pertinent Volunteers	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Emergency Personnel	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Owl Executive Director	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

COPIES OF THIS PLAN ARE FILED WITH THE FOLLOWING	
Whom?	Date
Parent 1	_____
Parent 2	_____
Child's file at Owl centre	_____
Other: _____	_____

- The following documents are attached:**
- A.1 Medication Information Form
 - Statement from a physician diagnosing the allergy and its severity
 - A.3 Administration of EpiPen Consent Form

OTHER INFORMATION/COMMENTS:

Signatures: _____
 Custodial Parent/Guardian Owl Child Care Services – Supervisor

Date: _____

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