



Individual Anaphylaxis Emergency Plan

Parent/Guardian: EaB will work with the child's parents to develop an Individual Anaphylaxis Emergency Plan

Child's Name _____ Date of Birth _____

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

Child's Photo	<input type="checkbox"/> Peanuts	<input type="checkbox"/> Insect stings
	<input type="checkbox"/> Tree Nuts	<input type="checkbox"/> Latex
	<input type="checkbox"/> Eggs	<input type="checkbox"/> Medication: _____
	<input type="checkbox"/> Milk	<input type="checkbox"/> Other: _____

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.

Type: be specific _____ **Dose:** _____

Expiry date: _____

Asthmatic: Check this box if the individual is also asthmatic. *If person is having a reaction & has difficulty breathing, give EpiPen (or other auto-injector) 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/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

MEDICAL DEVICES:	Epinephrine Auto-Injector	Supports Available:	_____
LOCATION OF MEDICATION: _____			

EMERGENCY PROCEDURES if child is having an anaphylactic reaction:

act quickly, the first signs may be mild but can get worse quickly.

1. **Give epinephrine auto-injector** (e.g., EpiPen) at the first sign of a reaction occurring in conjunction with known or suspected contact with allergen.
* Staff will lay the child on the floor. Remove the safety cap and inject the auto-injector in the thigh (directly 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. If possible, 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. If there is a 2nd auto-injector, take it with you in the ambulance as it may be required.
4. The Supervisor (or designate) will **contact the child's parents** as soon as possible after the onset of the reaction.
5. Notify EaB senior leadership team. If applicable, a Serious Occurrence Report will be filed with the Ministry.

PROCEDURES to follow during an evacuation

1. Designated educator will collect the fanny pack from the < _____ > and follow group out of building.
2. Designated educator will take fanny pack to designated evacuation location until all clear is given
3. In the event of an anaphylactic reaction follow Emergency Procedures.
4. Designated educator will put the fanny pack into < _____ > upon return to the centre

PROCEDURES to follow during field trip

1. Educators will complete a field trip checklist to ensure emergency medication is not forgotten
2. Child will be assigned to a designated medicine administrator's group who will carry the child's medication in the fanny pack
3. In the event of an anaphylactic reaction follow emergency procedure as identified
4. The designate will put the fanny pack with medication back in the < _____ > upon return from the trip

This plan was developed on _____ and will be reviewed at least annually, upon transition to a new room or at the request of Emmanuel, the parent/guardian or a health care professional.

Custodian Parent/Guardian Signature _____ Supervisors' signature _____ Date _____

Emergency Contacts

Name: _____	Cell: _____	Other: _____
Name: _____	Cell: _____	Other: _____
Name: _____	Cell: _____	Other: _____