

ANAPHYLAXIS EMERGENCY PLAN

Dear Parent/Guardian:

Thank you for notifying us they your child requires the use of an Epi-Pen. We would like to advise you of our procedures regarding anaphylactic reactions. In order for your child to participate in their chosen program(s), this form **MUST** be completed and returned to the Recreation Coordinator at the House of Learning a minimum of two days prior to the start of the program.

Parent/Guardians are required to:

1. Advise the Staff that their child/ren will have an epinephrine auto injector device (Epi-pen) with them on site.
2. Complete an Anaphylaxis Emergency Plan Form. A photograph of the child must be attached to the form. The photograph assists in easy identification of your child in the event of an emergency.
3. Sign the Anaphylaxis Emergency Plan that would permit staff to assist in the administration of the epinephrine in the case of an emergency.
4. Discuss with the child, ahead of time, the importance of carrying the Epi-Pen at all times.
5. Ensure that while in KDFN programs, the child carries a non-expired Epi-Pen at all times.

When the child arrives on site, with an Epi-Pen, the Staff/Instructors are responsible to:

1. Ensure that they have a completed copy of the paperwork.
2. Ensure the child is carrying a non-expired Epi-Pen.
3. Ensure the Epi-pen is in a waist pack (fanny pack) on the child at all times.
4. Ask the parent(s)/guardian to review the Anaphylaxis Action Plan and ensure comprehension of the following:
 - a. What the child is allergic too
 - b. What symptoms will the child display in the event of an anaphylactic reaction
 - c. Where on the child the injection should be administered
 - d. How the staff/instructors can assist in the administration of the Epi-pen

In the event of an Anaphylactic Reaction:

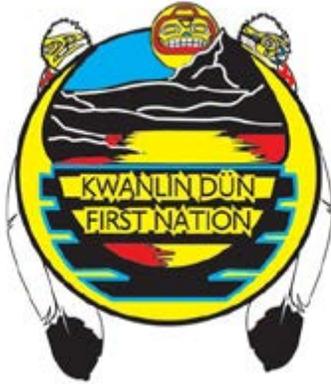
1. The staff/instructor can provide assistance to the child as he/she injects him/herself
2. OR the staff/instructor can administer the Epi-Pen. Please note that staff/instructors are not trained medical professionals but have completed Standard First Aid training and will administer Epi-Pens to the best of their ability.
3. Staff/instructor will call 911 immediately to have an ambulance come to the site
4. Staff/instructor will call parent(s) immediately to inform the parent(s) of the incident and to inform that the child is being taken to the hospital
5. Staff/instructor will accompany the child to the hospital

Thank you for taking the time to read and complete this information. If you have any further questions or concerns please speak to the Recreation Coordinator.

Please complete and return form no later than two days prior to program start!

Return Form to: Alicia Vance Recreation Coordinator-House of Learning

867-633-8422 or 867-334-3131



ANAPHYLAXIS EMERGENCY PLAN FORM

Name of Participant: _____



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

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Peanut | <input type="checkbox"/> Insect stings |
| <input type="checkbox"/> Tree nuts | <input type="checkbox"/> Latex |
| <input type="checkbox"/> Egg | <input type="checkbox"/> Soy |
| <input type="checkbox"/> Milk/Dairy | <input type="checkbox"/> Wheat |

Medication(s) _____

Other _____

Epinephrine Auto-Injector: Expiry Date: _____ . 20__

Dosage: Epi-pen® Jr 0.15mg Epi-pen® 0.30mg

Twinject™ 0.15mg Twinject™ 0.30mg

Location of Auto-Injector(s): _____

Anti-histamine: Brand: _____ Dosage: _____

My child typically had the following symptoms:

- | | |
|--|--|
| <input type="checkbox"/> Swelling: eyes, lips, face, tongue, skin, ALL | <input type="checkbox"/> Anxiety, sense of doom, headache |
| <input type="checkbox"/> Respiratory: wheezing, shortness of breath,
Runny nose, trouble swallowing, cough | <input type="checkbox"/> Cardiovascular (heart): pale/blue color,
weak pulse, passing out, dizzy |
| <input type="checkbox"/> Gastrointestinal (stomach): nausea, pain,
Cramps, vomiting, diarrhea | <input type="checkbox"/> Other: _____
_____ |

Act quickly! The first signs of a reaction may be mild, but symptoms can worsen quickly.

1. **Give auto-injector** (ie-Epi-Pen® or Twinject™) at the first sign of reaction occurring in conjunction with a known or suspected contact with allergen. Give a second dose in 10-15 minutes (or sooner) **IF** the reaction continues or worsens.
2. **Call 911.** Tell them someone is having a life-threatening allergic reaction. Ask to send ambulance immediately.
3. **Call parent(s)/guardians or emergency contact person.**
4. **Document the incident.**

Emergency Contact Info:

Name	Relationship	Home Phone	Work Phone	Cell Phone

Please complete and return form no later than two days prior to program start!

Return Form to: Alicia Vance Recreation Coordinator-House of Learning

867-633-8422 or 867-334-3131