

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.

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 dates 1. _____ 2. _____

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.
 - a. 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 RisingOaks' senior leadership team. If applicable, a **Serious Occurrence Report** will be filed with the Ministry.

PROCEDURES to follow during an evacuation

1. Staff designated Fire Warden will collect the fanny pack from the < _____ > and follow group out of building.
2. Fire warden 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. Fire warden will put the fanny pack into < _____ > upon return to the centre

PROCEDURES to follow during field trip

1. Lead staff will complete an R.4 Field Trip Checklist identifying child and medical plan
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 above and in the Emergency Response Plan prepared for trip
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 program or centre or at the request of RisingOaks Early Learning, the parent/guardian or a health care professional.

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

(Last updated: 2018-11) Adapted from Anaphylaxis Canada.

This form is available in alternate formats upon request under RisingOaks' AODA policy. 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 the centre - in the child's room, kitchen and staff room.

Child's Name _____

Date of Birth _____ School _____
 Address: _____ Grade _____
 Program: _____ Normally picked up by _____

PARENTS/GUARDIANS		EMERGENCY INFORMATION	
Parent 1	Parent 2	Doctor	Number
Name		_____	_____
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 RisingOaks' 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	_____	_____
RisingOaks' Executive Director	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Other: _____		_____	_____

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

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

OTHER INFORMATION/COMMENTS:

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 Custodian Parent/Guardian Signature Supervisors' signature Date