



## Individual Anaphylaxis Emergency Plan

This child has a potential life-threatening allergy (anaphylaxis) to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EpiPen Expiry Date: \_\_\_\_\_

Dosage: EpiPen Jr 0.15mg   EpiPen 0.30 mg   Allerject 0.15mg

Other \_\_\_\_\_

Anaphylaxis Emergency Plan for: \_\_\_\_\_

(Child's Name)

EpiPen Expiry Date: \_\_\_\_\_

Dosage: EpiPen Jr 0.15mg   EpiPen 0.30 mg   Allerject 0.15mg

Other: \_\_\_\_\_

**Location of Epi Pen:** In red fanny pack worn by a staff member when \_\_\_\_\_ is in attendance, locked in the medication box when not in attendance. During winter months, when outdoors, EpiPen will be worn by staff member close to the body, (inside jacket).

### Emergency Action Plan: (To be filled in by parent)

**A person having an anaphylactic reaction might have ANY of these signs & 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 (runny itchy nose & watery eyes, sneezing, trouble swallowing
- . **Gastrointestinal (stomach):** nausea, pain/cramps, vomiting, diarrhea
- . **Cardiovascular (heart):** pale/blue colour, weak pulse, passing out, dizzy/light-headed, shock
- . **Other:** anxiety, headache, feeling of "impending doom"

**Early recognition of symptoms & immediate treatment could save a child's life.**

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

**1) Follow "Emergency Action Plan" above** at the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen.

**2) After an Epi Pen is given Call 911:** Tell them a child is having a life threatening anaphylactic allergic reaction. Request an ambulance immediately. Ask which hospital the ambulance will be going to.

**3) Call Emergency contact,** inform them you have administered the epi pen

**4) Escort child in ambulance,** with this plan, and the used Epi pen injector, remain with the child until parent arrives.



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Child's Name: \_\_\_\_\_

### Emergency Contact Information

Name	Relationship	Home Number	Work Number	Cell Number

### Monitoring and Avoidance Strategies

### Staff Roles and Responsibilities:

- Review the allergy list to identify the children with anaphylactic allergies and their triggers
- Attend training on the administering of an EPI-pen for each child
- Review Anaphylaxis Procedures and Anaphylaxis Individual Emergency Plan prior to providing care for the children, annually or as information changes.
- Staff will ensure that Monitoring Avoidance Strategies is adhered to
- Staff will attend a training on Emergency Readiness
- Staff will ensure the EPI-pen is accessible at all times, placed in a red labeled fanny pack and carried by the staff that is with that child or otherwise indicated on the Anaphylaxis Individual Emergency Plan
- Will understand and be an advocate for the child by fostering awareness of anaphylaxis, its avoidance and treatment

### Parent Agreement

I \_\_\_\_\_ acknowledge my participation in the development of the preceding Anaphylaxis Emergency Plan, in consultation with my child's doctor, \_\_\_\_\_. I give consent for the staff of \_\_\_\_\_ YMCA to execute the responsibilities as outlined within the plan.

In the event of an emergency, I authorize the staff to administer the designated medication and obtain medical assistance.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_