



ANAPHYLAXIS ACTION PLAN

Child's Name: _____

Date of Birth: _____

Parent/Guardian: _____

Primary #: _____

Secondary #: _____

Emergency Contact: _____

Primary #: _____

Secondary #: _____

EpiPen Expiry Date: _____ / _____ / _____
Day Month Year

MY CHILD'S ANAPHYLAXIS TRIGGERS ARE:

- peanuts
- tree nuts
- dairy
- eggs
- shellfish
- insect stings (list): _____
- medications (list): _____
- others (list): _____

MY CHILD'S ANAPHYLAXIS SYMPTOMS USUALLY ARE:

- change of voice
- cold, clammy, sweaty skin
- coughing or choking
- difficulty breathing or swallowing
- dizziness or confusion
- fainting or loss of consciousness
- others (please list) _____
- flushed face and body
- itchy (skin, eyes, tongue)
- stomach cramps or diarrhea
- swelling (eyes, lips, face, tongue)
- vomiting

IN THE EVENT OF AN ANAPHYLAXIS REACTION:

1. Child will self-administer their EpiPen
2. If your child is unable to self-administer, Saanich staff will assist to administer the EpiPen
3. Staff will call 911 and report that the child is having a life-threatening anaphylactic reaction
4. Staff will call for First Aid assistance
5. Staff will call or have someone call the child's parent or guardian
6. Staff will monitor child until ambulance arrives and will accompany child to hospital (if needed)

AUTHORIZATION
 In the event that my child is unable to self-administer their EpiPen, I authorize and request staff of the District of Saanich to assist or administer the EpiPen to my child.
 Parent/Guardian Initials

Anaphylaxis Action Plan Form has been reviewed by:

Parent/Guardian Signature: _____ Date: _____

Staff Name: _____ Signature: _____ Date: _____

This collection of personal information is authorized under the *Local Government Act*, Community Charter and section 26(c) of the *Freedom of Information and Protection of Privacy Act*. The information will be used for the prevention and response to an anaphylactic reaction. Questions can be directed to the District's Privacy Officer at: 770 Vernon Avenue, Victoria BC, V8X 2W7, t. 250-475-1775, e. foi@saanich.ca



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FACTS AND DETAILS

Saanich Expectations and response protocol for Epinephrine Autoinjectors (EpiPen)

- Saanich Staff (Supervisor or Leader) will meet with or speak with parent/guardian in advance of program to review protocols.
- Saanich requires EpiPens be valid; they must not be expired.
- Parent/guardian and Staff are required to sign-off on the Anaphylaxis Action Plan Form (page 1).
- In severe cases, Staff will contact class list prior to the start of the program to notify all families of the anaphylaxis allergy and ask them to refrain from bringing in the trigger items outlined on page 1.
- A notice will be posted in program space notifying families/staff/public of anaphylaxis allergy.
- Child must keep EpiPen with them at all times during the program. Child is responsible for the whereabouts of their EpiPen. If the child is too young to manage this expectation, the EpiPen will be given to Program Leader.
- On the first day of the program, the parent/guardian and child will arrange to meet with Staff (Leader) to confirm they have their EpiPen with them, check its expiry date, and demonstrate they know how to use it. *Child is expected to self-administer their EpiPen.*
- Each day of the program, parent/guardian and child will show the Leader they have their EpiPen with them and where it is located. If the EpiPen is not present, the parent/guardian and child will go get the EpiPen before joining the program.
- For situations with food-based triggers, Staff will encourage hand-washing prior to/after snack or meal times. To the best of Staff ability, table tops will be wiped down.

OFFICE USE ONLY

In the event that this form is used for multiple programs in one season; Page 1 has been reviewed by the following people:

Staff Name: _____ Signature: _____

Location: _____ Date: _____

Staff Name: _____ Signature: _____

Location: _____ Date: _____

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