



PARKS & RECREATION

ANAPHYLAXIS ACTION PLAN

Program/Activity _____ Location _____ Leader _____

Child's Name _____ Date of Birth _____ Medic Alert Yes _____ No _____

Parent/Guardian: _____ Home #: _____ Work #: _____ Cell #: _____

Emergency Contact: _____ Home # _____ Work # _____ Cell #: _____

Physician _____ Work # _____

MY CHILD'S ANAPHYLAXIS TRIGGERS ARE:

- peanuts tree nuts milk all dairy eggs shellfish fish
- food additives (list): _____
- insect stings (list): _____
- medications (list): _____
- others (list): _____

MY CHILD'S ANAPHYLAXIS SYMPTOMS USUALLY ARE:

- | | |
|--|---|
| <input type="checkbox"/> swelling (eyes, lips, face, tongue) | <input type="checkbox"/> vomiting |
| <input type="checkbox"/> difficulty breathing or swallowing | <input type="checkbox"/> coughing or choking |
| <input type="checkbox"/> cold, clammy, sweaty skin | <input type="checkbox"/> stomach cramps, diarrhea |
| <input type="checkbox"/> flushed face or body | <input type="checkbox"/> dizziness, confusion |
| <input type="checkbox"/> fainting or loss of consciousness | <input type="checkbox"/> change of voice |
| <input type="checkbox"/> others (list): _____ | |

EMERGENCY TREATMENT:

Epi-Pen ADMINISTERED if child is exposed to allergen and any of their symptoms are present.
Time: _____

CALL 911 AND TELL THE DISPATCHER THAT A CHILD IS HAVING A LIFE-THREATENING ANAPHYLACTIC REACTION.

CALL THE PARENT OR GUARDIAN.

Parent/Guardian Signature _____ Date completed _____

Staff Signature _____ Date completed _____

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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Child's Name _____

EXPECTATIONS AND RESPONSE PROTOCOL FOR EPINEPHRINE AUTO-INJECTORS (from here on called Epi-pen, although other brands available)

- Staff (Supervisor or Leader) meet with/speak with by phone parent/caregiver in advance of program to outline protocol
- Parent/caregiver/staff to sign off on protocol below
- Staff will contact class list prior to program start to notify them of an anaphylaxis allergy in the program and ask them to refrain from bringing in the anaphylaxis triggers outlined in form. A notice will be posted in program space notifying families/staff/public of anaphylaxis allergy
- Child must keep epi-pen with them at all times during the program. Child is responsible for the whereabouts of their epi-pen. If child too young to manage this expectation, the epi-pen will be given to program leader
- On the first day of program the parent/guardian and child will arrange to meet with staff (leader) to confirm they have their epi-pen with them, check its expiry date, and demonstrate they know how to use it. Child is expected to self-administer their epi-pen
- Each day of the program, parent/guardian and child will show leader they have their epi-pen with them and where it is located. If they do not, parent/guardian and child will go get the epi-pen
- For situations with food-based triggers, staff will encourage hand-washing prior to/after snack or meal times

In the event of an anaphylaxis reaction:

- Child will self-administer epi-pen
- If the child struggles with self-administering, staff will assist/support them to self-administer
- If the child is unable to self-administer, staff or a volunteer will administer the epi-pen
- Staff will call 911 and tell dispatcher that child is having life-threatening anaphylactic reaction
- Staff will call or have someone call for First Aid assistance in the building
- Staff will or have someone call the parent or guardian
- Staff will monitor the child until the ambulance arrives and accompany the child to hospital if needed

Authorization to administer: In the event that my child is unable to self-administer their epi-pen, I authorize and request staff or a volunteer of the District of Saanich Parks & Recreation Department to assist or administer the epi-pen to my child.

Parent/Guardian's Initial

Parent/Guardian Signature _____ Date completed _____

Supervisory Staff Signature _____ Date completed _____

Program Leader Signature _____ Date completed _____

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