**Anaphylactic Strategies**

**Individual Plan and Emergency Procedures**

Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prescription #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Epi-pen Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Classroom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\* Epi-pen must be administered immediately upon the contact with the allergen. The severity of symptoms can quickly change. All the symptoms can potentially progress to a life threatening situation.

Children can experience a variety of symptoms of Anaphylaxis Reactions:

 **PLEASE CHECK THE SIGNS AND SYMPTOMS YOUR CHILD EXPERIENCES**

 \_\_\_\_\_ Mouth: itching and swelling of the lips, tongue and mouth

 \_\_\_\_\_ Throat: itching and/or a sense of tightness of the throat, hoarseness and cough, change in voice

 \_\_\_\_\_ Skin: hives, rash and/or swelling on the face or extremities, red, watery eyes

 \_\_\_\_\_ Gut: nausea, abdominal cramps, vomiting, and/or diarrhea

 \_\_\_\_\_ Lung: shortness of breath, repetitive coughing and/or wheezing

 \_\_\_\_\_ Heart: thready pulse, dizziness, extreme weakness, passing

**Picture of Child**

**Strategies to avoid and monitor risks**

**Ensure that:**

a) Proper hand washing procedures are being followed

 b) A no nut policy is in place at the child care centre.

 c) All parents and visitors are aware that food items can not be brought into the centre.

 d) Non-latex gloves are only used at the centre.

 e) All policies related to food, stinging insects and latex are being adhered to

 f) Strategies are in place to prevent all potential cross contamination in the child care centre.

 g) Special dietary needs are discussed with the Early Learning and Child Care Centre supervisor

 h) At least once a year the Early Learning and Child Care Centre supervisor reviews the plan with the parent to update the child's allergy condition and to update their child's picture

 i) Teachers should always carry Epi-pen on them at all times and also along on field trips and walks

**Parents Additional Instructions**

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I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of parent/guardian) give permission to the designated staff at Little Buddies Preschool Centre to administer the Epi-pen in the event my child has an anaphylactic reaction. It is my responsibility to advise the child care centre of any changes to my child's allergies required medication or my child's individual treatment plan which includes providing an updated Epi-pen when my child's medication expires. I also give permission to strategically pass this information about my child throughout the child care centre.

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Training Plan for Employees**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of parent/guardian) submit this training plan to the child care centre where my child is enrolled which is to be followed by all staff, students and volunteers. The action plan below for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child's name) is be used by the child care staff in the event of an anaphylactic reaction.

**Person#1**

 1. Obtain Epi-pen from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (location)

 2. This plan must be marked clearly with child's name and picture

 3. Remove Epi-pen from plastic container and verify child's name and prescription number

 4. Remove cap

 5. Place end of Epi-pen against outer thigh or arm (please circle which applies)

 6. Inject

 7. Place child on side in case of vomiting

 8. Return Epi-pen in original container and give to ambulance attendant

 9. Accompany child to hospital with this individual plan and emergency procedure as well as the child's file which includes their health record.

**Person #2**

 1. Call ambulance 911. Give 911 operator the address and telephone number of the child care centre

 2. Contact parents through work or cell phone numbers provided.

 Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If parent(s) are not reached the list of emergency contacts will be called in this order

 **First Contact**

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Second Contact**

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Third Contact**

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If by any chance parents and emergency contacts cannot be reached, the staff member may take the responsibility to contact emergency services. All medical information on file will be shared with local hospital, and emergency personnel.

 Any expenses incurred during the care of your child in an emergency situation as described in section 3 will be the responsibility of the family to cover. Including items such as ambulance fees and bracing.

Parents Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor's Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Obtain child's registration package from the office and hand to teacher going with the child.

4. Fill out the information in the incident details section of this form and hand to the teacher leaving

**Incident Details**

Time of Incident: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time Epi-pen was administered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circumstances that resulted in reaction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I have read and understood the proper procedure to take with the attached child’s anaphylactic plan. I promise to keep close attention to the care of this child and his allergies.

Employee Name Date

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