

## ANAPHYLAXIS PLAN OF CARE

for

				Student Photo
STUI	DENT NAME		GRADE/CLASS	
Teacher(s):				
School Care Tear	m (min 2 staff):			
LIEE TUDEA	TENUNIC AL			—— Insert Student Photo
LIFE-THREA	I ENING A	LLERGEN(S):		
Previous	anaphylactic re	eaction: <b>Student is at gre</b>	ater risk.	
		<b>at greater risk</b> . If studen epinephrine before ast		nylactic reaction and has
Any other	medical condi	tion or allergy?		
SAFE STORAGE:	a Imia atau Dese	0.15		0.20 mg
Epinephrine Auto	o-injector Dosa Exp	•		0.30 mg
Student will carr	y the Epinephr	ine Auto-Injector at all ti	mes. The Epinephr	ine Auto-Injector is kept in
the student's:	Pocket	Hip / Back pack	Other:	

### **DAILY/ROUTINE ANAPHYLAXIS MANAGEMENT**

#### **SYMPTOMS:**

• **Skin system**: hives, swelling (face, lips, tongue), itching, warmth, redness.

Student's spare Epinephrine Auto-Injector is located:

- Respiratory system (breathing):coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion, or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing, trouble swallowing.
- Gastrointestinal system (stomach): nausea, vomiting, diarrhea, pain or cramps.
- Cardiovascular system (heart): paler than normal skin colour/blue colour, weak pulse, passing out, dissiness or light headedness, shock.
- Other: anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste.

EARLY RECOGNITION OF SYMPTOMS AND IMMEDIATE TREATEMENT COULD SAVE A PERSON'S LIFE

SCHOOL TEAM (to be completed by the school)						
WHO	DUTIES (including safety measures)	WHEN (if appropriate)				

EMERGENCY CONTACTS (LIST IN PRIORITY)							
NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE				

#### **EMERGENCY PROCEDURES**

ACT QUICKLY. THE FIRST SIGNS OF AN ANAPHYLACTIC REACTION CAN BE MILD, BUT SYMPTOMS CAN GET WORSE QUICKLY.

#### STEPS

- 1. Give epinephrine auto-injector (e.g. EpiPen®, Allerject) at the first sign of known or suspected anaphylactic reaction.
- 2. Call 9-1-1. Tell them someone is having a life-threatening allergic reaction.
- 3. Give a second dose of epinephrine as early as five (5) minutes after the first dose if there is no improvement in symptoms or if symptoms return.
- 4. Designate someone to call contact person; e.g. Parent(s)/Guardian(s).

- 5. Recommend transport to the hospital (by ambulance), even if symptoms are mild or have stopped. The reaction could worsen or come back, even after treatment.
- 6. Provide the used epinephrine auto-injector to EMS for disposal.

# **AUTHORIZATION / PLAN REVIEW**

#### INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

(Please select any that apply or with whom the plan is to be shared)

	( ,							
school	I staff	classmates		transportation provider				
lunchr	oom supervisor	relevant occasion	al staff	relevant volunteers				
before	and/or after care	post copy						
food s	food service provider(secondary only)							
other	other							
•	Request for School Personnel to Administer Prescribed & Emergency Medication Form is completed.							
This plan re	emains in effect for the 20	)— 20 scho	ool year with	out change and will be				
reviewed or	n or before:		(It is	s the parent(s)/guardian(s)				
responsibility to notify the principal if there is a need to change the plan of care during the school								
year.)								
I acknowledge that I am aware and understand my child's medical condition and the risks associated with its care and emergency treatment, and that the Halton District School Board and its staff and volunteers are acting in their role as educators and not health professionals.								
	Parent/Guardian Signature*	<del> </del>	Studer	nt Signature				
	Principal or Designate Signatu	ure _		Date				
*If the student is 18 years and over, a parent signature may not be required.								

Personal information is collected under the authority of the Education Act, R.S.O. 1990, c. E.2 in compliance with the Personal Health Information Protection Act, S.O. 2004, c. 3 and the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M56. Personal information is collected for purposes of providing professional services, consultation and advice in the context of the Halton District School Board's educational mandate. Questions about this collection may be directed to the Superintendent of Health.