fraser academy

ANAPHYLAXIS EMERGENCY PLAN
2021-2022

If your child has a potential life-threatening allergy, please fill out the following form which is to be reviewed and signed by your child's physician. Please ensure to also provide a second (backup) EPIPEN to the office.

Student Details

Affix student photo here

Student Name

Grade

BC Services Card Personal Health Number (PHN)

Date of Birth (DD/MM/YYYY)

Parent/Guardian 1 Name

Parent/Guardian 1 Phone

Parent/Guardian 2 Name

Parent/Guardian 2 Phone

Alternate Emergency Contact

Alternate Contact's Phone

Anaphylactic Allergies:

Please check off the known allergens which cause an anaphylactic reaction:

☐ Peanuts ☐ Tree nuts ☐ Eggs ☐ Milk ☐ Kiwi

☐ Fish ☐ Shellfish ☐ Wheat ☐ Soy ☐ Mustard

☐ Sesame ☐ Latex ☐ Insect Stings

Other - please describe:

Reactivity and Past Reactions

What are the known levels of reactivity? E.g. ingestion, contact, airborne?

Has the student had a previous anaphylactic reaction? ☐ Yes ☐ No

Notes:

Asthma (student is at higher risk)

Does the student also have asthma? ☐ Yes* ☐ No *Please also fill out an **Asthma Plan** form.

Epinephrine Auto-Injector

Your child should carry an epinephrine auto-injector with them at all times, including during PE, school activities, field trips, and on school buses. The auto-injector should NOT be stored in a locker. A second (backup) auto-injector is to be kept at the 5th Floor Office. Please ensure that both auto-injectors are kept current throughout the year.

Auto-Injector Type:

☐ EpiPen Jr 0.15 mg ☐ Allerject 0.15 mg ☐ Emerade 0.30 mg
☐ EpiPen 0.30 mg ☐ Allerject 0.30 mg ☐ Emerade 0.50 mg

Auto-Injector Locations:

	Location (e.g. backpack, waist-pack)	Expiry (MM/YYYY)
Auto-Injector 1 (with student):		
Auto-Injector 2 (backup):	5th Floor Office	

Mild Allergic Reactions

If there are circumstances where administering an antihistamine is appropriate, please provide details:

Signs of mild allergy:

Action to take:

- Stay with the student and call reception for a first aid attendant
- Give antihistamine - name & dose:
- Monitor student and have an epinephrine auto-injector available
- Phone parent/guardian

Additional instructions:

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ANAPHYLAXIS FIRST AID PLAN

Student

Anaphylactic Reaction

If a student has had a known exposure to an allergen and they are displaying one or more of the following F-A-S-T symptoms, follow the action plan below.

FACE
- Hives
- Itching
- Swelling (lips, face, tongue)
- Flushed face or body

AIRWAY
- Difficulty breathing
- Difficulty swallowing
- Difficulty speaking
- Coughing
- Wheezing
- Voice change

STOMACH
- Nausea
- Stomach cramps
- Vomiting
- Diarrhea

TOTAL BODY
- Hives
- Itching
- Swelling
- Weakness, Dizziness
- Loss of consciousness
- Anxiety
- Feeling of doom

- Anaphylaxis may occur without skin symptoms
- ALWAYS consider anaphylaxis in someone with a known food allergy who has SUDDEN BREATHING DIFFICULTY.
- For students who also have **asthma** and are having breathing symptoms, always give the epinephrine FIRST, and then have them take their asthma rescue inhaler.

Action To Take:

- **Lay the student flat.** If unconscious, place them in the recovery position. If breathing is difficult, allow them to sit leaning forward.
- **Give the Epinephrine Auto-Injector** (e.g. EPIPEN, Allerject, Emerade) at the first sign of a known or suspected anaphylactic reaction. **Do not delay.** The first signs of a reaction can be mild, but symptoms can get worse very quickly.
- **Call 9-1-1** . Tell them the student is having a life-threatening allergic reaction, and an Epinephrine Auto-Injector has been administered. **The student will need to go to the hospital, by ambulance,** even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper treatment.
- **Give a second dose of epinephrine** in 5 to 15 minutes IF the reaction continues or worsens, or as advised by the 9-1-1 operator.
- **Phone parents/guardians.** If parents/guardians can't be reached, call the student's emergency contact.

Additional Instructions:

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Parent/Guardian Authorization

I agree with the plan of care outlined in this document. I am aware that the school staff are not medical professionals and will perform all aspects of the plan to the best of their ability and in good faith.

I request the school staff to administer an epinephrine auto-injector and any other medications outlined in this plan, as prescribed by my child's physician.

I understand that it is my responsibility to provide an updated plan for each new school year, as well as if my child's condition, anaphylaxis plan, and/or medication changes. If I wish to cancel this plan, I will do so in writing.

I authorize the school to share this plan and its information with any relevant staff, for the purposes related to the education, health and safety of my child. Information shared will be subject to the school's Privacy Policy.

Signature of Parent/Guardian 1	Parent/Guardian 1 Name	Date (DD/MM/YYYY)

Signature of Parent/Guardian 2	Parent/Guardian 2 Name	Date (DD/MM/YYYY)

Physician Authorization

I have reviewed and am in agreement with the information contained in this Anaphylaxis Plan.

Signature of Physician	Physician Name	Date (DD/MM/YYYY)

Physician's Address	Physician's Phone