# Appendix A: INDIVIDUALIZED PLAN AND EMERGENCY PROCEDURES

# FOR A CHILD WITH AN ANAPHYLACTIC ALLERGY

**Child’s Name:**

**Child's Date of Birth** (dd/mm/yyyy):

**List of allergen(s)/causative agent(s**

**Asthma**: ☐**YES** ☐No

**Location of medication storage:** Medicine stored in the middle cupboard above the printer (back of main classroom)

**Epinephrine auto-injector brand name:**

**Epinephrine auto-injector expiry date**:

**Other emergency medications\*:**

**Emergency Services Contact Number:** 911

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| **CHILD’S SPECIFIC SIGNS AND SYMPTOMS OF A NON-LIFE THREATENING ANAPHYLACTIC REACTION:** *(specific to the child, e.g. wheezing and itchy skin)* | **CHILD’S SPECIFIC SIGNS AND SYMPTOMS OF A LIFE THREATENING ANAPHYLACTIC REACTION:** *(specific to the child, e.g. inability to breathe, sweating)* |
| **DESCRIPTION OF PROCEDURE TO FOLLOW IF CHILD HAS A NON-LIFE THREATENING ANAPHYLACTIC REACTION:** | **DESCRIPTION OF PROCEDURE TO FOLLOW IF CHILD HAS A LIFE-THREATENING ANAPHYLACTIC REACTION:**  Call parents immediately.  **Prep to administer EpiPen Jr:**   * Remove the EpiPen Jr device from its clear carrier. Flip open the green cap of the tube and slide the device out. * Hold the device in your fist with the orange tip pointing down. A great way to remember this is by using the saying “Blue to the sky, orange to the thigh.” * Remove the blue safety release. Using your opposite hand, pull straight up, avoiding bending or twisting the device.   **Administer**   * Hold the child’s leg firmly in place while administering the injection. This step will help ensure they receive the entire dose and will prevent injuries. * Place the orange tip on the thigh. Next, aim for the middle of the outer thigh, holding it at a right angle to the thigh. * Swing the pen back about 6 inches and firmly push it against their thigh. The orange tip contains the needle, and it should click when the injection has started. * Hold firmly in place for 3 seconds. Hold the needle still in the muscle while counting slowly for 3 seconds. * Remove the EpiPen Jr device from their thigh. Once removed, the orange tip should cover the needle, but don’t reuse the device if it doesn’t. * Massage the injection site. Rub the area around the injection site for 10 seconds.   Call 911 or take child to nearest emergency services. |
| **STEPS TO REDUCE RISK OF EXPOSURE TO CAUSATIVE AGENT/ALLERGEN:** | |
| **ADDITIONAL NOTES (if applicable):** | |

## Parental Statement

I Click here to enter text. (parent/guardian) hereby give consent for my child

Click here to enter text.(child’s name) to (check all that apply):

☐carry their emergency allergy medication in the following location (e.g. blue fanny pack around their waist): Click here to enter text.

☐self-administer their own medication in the event of an anaphylactic reaction

**AND/OR**

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_parent) hereby give consent to any person with training on this plan at the preschool premises to administer my child’s epinephrine auto-injector and/or asthma medication and to follow the procedures set out in my child’s Individualized Anaphylaxis Plan and Emergency Procedures.

Parent/Guardian initials: \_\_\_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Name** | **Relationship to Child** | **Primary Phone Number** | **Additional Phone Number** |
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|  |  |  |  |

## HEALTHCARE PROFESSIONAL CONTACT INFORMATION: (optional)

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| --- | --- |
| **Contact Name** | **Primary Contact Number** |
|  |  |

### SIGNATURE OF HEALTHCARE PROFESSIONAL (optional)

|  |  |
| --- | --- |
| X | Date:  Click here to enter text. |

### SIGNATURE OF PARENT/GUARDIAN (required)

|  |  |
| --- | --- |
| Print name: | Relationship to Child: |
| X | Date: |