



Risk Reduction Plan – Anaphylaxis And Anaphylaxis Emergency Plan

(Emergency plan to be posted and both documents to be filed in CUME File)

Part 1 – Completed by a parent/ legal guardian or independent student *when the students' attendance at school is affected by a dangerous, life-threatening allergy. The information contained in this form must be reviewed (and confirmed or updated) annually or sooner if the students' condition changes.*

Student Information

Students Name:		Date of Birth	
School:		Grade	
Allergy: (all other pertinent allergy information will be contained in the Anaphylaxis Emergency Plan)			

Acknowledgement & Submissions

I understand why I have been asked to disclose the above student's identifying information and I am aware of the risks or benefits of consenting or refusing to consent to the disclosure. I voluntarily give the school consent to place a copy of this form in the student's cumulative students record, place this form including students photo in appropriate locations within the school, take the emergency measures an share this information, as necessary, with the staff of the school and health providers.

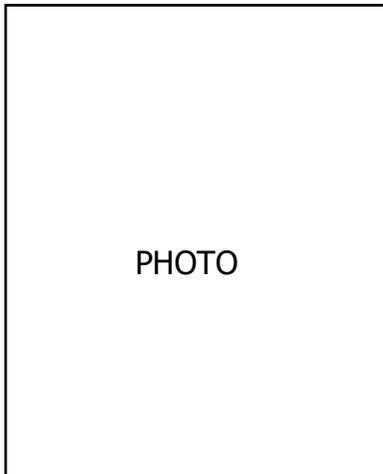
Completed Anaphylaxis Emergency Plan (Source: https://www.foodallergycanada.ca/)	<input type="checkbox"/>	Attached
Completed GPPSD Form "316-1, Administration of Medication or Medical Treatment Form Duty of Care"	<input type="checkbox"/>	Attached

Parent/Guardian Name (print)	Parent/Guardian Name (print)
Parent/Guardian Signature	Parent/Guardian Signature
Date	Date

The information on this form is being collected in accordance with the Freedom of Information and Protection of Privacy Act, under the authority of The Education Act, and Grande Prairie Public School Division policies and procedures. If you have any questions about the collection, use, or disclosure of this information, please contact the Grande Prairie Public School Division FOIP Coordinator at 780-532-4491.

Anaphylaxis Emergency Plan: _____ (name)

This person has a potentially life-threatening allergy (anaphylaxis) to:



(Check the appropriate boxes.)

Food(s): _____

Insect stings

Other: _____

Epinephrine Auto-Injector: Expiry Date: _____ / _____

Dosage:

EpiPen® Jr. 0.15 mg EpiPen® 0.30 mg

Location of Auto-Injector(s): _____

Previous anaphylactic reaction: Person is at greater risk.

Asthmatic: Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

A person having an anaphylactic reaction might have ANY of these signs and symptoms:

- **Skin system:** hives, swelling (face, lips, tongue), itching, warmth, redness
- **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, pain or cramps, vomiting, diarrhea
- **Cardiovascular system (heart):** paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or lightheadedness, 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 treatment could save a person's life.

Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.

1. Give epinephrine auto-injector (e.g. EpiPen®) at the first sign of a known or suspected anaphylactic reaction. (See attached instruction sheet.)
2. Call 9-1-1 or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
3. Give a second dose of epinephrine as early as 5 minutes after the first dose if there is no improvement in symptoms.
4. Go to the nearest hospital immediately (ideally by ambulance), even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4-6 hours).
5. Call emergency contact person (e.g. parent, guardian).

Emergency Contact Information

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned patient, parent, or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the patient's physician.

Patient/Parent/Guardian Signature

Date

Physician Signature On file

Date

Physician's Signature on Form 316-1 "on File" can be checked



Blue to the sky. Orange to the thigh.

How to use EpiPen® and EpiPen® Jr (epinephrine) Auto-injectors.

Remove the EpiPen® Auto-Injector from the carrier tube and follow these 2 simple steps:



- Hold firmly with orange tip pointing downward.
- **Remove blue safety cap by pulling straight up. Do not bend or twist.**



- **Swing and push orange tip firmly into mid-outer thigh until you hear a 'click'.**
- Hold on thigh for several seconds.



Built-in needle protection

- After injection, the orange cover automatically extends to ensure the needle is never exposed.



After using EpiPen®, you must seek immediate medical attention or go to the emergency room. For the next 48 hours, you must stay close to a healthcare facility or be able to call 911.

For more information visit the consumer site EpiPen.ca.

EpiPen® and EpiPen® Jr (epinephrine) Auto-Injectors are indicated for the emergency treatment of anaphylactic reactions in patients who are determined to be at increased risk for anaphylaxis, including individuals with a history of anaphylactic reactions. Selection of the appropriate dosage strength is determined according to patient body weight.

EpiPen® and EpiPen® Jr Auto-Injectors are designed as emergency supportive therapy only. They are not a replacement for subsequent medical or hospital care. After administration, patients should seek medical attention immediately or go to the emergency room. For the next 48 hours, patients must stay within close proximity to a healthcare facility or where they can call 911. To ensure this product is right for you, always read and follow the label. Please consult the Consumer Information leaflet in your product package for complete dosage and administration instructions.



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Trusted for over 25 years.



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Part 2 – Completed by School Administration

Location of Emergency Medication:
(as discussed with parent)

AVOIDANCE Strategies

The key to preventing an emergency is always ABSOLUTE AVOIDANCE of these allergens.

- | | |
|--|---|
| <input type="checkbox"/> Allergy Aware Poster posted in students' classroom
<input type="checkbox"/> Risk Reduction Plan communicated with classroom teacher & staff working closely with student
<input type="checkbox"/> Information added to substitutes binder
<input type="checkbox"/> Staff trained in use of auto-injector | <input type="checkbox"/> Location of Photo & Risk Reduction Plan: _____

<input type="checkbox"/> Other: _____

_____ |
|--|---|

Additional Information or Comments:

Date Risk Reduction Plan Implemented:

Name of Principal/ Administrator (Print):

Date:

Monitoring – A person having an anaphylactic reaction may have ANY of these signs and symptoms:

- **Skin system:** hives, swelling (face, lips, tongue), itching, warmth, redness
- **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
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After Administering Medication (EpiPen)

- Unless student is resisting, lay student down, tilt head back and elevate legs
- Cover the student with a first aid blanket and reassure them
- Record the time the epinephrine (EpiPen) was administered
- If the ambulance has not arrived in 10-15 minutes, and breathing difficulties are present, administer a second dose of Epinephrine (EpiPen)
- Even if symptoms subside, medical attention is still required as a reaction can still re-occur
- If possible, have a parent or staff member accompany the student to the hospital
- Provide emergency responders with a copy of the STUDENT EMERGENCY PLAN – ANAPHYLAXIS FORM for the student and the time the epinephrine was administered
- Report the occurrence in Public School Works and record on Form 316-3 – Administered Medications Log.

A COPY OF THIS FORM IS TO BE PLACED IN THE STUDENT'S SCHOOL FILE