

Anaphylaxis Emergency Plan

Dear Parents/Guardians,

Thank you for notifying us that your child requires the use of an Epi-Pen. We would like to advise you of our procedures regarding anaphylactic reactions. In order for your child to participate in their chosen program(s), this form MUST be completed and returned to the Parks and Recreation office or Reception Desk at the Canada Games Centre a minimum of one week prior to the start of the program.

Parents/Guardians are requested to:

1. Advise the Staff that their child/ward will have an epinephrine auto injector device (Epi-Pen) with them on site.
2. Complete an Anaphylaxis Emergency Plan Form. A photograph of the child must be attached to the form. The photograph assists in easy identification of your child in the event of an emergency.
3. Sign the Anaphylaxis Emergency Plan that would permit staff to assist in the administration of the epinephrine in the case of an emergency.
4. Discuss with the child, ahead of time, the importance of carrying the Epi-Pen at all times.
5. Ensure that while in City of Whitehorse Programs, the child carries a non-expired Epi-Pen at all times.

When the child arrives on site, with an Epi-Pen, the staff / instructors are responsible to:

1. Ensure that they have a completed copy of the paperwork.
2. Ensure the child is carrying a non-expired Epi-Pen.
3. Ensure that the Epi-Pen is in a waist pack (fanny pack) on the child at all times.
4. Ask the parents to review the Anaphylaxis Action Plan and ensure comprehension of the following:
 - What the child is allergic to
 - What symptoms will the child display in the event of an anaphylactic reaction
 - Where on the child the injection should be administered
 - How the staff / instructors can assist in the administration of the Epi-Pen

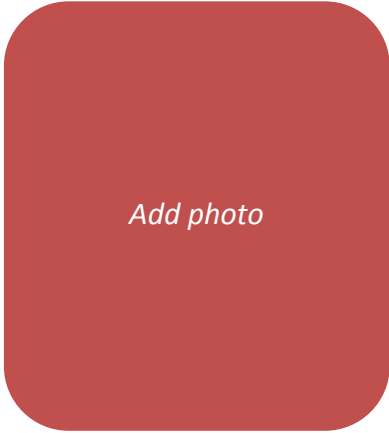
In the event of an anaphylactic reaction:

1. The staff / instructors can provide assistance to the child as he/she injects him/herself
2. OR the staff / instructors can administer the Epi-Pen. Please note that staff / instructors are not trained medical professionals but have completed the Standard First Aid training and will administer Epi-Pens to the best of their ability
3. Staff / instructors will call 911 immediately to have an ambulance come to the site
4. Staff / instructors will call parents to inform them of the incident and to inform them that the child is being taken to the hospital
5. Staff / instructors will accompany the child to the hospital.

Thank you for taking the time to read and complete this information. If you have, any further questions please speak to a Staff member.

Please complete and return this form no later than 1 week prior to program start
Return form to: Canada Games Centre – Reception Desk – fax 867.668.8675
Or Parks and Recreation Office – Sport Yukon – fax 867.668.8324

Anaphylaxis Emergency Plan for: _____ (name)



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

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Peanut | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Tree Nuts | <input type="checkbox"/> Insect Stings |
| <input type="checkbox"/> Egg | <input type="checkbox"/> Latex |
| <input type="checkbox"/> Milk | <input type="checkbox"/> Soy |
| <input type="checkbox"/> Wheat | <input type="checkbox"/> Medication _____ |

Food: The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat unmarked/bulk foods or products with a “may contain” warning.

Epinephrine Auto-Injector: Expiry Date: _____ / _____

- Dosage:**
- | | |
|--|--|
| <input type="checkbox"/> EpiPen® Jr. 0.15 mg | <input type="checkbox"/> EpiPen® 0.30 mg |
| <input type="checkbox"/> Twinject™ 0.15 mg | <input type="checkbox"/> Twinject™ 0.30 mg |

Location of Auto-Injector(s): _____

Anti-histimine: Brand: _____ Dosage: _____

My child typically has the following symptoms:

- | | |
|---|--|
| <input type="checkbox"/> Swelling: eyes, lips, face, tongue, skin | <input type="checkbox"/> Anxiety, sense of doom, headache |
| <input type="checkbox"/> Respiratory: wheezing, shortness of breath, runny nose, trouble swallowing, cough | <input type="checkbox"/> Cardiovascular (heart): pale/blue colour, weak pulse, passing out, dizzy |
| <input type="checkbox"/> Gastrointestinal (stomach): nausea, pain/cramps, vomiting, diarrhea | <input type="checkbox"/> Other: _____ |

Act quickly. The first signs of a reaction may be mild, but symptoms can worsen quickly.

- 1. Give auto-injector** (ie EpiPen® or Twinject™) at the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen. Give a second does in 10 to 15 minutes (or sooner) **IF** the reaction continues or worsens.
- 2. Call 911.** Tell them someone is having a life-threatening allergic reaction. Ask to send ambulance immediately.
- 3. Call parents/emergency contact person.**
- 4. Document the incident.**

Emergency Contact Info

Name	Relationship	Home Phone	Work Phone	Cell Phone

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