



EMERGENCY ACTION PLAN FOR STUDENTS WITH ANAPHYLAXIS

For Use Where Applicable (e.g. in: Classroom, Lunchroom, Staff Room, Office, Out of School Programs)

Name: _____

Allergen(s): _____

ALLERGY DESCRIPTION

This child has a DANGEROUS, life threatening allergy to the following:

Place Student's Photo Here

(to be provided by parent)

RESTRICTIONS

List restrictions for this student, if any: _____

POSSIBLE SYMPTOMS (order may vary)

- flushed face, hives, swelling or itchy lips, tongue, eyes
- tightness in throat, mouth, chest
- difficulty breathing or swallowing, wheezing, coughing, choking
- vomiting, nausea, diarrhea, stomach pains
- dizziness, unsteadiness, sudden fatigue, rapid heartbeat
- loss of consciousness

EMERGENCY ACTION PLAN

Principals must fill out an O.S.B.I.E. incident form any time a student is taken by ambulance to a hospital as the result of an anaphylactic reaction.

Plan 1

- Use EpiPen® immediately.
- HAVE SOMEONE CALL AN AMBULANCE and advise the dispatcher that a child is having an anaphylactic reaction.
- If ambulance has not arrived in 10-15 minutes and breathing difficulties are present, give a second EpiPen®, if available.
- Even if symptoms subside entirely, this child must be taken by ambulance to the hospital.

Plan 2

- Give Antihistamine (Brand/Dosage) _____ immediately.
- Segregate child and watch him/her closely.
- Be prepared to administer EpiPen® at any sign of breathing difficulty as this can occur very quickly (within seconds).
- If EpiPen® is administered, transport by ambulance to the hospital.

NOTE: EpiPen® and ANTIHISTAMINE are kept: _____
Expiry Date: _____ {Note: If expiry date has passed, EpiPen® will not be used. An ambulance will be called.}

Signature of Doctor: _____ Date: _____

Signature of Parent: _____ Date: _____

Signature of Principal: _____ Date: _____