

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): _____ <u>ALLERGY DESCRIPTION</u> This child has a DANGEROUS, life threatening allergy to the following: _____ _____ _____	Place Student's Photo Here (to be provided by parent)
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RESTRICTIONS

List restrictions for this student, if any: _____

POSSIBLE SYMPTOMS (order may vary)

BODY SYSTEM	SYMPTOMS
SKIN	hives (red itchy welts or swelling on skin)
EYES	swollen, itchy, running, or bloodshot, or with mucous
NOSE	running, itchy, stuffy, sneezing
THROAT	sore, swollen
STOMACH/DIGESTIVE SYSTEM	vomiting, cramps, bloating, nausea, diarrhea
URINARY SYSTEM	Incontinence
RESPIRATORY SYSTEM	difficulty breathing, severe asthmatic reaction
CIRCULATORY SYSTEM	drop in blood pressure, unconsciousness
OTHER	disorientation, sense of foreboding, fear or apprehension, sense of doom

EMERGENCY ACTION PLAN

School Administrators 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.

NOTE: Epinephrine auto-injector (e.g., EpiPen®) is/are kept: _____
 Expiry Date: _____

District School Board of Niagara
ADMINISTRATIVE PROCEDURE

KNOW WHAT TO DO: The first signs of reaction can be mild but symptoms can get much worse quickly.

- Use epinephrine auto-injector (e.g., Epipen®) immediately.
- Call 911 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 epinephrine auto-injector (e.g., Epipen®), if available.
- Even if symptoms subside entirely, this child must be taken by ambulance to the hospital.

Name of Doctor: _____ Date: _____

Signature of Doctor: _____

Name of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____

Signature of School Administrator: _____ Date: _____

Permission to Post (where applicable) Yes No