

# Anaphylaxis action plan

## Emergency preparedness

Parent responsibilities:

- Provide epinephrine devices and replace them every 6 months or before the expiry date, whichever comes first.
- Complete and sign (with the child's doctor) an Anaphylaxis Emergency Plan, downloaded at [www.allergysafecommunities.ca](http://www.allergysafecommunities.ca).
- Fill out and sign a *Medication consent form and record sheet*.
- Make sure the child wears a MedicAlert bracelet or tag.
- If the child has a food allergy, provide all meals and snacks from home.
- Discuss appropriate location for epinephrine devices.
- Be involved with staff training for emergency use of epinephrine devices.

Additional information: \_\_\_\_\_

\_\_\_\_\_

Program responsibilities:

- Provide allergy awareness education and emergency training for all staff.
- Post the Anaphylaxis Emergency Plan prominently in relevant areas (e.g., kitchen and eating areas for a child with a food allergy).
- Alert substitute or new staff to the child's Anaphylaxis Emergency Plan and the location of epinephrine devices.
- Implement "allergy-sensitive" policies.
- Have a back-up supply of "safe" foods in case a lunch or snack from home is forgotten, or the child's pick-up is delayed because of weather or another emergency.
- Take epinephrine devices and the child's *Emergency record* along on any outing or field trip.
- Ask a supervising adult to ride with this child in a bus or other vehicle.

Additional information: \_\_\_\_\_

\_\_\_\_\_

Typical signs or symptoms of this child's reaction (circle all that apply):

- swelling (eyes, lips, face, tongue)
- cold, clammy, sweating skin
- fainting or loss of consciousness
- stomach cramps
- choking
- voice changes
- diarrhea
- difficulty breathing or swallowing
- dizziness or confusion
- coughing
- wheezing
- vomiting

Other (please describe): \_\_\_\_\_

I give permission for my child's photo to be placed on the Anaphylaxis Emergency Plan, and for that plan to be posted appropriately.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

Name, address and phone number for child care centre or home setting