

Penticton Community Centre Epi-Pen Procedures and Policies

Dear Parents/Guardians,

Thank you for notification that your child will be bringing an Epi-Pen with them to camp. We would like to advise you of our procedures and policies with regards to anaphylactic reactions.

We have provided you with an **Anaphylaxis Data Sheet & Action Plan** form. In order for your child to participate in their chosen program(s), this form **MUST** be filled out completely and returned to Community Centre Reception before the commencement of the program.

Parents/guardians are requested to:

1. Advise Reception staff at time of registration that their child/ward has a severe allergy and will have an epinephrine auto-injector device (Epi-Pen) with them on site. Ensure that the child's medical information is current and accurate on the 2-page daycamp consent form.
2. Complete the **Anaphylaxis Data Sheet & Action Plan**. A photograph of the child must be attached to the form. The photograph will be used to assist in identification of your child in case of an emergency during programs.
3. Sign the waiver form 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 wearing the fanny pack with the Epi-Pen at all times
5. Ensure that while in Penticton camps, the child carries a **non-expired** Epi-Pen in a fanny pack at all times. Also **ensure that the child's name is written clearly onto the Epi-Pen**. While swimming, the fanny pack will be kept by a Leader who does not leave the pool deck or beach and having the photo attached will help the staff person identify which Epi-Pen belongs to the correct child.

When the child arrives on site, with an Epi-Pen, the Leaders/staff 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 Emergency Medical Data Sheet 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 leader can assist in the administration of the Epi-Pen

In the event of an anaphylactic reaction:

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

Penticton Community Centre
ANAPHYLAXIS DATA SHEET & ACTION PLAN

Photo of
Participant

PERSONAL INFORMATION AND EMERGENCY CONTACT

Participant Name: _____

Physician: _____ Phone: _____

Allergy Specialist: _____ Phone: _____

INSTRUCTIONS:

Emergency Treatment information is shown below on this page. This form is for use by program staff and coordinators. All information requested below must be obtained from the parent or guardian of the child. This form will be given to the leaders of the program your child is registered in and will be kept with emergency contact information.

ANAPHYLAXIS ACTION PLAN

Program / Activity: _____ Location: _____ Leader: _____

Child's Name _____ Date of Birth _____ Medic Alert: Yes No

Parent / Guardian _____ Home # _____ Work # _____

Emergency Contact _____ Home # _____ Work # _____

MY CHILD'S ANAPHYLAXIS TRIGGERS ARE:

peanuts nuts milk all dairy eggs shellfish fish

food additives (list): _____

insect stings (list): _____

medications (list): _____

other (list): _____

MY CHILD'S ANAPHYLAXIS SYMPTOMS USUALLY ARE:

swelling (eyes, lips, face, tongue)

vomiting

difficulty breathing or swallowing

coughing or choking

cold, clammy, sweaty skin

stomach cramps, diarrhea

flushed face or body

dizziness, confusion

fainting or loss of consciousness

change of voice

others (list): _____

Which method of contact will cause a serious reaction in your child? Please check all that apply.

Inhalation (Breathing in)

Ingestion (Eating or drinking)

Physical Contact (Touching)

Other (Specify) _____

MY CHILD'S EMERGENCY TREATMENT IS:

Medication is kept / stored (where?): _____

anti-histamine+ precise measuring instrument (specify brand and dosage): _____

Epi-Pen (if yes, please provide the Expiry Date _____)

NOTE: Labeled, non- expired Epi-Pens must be provided and kept in a fanny pack with the child

CALL 911 AND TELL THE DISPATCHER THAT A CHILD IS HAVING A LIFE-THREATENING ANAPHYLACTIC REACTION.
CALL THE PARENT OR GUARDIAN.

This action plan and data was reviewed by the parent/guardian and Community Centre Staff and the parent/guardian gives permission to staff to assist in the administration of Epinephrine in the case of an emergency.

Date: _____

Time: _____

Parent / Guardian Signature _____

Staff Signature _____