

9. Accompany child to the hospital.

## Anaphylaxis Emergency Treatment Plan (with Plan for Emergency Treatment)

Student Photograph

Date: Nov/15

Form Nbr: SA 10046

STUDENT INFORMATION								
Name of Student:					Student			
INA	ine of Student.							
Bir	th Date		Medic Aler	t	<b>Photograph</b>			
	/mm/yy):		ID:		-			
_	ade:		Classroom	1:				
Na	me of Teacher:							
AL	LERGY-DESCRIPTI	ION: This child has a	a dangerous	s, life-threatening allerg	y to the following items and to			
all	foods containing the	m in any form and in	any amour	nt/environmental allerge	ens/conditions:			
AV	OIDANCE STRATE	GIES: Food, events	, conditions	to be avoided, including	g any eating restrictions:			
POSSIBLE SIGNS AND SYMPTOMS:								
	ssibility of face swelli	ing		Pale, cold, and clammy				
	pid, thready pulse				of the throat and chest with			
	I in blood pressure			difficulty breathing				
Ab	dominal cramps, von	niting and diarrnea		Extreme weakness				
				Cyanosis (turning blue)	, coma			
	IEDCENCY DI ANI. I	Inon outposted cont	toot with the	allergen and/or at the	first sign of reaction anget the			
	owing procedure.	opon suspected com	iaci wiiii iiie	allergen and/or at the	first sign of reaction enact the			
1011	owing procedure.	DON'T HES	ITATE IT C	AN BE LIFE-SAVING.				
	D	erson 1			Person 2			
1	PRESCRIBED AUT			<del>-</del>	911). Tell them a child has			
١.	FINESCINIDED AO I	IO-INJECTOR.						
				had an anaphylactic reaction and that an auto- injector has been administered. Give 911 operator				
	(The relevant emerge	ency procedure – eit	ther "How	•	atchette Rd) and telephone			
	to use EpiPen® and				81) of the school. Provide the			
	or "Twinject® Injection			exact location of the	,			
	to this form.)	on recodult are a		Chaot location of the	omorgoney.			
,					ardian's emergency number:			
2.	Obtain prescribed Au	uto-Injector from:		2. can the parent organization of morganicy manifesting				
	•	•		Home Phone:				
	Envelope must be m	narked clearly with c	hild's					
	name and picture.			Mother's Work:				
2.	Administer the pres	_	-	Father's Work:				
	the attached emerg	ency injection proce	dure.					
	A Italk MUIOT - 4		4:	3. Note and record her	e:			
3.	An adult MUST stay		times.	Time of leading	1.			
	Do not send the chi	ild to the office.		Time of Inciden	τ:			
<sub>1</sub> -	Place child on side	in case of vomiting	The child	Time of Admini	stration of Auto-Injector:			
4.		Help child to remain		Time of Admini	stration of Auto-injector.			
	and to breathe norm	-	Callii					
	and to breathe norm	nany.		4 Circumstances: (wh	nere) (what allergen was			
5	Observe and monito	or the child until the		eaten/contacted)	ioro) (what anorgon was			
0.	ambulance arrives.			outorn contactou)				
6.	Inject one dose only	<del>y or as per physiciar</del>	n's	5. Obtain the student's	health record. The record is			
	instructions.			located here:				
		TER THE SECOND	DOSE					
		TWO DOSE TWIN.						
	ÀUTO-INJECTOR.			6. Give student health	record and this form to the			
				individual accompanyir	ng the child in the ambulance.			
7.	Return auto-injector			· •				
	-	nel along with any ac	dditional					
	auto-injectors.							



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Form Nbr: SA 10046 Date: Nov/15

Student's Name:					
Parent Consent to post this "Anaphylaxis Emergency Treatment Plan":					
throughout the school, where appropriate					
only where medication is located:					
Parent/Guardian Signature:	Date:				
Principal Signature:	Date:				
Parent information on this form is collected under the authority of Sabrina's Law, 2005, S. O. 2005 c. 7 and will used by school staff for the purpose of responding to an anaphylactic emergency and, in emergency situations, to administer medication as prescribed and/or obtain medical treatment. Users of this information may be principals, teachers, support staff, volunteers, bus operators and drivers. Questions about this collection of this information may be directed to the school principal.					
Note: This form will be provided to each teacher who teaches your child					



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# How to use EpiPen and EpiPen Jr Auto-injectors.

Remove the EpiPen<sup>a</sup> Auto-Injector from the carrier tube and follow these 2 simple steps:



- Hold firmly with orange tip pointing downward.
- Remove blue safety cap by pulling straight up. Do not bend or twist.



- Swing and push orange tip firmly into mid-outer thigh until you hear a 'click'.
- Hold on thigh for several seconds.



#### Built-in needle protection

 When the EpiPen• Auto-injector is removed, the orange needle cover automatically extends to cover the injection needle, ensuring the needle is never exposed.



After administration, patients should seek medical attention immediately or go to the emergency room. For the next 48 hours, patients must stay within dose proximity to a healthcare facility or where they can call 911.

For more information visit EpiPen.ca.

EpiPere and EpiPere in Auto-injections are indicated for the emergency treatment of anaphylactic reactions in patients who are determined to be at increased risk for anaphylacts, including individuals with a history of anaphylactic reactions.

The protein results with two Mayor call and historic protein lated.

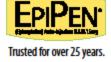


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## TWINJECT® AUTO-INJECTOR FIRST DOSE ONLY INJECTION PROCEDURE

- Remove Twinject® Auto-Injector from the carrying case. (First dose directions are printed on the side of the auto-injector.)
- Remove the green cap labeled "1", then remove the green cap labeled "2". While preparing Twinject® be careful not to place your hand, finger or thumb over the RED injection tip.
- Place the RED tip of the Twinject® against the OUTER MID THIGH of child's leg (may be done through light or a single layer of clothing if necessary but no thicker than jeans).
- A click will be heard. Press down firmly until the needle penetrates the skin of the thigh. Wait for fluid to enter the body (10 seconds – counting: One-one thousand, two-one thousand, etc.) - It is important that the Twinject® be administered for the full 10 seconds as failure to do this can result in an inadequate first treatment response.
- Remove the Twinject® from the child's thigh and look to see if the needle is exposed. If it is exposed the child has received the full dose of epinephrine, IF THE NEEDLE IS NOT VISIBLE REPEAT THE FIRST DOSE.
- Call 9-1-1 immediately. The child should be rushed to the hospital after administration of the Twinject®.
- Return the Twinject® to its carrying case. The Twinject® Auto-Injector should accompany the child to the hospital in case a second injection is required.
- Note the time of the first injection.
- The Twinject® Auto-Injector has a second dose that can ONLY be administered by a qualified medical professional or the patient (student) themselves if they are able and have been judged capable of using the device by their physician/medical personnel.