

2021 Epi-Pen Procedures and Policies



Dear Parent/Guardian,

Thank you for notifying Recreation Oak Bay that your child will be bringing an Epinephrine Auto-Injector (Epi-Pen) with them to their Recreation Oak Bay Program. We would like to advise you of the procedures and policies regarding anaphylactic reactions.

Attached you will find:

- Emergency Medical Information
- Anaphylaxis Action Plan
- Summary of Procedures

In order for your child to participate in their chosen program(s), these forms must be filled out completely and returned to Reception Services at least 24 hours before the start of the program.

Parent/Guardian check list:

- o Advise Reception staff, at time of registration, that your child will have an Epi-Pen device with them during the program.
- o Complete the attached Emergency Medical Information, Summary of Procedures, and Anaphylaxis Action Plan.
- o Ensure you have 2 up-to-date photos of your child. One is attached to the form and the other to the Epi-Pen device.
- o Ensure your child's Epi-Pen has not expired.
- o Discuss with your child ahead of time the importance of wearing their Epi-Pen at all times throughout the program.
 - o **Please Note:** While swimming, the Epi-Pen will be kept with a lifeguard on the pool deck.

Recreation Oak Bay staff are responsible for:

- o Ensuring that a completed Emergency Medical Information, Summary of Procedures, and Anaphylaxis Action Plan is located in the program emergency contact binder.
- o Reviewing all forms with the parent/guardian.
- o Confirming the child's Epi-Pen has not expired.
- o Helping to ensure the Epi-Pen is with the child at all times.

If you have any questions regarding the attached forms or Recreation Oak Bay's Epi-Pen procedures, please call Reception Services at 250-595-7946.

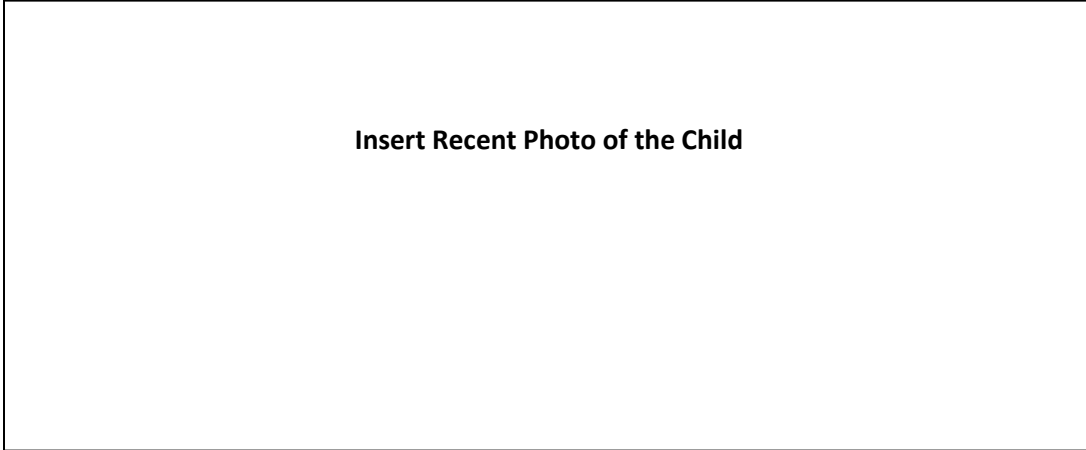
FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

This collection of personal information is authorized under the Local Government Act, Community Charter and section 26(c) of FIPPA. The information will be used for processing of fees related to the recreation program. Questions can be directed to the District's Privacy Officer at 2167 Oak Bay Avenue, Victoria BC, V8R 1G2, or 250-598-3311, or foi@oakbay.ca.

Emergency Medical Information



This form must be completed by the child's Parent/Guardian. This form will be kept with emergency contact information.



Personal Information and Emergency Contacts:

Child's Name: _____ Personal Health Number: _____

Date of Birth (dd/mm/yy): _____

Main Contact: _____ Relationship: _____ Phone: _____

Alternative Contact: _____ Relationship: _____ Phone: _____

Other Phone # (specify): _____

Physician: _____ Phone: _____

Specialist: _____ Phone: _____

Program / Activity: _____ Location: _____

Program Dates: _____ Leader(s) Name: _____

Medical Information:

Medic Alert: _____ Skin Condition: _____

Allergies: _____ Other: _____

Other pertinent Information (medical history, medications and/or dietary restrictions that may be important to pass on to paramedics when they arrive)

Parent/Guardian Signature: _____

Date: _____

Anaphylaxis Action Plan



Child's Name: _____

Date of Birth (dd/mm/yy): _____

Anaphylaxis Triggers:

Peanuts Tree Nuts Dairy Eggs Shellfish Bees

Food Additives: _____

Insect Stings: _____

Medications: _____

Other: _____

Anaphylaxis Symptoms:

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

Other: _____

Preferred Action Taken by Staff:

Emergency Treatment/Medication:

Where is medication stored during program? _____

Antihistamine – Please list specify brand and dosage: _____

Epi-Pen – Expiration Date: _____

Parent/Guardian Signature: _____

Date: _____

Summary of Procedures in the Event of an Anaphylactic Reaction

The following form is to be reviewed and signed by both Recreation Oak Bay staff and parent/guardian at the start of the program.

In the event of an anaphylactic reaction, Recreation Oak Bay staff will:

- Follow the Anaphylaxis Action Plan specific to the child.
- If the reaction continues, administer an injection of adrenaline (“Epi-Pen”) in the thigh or upper arm, through the clothing if necessary.
- After staff have assisted with administration of adrenaline (“Epi-Pen”), they will telephone for medical help (911) immediately and have an ambulance come to the program site.
- Staff will call parents/guardians to inform them of the reaction and let them know what hospital the child has been taken to.
- Staff will accompany the child to the hospital.

The Emergency Medical Information, Summary of Procedures, and Anaphylaxis Action Plan was reviewed by the parent/guardian and Recreation Oak Bay Staff:

Staff's signature: _____ Printed Name: _____

Date: _____ Time: _____

Parent/guardian's signature: _____ Printed Name: _____

Date: _____ Time: _____

Epi-Pen Expiry Date: _____

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

This collection of personal information is authorized under the Local Government Act, Community Charter and section 26(c) of FIPPA. The information will be used for processing of fees related to the recreation program. Questions can be directed to the District's Privacy Officer at 2167 Oak Bay Avenue, Victoria BC, V8R 1G2, or foi@oakbay.ca