

**CITY OF ST. JOHN'S  
DEPARTMENT OF COMMUNITY SERVICES**

**ANAPHYLAXIS EMERGENCY PLAN**

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The following procedures have been established for participants registered in Recreation Division programs who are at risk for a severe allergic reaction.

- Participants over the age of 19 or the Parent/Guardian if under 19 years, are required to notify the Recreation Division of any allergies prior to participating in programs. Participants/Parents/Guardians should update their RecConnect account in the Personal Information Section to include the allergy or other medical information as necessary.
- Participants/Parents/Guardians must complete an Anaphylaxis Emergency Plan (including a current photograph of the participant) and return form to program staff prior to or on the first day of the program. If returning the forms prior to the first day, it is recommended that the Participant/Parent/Guardian remind program staff of the allergy on the first day and confirm the Anaphylaxis Emergency Plan has been posted onsite.
- If participants are able to carry their Epinephrine Auto-injector and asthma inhaler, it is recommended that it be carried on them at all times in a waist/fanny pack at all times to ensure ready access in the event of an anaphylactic reaction.
- It is recommended that a second Epinephrine Auto-injector be brought to the program for staff to place in a designated safe and secure area. Please indicate the number of Epinephrine Auto-injectors the participant will have available while at program on the Anaphylaxis Emergency Plan.
- The participant may administer the Epinephrine Auto-injector themselves, however staff are aware that they may be required to assist administration of the Epinephrine Auto-injector in an emergency situation. Staff will be informed on the procedures to follow in the case of an anaphylactic reaction. All staff are trained in Standard First Aid, CPR Level C and Epinephrine Auto-injector administration.
- Posters describing signs and symptoms of anaphylaxis and how to administer an Epinephrine Auto-injector will be placed in appropriate program areas.
- All staff are made aware of the location of the Epinephrine Auto-injector(s) in case of an emergency.
- To reduce the risk of accidental exposure to allergy causing substances, ALL Participants/Parents/Guardians are notified in writing of the products which are not permitted to be brought to the program.
- Participants are encouraged to wash their hands before and after eating. Food/utensil sharing is discouraged.

Individuals at risk of anaphylaxis must learn to avoid specific triggers. To help reduce potential reactions, the Recreation Division assists in creating an 'allergy aware' atmosphere through the above noted strategies; however, since the Recreation Division programs are delivered at public facilities, parks, etc., it is not possible to guarantee an 'allergen free' environment.



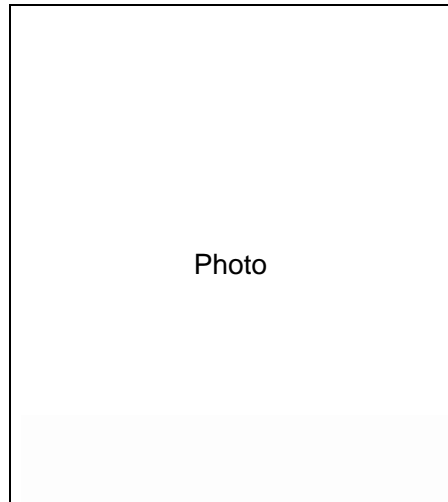
PLEASE PRINT

ANAPHYLAXIS EMERGENCY PLAN

Participant Information

SECTION 1

Participant: \_\_\_\_\_



This person has a potentially life-threatening allergy (anaphylaxis) to:

- Food(s): \_\_\_\_\_
- Insect Stings: \_\_\_\_\_
- Other: \_\_\_\_\_

This person has Epinephrine Auto Injector(s). i.e EpiPen®, 0.30mg  
Brand: \_\_\_\_\_ Dosage: \_\_\_\_\_ mg Expiry (dd/mm/yy): \_\_\_\_\_

Number or Epinephrine Auto-injectors:  1  2 (recommended by City of St. John's)

Location of Epinephrine Auto-injector(s) \_\_\_\_\_

Has this person previously had an anaphylaxis reaction?  Yes  No

Asthmatic: Person is at greater risk. If person is having a reaction and has difficulty breathing, give Epinephrine Auto-injector **before** asthma medication.

Emergency Information

SECTION 2

Emergency Contact # 1

Emergency Contact # 2

Name	_____	_____
Relationship	_____	_____
Home Phone	_____	_____
Work Phone	_____	_____
Cell Phone	_____	_____

Emergency Procedure

SECTION 3

1. **Give epinephrine auto-injector** (i.e. EpiPen®) at the first sign of a known or suspected anaphylactic reaction.
2. **Call 9-1-1** or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
3. **Give a second dose of epinephrine** 5 minutes after the first dose if there is no improvement in symptoms.
4. **Call the emergency contact person** (i.e. parent, guardian).

Anaphylactic Signs/Symptoms

SECTION 4

**Skin:** Hives, swelling (face, lips, tongue), itching, warmth, redness  
**Breathing problems:** Coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, trouble swallowing, nasal congestion, or hay-fever like symptoms (runny, itchy nose, watery eyes, sneezing)  
**Stomach problems:** Nausea, pain or cramps, vomiting, diarrhea  
**Cardiovascular/Heart:** Paler than normal skin color/blue color, weak pulse, passing out dizzy/lightheaded, shock.  
**Other:** Anxiety, sense of doom (sense that something is about to happen), headache, uterine cramps, metallic taste.  
**Early recognition of symptoms and immediate treatment could save a person's life.**

Authorization

SECTION 5

The undersigned Participant/Parent/Guardian authorizes the Recreation Division to post the Anaphylaxis Emergency Plan onsite and, if necessary, to assist administration of epinephrine to the above-named person in the event of an anaphylactic reaction, as described above.

Participant/Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to provide care to program participants. Questions about the collection and use of the information may be directed to Manager of Family & Leisure Services at 576-8020 or email [inclusion@stjohns.ca](mailto:inclusion@stjohns.ca)

**Please return completed forms to:**  
On-Site Supervisor

For further information:  
Phone: (709)576-8499/8631  
Email: [recreation@stjohns.ca](mailto:recreation@stjohns.ca)