



<input type="checkbox"/> <b>Steroid Dependence</b> (e.g., congenital adrenal hyperplasia, hypopituitarism, Addison's disease)	
What type of steroid dependence has the child been diagnosed with? _____	
<input type="checkbox"/> <b>Osteogenesis Imperfecta (brittle bone disease)</b>	
<input type="checkbox"/> <b>Gastrostomy Feeding Care</b>	
Does the child require gastrostomy tube feeding at the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the child require administration of medication via the gastrostomy tube at the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> <b>Ostomy Care</b>	
Does the child require the ostomy pouch to be emptied at the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the child require the established appliance to be changed at the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the child require assistance with ostomy care at the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> <b>Clean Intermittent Catheterization (IMC)</b>	
Does the child require assistance with IMC at the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> <b>Pre-set Oxygen</b>	
Does the child require pre-set oxygen at the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the child bring oxygen equipment to the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> <b>Suctioning (oral and/or nasal)</b>	
Does the child require oral and/or nasal suctioning at the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the child bring suctioning equipment to the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO

### Section III - Authorization for the Release of Medical Information

I authorize the Community Program, the Unified Referral and Intake System Provincial Office, and the nursing provider serving the community program, all of whom may be providing services and/or supports to my child, to exchange and release medical information specific to the health care interventions identified above and consult with my child's physician(s), if necessary, for the purpose of developing and implementing an Individual Health Care Plan/Emergency Response Plan and training community program staff for \_\_\_\_\_.  
(child's name)

I also authorize the Unified Referral and Intake System Provincial Office to include my child's information in a provincial database which will only be used for the purposes of program planning, service coordination and service delivery. This database may be updated to reflect changing needs and services. I understand that my child's personal and personal health information will be kept confidential and protected in accordance with *The Freedom of Information and Protection of Privacy Act* (FIPPA) and *The Personal Health Information Act* (PHIA).

I understand that any other collection, use or disclosure of personal information or personal health information about my child will not be permitted without my consent, unless authorized under FIPPA or PHIA.

Consent will be reviewed with me annually. I understand that as the parent/legal guardian I may amend or revoke this consent at any time with a written request to the community program.

If I have any questions about the use of the information provided on this form, I may contact the community program directly.

\_\_\_\_\_  
Parent/Legal guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Phone number

Dear Parent/Guardian

**Please complete and sign the attached Anaphylaxis Standard Health Care Plan (SHCP) for your child and return it to the community program. This health care plan is completed every year so that staff has current health information about your child.**

The Unified Referral and Intake System (URIS) is a joint initiative of the provincial government departments of Health, Education and Family Services. URIS provides support for children with specific health care needs (e.g., asthma, life-threatening allergies, diabetes, seizures) when they are attending school, child care facility or other community programs. When a child is approved for URIS support, a registered nurse develops a health care plan and provides training to community program staff. The Winnipeg Regional Health Authority (WRHA) provides URIS support in your child's community program.

Your child's community program has requested the WRHA to provide URIS support for his/her life threatening allergy (anaphylaxis). The attached Standard Health Care Plan (SHCP) has been established by URIS and was developed through consultation with clinical experts. It is the recommended practice for responding to an anaphylactic reaction in community program settings. Antihistamines (e.g., Benadryl) are not recommended and will not be used in the management of life-threatening allergies in community program settings.

An important part of managing life-threatening allergies is the avoidance of allergens. Please contact the community program if you would like more information on their anaphylaxis policy. School division policies can be also found on their website.

It is important that we work together to support your child's health care needs and we appreciate the time and information that you have provided. Once you have returned the attached plan to the community program, I will review it and call you if I have any questions. The plan will be used by the staff to guide their response if your child experiences difficulty with his/her life- threatening allergy.

**If you have any questions about completing the plan, please call me.**




Angela Klassen  
URIS Direct Service Nurse 975  
Henderson Highway Winnipeg,  
MB R2K 4L7 Phone: 938-5413  
Fax: 938-5119  
Email: [aklassen4@wrha.mb.ca](mailto:aklassen4@wrha.mb.ca)

## ANAPHYLAXIS STANDARD HEALTH CARE PLAN (SHCP)

<b>Child name:</b>	<b>Gender:</b>	<b>Birth date:</b>
<b>School/child care facility:</b>		<b>Grade (if applicable):</b>
<b>Parent/guardian name:</b>		<b>MHSC:</b>
<b>Primary Phone #:</b>	<b>Secondary Phone #:</b>	<b>PHIN:</b>
<b>Parent/guardian name:</b>		
<b>Primary Phone #:</b>		<b>Secondary Phone #:</b>
<b>Alternate emergency contact name:</b>		
<b>Primary Phone #:</b>		<b>Secondary Phone #:</b>
<b>Allergist:</b>		<b>Phone #:</b>
<b>Pediatrician/Family doctor:</b>		<b>Phone #:</b>
<b>Life-threatening allergies (i.e. allergies that epinephrine auto-injector is prescribed for):</b>		
<b>Other allergies (non life-threatening):</b>		
<b>Does child wear MedicAlert™ identification for life-threatening allergy(s)?</b> <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span>		
<b><u>Epinephrine auto-injector information</u></b>		
<b>Type</b> <input type="checkbox"/> EpiPen® 0.15 mg (green) <input type="checkbox"/> EpiPen® 0.3 mg (yellow) <input type="checkbox"/> Allerject® 0.15 mg (blue) <input type="checkbox"/> Allerject® 0.3 mg (orange)		<b>Location</b> - It is recommended that the child carries the epinephrine auto-injector at all times. <input type="checkbox"/> Fanny pack <input type="checkbox"/> Back pack <input type="checkbox"/> Purse <input type="checkbox"/> Other – Describe _____
<b>Child has a 2<sup>nd</sup> (back-up) auto-injector available at the community program.</b> <input type="checkbox"/> YES Location _____ <input type="checkbox"/> NO		
<b>Other information about my child's life threatening allergy that community program should know.</b>   		

**This Health Care Plan should accompany the child on excursions outside the facility.**

# ANAPHYLAXIS STANDARD HEALTH CARE PLAN (SHCP)

<b>Child name:</b>	<b>Birth date:</b>
<b>IF YOU SEE THIS</b>	<b>DO THIS</b>
<p><b><u>If ANY combination of the following signs is present and there is reason to suspect anaphylaxis:</u></b></p> <p><b>Face</b></p> <ul style="list-style-type: none"> <li>• Red, watering eyes</li> <li>• Runny nose</li> <li>• Redness and swelling of face, lips and tongue</li> <li>• Hives (red, raised &amp; itchy rash)</li> </ul> <p><b>Airway</b></p> <ul style="list-style-type: none"> <li>• A sensation of throat tightness</li> <li>• Hoarseness or other change of voice</li> <li>• Difficulty swallowing</li> <li>• Difficulty breathing</li> <li>• Coughing</li> <li>• Wheezing</li> <li>• Drooling</li> </ul> <p><b>Stomach</b></p> <ul style="list-style-type: none"> <li>• Severe vomiting</li> <li>• Severe diarrhea</li> <li>• Severe cramps</li> </ul> <p><b>Total body</b></p> <ul style="list-style-type: none"> <li>• Hives (red, raised &amp; itchy rash)</li> <li>• Feeling a “sense of doom”</li> <li>• Change in behavior</li> <li>• Pale or bluish skin</li> <li>• Dizziness</li> <li>• Fainting</li> <li>• Loss of consciousness</li> </ul>	 <ol style="list-style-type: none"> <li>Inject the epinephrine auto-injector in the outer middle thigh.             <ol style="list-style-type: none"> <li>Secure the child’s leg. The child should be sitting or lying down in a position of comfort.</li> <li>Identify the injection area on the outer middle thigh.</li> <li>Hold the epinephrine auto-injector correctly.</li> <li>Remove the safety cap by pulling it straight off.</li> <li>Firmly press the tip into the outer middle thigh at a 90° angle until you hear or feel a click. Hold in place to ensure all the medication is injected.</li> <li>Discard the used epinephrine auto-injector following the community program’s policy for disposal of sharps or give to EMS personnel.</li> </ol> </li> <li>Activate 911/EMS. <i>Activating 911/EMS should be done simultaneously with injecting the epinephrine auto-injector by delegating the task to a responsible person.</i></li> <li>Notify parent/guardian.</li> <li>A second dose of epinephrine may be administered within 5-15 minutes after the first dose is given IF symptoms have not improved.</li> <li>Stay with child until EMS personnel arrive. <i>Prevent the child from sitting up or standing quickly as this may cause a dangerous drop in blood pressure.</i></li> </ol> <p><i>Antihistamines are <u>NOT</u> used in managing life-threatening allergies in community program settings.</i></p>

**Risk reduction strategies**  
 Avoidance of allergens is the only way to prevent an anaphylactic reaction. Although it is not possible to achieve complete avoidance of allergens in community program settings, it is important to reduce exposure to life-threatening allergen(s). Contact the community program if you have any questions about the risk reduction strategies that are implemented in their facility. School division policy may be found on their website.

*I have reviewed this health care plan and provide consent to this plan on behalf of my child.*

**Parent/guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I have reviewed this health care plan to ensure it provides the community program with required information.*

**Nurse signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Documentation**
