

Dear Parent/Guardian

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 a school, child care facility and/or receiving respite service. URIS supports includes the development of a health care plan and training of school/child care facility/respite staff by a registered nurse.

Please complete and sign the attached Anaphylaxis Standard Health Care Plan (SHCP) for your child and return it to the school/child care facility.

The Anaphylaxis SHCP will be reviewed by a nurse who will contact you if any additional information is required. It will then be provided to the school/child care facility. Health care plans are completed <u>every year</u> so that school/child care facility staff has current health information about your child.

An important part of managing life-threatening allergies is the avoidance of allergens. Please contact the school/child care facility if you would like more information on the avoidance strategies implemented in their facility. School division policies can be also found on their website.

If your child is no longer prescribed an adrenaline auto-injector (e.g., EpiPen®, Allerject[™]) for anaphylaxis, please contact me to update our records.

Please call me if you have any questions.

Angela Klassen, R.N. URIS Direct Service Nurse Winnipeg Regional Health Authority 975 Henderson Highway Winnipeg, MB R2K 4L7 Phone: 204-938-5879 Fax: 204-938-5119 Email: aklassen4@wrha.mb.ca



STANDARD HEALTH CARE PLAN (SHCP) ANAPHYLAXIS

Name: Gender: Birth date: School/child care facility: Grade (if applicable): MHSC #: MHSC #: Medic Alert™ identification worn ? YES NO PHIN #: Parent/guardian name: Work #: Parent/guardian name: Work #: Home Ph#: Cell #: Work #: Work #: Alternate emergency contact name: Work #: Alternate emergency contact name: Home Ph#: Cell #: Work #: Alternate emergency contact name: Work #: Home Ph#: Cell #: Work #: Alternate emergency contact name: Phone #: List items(s) that your child has a life-threatening allergy to (e.g., peanuts, nuts, milk, eggs): Cell #: Other allergies (non life-threatening): Cation at school/child at all times while attending the school/child care facility. List items(b) Junior (0.15 mg) Care facility Back-up adrenaline auto-injector is available at the school/child care facility. PipPen@ Bunior (0.15 mg) Care facility Back-up adrenaline auto-injector is available at the school/child care facility. Alterject™ 0.15 mg Purse NO Allerject™ 0.15 mg <td< th=""><th></th><th></th><th></th></td<>			
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This health care plan should accompany the child on excursions outside the facility.		ment of life-threatening	allergies in schools/child care
	This health care plan should accon	npany the child on exc	cursions outside the facility.



STANDARD HEALTH CARE PLAN (SHCP)

ANAPHYLAXIS

Name:		Birth date:
IF YOU SEE THIS		DO THIS
If ANY combination of present and there is re- anaphylaxis: When remembering the su F.A.S.T (Face, Airway, St Face • red watering eyes • runny nose • itchiness • redness, swelling of face, lips & tongue Airway • throat tightness • change of voice • difficulty swallowing • difficulty breathing • coughing • wheezing	ason to suspect	 Give adrenaline auto-injector. Secure child's leg. Identify site on outer middle thigh. Grasp adrenaline auto-injector in fist and remove safety cap(s). Do <u>not</u> bend or twist it off. Firmly press tip into the thigh at a 90° angle until you hear a click. Hold in place for a slow count of 5. Activate 911/EMS. Notify parent/guardian. If signs of anaphylaxis persist or recur, give backup adrenaline auto-injector (if available) every 5 to 15 minutes. Stay with child until EMS personnel arrive. Discard adrenaline auto-injector safely or give to EMS personnel.

<u>**Risk reduction strategies**</u> are the only way to prevent anaphylaxis. Although it is not possible to achieve complete avoidance of allergens in school/child care facilities, it is important to reduce exposure to life-threatening allergen(s). Please contact the school/child care facility if you have any questions about the risk reduction strategies that are implemented in their facility. School division policy can also be found on their website.

I have reviewed the above plan for my child and provide consent to this plan on behalf of my child.

Parent/guardian signature:_____ Date: _____

I have reviewed the above plan and information provided to me, and in my opinion, this is an appropriate response plan for this child.

Nurse name & signature: _____

Date: _____

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