## ACTION PLAN FOR ANAPHYLAXIS IN SCHOOLS

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Student:		Father/Mother/ Guardian:			
Age:	Weight:	Warning Phone:			PHOTO
School:		Teacher/ Tutor:			
Year:		Place of medication:			
Allergic t	0:				
Asthmati	ic: NO YES (High risk severe	e reactions)			
<b>1</b> 1 st	STEP: EVALUATING AND TR	EATING	The spec	ialist must co	omplete this form
		Uelts in the face, redness, itc	hy mouth or lips.		
_\	2 octdon.	welling of: lips, eyelids, hand	ds or other body parts.		
WATCH	Affects one organ.	Ibdominal pain, nausea, vom	iting or diarrhea.		
	4 jachís! It	Itchy eyes or nose, frequent sneezing, abundant mucus, red or watery eyes.			
	<b>5 1 2 1</b>	ightness in throat or hoarse	voice, repetitive cough.		
5	5 organs.	GIVE ADRENALINE auto-injector: 0.15 / 150 - 0.30 / 300			
EMERGENC	two or more	Shortness of breath, gasping, repetitive dry cough, breathlessness, wheezing, bluish skin or lips.  GIVE ADRENALINE auto-injector: 0.15 / 150 - 0.30 / 300			
	* SS P	Pale, weak pulse, loss of cons	sciousness, dizziness, fe	eling of impend	ing doom.
	affects I	GIVE ADRENALINE	auto-injector: 0.15 / 15	50 - 0.30 / 300	
_ f	2 <sup>nd</sup> STEP: IF YOU SUSPECT ANAPHYLAXIS, NOTIFY 061 AND FOLLOW INSTRUCTION	<ul><li>2. Call Emergenc</li><li>3. Call parents o</li><li>4. Although it m</li></ul>	E CHILD / ADOLESCENT A y (Tel.: 061) and report the or legal guardians. ay not contact the paren cation. Duty of care on 00	at it is anaphylax nts or the legal re	
	1. Grasp the injector in your dominant hand (the one you use to write with) with your thumb closest to the yellow cap.	3. Place the black injection outer thigh, holding the angle (approx 90°) to the section of the s	he injector at a right	5	5. Massage the njection area for 10 seconds.



2. Pull off the yellow cap with your other hand.







4. Push the black tip firmly into your outer thigh until you hear a 'click' confirming the injection has started, then keep it pushed in. Hold the injector firmly in place against the thigh for 10 seconds (a slow count to 10) then remove. The black tip will extend automatically and hide the needle.



6. Seek immediate medical help Tel.: 061, and say "anaphylaxis".

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Dr.					
$N^{o}$ from the College of Physicians and					
pediatrician / pediatric / medical pulmonologist / allergist have reviewed the protocol and requirements.					
Specific medication for action.					
Date and signature					
l,					
as father / mother / guardian, authorize the administration of the drugs comprising on this card to my					
son / daughter					
in following this protocol.					
Date and signature					

Article 195 of the Criminal Code establishes that it is a crime to breach the obligation of all people to help a person who is homeless and manifestly in serious danger, when it can be done without risk to themselves or others. Likewise, Article 20 of the Code states that the criminal acting in fulfillment of a duty is exempt from liability. Note that there is no liability of any kind if the during the course of duty any misapplication of rescue medication occurs.

