



## **Anaphylactic Policy**

Revised: November 19, 2014, September 16, 2016, March 16, 2020, April 22, 2021, June 30, 2021

Reference: Child Care and Early Years Act, 2014

Approved by Board of Directors November 19, 2014

Board Member: Patti Cross

Orde Day Care has developed and implemented this Anaphylactic Policy in accordance with section 39 (1) O. **Reg 137/15** under the Child Care and Early Years Act, 2014.

### **Definition of Anaphylaxis**

Anaphylaxis is a **SEVERE and LIFE-THREATENING** allergic reaction caused by exposure to a trigger (allergen). Anaphylaxis, the medical term for "allergic shock" or "generalized reaction", can be rapid and deadly. The allergy may be related to food, insect stings, medicine, latex, etc. It can be characterized by swelling, difficulty breathing, abdominal cramps, vomiting, diarrhea, circulatory collapse or coma and if left untreated death.

### **Policy Statement**

Orde Day Care recognizes the potentially serious consequences of children with allergies. These allergies may include a condition known as anaphylaxis. When exposed to an allergen to which they have sensitivity, these children will have a severe and potentially life threatening allergic reaction. It is the policy of Orde Day Care to create an allergen-aware environment in our daycare in order to protect the health and safety of our children and staff.

**Orde Day Care does not purport to be, nor can it be deemed to be free of food items and non-food items that may lead to a severe allergic or anaphylactic reaction.** Orde Day Care will make every reasonable effort to reduce the risk to children with severe allergies or anaphylaxis in accordance with this policy.

Creating an environment that reduces the risk to severely allergic or anaphylactic children requires the co-operation and understanding of all members of Orde Day Care, including staff, children and parents. **We do not encourage or allow outside food products in our centre. Outside food is only allowed to be brought if our centre cannot meet your child's dietary need. All containers and bottles with outside food/liquid must be labelled with a permanent marker with the child's name when they are brought into the centre.**

We request that **no peanut or tree nut products** are allowed at Orde Day Care at any time. **If a child requires a food substitution that is nut based written consent from all families in the specific program must be obtained prior to the food item being available. If consent is not given by all parties, the item will not be allowed in the program room**

### **Purpose of the Policy and Procedures**

- Orde Day Care Centre is committed to taking a pro-active position regarding the prevention of anaphylaxis. The purpose of the policy is to provide a process for dealing with anaphylaxis in the centre. This document provides information to staff so that they



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can develop an action plan to develop a strategy to reduce the risk of exposure to anaphylactic agents

- ensure a communication plan is developed that communicates information on life threatening allergies, including anaphylactic allergies
- ensure an individualized plan for each child with anaphylactic allergy is developed in consultation with the parent and attending health care professional and reviewed on an annual basis which includes a description of the procedure to be followed in the event of an allergic reaction or medical emergency
- provide training on procedures to follow in the event of an anaphylactic reaction

### **Strategies to Reduce Risk of Exposure**

- ◆ Foods with “May Contain” nut warnings will not be served or included in the menu
- ◆ Staff who undertake to purchase food or program supplies for their classroom must ensure that the products do not contain a known allergen,
- ◆ List of allergies will be revised as necessary
- ◆ All children and staff will wash hands before and after handling food
- ◆ Children/staff/volunteers will be instructed to not share food
- ◆ All cleaning supplies, medicines and any other products that may be of danger and/or commonly produce allergic reactions will be stored away
- ◆ Extra special supervision of anaphylactic children during eating (i.e. sitting opposite /next to staff)
- ◆ On the bus during field trips children with anaphylaxis will sit within view of staff member
- ◆ Playground areas will be checked and monitored for insects such as wasps. Caretakers will be notified immediately if there are any nests and children will be forbidden to play in this area
- ◆ On offsite trips, parents will be notified and asked to send an extra Epi-Pen
- ◆ Staff will take a working cell phone on all excursions
- ◆ Consent by the child’s physician and parent is required for any child carrying their own Epi-Pen
- ◆ All strategies to reduce exposure will be revised as necessary dependent on the life-threatening allergy of the children enrolled

### **Communication Plan for the Dissemination of Information**

- ◆ Staff, parents, students and volunteers will be informed of Orde Day Care’s policy and procedures regarding anaphylactic allergies upon hiring, enrolment or at the beginning of their placement **and annually thereafter, or when changes are made to the plan.**
- ◆ Staff, students and volunteers will be required to review all individual anaphylactic and medical plans prior to working or volunteering in the centre
- ◆ Staff, students and volunteers will be oriented to the allergy postings in each room and kitchen and emergency /trip knapsack
- ◆ Registration packages will contain a document for parents to complete if their child suffers from a life-threatening allergy or medical condition
- ◆ If a life-threatening allergy or medical condition is noted, the supervisor will provide an Anaphylactic or Medical condition package for the parent to complete in consultation with their medical provider



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- ◆ Supervisors will update the allergy list with new allergies as they are received through the registration process or annual emergency contact update
- ◆ Supervisors will review the anaphylactic/medical condition information with the parent/medical practitioner
- ◆ Supervisors will ensure all staff, students and volunteers are oriented to any new individual plans prior to the child starting, or as soon as the information is submitted to the centre by the parent
- ◆ Supervisor/Director will inform the catering company prior to the start of the catering, and anytime during the period if there are changes to the allergy list

### **Identification of Children at Risk**

Children requiring an Epi-Pen® injection shall be clearly identified to all staff. An **Individual Anaphylaxis Emergency Plan Form** shall be posted in a prominent place in the kitchen, all program rooms, staff room, and daycare office and a copy placed in the trip/emergency bags. In addition, an updated picture, supplied by the parent shall be readily available to all staff.

### **Individual Plan and Emergency Procedures**

Prior to enrolment, the parent/guardian will meet with the Director and/or Supervisor to provide input for the child's individual plan and emergency procedures. This plan will include but is not limited to:

- ◆ Description of the child's allergy
- ◆ Monitoring and avoidance strategies
- ◆ Signs and symptoms of an anaphylactic reaction
- ◆ Action to be taken by the staff should the child have an anaphylactic reaction
- ◆ Parent/guardian consent for administering allergy medication to the child or to allow the child to self-administer as well as the, sharing information and posting an **Individual Anaphylaxis Plan**
- ◆ Emergency contact information
- ◆ Location of EpiPen and back-up EpiPen

Parents are requested to advise the Director and/or Supervisor if their child develops an allergy, requires medication and/or of any change to the child's individual plan or treatment. Individual Plans will be revised yearly and as directed by the parent or physician.

Copies of **Individual Plans** are kept in the following

- each child's file
- Emergency/trip bags
- posted in every room operated by the child care, **including child care office.**
- Individual plan binder- staff room at each location

### **Storage of Epi-pens**

Children given parental consent to self-administer their medication are expected to carry the Epi-Pen on their person at all times, children who are too young or unable to carry their own Epi-pen safely, will have their Epi-pen stored in the program rooms attendance binder in an accessible, **unlocked** location, to be taken with the group at all times. The child's name and directions for administering the EpiPen® shall be with the medication.



### **Emergency Procedures**

One person stays with the child at all times.

1. Inject Epinephrine using EpiPen®
2. Call 9-1-1.
3. One person goes for additional help or calls for help.
4. Follow emergency procedures as outlined in **child's individual plan** (i.e. Administer epinephrine at first sign of reaction)
5. Have the child transported to hospital even if symptoms have subsided. Symptoms may occur hours after exposure to allergen. (Injected medication (epinephrine) will provide a window of time (15 to 20 minutes) to allow for transportation of the child to a hospital where appropriate medical aid can be provided.)
6. Administered Epi-pen is to accompany child to hospital.
7. Administered Epi-pen is to be given to hospital employee or child's parent for disposal.
8. One calm staff must stay with the child until parent or guardian arrives. The child's back-up Epi-pen auto injector should be taken

Anaphylactic shock is a medical emergency and must be treated **immediately**. If the child is also asthmatic, the Epi-Pen **must** be given prior to asthma medications.

### **Emergency Procedures for Children without a Medical Diagnosis of Anaphylaxis**

Only a physician can diagnose anaphylaxis. Daycare staff **will not attempt to diagnose Anaphylaxis**. If a child appears to be developing an anaphylactic reaction and the daycare does not have medical information as required by this procedure, then staff will start emergency medical procedures by calling 9-1-1.

### **Transportation of Child with Anaphylaxis to Hospital**

A child experiencing anaphylactic symptoms should be transported immediately by ambulance to a hospital even if symptoms decrease with the administration of medication. The call to the ambulance shall be made by **dialing 911**. It should be clearly indicated that the child is having an anaphylactic reaction. If using a cell phone, identify your location. Do not attempt to get the child to hospital yourself.

### **Training**

- ◆ A parent will train the Supervisor of that location, who will in turn train the staff, students and volunteers
- ◆ Supervisors will train all staff, students and volunteers prior to the child enrolment or as changes are made to the child's individual plan
- ◆ Volunteers and Students are not permitted to administer medication unless under extreme circumstances (i.e. staff member is unconscious).
- ◆ Training will include procedures to be followed in the event of a child having an anaphylactic reaction, recognizing the signs and symptoms and administering medication
- ◆ Staff will conduct a check to confirm child (ren) have their required medication with them before each transition (i.e. moving from the class to the gym, leaving the school, etc.)
- ◆ The staff will be required to sign and date that they have received training upon hire and annually



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- ◆ The Supervisor will keep a log on file of all training dates, trainers and staff, students and volunteers signatures

### **Director/Supervisor Responsibilities**

An effective plan of action to meet this challenge of protecting children and staff includes the following:

- ◆ Review and have staff, volunteers and students sign-off on **Anaphylaxis Policy** and Procedures upon hire and annually thereafter.
- ◆ Meet with parents of children diagnosed with Anaphylaxis upon registration at the daycare and/or upon diagnosis of Anaphylaxis and complete an **Anaphylaxis History Form** and an individual **Anaphylaxis Alert and Emergency Plan**.
- ◆ Exchange consent and information forms with the parent included in this procedure that will identify Anaphylaxis through a diagnosis from an attending physician.
- ◆ Complete an **Anaphylactic Checklist** for each anaphylactic child.
- ◆ Ensure that Epi-Pens are kept in an accessible, **unlocked location**.
- ◆ Ensure the child's name and directions for administering the Epi-Pen are with the medication.
- ◆ Provide a safe and allergen aware environment within the daycare.
- ◆ Risk of exposure in the rooms, on the playgrounds and during any field trip.
- ◆ Ensure that thorough hand washing is promoted and supported.

### **Parent Responsibilities/Child Responsibilities**

Parents of children who have been diagnosed with Anaphylaxis are expected to:

- ◆ Train Orde Day Care, Supervisors or have their physician train them, regarding their child's allergens, symptoms and administration of Epi-pen.
- ◆ Exchange information with the Supervisor about the child's medical condition including all medical forms found in this procedure. This will enable the Supervisor to communicate and plan effectively with the staff in providing for the safety and welfare of the child.
- ◆ Provide **proprietary medication** as prescribed by a physician. This means that the medication can only be used for the child named in the prescription. **Failure to provide this medication can result in the removal of the child from the daycare until the medication is available at the daycare** according to this procedure.
- ◆ Supply the daycare with 2 current pictures of your child – updated annually.
- ◆ Provide a minimum of one (1) Epi-Pen; if possible, provide two (2) Epi-Pens as recommended by Anaphylaxis Canada. In case of financial hardship, arrangements must be made with the Supervisor or Director
- ◆ Provide an labelled and insulated pouch for the storage of the epi pens
- ◆ Epi-Pens have a shelf life of 12 to 18 months and must be replaced when stale-dated.
- ◆ Parents are encouraged to provide their child with a Medic-Alert bracelet.
- ◆ All forms and medications must be reviewed and updated annually.
- ◆ If child is no longer anaphylactic, a letter from the physician must be provided and kept on file.

### **Staff/Volunteer and Student Responsibilities**

For prevention and immediate emergency treatment, **all staff/volunteers and students** must



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be:

- ◆ aware of the identity of the anaphylactic child
- ◆ be trained and sign-off on the child's **Individual Emergency Plan**
- ◆ aware of **location of medications**
- ◆ aware of the allergens that trigger an anaphylactic reaction
- ◆ aware of the possibility and mechanism of cross contamination
- ◆ aware of the necessary treatment procedure
- ◆ trained to recognize symptoms
- ◆ trained and empowered to administer medication (epinephrine), by injection in an emergency
- ◆ trained and empowered to call 9-1-1 and arrange emergency transport to hospital
- ◆ Review and sign-off on **Anaphylaxis Policy and Procedures** upon hire and annually thereafter.

**Serious Occurrence Reporting**

All incidents involving an anaphylaxis emergency need to be reported as a Serious Occurrence. **Serious Occurrences are to be reported online to the Ministry of Education Childcare Licensing System within 24 hours, as it is considered a life threatening accident. Email addresses and contact numbers can be found on the Revised Serious Occurrence Reporting posting, found by each program phone.**

**Field Trips**

**A minimum of two (2) EpiPens® must accompany the child on all excursions.** Staff will be cognizant of children's allergies when planning trips keeping in mind children's health information, known allergens and the administration of special medications. **It is advisable to have a parent or other adult relative of an anaphylactic child accompany them wherever possible.** If staff-child ratios cannot be lowered, parents will be informed that should a medical emergency arise on the trip, their child may be sent unescorted with EMS to the hospital. Every effort will be made to send someone from the centre with the child to the hospital. Parents shall be informed of trips as early as possible in order to research the sights for allergic risks.

**Checklists**

Checklists are provided to director/supervisor/staff/volunteers/students on admission of an anaphylactic child, for annual update of information and procedures and for use when there is a supply teacher on duty.

**Procedures when there is a supply teacher**

The Supervisor shall brief the supply teacher about any anaphylactic children in the room. The Individual Emergency Plan and child's photo is to be kept with the Emergency Binder and brought to the attention of the supply teacher *at the start of their shift*. A copy of the checklist is given to the supply teacher. A copy of the Individual Emergency Anaphylactic Plan is kept in the Emergency Binder in the room at all times.

Staff Name:	Supervisor Name:
Staff Signature:	Supervisor Signature:



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Date:	Date: