Anaphylactic Policy and Procedure

Revised: November 19, 2014, September 16, 2016, March 16, 2020, April 22, 2021, June 30, 2021, April 20, 2023, May 13, 2024, April 14, 2025, May 25, 2026, August 19, 2026, October 15, 2026
Reference: Child Care and Early Years Act, 2014
Approved by Board of Directors November 19, 2014, July 20, 2023, October 15, 2026

Purpose

Anaphylaxis is a serious allergic reaction that can be life-threatening. It requires avoidance strategies and immediate response in the event of an emergency. These policies and procedures are intended to help meet the needs and save the lives of children with severe allergies and provide relevant and important information on anaphylaxis to parents, educators, staff, students, volunteers and visitors at the child care centre.

This policy is intended to fulfill the obligations set out under Ontario Regulation 137/15 for an anaphylactic policy for child care centres. The requirements set out in this policy align with Sabrina's Law, 2005.

Note: definitions for terms used throughout this policy are provided in a Glossary at the end of the document.

Policy

Individualized Plans and Emergency Procedures for Children with Life-Threatening/Anaphylactic Allergies

- Before attending the child care centre, the supervisor/designate will meet with the parent of a child to obtain information about any medical conditions, including whether the child is at risk of having or has anaphylaxis.

- Whenever possible, the food or agent that causes anaphylaxis (excluding peanuts, nuts, or associated products, which are always prohibited) will not be served in the classroom attended by the child. This exclusion will be implemented only when the allergen is not a core component of the regular nutrition program, such as dairy, eggs and wheat and when an appropriate nutritional substitute can be provided to all children in the classroom.

- Before a child attends the child care centre or upon discovering that a child has an anaphylactic allergy, an individualized plan and emergency procedures will be developed for each child with anaphylaxis in consultation and collaboration with the child's family, and any regulated health professional who is involved in the child's care that the family believes should be included in the consultation. Families will be encouraged to provide two photos of their child.

- All individualized plans and emergency procedures will include a description of symptoms of an anaphylactic reaction that are specific to the child and the procedures to be followed in the event of an allergic reaction or other medical emergency based on the severity of the child's symptoms.

- The individualized plan and emergency procedures for each child will include information for all staff and educators, regarding the type of allergy, monitoring and avoidance strategies and appropriate treatment.

- All individualized plans and emergency procedures will be made readily accessible at all times to all educator, staff, students and volunteers at the child care centre and will be posted on the allergy board in each room and the emergency bag.

- All individualized plans and emergency procedures will be reviewed with a parent of the child on a yearly basis to ensure the information is current and up to date

Strategies to Reduce the Risk of Exposure to Anaphylactic Allergens

The following strategies to reduce the risk of exposure to anaphylactic causative agents must be followed at all times by employees, students and volunteers at the child care centre.

- Prohibited allergen-containing products are not permitted anywhere in the child care centre, including classrooms, hallways, program areas, or shared children's spaces. These products may only be consumed in the designated staff room, provided that strict safety measures are followed. Educators must ensure that all allergen-containing items are handled, consumed, and disposed of in a manner that prevents exposure to children. This includes washing hands immediately after eating, thoroughly cleaning all surfaces, safely disposing of waste, and ensuring no allergen-containing food, packaging, or residue leaves the staff room. No prohibited products may be brought into program areas under any circumstances.

- Do not serve foods where its ingredients are not known.

- Do not serve items with 'may contain' warnings on the label.

- Ask the caterer or cook to provide the known ingredients for all food provided. The ingredients will be reviewed before food is served to children to verify that causative agents are not served to children with anaphylactic allergies.

- In cases where a child has food allergies and the meals and snacks provided by the child care centre cannot meet the child's needs, ask the child's parent to supply snacks/meals for their child. All written instructions for diet provided by a family will be implemented.

- Where food is provided from home for children, ensure that appropriate supervision of children is maintained so that food is not shared or exchanged.

- Encourage all children to wash hands before eating

- Encourage and monitor children so they do not share food

- Encourage families who serve foods containing allergens at home to ensure their child has been rid of the allergens prior to attending the child care centre (e.g., by thoroughly washing hands, brushing teeth, etc.)
- Do not use craft/sensory materials and toys that have known allergens on the labels.
- Playgrounds and outdoor areas will be monitored for insects such as wasps. Caretakers are to be notified if there are nests or increased activity of wasps/bees. Children with bee/wasp allergies will be restricted from these areas if possible
- Share information about anaphylaxis, strategies to reduce the risk of exposure to known allergens and treatment with all families enrolled in the child care centre.
- Make sure each child's individual plan and emergency procedure are kept-up-to-date and that all educator, students, and volunteers are trained on the plans.
- Refer to the allergy list and ensure that it is up to date and implemented.
- Update educator, students, and volunteers when changes to a child's allergies, signs and symptoms, and treatment occur and review all updates to individualized plans and emergency procedures.
- Update families when changes to allergies occur while maintaining the confidentiality of children.
- Update or revise and implement the strategies in this policy depending on the allergies of children enrolled at the child care centre.

Rules for Parents Who Send Food with their Child

- Outside food products are only permitted if the centre cannot find an adequate substitute for the child and their dietary needs
- Families must label food brought to the child care centre with the child's full name and if applicable, the date the food arrived at the child care centre.
- Parents must advise the child care centre of all ingredients in food supplied by the parent or any ingredients to which children may be allergic.

Communication Plan

The following is our communication plan for sharing information on life-threatening and anaphylactic allergies with educator, students, volunteers, parents and families.

- Families will be **directed/informed** not to bring foods that contain ingredients to which children may be allergic into the childcare centre such as peanuts, tree nuts or associated products. Families are asked to have children finish home snack prior to entering the daycare classroom.

- Families will be informed about anaphylactic allergies and all known allergens at the child care centre through the sharing of the Anaphylactic policy and procedure, when providing a tour to the prospective parent and outlined in the family handbook

- A list of all children's allergies including food and other causative agents will be posted in all cooking and serving areas, in each play activity room, and made available in any other area where children may be present, including the room's emergency knapsack

- Each child with an anaphylactic allergy will have an individualized plan and emergency procedures that detail signs and symptoms specific to the child describing how to identify that they are having an allergic reaction and what to do if they experience a reaction.

- Each child's individualized plan and emergency procedure will be made available and accessible wherever the child may be present while receiving child care.

- The caterer, cook, and dishwasher who collect groceries on behalf of the child care centre and/or other food handling educator, where applicable, will be informed of all the allergies at the child care centre, including those of children, educator, students and volunteers. An updated list of allergies will be provided to the caterer or cook as soon as new allergies are identified. The supervisor or designate will communicate with the caterer/cook about which foods are not to be used in food prepared for the child care centre and will work together on food substitutions to be provided.

- The child care centre will communicate with the Ministry of Education by reporting serious occurrences where an anaphylactic reaction occurs in accordance with the established serious occurrence policy and procedures.

- This communication plan will be continually reviewed to ensure it is meeting the needs of the child care centre and that it is effectively achieving its intended result.

Drug and Medication Requirements

- Where drugs or medications will need to be administered to a child in response to an anaphylactic reaction, the drug and medication administration policy will be followed including the completion of a parental authorization form to administer drugs or medications.

- **Parents will be informed that if individual plans include the use of antihistamines their child must be picked immediately, should this medication be administered to the child.**

- Emergency allergy medication (e.g., oral allergy medications, puffers and epinephrine auto-injectors) will be allowed to remain unlocked or carried by children with parental authorization so that they can be administered quickly when needed.

- Epi pens should be stored in an insulated pouch to reduce exposure to the cold.

- When a family identifies that a child has a known allergy and does not provide an epi pen, the family is required to sign off indicating they have chosen not to provide the childcare with an epi pen.

- Children who attend field trips are required to **provide two epi pens** to the child care prior to the field trip. Family members/adult relatives of children with an anaphylactic allergy are encouraged to attend field trips

- Children who do not provide two epi pens will not be allowed to attend the trip, and alternate arrangements for care will be made at the centre for the day

Training

- Supervisor will ensure that the supervisor/designate and/or all educators, students and volunteers receive training from a parent of a child with anaphylaxis on the procedures to follow in the event of a child having an anaphylactic reaction, including how to recognize the signs and symptoms of anaphylaxis and administer emergency allergy medication.

- Where only the supervisor/designate has been trained by a family, the supervisor/designate will ensure training is provided to all other educators, students and volunteers at the child care centre prior to the child starting or when the Supervisor is made aware of the known anaphylactic allergy

- Training will be repeated annually, and any time there are changes to any child's individualized plan and emergency procedures.

- A written record of training for educators, students and volunteers on procedures to be followed for each child who has an anaphylactic allergy will be kept, including the names of individuals who have not yet been trained. This will ensure that training is tracked and follow-up is completed where an individual has missed or not received training. The form found in the Individual Medical binder is to be used for this purpose

- Agency educators will be informed by the Supervisor at the start of their shift of any children who have an anaphylactic allergy by reviewing and signing the children's Anaphylactic plans

- If a child is no longer identified as Anaphylactic, a letter or email from the child's parent must be provided and signed by the parent. This letter is to be kept in the child's file.

Confidentiality

- Information about a child's allergies and medical needs will be treated confidentially and every effort will be made to protect the privacy of the child, except when information must be disclosed for the purpose of implementing the procedures in this policy and for legal reasons (e.g. to the Ministry of Education, College of Early Childhood Educators, law enforcement authorities or a Children's Aid Society).

Procedures to be followed in the circumstances described below:

Circumstance	Roles and Responsibilities
A) A child exhibits an anaphylactic reaction to an allergen	1. The person who becomes aware of the child's anaphylactic reaction must immediately: i. implement the child's individualized plan and emergency procedures; ii. contact emergency services and a parent/guardian of the child, or have another person do so where possible; and iii. ensure that where an epinephrine auto-injector has been used, it is properly discarded (i.e. given to emergency services, or in accordance with the drug and medication administration policy). 2. Once the child's condition has stabilized or the child has been taken to hospital, educator must: i. follow the child care centre's serious occurrence policies and procedures; ii. document the incident in the daily written record; and iii. document the child's symptoms of ill health in the child's records.
B) A child is authorized to carry his/her own emergency allergy medication for school use only C) Childcare will administer emergency life saving medication in found in room emergency knapsack	1. Educator must: i. ensure that written parental authorization is obtained to allow the child to carry their own emergency allergy medication; ii. ensure that the medication remains on the child (e.g., fanny pack, holster) and is not kept or left unattended (e.g., in the child's cubby or backpack); iii. ensure that appropriate supervision is maintained of the child while carrying the medication and of children in their close proximity so that other children do not have access to the medication; and iv. Where there are safety concerns relating to the child carrying his/her own medication (e.g., exposure to other children), notify the centre supervisor/designate and the child's parent of these concerns, and discuss and implement mitigating strategies. Document the concerns and resulting actions in the daily written record.

D) A child exhibits a severe allergic reaction to an allergen but does not have an epi or anaphylactic diagnosis	2. The person who becomes aware of the child's severe allergic reaction must immediately: v. contact emergency services and a parent/guardian of the child, or have another person do so where possible; and 3. Once the child's condition has stabilized or the child has been taken to hospital, educator must: vi. follow the child care centre's serious occurrence policies and procedures; vii. document the incident in the daily written record; and document the child's symptoms of ill health in the child's records.

Glossary

Anaphylaxis: a severe systemic allergic reaction which can be fatal, resulting in circulatory collapse or shock. Symptoms can vary for different people, and can be different from one reaction to the next, including:

- Skin: hives, swelling, itching, warmth, redness, rash
- Breathing (respiratory): coughing, wheezing, shortness of breath, chest pain/tightness, throat tightness/swelling, hoarse voice, nasal congestion or hay fever-like symptoms (runny nose and watery eyes, sneezing), trouble swallowing
- Stomach (gastrointestinal): nausea, pain/cramps, vomiting, diarrhea
- Heart (cardiovascular): pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- Other: anxiety, feeling of "impending doom", headache, uterine cramps, metallic taste in mouth

(Source: http://foodallergycanada.ca/about-allergies/anaphylaxis/)

Causative Agent (allergen/trigger): a substance that causes an allergic reaction. Common allergens include, but are not limited to:

- eggs
- milk
- mustard
- peanuts
- seafood including fish, shellfish, and crustaceans
- sesame
- soy
- sulphites which are food additives
- tree nuts

- wheat
- latex
- insect stings

Epinephrine: A drug used to treat allergic reactions, particularly anaphylaxis. This drug is often delivered through an auto-injector (e.g. EpiPen)

Educator (Employee): Individual employed by the licensee (e.g. program room educator, cook, support staff).

Licensee: The individual or corporation named on the licence issued by the Ministry of Education responsible for the operation and management of the child care centre.

Parent: A person having lawful custody of a child or a person who has demonstrated a settled intention to treat a child as a child of his or her family (all references to parent include legal guardians, but will be ref erred to as "parent" in the policy).

Policy and Procedure Review

The **Anaphylaxis Policy and Procedure** will be reviewed and signed off by all employees before commencing employment, annually, and at any time changes are made.

I acknowledge receipt of Orde Day Care's. **Anaphylaxis Policy and Procedure** I understand it is my responsibility to read, understand, and comply with the **Anaphylaxis Policy and Procedure**.

I understand that if I have questions, at any time, regarding the **Anaphylaxis Policy and Procedures**, I will consult with my immediate supervisor.

Please read the **Anaphylaxis Policy and Procedures** carefully to ensure that you understand the policy before signing this document

Educator Name:	Supervisor Name:
Educator Signature:	Supervisor Signature:
Date:	Date: