
Position

Date

Anaphylaxis Allergy Policy

Anaphylaxis is a serious allergic reaction and can be life threatening. The allergy may be related to food, insect stings, medicine, latex, exercise etc. This policy is intended to help support the needs of a child with a severe allergy and provide information on anaphylaxis and awareness to parents, staff, students and visitors at the child care centre. Employees, volunteers and students are able to identify enrolled children with anaphylactic allergies as well as allergies, and are able to correctly explain the emergency procedure to be followed if the child has an anaphylactic reaction.

Policy

The anaphylactic policy will be reviewed by all parents, staff, students and visitors upon enrolment of a child with an anaphylactic allergy and at least annually after the first review and at any other time when substantive changes are made to the policy, plan or procedure.

1. Strategies to reduce the risk of exposure to anaphylactic causative agents may include:

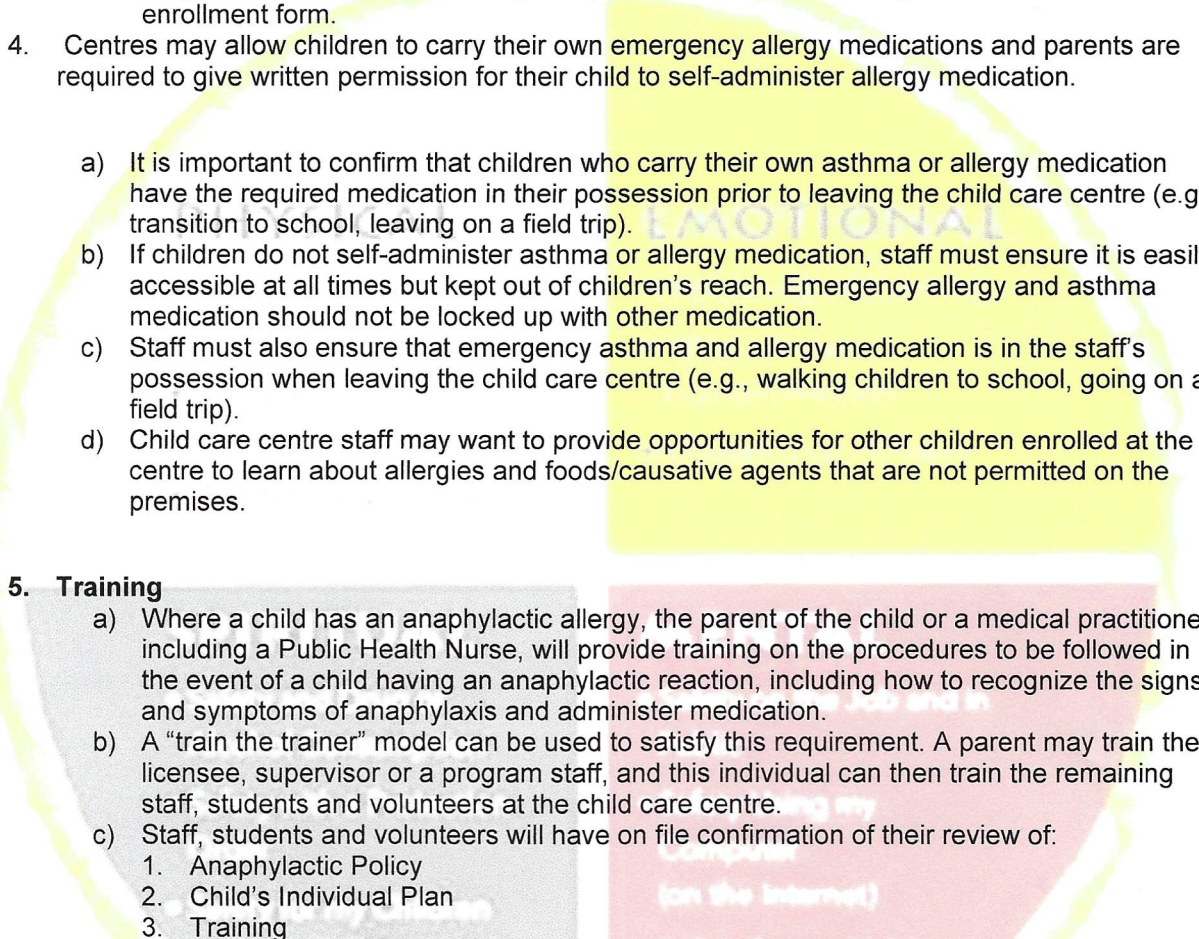
- a) Certain foods will be avoided on the menu
- b) Certain foods/materials will be avoided for craft and sensory activities
- c) Risk reduction strategies for stinging insects, latex etc. (info included)
- d) Only purchased foods containing secure ingredient labels will be allowed to be shared and/or distributed
- e) Peanut safe signs may be posted

2. Communication Plan will provide the following information:

- a) Signs/information of all children's allergies will be posted in a designated area accessible to all parents. (Parent Information Board)
- b) This policy will be outlined in the Parent Manual.
- c) A list of known allergies of children will be posted in food preparation, eating areas and activity rooms.
- d) The child care centre caterer (where child care centre food is catered) will be advised of the food/causative agents not to be used in food prepared for the centre..

3. Development of a child's individual plan and emergency procedures:

- a) The parent/guardian of a child with an anaphylactic allergy will provide input on the child's plan, including the emergency procedure by completing the Child's Individual Plan Form.
- b) The information collected on this form includes:
 1. A description of the child's allergy
 2. Monitoring and avoidance strategies
 3. Signs and symptoms

- 
4. Action to be taken by staff
 5. Consent from parent/guardian that allows staff to administer medication
 6. Emergency contact information to be updated as required
 - c) The Child's Individual Plan is to be reviewed by staff upon employment and annually. (attached)
 - d) The Child's Individual Plan is to be reviewed by all students and volunteers including parent volunteers. (attached)
 - e) Parent will advise the child care centre if their child develops an allergy and requires medication, of any change to the child's individual plan or treatment or if the child has outgrown an allergy and no longer requires medication. Parent/guardian initial and date on enrollment form.
4. Centres may allow children to carry their own emergency allergy medications and parents are required to give written permission for their child to self-administer allergy medication.
- a) It is important to confirm that children who carry their own asthma or allergy medication have the required medication in their possession prior to leaving the child care centre (e.g., transition to school, leaving on a field trip).
 - b) If children do not self-administer asthma or allergy medication, staff must ensure it is easily accessible at all times but kept out of children's reach. Emergency allergy and asthma medication should not be locked up with other medication.
 - c) Staff must also ensure that emergency asthma and allergy medication is in the staff's possession when leaving the child care centre (e.g., walking children to school, going on a field trip).
 - d) Child care centre staff may want to provide opportunities for other children enrolled at the centre to learn about allergies and foods/causative agents that are not permitted on the premises.
- 5. Training**
- a) Where a child has an anaphylactic allergy, the parent of the child or a medical practitioner, including a Public Health Nurse, will provide training on the procedures to be followed in the event of a child having an anaphylactic reaction, including how to recognize the signs and symptoms of anaphylaxis and administer medication.
 - b) A "train the trainer" model can be used to satisfy this requirement. A parent may train the licensee, supervisor or a program staff, and this individual can then train the remaining staff, students and volunteers at the child care centre.
 - c) Staff, students and volunteers will have on file confirmation of their review of:
 1. Anaphylactic Policy
 2. Child's Individual Plan
 3. Training

6. Special Instructions

It is the parent's responsibility to ensure their child attends the program with an epinephrine auto-injector and:

- a) An appropriate number of epinephrine auto-injectors shall be available for on and off premise activities.

Procedure

Parents with anaphylactic children **MUST** complete a Child's Individual Plan and Emergency Procedure Form for each child prior to being admitted to the HIFN Daycare Center.

Parents with anaphylactic children must provide a minimum of one dedicated prescription EpiPen for each child that will remain at the Centre at all times. This pen will be within reach of child at all times and taken on every outing.

All staff will receive training on emergency procedures and EpiPen use.

A notice of all children's allergies will be posted in the food preparation, eating areas and activity rooms.

EpiPens and asthma inhalers **MUST** be provided to the Centre's staff prior to the start of their child/ren's participation in any of the programs being offered at the HIFN Daycare Center.

EpiPens are stored in Locked File cabinet in the HIFN Daycare Office.

All medication **MUST** be provided to the staff in a clearly labeled bag with the following information:

- ☐ Child's full name
- ☐ Expiration date of medication
- ☐ **MUST** be clearly labeled with instructions for use
- ☐ A copy of the HIFN Daycare centre's medication administration form should be included in the bag indicating the dose per use and the time of day when it should be administered.

Roles and Responsibilities

1. Responsibilities of the Parent/Guardian of a child with an anaphylactic allergy:

- a) Identify their child's allergies and needs to the child care supervisor/provider
- b) Provide specific instructions for administering Benadryl and EpiPen
- c) Provide the child care facility with up to date adrenaline auto injectors
- d) Participate in the development of a written Individual Health Plan for their child
- e) Provide foods from home (if applicable)
- f) Provide support to the facility and staff as required
- g) Provide EpiPen training for the staff, students and volunteers

2. Responsibilities of the Supervisor/Operator:

- a) Meet and ensure the parents/guardians have completed all the necessary consent and authorization forms
- b) Assist with the implementation of policies and procedures for reducing risk in the centre/family child care home
- c) Work closely with parents/guardians of the child with known risk of anaphylaxis

Parents with anaphylactic children must provide a minimum of one dedicated prescription Epipen for each child that will remain at the Centre at all times. This pen will be within reach of child at all times and taken on every outing.

All staff will receive training on emergency procedures and Epipen use.

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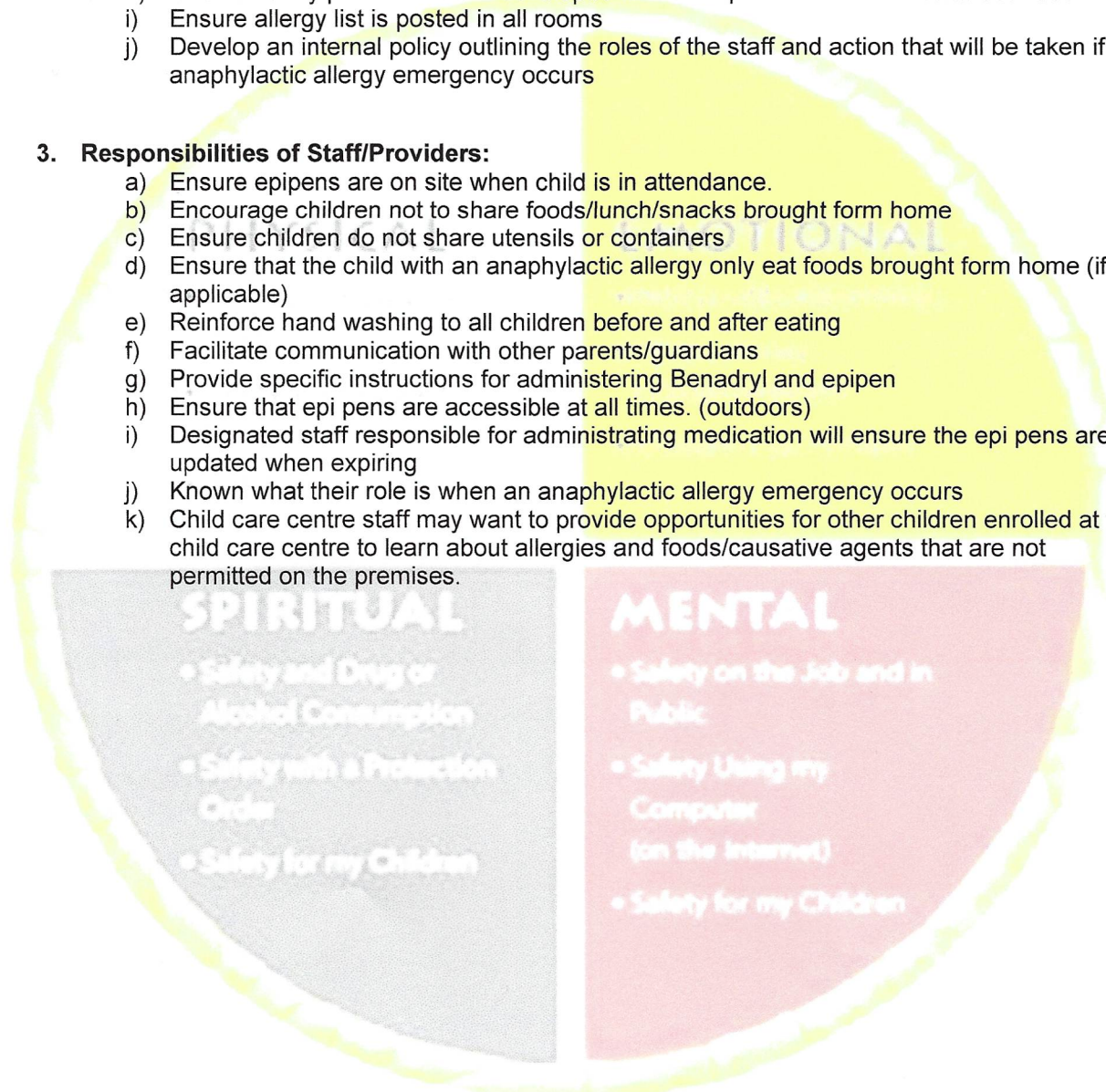
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- a) Meet and ensure the parents/guardians have completed all the necessary consent and authorization forms
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- c) Work closely with parents/guardians of the child with known risk of anaphylaxis

- d) Notify staff/providers of the child with known risk of anaphylaxis the allergens and the treatment
- e) Ensure all staff/providers, students and volunteers have received instruction in the use of the auto injector.
- f) Inform parents/guardians that a child with an anaphylactic allergy is in direct contact with their child and ask for their support and co-operation
- g) Ensure staff, students and volunteers review and sign the Anaphylactic policy and the Child's Individual Plan upon employment and annually
- h) Ensure safety procedures are developed for field trips and extra curricular activities.
- i) Ensure allergy list is posted in all rooms
- j) Develop an internal policy outlining the roles of the staff and action that will be taken if an anaphylactic allergy emergency occurs

3. Responsibilities of Staff/Providers:

- a) Ensure epipens are on site when child is in attendance.
- b) Encourage children not to share foods/lunch/snacks brought form home
- c) Ensure children do not share utensils or containers
- d) Ensure that the child with an anaphylactic allergy only eat foods brought form home (if applicable)
- e) Reinforce hand washing to all children before and after eating
- f) Facilitate communication with other parents/guardians
- g) Provide specific instructions for administering Benadryl and epipen
- h) Ensure that epi pens are accessible at all times. (outdoors)
- i) Designated staff responsible for administering medication will ensure the epi pens are updated when expiring
- j) Known what their role is when an anaphylactic allergy emergency occurs
- k) Child care centre staff may want to provide opportunities for other children enrolled at the child care centre to learn about allergies and foods/causative agents that are not permitted on the premises.



Child's Individual Plan & Emergency Procedures

For Child with Anaphylactic Allergy

Name of Child _____ **PHOTO OF**

Address _____ Home Tel. _____ **CHILD**

Name of Parent(s)/Guardian(s) _____

Emergency Contact # _____

Allergy Description: This child has a dangerous, life threatening allergy to the following foods/causative agents (i.e. foods, latex etc.)

Medication required: _____

Location where Medication will be stored: _____

Possible Symptoms: (list specific symptoms child will show when having a reaction)

1. _____
2. _____
3. _____

Action-Emergency Plan: (list the steps that are to be taken if a reaction occurs)

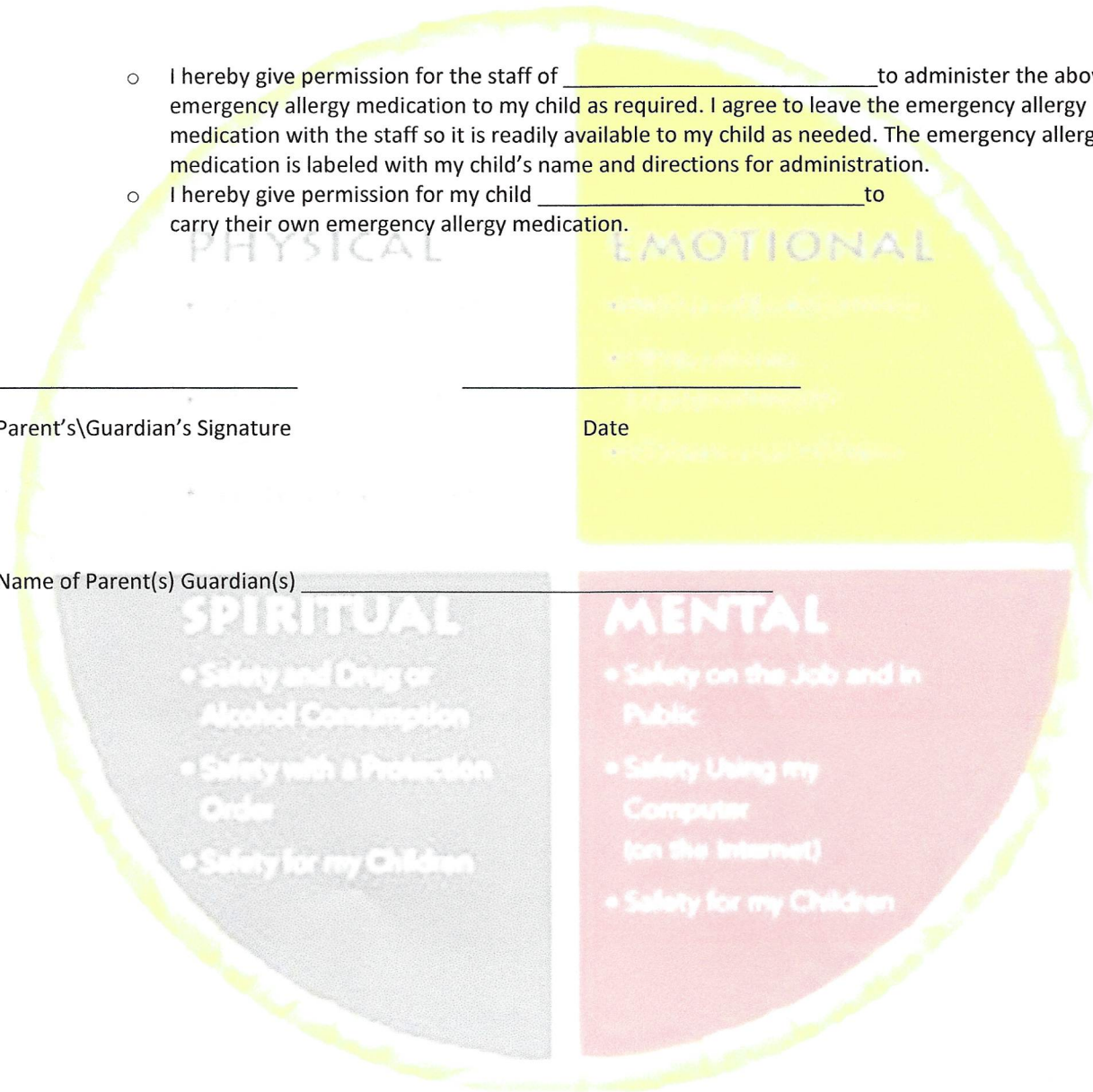
1. _____
2. _____
3. _____

- I hereby give permission for the staff of _____ to administer the above emergency allergy medication to my child as required. I agree to leave the emergency allergy medication with the staff so it is readily available to my child as needed. The emergency allergy medication is labeled with my child's name and directions for administration.
- I hereby give permission for my child _____ to carry their own emergency allergy medication.

Parent's\Guardian's Signature _____

Date _____

Name of Parent(s) Guardian(s) _____



Where a child has an anaphylactic allergy, HIFN Daycare centre staff, students and volunteers must be provided with training on the procedures to be followed in the event of a child having an anaphylactic reaction, including how to recognize the signs and symptoms of anaphylaxis and administer medication. Supervisor or designate will provide training to parents, students and volunteers as required.

Name of Program _____

Name of Child _____

Name of Staff (please print)	Position	Date of Training from Supervisor or Designate	Signature of Staff (full signature for each review)	Reviewed by (full signature for each review)

Place in child's file.

(Internal Policy)

Anaphylaxis Emergency Response Plan

ACTION:

If there is ANY suspicion that an anaphylaxis reaction is occurring follow the plan of action as stated on the child's individual plan. If epi pen is required:

1. Staff one will administer Epi pen (epinephrine)
NEVER leave the child who is experiencing an anaphylactic reaction alone.
2. Staff two will call 911/EMS _____
3. Staff two will contact Emergency contacts
4. Staff three will remove all other children from the area

1. Follow instructions on the epipen.
2. Jab black tip into outer thigh until unit activates and a click will be heard. This may be done through clothes if necessary.
3. Hold Epi pen in place for 10 seconds.

(The used Epi pen must be sent to the Hospital along with the patient)

☐ If in doubt, ALWAYS administer Epi pen epinephrine. There is no risk if given accidentally.

If the ambulance has not arrived in 15 minutes and there are recurring symptoms, or no relief, administer a second Epi pen.

It is recommended that the patient go to the Hospital, even if symptoms seem to go away after the first injection. There may be a delayed reaction and the patient will need hospital observation.

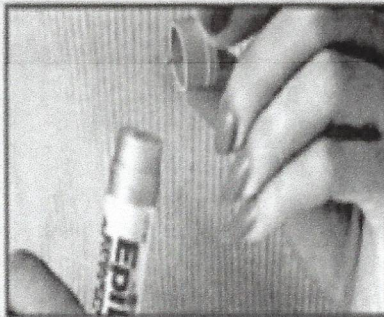
The person who gave the adrenaline auto-injector should stay with the child until the EMS personnel arrive. Information that should be provided to EMS personnel includes signs of anaphylaxis seen in child, time frames, where adrenaline auto-injector was given (right or left thigh) and effect of epinephrine on the child.

A staff member will accompany the patient to hospital (Must be able to sustain staff to child ratio).

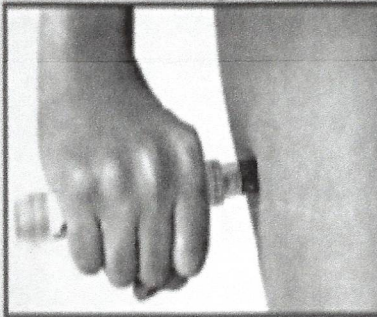
Follow the steps for Serious Occurrence Procedures.

How to use the EpiPen® Auto-Injector...

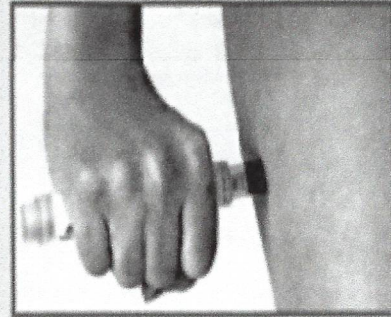
Three Easy Steps:



1. Pull Off Grey Safety Cap



2. Jab Black Tip Into Outer Thigh Until Unit Activates



3. Hold EpiPen® In Place For Several Seconds. Then Discard Unit

• Safety with my Children
• Safety on the Job and in Public
• Safety Using my Computer (on the Internet)
• Safety for my Children

• Safety with my Children
• Safety on the Job and in Public
• Safety Using my Computer (on the Internet)
• Safety for my Children

SPIRITUAL

- Safety and Drug or Alcohol Consumption
- Safety with a Protection Order
- Safety for my Children

MENTAL

- Safety on the Job and in Public
- Safety Using my Computer (on the Internet)
- Safety for my Children

Name and Photo of Child	Allergies
 <p>PHYSICAL</p> <ul style="list-style-type: none"> • Safety with a Protection Order • Safety with a Protection Order • Safety with a Protection Order • Safety with a Protection Order 	<p>EMOTIONAL</p> <ul style="list-style-type: none"> • Safety on the Job and in Public • Safety Using my Computer (on the Internet) • Safety for my Children
<p>SPIRITUAL</p> <ul style="list-style-type: none"> • Safety and Drug or Alcohol Consumption • Safety with a Protection Order • Safety for my Children 	<p>MENTAL</p> <ul style="list-style-type: none"> • Safety on the Job and in Public • Safety Using my Computer (on the Internet) • Safety for my Children

ALLERGIES POSTING FORM

This form **must** be posted where all staff/volunteers can see it. There **must** also be a form in the kitchen for the cook.

IN-SERVICE of Anaphylaxis Policy and Procedures

The anaphylactic policy, the individual plan for a child with anaphylaxis and the emergency procedures in respect of the child shall be reviewed as follows:

1. By all employees, before they begin their employment.
2. By volunteers and students who will be providing temporary care for or supervision of children at the child care centre, before they begin providing that care or supervision.
3. By each person described in (1,2), at least annually after the first review and at any other time when substantive changes are made to the policy, plan or procedure.
4. Supervisor will also meet with the parents of children diagnosed with and/or upon diagnosis of Anaphylaxis.

Staff in-service will occur once a year and/or more frequently when required and will include:

- An overview of anaphylaxis.
- Signs and symptoms of anaphylaxis shock.
- A demonstration on the use of epinephrine. Staff will have the opportunity to practice using an auto-injector trainer (device used for training purposes) and are encouraged to practice with the auto-injector trainer throughout the year, especially if they have a child at risk in their class.
- Specific roles of administration in providing plan of administering medication to anaphylactic children.
- A review of procedures staff are to follow when a child is experiencing anaphylactic shock.
- Information/resources available to staff to ensure a safe environment for children

Where a child has an anaphylactic allergy, child care centre staff, students and volunteers must be provided with training on the procedures to be followed in the event of a child having an anaphylactic reaction, including how to recognize the signs and symptoms of anaphylaxis and administer medication. Supervisor or designate will provide training to parents, students and volunteers as required.

Name of Program: Henvey Inlet First Nation Daycare Center

Name of Staff (please print)	Position	Date of Review of Anaphylactic Policies & Procedures	Signature of Staff (full signature for each review)	Reviewed by (full signature for each review)
PHYSICAL		EMOTIONAL		
			• Safety of my Children	
			• Safety of my Children	
			• Safety of my Children	
			• Safety of my Children	
SPIRITUAL		MENTAL		
	• Safety and Drug or Alcohol Consumption		• Safety on the Job and in Public	
	• Safety with a Protection Order		• Safety Using my Computer (on the Internet)	
	• Safety for my Children		• Safety for my Children	

Appendix F

Strategies to Avoid Allergens

To date, avoidance of allergens is the only way to prevent an anaphylactic reaction. Although it can be difficult to achieve complete avoidance of an allergen, reducing the child's exposure to the allergen is possible. Young children are at greatest risk of accidental exposure.

The greatest risk of exposure to food allergens occurs in new situations or when normal daily routines are interrupted such as field trips, birthday parties and other special events. Precautions should be taken when changes in routines occur. It is highly recommended that a child with a life-threatening allergy wear a Medic Alert® bracelet.

The following strategies are **some** ways to reduce the risk of exposure to allergens. Strategies that are implemented will be relevant to the child's allergen and the setting.

Risk reduction strategies for food

- Implement an allergen-aware policy. This has been a proven strategy in reducing the risk of exposure to peanut products. Nut-aware rooms are recommended when there is a child with a peanut/nut allergy.
- Discourage children from trading and sharing food or eating utensils.
- Children with food allergies should not eat food that has been brought in by someone other than their parent/guardian.
- Encourage good hand washing with soap and water before and after eating.
- Clean surfaces with soap and water or a grease-cutting solution where food has been eaten. Care will be taken to clean all surfaces that the children might touch such as tabletops and under-hangs of tables and chairs.
- Look for hidden allergens in items such as play dough, pet food or stuffed animals.
- Craft supplies that contain the child's allergen will be avoided.
- Ingredients will be read on all packages of food purchased for the centre, keeping in mind those foods that will be eaten by a child with allergies.
- A review of how foods are cooked and prepared in the kitchen. This is very important since an unplanned exposure to a food prepared with peanut oil could cause a serious reaction if eaten by a child with a nut allergy.

Risk reduction strategies for stinging insects

- Avoid areas where insects congregate.
- Keep outdoor garbage covered and away from play areas. Yellow jackets tend to congregate around garbage and food.
- Avoid eating outdoors, especially sweet products such as pop drinks and juice. Insects often fly into pop cans and sting the person when drinking from the can.
- Avoid perfume and sprays and bright colors. Insects are attracted to bright colors and odours.
- Remove nests or hives from play areas. Only the honeybee leaves a stinger. When removing the stinger, scrape your nail over the skin. Grabbing the stinger between your fingers will compress the sac of venom and inject more venom into the body.
- Playground – keep grass mowed to reduce the clover/dandelions which attract bees/wasps

Risk reduction strategies for latex

- Provide non-latex gloves for use by staff and children (e.g. first aid kits).
- Inflate and deflate balls outdoors and away from children. Balls that contain latex will send latex particles into the air when inflated or deflated.
- Do not use balloons in the facility if a child has a life threatening allergy to latex. When balloons break, the latex particles become aerosolized.
- Avoid soft rubber balls and stretchy rubber items, such as pink erasers and rubber bands.

Appendix G

