

# Anaphylactic Policy



**Purpose:**

To provide guidelines to create a safe environment for children with severe allergies or anaphylactic reactions at the Little Galaxy Child Care and Montessori and to ensure compliance with the Child Care and Early Years Act.

**Applicable Law:**

Child Care and Early Years Act, 2014, General, Ontario Regulation 137/15

**Definitions / Acronyms:**

For the purposes of this policy, the following definitions / acronyms apply:  
**CCEYA** means Child Care and Early Years Act

**Policy:**

Little Galaxy Child Care and Montessori will follow policies and procedures as described in the Child Care and Early Years Act.

In our childcare there may be children who are at risk for potentially life-threatening allergies. Most of these children are allergic to food and some children may be at risk for an insect sting allergy. Anaphylaxis (pronounced anna-fill-axis) is a severe allergy reaction that can be caused by foods, stings, medications, latex, or other substances. While anaphylaxis can lead to death if untreated, anaphylactic reactions and fatalities can be avoided. Education and awareness are key to keeping students with potentially life-threatening allergies safe.

Our Centre's anaphylaxis plan is designed to ensure that children at risk are identified, strategies are in place to minimize the potential for accidental exposure, and staff, student teachers and key volunteers are trained prior to employment and annually to respond in an emergency.

Little Galaxy Child Care and Montessori is aware that some of the children attending the Centre have allergies, some of which may be life threatening. These allergies may include a condition known as anaphylaxis. Anaphylaxis is a severe, potentially life threatening, allergic shock caused by exposure to certain foods and other substances.

Common allergens include peanuts, strawberries, fish, shellfish, wheat, dairy, soy, latex, and bee stings.

**Policy:**

Little Galaxy Childcare and Montessori will take reasonable efforts to reduce the risk to children with severe allergies or anaphylaxis. Creating an environment which reduces the risks to severely allergic or anaphylactic children will require the cooperation and understanding of all members of Little Galaxy, including staff, volunteers, children, and parents/guardians.

The parents of a severely allergic or anaphylactic child are required to discuss their child's condition and any concerns they have with the childcare's policies and procedures at any time with the Little Galaxy staff and coordinator.

**Roles & Responsibilities:**

**Director/Supervisor will:**

- Ensure that a discussion with parents regarding the policies of the childcare and the limitations on the childcare's ability to accommodate certain conditions before admission to Little Galaxy or once an allergy is diagnosed.
- Develop an individual plan, with input from a parent of the child and the child's physician, for each child with anaphylactic allergy that includes emergency procedures for each child. These plans will be attached to the child's emergency file.
- Ensure staff are trained on procedures to be followed in the event of a child having an anaphylactic reaction; and
- Ensure the Anaphylactic Policy, the individual plans each child with anaphylaxis and the emergency procedures in respect of each child are reviewed by all employees before they begin their employment, and by all volunteers and students before they begin providing their care or supervision. Each person above shall review the plans annually or at any other time when a change is made to the policy, plan or procedure.

The coordinator will review how to use an EpiPen®, and/or administer the prescribed treatment with the students and volunteers. This will also be taught during our Standard CPR/First Aid training course.

## **Roles & Responsibilities:**

### **Staff:**

Staff will be responsible for knowing the health protocols for each child attending the Little Galaxy Child Care and Montessori and for mitigating risk of accidental exposure to the best of their ability.

All staff will review and sign off on the anaphylactic policy, the individual plans for each child with anaphylaxis and the emergency procedures in respect of each child before they begin employment and annually after the first review and at any other time when changes are made to the policy, plan or procedure.

### **Parents:**

Parents must inform the childcare of their child's condition, the foods and nonfood substances that trigger a reaction, the symptoms of a reaction and the required treatment before the child is admitted to the childcare or once the diagnosis is confirmed. Updates to their child's condition should be communicated on an on-going basis.

Training staff, as outlined in the procedure section, will be completed annually or as needed for new staff.

A Health Plan, signed by a doctor, must be initially submitted and reviewed annually. Parents are responsible to supply sufficient epinephrine injectors, or other prescribed treatment, to treat an anaphylactic reaction. Parents will ensure that the medication is not-expired. The prescribed treatment is to be provided by the parents and will be kept in a medical box located in the kitchen where it is readily accessible. Additional epinephrine injectors, and/or other prescribed treatment will be provided to the childcare staff for the playground and emergency bag.

A consent form allowing the staff of the childcare to use the prescribed treatment in accordance with the agreed treatment protocol is required to be signed by parents.

Children at risk of anaphylaxis who have demonstrated maturity should carry one auto injector with them at all times and have a back up available at the Centre.

It is strongly recommended that parents ensure that the child wear medical identification (i.e. medical alert bracelet.) The identification could alert others to the child's allergies and indicate that their epinephrine auto injector is readily available. Information accessed through a special number on the identification jewelry can also assist first responders, such as paramedics, to access information quickly.

Parents are to advise the Coordinator if their child has outgrown an allergy or no longer requires an epinephrine auto injector (A letter from the child's Doctor is required).

**Roles & Responsibilities:**

**Students / Volunteers:**

All students and volunteers will review and sign off on the anaphylactic policy, the individual plans for each child with anaphylaxis and the emergency procedures in respect of each child before they begin providing care or supervision and annually after the first review and at any other time when changes are made to the policy, plan, or procedure.

Students and volunteers are to inform the staff immediately if they notice a child with anaphylaxis suffering a reaction.

**Procedure:**

**Communication:**

Once admitted to the childcare, the identity and condition of the child will be communicated by the Coordinator to the staff. Also, training of the staff by the parents on how to deal with the child's condition will be arranged as set out below.

Information regarding each child's condition will be summarized in an allergy report, which, together with a photograph of the child, will be maintained in both playrooms.

**Emergency Protocol:**

To respond effectively during an emergency, a routine has been established and practiced, similar to a fire drill. During an emergency:

1. One person always stays with the child.
2. One person goes for help or calls for help.
3. Administer epinephrine at the first sign of reaction. The use of epinephrine for a potentially life-threatening allergic reaction will not harm a normally healthy child, if epinephrine was not required. Note the time of administration.
4. Call 911. Have the child transported to an emergency room even if symptoms have subsided. Symptoms may recur hours after exposure to an allergen.
5. One calm and familiar person must stay with the child until a parent or guardian has been contacted and arrives. The child's back up epinephrine auto-injector should be taken.

**Procedure:**

**Training:**

Training for the treatment of the anaphylactic children will occur annually and will be conducted by the parents of the anaphylactic children. Training for the staff will be held during a staff meeting. A First Aid trainer will be present to perform EpiPen® training to all staff.

**Harm Reduction Strategies:**

***Food:***

1. It is recommending that parents and children are not to bring outside food to Little Galaxy Child Care and Montessori. Food will be provided and prepared by Little Galaxy.
2. The decision to restrict outside foods is based on the need to reduce risk of accidental exposure to allergens.
3. Children with extreme allergies that the Centre cannot accommodate will be asked to bring their own food from home and must be labelled.
4. The coordinator will, on certain occasions or in the case of individual children on the written request of a parent, permit outside food being brought into the childcare, subject to certain conditions. These special conditions will be at the discretion of the coordinator, but it is recognized that more restrictive conditions will apply in the event that an allergic or anaphylactic child is attending the childcare.
5. Given that anaphylaxis can be triggered by minute amounts of an allergen when injected, children with food allergies must be encouraged to follow certain guidelines:
6. Wash hands before and after eating
7. Do not share food, utensils, or containers
8. If they bring a lunch, they must eat only the food they have brought from home, unless it is packaged, clearly labeled and approved by the parents.
9. Place food on a napkin rather than in direct contact with the table.

**Procedure:**

9. All labels will be read by a staff member prior to serving.
10. Foods with nut warnings will not be served.  
  
i.e. "May Contain traces of peanut/nut" or "Manufactured in a facility that processes peanuts/nuts"
11. Any persons supplying food to the childcare will be notified of all life threatening allergies in the centre. List of allergies will be revised as necessary.
12. All surfaces will be cleaned with a cleaning solution (approved by Public Health) prior to and after preparing and serving foods.
13. If a staff member is having a baking/cooking activity, s/he must ensure that children with a food allergy to any ingredient in the recipe are not permitted to come near that table. No food items with nuts are allowed.
14. All cleaning supplies, medicines and any other products that may be of danger and/or commonly produce allergic reactions will be stored away.
15. Playground areas will be checked and monitored for insects such as wasps.



Appendices:

Appendix 1: How to use EpiPen® Auto-injectors

## Blue to the sky. Orange to the thigh.

### How to use EpiPen® and EpiPen® Jr (epinephrine) Auto-injectors.

Remove the EpiPen® Auto-Injector from the carrier tube and follow these 2 simple steps:



- Hold firmly with orange tip pointing downward.
- Remove blue safety cap by pulling straight up. Do not bend or twist.



- Swing and push orange tip firmly into mid-outer thigh until you hear a 'click'.
- Hold on thigh for several seconds.



#### Built-in needle protection

- After injection, the orange cover automatically extends to ensure the needle is never exposed.



**After using EpiPen®, you must seek immediate medical attention or go to the emergency room. For the next 48 hours, you must stay close to a healthcare facility or be able to call 911.**

For more information visit the consumer site [EpiPen.ca](http://EpiPen.ca).

EpiPen® and EpiPen® Jr (epinephrine) Auto-Injectors are indicated for the emergency treatment of anaphylactic reactions in patients who are determined to be at increased risk for anaphylaxis, including individuals with a history of anaphylactic reactions. Selection of the appropriate dosage strength is determined according to patient body weight.

EpiPen® and EpiPen® Jr Auto-Injectors are designed as emergency supportive therapy only. They are not a replacement for subsequent medical or hospital care. After administration, patients should seek medical attention immediately or go to the emergency room. For the next 48 hours, patients must stay within close proximity to a healthcare facility or where they can call 911. To ensure this product is right for you, always read and follow the label. Please consult the Consumer Information leaflet in your product package for complete dosage and administration instructions.



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