



"Where Kids Count"

Anaphylaxis Policy

Life Threatening Allergies

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Anaphylaxis Policy – Life Threatening Allergies 2024

Name of Child Care Centre: MTJB Child Care Centre Inc.

Date of Statement Established: 2018.

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Anaphylaxis Policy - Life Threatening Allergies

Policy:

MTJB will enroll children with life threatening allergies and create an environment that minimizes the risk of exposure to allergens. This policy recognizes that the risk of accidental exposure can be reduced but not eliminated.

Intent:

The intent of this policy is to provide information to staff, so they may work in cooperation with the parents in managing life threatening allergies. The intent of this policy is also to provide guidelines and procedures for creating a safe and healthy environment for anaphylactic children.

Background Information:

A.) What is a life-threatening allergy?

For more common allergies, most people react with symptoms in one body system. The most common site for allergic reactions is the nose, causing congestion and sneezing. Other common sites for allergic reactions are the skin causing hives or eczema, the digestive system causing abdominal pain and the lungs causing wheezing, coughing and difficult breathing. When two or more body systems are involved, especially the lungs, it is considered a serious allergic reaction called anaphylaxis.

Anaphylaxis can be caused by certain foods, insect bites/stings, latex rubber, medication and sometimes, but rarely, vigorous exercise. Exposure to these allergens can trigger a severe or anaphylactic reaction. Because an anaphylactic reaction can lead to rapid death, these allergies are considered life threatening. A life threatening allergy or anaphylactic, is diagnosed by a doctor and can be treated with adrenaline/epinephrine.

Foods that commonly produce allergic reactions are peanuts, nuts, eggs, soy, shellfish, fish and sometimes wheat. When a child enrolled could have a life-threatening reaction, the specific allergen will be eliminated from the child's diet and substitutions will be made to the menu.

B.) Identification of children at Risk:

At the time of registration, parents are asked about medical conditions, including whether children are at risk of anaphylaxis and asthma. All staff, students and volunteers must be aware of these children.

It is the responsibility of the parent to:

- Inform the Program Manager of their child's allergy (and asthma)
- Before the child attends the centre, complete medical forms, Self-Carry Permission and Acknowledgement Form for school aged children and the Individual Anaphylaxis Emergency Plan which includes a photograph, description of child's allergy, emergency procedure, contact information and consent to administer medication.
- The Anaphylaxis Emergency Plan should be posted in key areas such as in the child's classroom, the office, and the kitchen and a copy attached to the child's database.
- Ensure that updated medications are provided to the centre before existing medications reach their expiry date.
- Advise the centre in writing if their child has outgrown an allergy or no longer requires an epinephrine auto-injector.
- Parents should be encouraged to have their child wear emergency medical identification. The identification should alert others to the child's allergies and indicate that the child needs or carries an epinephrine auto-injector.
- Information accessed through a special number on the ID jewelry can also assist first responders, such as paramedics, to access important information quickly.

C.) Signs and Symptoms

An anaphylactic reaction can begin within seconds of exposure or after several hours. Any one or combination of the following symptoms may signal the onset of a reaction.

- Hives
- Itching (on any part of the body)
- Swelling (on any part of the body, especially eyes, lips, face, tongue)
- Itching or tingling in the tongue mouth or throat
- Red, watery eyes
- Runny nose
- Vomiting, upset stomach
- Diarrhea
- Stomach cramps
- Wheezing
- Panic
- Difficulty breathing
- Sense of doom, fear, apprehension
- Dizziness, unsteadiness
- Fainting, or loss of consciousness
- Cough
- Change of colour
- Flushed face, body
- Change of voice (clearing, choking) tightness in throat (closing) or in mouth or chest
- Coma death

Symptoms do not always occur in the same order, even in the same individuals. Time from onset of the first symptoms to death can be as little as a few minutes, if

the reaction is not treated. Even when symptoms have subsided after treatment, they can return 10 minutes later or as much as eight hours after exposure.

D.) Facts to consider

- Strict avoidance of the food allergen is the only way to prevent a potentially fatal allergic reaction
- Fatal reactions can be induced by as little as a milligram
- Peanut protein residue can remain potentially dangerous for up to six months
- Death can occur within minutes
- Anaphylactic reactions can be caused by cross contamination from allergic food to a non-allergic food during food processing or preparation
- For some children, allergic reactions can be triggered not only by eating foods but also by their touch and smell. This has implications for the whole child care centre, not just a particular area or room.
- Emotional stress is a factor of living with life threatening allergies. Children constantly deal with always being different; knowing they can die, peer pressure to conform and bearing a constantly high level of responsibility

Procedure:

To enroll a child with life threatening allergies, all precautions must be taken to ensure the child's safety in the program.

1.) Information required from parents:

During the parent/child intake interview, the parent is responsible to advise the centre of the child's medical condition. Before the child enters the program, the parent must provide:

- A list of foods and ingredients the child must AVOID
- A list of symptoms for staff to look for that may be unique or specific to the child if he/she is having an anaphylactic reaction
- Any information/resources that parents may have regarding their child's allergy
- Permission to post an information sheet such as the allergy information sheet (see appendix A) including a picture of the child, the allergies, symptoms, measures to be taken, information on how and when to use the auto-injector and emergency telephone numbers for both the parent and the emergency contact. This information is to be updated a minimum of once a year or when information changes.
- Medical alert identification for their child as appropriate for the child's age
- The appropriate number of up to date auto-injectors (Epi-pen) as advised by the doctor. Children will not be accepted for attendance without their auto-injector.
- Time to meet with the staff in a mini-meeting to inform them of their child's allergies, signs and symptoms and to answer any relevant questions
- Information to the centre if their child's condition changes

- Information to the Regional Ambulatory Services regarding the child's medical situation as well as the name and address of the child care centre they attend. This will shorten the response time by limited questions needing to be asked by the dispatcher and by ensuring that a paramedic is available in the ambulance

If a child is diagnosed with a life-threatening allergy while already enrolled in the child care program the parent must provide the above as soon as possible, maximum two weeks.

2.) Training the staff:

Prior to the first day a child with life threatening allergies starts attending the child care centre, training for all staff including the Program Manager, Early Childhood Educators and Support Staff will take place. Casual staff, students and volunteers over the age of 18 MUST be included in the training. Parents should be invited to all meeting/training sessions regarding the management of their child's allergy. Training will be arranged by the Program Manager and may be provided by the parents of the anaphylactic child, or local medical professionals. If a staff has not been trained on the child's plan and on the use of the epipen, they are not to be working at all in the room with the child.

For a child who is diagnosed with a life-threatening allergy while already enrolled in the program, this training needs to happen as soon as possible, maximum within two weeks of being informed of the diagnosis.

The Program Manager must ensure that The Life-Threatening Allergies Policy is reviewed annually with all staff. Staff and Program Manager are expected to sign and date the Life-Threatening Allergies Review form (Appendix G) at orientation and at each review time.

All staff will be trained in avoidance strategies and emergency protocol, signs and symptoms, administration of an auto-injector and will be provided with information regarding anaphylaxis. Training must also include knowledge of emergency plans for each child with a life-threatening allergy.

Depending on the child's allergy janitors/housekeepers will receive awareness training for cleaning procedures and products used. All staff will also receive training on reading labels, understanding ingredients and food preparation for the anaphylactic child.

All training sessions will be documented, identifying when the training took place, who participated and what topics were covered (See Appendix J). The Program Manger will ensure that training is reviewed on an annual basis or when staff changes occur.

3.) Communication:

With other parents:

When a child with a life-threatening allergy enrolls in the child care centre or is diagnosed with one, it is important to gain the co-operation of other parents, especially in school-aged programs where lunches and snacks are brought from home. The

following are some strategies to assist with communication with other parents in the program.

- Introduce the policy on life threatening allergies during the intake procedure in centres where an anaphylactic child is enrolled.
- Send home letters re: anaphylaxis, what foods should not be sent to the child care centre etc. (see Appendix E or sample letter)
- Provide parents with suggestions for alternate foods for lunches and snacks
- Inform parents that restricted foods will be isolated in a zip lock bag and returned with a note describing the problem. A substituted lunch will be provided if possible. Follow up with a phone call to parent who continued to send restricted food.
- Any foods brought by parents for group consumption must be store bought, be in a sealed container (no bulk foods) and a list of ingredients must be included.
- Parents of other children in the program should discuss any concerns about controlling contents of lunches and snacks with the Program Manger and not with parents of the anaphylactic child.

With other children:

The child care centre should identify children with life threatening allergies to all other children enrolled in the program, asking for their co-operation. This should be done in a way that is appropriate to the child's age and maturity, without causing fear and anxiety and in consultation with the parents of individual anaphylactic children. The following are some strategies to use in communicating with other children in the centre.

For Preschool Programs:

- Use themes about food to help children understand how different foods affect the body.
- Talk to the children about proper washing of hands and why it is important
- Talk to the children about not sharing things that go into their mouth such as straws
- Talk to the children about the importance of not sharing food
- Use videos and story books to help children understand the situation without frightening them

For School-Aged Programs (Kinder & School-Age):

- Teach other children to recognize the symptoms of an anaphylactic reaction
- Ask that the children avoid sharing foods of straws for drinks
- Ask that the children follow rules about keeping allergens out of the centre
- Ask that children follow rules about washing hands
 - Do not tolerate "bullying" or "testing" a child with a food allergy
 - Encourage the anaphylactic child to learn to take responsibility for his/her own safety including hand washing without reminders, resisting offers of food from others and carrying their own auto-injector

- With written permission, school aged children only would carry their own auto injectors. In the event of active recreational activities, one staff member will be designated to be responsible for the auto-injector

E.) Avoidance:

Preschool and school-aged children are dependant on parents and childcare staff for assistance with everything from label reading to snack and special events. The following strategies are intended to minimize the risk of exposure to the allergen for the anaphylactic child without depriving them of participation in the daily program.

If the allergy is life threatening, then all steps will be taken to eliminate the allergen as much as possible from menus and as much as possible in lunches brought from home.

- Discourage the sharing of food, utensils and containers
- Encourage the anaphylactic child to place food on wax paper or a paper napkin rather than directly on the table and taking only one item at a time from the lunch bag to prevent other children from touching their food
- Establish a hand washing routine before and after eating
- Disinfect tables before and after eating
- Avoid allergens in activities and materials such as play dough, stuffed toys and art
- Avoid art projects that require food or empty milk or egg cartons
- Keep a box of safe snacks for unplanned special occasions
- Go through the refrigerator, cupboards and pantry and identify and separate out all the foods that are safe for the child
- Children with an allergy to insect venom should be immediately removed from the room if a bee or wasp enters the room
- In a preschool program, designate one person to be responsible for giving food to the allergic child (and one for back up)
- This person should sit beside the allergic child at mealtime and monitor what she/he eats and drinks
- Staff should refrain from eating foods that contain allergens, if they do, proper steps should be taken to hand washing, brush teeth etc
- In school-age programs, store a non-perishable lunch in case the anaphylactic child forgets theirs at home
- Staff will be aware that nuts can be buried in the playground by squirrels, etc. and will look for evidence of such when doing the daily yard check

F.) Special Occasions:

With care and planning, special occasions in the child care centre can be fun as well as safe for the anaphylactic child. The following strategies may be useful:

- Avoid always using food for special occasions focusing instead on games, crafts, singing and other no-food related activities.
- Invite parents of anaphylactic children to volunteer for parties and field trips
- Do not allow any parents to bring in unexpected treats for children

G.) Field Trips:

Field trips with an anaphylactic child require extra care and precaution. The following strategies will ensure an uneventful trip for this child:

- Review emergency plans with staff members/volunteers before a field trip
- Designate one staff member who has training using the auto-injector to be responsible for the anaphylactic child on field trips
- This staff member will carry all available auto-injectors for the child and will have a cell phone if possible
- School-aged children will carry their own auto-injector. During active recreational activities one designated staff member will become responsible for the auto-injector.
- For outdoor field trips in the winter, the designated staff member should keep the auto-injector inside their coat and close to their body to ensure that the medication stays warm
- This staff member will stay with the child at all times and will accompany the child to the hospital should a reaction occur
- Require the parent of the anaphylactic child to provide several auto-injectors to be administered every 10-15 minutes or as prescribed by the doctor while on the way to the nearest hospital if symptoms persist or recur
- Permission slips for field trips should include information about severe food or other allergies.
- Suggest that parents accompany their child on field trips

H.) Storage and use of Auto-Injector:

- Program Managers must ensure that auto-injectors are safely stored and available for quick use when required. The auto-injector should never be locked away. They shall be stored out of reach of children and easily accessible to staff.
- The auto-injectors must be stored at room temperature and not exposed to extreme heat or cold
- Each classroom will assign a designated area to contain the auto-injectors for the child who requires the medication
- School-aged children should carry their auto-injectors with them at all times. During active recreational activities, one designated staff member will become responsible for the auto-injectors
- All staff, including supplies and volunteers, must be made aware of where the auto-injectors are located. An allergy Information Sheet (see Appendix A), must be posted in each room, as well as the form titled Emergency Procedure-Anaphylaxis (see Appendix B.) The location of the child's auto-injectors must be indicated on the Allergy Information Sheet. A copy of Appendix A and Appendix B must also be kept with the auto-injectors
- The supervisor will regularly check medication expiration dates, and for discolouration of the epinephrine

To Inject:

- Remove Cap
- Jab the black tip into the mid, outer thigh until it clicks (This may be done through thin clothing if necessary)
- Hold the auto-injector in place for 10 seconds. Take the time to count the seconds accurately- one-one thousand, two-one thousand etc.
- Massage the area for 10 seconds

I.) Emergency Procedure:

- Where the child will be taken
- Who will administer the auto-injector
- Who will stay with the child, who will stay with the other children, have a plan in place for keeping the other children busy
- Who will call 911
- Which entrance the ambulance should use
- Who will call the child's parents
- Who will accompany the child to the hospital and stay with him/her until a parent/guardian arrives
- The instructions for use of the auto-injector are clearly outlined on the Emergency Procedure-anaphylaxis (see appendix B) and must be posted in each room and a copy kept with the EpiPen
- Post the Allergy Information Sheet in each room as well as with the EpiPen
- Post the Emergency Response Protocol-Anaphylaxis (Appendix H) beside the telephone
- Check medication expiration dates regularly and check for discoloration of epinephrine

If a reaction should occur, it is critical that staff remain calm and be prepared to act quickly. If staff have any suspicion that the anaphylactic child has come in contact with the allergen or shows any signs of a reaction, act immediately using the following steps: See example of the Emergency Procedure following the anaphylactic procedure.