

## CHAPTER FOUR: HEALTH AND MEDICAL SUPERVISION

Health and Medical Supervision	Anaphylactic Policy
Approved Date: May 1/07 Revision Date: July 14, 2016	Policy Number: 4.10 (replaces policy 1.37)

### Policy

In our centre we have at times children who are at risk of potentially life threatening allergies and anaphylaxis is a severe allergic reaction caused by foods, insect stings, medications, latex or other substances. While anaphylaxis can lead to death if untreated, anaphylaxis reactions and fatalities can be avoided. Education and awareness is key to keeping children 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 respond in an emergency situation.

North Hastings Children's Services Programs aim to create an "allergy-safe" environment. We recognize however that it is unrealistic to expect and "allergen-free" environment. Together we must do our part to keep our children safe.

### Procedure

Our programs have adopted different practices to reduce the risk of exposure to peanut and nut-containing products which have been a leading cause of food-related allergic reactions and fatalities:

1. Staff ensures that procedures for proper hand washing and clean up are being followed. A "no-sharing" policy for food allergic children is in place.
2. Our centre appeals to parents to keep peanut butter and other peanut/nut products out of the centre.
3. Ensuring that young children have adult supervision while they are eating.
4. Strategies to reduce the risk of other food allergies (e.g. milk, egg, sesame etc.) and stinging insect allergy are developed in consultation with centre staff and parents of the allergic child. These possible allergen-foods will be avoided on the menu and in materials used for craft and sensory programming.

### 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 centre coordinator of their child's allergy (and asthma).
- Before the child attends the centre, complete medical forms and the Anaphylaxis Emergency Plan which includes a photograph, description of the child's allergy, emergency procedure, contact information, and consent to administer medication. The Anaphylaxis Emergency Plan should be posted in key area and a copy attached to the child's emergency card.
- Ensure that updated medications are provided to the centre before existing medications reach their expiry.
- Advise the centre in writing if your child has outgrown an allergy or no longer requires an epinephrine auto-injector. (a note from the child's allergist or physician is also required).
- Parents should be encouraged to have their child wear medical identification (e.g. Medical Alert Bracelet). The identification could 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 of identification jewelry can also assist first responders, such as paramedics, to access important information quickly.
- Signs are posted and notes are sent home to all parents with children attending the centre to advise that there are children attending the centre who are at risk for potentially life-threatening allergies and the foods and causative agents to be avoided.

### **Availability and Location of Epinephrine and Auto-Injectors**

- Store out of reach of children but make easily accessible to staff, students and volunteers (i.e. not locked). Staff working directly with the child may carry the auto-injector in a "fanny pack". All staff, students and volunteers must know the location of the auto-injectors.
- If appropriate, a school-aged child attending a school age program, may carry their own asthma medication or emergency medications.
- Posters which describe signs and symptoms of anaphylaxis and how to give an epinephrine auto-injector will be placed in relevant area e.g. playrooms, office, staff room, food serving and preparation areas.
- Additional auto-injectors should be brought on field trips. If the location is remote, it is recommended that the organizer of the field trip carry a cell phone and know the location of both the nearest land line phone and closest medical facility.

### **Emergency Protocol**

- An individual Anaphylaxis Emergency Plan must be signed by the child’s parent and physician. A copy of the plan will be placed in designated areas such as the playroom, office and food preparation and serving areas. A copy will also be attached to the child’s emergency card.
- Adults need to listen to the concern of the child at risk, who usually knows when a reaction is occurring, even before signs appear.
- To respond effectively during an emergency, a routine has been established and will be practiced, similar to a fire drill.

**During an emergency:**

1. One adult stays with the child at all times
2. One adult goes for help or calls for help
3. Before administering epinephrine check for:
  - The right medication
  - The right child
  - The right dose
  - The right route of administration
4. 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 time of administration.
5. Call 911. Have child transported to hospital even if symptoms have subsided. Symptoms may reoccur hours after exposure to an allergen. If the child has a back-up epinephrine auto-injector, it should be taken along.
6. Contact the child’s parents.
7. One calm and familiar adult must stay with the child until a parent or guardian arrives.

**Training**

The supervisor will review individual plans, including the emergency procedures, with child care centre staff, students and volunteers.

Where a child has an anaphylactic allergy, child care centre staff, students and volunteers will 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.

A “train the trainer” model will 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.

The supervisor will review the anaphylactic policy, the individual plan for a child with

anaphylaxis and the emergency procedures in respect of the child with:

The Coordinator shall ensure that these policies and procedures are reviewed as follows at the child care centre:

1. With employees, before they begin their employment.
2. With volunteers or students who will be interacting with children at the child care centre, before they begin to volunteer or before they begin their educational placement.
3. With each person described in paragraph 1 or 2, at least annually after the first review and at any other time when changes are made to a policy, procedure or individualized plan.