

ANAPHYLACTIC POLICY

Anaphylaxis is defined as “a severe systemic allergic reaction which can be fatal, resulting in circulatory collapse or shock, and “anaphylactic” has a corresponding meaning” *Child Care and Early Years Act, 2014* (Reg 137/15). It can be triggered by food, stings, medication, latex or other substances. This is a serious reaction that can lead to death if left untreated. Education, awareness and avoidance/restriction of the allergen are key to keeping children and adults with potentially life threatening allergies safe.

This policy is designed to ensure that children at risk are identified, strategies are in place to minimize the potential for accidental exposure and staff students and volunteers are trained to respond in an emergency situation. If in the event that a child has an anaphylactic reaction causing death, the Director, designate and staff will follow the Serious Occurrence Policy and Procedures.

This policy will be reviewed with all staff, students and volunteers prior to the start of employment/placement and thereafter, on an annual basis. Signed documentation stating that the policy has been reviewed will be retained in the staff/student/volunteer’s file.

IDENTIFICATION OF CHILDREN AT RISK

At the time of registration, this policy will be reviewed with parents/guardians and they will be asked about the child’s medical conditions, including whether the child is at risk of anaphylaxis and/or asthma and any allergies. If so, this will be noted and highlighted in the child’s file and on the allergy list (located in each classroom, the office, the kitchen, and on each classroom’s attendance clipboard). The parents and the child’s doctor will fill out an Anaphylaxis Emergency plan for the child. All staff will be informed of this situation verbally by the Director and trained on an annual basis (through a review of the child’s emergency plan, initially by the child’s parent or physician and thereafter by the Director who will review the plan on an annual basis with the child’s parents). The Director will provide the catering company with a list of children with anaphylaxis/allergies so that substitutions can be made for the child.

It is the responsibility of the parent/guardian to:

- inform the Director of their child’s allergy
- complete medical forms and the Anaphylaxis Emergency Plan, which includes a photograph of the child, a description of the allergy, emergency procedure, contact information, consent to administer medication and consent to post the child’s plan. This form must be signed by the parent/guardian and by the child’s

- physician. The plan will be posted in the child's room, the kitchen and in the office. A copy will be taken on all excursions.
- the Director will arrange a time for the parent (or child's physician) to come in and train all staff members, students and volunteers on procedures to be followed if the child has an anaphylactic reaction, using the Anaphylaxis Emergency Plan. The Plan and procedures will be reviewed thereafter on an annual basis with the Director or designate who will in turn review the plan with the staff, students and volunteers.
 - advise the Director in writing if their child has outgrown an allergy or no longer requires an epinephrine auto-injector. A letter from the child's doctor is required.
 - provide the centre with two epi-pens. One will be kept in the room and the second one will be kept in the playground backpack. The staff will let the parent know when the epi –pen is close to the expiration date. At this time, please replace the pens as soon as possible.

CREATING A SAFE ENVIRONMENT

Special care is taken to avoid exposure to allergy-causing substances. There is a section on the registration form for parents to indicate any allergies (food, environmental, medication) or food restrictions. These allergies are pointed out to staff and noted on the allergy list.

No outside food is allowed into the centre with the exception of infant food (which is served in a more "controlled" environment – high chairs and small groups at a table with a staff member) and the catered food. A list of current food allergies/restrictions is sent to the catering company and updated as required. A list noting all allergies (food, environmental and medication) is posted in each classroom, the kitchen and in the office.

At this time Yonge Hearts will not allow any foods or products with peanuts/tree nuts into the centre. Considering the high number of children and staff with anaphylactic reactions to these products the centre is avoiding its use on the menu and for any sensory programming.

At Yonge Hearts our strategy for creating a safe environment will be revised as necessary depending on the severity of the life threatening allergies of the children in the centre.

SIGNS AND SYMPTOMS

A person having an anaphylactic reaction may have any of these signs and symptoms:

Skin: hives, swelling, itching, warmth, redness, rash

Respiratory: wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay-fever like symptoms (runny, itchy nose, watery eyes, sneezing, trouble swallowing)

Gastrointestinal: nausea, pain/cramps, vomiting, diarrhea

Cardiovascular: pale, blue colour, weak pulse, passing out, dizzy/light headed, shock

Other: anxiety, feeling of impending doom, headache

LOCATION AND AVAILABILITY OF EPINEPHRINE AUTO INJECTORS

The epi-pen will not be kept in the locked medication box. The epi-pen (and inhalers for any child that has asthma) will be kept in an accessible location which is clearly labelled (cupboards over the sinks). The second epi-pen will be kept in the front pocket of the backpack that is taken out to the playground. The front of the backpack is labelled. Both epi-pens will be taken on all excursions (along with a copy of the Anaphylaxis Emergency Plan). Posters that describe how to administer the epi-pen will be displayed near the emergency plans.

Staff are to inform parents as the expiration date of the epi-pen is close (three to four weeks).

EMERGENCY SITUATION

To respond effectively during an emergency, a routine has been established and practised.

During an emergency:

1. **Give epi-pen.** The designated person (see Medication Policy) will administer the epi-pen at the first sign of a reaction (according to the child's emergency plan) and will remain with the child at all times. The use of the epi-pen for a potentially life-threatening allergic reaction will not harm a normally healthy child (if it turns out that it was not required). Note time of administration.
2. **Call 911.** The second staff on duty (next shift) will call 911. Have the child transported to the hospital even if symptoms have subsided. Symptoms may recur hours after exposure to an allergen.
3. **Call contact person.** The second staff will call the child's parent/guardian or back up if parent/guardian cannot be reached.
4. The designated staff will remain with the child (go in the ambulance) until the parent/guardian has arrived.
5. All staff are to remain calm. If possible, take the other children to another room/ area. If not, ensure that the children are occupied.

Appropriate notification will be made by the Director (according to the Serious Occurrence Policy) and documentation will be filed by the staff and Director (Medication Form, Serious Occurrence Notification).

TRAINING

All staff (full time, part time, supply) will review the policy and will be trained prior to starting employment, if there are any changes and on an annual basis thereafter. The training will include an overview of anaphylaxis, signs and symptoms, review of individual Emergency Plans and a demonstration on the use of the epi-pen. Staff will have an opportunity to practise with an auto-injector trainer and are encouraged to do this throughout the year. The training pen is kept in the staff room.

Anaphylaxis training and the use of the auto-injector is also reviewed during the centre's first aid training course.

The policy and individual plans will be reviewed with students and volunteers prior to beginning their placement and annually thereafter.

When a child who has a prescription for an epi-pen enrolls in the centre, his/her parent/guardian will meet with the Director or designate. At this time, the parent/guardian will review the child's Anaphylaxis Emergency Plan and procedures to be followed if the child has an anaphylactic reaction. A time will be arranged for the parent or child's physician to review the plan with the staff, students and volunteers. The parent will then review the plan with the Director on an annual basis and the Director will then review the plan with the staff, students and volunteers.

All staff, students and volunteers will sign off on any individual Emergency Plans after the initial review and annually thereafter. This sign off sheet will be kept in the child's file.

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