

## **ANAPHYLAXIS POLICY**

### **Anaphylaxis Definition**

A severe allergy reaction that can be life threatening. The trigger may be related to food, insects stings, medicine, exercise, matters in the environment.

**IF A CHILD APPEARS TO BE HAVING AN ANAPHYLAXIS REACTION AND OR IF THE EPIPEN HAS BEEN ADMINISTERED, 911 IS CALLED.**

**A STAFF MEMBER WILL ACCOMPANY THE CHILD TO THE HOSPITAL.**

**THE CHILD'S PARENT IS CONTACTED.**

Upon enrollment of a child with an anaphylaxis allergy, a separate medical form will be completed. See last page.

Every effort is made to reduce the risk of exposure of a trigger to *everyone* in the centre. Children and staff will wash their hands when they enter the centre in the morning.

Signs and photographs of the child/staff/volunteer will be posted on the hall bulletin board, the food preparation area and in each class to let our families, staff and volunteers know who has the allergy.



Food cannot be brought into the centre unless the Supervisor, prior to bringing it approves it. This includes birthday and holiday celebrations.

*Real Food for Real Kids* – our caterer, maintains the same policy. Their suppliers are peanut and tree nut free. They will also consult with our centre to ensure all dietary, sensitivity and allergies are documented to ensure the safety of our children and staff. They will omit or provide an alternative food.

Children with severe anaphylaxis dairy allergies will be addressed in each class by having the other children wash their hands after having dairy and by ensuring the child is kept away from spilt milk.

Latex free gloves will be used to reduce the risk of exposing children with latex allergies.

Outdoor play areas will be monitored for beehives, wasp nests and other insects that children can be allergic to. Pest control will be contacted to remove the hives, nests...

In the event that a child has allergies to chemicals, we will ensure that a safe brand is being used to clean the facility.

The child's/adult's EpiPen will be placed in a clearly marked pouch in the classroom. It will remain with the teachers and group in the playground, trips, walks, etc.

Each staff member will have a current First Aid Certificate and will update their training each renewal period.

Staff members will review the allergy lists, medical and emergency information each time a new child with allergies enroll into the program.

They will also be shown how to use the EpiPen upon hiring.

Every staff and volunteer will review where the EpiPens are stored prior to commencement of employment.

Parents will be asked to train/provide input on individual administration of the EpiPen.

The training will include: administration of the EpiPen the child's name, Doctor's name, address and telephone number, allergy list, symptoms, signs, medications, where it is stored, expiry date and 1-3 emergency contact people.

A yearly sign off on this policy will be added to the yearly review and annual training will be recorded.

\*See Anaphylaxis Form on next page.



## ANAPHYLAXIS FORM

### DESCRIPTION OF ALLERGY

**CHILD'S NAME:** \_\_\_\_\_ **ROOM #** \_\_\_\_\_

This child has a life threatening allergy to: \_\_\_\_\_

Any foods containing these allergens in any form or amount may be life threatening. Any food that may have come in contact with an allergen or products with a "may contain" warning must be avoided.

Child's Home Address: \_\_\_\_\_

Physician: \_\_\_\_\_

Physician's Phone # \_\_\_\_\_

Medication is kept: \_\_\_\_\_

- An EpiPen has been provided for the classroom: EXPIRY DATE: \_\_\_\_\_
- An EpiPen has been provided for the child to carry at all times. Expiry date: \_\_\_\_\_
- A medic alert bracelet has been provided for the child to wear at all times.

### **Possible Anaphylaxis Symptoms:**

- flushed face, hives, tingling in the mouth, swelling or itchy lips, tongue, eyes**
- tightness in throat, mouth, chest**
- difficulty breathing or swallowing, wheezing, coughing, choking**
- vomiting, nausea, diarrhea, stomach pains**
- loss of consciousness**
- fear and or panic**
- dizziness, unsteadiness, sudden fatigue, rapid heartbeat**

**List any other symptoms for your child:**

If an ambulance has been contacted but has not arrived in 10-15 minutes and breathing difficulties are present or child is unconscious, give a second EpiPen. Child must be taken to hospital even if symptoms subside entirely. Send an additional EpiPen if available with the ambulance driver.

I, \_\_\_\_\_ give consent to have treatment  
Please Print Name

administered to my child \_\_\_\_\_  
Please Print Name

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Medication(s) \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Parent input on Emergency Plan: \_\_\_\_\_

Suggestions: \_\_\_\_\_

STAFF NAME	SIGNATURE	DATE

**Please supply us with 2 EpiPens. This form will be posted in the classroom and food preparation area. The classroom copy will have your home address and phone number blacked out. Please sign below to acknowledge posting information.**

**Parent Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff signatures indicating that they are aware and have reviewed and understand this plan.**

**STAFF SIGNATURES**

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