



Allergy and Anaphylaxis Policy

Revised 10.18

Policy Statement

The Whitney Child Centre (the “Centre”) recognizes the potentially serious consequences of allergies to children. These allergies may include a condition known as anaphylaxis. Anaphylaxis is a severe, potentially life-threatening allergic reaction brought about by exposure to certain foods or other substances. Peanuts, nuts and peanut and nut by-products, such as peanut oil, nut oils and nut or peanut butter, are the most common allergens to trigger an anaphylactic reaction. Other foods such as strawberries, dairy, eggs, sesame, seeds, fish, shellfish, wheat and soy, as well as non-food items such as latex and bee stings can also bring about a life-threatening reaction.

The Centre does not purport to be, nor can it be deemed to be free of foods and non-food items that may lead to a severe allergic or anaphylactic reaction. The Centre will make every reasonable effort to reduce the risk to children with severe allergies or anaphylaxis in accordance with this policy. We live in a world that is contaminated with potential allergens, and anaphylactic children must learn to avoid specific triggers. While the key responsibility lies with the anaphylactic individual and his or her family, in the case of a young anaphylactic child, the child care community must also be aware. Creating an environment that reduces the risk to severely allergic or anaphylactic children requires the co-operation and understanding of all members of the Centre, including staff, children, parents and caregivers.

Food

We provide lunch and snack for children attending our programs, and parents are not permitted to send any food items into the Centre. The Centre will not serve any food with nut warnings, including warnings such as ‘may contain nuts, nut product’ or food labeled ‘may have been made in a facility that nut products are manufactured’. Staff are to read all ingredient lists on labels before serving or using food.

If, for a health-related reason, a child needs to bring in food for personal consumption the request must be submitted in writing and approved by the Supervisor. All food brought in must be nut/peanut free. The food brought into the Centre for a child must be well wrapped and in a container marked with the child’s name. The food should be handed to a staff member who will store it appropriately. Any allergies that may be an issue will be discussed with the parent. Children must be informed that they are not permitted to share food.

In implementing an allergy/anaphylaxis policy, the Centre has decided not to permit parents to send in food for snack or special occasions, such as birthdays. Toronto Public Health does not permit the Centre to serve any home baked items.

Children are not permitted to eat food brought from home in the Whitney Child Centre building or playground. All snacks/food must be finished before entering the building or playground and snacks must not be given at pick up time until after children have exited the Centre.

If a child is entering the Centre after recently eating peanut or nut butter, or other such products, hands must be thoroughly washed and teeth must be brushed. A peanut/nut allergy can be so severe that even touching or inhaling a trace amount can trigger a life-threatening reaction.

Staff, volunteers and/or students are not to bring nuts or peanuts or food contaminated with nuts or peanuts into the Centre for their own consumption. If a staff member should eat food containing nuts or peanuts during her/his break, they must wash their hands and rinse out their mouth before returning to/resuming work.

Tables are washed thoroughly before and after food is served.

Children with anaphylaxis are seated near to staff at meal times.

Communication and Reducing Potential Food Risks

The catering service used by the Centre must be informed in writing annually that nut/peanut products are not permitted in the Centre. The caterer is informed of the children with allergies in the Centre, in writing, prior to the beginning of each school year. This list is updated promptly in writing in the event of a change or addition.

All food items purchased by the Centre must be checked for content. The catering service used by the Centre is responsible for checking the content of all food supplied to the Centre. Food purchased must not contain a nut/peanut warning.

Children are instructed not to share food.

Parents are informed that the Centre endeavours to provide a nut/peanut free environment and are given a copy of this Allergy and Anaphylaxis Policy with the registration materials. Parents must sign the Allergy and Anaphylaxis Acknowledgment to acknowledge that they have received and read the policy. The Centre will post a list of items that may trigger an anaphylaxis reaction in children registered at the Centre.

Before going on a field trip the Supervisor, or designate, will consult with the location to identify any potential risks. Anaphylactic children will sit near a staff member when using any form of transportation for such purposes.

Identification of Children at Risk

It is the responsibility of the parent to inform the Centre that his or her child has allergies or is anaphylactic or potentially anaphylactic, and also to identify any change to their child's allergy. This must be done in writing.

All staff shall be made aware of these children. A dated list of all children with allergies is posted in each classroom, the Centre office, the staff room, the emergency binders and is attached to the fridge(s). It is also posted in the area where the child eats if this is different from the child's classroom.

On the child's admission to the Centre, the Supervisor and the relevant teaching staff (staff working in that child's classroom) will discuss the child's allergies with the parent, and the parent will fully educate the staff on symptoms and the individual child's treatment protocol. The parent is key in educating the staff on the symptoms and treatment of their child's allergy. Staff and parent sign to acknowledge the training on the record sheet. The Supervisor or Assistant Supervisor will train all other WCC staff, and they will sign to acknowledge training on the appropriate record sheet. The Supervisor or Assistant Supervisor or designate will train volunteers or students or supply staff, and have the training signed off on the appropriate record sheet. Every staff, supply staff, volunteer and student is trained in the use of the epinephrine autoinjector; the supply staff, volunteer or student would only be expected to administer the epinephrine autoinjector in an extreme situation where no WCC staff was available to do so.

An allergy alert form must be completed for each anaphylactic child by the parent and signed by the child's doctor. This alert must have the child's photograph attached and is posted in the child's classroom (and lunchroom/snack area if this should be different). A copy must also be placed in the epinephrine autoinjector pouches. This form outlines an individual treatment plan, including monitoring and avoidance strategies, details of the child's allergy, the symptoms, and the child's individual treatment protocol. The parent must sign consent for the administering of the epinephrine autoinjector on the medication form. Both forms must be updated annually, or as necessary. The doctor only has to sign the initial form, or a revised form when there are changes, otherwise the original form signed by the doctor is kept on file. Changes must be submitted in writing, and the revised form with changes must be signed by the doctor. The anaphylactic child may not start a program at the Centre until all necessary paperwork and epinephrine autoinjectors are provided. A child may be suspended from care if their epinephrine autoinjector has expired and has not been replaced with a new one by the parent.

Availability and Location of EpiPens

The epinephrine autoinjector is an auto-injector containing epinephrine (adrenaline). This medicine is an alpha- and beta-receptor stimulant used to treat severe allergic reactions. It may also be used to treat severe conditions that affect breathing. Speedy intervention is of paramount importance: failure to use an epinephrine autoinjector promptly is more dangerous than using it improperly.

It is the parent's responsibility to provide the Centre with epinephrine autoinjectors. Parents of anaphylactic children must provide a minimum of two epinephrine autoinjectors to be left at the Centre. These must be promptly replaced when the expiry date is reached. Expiry dates are to be marked on the allergy posting and the epinephrine autoinjector pouch. These dates are checked monthly. Parents are given ample time to replace the epinephrine autoinjectors. Parents must sign the medication administration form to permit staff to administer the epinephrine autoinjector.

Anaphylactic or potentially anaphylactic children who are old enough can carry at least one epinephrine autoinjector with them at all times, and have a back up in the Centre (kept in the classroom). Most children are able to carry their own autoinjector by the age of 6 to 8 years.

Because some children are too young to carry their own epinephrine autoinjectors, an epinephrine autoinjector will be stored in a clearly identified location in the classroom. The epinephrine autoinjector is stored in the pouch provided by the Centre, and has the allergy alert inside and a photo of the child and the child's name on the outside of the pouch. The expiry date of the epinephrine autoinjector is also recorded on the outside of the pouch. The location of the epinephrine autoinjector is clearly labelled and easily accessible. All staff are made aware of its location. When going outside to the playground the epinephrine autoinjector pouch is transferred to the playground hook, which is adjacent to the playground door inside the room. In the event of a fire drill, evacuation or other emergency, the teaching staff must take the pouch containing the anaphylactic child's epinephrine autoinjectors. The Supervisor or the Assistant Supervisor or designate will take the pouch(es) containing the second epinephrine autoinjector. **Some children with anaphylaxis or allergies may require Benedryl or a similar medication to address allergic or anaphylactic symptoms. The following protocol must be followed:**

- A doctor's note must be submitted to the Centre to authorize the administration of the medication, and must state dosage required.
- The medication will be kept in the pouch with the autoinjector – usually the pouch that is stored in the office.
- The parent must complete and sign the medication administration form and provide a measuring spoon or utensil.

Children who are no longer allergic, or no longer require an epinephrine autoinjector, must present a letter of explanation from their doctor or allergist.

The second epinephrine autoinjector provided by the parent is kept in the office. The location is clearly marked. When going on a field trip a staff member will carry both epinephrine autoinjectors with them and a cell phone will be taken as well.

Treatment Protocol

An individual treatment protocol needs to be established by the child's allergist and outlined on the allergy alert form by the parent. The Centre cannot assume responsibility for treatment in the absence of such a protocol. This protocol is reviewed annually, the doctor signs the form on admission and in the event of a change. The parent signs consent for the administration of the epinephrine autoinjector.

All staff are trained, as follows, in the management of an anaphylactic emergency:

The epinephrine autoinjector is administered at the first sign of a reaction, however slight (e.g. itching or swelling of the lips/mouth in food allergic children). There are no contraindications to the use of epinephrine for a potentially life-threatening allergic reaction. Time of administration

is noted. Adults must be encouraged to listen to the concerns of the anaphylactic child, as the older child usually knows when they are having a reaction, even before signs are manifested.

1. One person stays with the affected child.
2. One person goes for help. 911 is called.
3. The parent is contacted.

A second epinephrine autoinjector is administered after 15 to 20 minutes if there is no improvement in the child's symptoms and emergency services have not arrived. Emergency services will usually also provide direction.

Regardless of the degree of reaction or response to epinephrine, the child is taken to an emergency department usually by ambulance. Symptoms may recur up to 12 hours after exposure to the allergen, possibly more. One person will stay with the child until the parent arrives. The child will not be readmitted to the Centre until the following day. The incident is recorded and treated as a serious occurrence.

Training

Staff are trained every three years in Standard First Aid and CPR Level C. This includes training in identifying signs and symptoms of allergic reactions and how to respond to them. Staff are trained in the use of the epinephrine autoinjectors annually and have access to training epinephrine autoinjectors which are stored in the office.

Posters describing the use of the epinephrine autoinjector are posted in the staff room.

Staff will review the policy and procedures prior to commencing work with children, and at any time revisions are made. All staff must receive a demonstration on the use of the epinephrine autoinjector annually. Staff must receive training and information from the parent of the anaphylactic child, as each child's allergy and response is individual.

Each adult volunteer or student teacher must be given the Allergy and Anaphylaxis Policy, and sign to acknowledge that they have read and understood the policy. Each volunteer and student teacher is given a demonstration in the use of the epinephrine autoinjector. Volunteers and students are shown the location of the allergy list, anaphylactic alert and epinephrine autoinjector, and they are made aware of children with allergies and/or food restrictions.

The parent of each anaphylactic child must train the Supervisor and teaching staff assigned to the child's class in the allergy, the symptoms and treatment. The Supervisor is responsible for ensuring all other staff are trained.

NOTE: Epinephrine autoinjectors are commonly referred to as EpiPens. EpiPen is a specific brand name, other brands may be used.