



Policies and Procedures

Section: Operations

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Subject: Anaphylactic Policy and Procedures

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POLICY

PLASP Child Care Services is committed to creating allergen-aware environments within all PLASP programs (Early Learning and Child Care Centres, Before & After School and EarlyON).

PURPOSE

To ensure that all employees, volunteers and students on placement are aware of and adhere to provincial law, the directives under Ontario Regulation 137/15 and in compliance with Sabrina's Law, 2005, S.O. 2005, Chapter 7, to parents, staff, students on placement, volunteers and visitors.

SCOPE

This Policy applies to all PLASP employees, volunteers and students on placement ("Staff"). These policies and procedures are intended to help meet the needs and save the lives of children with severe allergies and to provide information on anaphylaxis.

PROCEDURE

Identifying Anaphylaxis

Program Directors/designates are required to determine if the child(ren) have any identified health/allergy/ medical condition during the welcome call prior to the first day of school and the child(ren) starting the program.

Anaphylaxis is a severe systemic allergic reaction, which can be fatal, resulting in circulatory collapse or shock

An anaphylactic reaction can begin within seconds of exposure or after several hours. Symptoms can vary for different people and can be different from one reaction to the next. Any combination of the following may signal the onset of a reaction as it involves symptoms from two or more body systems as noted below.

Skin	hives, swelling, itching, warmth, redness, rash
Breathing (respiratory):	coughing, wheezing, shortness of breath, chest pain/tightness, throat tightness/swelling, hoarse voice, nasal congestion or hay fever-like symptoms (runny nose and watery eyes, sneezing), trouble swallowing
Stomach (gastrointestinal)	nausea, pain/cramps, vomiting, diarrhea
Heart (cardiovascular):	pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
Other:	anxiety, feeling of "impending doom", headache, uterine cramps, metallic taste in mouth

Causative Agent (allergen/trigger) are substance that causes an allergic reaction. Common allergens include, but are not limited to:

<ul style="list-style-type: none">• eggs• milk• mustard• peanuts	<ul style="list-style-type: none">• seafood (fish, shellfish, and crustaceans)• sesame• soy• sulphites (food additives)	<ul style="list-style-type: none">• tree nuts• wheat• latex• insect stings
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Parent/Guardian Requirements

1. Inform the Program Director/Designate of their child's anaphylactic allergy during registration prior to attending the program.
2. Arrange a meeting prior to the child attending the program and annually thereafter provide staff training.
3. Complete and sign the **Anaphylaxis Individual Action Plan (Plan A)** for the child.
4. Determine if the staff or child have authorization to carry the Epinephrine Auto-Injector when the child is in care (i.e., Staff waist pouch or child's waist pouch).
5. Ensure a valid Epinephrine Auto-Injector is brought to the program with the child at all times they are in PLASP's care. *Failure to provide this medication will result in the child being refused care until the medication is available at the program/centre.*
6. Ensure the Epinephrine Auto-Injector is replaced prior to expiry.
7. Ensure the child is aware of the following:
 - ✓ How to recognize the first symptoms of an anaphylactic reaction
 - ✓ How to communicate when they feel a reaction starting
 - ✓ Where the Epinephrine Auto-Injector is stored while the child is in program
 - ✓ To eat only the snack foods provided to them by the program/centre staff
 - ✓ The importance of hand hygiene

Individual Action Plan

- Before the child attends the program/centre, if it is determined that a child is diagnosed with anaphylaxis or upon discovering that a child has an anaphylactic allergy an **Anaphylaxis Individual Action Plan (Plan A)** will be developed for each child.
- The **Anaphylaxis Individual Action Plan (Plan A)** will be developed in consultation and collaboration with the child's parent, and any regulated health professional who is involved in the child's care that the parent believes should be included in the consultation.
- The **Anaphylaxis Individual Action Plan (Plan A)** will include a description of symptoms of an anaphylactic reaction that are specific to the child and the procedures to be followed in the event of an allergic reaction or other medical emergency based on the severity of the child's symptoms.
- The **Anaphylaxis Individual Action Plan (Plan A)** is to be reviewed and signed by staff volunteers, students on placement receive training immediately upon their placement in the program/centre, when there are changes and annually thereafter in the administration of the child's Epinephrine Auto-Injector and they know details of all children's **Anaphylaxis Individual Action Plan (Plan A)**.

Program Director/Designate Responsibilities

- Ensure that all parents are aware that PLASP has a nut free environment, that does not

permit outside food being brought into the centres/programs.

- Program/centre staff must also be familiar with all of the children who have life threatening allergies in the other program components/centres.
- Ensure that the parent/guardian has arranged a meeting prior to the child attending the program to provide staff training and to complete the **Anaphylaxis Individual Action Plan (Plan A)** for the child.
- Ensure that the Anaphylactic Policy is communicated to all staff, volunteers, students on placement and families and they are familiar with all the children in all program components that have an **Anaphylaxis Individual Action Plan (Plan A)**.
- Ensure that all staff volunteers, students on placement receive training immediately upon their placement in the program/centre, when there are changes and annually thereafter in the administration of the child's Epinephrine Auto-Injector and they know details of all children's **Anaphylaxis Individual Action Plan (Plan A)**.
- Ensure all staff responsible for purchasing and/or preparing food receive training on how to read food labels to identify allergens.
- Ensure review is documented on the Daily Log Sheet.
- Ensure a copy of the **Anaphylaxis Individual Action Plan (Plan A)** is filed at the front of each registration binder and is accessible for every group in the ELCC/SAK/SAC programs.
- Ensure the original **Anaphylaxis Individual Action Plan (Plan A)** is filed in the Signature Binder.
- Ensure a valid Epinephrine Auto-Injector is brought to the program and is with the child at all times they are in PLASP's care.
- Ensure the Epinephrine Auto-Injector is carried as authorized in the **Anaphylaxis Individual Action Plan (Plan A)** by the parent/guardian when the child is in care (i.e., Staff waist pouch or child's waist pouch).
 - Where a **child arrives at program without their Epinephrine Auto-Injector**, the staff is required to call the parent/guardian, and request that medication be brought to program. If the parent/guardian cannot deliver the medication, the child will have to be picked up immediately from the PLASP program.
 - In the event, that there is an **Epinephrine Auto-Injector available in the school office**, staff may verify that it is the same medication authorized by the parent/guardian to be used during PLASP program, check the expiry date, name and dosage and follow the instructions set out in the child's **Anaphylaxis Individual Action Plan (Plan A)**.
- Ensure the parent/guardian is contacted 30 days prior to the expiry of the Epinephrine Auto-Injector to ensure a new one is received.
- Ensure staff, students on placement or volunteers personal Epinephrine Auto-Injector will be inaccessible to children at all times and will not be administered to children at any time (e.g., stored in locker versus left in a purse in the classroom).
- Ensure safe procedures as set out in each child's **Anaphylaxis Individual Action Plan (Plan A)** to for reducing risk in the program/centre is implemented.

Program/Centre Staff Responsibilities

1. Assist the Program Director/Designate in fulfilling their responsibilities
2. Take direction from the Program Director/Designate.
3. Be accountable for the review, implementation and compliance with the Anaphylactic policy.

Volunteers and Students on Placement Responsibilities

1. Assist the Program Director/Designate in fulfilling their responsibilities
2. Take direction from the Program Director/Designate and Program/Centre staff.
3. Be accountable for the review, implementation and compliance with the Anaphylactic policy.

Medication Requirements

Epinephrine is a drug used to treat allergic reactions, particularly anaphylaxis. This drug is often delivered through an auto-injector (e.g., EpiPen).

Where epinephrine or oral allergy medication needs to be administered to a child in response to an anaphylactic reaction, the Medication Policy and Procedures will be followed.

- Parent/guardians are required to provide emergency medication as outlined in the **Anaphylaxis Individual Action Plan (Plan A)** and as prescribed by a physician.
- Medication will only be used for the child named in the prescription. Failure to provide this medication can result in the child being refused care until the medication is available at the program/centre.
- All medications must be stored in their original containers as supplied by a pharmacist, or their original packages. Medications not provided in the original container or packaging **WILL NOT** be accepted or administered to children.
- All medication original containers/packages must be clearly labelled with:
 - ✓ The child's full name;
 - ✓ The name of the medication;
 - ✓ The dosage of the medication;
 - ✓ Instructions for storage;
 - ✓ Instructions for administration;
 - ✓ The date of purchase/date dispensed of the medication for prescription medications; and
 - ✓ The expiry date of the medication, if applicable.

Staff must ensure a valid Epinephrine Auto-Injector is brought to the program and is with the child at all times they are in PLASP's care.

- Emergency allergy medication (e.g., oral allergy medications and epinephrine auto-injectors) will be allowed to remain unlocked during the time a child is in care and can be carried by the child with parental/guardian authorization as set out in the **Anaphylaxis Individual Action Plan (Plan A)**.

Undiagnosed Anaphylactic Reactions

If a child appears to be having an undiagnosed anaphylactic reaction, staff will:

1. Call 9-1-1 immediately
2. Inform emergency services that you have a child who is experiencing anaphylactic shock and urgent medical attention is required.

Strategies for Reduce the Risk

The following strategies to reduce the risk of exposure to anaphylactic causative agents must be followed at all times by staff, students on placement and volunteers.

1. Posting individual pictures of each child identified as having a specific allergy on the **Anaphylaxis Individual Action Plan (Plan A)** along with the identified allergen (e.g., food, insect sting, medicine, latex, exercise etc.) which causes the allergy
2. Ensure **Anaphylaxis Individual Action Plan (Plan A)** are completed and up to date for the children who are identified as having an anaphylactic allergy.
3. Ensuring that children with identified allergies are not given or exposed to food or craft/sensory materials that they are allergic to in any circumstances, including for use for crafts and sensory programming.
4. Ensure foods with unknown ingredients are not served to child with specified allergens.
5. Ensure food with 'may contain' warnings on the label are not served to child with specified allergens.
6. Ask the caterer or cook to provide the known ingredients for all food provided. The ingredients will be reviewed to verify that causative agents are not served to children with anaphylactic allergies.
7. In cases where a child has food allergies and the meals and snacks provided by PLASP cannot meet the child's needs, as an exceptional circumstance with the approval of the Area Manager staff will request the child's parent to supply snacks/meals for their child.
8. All written instructions for diet provided by a parent/guardian will be in writing on the **Individual Support Plan (Plan ISP)** and implemented by program staff.
9. Ensure that parent/guardian label food brought to the program/centre with the child's full name and the date and a list of all ingredients if the food is not provided in its original packaging.
10. Ensure that appropriate supervision of children is maintained so that food is not shared or exchanged, where food is provided from home for children in exceptional circumstance.

11. Encourage parents/guardians who serve foods containing allergens at home to ensure their child has been rid of the allergens prior to attending the child care centre (e.g., by thoroughly washing hands, brushing teeth, etc.)
12. Make sure each child's individual plan and emergency procedure are kept-up-to-date and that all staff, students, and volunteers are trained on the plans.

Communication Plan

Information on life-threatening illnesses such as an anaphylactic reaction will be shared with staff, students on placement, volunteers, and families in order to:

- ✓ lessen the risk of contact with an allergen.
- ✓ recognize the symptoms of a severe anaphylactic reaction.
- ✓ know how to identify each child's specific signs and symptoms and respond to an anaphylactic immediately.

As a part of the communication plan:

1. Each child with an anaphylactic allergy will have an **Anaphylaxis Individual Action Plan (Plan A)** that detail signs and symptoms specific to the child describing how to identify that they are having an allergic reaction and what to do if they experience a reaction.
2. Each child's **Anaphylaxis Individual Action Plan (Plan A)** will be posted in all cooking and serving areas, in each play activity room, and made available in any other area where children may be present.
3. Ensure all staff responsible for purchasing and/or preparing food, will be informed of all the allergies at the program/centre and when changes or new allergies are identified, including those of staff, students on placement and volunteers.
4. The Program Director/designate will communicate which foods are not to be used in food prepared for the child care centre and will work together and document any food substitutions.

Serious Occurrence Reporting

Staff are responsible for identifying, responding to and reporting all serious occurrences including life-threatening illness or injury due to an anaphylactic reaction to the head office within 24 hours.

The 24-hour reporting requirement begins **when the incident has been identified** as a serious occurrence within the PLASP program and **not** when details of an incident are received by the head office.

The PLASP Head Office will submit the serious occurrence to the Ministry of Education in accordance with the established *Serious occurrence policy and procedures*.

Training

1. Parent/guardians of a child will be responsible to train the Program Directors/ Designates and/or all staff on how to administer emergency allergy medication in accordance with each child's **Anaphylaxis Individual Action Plan (Plan A)**.
 - (i) Where only the Program Director/designate has been trained by a parent, the Program Director/ designate will ensure training is provided to all other staff, students on placement and volunteers at the program/centre.
 - (ii) Staff, students on placement and volunteer will sign the signature page of the **Anaphylaxis Individual Action Plan (Plan A)** after training has been completed.
 - (iii) The Program Director/Designate will train staff on how to read food labels to identify allergens for the purpose of purchasing appropriate food and in the proper preparation of food.
 - (iv) The Program Director/designate will train the students on placement and volunteers on how to recognize the signs and symptoms of anaphylaxis.
 - (v) Training will be repeated annually, and any time there are changes to any child's **Anaphylaxis Individual Action Plan (Plan A)**.

Training Records

2. A written record of training for staff, students and volunteers will the names of individuals who have not yet been trained. This can be tracked by identifying who has signed the **Anaphylaxis Individual Action Plan (Plan A)** signature sheet.

This will ensure that training is tracked, and follow-up is completed where an individual has missed or not received training.

Confidentiality

PLASP will take all required steps to protect the privacy of the child, information about a child's allergies and medical needs will be treated confidentially except when information that must be disclosed for the purpose of implementing the procedures in this policy and for legal reasons (e.g., to the Ministry of Education, College of Early Childhood Educators, law enforcement authorities or a Children's Aid Society).

Review and Availability

This policy will be revised as per provincial legislation directives. All PLASP Staff will be required to review the policy annually and any time revisions are made to related procedures.

This Policy will be made available, free of charge, to each parent considering whether to enrol their child in a PLASP program, as well as each parent of a child currently enrolled in a PLASP program.

