



# SAMPLE CARE FOR NEWCOMER CHILDREN ANAPHYLAXIS POLICIES AND PLAN

## POLICY OVERVIEW

Anaphylaxis (pronounced anna-FILL-axis) is a severe allergic reaction that can be caused by foods, insect stings, medications, latex or other substances. While anaphylaxis can lead to death if untreated, anaphylactic reactions and fatalities can be avoided. Education and awareness are essential to keeping children with potentially life-threatening allergies safe.

Our anaphylaxis plan is designed to ensure that children at risk are identified, strategies are in place to minimize the potential for accidental exposure, and CNC Staff and key volunteers are trained to respond in an emergency situation.

## ANAPHYLAXIS MANAGEMENT PLAN

### 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. Parent's will be asked to provide information on their child's allergy (and asthma), and a consent to administer medication in a life-threatening situation. All staff must be aware of these children.

### Availability and Location of Epinephrine Auto-injectors ("auto-injectors")

- Epinephrine is the first line medication which should be used in the emergency management of a person having a potentially life-threatening allergic reaction. Antihistamines and asthma medication must not be used as first line treatment but can be administered additionally or as secondary medication.
- Auto-injectors are stored in a location that is easily accessible to CNC Staff. All staff must be informed of the location of the auto-injectors.
- Children at risk of anaphylaxis who have demonstrated maturity should be encouraged to carry one auto-injector with them at all times. Parents can provide a second device to the CNC Staff to be available as a back-up.



- Regularly inspect the expiry date on the epinephrine auto-injectors and notify the parent to replace them if expired.

## Emergency Protocol

- An individual Anaphylaxis Emergency Plan is recommended to be signed by the child's physician or health care provider. A copy of the Plan will be placed in designated areas such as the child care room and office.
- Posters which describe signs and symptoms of anaphylaxis and how to give an epinephrine auto-injector should be placed in relevant areas.
- Adults are encouraged to listen to the concerns of the child who usually knows when a reaction is occurring, even before signs appear. It cannot be assumed that children will be able to properly self-administer their auto-injector. (Children may be fearful of getting a needle, they may be in denial that they are having a reaction, or they may not be able to self-administer due to the severity of the reaction.)
- To respond effectively during an emergency, a routine has been established and practiced, similar to a fire drill. During an emergency:
  1. Give epinephrine auto-injector (e.g. EpiPen or Twinject) at the first sign of a known or suspected anaphylactic reaction.
  2. Call 9-1-1 or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
  3. Stay with and monitor the child and have someone inform on-site parent/guardian.
  4. Support parent in giving a second dose of epinephrine in 5 to 15 minutes IF the reaction continues to worsen.
  5. Child must go to the nearest hospital immediately (ideally by ambulance), even if symptoms are mild or have stopped.

## Training

- Each year there will be training for CNC Staff, including an overview of anaphylaxis, signs and symptoms and a demonstration on the use of epinephrine. CNC Staff will have an opportunity to practice using an auto-injector trainer (device used for training purposes) and are encouraged



to practice with the auto-injector trainer throughout the year, especially if they have a child at risk in their program.

- A follow-up refresher training session is given mid-year.
- Substitute CNC Staff are advised to review the Anaphylaxis Emergency Plan for children in the program.

The Staff with Designated Responsibility speaks with substitute CNC Staff about the procedure for responding to emergency situations. Viewing auto injector instruction CD provided by the device manufacturers is recommended. Substitute CNC Staff should have an opportunity to practice using an auto-injector trainer.

### Communication

- Ongoing communication about the program's anaphylaxis plan is essential in creating awareness and support for the children at risk.
- The anaphylaxis plan should be distributed to all families at the beginning of the program to improve community awareness.
- Parents who are on site should be given the opportunity to attend awareness or training sessions.
- Anaphylaxis management is a shared responsibility that includes parents, CNC Staff, and the entire on-site community.
- CNC Staff can provide information and resources to parents but must not give medical advice. They should encourage the parent to talk to their doctor about any concerns or question they may have about the health of their child.
- CNC Staff can advise parents to ask their Doctor/Pharmacist or a Public Health representative about funding support for epinephrine auto-injectors through the Ontario Drug Benefit program.

### Creating an Allergy-Safe Environment

- Special care is taken to avoid exposure to allergy-causing substances. CNC Staff inform parents which foods can be brought into their program in order to significantly reduce the risk of accidental exposure to food allergens.
- Programs should encourage the on-site community to strive to create an "allergy – safe vs. "al-



lergen free” environments.

Given that anaphylaxis can be triggered by small amounts of an allergen when ingested, children with a food allergy are encouraged to follow these guidelines:

- Eat only food that they have brought from home unless it is packaged, clearly labeled and approved by their parents.
- Wash hands before and after eating
- Not share food, utensils or containers
- Place food on a napkin or wax paper rather than in direct contact with a desk or table.

A designate is assigned responsibility for each of the following requirements:

- Ensure that, upon registration, parents and/or guardian provides information on life-threatening allergies.
- Develop an individual plan for each child at risk of anaphylaxis which covers risk reduction strategies and an Anaphylaxis Emergency Plan. (The individual plan will be common for most children at risk where allergies and age levels are similar.)
- Maintain a file for each child at risk that includes proof of diagnosis, current treatment, an emergency procedure for the pupil, and current contact information.

Review and update the plan regularly to assess the key requirements including:

- Identification of the at-risk children including a file
- Availability and Location of Epinephrine Auto-injectors (“auto-injectors”)
- Emergency protocol
- Training & Communication
- Creating a Safe Environment