



ANAPHYLAXIS POLICY

POLICY

The key to preventing a potentially severe reaction in a child with a known allergy is avoiding exposure to the relevant allergen. For a child with a known allergy, accidental exposure to an allergen is a significant risk. Unfortunately, many children, especially young children, are not aware of an allergy until they are exposed to an allergen and anaphylactic reaction. Therefore, it is essential that child day care programs have detailed plans for avoiding accidental exposure to allergens for children with identified allergies and recognizing and treating allergic reactions and anaphylaxis in all children.

A comprehensive, coordinated approach among child care program staff, volunteers, families and children, and the children's medical providers are needed to effectively prevent and manage allergies and allergic reactions, including anaphylaxis. In addition, program leadership is necessary to guide planning and implementation of the policy and procedures and monitor ongoing compliance. Particular attention is paid to educating new staff and volunteers and updating current staff and volunteers.

PROCEDURE

Health Care Plan

The Health Care Plan will include all strategies and actions needed to manage allergies for individual children in the child care program.

The Health Care Plan will be on-site, followed by all staff and volunteers, and available upon demand by a parent or NYS OCF§.

For allergy identification and management, the Health Care Plan will describe the following:

- a. how a record of each child's allergies will be maintained;
- b. how professional assistance will be obtained in the event of an anaphylaxis emergency;
- c. the advance arrangements for the care of any child who has or develops symptoms of anaphylaxis, including notifying the child's parent (Note: 911 will be called first. Calls to the family will not delay the administration of patient-specific epinephrine);
- d. which designated staff are trained to administer medications or patient-specific epinephrine;
- e. the contents and location of the first aid kits, including, if applicable, the location of any patient-specific epinephrine autoinjectors;
- f. the name and title of staff responsible for inspecting and maintaining current patient-specific epinephrine autoinjectors in the specified location. Inspections will occur monthly;
- g. how the program will handle anaphylaxis episodes;
- h. how to routinely monitor for staff and volunteer changes and ensure new staff and volunteers receive training on the Health Care Plan and are made aware of children at the child daycare program with known allergies and their Individual Allergy and Anaphylaxis Emergency Plans appendix to the Individual Health Care Plan.

A designated staff person may administer epinephrine in an emergency through the use of patient-specific epinephrine autoinjectors when the staff person has received training on its use from the

parent, health care provider or a health care consultant, and the parent and child's health care provider have indicated that such emergency care is appropriate for this individual child.

If part of the individual child's plan, an antihistamine will be administered to relieve symptoms such as hives and itching. Asthma inhalers, if part of the individual child's plan, will be administered in addition to the epinephrine if the child has difficulty breathing. Neither antihistamines nor asthma medications will be administered in place of epinephrine.

Administration of Medications

MAT-trained designated staff may administer epinephrine to children, and non-MAT-trained designated staff may administer a non-patient-specific epinephrine autoinjector for the emergency treatment of a child appearing to experience anaphylaxis if the person is at least 18 years old and has completed an NYSDOH-approved training on stock epinephrine autoinjectors.

PLAN TO REDUCE RISK AND MANAGE REACTIONS FOR INDIVIDUAL CHILDREN:

Individual Allergy and Anaphylaxis Emergency Plan

For children with an allergy, parents and the child's health care provider will work with the child day care program to develop written instructions outlining what the child is allergic to, the steps that will be taken to avoid that allergen, and what to do in the event the child experiences an allergic reaction. In addition, the Individual Allergy and Anaphylaxis Emergency Plan will be reviewed upon admission, annually after that, anytime there are staff or volunteer changes, or anytime information regarding a child's allergy or treatment changes. This document will be appended to the child's Individual Health Care Plan.

The Individual Allergy and Anaphylaxis Emergency Plan will include the following:

- Name of the child
- Child's date of birth
- Child's weight
- Whether the child has asthma
- Information about the diagnosis, including the type of allergy or allergies the child has (based on diagnosis from a health care provider)
- Strategies to minimize the risk of exposure to the allergen(s) while the child is at the child care program
- Specific symptoms of mild and severe reactions that would indicate the need to administer medication
- Information on the child's medication, including dose and method of administration and where the medication will be stored
- Name and contact information of the health care provider
- Name and contact information of the parent(s)/guardian(s)
- Signature of the parent(s)/guardian(s) and the health care provider, and a program representative

TRAINING ON ALLERGIES AND ANAPHYLAXIS

All child day care programs will have the knowledge and skills to prevent an anaphylactic reaction, recognize the symptoms of an anaphylactic reaction, and respond to and care for a child who is having a severe allergic reaction.

Every person caring for children in our program will know:

- How to recognize signs and symptoms of severe allergic reactions, including anaphylaxis

- How to prevent allergic reactions
- How to respond to a child who is having a severe allergic reaction
- How to call **911** or a local emergency number and how to communicate the health concern
- What children have allergies and how to help them avoid their allergens
- Where to find each child's Individual Allergy and Anaphylaxis Emergency Plan
- Where any epinephrine autoinjectors are stored (will be in a secure location that is easy for all staff to access but inaccessible to children)
- How to use the epinephrine autoinjectors

Sissy's Little Lambs Children's Center employees will always have access to a phone or other communication device for emergencies.

Consideration will be given to having enough staff trained, so daily coverage is available of qualified personnel. This will be accomplished by completing an NYSDOH-approved training on the administration of stock epinephrine autoinjectors.

REDUCE THE RISK OF EXPOSURE TO ALLERGENS

Most anaphylactic reactions in child care programs are due to food allergies. Even trace amounts of a food allergen can cause an allergic reaction. To prevent an allergic reaction:

Food

- Individual children's food allergies will be posted in a discreet location visible to staff and volunteers involved in the child's care.
- Individual children's food allergies will be reviewed routinely with all involved in the care of the child.
- Staff and volunteers will take steps to prevent a child's exposure to the foods to which the child is allergic. This includes always reading food labels.
- Children, staff, and volunteers will wash their hands with soap and water before and after eating. This helps prevent food from getting on toys, clothing, and other surfaces. Hand sanitizers will not be used because they do not remove protein residue, and the remaining residue can be a source of an allergic reaction.
- Tables and other surfaces will be cleaned well before and after eating.
- Children will be supervised while eating.
- Children will not be allowed to trade or share food, cups, utensils, napkins, or food containers.
- Parents of children with a food allergy will approve all foods offered to their children.
- Children with a food allergy will not be offered food if its safety is unknown. Food ingredients will continually be reviewed as ingredients may change. A previously safe food may become unsafe if the ingredients have changed.
- Food will be stored out of reach of young children.
- The eating area will be separate from the play area.
- Ingredients will be reviewed before using products in art, science, and other projects.
- Parents will know in advance about activities that involve food.
- Activities that involve food will be limited and will not include any child's known allergies.
- Visual reminders of food allergy awareness (such as posters) will be displayed prominently.

Insect stings

- Children will wear closed-toed shoes and wear clothing that inhibits insect bites.
- When eating outdoors, children will keep food covered until eaten and stay away

from garbage cans.

- Note: Avoidance of fragrances and brightly colored/floral clothing are ineffective measures for avoiding insect stings.

Latex

- Children, volunteers, and staff will avoid contact with latex gloves. Instead, latex-free gloves will be used.
- Children will avoid areas where there is the possibility of inhaling powder from latex gloves worn by others.
- Children will avoid balloons.
- Children will avoid the use of rubber bands.

RESPONSE TO ALLERGY EMERGENCIES

Anyone caring for a child will know how to recognize and treat anaphylaxis. If anaphylaxis is suspected:

1. **Follow the child's Individual Allergy and Anaphylaxis Emergency Plan steps and give the child epinephrine right away.** If a child has an unknown allergy and the program has a non-patient-specific epinephrine autoinjector, give the child epinephrine immediately. If the child has an unknown allergy and the program does not have non-patient-specific epinephrine, call 911.
2. **After administering epinephrine, always call 911. If staffing allows, one staff person can administer the epinephrine while another calls 911.**
3. **Child care providers will arrange for professional medical care/assistance even if symptoms appear to have resolved.** However, further treatments may be required, and therefore, observation in a hospital setting is necessary.

While waiting for the ambulance to arrive:

4. Consider giving additional medications following epinephrine if prescribed in an Individual Health Care Plan:
 - Antihistamine if hives or itching noted
 - Inhaler (bronchodilator) if wheezing
5. Lay the child flat, raise legs, and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
6. Do not leave the child alone.
7. If symptoms do not improve or symptoms return, additional doses of epinephrine can be given about 5 minutes or more after the last dose.
8. Alert emergency contacts.
9. Continue to monitor the child's symptoms and level of consciousness until help arrives.
10. Prepare the child for Emergency Medical Services (EMS) transport. EMS may need a demographic sheet on the child.

The program will immediately notify the parent and NYS OCFS and complete an incident report. Programs will use form OCFS-4436 Incident Report for Child Care.

COMMUNICATION WITH FAMILY MEMBERS, STAFF, VOLUNTEERS, AND CHILDREN ABOUT ALLERGIES

The implementation and communication of the program's anaphylaxis plan are just as important as the development.

For staff and volunteers:

- Staff and volunteers will be educated on life-threatening allergies and on how to prevent anaphylaxis.
- Staff and volunteers will be trained on recognizing the signs and symptoms of allergic reactions and the importance of administering epinephrine quickly.
- The program plan for managing severe allergies and anaphylaxis will be distributed to all Child Care staff, substitutes, volunteers, and families.
- The Health Care Plan will be reviewed as required by regulation and updated when circumstances, conditions, or activities change or as required, including anaphylaxis policies and procedures. In addition, the Health Care Plan will be reviewed with staff and volunteers whenever it is changed or at least with the frequency required by regulation.
- Information will be shared about children with severe allergies with everyone involved in these children's care.
- Staff and volunteers will familiarize themselves with and understand children's Individual Allergy and Anaphylaxis Emergency Plans. These plans will be reviewed often (e.g., during orientation, daily briefings, weekly team meetings, etc.). In addition, it will be ensured that each staff member and volunteer understand their role and responsibility in administering the plans.
- Staff and volunteer professional development will be supported on anaphylaxis by providing a list of informational resources and training.

For children:

All children need to learn about allergies and anaphylaxis, but the teaching methods will differ based on their age and the setting. Through clear communication, we will help children understand what it means to have a food allergy and how to stay safe.

- Children will be taught that certain foods can make some children very sick. Simple terms will be used, such as "safe food" and "unsafe food." Books will also be utilized to teach children about food allergies.
- The names of unsafe foods will be taught, and what they commonly look like—for example, being shown a gallon of milk or a carton of eggs.
- Children will be taught only to eat foods given to them by their parent(s)/guardian(s) or other trusted adult and not to share food or utensils.
- Children will be told to find an adult if they feel sick or need help.
- The emergency plan will be explained in case a child has an allergic reaction. Children will be described how they may get medicine, and then they will go to the doctor.
- Children will be explained the importance of washing their hands before and after meals and not sharing food items.
- Children will be taught proper handwashing techniques and role model proper handwashing.
- Staff and volunteers will model behaviors and attitudes that comply with rules that reduce exposure to allergens.
- Staff and volunteers will not ostracize or alienate the children with allergies. Instead, they will take a supportive, compassionate approach, modeling tolerance and acceptance.
- Children will be taught that food allergies are not a joke or something to be made fun of.

For parents/guardians:

- The program plan for managing severe allergies and anaphylaxis will be shared with all parents/guardians upon enrollment and annually after that.
- Parents/guardians are made aware of allergies in the program.

- Parents/guardians will receive communication about events, such as birthday parties and holiday celebrations, in which food will be served and how children with allergies are safeguarded.
- The importance of reading ingredients is vital to the health and safety of children. Therefore, resources for reading food labels will be provided to parents/guardians.
- Parents/guardians will be helped to understand the importance of being aware of children's medical needs.
- The importance of being sensitive to the medical needs of all will be expressed to parents/guardians.
- Parents/guardians will be to demonstrate by responding with support and compassion.

I HAVE READ, UNDERSTAND, AND AGREE TO FOLLOW THE POLICIES AND PROCEDURES OUTLINED IN THE ANAPHYLAXIS POLICY FOR SISSY'S LITTLE LAMBS CHILDREN'S CENTER.

PARENT/GUARDIAN TO PRINT NAME

PARENT/GUARDIAN'S SIGNATURE

DATE

AUTHORIZED PROVIDER'S SIGNATURE

DATE