



The Lee Wiggins Childcare Centre ALLERGY AND ANAPHYLAXIS POLICY

Purpose:

To provide guidelines to create a safe environment for children with severe allergies or anaphylactic reactions at the Lee Wiggins Childcare Centre and to ensure compliance with the Child Care and Early Years Act.

Applicable Law:

Child Care and Early Years Act, 2014, General, Ontario Regulation 137/15

Definitions / Acronyms:

For the purposes of this policy, the following definitions / acronyms apply:

CCEYA means Child Care and Early Years Act

LWCC means Lee Wiggins Childcare Centre

Policy:

The Lee Wiggins Childcare Centre (LWCC) will follow policies and procedures as described in the Child Care and Early Years Act.

In our childcare there may be children who are at risk for potentially life-threatening allergies. Most of these children are allergic to food and some children may be at risk for an insect sting allergy. Anaphylaxis (pronounced anna-fill-axis) is a severe allergy reaction that can be caused by foods, 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 key to keeping students with potentially life-threatening allergies safe.

Our Centre's anaphylaxis plan is designed to ensure that children at risk are identified, strategies are in place to minimize the potential for accidental exposure, and staff, student teachers and key volunteers are trained prior to employment and annually to respond in an emergency situation.

LWCC is aware that some of the children attending the Centre have allergies, some of which may be life-threatening. These allergies may include a condition known as anaphylaxis. Anaphylaxis is a severe, potentially life-threatening, allergic shock caused by exposure to certain foods and other substances. Common allergens include peanuts, strawberries, fish, shellfish, wheat, dairy, soy, latex, and bee stings.

LWCC does not claim to be free of foods and nonfood items that may lead to a severe allergic or anaphylactic reaction.

Policy:

LWCC will take reasonable efforts to reduce the risk to children with severe allergies or anaphylaxis. Creating an environment which reduces the risks to severely allergic or anaphylactic children will require the cooperation and understanding of all members of LWCC, including staff, volunteers, children and parents/guardians.

The parents of a severely allergic or anaphylactic child are required to discuss their child's condition and any concerns they have with the childcare's policies and procedures at any time with the LWCC staff and coordinator.

Roles & Responsibilities:

Coordinator:

The Coordinator will:

- Ensure that a discussion with parents regarding the policies of the childcare and the limitations on the childcare's ability to accommodate certain conditions before admission to LWCC or once an allergy is diagnosed;
- Develop an individual plan, with input from a parent of the child and the child's physician, for each child with anaphylactic allergy that includes emergency procedures for each child. These plans will be attached to the child's emergency file;
- Ensure staff are trained on procedures to be followed in the event of a child having an anaphylactic reaction; and
- Ensure the Anaphylactic Policy, the individual plans each child with anaphylaxis and the emergency procedures in respect of each child are reviewed by all employees before they begin their employment, and by all volunteers and students before they begin providing their care or supervision. Each person above shall review the plans annually or at any other time when a change is made to the policy, plan or procedure.

The Coordinator will review how to use an EpiPen[®], and/or administer the prescribed treatment with the students and volunteers. This will also be taught during our Standard CPR/First Aid training course.

Roles & Responsibilities:

Staff:

Staff will be responsible for knowing the health protocols for each child attending the LWCC and for mitigating risk of accidental exposure to the best of their ability.

All staff will review and sign off on the anaphylactic policy, the individual plans for each child with anaphylaxis and the emergency procedures in respect of each child before they begin employment and annually after the first review and at any other time when changes are made to the policy, plan or procedure.

Parents:

Parents must inform the childcare of their child's condition, the foods and nonfood substances that trigger a reaction, the symptoms of a reaction and the required treatment before the child is admitted to the childcare or once the diagnosis is confirmed. Updates to their child's condition should be communicated on an on-going basis.

Training staff, as outlined in the procedure section, will be completed annually or as needed for new staff.

A Health Plan, signed by a doctor, must be initially submitted and reviewed annually. Parents are responsible to supply sufficient epinephrine injectors, or other prescribed treatment, to treat an anaphylactic reaction. Parents will ensure that the medication is not-expired. The prescribed treatment is to be provided by the parents and will be kept in a medical box located in the kitchen where it is readily accessible. Additional epinephrine injectors, and/or other prescribed treatment will be provided to the childcare staff for the playground and emergency bag.

A consent form allowing the staff of the childcare to use the prescribed treatment in accordance with the agreed treatment protocol is required to be signed by parents.

Children at risk of anaphylaxis who have demonstrated maturity should carry one auto injector with them at all times and have a back up available at the Centre.

It is strongly recommended that parents ensure that the child wear medical identification (i.e. medical alert bracelet.) The identification could alert others to the child's allergies and indicate that their epinephrine auto injector is readily available. Information accessed through a special number on the identification jewelry can also assist first responders, such as paramedics, to access information quickly.

Parents are to advise the Coordinator if their child has outgrown an allergy or no longer requires an epinephrine auto injector (A letter from the child's Doctor is required).

Roles & Responsibilities:

Students / Volunteers:

All students and volunteers will review and sign off on the anaphylactic policy, the individual plans for each child with anaphylaxis and the emergency procedures in respect of each child before they begin providing care or supervision and annually after the first review and at any other time when changes are made to the policy, plan or procedure.

Students and volunteers are to inform the staff immediately if they notice a child with anaphylaxis suffering a reaction.

Procedure:

Communication:

Once admitted to the childcare, the identity and condition of the child will be communicated by the Coordinator to the staff. Also, training of the staff by the parents on how to deal with the child's condition will be arranged as set out below. Notices will be provided quarterly in the LWCC Newsletter to inform all parents and children that there is a child with a severe allergy or anaphylaxis attending the childcare and what precautions will be taken to minimize risk to the child.

Information regarding each child's condition will be summarized in an allergy report, which, together with a photograph of the child, will be maintained in both playrooms.

Emergency Protocol:

To respond effectively during an emergency, a routine has been established and practiced, similar to a fire drill. During an emergency:

1. One person stays with the child at all times.
2. One person goes for help or calls for help.
3. Administer epinephrine at the first sign of reaction. The use of epinephrine for a potentially life-threatening allergic reaction will not harm a normally healthy child, if epinephrine was not required. Note the time of administration.
4. Call 911. Have the child transported to an emergency room even if symptoms have subsided. Symptoms may recur hours after exposure to an allergen.
5. One calm and familiar person must stay with the child until a parent or guardian has been contacted and arrives. The child's back up epinephrine auto-injector should be taken.

Procedure:

Training:

Training for the treatment of the anaphylactic children will occur annually, and will be conducted by the parents of the anaphylactic children. Training for the staff will be held during a staff meeting. One parent of each anaphylactic child will train the assembled staff on the

treatment protocol for that child. If a parent cannot attend the scheduled training night the parent must make alternate arrangements with the childcare to do the training or may authorize the Coordinator to train the staff.

A First Aid trainer will be present to perform EpiPen® training to all staff.

Harm Reduction Strategies:

Food:

1. LWCC recommends that parents and children are not to bring outside food to LWCC. Food will be provided and prepared by LWCC and Healthy Kids Catering Company, including food associated with special occasions (i.e. events). The decision to restrict outside foods is based on the need to reduce risk of accidental exposure to allergens.
2. Children with extreme allergies that the Centre cannot accommodate will be asked to bring their own food from home and must be labelled.
3. The Coordinator will, on certain occasions or in the case of individual children on the written request of a parent, permit outside food being brought into the childcare, subject to certain conditions. These special conditions will be at the discretion of the Coordinator, but it is recognized that more restrictive conditions will apply in the event that an allergic or anaphylactic child is attending the childcare.
4. Given that anaphylaxis can be triggered by minute amounts of an allergen when injected, children with food allergies must be encouraged to follow certain guidelines:
5. Wash hands before and after eating
6. Do not share food, utensils or containers
7. If they bring a lunch they must eat only the food they have brought from home, unless it is packaged, clearly labeled and approved by the parents.
8. Place food on a napkin rather than in direct contact with the table.

Procedure:

9. All labels will be read by a staff member prior to serving.
10. Foods with nut warnings will not be served.

i.e. “May Contain traces of peanut/nut” or “Manufactured in a facility that processes peanuts/nuts”
11. Any persons supplying food to the child care will be notified of all life threatening allergies in the Centre. List of allergies will be revised as necessary.
12. All surfaces will be cleaned with a cleaning solution (approved by Public Health) prior to and after preparing and serving foods.
13. If a staff member is having a baking/cooking activity, s/he must ensure that children with a food allergy to any ingredient in the recipe are not permitted to come near that table. No food items with nuts are allowed.
14. All cleaning supplies, medicines and any other products that may be of danger and/or commonly produce allergic reactions will be stored away.
15. Playground areas will be checked and monitored for insects such as wasps. The Coordinator of the Centre will be notified immediately and children will be forbidden to play in this area.
16. Staff will take the LWCC cellphone on all excursions.

Other Allergens:

LWCC will make reasonable efforts to take precautions to prevent reactions to nonfood allergens. This will include the removal of insect nests on childcare property, the proper storage of garbage and restricting eating to the interior of the childcare. Other less common allergens will be dealt with on an individual basis.

