



ANAPHYLAXIS AND DIETARY RESTRICTIONS POLICY

A. Non Life-Threatening Allergies/Dietary Restrictions

If the allergy/dietary restriction is not life-threatening, parents shall provide to the school a list of their child's allergies and/or dietary restrictions. A list of all children and their allergies/dietary restrictions shall be posted in all program areas and food preparation and serving areas. Parents shall receive a copy of the menu plan to review. Any food substitutions shall be the responsibility of the parent.

B. Life-Threatening Allergies – Anaphylaxis

Severe allergic reactions (e.g. anaphylactic shock) occur when the body's immune system reacts to a particular allergen or irritant. These reactions can be triggered by certain foods or food ingredients, insect stings and medications. This is a serious reaction and can be life threatening.

The most common food products that cause reactions are peanuts, tree nuts, sesame, soy, fish, wheat, eggs, milk and seafood. It requires avoidance strategies and immediate response in the event of an emergency.

Strategy to Reduce the Risk of Exposure to Anaphylactic Causative Agents

1. The Preschool shall implement the following:
 - a) a communication plan to provide information on life-threatening allergies to employees, parents, volunteers and preschool children.
 - b) regular anaphylaxis training for all employees, volunteers and students who are in direct contact with anaphylactic preschool children on a regular basis
 - c) a requirement that the Parent Health Chair ensure that, upon registration, parents, guardians and preschool children shall be asked to supply information on life-threatening allergies
 - d) a requirement that the Parent Health Chair in cooperation and consultation with the teacher and the parent, develop an individual plan for each preschool child who has an anaphylactic allergy
 - e) a requirement that the Parent Health Chair, in cooperation and consultation with the teacher, maintain a file for each anaphylactic preschool child
2. The Preschool shall, at the beginning of the school year and periodically throughout the year, make a voluntary community appeal to help keep the preschool environment allergy-safe by not sending specific allergens in snacks (eg.-peanuts and nut products)
3. Depending on the allergies of the children attending the Preschool, the Preschool shall, if

possible, avoid food and other causative agents (e.g.-latex, fabrics, medicines, chemicals, etc.) that may be used for craft and sensory programming or for cleaning, and that commonly produce allergic reactions.

Communication Plan

1. The supervisor states whether there is an enrolled child with an anaphylactic allergy.
2. Information about anaphylaxis and strategies that reduce the risk of exposure to triggers of anaphylaxis within the Preschool environment shall be shared with the entire Preschool community at the Fall Orientation night. Any known anaphylaxis allergies at the time of the Orientation Night will be shared with the parents and the plan on how to reduce the risk of exposure to the allergen. This information can also be shared and updated again at the parent information nights as necessary throughout the year.
3. All Preschool employees, students and volunteers in regular contact with anaphylactic preschool children shall be familiar with the Preschool's Anaphylactic Policy. If applicable, they shall also be familiar with the individual plan for children under their direct supervision, including the emergency procedure to be followed if the child has an anaphylactic reaction. Each staff, student and volunteer must read and sign off on this Anaphylactic policy. Any staff student and volunteer involved in the care of a child with an Individualized Emergency Plan must also read and sign it before beginning in the class where the child is present.
4. Anaphylaxis information provided by the Preschool shall present a balanced picture of anaphylaxis to avoid unnecessary anxiety or unrealistic expectations. While anaphylaxis has the potential to cause death, fatalities are rare.
5. Anaphylaxis information provided by the Preschool shall be easy to understand for everyone.
6. The Preschool shall provide on-going Anaphylaxis reminders in newsletters, bulletins, and during information events.
7. The list of banned foods and other causative agents will be posted and supplied to the Preschool community and will be revised as necessary, depending on the life-threatening allergies of the children enrolled.

Identification of the Child at Risk

- It is the responsibility of the anaphylactic child's parents to inform the school of their child's allergy
- The parent shall be responsible to complete the Anaphylaxis Emergency Plan form. This form shall be copied – one kept in the child's file and one kept in the emergency information binder.
- A master list of all anaphylactic children with their photograph and treatment plan summary

shall be posted in all program areas and food preparation/serving areas to ensure that all staff members are aware of these children.

- The parent shall be responsible to ensure that their child has an up-to-date auto-injector (labeled with their child's name). This will be stored in the centre top cupboard at the back of the main classroom (hanging on the inside of the door). Anytime the child leaves the preschool rooms while in the care of the teachers the EPI pen will be carried along inside the teacher's backpack. (ex. playground, walks etc)
- The parent will be responsible to provide written authorization for administration of the adrenaline auto-injector by staff.
- Parents will be responsible to advise the school if there are changes to their child's treatment protocol.
- An EpiPen poster shall be displayed in appropriate areas in the school.

Individual Anaphylaxis Emergency Plan

An individual treatment plan needs to be established by the child's physician and parent. This treatment plan will be outlined in the Anaphylaxis Emergency Plan form that parents are required to complete upon identification of their child's allergy. A copy of this plan will be placed in the child's file and the emergency information binder. A master list of all anaphylactic children with their photo and treatment plan summary shall be posted in all programs areas and food preparation/serving areas to ensure all staff members and volunteers are aware of these children. Any new child may not start at the preschool until the completed Individual Plan has been received along with the Epi Pen and permission written authorization for administration of the adrenaline auto-injector by staff.

Emergency Response Plan

1. Give the EpiPen. Note time of administration. Call 911.
2. NEVER leave the child who is experiencing an anaphylactic reaction alone. It is essential that the child having the reaction be taken to a hospital to receive immediate medical attention even if the EpiPen has been given.
3. Contact the child's parent(s) or guardian.
4. The staff member who administered the EpiPen should stay with the child until Emergency Medical Services arrive.
5. Following treatment, ensure that the incident is documented and a Serious Occurrence Report is completed and filed with the Ministry of Education, and the County of Wellington Child Care Services.

Anaphylaxis Training

1. All Preschool employees, students and volunteers who are in contact with preschool children with life-threatening allergies must have regular Anaphylaxis training through a First Aid Course, qualified parent or online video instructions on the procedures to be followed if a child has an anaphylactic reaction, including how to recognize the signs and symptoms of anaphylaxis and administer medication.
2. Once a staff member has received training then they in turn can also train all other staff, parents and volunteers.
3. Training shall include risk reduction strategies, an overview of signs and symptoms and what to do in case of an emergency.
4. All Preschool employees, students and volunteers who are in contact with anaphylactic

children should be encouraged to practice with an epinephrine auto-injector trainer device throughout the year.

5. Substitute teachers must review and sign the individual plans for anaphylactic children in their class.



Parent/Guardian Authorization for Administration of Adrenaline Auto-Injector and Confirmation of Training

PERSONAL INFORMATION

Child's Name _____ Birth date _____

Address _____ Phone _____

Parent/Guardian Name _____

Telephone: Home: _____ Work: _____

Cell: _____

Child's Health Card # _____

MEDICATION INFORMATION

Name of prescribing physician _____ Phone _____

Name of medication (as indicated on label) _____

Diagnosis and/or reason for medication _____

Describe circumstances under which medication is to be given: _____

PARENT/GUARDIAN AUTHORIZATION

I have read the Royal City Co-Operative Preschool's Anaphylaxis Policy, and I understand that:

- Failure to comply with procedures outlined in this policy will result in the child being required to remain at home
- Parents are responsible for ensuring that their child is trained in the use of auto-injectors (developmentally appropriate)
- I agree to assume all costs associated with medical treatment and transportation to the hospital.

I HEREBY AUTHORIZE THE ADMINISTRATION OF (name of medication) _____

AS PRESCRIBED BY DR. _____

signature of parent

date

signature of physician

date

THE FOLLOWING STAFF MEMBERS HAVE BEEN TRAINED ON THE ADMINISTRATION OF THIS MEDICINE:

ANAPHYLAXIS EMERGENCY PLAN For: _____

This person has a potentially life-threatening allergy (anaphylaxis) to:

Add photo of child here

Epinephrine Auto-Injector:

Dosage: _____ Location(s): _____ Expiry Date: _____

A person having an anaphylactic reaction might have ANY of these signs and symptoms:

- **Skin:** hives, swelling, itching, warmth, redness, rash
- **Respiratory (breathing):** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion, or hay fever like symptoms
- **Gastrointestinal (stomach):** nausea, pain/cramps, vomiting, diarrhea
- **Cardiovascular (heart):** pale/blue colour, weak pulse, passing out, shock, dizziness
- **Other:** anxiety, headache

Act quickly. The first sign of a reaction can be mild, but symptoms can get worse quickly.

1. **Give epinephrine auto injector.** (eg. EpiPen or Twinject) at the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen. Give a second dose in 10 to 15 minutes or SOONER IF the reaction continues or worsens.
2. **Call 911.** Tell them someone is having a life-threatening allergic reaction. Ask them to send an ambulance immediately.
3. **Go to the nearest hospital,** even if symptoms are mild or have stopped.
4. **Call contact person.**

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned parent/guardian authorizes any adult to administer epinephrine to the above named person in the event of an anaphylactic reaction as described above. This protocol has been recommended by the patient's physician.

PARENT/GUARDIAN SIGNATURE & DATE

PHYSICIAN SIGNATURE & DATE

This plan has been reviewed by the following staff members: (name and signature)