

(Internal Policy)

Anaphylaxis Emergency Response Plan

ACTION:

If there is ANY suspicion that an anaphylaxis reaction is occurring follow the plan of action as stated on the child's individual plan. If epi pen is required:

1. Staff one will administer Epi pen (epinephrine)
NEVER leave the child who is experiencing an anaphylactic reaction alone.
2. Staff two will call 911/EMS _____
3. Staff two will contact Emergency contacts
4. Staff three will remove all other children from the area

1. Follow instructions on the epipen.
2. Jab black tip into outer thigh until unit activates and a click will be heard. This may be done through clothes if necessary.
3. Hold Epi pen in place for 10 seconds.

(The used Epi pen must be sent to the Hospital along with the patient)

☐ If in doubt, ALWAYS administer Epi pen epinephrine. There is no risk if given accidentally.

If the ambulance has not arrived in 15 minutes and there are recurring symptoms, or no relief, administer a second Epi pen.

It is recommended that the patient go to the Hospital, even if symptoms seem to go away after the first injection. There may be a delayed reaction and the patient will need hospital observation.

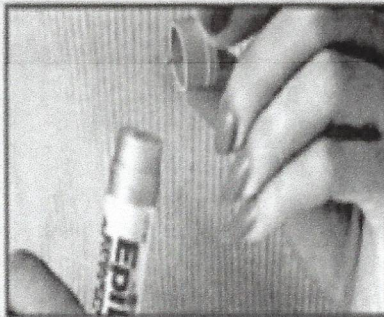
The person who gave the adrenaline auto-injector should stay with the child until the EMS personnel arrive. Information that should be provided to EMS personnel includes signs of anaphylaxis seen in child, time frames, where adrenaline auto-injector was given (right or left thigh) and effect of epinephrine on the child.

A staff member will accompany the patient to hospital (Must be able to sustain staff to child ratio).

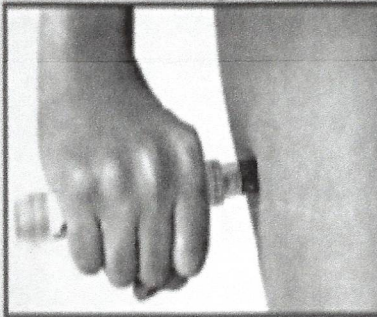
Follow the steps for Serious Occurrence Procedures.

How to use the EpiPen® Auto-Injector...

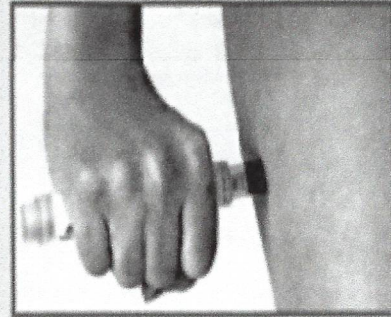
Three Easy Steps:



1. Pull Off Grey Safety Cap



2. Jab Black Tip Into Outer Thigh Until Unit Activates



3. Hold EpiPen® In Place For Several Seconds. Then Discard Unit

• Safety with my Children
• Safety on the Job and in Public
• Safety Using my Computer (on the Internet)
• Safety for my Children

• Safety with my Children
• Safety on the Job and in Public
• Safety Using my Computer (on the Internet)
• Safety for my Children

SPIRITUAL

- Safety and Drug or Alcohol Consumption
- Safety with a Protection Order
- Safety for my Children

MENTAL

- Safety on the Job and in Public
- Safety Using my Computer (on the Internet)
- Safety for my Children

Name and Photo of Child	Allergies
<p>PHYSICAL</p> <ul style="list-style-type: none"> • Allergies to food, medicine, etc. • Physical disabilities • Chronic illnesses • Current medications 	<p>EMOTIONAL</p> <ul style="list-style-type: none"> • Emotional disabilities • Mental health issues • Current medications • Current therapy
<p>SPIRITUAL</p> <ul style="list-style-type: none"> • Safety and Drug or Alcohol Consumption • Safety with a Protection Order • Safety for my Children 	<p>MENTAL</p> <ul style="list-style-type: none"> • Safety on the Job and in Public • Safety Using my Computer (on the Internet) • Safety for my Children

ALLERGIES POSTING FORM

This form **must** be posted where all staff/volunteers can see it. There **must** also be a form in the kitchen for the cook.

IN-SERVICE of Anaphylaxis Policy and Procedures

The anaphylactic policy, the individual plan for a child with anaphylaxis and the emergency procedures in respect of the child shall be reviewed as follows:

1. By all employees, before they begin their employment.
2. By volunteers and students who will be providing temporary care for or supervision of children at the child care centre, before they begin providing that care or supervision.
3. By each person described in (1,2), at least annually after the first review and at any other time when substantive changes are made to the policy, plan or procedure.
4. Supervisor will also meet with the parents of children diagnosed with and/or upon diagnosis of Anaphylaxis.

Staff in-service will occur once a year and/or more frequently when required and will include:

- An overview of anaphylaxis.
- Signs and symptoms of anaphylaxis shock.
- A demonstration on the use of epinephrine. Staff will have the 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 class.
- Specific roles of administration in providing plan of administering medication to anaphylactic children.
- A review of procedures staff are to follow when a child is experiencing anaphylactic shock.
- Information/resources available to staff to ensure a safe environment for children

Where a child has an anaphylactic allergy, child care centre staff, students and volunteers must be provided with training on the procedures to be followed in the event of a child having an anaphylactic reaction, including how to recognize the signs and symptoms of anaphylaxis and administer medication. Supervisor or designate will provide training to parents, students and volunteers as required.

Name of Program: Henvey Inlet First Nation Daycare Center

Name of Staff (please print)	Position	Date of Review of Anaphylactic Policies & Procedures	Signature of Staff (full signature for each review)	Reviewed by (full signature for each review)
PHYSICAL		EMOTIONAL		
			• Safety of my Children	
			• Safety of my Children	
			• Safety of my Children	
			• Safety of my Children	
SPIRITUAL		MENTAL		
	• Safety and Drug or Alcohol Consumption		• Safety on the Job and in Public	
	• Safety with a Protection Order		• Safety Using my Computer (on the Internet)	
	• Safety for my Children		• Safety for my Children	

Appendix F

Strategies to Avoid Allergens

To date, avoidance of allergens is the only way to prevent an anaphylactic reaction. Although it can be difficult to achieve complete avoidance of an allergen, reducing the child's exposure to the allergen is possible. Young children are at greatest risk of accidental exposure.

The greatest risk of exposure to food allergens occurs in new situations or when normal daily routines are interrupted such as field trips, birthday parties and other special events. Precautions should be taken when changes in routines occur. It is highly recommended that a child with a life-threatening allergy wear a Medic Alert® bracelet.

The following strategies are **some** ways to reduce the risk of exposure to allergens. Strategies that are implemented will be relevant to the child's allergen and the setting.

Risk reduction strategies for food

- Implement an allergen-aware policy. This has been a proven strategy in reducing the risk of exposure to peanut products. Nut-aware rooms are recommended when there is a child with a peanut/nut allergy.
- Discourage children from trading and sharing food or eating utensils.
- Children with food allergies should not eat food that has been brought in by someone other than their parent/guardian.
- Encourage good hand washing with soap and water before and after eating.
- Clean surfaces with soap and water or a grease-cutting solution where food has been eaten. Care will be taken to clean all surfaces that the children might touch such as tabletops and under-hangs of tables and chairs.
- Look for hidden allergens in items such as play dough, pet food or stuffed animals.
- Craft supplies that contain the child's allergen will be avoided.
- Ingredients will be read on all packages of food purchased for the centre, keeping in mind those foods that will be eaten by a child with allergies.
- A review of how foods are cooked and prepared in the kitchen. This is very important since an unplanned exposure to a food prepared with peanut oil could cause a serious reaction if eaten by a child with a nut allergy.

Risk reduction strategies for stinging insects

- Avoid areas where insects congregate.
- Keep outdoor garbage covered and away from play areas. Yellow jackets tend to congregate around garbage and food.
- Avoid eating outdoors, especially sweet products such as pop drinks and juice. Insects often fly into pop cans and sting the person when drinking from the can.
- Avoid perfume and sprays and bright colors. Insects are attracted to bright colors and odours.
- Remove nests or hives from play areas. Only the honeybee leaves a stinger. When removing the stinger, scrape your nail over the skin. Grabbing the stinger between your fingers will compress the sac of venom and inject more venom into the body.
- Playground – keep grass mowed to reduce the clover/dandelions which attract bees/wasps

Risk reduction strategies for latex

- Provide non-latex gloves for use by staff and children (e.g. first aid kits).
- Inflate and deflate balls outdoors and away from children. Balls that contain latex will send latex particles into the air when inflated or deflated.
- Do not use balloons in the facility if a child has a life threatening allergy to latex. When balloons break, the latex particles become aerosolized.
- Avoid soft rubber balls and stretchy rubber items, such as pink erasers and rubber bands.

Appendix G

