

18.15 Individualized Medical and Anaphylaxis Plan Policy

The Child Care and Early Years Act, 2014 (Government of Ontario) requires child care programs to have an anaphylactic policy to protect children from exposure to anaphylactic causative agents. This policy is intended to provide a process for dealing with anaphylaxis at PCHs. Anaphylaxis is a severe allergic reaction that can be fatal. Although peanut and peanut products are the most common foods to cause anaphylaxis, other products that can cause this dangerous condition include shellfish, fish, eggs, sulphites, milk, sesame seeds, or other foods. The Child Care and Early Years Act, 2014 (Government of Ontario) requires child care programs to also create individualized plans for children with medical needs, outlining what to be aware of and details on how to keep the child safe. The plan shall include: Steps to be followed to reduce the risk of the child being exposed to any causative agents or situations that may exacerbate:

- A description of any medical devices used by the child and any instructions related to its use;
- A description of the procedures to be followed in the event of an allergic reaction or other medical emergency;
- A description of the supports that will be made available to the child care centre or premises where the licensee oversees the provision of the home child care or in-home services; and
- Any additional procedures to be followed when a child with medical condition is part of an evacuation or participating in an off-site field trip.

Policy

We are committed to protecting the health and well-being of all children at PCH by creating anaphylactic or an individual plan, for all children who are at risk of suffering a reaction through exposure. This risk will be reduced or eliminated within our environments, and staff will be instructed in the appropriate emergency response in the event that a child suffers reaction.

Procedure for Creating an Allergen-Safe Environment:

- A. PCH will attempt to maintain a peanut and peanut-product free environment by working in concert with all food providers including the catering company and parents/guardians.
 - Signage will be posted on all program doors to provide notification of the child care's "Peanut-free" facility and of potentially life threatening allergies and foods and causative agents to be avoided.
 - Consultation will occur with parents/guardians, students, volunteers and other visitors before they supply food, toys, balloons or craft materials to programs.

- Staff will exercise extreme caution when children are engaged in outdoor play to reduce exposure to insect stings by remaining alert to the environment.
- First aid supplies will be available that are allergen-free (non-latex gloves, non-latex bandaids).
- Hand-washing will occur at regular intervals including before and after handling food.
- Staff will be made aware of potential allergens and specific triggers (listed below)

Procedures:

A. Responsibility of PCH Management Team:

- During the orientation process, the PCH Management Team will inquire with each family whether their child(ren) have any allergies or medical needs.
- During the orientation process, the PCH Management Team will also inform new families that PCH is peanut/nut free facility and of potentially life threatening allergies and foods and causative agents to be avoided.
- The management team will create a list of all known allergies (i.e. food allergies, food sensitivities and food restrictions) and in the food preparation areas, eating areas and playroom and any other area where children would be present.
- PCH Management team will ensure that families complete an individualized plan or anaphylactic plan that has been signed by the regulated health care professional. This plan must be provided a week prior to their child starting.
- Prior to starting at PCH, the management team will ensure that all medications, or items required for the child's medical condition are provided by the family.
- If a child is already enrolled at PCH, and it is discovered that they require an individual or anaphylactic plan, the family has 1 week to complete the plan with the signature of any regulated health care professional involved with the child's health, and provide the medications needed.
- PCH Management Team will ensure all staff, placement students and volunteers will review, sign off and receive training for each plan.
- The management team member that has been trained by the family will use "the train the trainer" model to train all remaining staff, placement students and volunteers.
- The PCH Management Team is responsible for ensuring that plans are updated by families and signed off by staff annually and PCH Management Team will keep a record of each review.
- PCH Management Team will the advice catering company of all allergies and update as needed
- PCH Management Team will ensure an allergy card is created for the child and posted in each program as well as PCH lunch rooms.

- PCH Management Team will ensure all staff and placement students have standard first aid with infant and child cpr training, as mandated by the Ministry of Education, which includes Anaphylaxis training
- PCH Management Team will ensure all PCH staff, students and volunteers are provided with a list of triggers for anaphylactic symptoms
- PCH Management Team will ensure to remind families of when epi-pens, medications or other items needed for medical needs are provided 1 month prior to expiring.
- The management team will ensure any time changes are made to any plan staff, placement students and volunteers will review it at that time
- The management team will ensure Compliance of the plan on an ongoing basis and any contraventions of the plan
- The management team will keep signed copies will be kept on file for 5 years.
- PCH Management Team to follow Serious Occurrence reporting to the Ministry and City of Toronto

B. Responsibility of Families:

- It is the responsibility of the family to inform the PCH management team of any allergies, anaphylactic allergies or medical needs prior to starting at PCH or becoming aware.
- It is the responsibility of a family to provide a written request from their child's health care practitioner, indicating sleep placement recommendations.
- Families are required to complete an individualized plan or anaphylactic plan that has been signed by the regulated health care professional. This plan must be provided a week prior to their child starting or a week after becoming aware.
- As dictated in the plan, Families must review the plan details and train one of the RECEs in their child's program how to administer the epi-pen or any medications required.
- Families will be required to train a member of the management team prior to the child commencing care on the procedures to be followed in the event of a child having an anaphylactic reaction
- The family **MUST** provide a new epi-pen **ONE MONTH BEFORE THE CURRENT DOSE EXPIRES**. The child in question will not be permitted to attend the childcare until the new Epi-Pen is received.
- It is also the family's responsibility to be aware of upcoming expiration dates.
- If there are any changes to a child individual plan i.e. new symptom of a reaction or the child has out grown the allergy the family is required to inform the family as soon as possible

C. Responsibility of PCH Staff:

- Each staff, placement student and volunteer will review and comprehend each section of the plan. At this time staff, placement students and volunteers are encouraged to ask any clarification questions.
- Each staff, placement student and volunteer will follow all the details and sign off on the plan on an annual basis.
- If a staff has to administer medication as outlined in the child's medical needs plan, the staff member is responsible to complete an Administration of Medication for Medical Needs Plan (attached to child's medical needs plan).
- If the medication needs to be administered, staff must notify parents on the same day and ensure that the parent signs the record of administration on that same day.
- Each staff, placement student and volunteer will receive training for each plan.
- When any changes occur in a plan each staff, placement student and volunteer will be required to re read the entire plan and sign off on it and receive any new training.
- All staff are required to participate in standard first aid with infant and child CPR training, as mandated by the Ministry of Education, which includes Anaphylaxis training.
- As needed staff will remind families of potential allergens and specific triggers to ensure child are kept safe.
- Staff are to report to parents any indication of an allergic reaction to an agent that the child is unknown to be allergic to.
- PCH staff will purchase "safe" products for all aspects of a program taking in to consideration all children's allergies, sensitivities and adaptations.
- PCH staff will monitor placement students and volunteers to ensure that the activities and materials provided are "safe" as well as remind placement students and volunteers to consider all children's allergies, sensitivities and adaptations.
- PCH staff are responsible for informing the PCH management team if there is missing pertinent information i.e. allergy list or allergy photo document.

Anaphylaxis's and Individual Plan details or requirements

The documentation in the child's/staff's anaphylactic and individual plan will include information collected by both the child's/staff's family and the child's/staff's health professional who is involved in the child's/staff's health care. Specifically, each plan will include the following:

- a. The child's/staff full name, photograph and description of the child's/staff's allergy(ies).
- b. The expiration date of the dosage/ Epi Pen or medication.
- c. Monitoring and avoidance strategies which include communications with PCH's caterer, food restrictions at meal times and snack times as needed.

- d. A description of the procedures to be followed in the event of an allergic reaction or other medical emergency
- e. Signs and symptoms to watch for in the case of an anaphylactic reaction as identified in staff training and as noted by the individual child's family.
- f. An indication of where the child's Epi-pen or emergency medication is kept, whether it be on the child's body or in PCH medication containers in each room.
- g. A copy of the Consent Form signed by the family permitting staff to administer an Epi-pen or other emergency medication, if needed.

Appendix A

Anaphylaxis Triggers:

- a. Foods which are sources of Anaphylactic Reaction. (Note: Any food could trigger an anaphylactic reaction. Cross-contamination of foods is also a concern)
 - Peanuts, peanut butter, peanut oil. These represent the most prevalent threats among children.
 - Tree nuts: hazelnuts, walnuts, pecans, almonds, cashews
 - Sesame seeds and sesame oil
 - Cow's milk
 - Eggs
 - Fish
 - Shellfish
 - Wheat
 - Soy
 - Bananas, avocados, kiwis and chestnuts for children with latex allergies
- b. Other possible sources in prepared foods
 - Cookies
 - Cakes
 - Cereals
 - Granola bars
 - Candies
- c. Non-food sources
 - Playdough (may contain peanut butter)
 - Scented crayons and cosmetics
 - Peanut-shell stuffing in "bean-bags" and stuffed toys
 - Wild bird seed, sesame
 - Insect venom (bees, wasps, hornets, yellow-jackets)
 - Rubber latex (e.g. in gloves, balloons, erasers, rubber spatulas, craft supplies, Koosh balls)
 - Vigorous exercise

- Plants such as poinsettias, for children with latex allergies

APPENDIX B

Symptoms of Anaphylaxis:

Anaphylactic reactions occur when the body's sensitized immune system overreacts in response to the presence of a particular allergen. Anaphylaxis affects multiple body systems, including skin, upper and lower respiratory, gastrointestinal, and cardiovascular.

Symptoms may include any of the following:

- Itchy eyes, nose, face
- Flushing of face and body
- Swelling of eyes, face, lips, tongue and throat
- Hives
- Vomiting
- Diarrhea
- Wheezing
- A feeling of foreboding, fear, and apprehension
- Weakness and dizziness
- Inability to breathe
- Loss of consciousness
- Coma

Procedure for Responding to an Anaphylactic Reaction

- The recommended emergency treatment for a child suffering from an anaphylactic reaction is the administration of epinephrine (adrenaline) by an auto-injector (i.e. Epi-Pen® or by an Anakit®).
- The child must then be rushed to hospital to receive further medical attention, even if the symptoms decrease with the administration of the epinephrine or by an Anakit®.
- Staff are to follow existing procedures for seeking emergency medical assistance.

6. Training Plan

The policy is to be reviewed with employees, students and volunteers before they begin their employment/placement and annually thereafter.