

Sample Centre- and Home-based Child Care Anaphylaxis Plan

Child care terms may differ depending on the province/territory, e.g. child care or day care, caregiver or care provider, group/centre- or family/home-based child care setting. Regulations for centre and home-based child care vary by province/territory and should be reviewed to ensure compliance.

Overview

In our centre- or home-based child care setting, we have children who have potentially life-threatening allergies. Anaphylaxis (*anna-fill-axis*) is a severe allergic reaction that can be caused by foods, insect stings, medications, latex or other substances. Education and awareness are key to preventing anaphylactic reactions and keeping children with life-threatening allergies safe.

Our centre- or home-based child care anaphylaxis plan has been developed to ensure that children at risk are identified, strategies are in place to minimize the risk of exposure to allergen(s), and staff/caregivers are trained to respond appropriately in an emergency situation.

Identification of Children at Risk

At the time of registration, parents/guardians are asked about medical conditions, including whether children are at risk of anaphylaxis and asthma. It is critical that staff/caregivers have all of this information prior to commencing the child care arrangement.

It is the responsibility of the parent/guardian to:

- Tell the child care director/provider about their child's allergy and other medical conditions including asthma.
- Complete registration forms including medical history forms and the Anaphylaxis Emergency Plan which includes a photograph, description of the child's allergy, symptoms to watch for, emergency procedure, contact information, and consent to administer medication. The Anaphylaxis Emergency Plan should be posted in key areas accessible to staff/caregivers, with approval from the parent/guardian (due to privacy). Suggested areas are the classroom/nursery, playroom, office/staff room, lunchroom, and kitchen, as appropriate.
- Let the centre- or home-based child care setting know if their child has outgrown an allergy or no longer requires an epinephrine auto-injector. (A letter from the child's allergist or primary health care provider is required.)
- Have their child wear medical identification (e.g. MedicAlert® or Allerbling™ jewelry) depending on the maturity of the child or a special badge in the case of very young children in a nursery setting. The identification should specify the child's allergies and indicate that they carry an epinephrine auto-injector, if applicable.

Availability and Location of Epinephrine Auto-injectors (“auto-injectors”)

Immediate access to epinephrine is critical. Children at risk of anaphylaxis should carry an auto-injector when they are mature enough and/or have a device in the centre- or home-based setting accessible to staff/caregivers at all times. Most children are able to carry their own auto-injector and asthma inhaler (if needed) by age 6 or 7. For children with stinging insect allergy, this would typically apply during insect season. Their

parents can also speak to an allergist about venom immunotherapy (allergy injections), a highly effective treatment for preventing future allergic reactions to insect stings.

- Posters which describe signs and symptoms of anaphylaxis and how to give an epinephrine auto-injector should be placed in areas such as the classroom/nursery, playroom, office/staff room, lunch room and kitchen, as applicable.
- Additional auto-injectors should be brought on outings and staff/caregivers should carry a cell phone and know the location of the closest medical facility.

Emergency Protocol

- An individual Anaphylaxis Emergency Plan can be signed by the child's physician, if required. With parental permission, a copy of this Plan will be placed in designated areas such as the classroom/nursery and office/staff room.
- Adults should listen to the concerns of the child who describes symptoms, even before signs appear. They should not assume that anyone, particularly a child, will be able to self-administer their auto-injector. (Children may be fearful of getting a needle, they may be in denial that they are having a reaction, or they may not be able to self-administer due to the severity of the reaction or their age.) When giving epinephrine, it is recommended to have the child sit or lie down. With a younger child, it may be helpful to support or brace their leg to reduce movement.
- To respond effectively during an emergency, a routine has been established and practiced, similar to a fire drill. During an emergency:
 - 1. Give epinephrine auto-injector** (e.g. EpiPen®) at the first sign of a known or suspected anaphylactic reaction.
 - 2. Call 9-1-1** or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
 - 3. Give a second dose** of epinephrine as early as 5 minutes after the first dose if there is no improvement in symptoms.
 - 4. Go to the nearest hospital immediately (ideally by ambulance)**, even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4-6 hours).
 - 5. Call emergency contact person (e.g. parent, guardian).**

Body Position

After giving epinephrine, place the child on their back with their legs raised. If they feel sick or are vomiting, they should be placed on their side so that the airway is clear and they do not choke on vomit. It is important to avoid having the child immediately sit up or stand after receiving epinephrine as these sudden changes of position may lower their blood pressure, worsen their condition, and potentially result in death. It may be helpful to lie down with a young child to keep them calm. Although they may wish to be held or carried, it is recommended that they remain lying down until emergency medical services come directly to them. Emergency responders should be directed to the child's location so they can be transported on a stretcher. The child should not be made to walk to emergency responders.

Important notes

- An adult should stay with the child at all times.
- Note the administration time of the first epinephrine auto-injector in case a second dose is needed.
- Remember that the use of epinephrine for a potentially life-threatening allergic reaction will not harm a normally healthy child, even if epinephrine was not required.
- If an anaphylactic emergency occurs, both the centre- or home-based child care anaphylaxis plan and the child's Anaphylaxis Emergency Plan should be reviewed and updated as needed.

Training

- Each year there will be training for staff/caregivers and others, e.g. substitutes, co-op students and volunteers, which includes an overview of anaphylaxis, signs and symptoms and a demonstration on the use of epinephrine.
- Staff/caregivers and others will have an opportunity to practice using an auto-injector trainer (i.e. device used for training purposes) and are encouraged to practice using a trainer throughout the year, especially if a child at risk of anaphylaxis is under their care.
- Children will learn about anaphylaxis in developmentally appropriate ways through books, videos or other resources.

Creating an Allergy-Safe Child Care Environment

People at risk of anaphylaxis must learn to avoid specific triggers. While the key responsibility lies with the children at risk (when age-appropriate) and their families, the child care community must also be aware and can work together to avoid exposure to allergy-causing substances. The child care director/provider should inform parents/guardians if there are specific foods which cannot be brought into their location. Food preparation areas, tables and chairs should be sanitized before and after meal times and equipment and toys in the child care setting should be regularly sanitized. The risk of accidental exposure to a food allergen may be significantly reduced by these measures.

Since anaphylaxis can be triggered by small amounts of an allergen when eaten, children with food allergy should be encouraged to follow certain safety rules:

- Eat only food which they have brought from home OR food provided by the centre- or home-based child care setting which has been approved by their parents/guardians. (Parents/guardians are encouraged to work with the centre- or home-based child care and agree to foods which are safe for their child.)
- Wash hands with soap and water before and after eating.
- Not share food, drinks, straws, utensils, or food containers with others.
- Place food on a napkin or wax paper rather than in direct contact with a table.

It is essential that staff/caregivers monitor children when food is being eaten to help further reduce the risk of accidental exposure to food allergens.

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