

Children's Circle Montessori School

Anaphylaxis Policy

Purpose

Children's Circle Montessori School is committed to taking a proactive position regarding the prevention of anaphylaxis reactions.

Definition

Anaphylaxis (anna-fill-axis) is a potentially life-threatening allergic reaction which involves several body systems: skin, upper and lower respiratory, gastro-intestinal, and cardiovascular. The most dangerous reactions are breathing difficulties and a drop in blood pressure. The reaction can develop within seconds of exposure; it is severe and can lead to rapid death if untreated.

Allergens or substances that may trigger Anaphylaxis

- Foods (peanuts, tree nuts including almonds, hazelnuts cashews and pistachios, milk, eggs, fish, shellfish, sesame seeds, soy, and wheat, etc....)
- Insect stings and bites (venom)
- Medication (antibiotics, ASA, laxatives, etc...)
- Latex (rubber gloves, balloons, balls, erasers, craft supplies, etc...)
- Exercise
- Cold Air

Health Canada considers Sulfite, a 'major allergen', often found in processed foods and beverages, it can trigger an allergic reaction in sulfite-sensitive people. Non-food sources may include play dough, scented crayons, stuffed toys, wild bird seed, and rubber latex.

Symptoms

An anaphylactic reaction can begin within seconds of exposure or after several hours. Any combination of the following may signal the onset of a reaction:

- Skin: hives, swelling (especially eyes, lips, face, tongue), itching, warmth, redness, rash
 - Hives may be entirely absent, especially in severe or near-fatal cases of anaphylaxis
- Respiratory: wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion, or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
- Gastrointestinal: nausea, pain, cramps, vomiting, diarrhea
- Cardiovascular: pale/blue colour, weak pulse, fainting or loss of consciousness, dizziness/lightheadedness, shock
- Other: anxiety, feeling of "impending doom", headache, uterine cramps in females

Strategies to Reduce Risk

- Children's Circle Montessori School and its catering company are nut-free facilities
- Parents/Guardians have the option of bringing a fresh fruit tray, from a nut-free source, to be shared with the class and not cakes or baked goods
- Staff to discuss anaphylaxis with the class, in age-appropriate terms
- Staff to consider items other than food as the focus of special events
- Staff to choose allergen-free crafts or foods for classroom events and activities
- Staff to reinforce hand washing before and after eating
- Staff to check to confirm children have their required medication with them before each transition (i.e., leaving the school, etc...)
- If Children's Circle Montessori School cannot meet the child's nutritional needs, due to their allergies, the parent/guardian will be permitted to send food and/or beverages for the child.
 - Food/beverages must be labelled with the child's name
 - Food/beverages must be labelled with the food's name or ingredients
 - Food/beverages must not contain nuts and/or tree nuts
 - Food/beverages must be stored in the kitchen's refrigerator if it requires refrigeration
 - Prepared food must be provided daily unless it is a pantry or refrigerated item (i.e., powdered formula, soy milk)
 - Pantry or refrigerated items must be in their original container and must have an expiry date
 - Breast Milk must be labelled with child's name and must be consumed on the date it is provided
 - Food/Beverages may not be shared with other children

Communication Plan

- Designated Supervisor to ensure parents/guardians complete Request and Consent for the Administration of Epinephrine Auto-Infector
- Designated Supervisor to ensure parents/guardians complete Anaphylaxis Emergency Plan and Consent for the Administration of Medication in an Emergency form with information specific to the student, including his/her photo
- Designated Supervisor to distribute the Anaphylaxis Emergency Plan and Consent for the Administration of Medication in an Emergency form to the appropriate staff and post the first page in the office and the classroom.
- Designated Supervisor to ensure the catering company supplying food to the school will be notified of all life-threatening allergies. A list of all allergies will be revised as necessary
- Lead staff members to provide supply lead staff members with Anaphylaxis Emergency Plan and Consent for the Administration of Medication in an Emergency form
- Designated Supervisor to keep a record of the members of the school community with allergies and bring these records on field trips
 - Consult with parents/guardians as to the risk of exposure involved in the excursion
 - As the parent/guardian to consider attending the field trip

Individual Plan

- Ensure medication is accessible
 - Epinephrine auto-injector is stored in the classroom, it will be easily accessible but in accessible to children. It will accompany the child and lead staff member throughout the day, including outdoors in the Emergency Bag
 - A back-up will be kept in the office

Emergency Procedure

- One person stays with the child at all times
 - One person goes for help or calls for help
 - Administer epinephrine auto-injector at first sign of reaction as per Anaphylaxis Emergency Plan
 - Call 9-1-1. Have the child transported to hospital even if symptoms have subsided
 - Children with anaphylaxis who are feeling faint or dizzy because of impending shock should lie down unless they are vomiting or experiencing severe respiratory distress. To improve blood circulation, caregivers should lift the person's leg above the level of the heart. If the child feels nauseated or is vomiting, lay them on their side, head down to prevent aspiration of vomit
 - Additional epinephrine auto-injector must be available during transport. Give a 2nd dose in 10-15 minutes or sooner if the reaction continues or worsens.
 - Symptoms may occur hours after exposure to allergen
 - Administered epinephrine auto-injector is to accompany child to hospital
 - Administered epinephrine auto-injector is to be given to hospital employee or child's parent for disposal
 - One staff must stay with the child until a parent/guardian arrives
- Or
- Follow procedures as identified on Anaphylaxis Emergency Plan

Responsibility of the student with an anaphylactic allergy (As age appropriate for the student)

- Do not trade meals with other students
- Wash hands before and after eating
- Learn to recognize symptoms of an anaphylactic reaction
- Promptly inform an adult, as soon as exposure occurs, or symptoms appear

Training Plan

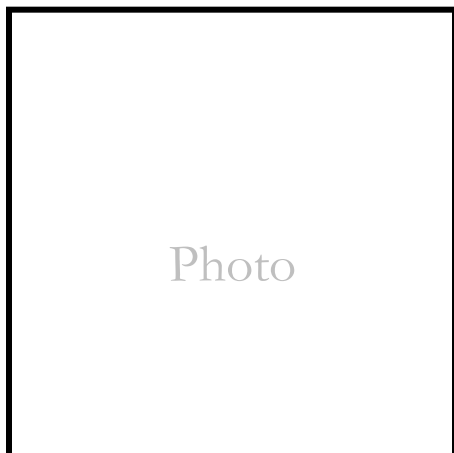
- Ensure all staff receive training regarding symptoms, emergency procedures and epinephrine auto-injector use upon hiring, annually in September and when a student with an anaphylaxis allergy enrolls
 - Volunteers and placement students will be given a handout identifying symptoms; however, volunteers are not permitted to administer medication unless under extreme circumstances (i.e., staff member is unconscious)
 - The staff, volunteers and placement staff will be required to sign and date that they have received training

- Children's Circle Montessori School will keep a log on file of all training dates, trainers, and signatures
- All cleaning supplies, medicines and any other products that may be of danger and/or commonly produce allergic reactions will be stored inaccessible to children
- Garbage bins will be removed from classrooms and emptied daily
- Playground areas will be checked and monitored for insects such as wasps
- Enforce disciplinary procedures for dealing with bullying and threats. No child with an allergy should be subject to threats or bullying due to his/her allergy

Children's Circle Montessori School

Anaphylaxis Emergency Plan & Consent for the Administration of Medication in an Emergency

Anaphylaxis Emergency Plan for: _____



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

- | | | |
|---------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Peanuts | <input type="checkbox"/> Eggs | <input type="checkbox"/> Fish |
| <input type="checkbox"/> Tree Nuts | <input type="checkbox"/> Soy | <input type="checkbox"/> Shellfish |
| <input type="checkbox"/> Sesame Seeds | <input type="checkbox"/> Wheat | <input type="checkbox"/> Latex |
| <input type="checkbox"/> Milk | <input type="checkbox"/> Medication: _____ | |
| <input type="checkbox"/> Other: _____ | | |

Asthmatic: This person is at greater risk. If this person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

Epinephrine Auto-Injector Expiry Date:
Locations of 2 Auto-Injectors: 1. Classroom or with staff member 2. Office or with staff member
Type of Epinephrine Auto-Injector:

This person may be having an anaphylactic reaction if they are having any of these signs and symptoms:

- Skin: hives, swelling (especially eyes, lips, face, tongue), itching, warmth, redness, rash
- Respiratory: wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion, or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
- Gastrointestinal: nausea, pain, cramps, vomiting, diarrhea
- Cardiovascular: pale/blue color, weak pulse, fainting, loss of consciousness, dizziness, lightheadedness, shock
- Anxiety, feeling of “impending doom”, headache, uterine cramps in females
- Other: _____

Emergency Procedures: The first signs of a reaction can be mild, but symptoms can get worse very quickly.

1. **Give epinephrine auto-injector** at the 1st sign of a reaction occurring in conjunction with a known or suspected contact with allergen. Give a 2nd dose in 10-15 minutes or sooner if the reaction continues/worsens.
2. **Call 911.** Tell the dispatcher someone is having a life-threatening allergic reaction. Ask them to send an ambulance immediately.
3. **Go the nearest hospital**, even if the symptoms are mild or have stopped.
4. **Call contact person.**
5. **Other procedures as directed:** _____

Emergency Contacts				
Name	Relationship	Home Phone	Work Phone	Cell Phone
1.				
2.				
3.				

1: Parent/Guardian's Consent for the Administration of Medication in an Emergency

I, _____, the parent/guardian of _____ request and consent any adult to administer epinephrine to my child in the event of an anaphylactic reaction, as described above. This procedure has been approved by our physician.

_____ Parent's/Guardian's Signature _____ Date

Please provide any special instruction not provided on the Emergency Plan:

2. Physician's Consent for the Administration of Medication in an Emergency

I, _____, the physician of _____ recommend, approve, and consent the administration of epinephrine to the above-named person in the event of the anaphylactic reaction, as described above.

_____ Physician's Signature _____ Date

Please Use Physician's Stamp:

Please provide any special instruction not provided on the Emergency Plan:

3: School's Approval for Implementation of Administration of Medication in an Emergency

The administration of medication in an emergency will be implemented as described above.

_____ School Director's signature or designated Supervisor's signature _____ Date school was provided with medication _____ Date

Children's Circle Montessori School
Record of Epinephrine Auto-injector Training

Staff must receive training regarding symptoms, emergency procedures and epinephrine auto-injector use upon hiring, annually in September and when a student with an anaphylaxis allergy enrolls.

Student's Name:			Classroom:			
Staff Member's Name	Staff Member's Signature	Training Date	Trained On (✓):			Trained By
			Symptoms	Emergency Procedures	Epinephrine Auto-Injector Use	