



Old Ottawa East Community Activities Group (CAG) Groupe d'activités communautaires du Vieil-Ottawa-Est

Anaphylactic & Life Threatening Allergy Policy

The Community Activities Group of Old Ottawa East (CAG) will attempt to create an environment that minimizes the risk of exposure to allergens for children in care with known life threatening allergies. CAG recognizes that the risk of accidental exposure can be reduced but not eliminated.

The parent/guardian is responsible to advise the program of their child's medical conditions. When disclosed that a child has a life threatening allergy or asthma, all precautions must be taken in order to ensure the child's safety in the program.

Parents of children with life threatening or anaphylactic allergies must complete and sign a ***Life Threatening Allergy Alert Form*** and provide two photos.

If a child requires an EPIPEN or similar device, parents must provide two (2) to CAG. CAG will ensure that one (1) is carried at all times in staff First Aid Kit that that accompanies the child and the other one is on site in the CAG office for the duration of the school year. An Epi-Pen that a child usually carries and arrives with at the program cannot be counted as one of the two (2) provided.

The completed and signed ***Life Threatening Allergy Alert Form*** and two Epi-Pens (2) must be provided to CAG prior to the child attending the program.

At CAG, we understand there may be participants who attend our programs with potentially life-threatening allergies. CAG's anaphylactic policy is designed to ensure that children who are at risk of a life-threatening allergy are identified and we have strategies in place to reduce the risk, these include:

- An individualized ***Anaphylaxis Emergency Plan*** for each child with an anaphylactic allergy
- Appropriate storage and access to Epi-Pens
- Effective communication with program staff and with program families
- Staff training on procedures in the event of an allergic reaction.

Identification of Children with Life-Threatening Allergies and Anaphylaxis Emergency Plan

Upon registration, parents are asked about medical conditions, including whether children are at risk of anaphylaxis and asthma. All staff, students and volunteers must be aware of the conditions of these children. The following steps are followed:

- The Program Supervisor is informed of the child's allergy (and/or asthma).
- The Program Supervisor will ensure that all staff, students and volunteers are aware of children with life-threatening allergies, asthma and the anaphylaxis emergency plan as part of their orientation before they start work.
- Before the child attends the program, a parent/guardian must complete and sign a ***Life Threatening Allergy Alert Form*** which includes a photograph, description of the child's asthma, allergy and

Anaphylaxis Emergency Plan, contact information, and consent to administer medication.

- Before the child attends the program, their **Anaphylaxis Emergency Plan** will be posted in key areas such as the program area, eating area and the CAG staff noticeboard.
- Parents/guardians are required to provide a new **Life Threatening Allergy Alert Form** and two new photos before the start of each new school year.
- Parents/guardians are to advise CAG staff in writing if their child has outgrown an allergy or no longer requires an epinephrine auto-injector (Epi-pen) or inhaler.

Storage of Epi-pens, Communication and Emergency Procedures

- If a child requires an EPIPEN or similar device, parents must provide two (2) to CAG. CAG will ensure that one (1) is carried at all times in staff First Aid Kit that that accompanies the child and the other one is on site in the CAG office for the duration of the school year. An Epi-Pen that a child usually carries and arrives with at the program cannot be counted as one of the two (2) provided.
- A parent must complete and sign a **Life Threatening Allergy Alert Form**.
- A copy of the child's **Anaphylaxis Emergency Plan** will be posted in key areas such as the program area, eating area and the CAG staff noticeboard.
- A list of known allergies of enrolled children in will be posted in eating and program areas;
- As parents provide snacks for their child in this program, notification will be sent to parents requesting that they do not send snacks for their child that contain the allergen.
- Staff will check lunch boxes each day and remove any items that may contain the allergen.
- CAG will ensure that updated medications are provided before existing medications reach their expiry date.
- The CAG Parent Handbook outlines the CAG anaphylactic policy.
- Emergency procedures follow the instructions on the **Anaphylaxis Emergency Plan** for the child in question.

What to do in the event of an emergency

- One member of staff stays with the child at all times.
- One adult goes for help or calls for help.
- Before administering Epi-pen check for;
 - the right medication,
 - the right child,
 - the right dose,
 - the right route of administration
- Administer epinephrine according to the instructions of the **Individual's Life Threatening Allergy Plan**. Note time of administration.
- Call 911. Have the child transported to an emergency room even if symptoms have subsided. Symptoms may recur hours after exposure to an allergen. Bring second backup Epi-pen to the hospital
- Contact the child's parents.

- One calm and familiar adult must stay with the child until a parent or guardian arrives.

Training

- All CAG staff are required to have up to date certification in Standard First Aid and CPR (Level C).
- All staff and volunteers will attend staff training that will review emergency procedures that will include how to administer an Epi-Pen.
- When a child with an anaphylactic allergy is enrolled in the CAG after school program, the Program Supervisor will arrange to meet with a parent to discuss the child's ***Life Threatening Allergy Alert Form*** which includes monitoring and avoidance strategies for the child, signs and symptoms of an anaphylactic reaction, and the emergency procedures to be followed in the event of an anaphylactic reaction.

Creating an Allergy-Safe Environment

The Community Activities Group of Ottawa East (CAG) will attempt to create an environment that minimizes the risk of exposure to allergens for children in care with known life threatening allergies. CAG recognizes that the risk of accidental exposure can be reduced but not eliminated.

Special care is to be taken to avoid exposure to allergy-causing substances.

Our parents provide their child's daily snack. We ask that parents not send children to the program with peanut, nut or sesame seed products or any other allergen identified on a ***Life Threatening Allergy Alert Form***. Any such products discovered will be removed from the child's possession and returned to the parent upon pick-up.

Sanitary practices for all equipment, toys or other materials will be upheld.

The risk of accidental exposure to a food allergen can be significantly diminished by means of such measures. Given that anaphylaxis can be triggered by minute amounts of an allergen when ingested, children with a food allergy must be highly supervised and encouraged to follow certain expectations:

- Wash their hands before and after eating
- Not share food and utensils

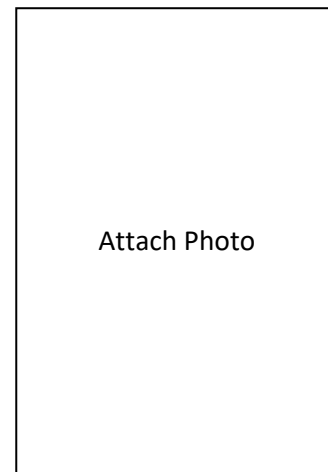


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Life Threatening Allergy Alert Form

Participant's Full Name: _____ Age: _____

DOB: _____ / _____ / _____ Health Card No: _____
(Day / Month / Year)



This child has a life threatening anaphylactic allergic reaction to:

_____	<input type="checkbox"/> Taste	<input type="checkbox"/> Touch	<input type="checkbox"/> Smell
_____	<input type="checkbox"/> Taste	<input type="checkbox"/> Touch	<input type="checkbox"/> Smell
_____	<input type="checkbox"/> Taste	<input type="checkbox"/> Touch	<input type="checkbox"/> Smell

Common signs of an anaphylactic reaction:

- Flushing
- Tingling of lips and mouth
- Itching eyes, nose, face
- Swelling of eyes and face
- Hives
- Vomiting
- Weakness and dizziness
- Swelling of throat
- Inability to breath
- Loss of consciousness
- Wheezing
- Diarrhea

Emergency Contact Information:

Parent/Guardian 1 (name): _____ Relationship: _____

Phone (H) _____ Phone (W) _____ Phone (C) _____

Parent/Guardian 2 (name): _____ Relationship: _____

Phone (H) _____ Phone (W) _____ Phone (C) _____

Emergency Action Plan

Act immediately and **do not** leave child alone. Listen to the child. Believe what the child is telling you.

1. Give the prescribed medications:

Drug Name

Instructions

_____	_____
_____	_____

2. Call 911

3. Notify the parents / guardians.

**TERMS AND CONDITIONS FOR CAG STAFF TO ADMINISTER, SUPERVISE THE ADMINISTRATION
OR STORE PARTICIPANT MEDICATION**

PLEASE READ CAREFULLY

1. I agree to provide CAG staff with:
 - All non-prescription medication in its original container dated and labeled with the clients name and a completed and signed **Medical Administration Form**. I understand that CAG staff will ask for a written physician's order before agreeing to administer, store or supervise the administration of non-prescription medication.
 - All prescription medication in the original container dated, labeled and supplied by the pharmacist as well as a completed and signed **Medical Administration Form**. The label will contain: the participant's name, the physician's name, the name of the medication, the dose, the medication route, the schedule for administration and instruction for storage.
 - Two current photographs if there is a requirement to administer emergency medication, i.e. Epi-Pen®. I understand that the photograph will be affixed to a completed and signed **Life Threatening Allergy Alert Form** and will be publicly displayed. The photographs must be a clear, in focus, head shot.
2. I understand that CAG staff may refuse to administer, supervise the administration or store medication where the labels on the medication container(s) do not contain all the information specified above.
3. I consent to the Emergency Action Plan, outlined on page one.
4. I understand that not all CAG staff participating in medication administration are trained health professionals and that the administration of medication is being provided by or, on behalf of CAG, on a purely voluntary and gratuitous basis. As the participant or Parent/Legal guardian of the Participant/Client receiving medication, I fully understand the nature and extent of the risks involved in administering medication.

I confirm that I have read and understood and completed this agreement. I am aware that by signing this agreement I have agreed to assume full legal liability for all risks involved in having CAG administer medication under the provisions of this agreement to the named participant.

I authorize CAG to (Please check the appropriate box):

- Supervise the named participant in the administration of his/her own medication.
- Administer medication to the named participant.

Name of Participant or Parent/Guardian (if participant is under the age of 18)

Signature of Participant or Parent/Guardian (if participant is under the age of 18)

Date: _____ / _____ / _____
MM DD YYYY