Background

Food Allergies are the most common cause of anaphylaxis outside the hospital setting. The most common food allergies in infants and children are eggs, milk peanuts, tree nuts, soy, wheat, fish, and shellfish. Other causes of anaphylaxis include allergies to insect bites, dogs, cats, medication, and latex.

Nearly eight percent of the United States children (1 in 13 children) have at least one food allergy, and approximately one of five children with a food allergy reported one or more allergy-related emergency room visits in the previous year.

Children with allergies may develop symptoms, such as, hives and shortness of breath when they encounter an allergen. An allergen is anything that can cause an allergic reaction. Staff will take all allergic symptoms seriously because both mild and severe symptoms can lead to a serious allergic reaction called anaphylaxis.

Anaphylaxis is a multi-system allergic reaction. Symptoms of anaphylaxis usually involve more than one body part such as skin, mouth, eyes, lungs, heart, stomach, and brain. Some Symptoms include:

- Shortness of breath, wheezing or coughing
- Pale or bluish skin, faintness, weak pulse, dizziness
- Tight or hoarse throat, trouble breathing or swallowing
- Significant swelling of the tongue or lips
- Many hives over the body, widespread redness
- Multiple vomiting episodes, severe diarrhea

Anaphylaxis must be treated right away to provide the best chance for improvement and prevent serious, potential life-threatening complications.
For a child with a known allergy, accidental exposure to an allergen is a great risk. The key to preventing a potentially serious reaction in a child with a known allergy is avoiding exposure to relevant allergen. However, there are many children, especially young children, who are not aware of an allergy until they are exposed to an allergen and have an anaphylactic reaction. Therefore, SCCDC has detailed plans for avoiding accidental exposure to allergens for children with identified allergies and recognizing and treating allergic reactions and anaphylaxis in all children.

A comprehensive, coordinated approach among staff, volunteers, families, children, and medical providers is needed for effective prevention and management of allergies and allergic reactions, including anaphylaxis.

Administrative staff will guide planning and implementation of the policy and procedure as well as monitor ongoing compliance, with special attention being paid to educating new staff and updating current staff annually.

Stock Epinephrine Auto- Injector

Epinephrine is a FIRST LINE drug of choice for the emergency treatment of severe allergic reactions to food, insect stings or bites, drugs, or other allergens.
Epinephrine is a safe medication. SCCDC maintains a supply of non-patient specific (stock) epinephrine auto-injectors to be used in emergency situations when a person is experiencing a suspected anaphylactic reaction and no personal EpiPen is immediately available. Only staff who have successfully completed OCFS approved epinephrine administration training may administer stock epinephrine.

SCCDC Stock Epinephrine Auto-Injector Procedure

Supply:

- Each OCFS-licensed center will maintain a supply of epinephrine auto-injectors with appropriate dosing sizes for all children at that center, as available.

Storage:

- EpiPens will be stored out of reach of children and clearly labeled as **SCCDC Stock**.
- A weight chart listing all children at the center will be stored with the stock EpiPens.
- The location of stock EpiPens will be specified in each center's Health Care Plan.

Training:

- Only staff who have completed the OCFS-approved **Identifying and Responding to Anaphylaxis** training are authorized to administer epinephrine auto-injectors.
- This training will be completed annually and documented in staff personnel files.

Use of Stock Epinephrine Auto-Injectors:

Recognize Symptoms:

a. Difficulty breathing
b. Swelling of lips or face
c. Hives
d. Vomiting
e. Confusion
f. Loss of consciousness
g. Other signs of a severe allergic reaction

- **Call for Help:**
- Immediately call **911**.
- Notify the child's family and the Center Director.

- **Administer Epinephrine:**
- Administer the stock EpiPen according to training.
- Record the exact time of administration.
- **Monitor and Support:**
- Keep the child lying down with legs elevated if possible until EMS arrives.
- Provide comfort and continuous observation.

Monitoring and Maintenance:

- The Health and Family Services Assistant (HFSA) will review and update weight charts monthly.
- The Health and Family Services Manager (HFSM) will check stock EpiPen expiration dates and weight charts quarterly.

Prevention Goals and Planning

1. Comprehensive Program Planning

The SCCDC Health Care Plan, mandated by OCFS, at each SCCDC center includes strategies and actions needed to reduce risk of exposure and manage allergies for individual children. The Plan will be on site for use by all staff and volunteers and available to families or NYS OCFS by demand.

2. Comprehensive Staff Training

All SCCDC staff will be trained to prevent, recognize, and respond to food and other allergic reactions and anaphylaxis.

- Training will be conducted annually for all staff.
- Training will occur at entry for all new staff.
- All staff responsible for the direct care of children will be trained in individual health care plans.
- Resources for training include but are not limited to:
  - American Red Cross
  - https://www.foodallergy.org/

3. Early Identification

Anaphylaxis prevention is initiated with the enrollment questionnaire and review of the well-child form.

- Family Advocates inquire about allergies as a component of the initial enrollment contact with families.
- If the allergy is identified at enrollment, a completed Individual Health Care Plan and a signed and completed OCFS form 6029 will be required prior to the initial date of attendance.
- SCCDC Well Child form includes questions about diagnosed allergies. The form is completed and signed by the child's health care provider prior to attendance for children enrolled in center-based program.
- As new allergies are identified beyond enrollment:
    - The Family Advocate will complete the SCCDC Health Alert form. The form will state the allergy and steps to take if exposure happens.
    - The HFSM will review the completed SCCDC Health Alert form, then the Family Advocate will review the form with the Center Director. Once reviewed by the Center Director the Family Advocate will review the health alert with the classroom staff and place the SCCDC Health Alert form in the classroom MAT book.
    - For food allergies the HFSM or designee will review the health alert with the FSM who will communicate the information to food service staff.
    - The Family Advocate will then update classroom and door postings and kitchen cart print outs if necessary. Kitchen cart print outs will be given to the HFSM who will give it to the FSM for placement on the kitchen cart.
    - If the Family Advocate is made aware of a allergy while the child is in care the Family Advocate will immediately alert the Center Director, classroom staff and kitchen staff then follow the steps above.
    - Once the SCCDC Health Alert Form is completed the Family Advocate will work with the family, and physician to complete the Individual Health Care Plan and the OCFS 6029 form.
    - The Health Alert will remain in place for 10 days if the Individual Health Care Plan and the OCFS 6029 form are not signed and completed in 10 days child attendance may be impacted.
    - Once the new Individual Health Care Plan and OCFS 6029 form are complete and added to Child Plus the Family Advocate will print a new 1520 form and place it in the classroom MAT book.

4. Individual Child Planning

Individual Allergy and Anaphylaxis Emergency Plans will be completed for children known to have food or other allergies.

- Families, staff and physicians will develop a plan on the OCFS Individual Allergy and Anaphylaxis Emergency form that includes clear instructions of actions to be taken when an allergic reaction occurs. See Enrollment Procedure for details.

- All plans are reviewed and updated annually with staff, families and approved by health care providers.
- As new staff begin working with the child all health plans will be reviewed.

Program Procedures

Mandated Training

SCCDC staff must have the knowledge and skills to prevent an anaphylactic reaction, recognize the symptoms of an anaphylactic reaction, and respond to and care for a child who is having a severe allergic reaction.

All SCCDC staff will be able to:

- Recognize signs and symptoms of severe allergic reactions, including anaphylaxis.
- Prevent allergic reactions.
- Respond to a child who is having a severe allergic reaction.
- Call **911** and how to communicate a health concern.
- Identify what children in their care have allergies and how to help them avoid allergens.
- The location of each child's Individual Allergy and Anaphylaxis Emergency Plan.
- The location of the classrooms first aid kit, which will contain any patient specific epinephrine auto-injectors, as well as the location of the key to unlock the kit.
- How to use an epinephrine auto-injector https://www.foodallergy.org/recognizing-responding-anaphylaxis
- All staff will have access to a phone and know how to use the phone.

Plan to Reduce Risk and Manage Reactions for Individual Children

Individual Allergy and Anaphylaxis Emergency Plan

- For children with allergies, parents and the child's health care provider must work with SCCDC to develop an Individual Allergy and Anaphylaxis Emergency Plan with written instructions outlining what the child is allergic to, the steps that must be taken to avoid that allergen, and what to do in the event the child experiences an allergic reaction.
- The Individual Allergy and Anaphylaxis Emergency Plan must be reviewed upon admission, annually thereafter, anytime there are staff changes or anytime information regarding a child's allergy or treatment has changed.
- This document **MUST** be appended to the child's Individual Health Care Plan. SCCDC will use OCFS Individual Allergy and Anaphylaxis Emergency Plan. See Individual Allergy and Anaphylaxis Emergency Form Procedure.

Serving Pureed Foods

- The classroom team will order pureed foods from the kitchen (mixed combination foods will not be served).
- Food service staff will purchase pureed foods and stock the locked central storage cabinet.
- Classroom staff will stock individual child labeled buckets and request administrative review.
    - Individual buckets are labeled with:
        - Child's name
        - Child's picture
        - Child's allergy and/or special dietary needs
- An administrator will review the buckets to ensure each child's bucket contains only approved foods. This will be done at least every two weeks and whenever the bucket is restocked.
- Administrative approval is needed before the food in buckets can be served.

Information Sharing

- To reduce the risk of exposure to allergic triggers, plans are shared with families and all necessary staff including Teachers, Aides, Center Directors, Floater Aides, Substitutes and Food Service Staff.
- A review of the SCCDC Health Care plan is a component of New Staff Orientation. As relevant, the Health and Family Service Manager or designee will review Individual Health Care Plans and Allergy and Anaphylaxis Emergency Plans with staff likely to interact with the child.
- All staff will be notified once a health alert or health care plan are completed immediately. For complex health care plans a family support conference will be held with all staff working with the child.

Reduce the Risk of Exposure to Allergens

Most anaphylactic reactions in childcare programs are due to food allergies. Even trace amounts of food allergens can cause an allergic reaction. To prevent an allergic reaction:

Food

To reduce the risk of exposure to allergens a checklist has been created for Family Advocates, Classroom Staff, and Kitchen Staff. Please see attached checklists.

Insect stings

- Families of children with an insect allergy will be given information on the benefit of wearing closed toed-shoes and clothing that inhibits insect bites.

- When eating outdoors, staff will keep food covered until eaten and stay away from garbage cans.
- Avoidance of fragrances and brightly colored/ floral clothing are ineffective measures to avoiding insect stings.
- During monthly playground checks of insects nest, or cluster will be documented.

Latex

- Latex-free gloves will be used in all rooms with known allergies.
- All areas where the possibility of inhaling powder from latex gloves worn by others will be avoided.
- Contact with balloons, rubber bands or similar items will be avoided.

All other Allergens

- We will follow the child's health care plan to reduce the risk of exposure.

Respond to Allergy Exposure and Potential Exposures.

If a child in your care was potentially exposed to an allergen:

1. **Follow the steps in the child's Individual Allergy and Anaphylaxis Emergency Plan and give the child epinephrine right away if required. Then Follow the Steps below for after administering epinephrine.**
2. Contact the Center Director within 5 minutes of potential exposure.

If a child was exposed to allergen or exhibiting signs of anaphylaxis:

1. **Follow the steps in the child's individual Allergy and Anaphylaxis Emergency Plan and give the child the epinephrine right away if required.**

2. **After administering epinephrine, always call 911. If staffing allows, one staff person can administer the epinephrine, while another calls 911 and reception for assistance.**

3. Child care providers must arrange for professional medical care/assistance even if symptoms appear to have been resolved. Further treatments may be required, and therefore, observation in a hospital setting is necessary

4. Contact the Center Director within 5 minutes of the potential exposure.

While waiting for the ambulance to arrive:

1. Giving additional medications following epinephrine as prescribed in an Individual Health Care Plan.
2. Lay the child flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie them on their side.
3. Do NOT leave the child alone.
4. If symptoms do not improve, or symptoms return, additional does of epinephrine can be given about 5 minutes or more after the last dose.
5. Alert emergency contacts. Families will be made aware of this process. Calling the family will not delay the administration of a patient-specific epinephrine.
6. Continue to monitor the child's symptoms and level of consciousness until help arrives.

7. Prepare the child for Emergency Medical Services transport, Staff will remain with child if the family has not arrived.
8. SCCDC will immediately notify NYS OCFS, CPS and OHS and complete an incident report. As soon as it is practical but no longer than 1 hour after the incident.

Allergy Education

For Children

All children need to learn about allergies and anaphylaxis, SCCDC will utilize age appropriate teaching methods. Through clear communication, children can understand what it means to have a food allergy and how to stay safe.

- We will teach children that certain foods can make some children very sick. We will use words such as "safe food" and "unsafe food." We will use other methods such as books about allergies.
- We will include play versions of "safe foods" for children to use in the dramatic play area. Such as a play carton of lactaid or play container of sun butter.
- We will teach children with allergies the names and looks of foods that are unsafe foods.
- We will teach children to only take food from a trusted adult and not to share food or utensils with others.
- We will teach children to find an adult if they feel sick.
- Children will learn the importance of hand washing and not sharing food.
- Staff will model proper handwashing.
- Staff will model behaviors that comply with rules that reduce exposure to allergens.
- We will be supportive, compassionate, and accepting of all children.

For Parents/ Guardians

- Families will be made aware of allergies within their child's classroom.
- SCCDC Parent Handbook which is shared with all parents at enrollment will contain information about the plan to manage allergies, anaphylaxis, as well as how we handle celebrations and how children with allergies are safeguarded.
- We will help all families understand the importance of reading ingredients.
- This link will be shared with all parents at enrollment: https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/02134-caring-children-food-allergies.pdf
- Parents will receive education on the importance of being aware of children's medical needs.
- All staff will respond to families with support and compassion.

Ongoing Monitoring

- This plan will be reviewed annually by the Health and Nutrition Manager to ensure compliance.
- The Health and Nutrition Manager will review all enrollment paperwork and well child forms to ensure all children with allergies have plans created.
- The Health and Nutrition Manager will monitor all well child form, Allergy and Anaphylaxis Emergency Plans and remind staff when they are due to be reviewed and updated.
- The Health and Nutrition Manager will ensure all SCCDC staff complete annual allergy training.
- The Center Director, or designee, is responsible for inspecting and maintaining current patient-specific epinephrine injector and associated MAT form monthly.
- The Center Director or designee will review Individual health care plans with classroom staff monthly.
- Monthly health and safety monitoring will observe that prevention strategies are being followed.
- The Health and Family Services Assistant will review stock epinephrine auto injectors monthly and weight chart monthly to ensure they are not expired and are up to date.
- The Health and Family Services Manger will review stock epinephrine auto injectors and weight charts quarterly ensure they are up to date and not expired.

Record Keeping/ Recording:

- A record of each child's allergies will be maintained in Child Plus and in classrooms MAT binder.
- All Well Child Forms, Enrollment Paperwork, Allergy and Anaphylaxis Emergency Plans, and Health Care Plans will be documented in Child Plus.
- Allergy and Anaphylaxis Emergency Plans, and Health Care Plans will be kept in classroom MAT books.

Food Allergy Process for Family Advocates:

Once Family Advocates are made aware of a child's allergies Family Advocates will:

- Alert the Center Director, classroom staff and Health and Family Services Manager immediately if the child is in care.
- For enrolled children; complete the SCCDC Health alert form within 1 business day, and have it reviewed by HFSM and the Center Director.
    - Distribute the SCCDC Health Alert form with classroom and review the form.
- For newly enrolled children or once the SCCDC Health Alert form has been completed, work with families and physicians to complete a health care plan.
- Complete OCFS form 6029 with families.
- Send OCFS form 6029 to the physician for signature.
- Once OCFS 6029 form and OCFS form 7021 are signed by the physician and approved by HFSM, bring the plan to the Center Director for signature.
- After you have all required signatures:
    - Scan the plan to the Health and Family Services Assistant for documentation in Child Plus.
    - Review the plans with all classroom staff.
    - Give cart posting and signed plan to the Health and Family Services Manager. The Health and Family Services Manager or designee will share the information with the Food Services Manager.
- OCFS form 6029 and OCFS form 7021 will be reviewed yearly with families and physicians.
- Once plans are renewed, review updated plans with classroom and kitchen staff.

Food Allergy Process for Kitchen Staff:

- Complete a weekly review of the kitchen allergy book and make sure it matches classroom carts, and kitchen board posting. Staff will sign the MAT book review form after each time they review the plans.
- The Food Service Manager or designee will read all food labels at the time of delivery.
- If the ingredients are unknown, food is not given to the child and an equivalent alternative will be provided.
- Any menu changes or add ons will posted and communicated with the Center Director or designee to update classroom staff.
- All stored food will be labeled with the product name and brand so ingredients can be looked up and reviewed in the kitchen’s binder.
- The kitchen manager or designee will review completed mealtime carts prior to going out to classrooms and document this on the Kitchen Cart Review sign in sheet.
- Food made for children with allergies will clearly be labeled with the child's name.
- Food made for children with allergies will be served in or on a orange bowl/plate.
- For classrooms that have a child with a allergen that is being served, all food containing that allergen will be labeled.
- On daily meal count sheet child with a allergy will be marked so that a substitute can be provided.
- When meal carts arrive at the classroom kitchen staff will review what is served and any allergens in the meal with the classroom staff.

Food Allergy Process for Classroom Staff:

- Review MAT books monthly during monthly MAT book reviews to ensure you are aware of all health care plans. Staff will sign the MAT book review form after each time they review the plans.
- Communicate with receptionist if classroom table postings need to be updated or corrected.
- The classroom team will meet daily for a safety huddle. During the safety huddle they will review the menu to discuss any allergens on the menu so everyone working in the classroom that day is aware.
- Substitutes should review MAT books and discuss allergies with classroom staff immediately upon entering the classroom.
- When kitchen staff and carts arrive at the door 1 staff member must review the cart to ensure the classroom was given the needed substitutes.
- Children must be supervised at all times when eating. Teachers should stay at the table when children are eating. If teachers need to get up for any reason they need to make sure children are visible or they have asked another teacher to supervise the children at their table.
- Infants and toddlers should be spaced out at the table to prevent them from reaching each other's plates.
- Ensure that every child has a table posting which includes their picture and current allergies/ food preferences.
- Tables and other surfaces will be cleaned before and after eating.
- Children will not share food, cups, utensils, napkins, or other food containers.