Title: Anaphylaxis Policy for Child Day Programs

Date: December 3, 2020

SCOPE

Under New York Public Health Law Section 2500-h, the New York State Department of Health (NYS DOH) and the New York State Office of Children and Family Services (NYS OCFS) shall develop a policy for the prevention of anaphylaxis and the response during an anaphylaxis emergency.[1] This policy applies to all New York State OCFS licensed and registered child day care programs.[2]

PURPOSE

This policy is intended to:

- set forth guidelines and procedures to be followed by child day care programs for both the prevention of anaphylaxis and during a medical emergency resulting from anaphylaxis

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, medications, and latex. Nearly 8 percent of United States children (1 in 13 children) have at least one food allergy, and approximately one in five children with a food allergy reported one or more allergy-related emergency room visits in the previous year.[3]

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. 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 part of the body such as the skin, mouth, eyes, lungs, heart, gut, 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
- Vomiting a lot, severe diarrhea

Anaphylaxis must be treated right away to provide the best chance for improvement and preventserious, potentially life-threatening complications.

For a child with a known allergy, accidental exposure to an allergen is a great risk. The key to preventinga potentially serious reaction in a child with a known allergy is avoiding exposure to the 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, it is essential that child day care programs have 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 child care program staff, volunteers, families and children, and the children's medical providers is needed for the effective prevention and management of allergies and allergic reactions, including anaphylaxis. Child day care program leadership is necessarynot only to guide planning and implementation of the policy and procedures but also to monitor ongoing compliance, with special attention being paid to educating new staff and volunteers, and updating current staff and volunteers.

Epinephrine Auto-Injector

Epinephrine is the FIRST LINE drug of choice for the emergency treatment of severe allergic reactions tofoods, insect stings or bites, drugs, or other allergens.[4] Epinephrine is a safe medication. There is no medical reason for trained, designated staff to withhold administration of an epinephrine auto-injector in an emergency if anaphylaxis is suspected. A delay in the administration of epinephrine could result indeath. Furthermore, improved outcomes have been reported with early administration of epinephrine (including decreased likelihood of needing additional medications in the Emergency Department and less likely to require overnight hospitalization).[5,6] With proper training on the administration of epinephrine auto-injectors, any child care staff member can administer this life-saving medication in anemergency when anaphylactic symptoms appear, pursuant to the program's Health Care Plan.

Non-patient Specific Stock Epinephrine Auto-Injectors

Most children will not be aware that they have a life-threatening allergy. The use of an epinephrine auto-injector is first aid emergency treatment. Epinephrine can be given to a child with symptoms ofanaphylaxis even if there is no prior history of severe allergic reaction.

For that reason, in addition to keeping on hand patient-specific epinephrine auto-injectors for a child with a known allergy pursuant to an Individual Health Care Plan, child care programs are permitted to keep stock epinephrine auto-injectors on site and use them for children not previously identified as having allergies who have their first reaction while at child care (non-patient specific epinephrine auto-injectors). **Note:** In order to maintain non-patient specific epinephrine auto-injectors on site, programsmust complete and submit Appendix J of the Health Care Plan to NYS OCFS.

If a child care program opts to acquire non-patient specific epinephrine auto-injectors, they must designate one or more employees or caregivers who have completed the required training to be responsible for the storage, maintenance, control and general oversight of the non-patient specific auto- injector devices acquired by the program. If program opts to acquire non-specific epinephrine auto- injectors, the devices should be appropriately dosed for children in the program.

In order to use a non-patient specific epinephrine auto-injector device on behalf of the program, the designated child care employee(s) must successfully complete a training course in the use of stock epinephrine auto-injector devices conducted by a nationally recognized organization experienced in training laypersons in emergency health treatment or by an entity or individual approved by the NYS OCFS or is directed in a specific instance to use an epinephrine auto-injector device by a health care practitioner. The required training must include: 1) how to recognize the signs and symptoms of severe allergic reactions, including anaphylaxis; 2) recommended dosage for adults and children; 3) standards and procedures for the storage and administration of an epinephrine auto-injector device; and 4) emergency follow-up procedures. Verification that each designated employee or caregiver has successfully completed the required training will be kept on-site and available to NYS OCFS.

POLICY

Every child day care center (DCC), group family day care (GFDC), family day care (FDC) school-age child care (SACC), and small day care center (SDCC) must have a comprehensive Health Care Plan that includes the prevention of allergic reactions and the recognition of and prompt response to anaphylaxis.

This plan must be reviewed as required by regulation and updated when circumstances, conditions or activities change or as required.

The section(s) of the plan related to anaphylaxis must address the following elements:

- Anaphylaxis prevention through screening and identification of children with allergies
- Individual Allergy and Anaphylaxis Emergency Plans for children known to have food or other allergies that include clear instructions of action to take when an allergic reaction occurs
- Training program for child day care personnel to prevent, recognize and respond to food and other allergic reactions and anaphylaxis
- Strategies to reduce risk of exposure to allergic triggers
- Communication plan for intake and dissemination of information among staff and volunteers regarding children with food or other allergies (including risk reduction)
- Annual notification to parents of anaphylaxis plan

PROCEDURE

CREATE AND MAINTAIN A HEALTHY AND SAFE CHILD DAY CARE PROGRAM

Health Care Plan

The Health Care Plan for the child care program must include all strategies and actions needed to manage allergies for individual children in the child care program.

The Health Care Plan must be on site, followed by all staff and volunteers, and available upon demand by a parent or NYS OCFS.

For allergy identification and management, **the Health Care Plan must describe the following for those programs electing NOT to stock non-patient specific epinephrine autoinjectors:** (Please note programs not electing to stock epinephrine autoinjectors are authorized to have patient specific epinephrine autoinjectors.)

a. how a record of each child's allergies will be maintained;
b. how professional assistance will be obtained in the event of an anaphylaxis emergency;
c. the advance arrangements for the care of any child who has or develops symptoms of anaphylaxis, including notifying the child's parent (Note: 911 should be called first. Calls to the family should not delay the administration of patient-specific epinephrine);
d. which designated staff are trained to administer medications or patient-specific epinephrine;
e. the contents and location of the first aid kit, including, if applicable, the location of any patient- specific epinephrine auto-injectors. If locked, the unlocking mechanism must be available to all staff at all times;
f. the name and title of staff responsible for inspecting and maintaining current patient-specific epinephrine auto-injectors in the specified location. Inspections should occur monthly;
g. for programs that have not been authorized to administer medications: how the program will handle anaphylaxis episodes;
h. for programs that are authorized to administer medications: how the program will handle anaphylaxis episodes;
i. how to routinely monitor for staff and volunteer changes and ensure new staff and volunteers receive training on the Health Care Plan and are made aware of children at the child day care program with known allergies and their Individual Allergy and Anaphylaxis Emergency Plans appendix to the Individual Health Care Plan.

For allergy identification and management, **the Health Care Plan must describe the following for those programs electing to stock non-patient specific epinephrine autoinjectors:**

a. how a record of each child's allergies will be maintained;
b. how professional assistance will be obtained in the event of an anaphylaxis emergency;
c. the advance arrangements for the care of any child who has or develops symptoms of anaphylaxis, including notifying the child's parent (Note: 911 should be called first. Calls to the family should not delay the administration of epinephrine);
d. which designated staff are trained to administer medications or epinephrine

e. the contents and location of the first aid kit, including location of any patient specific or non-patient specific epinephrine auto-injectors. If kept in a locked cabinet, the unlocking device must be available to all staff at all times.

f. the name and title of staff responsible for inspecting and maintaining current epinephrine auto-injectors in the specified location. Inspections should occur monthly (Note: it is strongly encouraged that when stocking epinephrine, programs always maintain two doses of epinephrine of each applicable dosage level as some children may require more than one dose);

g. **for programs that <u>have not been authorized to administer medications</u>**:

- a designated staff person may still administer epinephrine to children in an emergency with a non-patient specific epinephrine auto-injector if the designated staff is at least 18 years old **and** has completed a NYSDOH-approved training on stock epinephrine auto-injectors

or

- designated staff person may administer epinephrine in an emergency through the use of patient-specific epinephrine auto-injectors when the staff person has received training on its use from the parent, health care provider or a health care consultant, and the parent and child's health care provider have indicated that such emergency care is appropriate for this individual child.
  - If part of the individual child's plan, antihistamine can be administered to relieve symptoms such as hives and itching. Asthma inhalers, if part of the individual child's plan, can be administered in addition to the epinephrine if the child has difficulty breathing. Neither antihistamines nor asthma medications should be administered in place of epinephrine.

h. **for programs that <u>are authorized to administer medications</u>**:
MAT-trained designated staff may administer epinephrine to children and non-MAT-trained designated staff may administer a non-patient specific epinephrine auto-injector for the emergency treatment of a child appearing to experience anaphylaxis if the person is at least 18 years old and has completed a NYSDOH-approved training on stock epinephrine auto-injectors.

i. how to routinely monitor for staff and volunteer changes and ensure new staff and volunteers receive training on the Health Care Plan and are made aware of children at the child day care program with known allergies and their Individual Allergy and Anaphylaxis Emergency Plans appendix to the Individual Health Care Plan.

DEVELOP A PLAN TO REDUCE RISK AND MANAGE REACTIONS FOR INDIVIDUAL CHILDREN

<u>Individual Allergy and Anaphylaxis Emergency Plan</u>

For children with an allergy, parents and the child's health care provider must work with the child day care program to develop 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 or volunteer changes, and/or anytime information regarding a child's allergy or treatment changes. This document must be appended to the child's Individual Health Care Plan.

The ***Individual Allergy and Anaphylaxis Emergency Plan*** must include the following:

- Name of the child
- Child's date of birth
- Child's weight
- Whether the child has asthma
- Information about the diagnosis, including the type of allergy or allergies the child has (based on diagnosis from a health care provider)
- Strategies to minimize the risk of exposure to the allergen(s) while the child is at the child care program
- Specific symptoms of mild and severe reactions that would indicate the need to administer medication
- Information on the child's medication, including dose and method of administration and where the medication will be stored
- Name and contact information of the health care provider
- Name and contact information of the parent(s)/guardian(s)
- Signature of the parent(s)/guardian(s) and the health care provider and a program representative

Downloadable form: NYS OCFS Form # 6029 Individual Allergy and Anaphylaxis Emergency Plan – in English and Spanish.

PROVIDE TRAINING ON ALLERGIES AND ANAPHYLAXIS FOR CHILD DAY CARE PROGRAMS

All child day care programs 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.

Every person caring for children in a child day care program must know:

- How to recognize signs and symptoms of severe allergic reactions, including anaphylaxis
- How to prevent allergic reactions
- How to respond to a child who is having a severe allergic reaction
- How to call **911** or local emergency number and how to communicate the health concern
- What children have allergies and how to help them avoid their allergens
- Where to find each child's Individual Allergy and Anaphylaxis Emergency Plan
- Where any epinephrine auto-injectors are stored (must be in a secure location that is easy for all staff to access but inaccessible to children)
- How to use the epinephrine auto-injectors (if applicable)

Child care programs must always have access to a phone or other communication device for emergencies.

If the program opts to keep non-patient specific epinephrine auto-injectors on site, at least one staff person must be designated and trained in the use of stock epinephrine auto-injectors. Consideration must be given to having enough staff trained so daily coverage is available of trained personnel. This can be accomplished by completing a NYSDOH-approved training on the administration of stock epinephrine auto-injectors. (See resources).

REDUCE THE RISK OF EXPOSURE TO ALLERGENS

Most anaphylactic reactions in child care programs are due to food allergies. Even trace amounts of a food allergen can cause an allergic reaction. To prevent an allergic reaction:

Food

- Individual children's food allergies must be posted in a discreet location visible to staff and volunteers involved in the care of the child.
- Individual children's food allergies must be reviewed routinely with all involved in the care of the child.
- Staff and volunteers must take steps to prevent a child's exposure to the foods to which the child is allergic. This includes always reading food labels.
- Children, staff, and volunteers must wash their hands with soap and water before and after eating. This helps prevent food from getting on toys, clothing, and other surfaces. (Note: Hand sanitizers do not remove protein residue; the remaining residue can be a source for an allergic reaction.)
- Tables and other surfaces must be cleaned well before and after eating.
- Children must be supervised while eating.
- Children must not be allowed to trade or share food, cups, utensils, napkins, or food containers.
- Parents of children with a food allergy must approve all foods offered to their child.
    - Programs may provide parents with a list of foods served; parents can indicate which foods the child can't eat and date and sign the list.
- Children with a food allergy must not be offered food if its safety is unknown. Food ingredients should always be reviewed as ingredients may change. A previously safe food may become unsafe if the ingredients have changed.
- Food must be stored out of reach of young children.
- The eating area must be separate from the play area.
- Ingredients must be reviewed before using products in art, science, and other projects.
- Parents must know in advance about activities that involve food.
- Activities that involve food must be limited and must not include any child's known allergies.
- Visual reminders of food allergy awareness (such as posters) must be displayed prominently.

Insect stings

- Children must wear closed-toed shoes and wear clothing that inhibits insect bites.
- When eating outdoors, children must keep food covered until eaten and stay away from garbage cans.
- Note: Avoidance of fragrances and brightly colored/floral clothing are ineffective measures for avoiding insect stings.

Latex

- Children, volunteers, and staff must avoid contact with latex gloves. Latex-free gloves should be used.
- Children must avoid areas where there is the possibility of inhaling powder from latex gloves worn by others.
- Children must avoid balloons.
- Children must avoid the use of rubber bands.

Ask your health care provider if you have specific questions about risk reduction strategies in the child care environment.

RESPOND TO ALLERGY EMERGENCIES

Anyone caring for a child must know how to recognize and treat

anaphylaxis. If anaphylaxis is suspected:

1. **Follow the steps in the child's Individual Allergy and Anaphylaxis Emergency Plan and give the child epinephrine right away.** If a child has an unknown allergy and the program has a non- patient specific epinephrine autoinjector, give the child epinephrine immediately. If the child has an unknown allergy, and the program does not have non-patient specific epinephrine, call 911.
2. **After administering epinephrine, always call 911. If staffing allows, one staff person can administer the epinephrine, while another calls 911.**
3. **Child care providers must arrange for professional medical care/assistance** even if symptoms appear to have resolved. Further treatments may be required, and therefore, observation in a hospital setting is necessary.

While waiting for the ambulance to arrive:

4. Consider giving additional medications following epinephrine if prescribed in an Individual Health Care Plan:
   - Antihistamine if hives or itching noted
   - Inhaler (bronchodilator) if wheezing
5. Lay the child flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
6. Do not leave the child alone.
7. If symptoms do not improve, or symptoms return, additional doses of epinephrine can be given about 5 minutes or more after the last dose.
8. Alert emergency contacts.
9. Continue to monitor the child's symptoms and level of consciousness until help arrives.
10. Prepare the child for Emergency Medical Services (EMS) transport. EMS may need a demographic sheet on the child.

The program must immediately notify the parent and NYS OCFS and complete an incident report. Programs may use form OCFS-4436 Incident Report for Child Care (or an approved equivalent).

COMMUNICATE WITH FAMILY MEMBERS, STAFF, VOLUNTEERS AND CHILDREN ABOUT ALLERGIES

The implementation and communication of the program's anaphylaxis plan is just as important as the development. Be sure the anaphylaxis plan is understood by staff, volunteers, children, and parents. Letthem know what is expected of them to help prevent and/or respond to an anaphylactic emergency.

For staff and volunteers:

- Once you complete your program's comprehensive Health Care Plan, which includes the prevention,recognition and response to emergencies related to anaphylaxis, you must:
- Educate staff and volunteers on life-threatening allergies and on how to prevent anaphylaxis.
- Train staff and volunteers on how to recognize the signs and symptoms of allergic reactions andon the importance of administering epinephrine quickly.
- Communicate the child day care program's plan for managing severe allergies and anaphylaxisto all child care staff, substitutes, volunteers, and families.
- Review the Health Care Plan as required by regulation and update when circumstances, conditions or activities change or as required, including anaphylaxis policies and procedures. Review the program's Health Care Plan with staff and volunteers whenever it is changed or atleast with the frequency required by regulation.
- Share information about children with severe allergies with everyone who is involved in the careof these children.
- Ensure staff and volunteers familiarize themselves with and understand children's Individual Allergy and Anaphylaxis Emergency Plans. Review these plans often (e.g. during orientation,daily briefings, weekly team meetings, etc.). Ensure that each staff member and volunteer understand their role and responsibility in administering the plans.
- Support staff and volunteer professional development on the topic of anaphylaxis by providingthem with a list of informational resources and training.

For children:

All children need to learn about allergies and anaphylaxis, but the teaching methods will differ based on their age and the setting. Through clear communication, you can help children understand what it means to have a food allergy and how to stay safe.

- Teach children that certain foods can make some children very sick. Use simple terms such as "safe food" and "unsafe food". Programs can use books to teach children about food allergies.
- Teach them the names of unsafe foods for some children and what they commonly look like. Forexample, show them a gallon of milk or a carton of eggs.
- Teach them to only eat foods given to them by their parent(s)/guardian(s) or other trusted adultand not to share food or utensils.
- Tell them to find an adult if they feel sick or need help.
- Explain your emergency plan in case they have an allergic reaction. Tell them they will be given medicine, and then they will go to the doctor.
- Explain to children the importance of washing their hands before and after meals and not sharing food items.

- Teach children proper hand washing techniques and role model proper hand washing.
- Model behaviors and attitudes that comply with rules that reduce exposure to allergens.
- Do not ostracize or alienate the children with allergies—take a supportive, compassionate approach modeling tolerance and acceptance.
- Teach children that food allergies are not a joke or something to be made fun of.

For parents/guardians:

- Share the program's plan for managing severe allergies and anaphylaxis with all parents upon enrollment and annually thereafter.
- Make families aware of allergies in the program.
- Communicate with parents about the program's plans for handling events, such as birthday parties and holiday celebrations, in which food will be served and how children with allergies are safeguarded.
- Help all families understand the importance of reading ingredients. Provide a resource for reading food labels (refer to Resources).
- Help families understand the importance of being aware of children's medical needs.
- Teach families to be sensitive to the medical needs of all.
- Demonstrate by responding with support and compassion.

Resources

Trainings on the Administration of Epinephrine Auto-Injectors

Trainings through NYS OCFS:
Emergency Medication Administration Overview INCLUDING Stock Epinephrine Auto-Injectors Medication Administration Training (MAT)

The following organizations also offer online training:
Code Ana: Epinephrine Auto-Injector Training
The American Red Cross: Anaphylaxis and Epinephrine Auto-Injector Online Course

Allergy and Anaphylaxis Emergency Care Plans

Food Allergy Research and Education (FARE): Allergy and Anaphylaxis Emergency Care Plan

American Academy of Pediatrics: AAP Allergy and Anaphylaxis Emergency Plan

Other Resources

How to Read a Food Label: https: //www.foodallergy.org/resources/how-read-food-label

Avoiding Cross-Contact: https://www.foodallergy.org/resources/avoiding-cross-contact

Tips for Keeping Home Safe: https://www.foodallergy.org/resources/tips-keeping-safe-home

Food Allergies in the Classroom: https://www.foodallergy.org/resources/food-allergies-classroom

Facts and Statistics: https://www.foodallergy.org/resources/facts-and-statistics

Food Allergy Myths & Misconceptions: https://www.foodallergy.org/resources/food-allergy-myths-and- misconceptions

Anaphylaxis: https://www.foodallergy.org/resources/anaphylaxis

Recognizing & Responding to Anaphylaxis: https://www.foodallergy.org/recognizing-responding-anaphylaxis

Food Allergy 101: https://www.foodallergy.org/living-food-allergies/food-allergy-essentials/food-allergy-101

References

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