***Policy for Anaphylaxis Emergencies in Child Day Care Programs including DCC, GFDC, FDC, and SACC***

**Purpose:** This policy is based on guidelines set forth by Office of Children and Family Services, and New York State Department of Health, is to be followed by child day care programs for both the prevention of anaphylaxsis and during a medical emergency resulting from anaphylaxsis.

**Policy:** Every child daycare entity including day care centers, group family day care, family day care, school age childcare, and small day care center must have a Health Care Plan on the premises that addresses the prevention of allergic reactions and the recognition of prompt response to anaphylaxsis.

**Health Care Plan:**

My Day Care keeps the health care plan in the following location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , and it is followed by all staff and volunteers, also it is available upon request for review by a parent or NYS OCFS at anytime.

The Record of each child’s allergies will be maintained in the following manner:

On File

In each classroom

Posted in program

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In the event of an anaphylactic emergency the staff will:**

* Call 911 (then call the parent / legal guardian – Calls to the family should not delay the administration of patient specific epinephrine or antihistamine as ordered by a medical provider, if indicated).
* Staff will follow all emergency protocols listed in **Appendix G** in the Health Care Plan
* Administer emergency medications as appropriate – for MAT trained staff and centers who are authorized to administer emergency medications only
* **If emergency medications are kept in a locked location the unlocking mechanism must be available to staff at all times**
* If there are no MAT trained staff or staff who are not authorized to give emergency medications on site, – day care staff will follow guidelines listed in **Appendix G** of the Health Care Plan and follow the instructions of the emergency personnel on the line
* The following staff are authorized to administer medications (MAT trained employees) - if you do not have MAT trained employees on staff please put N/A on the line below \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* The following staff members are trained to give emergency medications at this site (included Epinephrine Auto Injectors, Epinephrine Auto Injectors in Combination with an antihistamine, asthma inhalers and nebulizer treatments) - if you do not give emergency medications at your site or are MAT trained please put N/A on the first line below: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The first aid kit(s) are kept in the following location(s) at this site: (if any medications are kept in the first aid kit(s) and it’s locked the unlocking mechanism must be available to relevant staff at all times) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This site keeps epinephrine autoinjectors in the first aid kit

If not in the first aid kit epinephrine auto injectors are kept in the following location(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This site keeps antihistamine(s) (or antihistamine(s) in combination with epinephrine auto injectors in the first aid kit

If not in the first aid kit antihistamine(s) (or antihistamine(s) in combination with epinephrine auto injectors) are kept in the following location(s) at this site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* All current staff yearly review the Health Care Plan in the following manner:

File Review

Staff Development Days

Staff Meetings

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* New staff and volunteers receive training regarding the Health Care Plan at

Orientation upon hire

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Staff and volunteers at this site receive ongoing / yearly training regarding not only the Health Care Plan, but are made aware of children with any allergies in care and the paperwork required to have on file, including the: Individual Allergy and Emergency Anaphylaxsis Plan(s) (LDSS – 6029 form), and Individual Health Care Plan(s) for Children with Special Health Needs (LDSS-7006 form) – these **completed** forms **or access** to these completed forms are found in the following locations at this site : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All sites will have yearly completed updated forms for all children with a known diagnosed allergy from a health care provider. The health care provider must fill out and sign the Individual Allergy and Anaphylaxsis Emergency Plan (form LDSS 6029) yearly, and any child on site with this form must have an Individual Health Care Plan for A Child with Special Health Care Needs (form LDSS-7006) filled out yearly by the day care provider and the parent. All forms listed above should be reviewed and signed off on by the parent, day care site, and medical provider (if indicated).

**Risk Reduction and Managing Reactions for Individual Children:**

* For children with allergies the day care provider will work with the parent / legal guardian to develop written instructions outlining what the child is allergic to, the steps taken to avoid the allergen at all costs, and what to do in the event the child does have an allergic reaction, this should be listed on the Individual Health Care Plan for a Child with Special Health Care Needs (LDSS – 7006).
* The Individual Allergy and Anaphylaxis Emergency Plan (LDSS 60290) and The Individual Health Care Plan for a Child with Special Needs (LDSS-7006) will be reviewed and updated upon admission, annually thereafter, and any time there are updates if the child’s treatment changes in any way from a health care provider
* Anytime there are staffing or volunteer changes, staff are notified of those children who have Individual Allergy and Anaphylaxsis Emergency Plan(s) (LDSS 6029) and Individual Health Care Plan(s) (LDSS- 7006) for Children with Special Health Care Needs – and know where to find this information easily

**Food Allergies:**

* Food Allergies must be posted in a discreet location visible to all staff and volunteers, these postings are located in the following locations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Individual children’s food allergies are reviewed routinely by staff involved in the child’s care
* Staff and volunteers always read the food labels to avoid allergy exposure
* Children, staff, and volunteers always wash their hands with soap and water per appendix B in the Health Care Plan
* Staff and volunteers follow Appendix E in the Health Care Plan in regards to cleaning tables and other surfaces before and after eating
* Children are supervised by staff while eating
* Children are not allowed to share or trade any of the following: food, cups, utensils, napkins, or food containers
* Parents of children with food allergies approve all foods offered to their child
* Children with food allergies must not be offered any food if its safety is unknown
* Food is stored out of reach of young children
* The eating area(s) is / are kept separate from play area(s)
* Ingredients are reviewed before using any food items in art, science or other projects
* Parents are notified in advance if the project for the day contains any food items
* Activities that involve food products are limited and will not be used if it contains any allergens listed of a child with a known allergy
* When eating outdoors keep food covered in case children have insect allergies

**Insect Sting Allergies:**

* Children will wear closed toed shoes and clothing that inhibit insect bites
* When eating outside food is kept covered until eaten and eating spaces are away from garbage cans

**Latex Allergies:**

* Latex free gloves are used by all staff members and volunteers at this site
* There are no latex balloons allowed at this site
* Children are not permitted to play with rubber bands

**Responding to Allergy Emergencies: Anyone caring for a child must know how to recognize and treat anaphylaxsis. IF ANAPHYLAXSIS IS SUSPECTED:**

* **CALL 911**
* Follow the steps in the child’s Individual Allergy and Anaphylaxsis Emergency Plan and Individual Health Care Plan and if indicated give epinephrine right away (or follow the instructions given by the 911 operator if emergency medication is not available)
* If the program has a Non-Child Specific Epi-Pen use it in the event the child has an unknown allergy and is experiencing anaphylactic symptoms
* The day care will arrange for professional medical care / assistance even if symptoms appear to have resolved as further medical treatment may be necessary and observation at a hospital is indicated any time epinephrine is administered

**While Waiting for the Ambulance:**

* If indicated on the Individual Health Care Plan, and Individual Anaphylaxsis Emergency Plan follow instructions for giving additional doses of an antihistamine or Epinephrine if ordered
* Lay the child flat, raise legs and keep warm. If breathing is difficult or they are vomiting, have the child sit up or lie on their side
* **DO NOT LEAVE THE CHILD ALONE**
* Continuously monitor the child’s symptoms and level of consciousness until help arrives
* Alert Emergency Contacts
* Prepare the child for Emergency Medical Services (EMS) transport – have all critical paperwork ready to give to EMS
* **The program must immediately notify the parent and NYS OCFS (do not leave a message you must talk to someone) and complete an incident report. Programs may use form OCFS-4436 or and approved equivalent.**
* This policy is reviewed at admission and annually thereafter by staff, parents, volunteers and anyone who takes care of a child at this facility

**Daycare Program Name (please print):\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Daycare Modality: (check one)**

Day Care Center

Group Family Day Care

Family Day Care

School Age Child Care

Small Day Care

**Liscense Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized Name (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**