

ANAPHYLAXIS POLICY

BIG CHIEF SCHOOL AND CAMP

Preventive Care

Prevention: We are a peanut-free school. The food we prepare on the property- All ingredients are taken off the food boxes, read and ok'd, and kept in the office.

Home Supplied food: Birthday Food must come in the original storage container with a label certifying that it is nut free etc. No homemade items can go in.

Snacks: Parents send in fruit for a snack. NO OTHER SNACKS ARE ALLOWED.

Staff: Staff cannot eat in rooms except fruit at snack time; their lunch is kept in a staff refrigerator.

Animals: Bird and guinea pig food must also be peanut free.

Staff Training: All staff will watch code ana and review any allergies in their classroom, and a tracking form will be filled out.

Tracking training- I will use the form they suggest.

ANAPHYLAXIS

When a parent registers their child in my program, they must fill out several forms. These forms are gone over a conversation begins. Every registration form asks if your child has any allergies or special needs that we need to know about and make accommodations. This is also requested on our medical form.

Allergies- we identify the allergy. The parent is given a medication consent form cover page. (Which spells out the parent portion and the doctor portion). Form 7002 is to be filled out front and back. The forms are due back, along with the action plan and special needs form. The parent fills out the special needs form and goes over it with the director. The parent and the director sign the paperwork. The director checks the EPI-PEN, which needs to be in the original box. A trainer pen is set aside and used to go over training or practice with the staff or given back to the parent. We check the prescription on the box for the name, medication, dosage, route, and time along with the paperwork, to ensure it matches the epi-pen and Benadryl paper. The paperwork is put in our medical book. The medication is placed in a child-proof plastic container labeled outside. In the classroom, the teacher has a label on the front door advising that there is an allergy in the class and what the allergy is. A designated shelf up and out of reach of the children is clearly labeled EPI-PEN. When school is over each day, the plastic

bin with the medication is stored in the office and checked to ensure that no one has tampered with it; in the morning, the first staff member arrives and takes it to the room. In the office where the medical papers are kept, there is a list of all the medications, when they expire, and the paperwork.

Before the child starts, the director and staff review any special needs of the children in their class. An allergy list is made up for the team with the child's full name and allergy. This is located so that any staff member in that room for the day is aware of the allergies.

All staff will receive training on the signs and symptoms of anaphylaxis and the procedure to follow according to that child's health plan.

If a sign or symptom is noticed, that determines the next step. The director is quickly notified. We evaluate the situation and observe the child. What do I mean by that: if the teacher notices a hive on a child's cheek and his allergy is peanuts, and there is no food in the room, we observe the child. If the child's hive is eating and might have ingested food taken from another child or has food that may contain peanuts and there is swelling around the mouth, the action plan is followed. (Which has been reviewed several times). The Benadryl and EPI-PEN are administered then Ems and parents are called.

Upon a sign/symptom, the child is removed from the class. We keep the child calm, and the staff must also remain calm. The epi-pen is administered. The used epi-pen is placed back in the tube and handed to Ems. Documentation is then written down regarding the course of events. If the child has not improved or worsened in five minutes, the second epi-pen shot is given. The staff stays with the child until EMS and the parent arrives. We may play soft music or read the child a book while we are observing and waiting. After the child is cared for by Ems and their parents, the OCFS is notified. At the end of the day, a team meeting would take place to discuss what happened and the action that was taken (could something have been done to prevent this?) and then be documented. A follow-up with the parents would be done that night and the next day. New EPI-PENs would have to be given to the program before the child started again, along with paperwork.