

## Allergy and Anaphylaxis Policy Guidelines

This program will follow the OCFS Anaphylaxis Policy for Day Care Providers for all children in care with a KNOWN ALLERGY along with **all** instructions from the child/children's physician.

All parents/guardian(s) will complete the required documentation with all required consents and signatures (\*\***Medical Statement**; Individual Health Care Plan; Individual Allergy and Anaphylaxis Emergency Plan; Medication Consent).

\*\*Not required for School Age Programs

The individual **Allergy and Anaphylaxis Emergency Plan** will include **CLEAR** instructions of what action should be taken when an allergic reaction occurs. Additionally, upon enrollment the parent/guardian will complete the OCFS-LDSS - 0792 **Day Care Enrollment (Blue Card)** that will include information regarding the child's known or suspected allergies. This document will be reviewed and updated at least annually or more frequently as needed.

For your child's safety if your child has a KNOWN ALLERGY, as stated on the child's medical statement, they **cannot** begin care until all required documentation and required medication has been provided. A start date will be agreed upon at enrollment.

The program's Allergy-Anaphylaxis Policy will be reviewed once a year, parents will be notified and given a copy of the policy at admission and the plan **will be updated when necessary**.

Due to the fact that there may be a child with an allergy please **DO NOT** send your child/children to the program with **ANY** food or snacks etc. (\*\*Family Day Care Regulation 417.12 (ai); School Age Child Day Care Regulation 414.12 (w); Day Care Regulation 418-1.12 (am); Group Family Day Care Regulation 416.12 (ai) state:

Individual children's food allergies must be posted in a discreet location visible only to caregivers\*\*) )

The OCFS Anaphylaxis Policy for Day Care Providers allows childcare programs 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 childcare (**non-patient specific epinephrine auto-injectors**).

This program will (check one of the following or all that apply):

- After the use of a child specific epi pen 911 will be immediately called.** This program will follow all directions given by 911 personnel and continue to monitor the child's symptoms and level of consciousness until help arrives. Parent/guardian will then be contacted along with the Registrar/Registration Supervisor. Emergency Information (Blue Card) will go with your child to the hospital. An Incident Report will be completed.
  
- \*\*This program stocks a non-patient specific EPI Pen on-site\*\***  
**A non-patient specific EPI Pen will be used on a child who has had an allergic and or anaphylaxis reaction to an unknown allergen,** and then **911** will be immediately called. This program will follow all directions given by 911 personnel and continue to monitor the child's symptoms and level of consciousness until help arrives. Parent/guardian will then be contacted along with the Registrar/Registration Supervisor. Emergency Information (Blue Card) will go with your child to the hospital. An Incident Report will be completed.

Or

- This program **will not stock** a non-specific EpiPen on site.  
**911** will be **IMMEDIATELY** called for a child who has an allergic and or anaphylaxis reaction to an unknown allergen that does not have a patient specific EPI-Pen. Following 911, the parent will be contacted followed by the Registrar/Registration Supervisor. This program will follow all directions given by 911 personnel and continue to monitor the child's symptoms and level of consciousness until help arrives. Emergency Information (Blue Card) will go with the child to the hospital. An Incident Report will be completed.

To help prevent your child from getting an insect bite, it is the policy of this program that children wear closed toed shoes or sneakers for outdoor play. Please ensure that your child has the appropriate footwear. **THANK YOU!**

**As a parent/guardian of a child/children in this program, I will immediately notify the program of any changes in my child's/children's health status.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_