

# ALLERGIES AND ANAPHYLAXIS

## ALLERGIES AND ANAPHYLAXIS Procedure

There is a plan to accommodate and ensure the safety of children who have food allergies and other dietary restriction or special needs.

### REGULATIONS:

#### **HSPPS §1302.44 Child Nutrition.**

(a) *Nutrition service requirements.* (1) A program must design and implement nutrition services that are culturally and developmentally appropriate, meet the nutritional needs of and accommodate the feeding requirements of each child, including children with special dietary needs and children with disabilities.

#### **HSPPS §1302.47(b)(7)(vi) Safety practices.**

(b) A program must develop and implement a system of management, including ongoing training, oversight, correction, and continuous improvement in accordance with §1302.102, that includes policies and practices to ensure all facilities, equipment and materials, background checks, safety training, safety and hygiene practices and administrative safety procedures are adequate to ensure child safety...

(7) Administrative safety procedures. Programs establish, follow, and practice, as appropriate, procedures for, at a minimum:

(vi) Child specific health care needs and food allergies that include accessible plans of action for emergencies. For food allergies, a program must also post individual child food allergies prominently where staff can view wherever food is served.

#### **OCFS 418-1.12 Nutrition**

(g) Where meals are furnished by the program, food preferences for personal, religious or medical reasons may be accommodated. If resultant meal patterns or serving sizes will not meet the child's nutritional needs, a medical statement must be obtained documenting the appropriateness of the variation.

(t) All children with dietary restrictions based on a child's medical condition or religious beliefs of the family are exempt from CACFP meal pattern requirements and/or beverage requirements in regulation when instructed in writing by the parent to the program.

**418-1.12(an)** Staff must take steps to prevent a child's exposure to the food to which the child is allergic. All staff must complete training on the program's allergy procedures to prevent children's exposure to allergens.

### POLICY:

**Anaphylaxis prevention through screening and identification of children with allergies:**

- During the initial intake process a nutritional assessment form and a Food Allergy Dietary Restriction Form (FADR) will be completed by the parent/guardian and yearly thereafter. The FADR Form and the nutritional assessment will be kept in the nutrition section of the child's file. The FADR Form and the nutritional assessment form will be completely filled out. Any part of the forms that do not apply to the child is to be marked N/A, meaning not applicable. Every time there is a food change/adjustment a newly completed FADR Form and nutritional assessment form must be completed. The previous FADR Form and nutritional assessment forms will be left in the binder with the most current one on top of the previously completed forms.
- Staff is responsible for having the parent/ or guardian complete the FADR Form with all appropriate signatures and dates as well as the Family Partner signature and date, education signature and date and the nutrition staff signature and date. The original form is placed in the child's file under the nutrition section.
- Allergies and other medical conditions are identified through the Food Allergy Dietary Restriction Form (FADR) and the Physical Exam from the child's medical provider. Any discrepancies in information on these two forms must be clarified with the child's medical provider in order to put a precise anaphylaxis plan in place. If there is any question on what the child is allergic to or any diagnosis is unclear, the child cannot be in the school building until this has been clarified with the child's medical provider and all safety measures have been put in place. The school environment must be made safe in order for the child to attend. In the event there is a child with an airborne food allergy, the Head Start Administration Staff will consult and determine the safest place for each child with intentional placement. (An example would be a child who has a tree nut airborne allergy and a child who needs almond milk, and both are enrolled within the same center.)
- During case conferences, Multidisciplinary Team Meetings (MDT) and ongoing monitoring, each child's physical form, Food Allergy Dietary Restriction Form (FADR), Individual Health Care Plan, Individual Allergy and Anaphylaxis Emergency Plan, and Medication Consents will be reviewed to ensure that the information is consistent. If any inconsistency is noted, a follow up will be done within one business day by the Health Team.
  - The Health Coordinator will be notified immediately and will provide immediate guidance and follow up. If unable to reach Health Coordinator, contact Health Manager. There will be (at least) daily communication between Family Partner and Health Coordinator until the discrepancy is resolved and a safe school environment is ensured for the child.
- Every month and whenever there is a change to the child's forms, all teachers in the classroom must review all information in the medication binder to ensure understanding of each child's care plan, and sign and date the back of the "Check for Expired Medication and Expired Orders" form. If there is any question of understanding, contact your Health Coordinator immediately.

**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:**

- Any child with a known allergy will have a written Individual Allergy and Anaphylaxis Emergency Plan attached to the Individual Health Care Plan that includes clear instructions of action 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:**

- There will be a Medication Administration Trained (MAT) staff member in the building whenever children are in the building.
- All staff will be trained annually on preventing, recognizing, and responding to allergic reactions and anaphylaxis. Review of the policy and procedure will occur at the monthly center level meetings.
- A food allergy training will be incorporated into the summer institute training with a presenter coming from one of our collaborative partners.
- “Recognize and Respond to Anaphylaxis” poster is posted in each classroom.

**Strategies to reduce risk of exposure to allergic triggers:**

- Allergy/Medication Folders
  - For children documented with health disabilities, food allergies, or medications, a red “Allergy/Medication” folder or clipboard is placed prominently in a place of easy access in each classroom and cafeteria.
  - This folder/clipboard must be kept up to date at all times.
  - This red folder/clipboard contains information on any children in the classroom who may have food restrictions, food allergies or take any type of medication, including child’s name, photo, and any special instructions.
  - Staff is responsible for taking a picture of each child that has a food allergy, dietary restriction or food substitution and that picture is posted in the upper right-hand corner of the Food Allergy Dietary Restriction Form (FADR). Education staff gets a copy and keeps it in the classroom in the red allergy folder and the nutrition/kitchen staff gets a copy and keeps it in a confidential location within the kitchen. This information is confidential.
  - The child’s private information should be covered for privacy, but easily accessible to all staff caring for children.
- Teacher review of medication binder.
  - Each medication binder contains:
    - “Safe Medication Administration” Sign
    - Medication Expiration and Consent Log
    - Tabbed and labeled dividers for each child with medication with:
      - Individual Allergy and Anaphylaxis Emergency Plan
      - Individual Health Care Plan
      - Medication Consent
  - Each classroom teacher and the nearest MAT-certified teacher will review this binder at the end of each month:
    - Check expiration dates of consents, IHCPs, anaphylaxis plans, and medication.
    - Review the information in the emergency plan, IHCP, med consents so they are ready to act in the event of exposure or symptoms. Contact Health Manager with any questions.
    - Sign and date the log when completed.
- Children with food allergy or dietary restriction will use a laminated placemat with their name on it and a RED border. Placemats for all other children will not have any border. This will also be used as an opportunity to teach children about food allergies.

- If it is determined there is a need to discontinue any food allergy food item that poses a high food safety risk for any child, menus will be adjusted accordingly. Peanut Butter nor Sun Butter will be served as a menu item in any of the centers.

**Communication plan for intake and dissemination of information among staff and volunteers regarding children with food or other allergies (including risk reduction)**

- Nutrition staff or kitchen staff is responsible for reading food ingredient labels to ensure food item is allergen free of the respective food allergen.
- The nutrition kitchen staff will be responsible for labeling food allergies on the food carts with the child's initials and **food replacement**. All food substitutions must be labelled as such to denote the allergy such as an allergy sticker or red notation and the child's initials.
- The nutrition or kitchen staff or substitute is responsible for communicating with the education staff the particular food substitution when the cart is delivered to the classroom.
- Monthly menus/newsletters will be distributed to each classroom and posted by each respective classroom education teacher. Hard copies of the nutritional newsletter will be placed in the principals' mailboxes and an electronic copy emailed to each respective principal.
- Any center that is designated as an allergy free center (such as nut, fish, eggs, etc.), all staff at their respective center will be made aware by their principal so that the particular food is not brought into the center by staff. An allergen free notice will be posted on the front entrance door alerting anyone entering the center.

**Annual notification to parents of anaphylaxis plan**

- Upon enrollment, parents will be provided with a copy of this anaphylaxis policy.
- Mandatory Allergies and Anaphylaxis training will occur annually in August and at new staff orientation.

**PROCEDURE:**

1. Enrollment
  - a. Nutrition Assessment and Food Allergy Dietary Restriction Form (FADR) filled out with parent/guardian.
  - b. Physical reviewed.
  - c. Determine if Allergy or Food Intolerance
    - i. Case Conference/Referral
  - d. If any allergy is identified, complete the following forms (Originals are kept in classroom medication binder in First Aid Bag, Copies are kept in child's binder and uploaded to myHeadStart):
    - i. Individual Allergy and Anaphylaxis Emergency Plan (signed by medical provider, parent, staff)
    - ii. Individual Health Care Plan (reviewed and signed by parent, staff)
    - iii. Medication Consent (signed by medical provider, parent, staff)
    - iv. Classroom binder will be reviewed each month by all classroom staff.
  - e. For any child with allergy or food intolerance:
    - i. FADR form with picture is kept in Red Allergy Folder in classroom and in the kitchen.

- ii. A red-bordered placemat is created for child.
  - iii. Nutrition staff will label food substitutes with child's initial and name of food substitution.
  - iv. Nutrition staff will verbally inform Education Staff of food substitutes and wait for verbal confirmation of understanding from Education Staff.
  - v. Teacher will review FADR form prior to giving meal to child with allergies or intolerances.
2. Analysis of this procedure will be done in the event of an incident.