



Dear Parents,

**Re: Anaphylaxis** – an extreme allergic reaction

Intent- The anaphylaxis policy is intended to help support the needs of a child with a severe allergy and provide information on anaphylaxis and awareness to parents, staff, students and visitors at our centre.

We, as a centre, made the decision well before Monkey See Monkey Do opened its doors that we would be a safe place for children who suffer from life threatening anaphylactic allergies. In doing so, we have requested on many occasions, along with the posters that hang in our hallways and on our front door, that parents refrain from bringing any food or drink into our school in order to aid us in our promise to keep all of our children safe.

We do recognize that if your child does not suffer from this serious allergy that it may be difficult to understand its severity. This is the reason for this letter. While you read on, you will hopefully be able to better understand this allergy and the anxiousness that parents endure whose children suffer from this life-threatening allergy.

### **What is Anaphylaxis?**

Anaphylaxis is a rapid, severe allergic response that occurs when a person is exposed to an allergen, an allergy-causing substance, to which he or she has been previously sensitized. It is brought on when the allergen enters the bloodstream, causing the release of chemicals throughout the body that try to protect it from the foreign substance.

### **What causes anaphylaxis?**

Anaphylaxis is most commonly triggered by:

- ◇ Stings of bees, wasps, hornets, yellow jackets and fire ants
- ◇ Foods including peanuts, tree nuts (almond, brazil nut, cashew, macadamia, hazelnut or filbert, pecan, pine nut, pistachio, walnut), cow's milk, eggs, fish, shellfish (crustaceans and mollusks), soy, wheat, and sesame seeds.

- ◇ Medications, including certain antibiotics, seizure medications, muscle relaxants, and even aspirin and non-steroidal anti-inflammatory agents
- ◇ Latex

### **Anaphylaxis Policy**

1. The Centre and its staff will only use latex free gloves when doing washroom routines, diapers, cleaning, etc.
2. A posted sign will be posted on the front door that clearly identifies that Monkey See Monkey Do is a nut free centre.
3. Outside foods and drinks will not be permitted inside the centre and a sign will be posted indicating so on the front door.
4. When staff stay on site for lunch they are to thoroughly clean up their eating area and garbage.
5. If staff receive food gifts they have been instructed to put items in their cars.
6. Both children and staff must wash their hands with hot soapy water consistently throughout the day and posters must be clearly visible by all sinks outlining the proper procedure of how to wash your hands and when.
7. All known anaphylactic causative agents (that are known to our current clients) will be avoided when planning the menu and in the materials that may be used in creative and sensory programming. The Centre Supervisor will ensure that this list is revised as necessary depending on the life threatening allergies of the children enrolled.
8. The Centre Supervisor will ensure that upon hiring, all staff will be trained/informed on safe food handling, purchasing and preparing food and the importance of reviewing food labels to identify possible allergens.
9. Any child that has an allergy other than nuts will have to provide the centre with their own snacks, lunch and beverages if applicable.
  - a) the lunch/snack must be prepared and ready to serve, we will reheat the lunch/snack if necessary
  - b) all of the food that you supply to the centre **MUST** be **NUT FREE** and **LABELED** with your child's **FIRST** and LAST NAME and placed in a separated lunch bag in our designated area/fridge within our kitchen

- c) as always, we supply milk with our morning snack, and water with our lunch and afternoon snack- if your child has a dairy allergy please be sure to supply all alternatives
  
- d) Monkey See Monkey Do will supply all fruits and vegetable as per our menus
  
- e) any child with an allergy other than nuts will sit at a separate table under the close supervision of a permanent room teacher
  
- f) All Ingredients must be listed and provided for all snack and lunches provided by the parent/guardian.
  
- g) All snacks and meals will be documented on an Alternative menu plan by the parent. This document will be kept in the classroom binder. It must be initialed by the staff and parent daily.

## **Resources**

<http://www.allergysafecommunities.ca>

[http://www.hc-sc.gc.ca/iyh-vsv/meed/allerg\\_e.html](http://www.hc-sc.gc.ca/iyh-vsv/meed/allerg_e.html)

Anaphylaxis Canada

Canadian Society of Allergy and Clinical Immunology

Allergy Asthma Information Association

Canadian Allergy, Asthma and Immunology Foundation

Association Quebecoise des allergies alimentaires

All of the above steps are being taken to ensure the overall health and well being of each child with allergies. I thank you in advance for your cooperation and understanding.

I have read and understood all of the above notations and changes made to the allergy/anaphylactic policies.

Parent signature: \_\_\_\_\_

Staff signature: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_

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

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Re: Children who have Allergies

Child's Name: \_\_\_\_\_

Please complete this form to help better aid your child well in our care.

My child is allergic to \_\_\_\_\_

How would you classify your child's allergy: mild or severe

Symptoms are: \_\_\_\_\_

Food Limitations: \_\_\_\_\_

Snack Suggestions or Sublimates: \_\_\_\_\_

Child's Behavior: \_\_\_\_\_

Have they ever gone to the hospital due to their allergy? \_\_\_\_\_

Do you have an Epi-pen: Yes or No

**Action Plan:**

Please number one or more of the boxes in order of priority.

**Call Parent/Guardian** – Name: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
2<sup>nd</sup> Parent/Guardian's Name: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Call 911**

**Call the Child's Doctor** – Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Administer the Following Medication** – Name of Medication: \_\_\_\_\_  
Dosage: \_\_\_\_\_ Instructions: \_\_\_\_\_

Other (please specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian's Name (Please Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THIS FORM WILL BE UPDATED AND RE-SIGNED ANNUALLY.



I \_\_\_\_\_ understand and have been instructed on how to administer the Epi-Pen/Twin-Jet/ Allerject for:

(Childs Name)\_\_\_\_\_.

The parent/guardian has shown me step by step instructions for administration.

I have instructed all other full time employees within the centre on how to administer the Epi-Pen/Twin-Jet for the above child.

Any/all supply staff in the centre that works in a classroom with this child will be trained and instructed on how to use and administer the Epi-Pen for the above child.

All necessary forms have been completed and the Epi-Pen/Twin-Jet is stored in an appropriate place.

Employee: \_\_\_\_\_

Supervised Witness:\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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



Emergency Medication Administration Form (epi-pen, puffers, etc.)

1. Medication is administered to a child only where a parent gives written authorization and only during an emergency as specified in signs/symptoms section of this page.
2. Medications are to be in their original containers with the child's name clearly labeled on it.
3. Store emergency medications in the pouch of the evacuation binder in the child's classroom. **This medication is to be where the child is at all times.**
4. This form is to be completed on an annual basis by the parents.

Name of Medication Provided: \_\_\_\_\_

Treatment of Illness/Allergy of: \_\_\_\_\_

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I authorize the administration of \_\_\_\_\_  
to my child \_\_\_\_\_ by the childcare staff if my  
child exhibits any/all of the following symptoms:

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

List time(s) of administration (if applicable): \_\_\_\_\_  
(Time(s) of dosage are to be documented on the ongoing meds. chart)

Storage Instructions:      Refrigeration                      Non-refrigeration

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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**Child's Photo**



**MONKEY DO**  
**ANAPHYLACTIC**  
**MONKEY DO**

# LAXIS ALERT POSTER

Name of Child: Alternative Menu provided By Parent/Guardian for Children with  
Classroom: Allergies and EPI PEN

Parents Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Child Name:** \_\_\_\_\_ **Allergy:** \_\_\_\_\_  
**ALLERGY-DESCRIPTION**

**Classroom:** \_\_\_\_\_ **Has a** \_\_\_\_\_ **Week Of:** \_\_\_\_\_

Child's name  
**LIFE-THREATENING** allergy to the following:

**Food limitations:** Monday Tuesday Wednesday Thursday Friday

\_\_\_\_\_

*The key to preventing an Anaphylactic emergency is to **ABSOLUTE AVOIDANCE** of the allergen.*

**AM**  
**Signs and symptoms of my Childs Anaphylactic reaction:** \_\_\_\_\_  
**Snack**

\_\_\_\_\_

**EMERGENCY PLAN - ACT**

**Administer epinephrine immediately!**

**Call 911-advise dispatcher that a child is having an anaphylactic reaction**

**Treat with second dose of epinephrine if necessary, in 10-15 minutes, if an ambulance has not arrived and symptoms reappeared.**

**Transport child to hospital immediately even if symptoms subside.**

**Childs emergency plan, if other:** \_\_\_\_\_

**Lunch**

**EPI-PEN Stored:** \_\_\_\_\_ **Parents Signature:** \_\_\_\_\_

\_\_\_\_\_

Parent Initials: Parent Initials: Parent Initials: Parent Initials: Parent Initials:

Staff initials: Staff initials: Staff initials: Staff initials: Staff initials:

\_\_\_\_\_

**PM**

**Snack**

\_\_\_\_\_

Parent Initials: Parent Initials: Parent Initials: Parent Initials: Parent Initials:

Staff initials: Staff initials: Staff initials: Staff initials: Staff initials:

