



Responding to Life Threatening Allergic Reactions in the Child Care Setting

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More and more children are being diagnosed with life-threatening allergies. Federal law, mandated by the Americans with Disabilities Act and the Rehabilitation Act of 1973, section 504, makes it illegal for child care programs to refuse to accept children with life threatening allergies or refuse to administer epinephrine injections. Implementing health policies related to allergies and completing individualized health care plans for children diagnosed with allergies will prepare child care programs for these types of emergencies.

What is Anaphylaxis?

Anaphylaxis is a serious allergic reaction that happens quickly and may cause death. Anaphylaxis is most commonly caused by allergies to foods, insect stings, medications and latex. The most common food allergies are peanuts, tree nuts (pecans, walnuts, almonds etc.), milk, eggs, fish, and shellfish. Food allergies are most common in children under five. Allergies tend to get worse with repeated exposure to the allergen (the allergy-causing substance).

Anaphylaxis can develop within seconds of exposure to the allergen. When a child is exposed, the body releases chemicals to "protect" itself from the allergen. These chemicals can cause itching, hives, wheezing or difficult breathing, or swelling of the lips or face. Children may also faint, or vomit. Within moments, the throat may begin to close, choking off breathing and leading to death. Because death can occur within minutes, anaphylaxis requires immediate attention.

Treating a child who is experiencing Anaphylaxis

The drug used to treat anaphylaxis is called epinephrine and it is given in auto-injectable forms that are prescribed by a health care provider and must be available to the child at all times.

Epinephrine must be given promptly to prevent death. Fatal anaphylaxis in children is associated with failure to administer epinephrine promptly. Severely allergic children who also have asthma are at greater risk for anaphylaxis. Side effects of epinephrine are short term, and generally not serious, and it is always safer to administer epinephrine if you suspect anaphylaxis than to wait.

Epinephrine is provided for use outside of the hospital in a disposable, pre-filled auto-injection system (EpiPen, Auvi-Q, Twinject). It should be kept at room temperature and out of direct sunlight. The solution should be clear and colorless. If it turns color, or is past its expiration date, it should be replaced. Sometimes, a child will need a second injection of epinephrine so it is best to keep two injectors on hand. Epinephrine is best given in the outside of the thigh. The needle should be inserted, through clothing if necessary, deep into the thigh. Hold it there for 10 seconds. Remove the needle and massage the area for 10 seconds more. If epinephrine is given, 911 should be called immediately. Give the used auto-injector to paramedics to take to the hospital.

References

Sicherer, S. H. and F. E. Simons (2007). "Self-injectable epinephrine for first-aid management of anaphylaxis." *Pediatrics* 119(3): 638-46.
The Food Allergy & Anaphylaxis Network Child Care and Preschool Guide to Managing Food Allergies, available from: <http://www.foodallergy.org/SchoolGuidelinesForManagingStudentsWithFoodAllergieswww.foodallergy.org/school/SchoolGuidelines.pdf> By Vickie Leonard, RN, FNP, PhD

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Planning for a child with life-threatening allergies:

Advance planning is the most effective strategy when enrolling a child with a life threatening allergy. A health care plan protects the child as well as the child care program.

- Obtain a written health care plan signed by the child's parent. It is recommended to have care plan co-signed by health care provider. The health care plan should be updated at least yearly.
- Include strategies for avoiding exposure of the child to the allergen and a description of the child's particular experience of anaphylaxis. For instance, what words does he use to describe it and what are his typical symptoms?
- Store EpiPen in an unlocked location, out of reach of children, away from light and heat. All staff should know where EpiPen is kept. If stored in a cupboard, label the outside of the cupboard to ensure it can be found quickly.
- Make sure all staff know how to use the auto-inject epinephrine, and how the medication will be handled so that it is always available to the child, even on field trips away from the program site. When away from the program site, EpiPen should be kept with a staff member at all times, in a fanny pack or backpack. Never leave an EpiPen unattended.
- Develop a procedure for checking the EpiPen monthly to ensure that the date is current and solution is clear and colorless. Document monthly checks. If the date on the injector has expired, or if the solution is cloudy or colored, ask parent to replace injector as soon as possible.
- Make 3 copies of the health care plan.
 - 1) Post one copy in child's classroom with the child's picture to ensure proper identification. Child's picture/health care plan should be covered by a brightly colored sheet of paper labeled with "children with special needs" so staff can easily find the information, but the child's identity is protected.
 - 2) Keep one copy with the EpiPen.
 - 3) Keep one copy in the child's file.