

Anaphylaxis guidance for carers of pre-school children attending early-years settings

The purpose of this factsheet is to provide information for managers and staff in pre-school groups and nurseries to help them care for children at risk of severe allergic reactions (anaphylaxis). The information provided will also be useful for the children's parents. Throughout the text you will see brief medical references given in brackets. Full references are provided at the end.

What is Anaphylaxis?

Anaphylaxis is the term for a severe, possibly life-threatening, rapidly-occurring allergic reaction. Allergic reactions occur when an individual's immune system responds inappropriately to the presence of a food or substance that it wrongly perceives as a threat.

Severe allergic reactions among young children are uncommon, but when they do occur they must be treated rapidly. Common causes among children include peanuts, fish, milk and egg.

Less commonly, a child may be at risk of allergy to tree nuts (e.g. almonds, walnuts, cashew nuts, Brazil nuts), sesame, shellfish and other foods. Kiwifruit has been identified as a significant problem in young children (Lucas et al 2004). Non-food causes include wasp or bee stings, natural latex (rubber), penicillin or any other medication or injection.

Anaphylaxis is serious but most certainly manageable. In our experience, the key to caring for children at risk is to have accurate, comprehensive information.

First Steps

Good communication is essential. All parents should be asked for information about their child's allergies before the child starts pre-school. Then a written management plan (also called a care plan) can be drawn up for that individual child, in consultation with the parents and the child's doctor or allergy specialist. (Your Health Visitor should be able to help arrange this). Research has shown that children whose allergies are managed with the help of a management plan are less likely to have severe reactions (Ewan and Clark 2005).

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Symptoms of Anaphylaxis

Early recognition of symptoms and early treatment are vital. Symptoms may include:

- Itching in the mouth
- Swelling of the face, throat or tongue
- Asthma
- Difficulty in talking or swallowing
- Hives anywhere on the body
- Generalised flushing of the skin
- Abdominal cramps and nausea
- Floppiness (drop in blood pressure)
- Collapse and unconsciousness



No child would necessarily experience all of the symptoms listed above, although more than one may well be present. The child's GP or allergy specialist will advise.

If the child has asthma as well as allergies, this should be noted and the asthma should be kept well controlled with the aid of prescribed preventer medication. The presence of asthma – particularly if it is not well managed – is likely to raise the risk of an allergic reaction being severe (Uguz et al 2005).

Treating Anaphylaxis

A child at risk of anaphylaxis will often be prescribed injectable adrenaline (also known as epinephrine) and members of staff should be trained to administer it in an emergency. See Training Staff below.

Pre-loaded injections (the adrenaline injectors prescribed in the UK at present are Emerade®, EpiPen® and Jext®) are designed to be easy to administer. Regular training is needed to ensure correct technique. Oral antihistamines may also be prescribed and these can be used to treat milder reactions.

It is the parents' responsibility to ensure that medication is within its use-by date and they are advised to check dates regularly.

Very young children cannot be expected to be responsible for carrying their own emergency medication in the way that older children and adults might. Parents should ensure that the emergency medication for their child is always packed to accompany them to their nursery or playschool. Ideally there should be a spare emergency kit available on the premises, with in-

date injectors and any other relevant prescribed medication (e.g. antihistamines), clearly labelled with the child's name and ideally a photograph. These emergency kits must be safely stored but accessible to early years staff at all times.

Emergency treatment of anaphylaxis – what injectors are available?

Pre-loaded adrenaline injection devices – Emerade®, EpiPen® or Jext® – are available on prescription for those thought to be at risk of a severe reaction.

Emerade® is the most recent single use adrenaline auto-injector to become available. It has a needle guard to protect against needle stick injury. Visit www.emerade-bausch.co.uk

EpiPen® has a spring-loaded concealed needle. The built-in needle protection keeps the needle covered during and after use. Visit www.epipen.co.uk.

Jext® has a locking needle shield which engages after use, designed to protect against needle injury. Visit www.jext.co.uk.

Training Staff

All staff should be trained in allergen avoidance, early recognition of symptoms and crisis management. Specific staff members should be trained to administer emergency medication. All staff must know where the emergency medication is kept.

During training, each allergic child's individual needs must be discussed. If a child joins the school later in the year it would be wise to do refresher training and discuss this child's allergies.

Training could be arranged through the community nurse/health visitor or school nursing teams. Many paediatric allergy clinics will also offer training for early-years settings staff. The Campaign's on-line training, "[AllergyWise for Healthcare Professionals](#)" is also a useful resource for those responsible for training staff working with allergic children.

Taking precautions to reduce the risk of an allergic reaction

Communication with parents is vital. A thorough understanding of the child's specific needs (what to avoid, and what substitutions (if any) can be made) is essential. If any new foods are being introduced or cooking sessions done in the nursery / playgroup, a discussion with the parents on potential hazards will help keep the child safe.

A commitment to reading food labels and maintaining vigilance is essential. Regular cleaning of surfaces and hand washing are also important to reduce the risk from allergens (e.g. peanut or milk) to allergic children.

If meals are provided at the nursery/pre-school setting then consideration should be given to excluding children's known allergens. If this is not possible, then alternative arrangements should be discussed with the child's parents e.g. the child bringing a packed lunch.

If lunch boxes are brought in from home by some of the children they should be checked for known allergens before they are issued to the children. Make parents of the children attending the early years setting aware of any known allergens and ask for their co-operation in ensuring these are NOT included in packed lunches.

Other precautions to reduce risks could include: Labelling drinking cups and allergy warnings on bottles, treats and sweets brought in by other parents and given to kids to celebrate birthdays etc. For the allergic child, a "treat box" of known allergen-free treats, provided by their parents, can ensure that they are not losing out on these occasions.

Encourage allergic children to enquire/check with the adult before eating or before certain activities. Just a "is that okay for me?" will make the adult think again, and also start to make the child aware of their allergy and management techniques.

It is good practice to have a "no sharing" policy when children bring food from home, and every effort needs to be taken to ensure that allergic children **do not take or accept food** from another child's packed lunch.

Early years settings may consider a nut ban to help ensure the safety of allergic children. This is a laudable aim, but can be hard to achieve in practice. There are other common allergens (milk and eggs) that may be equally hazardous in early years settings, but a total ban on all potential allergens would simply be impractical. Our view is that the specific needs of the allergic child/children are paramount and awareness of their particular allergens are the key to keeping them safe.

Following an Allergy Management Plan for each child

The management plan should be held on the premises and a further copy kept with the child's medication. If the early years setting occupies extended premises, it would be advisable to have additional copies in any areas where the child might be cared for. The content will depend on the discussions with the child's parents and a healthcare professional, but it should certainly include:

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1. **The child's details** – Name, address and date of birth. A photograph of the child can be added to help immediate recognition.
2. **Contact details** – Telephone and mobile numbers of a parent or guardian and another emergency contact should be parents be out of reach.
3. **Contact details of family GP**
4. **The child's allergies** – A list of the specific allergies and what to avoid.
5. **A list of possible symptoms**
6. **Prescribed medication**
7. **Details of emergency procedure** – Including an assessment of symptoms, when and how to administer medication, contact numbers and the ambulance procedure.
8. **Who can help?** – A list of staff members who have been trained including the date of their last training.
9. **Consent and agreement** – A parent or guardian must give written consent for staff to take responsibility for administering medication. The pre-school's insurance company should be notified about allergic children.

The Royal College of Paediatrics and Child Health (RCPCH) and British Society for Allergy and Clinical Immunology (BSACI) have recently launched new Allergy Action Plans for Children. There are specific action plan templates relevant to each of the adrenaline injectors currently available in the UK and also a generic action plan for children who have not been prescribed adrenaline. These action plans can be downloaded from: www.bsaci.org/about/pag-allergy-action-plans-for-children

Frequently Asked Questions

Can Milk Allergy be serious?

Most children with milk allergy experience mild symptoms, but a few have severe life-threatening reactions. Special care and vigilance are needed in such cases. Even a splash of milk or yogurt may cause a skin reaction in a child with severe milk allergy. Spillages need to be wiped thoroughly and hands washed.

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If the child has a milk substitute (e.g. soya) there needs to be a robust system for ensuring that the child is not given the wrong drink by mistake.

Are Children with Egg Allergy safe with egg boxes or egg shells for growing cress?

Egg allergy can be severe. In such cases, it is best to play safe and assume the child could have an allergic reaction to skin contact with traces of egg.

Can face paints be used on allergic children?

It's probably best not to use face paints on allergic children. Some children with allergies may be allergic to the ingredients. They may not necessarily cause a severe reaction, but could cause an unpleasant rash.

Is play dough safe for children with allergies?

Commercially produced play dough could contain allergens. Find out the ingredients from the manufacturer. You can make your own play dough using flour, salt, water, bottled vegetable oil and food colouring. Ensure that you don't have a child who reacts to any of these ingredients.

Bottled vegetable oil bought in a supermarket is likely to pose a low risk for children with a nut allergy, but you should consult with the parent or guardian of the allergic child.

What other activities should be considered?

Outings: Carry out a risk assessment of the venue beforehand. For example, if the children visit a petting zoo or farm, be aware that some allergic children react to animal fur or feathers.

Celebrations: Every effort should be made to include the allergic child. Safe treats could be supplied by the parents of the child with allergy and kept in a clearly-marked container.

Arts and crafts: If any child has latex allergy, check art equipment (e.g. paints, rubbers, ties on protective aprons, etc.) for latex content. Avoid putting together collages that use nuts or seeds if any child is allergic to these. Inspect all modelling materials thoroughly (e.g. nutty cereal boxes).

Animals and birds: Bird feeders and pet food need careful scrutiny. If they contain nuts it might be difficult to control the spread of nut protein from hands to play surfaces.

References

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Uguz, A., Lack, G., Pumphrey, R. et al. (2005). Allergic reactions in the community: a questionnaire survey of members of the Anaphylaxis Campaign. *Clinical and Experimental Allergy* **35**; (6): p. 746-750

Reviewers

The content of this fact sheet has been peer-reviewed by Prof John Warner, Professor of Paediatrics and Head of Department, Imperial College (at the time of publication); and Sue Clarke, Nurse Adviser to the Anaphylaxis Campaign.

Disclosures

Professor Warner sits on the scientific advisory boards for Danone, Airsonette, Allergy Therapeutics, Novartis and Mead Johnson; is a paid lecturer for all of the above and Merck, and Astra-Zeneka; has received research grants from Danone, Airsonette, Allergy Therapeutics and Lincoln Medicalmedical advisor to the Anaphylaxis Campaign; was until recently a member of the ACNFP (FSA); RCPCH council and trustee; and (at the time of publication), was President of the Academic Paediatric Association. In the past (1996-2008) he was the principal investigator, chair of an advisory board and paid lecturer for UCB pharma on research into the use of cetirizine and levo-cetirizine in infants with eczema. He has also received grants from the FSA to study the early life origins of egg allergy. Prof Warner was co-author of some of the research referenced above.

Sue Clarke is Nurse Advisor to the Anaphylaxis Campaign. She also works as a Health Visitor and clinical lecturer in Allergy. Sue (as part of ANSWER a nurses group specializing in Allergy) has received sponsorship for a research project from ALK Abello. She is also co-author of one of the research papers mentioned above. Sue is the author of the AllergyWise training courses available on the Anaphylaxis Campaign website.

Disclaimer – The information provided in this Factsheet is given in good faith. Every effort has been taken to ensure accuracy. All patients are different, and specific cases need specific advice. There is no substitute for good medical advice provided by a medical professional.

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Supporting people at risk of severe allergies

About the Anaphylaxis Campaign: Supporting people with severe allergies

The Anaphylaxis Campaign is the only UK wide charity to exclusively meet the needs of the growing numbers of people at risk from severe allergic reactions (anaphylaxis) by providing information and support relating to foods and other triggers such as latex, drugs and insect stings. Our focus is on medical facts, food labelling, risk reduction and allergen management. The Campaign offers tailored services for individual, clinical professional and corporate members.

Visit our website www.anaphylaxis.org.uk and follow us on Twitter [@Anaphylaxiscoms](https://twitter.com/Anaphylaxiscoms).

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