

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



Introduction

This factsheet provides information for managers and staff in pre-school groups and nurseries to help them care for a child at risk of severe allergic reactions (anaphylaxis). Parents should also find this factsheet useful.

When parents send a child with allergies to pre-school, this can be a stressful period as it may be the first time they are handing over the care of their child to someone outside the family. We would suggest it is important for key staff members to meet with the parents/carers at the earliest opportunity so that everyone is comfortable with the plans in place.

This article provides information on symptoms of allergy, the treatments, staff training, precautions that can be taken to lower risk, the importance of good communication, and other pieces of information that should be helpful to staff and parents alike.

Throughout the text you will see brief medical references given in brackets. Full references are provided at the end.

What is anaphylaxis?

Anaphylaxis is a severe and often sudden allergic reaction which may be life-threatening and must be treated immediately. Allergic reactions occur when a person's immune system responds inappropriately to a food or substance that it wrongly perceives as a threat.

Causes of allergy among children include:

- Peanuts
- Fish/seafood
- Milk
- Egg
- Tree nuts (such as almonds, walnuts, cashew nuts, brazil nuts)
- Wheat
- Kiwifruit
- Less commonly, other foods

Non-food causes include wasp or bee stings, natural latex (rubber), penicillin or any other medicines.

Anaphylaxis is serious but the risks can be significantly reduced. In our experience, the key to caring for children at risk of anaphylaxis is to have accurate, comprehensive information and to know what to do if a reaction occurs.

First Steps

Good communication is essential. All parents should be asked for information about their child's allergies before the child starts pre-school. A written management plan (also called a care plan) should be drawn up for that particular child, in consultation with the parents and the child's doctor or allergy specialist. 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). The British Society for Allergy & Clinical Immunology has an allergy management plan which is suitable for this purpose and can be downloaded from www.bsaci.org.

There will need to be a system for informing temporary staff of medical information relating to any child, for example when regular staff are absent through holidays or sickness.

You might also consider whether it is appropriate to educate other children and their families about the needs of an allergic child within the group.

Symptoms of Allergy

The symptoms of an allergy can come on rapidly. You may notice that the child has itchy nettle rash (otherwise known as hives or urticaria) anywhere on the body. The child may complain of a funny feeling in the mouth (itching or tingling). Those symptoms are not serious in themselves, but a close watch should be kept on the child in case more severe symptoms start to appear. These may include:

- Swelling in the throat and/or mouth
- Difficulty breathing
- Wheezing (like an asthma attack)

The term for this more serious form of allergy is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure (anaphylactic shock). The child may become weak and floppy, and may become unconscious. This is a medical emergency.

If the child has recurrent wheeze/asthma as well as allergies, this should be noted and the asthma should be kept well-controlled using preventer medication from the doctor. A tendency towards wheezing may increase the risk of a more severe allergic reaction (Uguz et al 2005).

Treating Anaphylaxis

Children at risk of anaphylaxis are often prescribed pre-loaded adrenaline auto-injectors (AAIs). AAIs are designed to be easy to administer, and members of staff should be trained to administer them in an emergency. Regular training is needed to ensure correct technique. See Training Staff below.

Oral antihistamines may also be prescribed and these can be used to treat milder reactions, but are not effective against anaphylaxis.

Parents should ensure that their child's nursery or playschool has any medication that their child may need. This should be clearly labelled with the child's name and ideally a photograph. Medication must be safely stored but accessible to staff at all times.

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

Further information on treatment of anaphylaxis is [available here](#).

The 2017 legislation covering adrenaline in schools

Legislation which came into effect in 2017 enables schools in the UK to buy AAIs without a prescription for emergency use on children who are at risk of anaphylaxis. However, this legislation does not extend to pre-schools and nurseries unless they are linked to primary schools and maintained by their local authority.

An AAI obtained under the legislation can be given to a child where both medical authorisation and written parental consent for use of the spare AAI has been provided. More information can be found at www.sparepensinschools.uk.

Read the Department of Health's 2017 guidance document here:

<https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

Also, read our fact sheet on frequently asked questions in schools:

<https://www.anaphylaxis.org.uk/wp-content/uploads/2018/01/Frequently-Asked-Questions-in-Schools-Factsheet-Jan-2018.pdf>

Emergency treatment of anaphylaxis – what injectors are available?

Pre-loaded adrenaline injection devices are available on prescription for those thought to be at risk of a severe reaction. Those prescribed in the UK are:

Emerade: www.emerade.co.uk

EpiPen: www.epipen.co.uk

Jext: www.jext.co.uk.

Training Staff

All staff should be trained in allergen avoidance, early recognition of symptoms and management of reactions. Specific staff members should be trained to administer emergency medication and there should always be someone on site who has been trained to do this. All staff must know where the emergency medication is kept.

During training, each allergic child's individual needs must be discussed.

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 Anaphylaxis Campaign's on-line training is also a useful resource for those responsible for training staff working with allergic children. Visit <https://www.anaphylaxis.org.uk/information-training/allergywise-training/>

Taking precautions to reduce the risk of an allergic reaction

- Communication between staff and parents is vital. A thorough understanding of the allergic child's specific needs (what to avoid and what substitutions, if any, can be made) is important.
- A commitment to reading food labels and maintaining vigilance is essential.
- Regular cleaning of surfaces and hand washing (using standard food hygiene measures) are also important to reduce the risk from allergens to allergic children.

- If meals are provided at the nursery or pre-school then consideration may need to be given to excluding children's known allergens. If this is not possible, then alternative arrangements should be discussed with the child's parents. For example, the allergic child could bring 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.
- Other precautions to reduce risks could include labelling drinking cups and putting allergy warnings on bottles, treats and sweets brought in by other parents and given to children 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 check with an adult before eating or before taking part in 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.
- Some managers working in early years settings consider that banning nuts will help ensure the safety of allergic children. However, in our view this can be hard to achieve in practice and may result in a false sense of security. There are other common allergens (for example, milk and egg) that may be equally hazardous in early years settings. A total ban on all potential allergens is impractical. Our view is that awareness, education and training are the keys 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 extensive premises, it is 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:

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 British Society for Allergy and Clinical Immunology (BSACI), in conjunction with the Royal College of Paediatrics and Child Health (RCPCH), have developed 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 the BSACI website or www.sparepensinschools.uk

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 milk allergy. Spillages need to be wiped thoroughly and hands washed.

If the child has a milk substitute (such as a soya drink) 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 any raw egg which may be present.

Can face paints be used on allergic children?

It's best not to use face paints on children with active facial eczema.

Is play dough safe for children with allergies?

Commercially produced play dough can contain allergens such as wheat. 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.

What other precautions 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 (such as paints, rubbers, ties on protective aprons) for latex content. Avoid putting together collages that use nuts or seeds if any child is allergic to these. Inspect all modelling materials thoroughly (such as 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

Ewan P., Clark A. (2005). Efficacy of a management plan based on severity assessment in longitudinal and case controlled studies of 747 children with nut allergy: a proposal for good practice. *Clinical and Experimental Allergy* 35; pp751-6.

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): pp746-750

The following Government information on the standards that school and childcare providers must meet may also be useful. <https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2>

Reviewers

This fact sheet has been peer reviewed by Dr Paul Turner, Hon Consultant in Paediatric Allergy & Immunology, Imperial College London

Disclosures

Dr Turner led the working group who developed the www.sparepensinschools.uk website, in conjunction with Department of Health and Social Care.

Disclaimer

The information provided in this factsheet is given in good faith. Every effort is 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.

About the Anaphylaxis Campaign [Sub-Heading 2: Corbel, 12, Left, Bold]

The Anaphylaxis Campaign is the only UK wide charity solely focused on supporting people at risk of severe allergic reactions. We provide information and support to people living with severe allergies through our free national helpline and local support groups, and campaign and fundraise to achieve our ultimate aim, to create a safer environment for all people at risk of severe allergies.

Visit our website www.anaphylaxis.org.uk and follow us to keep up to date with our latest news. We're on Facebook @anaphylaxiscoms, LinkedIn, Instagram @anaphylaxis_campaign, Twitter @Anaphylaxiscoms and YouTube.