

Guidance for Parents and Carers of Children in Early Years Settings



This factsheet provides information for parents and carers of children in early years settings, to help them care for children at risk of serious allergic reactions.

The factsheet gives information on symptoms of an allergic reaction, treatment, staff training, and precautions that can be taken to reduce the risk of an allergic reaction. It also details the importance of good communication, and other information helpful to staff and parents.

For our free online AllergyWise course for families and carers of preschool children, visit: <https://www.allergywise.org.uk/>

For the statutory framework for the Early Years Foundation Stage, which details the standards all early years providers in England must meet, visit: <https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2>

What is anaphylaxis?

Anaphylaxis (pronounced ana-fil-ax-is) is a serious 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 can include foods, such as:

- peanuts
- fish/seafood
- milk
- egg
- tree nuts (such as almonds, walnuts, cashew nuts, Brazil nuts)
- wheat
- fruit (such as kiwifruit)
- less commonly, other foods

Non-food causes of allergy can include:

- wasp or bee stings
- latex
- medicines (such as antibiotics)

Symptoms of allergy

Allergic symptoms can come on quickly. You may notice that the child has an itchy nettle-type rash (otherwise known as hives or urticaria) on their body. They may complain of a funny feeling in the mouth (itching or tingling). These symptoms are not serious themselves but could be the beginning of more severe symptoms. These may include:

- swelling in the throat and/or around the airway
- difficulty breathing
- wheezing (like an asthma attack)
- feeling faint or dizzy

When an allergic reaction affects the Airway, Breathing or Circulation/level of Consciousness, this is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure (anaphylactic shock), and the child may lose consciousness. Read our anaphylaxis factsheet for further information. <https://www.anaphylaxis.org.uk/factsheets/>

People with food allergies and poorly-controlled asthma may be at greater risk of severe reactions because their airway is already inflamed. Making sure children with asthma are

taking inhalers to ensure their asthma is well-controlled is an important part of reducing the risk of a severe allergic reaction.

Treating anaphylaxis

The treatment for anaphylaxis is an injection of adrenaline (also called epinephrine) into the mid-outer thigh muscle. Children at risk of anaphylaxis are often prescribed adrenaline auto-injector devices (AAIs). AAIs are designed to be easy to administer, and staff should be trained to administer them in an emergency. Regular training is needed to ensure correct technique.

If AAIs have been prescribed, they should be available at all times – with no exceptions. The Medicines and Healthcare products Regulatory Agency (MHRA) recommends that two adrenaline auto-injectors should be available at all times. This is in case one is broken or misfires, or a second injection is needed before emergency help arrives. Anaphylaxis UK agrees with this view. Read our adrenaline factsheet for further information. <https://www.anaphylaxis.org.uk/factsheets/>

If you suspect a reaction is anaphylaxis or are in doubt, use the AAI immediately. Dial 999 or get someone else to do this. If the child's condition deteriorates after making the initial 999 call, a second call to the emergency services should be made to check that an ambulance has been dispatched. Please see our "What To Do In An Emergency" instructions for more information: <https://www.anaphylaxis.org.uk/about-anaphylaxis/what-to-do-in-an-emergency/>

Oral antihistamines may also be prescribed. These can be used to treat milder reactions but are not effective against anaphylaxis. Adrenaline is always the first line of defence in the treatment of anaphylaxis.

Emergency treatment of anaphylaxis – what injectors are available?

The AAIs prescribed in the UK are EpiPen, Jext and Emerade. For more information visit the manufacturers' websites:

EpiPen – www.epipen.co.uk

Jext – www.jext.co.uk

Emerade – www.emerade-bausch.co.uk

It is the parents' responsibility to make sure that any AAI provided are within their use-by date. EpiPen, Jext and Emerade run an expiry alert service. If you register the device and expiry date on the manufacturer's website, they will send you a reminder when it is due to expire.

Parents should ensure that their child's early years setting 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.

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 in children who are at risk of anaphylaxis. An AAI obtained under this legislation can be given to a child where both medical authorisation and written parental consent for use has been provided. More information can be found here: <https://www.anaphylaxis.org.uk/education/safer-schools-programme/>

This legislation does not extend to preschools and nurseries unless they are linked to primary schools and maintained by their local authority. Therefore, children attending privately-run nurseries or other childcare settings must have their own prescribed AAIs if a healthcare professional (e.g. doctor) has assessed that they need one.

First steps

It can be stressful when a parent/carer first sends their allergic child to an early years setting – it may be the first time they are handing over the care of their child to someone outside the family. 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.

Good communication is essential. Parents should be asked for information about their child's allergies before the child starts at the early years setting. Every child known to be at risk of an allergic reaction (e.g. due to food allergies) should have an up-to-date and accurate management plan (also called a care plan) in place in their early years setting.

Research has shown that children whose allergies are managed with the help of a management plan are less likely to have severe reactions. The management plan should be familiar to all staff and agreed with the parent/carer. It 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 of the management plan should cover:

- emergency procedure
- medication
- responsibilities
- key contacts

The British Society for Allergy and Clinical Immunology (BSACI) has developed a national Allergy Action Plan for children, detailing the steps to take in an emergency. You can download a template Allergy Action Plan from the BSACI website here:

<https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>

Educational settings will need to have a system for informing temporary staff of children's medical information, 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. You can find resources for schools, such as a template allergy letter and a model risk assessment, which can be adapted for early years settings, here: <https://www.anaphylaxis.org.uk/education/safer-schools-programme/>

Training staff

All staff should be trained in appropriate 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. Some paediatric allergy clinics will also offer training for early-years settings staff. Anaphylaxis

UK's free on-line training course – AllergyWise for Families and Carers of Preschool Children – is also a useful resource for early years providers. Visit www.allergywise.org.uk for further information.

Taking precautions to reduce the risk of a food 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, especially before and after meals, and hand washing before and after meals are important to reduce the risk from allergens to allergic children.
- If meals are provided at the nursery or preschool, then it may be possible for meals to be allergen free, for example, for nuts. However, this is often impossible for other food allergens, in which 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 for other children, they should be checked for known allergens before they are issued to the children. Make parents of children attending the early years setting aware of any known allergens in the other children and ask for their co-operation.
- Make sure utensils, straws, cutlery, plates and cups are clean. Label drinking cups and put allergy warnings on bottles.
- Young children often put everything into their mouths, and this can be a problem when children are sharing toys. This might be a particular issue for babies with milk allergy. Toys for this age group should be thoroughly washed on a daily basis.
- Encourage children with food allergies 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. Every effort needs to be taken to ensure that allergic children do not take or accept food or drink from another child's packed lunch.
- Some early years settings consider banning nuts to help ensure the safety of allergic children. However, 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) and a total ban on all potential allergens is impossible. Our view is that awareness, education and training are the keys to keeping allergic children safe.

Frequently asked questions

Can milk allergy be serious?

Most young children with milk allergy experience mild symptoms, however some may experience severe, life-threatening allergic reactions (anaphylaxis).

Special care and vigilance are needed. 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.

For further information about cow's milk allergy, read our factsheet.

<https://www.anaphylaxis.org.uk/factsheets/>

Are children with egg allergy safe with egg boxes or eggshells for growing cress?

Egg allergy can cause severe, life-threatening allergic reactions (anaphylaxis). 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?

Check the ingredients of paints for any allergens. It is 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 a child has a 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. Packaging, such as boxes that have contained cereal which may have included nuts, or egg cartons and yoghurt pots, if not thoroughly clean, may pose a risk for children with allergies to nuts, egg and milk. Dried peas, seeds and pasta shapes might also be potential hazards.

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.

Insect sting allergies: If a child has an insect sting allergy you should keep food indoors, cover rubbish bins and make sure the child has a drinking straw or cup with a lid when outdoors.

Key messages

- Good communication between parents and the early years setting is essential.
- Every child who is at risk of a severe allergic reaction should have an up-to-date and accurate healthcare management plan.
- If a child is prescribed AAIs, they must be accessible at all times and all staff must know where they are located.
- Awareness of all allergens and staff training is key to keeping allergic children safe.

Feedback

Please help us to improve our information resources by sending us your feedback at: -

<https://www.anaphylaxis.org.uk/information-resources-feedback/>

Sources

All the information we produce is evidence-based or follows expert opinion and is checked by our clinical and research reviewers. If you wish to know the sources we used in producing any of our information products, please contact info@anaphylaxis.org.uk and we will gladly supply details.

Reviewer

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 Anaphylaxis UK

Anaphylaxis UK is the only UK-wide charity solely focused on supporting people at risk of serious, life-threatening allergic reactions. We provide information and support to people living with allergies through our free national helpline and local support groups. We also campaign and fundraise to achieve our ultimate aim, to create a safer environment for all people at risk of serious allergies. Visit our website www.anaphylaxis.org.uk and follow us to keep up-to-date with our latest news. We're on Facebook @anaphylaxixUK, LinkedIn, Instagram @anaphylaxisUK, Twitter @AnaphylaxisUK and YouTube.