

# Allergy aware in the early years

*Safely managing children with allergies in early years settings and schools*

The rise in food allergy among children and young people is posing a significant risk for early years settings and schools, who can be faced with a life-threatening situation requiring urgent action. One in five fatal food-allergic reactions in children happen at school.

Allergen-free environments are not feasible, and settings should work aim for allergy awareness and **allergy-safe environments** by educating everyone in their setting about risk management

Partnership with parents is key to the success of having a clear up to date allergy plan for individual children. Ongoing communication about the settings allergy/anaphylaxis plan is essential in creating awareness and support for children at risk.

**Anaphylaxis** is a serious allergic reaction that is rapid in onset and can cause death. While fatalities are rare, anaphylaxis must always be considered a medical emergency requiring immediate treatment. **Signs and symptoms of a severe allergic reaction can occur within minutes** of exposure to an allergen (a substance capable of causing an allergic reaction). In rarer cases, the time frame can vary up to several hours after exposure.

The most common allergens include certain foods and insect stings. Less common causes include medications, latex, and exercise.

**Symptoms of anaphylaxis generally include** two or more of the following body systems: skin, respiratory, gastrointestinal and/or cardiovascular. However, low blood pressure alone (i.e. cardiovascular system), in the absence of other symptoms, can also represent anaphylaxis.

Breathing difficulties and low blood pressure are the most dangerous symptoms and both can lead to death if untreated. Awareness is paramount.

Anaphylaxis is an unpredictable condition as signs and symptoms can vary from one person to the next and from one episode to another in the same person.

**Avoidance** is the cornerstone of preventing an allergic reaction. Much can be done to reduce the risk of anaphylaxis when avoidance strategies are implemented. Measures must be in place to reduce the risk of accidental exposure to any allergens and to respond appropriately in an emergency. Increased awareness in your setting, clear policies and individual anaphylaxis plans will all help to avert future tragedies.

## Reduce the risk

- ✓ Robust transition plans
- ✓ Clear allergy /anaphylaxis action plans
- ✓ All staff access awareness training
- ✓ All Be aware of individual children's allergens
- ✓ Risk assessments (reviewed regularly )
- ✓ Wash hands before and after eating
- ✓ Do not share utensils when preparing food
- ✓ Do not share food
- ✓ Clean surfaces thoroughly after eating
- ✓ Teach the children about allergies



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This fact sheet is to support you in following best practice to ensure the safety of children in your care.

What the early years statutory framework says	Ealing best practice
<p><b>3.48.</b> .... Before a child is admitted to the setting the provider must also obtain information about any <b>special dietary requirements</b>, preferences and <b>food allergies</b> that the child has, and any special health requirements. Providers must record and act on information from parents and carers about a child's dietary needs</p>	<ul style="list-style-type: none"> <li>• Recordings of special dietary requirements and allergies, must be shared with all staff and this information must be accessible, as is any medication in an emergency.</li> <li>• The recording should include the triggers for the child and the symptoms i.e. what this will look like in the individual child.</li> <li>• Best practice would be to carry out a risk assessment to determine any actions taken to minimise risk.</li> <li>• This should include what actions you need to take to treat the child, including any medications and when to get emergency support.</li> <li>• Many children will have an allergy action plan which holds this information, the parent should share this with you <b>prior</b> to starting at the setting. This plan should be reviewed <b>at least</b> annually by a health care professional.</li> </ul> <p>You will find examples that may be used in the link below.  <a href="https://www.bsaci.org/about/download-paediatric-allergy-action-plans">https://www.bsaci.org/about/download-paediatric-allergy-action-plans</a>  <b>Any allergy action plans, or other health care plans MUST be signed off by a health care professional (Either GP or Nurse practitioner)</b></p>
<p><b>3.46</b> Providers must have and implement a policy, and procedures, for administering medicines. It must include systems for obtaining information about a child's needs for medicines, and for keeping this information up-to-date. Training must be provided for staff where the administration of medicine requires medical or technical knowledge. Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse, or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor).</p> <p><b>3.47</b> Medicine (both prescription and non-prescription) must only be administered to a child where written permission for</p>	<p>Your policy must include:</p> <ul style="list-style-type: none"> <li>• A section on how to manage allergic reactions in children within the setting</li> <li>• What you do to reduce the risk</li> <li>• A section on training. where and how often this will be sourced and number of staff you will have trained.</li> <li>• The process in administering medication, including what you will record; dosage to be given and frequency, name of medication, when last administered.</li> <li>• Process for checking medication is still within date and how you will store it. For example, how frequently the medicine cabinet is audited and who is</li> </ul>

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<p>that medicine has been obtained from the child’s parent and/or carer. Providers must keep a written record each time a medicine is administered to a child and inform the child’s parents and/or carers on the same day, or as soon as reasonably practicable.</p>	<p>responsible for ensuring appropriate actions are taken when a medication is approaching expiry date including arranging a replacement with parent.</p>
<p><b>3.25.</b> At least one person who has a current paediatric first aid (PFA) certificate must be on the premises and available at all times when children are present and must accompany children on outings. The certificate must be for a full course consistent with the criteria set out in <b>Annex A. page 36 of Statutory Framework.</b></p> <p>Childminders, and any assistant who might be in sole charge of the children for any period of time, must hold a full current PFA certificate. PFA training must be renewed every three years and be relevant for workers caring for young children and where relevant, babies.</p> <p>Providers should take into account the number of children, staff and layout of premises to ensure that a paediatric first aider is able to respond to emergencies quickly.</p> <p>Providers should display (or make available to parents) staff PFA certificates or a list of staff who have a current PFA certificate</p>	<ul style="list-style-type: none"> <li>• Best practice would be that <b>more than one person be trained in PFA</b>, particularly if you have a child with a known allergy or condition.</li> <li>• When considering the staffing and layout of your setting, you should consider the access to the child’s medication and the availability of the trained adults.</li> <li>• The setting should ensure that there are enough staff trained to support pupils with specific medical conditions, considering staff absences, staff turnover and other contingencies (eg. outings)</li> <li>• The storage of medications should be secure, but <b>not be locked</b>, as this may delay access.</li> <li>• You should endeavour to always bring the medication to the child, not the child to the medication whilst they are having a reaction.</li> <li>• All individuals who are in regular contact with children at risk of anaphylaxis should participate in training sessions, and the administration of emergency medications such as an Adrenaline auto injector /AAI’s.</li> <li>• Training devices are available, best practice would be for all staff to have a practice with the training device.</li> <li>• Teach children about any allergens theirs peers must support allergy awareness from an early age. Young children will begin to understand the importance of identifying allergens, asking for help when unsure, and alerting an adult immediately should they experience/observe symptoms of an allergic reaction.</li> </ul> <p><i>PFA covers the areas of anaphylaxis shock, asthma attack and allergic reaction</i></p>

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## Useful resources

[https://www.bsaci.org/members/Anaphylaxis\\_13.pdf](https://www.bsaci.org/members/Anaphylaxis_13.pdf)

<https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-schools/>

<https://www.egfl.org.uk/facilities/health-and-safety/managing-medical-conditions-schools>

## Children's Books

[Food Allergies and Me: A Children's Book Paperback – 17 Dec 2010 by Juniper skinner](#)

[Why Can't I Have a Cupcake?: A Book for Children with Allergies and Food Sensitivities by Betsy Childs](#)

[The BugaBees: Friends with Food Allergies Hardcover – 1 Apr 2009 by Amy Recob](#)

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