

ALLERGIES AND ANAPHYLAXIS

Aim: To minimise the risk of exposure of children to foods and other substances that may trigger severe allergy or anaphylaxis in susceptible children.

To meet the requirement of National Quality Standard 2.3.3.

To comply with the Education and Care Services National Regulation 2011, specifically Part 4.2 Children's Health and Safety, Division 4 Administration of Medication, Clause 94, Exception to Authorisation Requirement; and Part 7.1 Division 2, Clause 247, Anaphylaxis Training.

Rationale: Food allergies in children are common and are commonly due to peanuts, other tree nuts (brazil, cashew, hazelnuts, almonds), fish, shellfish, eggs, wheat, milk, milk products, soy, seed and some fruits. Food allergies are more common in children under 2 years of age. Peanut allergy is the most likely allergy to need availability of adrenaline. Other substances to which children can have a severe allergic reaction are drugs (especially antibiotics and vaccines), bees, other insect stings, and some plants. The most severe form of allergic reaction to any substance is anaphylaxis and effective immediate management requires adrenaline.

Practices: To minimise the risk of exposure of children to foods that might trigger severe allergy or anaphylaxis in susceptible children, educators should:

- **Discuss health and safety issues with children** and involve them in developing guidelines to assist in keeping the environment safe for all.
- Be aware that **children do not trade or share food**, food utensils and food containers.
- **Be aware that an allergy in children can be triggered in the following ways:-** contact through ingestion, inhalation of a dust or vapour, skin contact, or a bite or sting.
- **Be aware that allergies are very specific to the individual** and it is possible to have an allergy to any foreign substance.
- **Where possible, ensure all children with known food allergies only eat food and snacks that have been prepared for them at home.** Where this is not possible and the educator is preparing their food, this should be done according to the instructions given by the child's family or doctor.
- **Restrict the use of foods in craft and cooking play/activities that are likely to cause an allergy.**
- **In preparing food, prevent cross-contamination between foods**, food surfaces and utensils, particularly when preparing foods containing the most likely allergens such as nuts, milk and milk products, eggs and egg products, and soy.
- **Where a child is known to have a susceptibility** to severe allergy or anaphylaxis to a particular food, exclude children or other people visiting the service from bringing any foods containing nuts or nut products such as :
 - * peanuts, brazil nuts, cashew nuts, hazelnuts, almonds, pecan nuts.
 - * any other type of tree or ground nuts, peanut oil or other nut based oil or cooking product, peanut or any nut sauce, peanut butter, hazelnut spread, marzipan
 - * any other food which contains nuts such as chocolates, sweets, lollies, nougat, ice creams, cakes, biscuits, bread, drinks, satays, pre-prepared Asian or vegetarian foods
 - * foods with spices and seeds such as mustard, poppy, wheat and sesame seeds
 - * nut and peanut material is also often in cosmetics, massage oils, body lotions, shampoos and creams such as arachnis oil.

- **Be aware that a child may have a number of food allergies or there may be a number of children with different food allergies**, and it may not be possible to have an allergy free policy for all those foods involved. The substance with the potential to cause the most severe reaction (probably nuts) should take precedence.
- **Children identified as allergic** to specific triggers and substances should not have access to or contact with those substances.
- **Body lotions, shampoos and creams used on allergic children** should have been approved by their parent.
- **Other common groups of substances which can trigger allergic reaction or anaphylaxis in susceptible children include:**
 - * all types of animals, insects, spiders and reptiles
 - * all drugs and medications, especially antibiotics and vaccines
 - * many homeopathic, naturopathic and vitamin preparations
 - * many species of plants, especially those with thorns and stings
 - * latex and rubber products
 - * Band-Aids, Elastoplast and products containing rubber based adhesives.
- **Educators are required under the national regulation to undertake training on how to recognise and respond to an anaphylactic reaction, including administering an Epipen.**
- **Parents of children at risk of anaphylaxis are to supply the child's educator with an Epipen, together with instructions on when to administer, and written authorisation to administer, and complete an Anaphylaxis Management Plan.**
- **Educators who provide care for a child diagnosed with anaphylaxis are to have an alert/warning displayed in an area which is clearly visible from the main entrance.**
- **(1) Despite the regulatory requirement to obtain authorisation to administer medication, medication may be administered to a child without an authorisation in the case of an anaphylaxis emergency.**
(2) If medication is administered under this regulation, the nominated supervisor of the service or the educator must ensure that the following are notified as soon as practicable—
 - (a) a parent of the child;**
 - (b) emergency services.**

see also: *Managing and Responding to Medical Conditions In Children Policy*
Incidents, Injury, Trauma and Illness Policy
Administration of First Aid Policy
Medication Policy
Nutrition and Food Safety Policy
Accidents, Emergencies and Emergency Medical Treatment Policy

Relevant Legislation: *Education and Care Services National Regulation 2011;*
Work Health and Safety Act, 2011;

Key Resources: *Health & Safety in Family Day Care: Model Policies & Practices – 2003*
Australian Society of Immunology and Allergy inc: www.allergy.org.au
Anaphylaxis Australia: www.allergyfacts.org.au

EXAMPLES OF STRATEGIES TO AVOID ALLERGENS

Risk	Strategy
Food allergies Sharing food	<ul style="list-style-type: none"> • regular discussions with children about the importance of eating your own food and not sharing • food is eaten in a specified area which is a focus of supervision • encourage parent/guardian of identified child to be involved on special days that involve food.
High risk foods in the Kitchen (e.g. peanut butter)	<ul style="list-style-type: none"> • inform cooking and food preparation staff of identified child and the foods to which they are allergic • place a copy of the Anaphylaxis Action Plan on the wall of the kitchen (NB the importance of displaying the plan and any privacy concerns are discussed with of the identified child's parents) • identify foods that contain or are likely to contain known allergen and replace with other suitable foods (e.g. egg substitute) or remove the food altogether.
Parties and celebrations	<ul style="list-style-type: none"> • advise parent of the child identified ahead of time so that they can provide suitable food • food for the identified child should only be approved and provided by the child's parent/guardian • inform other parents of known food allergies in the service and, particularly if the allergen is peanuts or tree nuts, request that these parents avoid bringing these foods to the children's service • consider non-food rewards • parents of the identified child can provide specially prepared cupcakes/muffins to be stored in a clearly labelled container in a freezer. These can be given to the identified child when other children are having birthday cake.
Insect sting allergies Grassed and garden areas	<ul style="list-style-type: none"> • decrease number of those plants in grounds that attract bees, • ensure grass is kept short • ensure allergic child wears shoes at all times • keep lids on garbage bins; do not leave drinks or drink bottles exposed in the outdoor area. • remove insect nests.
Latex allergies	<ul style="list-style-type: none"> • avoid contact with party balloons and latex gloves.