

DOWNNS PARK DAY NURSERY

POLICY FOR CHILDREN WITH SEVERE FOOD ALLERGIES

Allergies, especially related to food, are a growing safety and public health concern that affects an increasing number of children. Allergic reactions can be life threatening and have far-reaching effects for the children concerned, their families and the care and education settings they attend. Management/staff, in partnership with parents and a doctors' diagnosis, should develop management plans and collate relevant information to help both minimise the risk and respond to, a severe allergic emergency.

What is an Allergy?

- The classical, usually, immediate reaction to some foods or other allergens.
- It is different to a food intolerance which is an adverse reaction to a food ingredient that occurs every time the food is eaten, but particularly, if larger quantities are consumed.
- An allergy occurs when the body triggers a specific and reproducible immune response to certain things.
- An allergic reaction usually happens within minutes after being exposed to an allergen, but sometimes it can take place several hours after exposure. A reaction can involve many symptoms, or just one, regardless of the allergen:
- The immune system normally protects people from germs, however, an allergic reaction such as some foods or bee stings, results in the immune system mistakenly responding as if it were harmful.
- The body's immune response can be severe and life threatening, resulting in anaphylaxis, but another child may react only slightly to the allergen and may not require any treatment.
- In some cases, children may only require an antihistamine like 'Piriton' when treating a mild reaction.

Symptoms may include:

1. Skin system: hives, swelling, itching, warmth, redness, rash
2. Respiratory system (breathing): coughing, wheezing, shortness of breath, chest pain/tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing.
3. Gastrointestinal system (stomach): nausea, pain/cramps, vomiting, diarrhoea
4. Cardiovascular system (heart): pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
5. Other: anxiety, feeling of "impending doom", headache, uterine cramps, metallic taste

The most dangerous symptoms of an allergic reaction are:

1. Trouble breathing caused by swelling of the airways (including a severe asthma attack for people who have asthma)
2. A drop in blood pressure causing dizziness, light-headedness, feeling faint or weak, or passing out.

Both can lead to death if untreated

DOWNNS PARK DAY NURSERY

Some Important Things to Keep in Mind

- Do not ignore early symptoms, especially if you have had a reaction in the past. Always take a possible reaction seriously and act quickly.
- Not every reaction will always look the same; a person can have different symptoms each time.
- Anaphylaxis can occur without skin symptoms or hives.
- Every reaction should be taken extremely seriously and the child's safety management plan put into action.
- It is said that eight foods or food groups account for 90% of serious allergic reactions: milk, eggs, fish, crustacean shellfish, wheat, soy, peanuts, and tree nuts.

Symptoms of Allergy in Children

- The symptoms and severity of an allergic reaction can be different between individuals, and can also be different for one person over time.
- Anaphylaxis is a sudden and severe allergic reaction that can cause death.
- Not all allergic reactions will develop into anaphylaxis.
- Allergic reactions to foods have become the most common cause of anaphylaxis.

Treatment and Prevention [including foods] of Allergies in Children

- There is no cure for allergies.
- Strict avoidance of the allergen is the only way to prevent a reaction.
- It is not always easy or possible to avoid an allergen and staff should revert to the Management Plan which offers guidance and procedure in the event of an allergic reaction, including anaphylaxis.
- Early and quick recognition and treatment of allergic reactions that could lead to anaphylaxis can prevent serious health problems, even death.

Allergy Management Prevention Plan and risks associated with this condition, management should:

- Parents should attend a meeting with nursery management and discuss the documentation that supports a doctor's diagnosis of food allergy including, development of comprehensive food and other allergy prevention plan.
- Ensure we have GP and parents contact details.
- Collate information, strategies and actions related to the severity of reactions, including any history of prior anaphylaxis, (even though anaphylaxis can occur even in children without a history of prior anaphylaxis) to create a safe learning environment for all children.
- Obtain written consent to display child's photo and, [what is otherwise considered, confidential information] details of the child's allergy and the treatment plan for responding to a food allergy reaction or emergency including medication such as an antihistamine like Piriton or an EpiPen auto-injector.
- Formulate the nursery care arrangement; it should encompass planning, implementation, follow-up and include specific actions for each individual child with a food allergy designed to meet each child's dietary needs.
- Ensure child has an identifying photo which is posted in both the child's room and the kitchen.

DOWNNS PARK DAY NURSERY

- This identifies who the child is and their care management in case of any staff changes/students/visitors and will help reduce the risk of exposure to the allergen.
- Information about other conditions, such as asthma or exercise-induced anaphylaxis that might affect food allergy management.
- Parents to advise of procedure during special events like birthdays and provide a safe food alternative so children with food allergies feel included in celebrations, special events and cooking/tactile activities.
- Work with the nursery cook to plan the child's menu management and snack preparation.
- Share general information about food allergies with staff members, parents, and others if required.
- Ensure individuals medication is kept with each respective child, as they move through nursery and also, out on trips/outings.
- Ensure each child's medication is kept in a named container, out of a child's reach and remains, or is replaced, in that designated location until it is required or replaced.
- Parents and staff should ensure medication is always in nursery and 'in date'.
- Should the child's care plan state that antihistamine should be administered, [sometimes sufficient in less serious reactions], staff should make an entry in the Medicine Record Book and parents informed before signing the book on the child's collection.
- Staff should be particularly aware and vigilant of these children.
- Should there be deterioration of the child's symptoms, next steps should be followed in their management plan.
- To help keep children with allergies safer, staff should routinely inform parents at Preliminary Visits that children are not permitted to bring food into nursery.
- Prepare for food allergy emergencies and be aware of each child's possible 'trigger'.
- Provide professional development and/or training to administer any specific medication to treat the child should they experience an allergic episode.
- Parents should provide a letter, to be kept on file, granting staff permission to administer their child's medication following an allergic reaction. This letter is for inclusion in the 'Ongoing Medication File'.
- Review each child's plan on a regular basis and look for ways to reduce exposure to food or other allergens and how to improve management of allergic reactions. Recommend changes where necessary to improve practice.

Staff should be aware of each individual's symptoms, the action and the response required during a suspected allergic reaction:

1. If suspect child is suffering an allergic response, remain calm and administer child's medication without delay.
2. If Adrenaline [or EpiPen] is used, immediately call for an ambulance.
3. Collect Child Details with parents signed permission and, the child's care and management plan, to seek medical assistance for the child in an emergency.
4. Notify parents and ask them to meet the child at A + E. Do not delay by waiting for them.
5. Specify the hospital the child has been taken.
6. Accompany the child to hospital until parents arrive.

DOWNNS PARK DAY NURSERY

Make sure that the Epipen is used when required and staff immediately contact the emergency medical services by calling 999.

- Delays in using the child's Epipen could result in near fatal and fatal food allergy reactions.
- In a food allergy emergency early and appropriate administration of this adrenaline can temporarily stop allergic reactions and provide the critical time needed to get medical help.
- If you are unsure of the severity of the reaction it is better to administer it than a wait and see mentality.
- If the Epipen is administered and the consequential reaction diminishes, it is still paramount that staff contact emergency services on 999 and request an ambulance attend to enable the child to be monitored in a place of safety and administered more medication should the child require it.
- Be certain of the nursery address and contact details.
- The child should be transported quickly by an emergency vehicle to the nearest hospital emergency department for further medical treatment and observation.

Identify the role of each staff member in an emergency.

- Staff have Paediatric First Aid Training [updated 3 yearly] and there should always be someone on site that is paediatric first aid trained and/or Epipen trained.
- Paediatric First Aid course teach staff to recognize and respond to paediatric emergencies including how to recognize the signs and symptoms of an allergic reaction and how to administer the Epipen auto-injector.

Document the response to a food allergy emergency.

Emergency response should include a protocol for documenting/recording each emergency incident, in the file of the same name, and any treatment/medication administered.

Documentation should include the following:

- Time and location of the incident.
- Food/other allergen that triggered the reaction (if known).
- If any medication administered, including Epipen, and the time it was given.
- Notification of parents, when, instructions given
- Staff members who responded to the emergency.
- Any actions and lessons learned from an incident that should be used to revise the child's individual plan and/or any future changes to procedure.
- Review the emergency response with the child's parents and staff involved in the response to follow after this emergency.
- Inform Ofsted.

Steps to Take Within 24 Hours

- Call parent or guardian to follow up on child's condition.
- Review anaphylactic or allergic episode with parent.
- Identify allergen and route of exposure—discuss signs and symptoms with parent or guardian.

DOWNNS PARK DAY NURSERY

Review actions taken.

- Discuss positive and negative outcomes.
- Discuss any needed revision to care plan based on experience or outcome.
- Discuss family role with parent or guardian to improve outcomes.
- Discuss nursery procedure, and home concerns to improve prevention and response.

Outcomes.

- If relevant ask parent or guardian to replace EpiPen.
- Ask parent or guardian to follow up with health care provider.
- Provide any additional general training for staff related to food or other allergies.
- Good practice should include staff awareness and ability to recognise symptoms should a child in their care suffer an allergic reaction.
- General in-house training should be undertaken with staff to allow them to determine if a child may be suffering an allergic reaction, even if there is no previous history.

This should include:

- An overview of food allergies.
- Definitions of key terms, including food allergy, major allergens, EpiPen, Antihistamines and anaphylaxis.
- The difference between potentially life-threatening food allergy and other food-related problems.
- Signs and symptoms of a food allergy reaction and anaphylaxis and information on common emergency medications.
- General strategies for reducing and preventing exposure to allergens (in food and non-food items).
- The nursery emergency plans, including who will be contacted in the case of an emergency, how staff will communicate during a medical emergency, and what essential information they will communicate.

It is important for staff to give emotional support to children with food allergies and to other children who might witness a severe food allergy reaction (anaphylaxis). Staff should be offered:

- Specific strategies for fully integrating children with food allergies into nursery and nursery activities while reducing the risk of exposure to allergens in nursery, during meals, during outings and trips.
- Staff need to consider special seating arrangements when age and circumstance appropriate (e.g. during meal times, birthday celebrations).
- Staff to consider plans for keeping foods with allergens separated from foods provided to children with food allergies.
- Implement practice on how staff and students should wash their hands and clean surfaces to reduce the risk of exposure to food allergens.
- Stress the importance of not sharing food.
- How to read food labels to identify food allergens.
- Provide training for staff who are responsible for managing the health of children with food allergies on a daily basis.

DOWNNS PARK DAY NURSERY

- Review or develop other individual care plans as needed.
- How to manage and store medication.
- Help children manage their own food allergies if appropriate.
- Document the tasks performed as part of food allergy management.
- Evaluate emergency responses and staff members' ability to respond to food allergy emergencies.
- If a child attends nursery with a severe allergy, training should be conducted at least once a year, and should be reviewed after a food allergy reaction or anaphylaxis emergency for the purpose of improving prevention and response.
- Staff to work in partnership with parents as they have knowledge and experience of how to manage their child's food allergies.
- Develop food-handling procedures to prevent food allergens from unintentionally contacting another food related to the cleaning and sanitizing of surfaces and other practices that can protect against the unintentional transfer of residue or trace amount of an allergic food into another food.

Some practices to reduce this cross-contact include the following:

1. Clean and sanitize with soap and water or all-purpose cleaning agents and sanitizers that meet local food safety regulations, all surfaces that come into contact with food in kitchens, rooms, and other locations where food is prepared or eaten.
2. Cleaning with water alone will not remove food allergens.
3. Clean and sanitize food preparation equipment, such as food slicers, and utensils before and after use to prevent cross-contact.
4. Clean and sanitize trays and baking sheets after each use.
5. If necessary, prepare food separately for children with food allergies.

Strategies may include preparing:

- Items without allergens first, using a separate work space and equipment, and labelling and storing items before preparing other foods.
- Train all staff who prepare, handle, or serve food how to read labels to identify food allergens.
- Make sure that staff members are knowledgeable about current labelling laws. Because food labels often change, they should be read every time the food is purchased. Ingredient lists posted on Web sites are not reliable. The manufacturer of the food should be contacted if clarification is needed.
- Use appropriate hand-washing procedures that emphasize the use of soap and water. Hand sanitizers are not always effective in removing food allergens.
- Additional precautions are recommended to reduce the risk of food allergy reactions, especially among children with a history of anaphylaxis. Many of these recommendations are listed above.

DOWNNS PARK DAY NURSERY

Staff should:

- Promote good hand-washing practices before and after eating.
- Supervise children closely during mealtimes.
- Consider assigned seating for meals, especially in situations with family-style dining.
- Emphasize that children not share food.
- Put children's names on cups, plates, and utensils to avoid confusion and cross-contact.
- Designate food storage areas for foods brought from home.

Conclusion:

Downs Park staff should take the responsibility for the health and safety of children, with regards to food and other allergies, very seriously whilst ensuring all children can thrive, learn, and succeed.

- Team structure to allow for a coordinated collective management of food and other allergies.
- Planning and communication includes building partnerships with parents and other medical professionals.
- Responsibilities should be carried out in a clear and consistent manner.
- Involve parents in helping to develop a learning environment that is responsive to their child's unique health condition.
- Maintain communication and demonstrate our commitment to the child's well-being.
- Build parental support and confidence in the ability of Downs Park to manage their child's food or other allergy.