

Managing Anaphylaxis in a Nursery Setting

There are many children in nursery settings throughout the country who are at risk from severe food allergies but the vast majority are happily accommodated in mainstream settings thanks to good communication and consensus between parents/guardians, settings, managers, staff, doctors and health authorities.

Food allergies are estimated to affect 1-2% of the adult population but are more prevalent in infants and children. The most common allergenic foods are eggs, milk, fish, shellfish, peanuts, soya, wheat, tree nuts and seeds. Allergies to certain foods, such as peanuts and peanut products, other nuts, seeds and their derivatives, and shellfish can be particularly acute and may even be fatal

The risk of anaphylaxis presents a challenge to any nursery setting but with sound precautionary measures and support, a child's pre-school life should continue as normal for all concerned.

To protect both the child and nursery, a detailed report should be completed for each child before they attend nursery. If the child develops the allergy during their attendance at nursery, it is recommended that the report be completed at the earliest possible opportunity. The report should include a full background history outlining:

1. Emergency telephone numbers including the child's GP.
2. Anything with the potential to bring on a severe allergic reaction such as certain food substances, wasp or bee stings or certain types of drugs (e.g penicillin, aspirin).
3. Symptoms such as hives, itchiness, nausea, vomiting, diarrhoea, difficulty breathing or swallowing, swelling of any body parts fainting or loss of consciousness
4. Confirmation of what form of medical attention will be required should an allergic reaction occur.
5. Any changes to the child's diet which may be required
6. Any additional relevant information such as whether the child suffers from Asthma or any other medical condition.

It is important that all staff members are briefed about a child's condition and adequate training is provided, involving community healthcare teams if necessary. All catering and food-serving staff need to be aware of those children who suffer severe allergic reactions and that they clearly label any foods containing "severe allergens", in words or symbols. A "safe food" list should be completed and agreed with the parents/guardians. These training requirements must be incorporated within the induction procedure of new staff and the appropriate medical training should be repeated annually or whenever staff changes occur.

It is good practice to inform all parents of the type of allergies present within the setting to ensure that these types of food are not brought into nursery.

Children with allergies often have medications that require storage within the nursery setting. It is important that these are stored under secure conditions, clearly marked with the child's name. Within the report, specify details of prescribed medication and indicate the location where it is to be held. The parents/guardians should accept responsibility for maintaining appropriate up-to-date medication in conjunction with medical advice. It is the responsibility of the parents/guardians to keep the nursery informed of any changes to the child's condition. A diary of medicine names/expiry dates should be kept by the setting and checked regularly.

Once the report has been completed, this should be signed by both the nursery setting and the parent/guardian to confirm that all parties understand and agree with the guidelines outlined.

Finally, it is important that you consult with your insurers to understand exactly what information they require when your nursery setting admits a child that has any medical condition.



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