

BERMAGUI PRESCHOOL



4.21 Reducing the Risk of Allergies and Anaphylaxis

Written By

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Aim

The Preschool will minimise the risk of exposure of children to foods and other substances, which might trigger severe allergy or anaphylaxis in susceptible children.

Food allergies in children are common and are usually 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 5 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.

Strategies

To minimise the risk of exposure of children to foods and other substances that might trigger severe allergy or anaphylaxis in susceptible children, staff should:

- Ensure families provide information on the child's health, medications, allergies, their doctor's name, address and phone number, emergency contact names and phone numbers, and an Anaphylaxis First Aid Plan or Emergency Medical Plan approved by their doctor, during enrolment and prior to the child starting in the service. Families will work with Educators to develop an Anaphylaxis Risk Reduction and Communication Plan.
- Ensure children do not trade or share food from their lunch boxes, food utensils and food containers.
- Be aware that 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 food allergies only eat food and snacks that have been prepared for them at home, where this is not possible and the centre is preparing their food, ensure this has been done according to the child's family's or doctor's instructions.
- Ensure relief staff and volunteers are informed of children and staff who have food allergies, the type of allergies they have, and the Pre School procedures for dealing with emergencies involving allergies and anaphylaxis.
- Restrict the use of foods likely to cause allergy in craft and cooking play.
- 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, have a “food free policy” for that particular food, e.g. a “Nut Free Policy”, which would exclude children or other people visiting the Pre School 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 are also often in cosmetics, massage oils, body lotions, shampoos and creams such as Arachne’s 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. Nut allergy is the most likely to cause severe reaction and should take precedence.
- 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.
- Ensure children identified as allergic to specific triggers and substances do not have access to or contact with those substances.
- If displaying personal information about children’s or staff member’s allergies in food preparation or serving areas, do so in accordance with privacy guidelines where possible. Where privacy guidelines cannot be followed explain to families the need to do so for purpose of safety of the child and obtain parental consent.
- Ensure body lotions, shampoos and creams used on allergic children have been approved by their parent.

Relevant Legislation

Education and Care Services National Regulations 2011
National Quality Standards 2010

Resources & References

Education and Care National Regulations.
The National Quality Standard (2010).
Being, Belonging and Becoming: The Early Years Framework for Australia (2009).
Children Services NSW “Model Policies & Practices”
Community Child Care Co-operative “Food Allergies & Anaphylaxis”

**Relevant
Documentation**

Links to other policies

- Food Allergies & Anaphylaxis – Management of
- Nut Free Policy
- Needles and Sharps - Handling, Use and Disposing of
- 7.21 Medical Condition Communication Plan
- Risk Minimisation Form

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