



# Childhood allergies: Guidance for Early Years settings

Early Years care is defined as all childcare settings, including childminders, pre-schools and nurseries, for children from birth to five years old. Caring for any child between these ages is a huge responsibility and comes with its own challenges, such as pre-speech communication and huge development milestones.

Most parents who place their children in Early Years care will experience a wide range of emotions. It's frightening trusting someone else with your baby when you have been their primary care giver since they were born. If your child lives with an allergic condition, these emotions can be heightened.

Here is some useful information for Early Years care providers to help understand what to do to keep your baby safe:

## Be aware of common allergens

Make sure you and your staff are fully aware of the 14 major food allergens and common allergic conditions, such as asthma, allergic rhinitis (hay fever) and eczema. However, there are other foods outside of these 14 that can trigger allergic reactions, such as kiwi, chickpeas and lentils among others. If you have a school doctor or nurse attached to your Early Years setting, you can ask them for advice on this. Allergy UK's Factsheets also provide information on allergy, including triggers, symptoms, management and treatment.

## Work with the parents/carers

Working closely with the family of an allergic child is crucial for making sure you

have the child's most up-to-date medical information and for providing peace of mind for the parent/carer.

Work on these steps together with each parent/carer:

- Identify children with allergies at point of enrolment/signing up
- Ask parents for information on their child's allergy before they enrol/join the setting
- Write an Allergy Action Plan with the parents and the child's doctor or allergy specialist
- Let the parent know that all staff will be made aware of which children have allergy, what the triggers are and the medication that they need

## Keep an emergency medical kit for each child

- Make sure that parents provide an emergency medical kit for their child containing any medication required
- Have an alert system for expiry dates of each child's adrenaline auto-injector to make sure that it is still in date

## Ask all parents to cooperate

- Explain to other parents the risk and potential consequences of food allergens being brought into the setting
- Ask parents to avoid bringing any food into the setting outside of lunchboxes, for example leaving snacks in their child's bag

## Did you know:

nearly **1 in 12** children live with a food allergy and they seem to be getting more and more common.

Allergy symptoms commonly affect breathing, digestion, eyes and skin.

over **20%** of the UK population is affected by one or more allergic condition.

## Allergy UK Helpline

Mon-Fri, 9am-5pm:

Call: 01322 619 898

Email: [info@allergyuk.org](mailto:info@allergyuk.org)

Visit us at:

**Allergyuk.org**

## Are you caring for a baby who is food allergic and weaning?

If you are caring for a baby who is food allergic and currently weaning, good communication between you and the parents/carers is vital. You should let the parents lead you as to which foods to give the child, when and how. Most parents will also keep a symptoms diary and may ask you to record what their child has eaten and if they showed any allergic symptoms.

For more information, take a look at our Weaning Pack [www.allergyuk.org/weaning](http://www.allergyuk.org/weaning)



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### Keep staff informed and trained

- Best practice in Early Years settings is to display a list of children with their photo and details of their allergy anywhere that food is prepared or served
- If your setting serves food, use colour-coded plates or placemats with details of the child's allergy
- Train all staff in allergy and anaphylaxis first aid, which includes the use of adrenaline auto-injectors
- Training can be arranged through your health visitor, school nursing teams or through paediatric allergy clinics
- This training should be updated on a regular basis
- Make sure that somebody trained in administering emergency medication is on site at all times
- Discuss each allergic child's individual needs during training sessions
- Develop an allergy and anaphylaxis management policy with information on what staff can do to provide a safer environment for children with allergy
- Make sure that medication's easily accessible and that all staff know where emergency medical kits are kept (not in a locked cupboard)
- Write an emergency response plan that describes exactly what to do and who to contact in the event that a child has an allergic reaction
- Put in place a system for informing temporary staff of medical information relating to any child, it is important that this information includes a picture so that the child can be easily identified by new staff

### Reducing the risk of an allergic reaction

- Talk to the parents/carers to find out what their child's specific needs are, for example what food to avoid, substitutions, whether allergens need to be excluded from the setting
- Label cups, bottles, soothers, plates etc. if they're used for a child with food allergy
- Make sure that all stored food is labelled and containers are thoroughly cleaned before each use
- Read all food labels and be extra vigilant at all times when serving food
- If lunch boxes are brought into the setting, check them for allergens before they are given to the children and make sure all parents are aware of any known allergens, asking for their cooperation in avoiding these
- It is best to adopt a 'no sharing' policy if food is often brought into the setting from home
- Make sure hand washing is encouraged for all children before and after meals or snacks to avoid cross contamination
- Encourage children with allergies to check with an adult before accepting any food or taking part in activities in which allergens may be present
- If arranging a trip or outing, carry out a risk assessment of the venue in advance e.g. trips to the farm could trigger reactions due to fur or feathers, a trip to the woods or park during high pollen can exacerbate asthma and trigger allergic rhinitis

- If a child has latex allergy, check art equipment (e.g. rubbers, paints) and balloons for latex content
- Offer the food allergic child safe alternatives at mealtimes

### Avoid using food treats

Many teachers and childcare workers use food treats to reward children when they have achieved something or been especially well behaved. If you have a child with food allergies in your room, avoid using food treats where possible. Use non-food rewards to be inclusive of children with food allergy, and to minimise risk.

### Be aware of the signs of a reaction

Make sure all staff are aware of these signs, especially the visual signs when caring for a child not yet speaking:

- Swelling of tongue and/or throat
- Difficulty in swallowing or speaking
- Wheeze or persistent cough or severe asthma
- Difficult or noisy breathing
- Stomach cramps or vomiting after eating a food or an insect sting
- Dizziness / collapse / loss of consciousness (due to a drop in blood pressure) / floppiness in babies
- Vocal changes (hoarse voice)

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### Additional resources

Visit our For Schools section on our website, under Information & Advice for official guidelines, action plans, policy tools and a few interesting articles that address issues around allergy management in schools. Informative resources from other countries are also included for their forward-thinking approaches.