

General issues

Banning of products

Banning of products that contain the allergen is NOT recommended, for many reasons.

Banning products will not succeed in creating an 'allergy free zone'. It is difficult to achieve 100 per cent ban, for a variety of reasons. For example, product labels can be confusing, parents of non-allergic children may not comply and staff can become complacent.

Food sharing

Food sharing between children at risk of anaphylaxis should be completely avoided. These children must only have food provided from home or given with the parent's permission.

Food preparation

Any staff, including relief staff, who are responsible for cooking or delivering food to children should know about the child's allergies. They should be aware of alternative words used to describe the particular allergy food. For example, cow milk may be called casein, and egg may be called ovalbumin.

Art/craft

Food containers or packages that contained the allergic food should not be used. Parents of children with anaphylaxis can help by checking art/craft products for hidden ingredients, as they are often more aware of terms used.

Separate tables should be used for art/craft and food. Where this is not possible, tables must be cleaned thoroughly between uses.

Excursions

The EpiPen® must be taken on all excursions and a staff member trained to use the EpiPen® should also be present. The EpiPen® should always be readily accessible.




Anaphylaxis

A life-threatening reaction



Produced by the Department of Allergy,
The Royal Children's Hospital. Funded by Department
of Human Services 2004 – 2005



Anaphylaxis is a severe, life-threatening allergic reaction, and up to two per cent of the general population are at risk

The most common causes in young children are eggs, peanuts, tree nuts, cow milk, bee or other insect stings, and some drugs.

A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline injection (EpiPen®).

Signs and symptoms of anaphylaxis

All reactions need to be taken seriously, but not all reactions will require adrenaline.

The following are common signs and symptoms of an allergic reaction. A reaction will include one or more of these symptoms, and it is possible that a number of them will occur simultaneously:

- Hives or welts
- A tingling feeling in or around the mouth
- Abdominal pain, vomiting and/or diarrhoea
- Facial swelling
- Cough or wheeze
- Difficulty swallowing or breathing
- Loss of consciousness or collapse
- Breathing stops.

It is also important to remember that young children may not be able to express what the problem is, or may describe it in other words.

Prevention of an allergic reaction

- Know and avoid the causes
- Do not allow food sharing or swapping
- Only give foods approved by parents
- Give only food rewards or 'treats' provided by the parents
- Encourage parents to provide a container of safe treats from home
- Practise routine hygiene. Children and staff should always wash their hands after play and before eating.

Treatment of an allergic reaction

The recommended treatment for a life threatening allergic reaction is adrenaline, given as an EpiPen® injection. An EpiPen® is a single dose auto-injector, which is prescribed by a doctor and provided by the parents.

Management of anaphylaxis

- Each service requires a medical management plan, completed by a doctor. The parents must provide written consent to use the EpiPen® in line with this management plan
- Employers should support staff training, so that all staff can recognise an allergic reaction and be able to administer an EpiPen® appropriately
- If a reaction is suspected, the management plan must be followed
- If an EpiPen® is given, an ambulance must be requested by phoning 000
- A plastic toothbrush container can store the used EpiPen® until safe disposal can be organised.

Care of the EpiPen®

- Clearly label storage container with child's name
- Store at room temperature
- Store in a safe, easily accessible location close to the child
- Check expiry date regularly.

Staff may also find it useful to store the following telephone contact details in the storage container:

- The child's parents
- The doctor/medical service
- The person to be notified in the event of a reaction, if parent cannot be contacted.