Extract from *Putting Children First*, the magazine of the National Childcare Accreditation Council (NCAC)
Issue 32 December 2009 (Pages 20 – 22)

Managing food allergy and anaphylaxis in child care

by Maria Said, President of Anaphylaxis Australia

Food allergy is now a real phenomenon and many child care services will at some time care for a child at risk of a severe allergic reaction to a food. Healthy food choices for children are not always safe ones. The number of children with food allergies in Australia is increasing and it is estimated that 1 in 20 children have a food allergy. Some have mild food allergies, whilst others are at risk of experiencing a life-threatening (anaphylactic) reaction to what are, for most of us, staple foods.

There is no current cure for food allergy; education is the key to management. Avoidance of the food (even in very small amounts) is critical in the management of food allergy. This is sometimes difficult as levels of awareness vary, and children and families can find it difficult to get the understanding and support they need. Whether a child is going to a play date, to child care, to visit family or friends, or have someone babysit them, any food allergy needs to be acknowledged and managed.

The child must always be in the care of someone who knows what they are allergic to, can recognise signs and symptoms of an allergic reaction and knows what to do in an emergency.

Signs and symptoms of a food allergic reaction

Mild to moderate allergic reaction

- Skin redness, hives or welts
- Swelling of the face, lips and eyes
- Tingling mouth, abdominal pain, vomiting.

Severe allergic reaction/Anaphylaxis

- Difficult/noisy breathing
- Swelling of the tongue
- Swelling or tightness of the throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Loss of consciousness and/or collapse
- Children can quickly become pale and floppy.

This article relates to:

FDCQA Principles:	1.2, 1.3 and 4.1 – 4.3
OSHCQA Principles:	1.2, 2.1, 3.16.1, 6.2 and 6.4
	1.4, 2.1, and 6.1 – 6.3
QIAS Principles:	

Food allergy is manageable if people are properly educated and myths are dispelled. We can never totally eliminate the risk of an allergic reaction to food, but there are lots of things we can do to help prevent it.

What is anaphylaxis?

Anaphylaxis is a sudden, severe allergic reaction that involves various areas of the body simultaneously. Foods, insect stings, certain medications and latex are the most common causes of anaphylactic reactions. The most serious symptoms of an allergic reaction are breathing difficulties and/or a sudden drop in blood pressure, which can be life-threatening.

Anaphylaxis is the most severe form of allergic reaction. It is a medical emergency which is often rapid in onset, occurring within 20 minutes to two hours of the person eating the food. Those who have been diagnosed as at risk of anaphylaxis are advised to always carry an adrenaline auto injector such as an EpiPen®.

There are individuals in the community who are at risk of anaphylaxis but have never been properly diagnosed, and who therefore do not have emergency medication.

Food allergy increase

The increase in food allergy is a reality. It is not about over protective parents whose children might get a rash or an upset tummy. Everyone asks the question, 'Why is it increasing?'. The answer is that we do not know; there are several theories but currently there are more questions than answers.

Although food allergy and anaphylaxis is more common than it used to be, death from anaphylaxis remains rare, and the individuals at greatest risk are those in their teens or early adulthood.

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So what is food allergy?

Food allergy is an overreaction by the body's immune system to a normally harmless food protein. There is a great deal of confusion in society about food allergy and food intolerance. Whilst food allergy involves the immune system, food intolerance does not. People with food intolerance need to be careful, but generally can tolerate a small amount of the food before they have an adverse reaction. Some signs and symptoms of food intolerance can be the same as a food allergy and this is why it is sometimes confusing. However, it is important to remember that even small amounts of the food can cause a life-threatening reaction in someone who has food allergy.

Main food allergy triggers

The foods that trigger 90% of allergic reactions in Australia are milk, eggs, peanuts, tree nuts (for example, cashews, almonds), fish, shellfish (for example, prawns, lobsters and crab), soy, sesame and wheat. It is important to note that any food that contains a protein can trigger an anaphylactic reaction. Other less common triggers include bananas, kiwifruit, capsicums and mushrooms.

The good news is that most children allergic to foods such as milk, eggs, wheat and soy will outgrow their allergy during primary school years. It is less likely that those allergic to peanuts, tree nuts, seafood or sesame will outgrow their allergy by school age, with most having the food allergy for life. Whilst people with food allergy often develop the allergy in childhood, some individuals develop an allergy later in life.

How can food allergy be managed in child care?

When a child care service enrols a child with food allergy, it is often not only the parents that are anxious. Child care professionals too may find food allergy management a challenge, especially if they have not cared for a child with food allergy before, or if the child has multiple food allergies. The reality is that many children with food allergy attend child care and, with effective communication and management strategies in place, the experience can be a positive one.

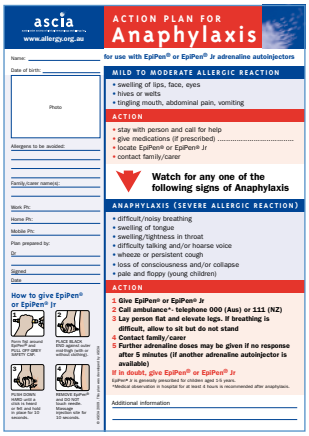
Adrenaline auto injector – EpiPen®:
Adrenaline is the first line treatment for a severe allergic reaction. There are two doses of EpiPen®: EpiPen® Jr (for children weighing between 10 and 20kg) and EpiPen® (for anyone over 20kgs – usually those aged over 5 years).

The auto injector contains a single, pre-measured dose of adrenaline. The auto injector is designed so that it can be easily administered by a parent or child care professional. After the auto injector is administered, an ambulance must be called to take the individual to the nearest emergency department for further treatment and observation.

In early 2010, Anapen® and Anapen® Jr auto injectors will be available for children and adults at risk of anaphylaxis in Australia. Those prescribed an Anapen® will have a specific Anapen® *Action Plan for Anaphylaxis*. Whilst the doses in both Anapen® injectors are the same as the current doses of EpiPen®, the mechanism to activate the auto injector is different from EpiPen®. If you care for a child prescribed an adrenaline auto injector device in case of an allergic emergency, you must know how to use that particular device correctly.

If a child starts to show the signs and symptoms of an allergic reaction, their *Action Plan for Anaphylaxis*, which steps you through the emergency, must be followed.

Action Plan for Anaphylaxis:
Anyone prescribed an EpiPen® or Anapen® MUST have an *Action Plan* signed by their doctor. The *Action Plan* will guide child care professionals in administering the adrenaline auto injector in an emergency. The *Plan* should be stored with the emergency medication, as well as being clearly displayed in an appropriate location in the service so that all child care professionals are aware of it.


ascia
www.allergy.org.au
ACTION PLAN FOR
Anaphylaxis
for use with EpiPen® or EpiPen® Jr adrenaline autoinjectors
Name:
Date of birth:
Photo
Allergens to be avoided:
Family/carer name(s):
Work Ph:
Home Ph:
Mobile Ph:
Plan prepared by:
Dr
Signed
Date
How to give EpiPen® or EpiPen® Jr
MILD TO MODERATE ALLERGIC REACTION
• swelling of lips, face, eyes
• hives or welts
• tingling mouth, abdominal pain, vomiting
ACTION
• stay with person and call for help
• give medications (if prescribed)
• locate EpiPen® or EpiPen® Jr
• contact family/carer
Watch for any one of the following signs of Anaphylaxis
ANAPHYLAXIS (SEVERE ALLERGIC REACTION)
• difficult/noisy breathing
• swelling of tongue
• swelling/tightness in throat
• difficulty talking and/or hoarse voice
• wheeze or persistent cough
• loss of consciousness and/or collapse
• pale and floppy (young children)
ACTION
1 Give EpiPen® or EpiPen® Jr
2 Call ambulance*- telephone 000 (Aus) or 111 (NZ)
3 Lay person flat and elevate legs. If breathing is difficult, allow to sit but do not stand
4 Contact family/carer
5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)
If in doubt, give EpiPen® or EpiPen® Jr
EpiPen® Jr is generally prescribed for children aged 5-5 years.
*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.
Additional information

Additional strategies: We can reduce the amount of a food allergen in a given environment, but the focus needs to be on proactive strategies including:

- Training child care professionals (including food preparation staff) to manage food allergies

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- Teaching children not to eat other children's food
- Supporting the child with allergies and allowing them to only eat food prepared and/or checked by their parent/s
- Ensuring that both adults and children wash their hands before and after eating
- Educating all children about food allergy
- Reminding all families about how they can help create an allergy aware community.

Whilst most states and territories have policies or guidelines in place for managing children's food allergies, each service needs to put together their own daily management plan for individual children. This plan can be put together after discussions between parents and child care professionals when information on diagnosis has been provided by the child's doctor. If there are management strategies which are difficult to agree upon, it may be necessary to involve the child's doctor for a medical opinion and/or advice. The management plan for each child may differ depending on:

- The severity of the child's allergy
- The child's age and level of understanding
- The ages of other children in the service
- What the child is allergic to
- The environment they are in (for example, the number of children, adult to child ratios and the levels of training and experience of child care professionals).

Conclusion

A multi-faceted approach to management is required by all. Food allergy is a food safety issue and must be taken seriously. Risk can never be totally removed but it can be greatly reduced if we work together to educate those affected and those who care for them.

Gentle reminders about strategies implemented to reduce the risk of allergic reactions could also be included in the service newsletter at regular intervals. Increasing awareness of food allergy in your community helps decrease the stress associated with managing it on a day-to-day basis. This cannot be about ticking off boxes in a yearly risk assessment. Guidelines, policies and plans must be followed.

Managing food allergy and anaphylaxis effectively requires child care professionals, families, children and health care professionals to work together to reduce the risk of anaphylaxis in our community. It's a public health issue that is on the rise. We need to be informed to manage it as best we can so that those at risk can lead as close to normal lives as possible ■

For information about recommended anaphylaxis educators in your state, please contact your peak body that oversees children's services.

More information and resource materials can be obtained through Anaphylaxis Australia Inc via our website (www.allergyfacts.org.au), telephone 1300 728 000 or by emailing the Australasian Society of Clinical Immunology and Allergy at education@allergy.org.au