

Caban Y Faenol CYF

Allergy and Anaphylaxis

Our aims are to ensure allergic reactions are minimised or, where possible, prevented and that staff are fully aware of how to support a child who may be having an allergic reaction.

Our Procedures

Our staff are made aware of the signs and symptoms of a possible allergic/anaphylactic reaction in case of an unknown or first reaction in a child. These may include a rash or hives, nausea, stomach pain, diarrhoea, itchy skin, runny eyes, shortness of breath, chest pain, swelling of the face, tongue, other areas of the body.

We ask parents to share all information about allergic reactions and allergies on child's registration form

We share all information with all staff and keep an allergy register in the kitchen as per GDPR guidelines.

Where a child has a known life threatening allergy, the manager will carry out a full Allergy Risk Assessment Procedure with the parent prior to the child starting the setting and shares this assessment with all staff.

All food prepared for a child with a specific allergy is prepared in an area where there is no chance of contamination and served on equipment that has not been in contact with this specific food type, e.g. nuts

The manager and parents will work together to ensure a child with specific food allergies receives no food at the setting that may harm them. This may include designing an appropriate menu or substituting specific meals on the current menu.

Seating will be monitored for children with allergies. Where deemed appropriate staff will sit with children who have allergies and where age/stage appropriate staff will discuss food allergies and the potential risks.

If a child has an allergic reaction to food, a bee or wasp sting, plant etc. a first aid trained member of staff will act quickly and administer the appropriate treatment, if appropriate. We will inform parents and record the information in the incident book and on the allergy register.

If an allergic reaction requires specialist treatment, e.g. an EpiPen, then at least two members of staff working directly with the child and the manager will receive specific medical training to be able to administer the treatment to each individual child.

Transporting children to hospital

The manager/staff member must:

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- Call for an ambulance immediately if the allergic reaction is severe. DO NOT attempt to transport the sick child in your own vehicle
- Whilst waiting for the ambulance, contact the parent(s) and arrange to meet them at the hospital
- Arrange for the most appropriate member of staff to accompany the child taking with them any relevant information such as registration forms, relevant medication sheets and medication.
- Redeploy staff if necessary to ensure there is adequate staff deployment to care for the remaining children. This may mean temporarily grouping the children together
- Inform a member of the management team immediately
- Remain calm at all times. Children who witness an incident may well be affected by it and may need lots of cuddles and reassurance. Staff may also require additional support following the accident.

Anaphylaxis

Symptoms of a severe allergic reaction (anaphylaxis)

Symptoms of a severe allergic reaction include:

- difficult or noisy breathing
- swelling of the tongue
- swelling or tightness in the throat
- wheeze or persistent cough
- difficulty talking or hoarse voice
- persistent dizziness or collapse
- pale and floppy (young children)
- abdominal pain, vomiting – these are signs of anaphylaxis for insect allergy.

Signs of mild to moderate allergic reaction include:

- swelling of the lips, face and eyes
- hives or welts
- tingling mouth
- abdominal pain, vomiting – these are signs of anaphylaxis for insect allergy.

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis.

Emergency first aid for severe allergic reactions

A severe allergic reaction (anaphylaxis) is life-threatening and requires **urgent action**.

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- use an adrenaline auto-injector if the person has one – but make sure you know how to use it correctly first
- call 999 for an ambulance immediately (even if they start to feel better) – mention that you think the person has anaphylaxis
- remove any trigger if possible – for example, carefully remove any stinger stuck in the skin
- lie the person down and raise their legs – unless they're having breathing difficulties and need to sit up to help them breathe. If they're pregnant lie them down on their left side
- give another injection after 5 minutes if the symptoms do not improve and a second auto-injector is available

If you're having an anaphylactic reaction, you can follow these steps yourself if you feel able to.

People with potentially serious allergies are often prescribed adrenaline auto-injectors to carry at all times. These can help stop an anaphylactic reaction becoming life threatening.

They should be used as soon as a serious reaction is suspected, either by the person experiencing anaphylaxis or someone helping them.

There are 3 main types of adrenaline auto-injector, which are used in slightly different ways.

These are: **EpiPen, Jext, Emerade**

Instructions are also included on the side of each injector if you forget how to use it or someone else needs to give you the injection.

Always give adrenaline injector first, and then asthma reliever puffer if someone with known asthma and allergy to **food, insects or **medication** has sudden breathing difficulty (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.**

Positioning and resuscitation

Someone experiencing anaphylaxis should be placed in the correct position:

- most people should lie flat with their legs raised
- if they're pregnant they should lie on their left side
- people having trouble breathing should sit up for a short time to help make breathing easier, and then lie down again when possible
- avoid a sudden change to an upright posture such as standing or sitting up – this can cause a dangerous fall in blood pressure
- If the person's breathing or heart stops, cardiopulmonary resuscitation (CPR) should be performed immediately.