

# Managing Allergies in Early Years Settings

**An allergic reaction can have serious consequences for young children, so early years settings must have robust procedures in order to minimise the risks, says Judit Horvath...**

Having a child start at an education setting can be a stressful time for parents, but particularly if the child in question suffers from allergies. An allergic reaction can happen when a person's body, in particular the immune system, reacts to contact with a usually harmless substance as if it is an invader. In these cases, the immune system treats the substance as a threat to the body's health and, to defend against the 'infection', it releases histamine, a protective substance. The release of histamine causes the body to show the allergic symptoms. This response can develop after the smelling, breathing in, touching, tasting or eating of the substance the person is allergic to.

Allergic reactions are often caused by the following:

- Foods (the most common culprits are nuts, milk, egg, fish and shellfish, soya, mustard, sesame, celery, tomatoes, sulphites)
- Insect bites or stings
- Animals (fur, food, presence)
- Natural materials (rubber, latex, metal, plants)
- Medicines

The allergic symptoms caused can differ from mild to very severe.

**Mild symptoms (of any allergy) include:** mild or severe itching; burning sensation on different parts of the body (often mouth or

skin); suddenly appearing rash or swelling; changes in body temperature; changes of skin colour of the entire body or patches; abdominal pain; sudden nausea, vomiting, dizziness or diarrhoea; changes in behaviour (feeling scared or anxious); sudden headache; sudden changes in breathing patterns.

**Severe symptoms (of any allergy) include:** difficulty in breathing; hoarseness; choking; decreasing level of consciousness; drastic colour change (for example, of the lips or tongue); limbs becoming floppy; fainting or collapsing; becoming unresponsive.

## **The current allergy situation**

In 2010 the UK's first guidelines for the diagnosis of allergies in children were drafted by the National Institute for Clinical Excellence (NICE). NICE informed doctors, general practitioners and other health professionals of how to observe the medical histories of children with particular symptoms in order to prompt the examination of possible allergies. It also stressed that people should be aware that allergy testing outside the official medical field is not valid as a diagnosis of allergy, and warned that inaccurate diagnosis can risk or harm children by causing nutritional deficiency through inadequate food intake when ingredients are avoided unnecessarily. A longitudinal research study (specifically looking at food allergies) found that over one third of parents said their child was allergic or intolerant to one or more things. After monitoring the same children until they were three, the actual number of children with food allergies was just 60 out of 800, possibly due to some children having naturally grown out of their allergies, but also because many parents were mistaken in their diagnosis. In reality, the number of children with true allergies is about 6–8% of the under-fives population.

## **Allergy versus intolerance**

It is possible to have multiple allergies and intolerances. Intolerances (usually to food) are more common than allergies,

and their symptoms tend to appear more slowly, often many hours after the allergen has been touched or consumed. Typical symptoms include bloating, stomach cramps or abdominal discomfort. Careful observation and recording of symptoms can make it less difficult to identify what has caused the problem. Certain intolerances can also be hard to distinguish as some digestive disorders (such as gastrointestinal obstructions or irritable bowel syndrome), bacterial or viral infections often show similar symptoms. The main difference between intolerance and allergy is that intolerance does not involve an immunologic reaction. Some people, for example, lack an enzyme called lactase needed to digest certain type of food, or they have really sensitive skin. Some types of intolerance can even be treated and improved.

## **Allergic children in early years settings**

For childcare workers the admission of allergic children can create a dilemma: how does one distinguish the children with true allergies and intolerances from those with 'overanxious' parents? Firstly, within any childcare setting, allergies and intolerances need to be approached very seriously; professional child carers have to follow the parents' requests regardless, as caring for allergies cannot operate on trial and error basis.

Early years settings, however, have to keep records of the medical history of all children and in case of absence of evidence on medical history documents, parents can be consulted for the evidence of diagnosis of allergy or intolerance before special measures are applied. Procedures for activity involvement and catering for special diets need to be planned, organised, monitored and evaluated. Preparations for days when allergic children attend have to be precise and exact, as mistakes with regard to allergies can result in serious illness and even the death of a child.

It's necessary to have a clear policy and procedure document that is made available to parents about dealing with allergies and

intolerances; this should outline how the special circumstances diets are catered for within the setting.

According to contemporary statistics, in an early years setting looking after 50 children, it's likely that between two and four children will have a problem regarding different degrees of allergies or intolerances. In order to protect children with severe food allergies it's important that all intolerances and allergies are treated with the same level of diligence as a severe allergy. This means that children with allergies or intolerances should not encounter the allergen in any form. For example, special diet food should be prepared separately from the main food preparation, made clearly distinguishable from the main catering by using different coloured plates, serving bowls or labels, so that all staff who are involved with food service are reminded of which children are following special diets.

When food is served, a special witness form can be signed to observe and register the procedure. Key workers can have specially prepared charts, or a clipboard with all their key children's photos and dietary needs, allergies and intolerances clearly indicated. Children with allergies or intolerances should not take part in activities that might use the allergen as a resource; for example, animal fur allergic children should be occupied elsewhere when an animal visits the setting, and a thorough cleaning regime should be applied straight away afterwards.

Settings have to make sure that children who are allergic or intolerant will not miss out. Special alternative activities and diets have to be developmentally adequate to meet young children's learning and dietary needs. Some activities and recipes can be adapted and applied to all the children in the nursery, while others will need to be specially planned and executed.

## **Control measures**

On the nursery registration form, parents are required to give information of any known allergies. If a child suffers from any

allergies a care plan can be completed stating:

- the name and photo of the child;
- the name of any medication, along with information about its purpose, dosage and when it is to be administered;
- list of known triggers and any reaction the child may have, e.g. rash, breathing problems;
- procedure in the case of an allergic reaction.

The parents should then update their child's form as and when it is necessary. A copy of the care plan needs to be given to the room the child attends, and to catering. It is helpful to have identified staff members who are trained by health professionals to administer special medication in the event of an allergic reaction.

## **New findings**

Research carried out by King's College London and the University of Dundee suggests that a breakdown of the skin barrier and inflammation in the skin that occurs in eczema could trigger food sensitivity in young children. The scientists claim that as the babies in the study were exclusively breast-fed and had not eaten any solid foods, this suggests that active immune cells in the skin, rather than the gut, may play a crucial role in food sensitisation; therefore, an infant eczema can be an indicator of allergies occurring later in life.

## **Final thoughts**

The possibility of allergies does and should not mean that a setting stops providing otherwise beneficial activities, as careful planning, training, preparation and knowledge are key factors in dealing with emergencies.