



Emmerick Street Community Pre-School
15 Emmerick Street, Lilyfield

INFORMATION

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Allergies and Anaphylaxis Information Sheet for Families

1. What is Anaphylaxis?

Anaphylaxis is a severe and sudden allergic reaction. It occurs when a susceptible person is exposed to a specific allergen (such as food or insect sting). Reactions usually begin within minutes of exposure and can progress rapidly over a period of up to two hours or more. Anaphylaxis is potentially life threatening and always requires an emergency response. Anaphylaxis can occur at any age, but is most common in children and young adults.

Anaphylaxis may be triggered by foods such as peanuts, tree nuts (such as almond, brazil nut, hazelnut, cashew, walnut), eggs, wheat, cow's milk, soy and seafood. There are other substances that can trigger severe allergic reactions such as antibiotics, bee and other insect stings.

2. Allergies in Early Childhood

Although allergic reactions are common in young children, severe life threatening reactions are uncommon and deaths are rare.

Foods are the most common cause of allergies in infants and young children. Food allergies may affect around 5% of children under 3 years, while most children will outgrow their allergy, some will not. Food allergies may become evident during the first 12 months when a child is given food for the first time.

3. Allergic reactions and anaphylaxis

Food allergy reactions almost always occur from eating the food or from touching the mouth with contaminated hands, utensils, toys or other objects. Reactions can vary in severity. Even mild symptoms can cause distress to the child.

The signs and symptoms of a mild to moderate reaction may include one or more of the following:

- Swelling of lips, face and eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects).

The signs and symptoms of a severe allergic reaction (ie. Anaphylaxis):

- Difficulty breathing; noisy breathing
- Difficulty talking and/or hoarse voice
- Swelling of tongue
- Swelling/tightness of the throat
- Wheezing or persistent cough
- Paleness and floppiness (in young children)
- Persistent dizziness or collapse and/or unconsciousness

Although most food reactions are mild or moderate, a minority of reactions will require an emergency response. Reactions can be sudden or may evolve over 1-2 hours. Onset within minutes of eating the food and rapid progression of symptoms over 10-20 minutes is a common feature of severe reactions. Fortunately, deaths are rare, but even relatively mild reactions can be very distressing for the child and for those providing first aid, parents and on-lookers.

For severe allergic reactions (anaphylaxis), the first line emergency treatment is adrenaline, sometimes called an EpiPen®, (see <http://www.allergy.org.au/health-professionals/anaphylaxis-resources/adrenaline-autoinjectors-fags>).

Our Medical Condition and Medication Policy, Administering Medications Procedure and Anaphylaxis Management Policy provide further details on emergency treatment for anaphylaxis at our preschool. We keep an EpiPen®, in the First Aid kit in case of emergency. If you have any questions about this, please discuss it with the teaching director

For this reason and in order to minimise the risk of exposure to allergens at our preschool, we ask for your cooperation in restricting certain foods or products in the centre. These include products containing peanuts, nuts and products containing nuts.

Relevant Legislation

Education and Care Services National Law (Act 2010) Section 173
Education and Care Services National Regulations 2011: 90, 91, 162
Links to National Quality Standard: 2.1, 2.2, 7.1.2, 7.1.3

Sources

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011 (ACECQA);
St John Ambulance: <http://www.allergy.org.au/health-professionals/anaphylaxis-resources>;
Australian Society of Clinical Immunology: <http://www.allergy.org.au/health-professionals/papers/prevent-anaphylactic-reactions-in-schools>;
Health Records Act 2001