

Top Tips for Early Years

There will probably be some children with allergy starting in your Early Years setting. This can include asthma, food allergy, nasal allergy (hay fever), skin allergy including eczema and allergy to medicines.

Early Years care is defined as all childcare settings, including childminders, pre-schools and nurseries, for children from birth to five years old. Caring for any child between these ages is a huge responsibility and comes with its own challenges, such as pre-speech communication and huge development milestones.

Being a parent/carer of a child beginning Early Years care is an emotional rollercoaster, and if their child lives with allergy, there is the added worry about no longer being the sole person responsible for managing their child's allergy.

Here are some tips on how to work with parents in your setting and help keep children living with allergy safe under your care.

Be aware of common allergens

Make sure you and your staff are fully aware of the 14 major food allergens and common allergic conditions, such as asthma, allergic rhinitis (hay fever) and eczema. However, there are other foods outside of these 14 that can trigger allergic reactions, such as kiwi, chickpeas and lentils among others. If there is a school doctor or nurse attached to your Early Years setting then you can ask them for advice on this.

Our [Factsheets](#) provide information on allergy, including triggers, symptoms, management and treatment.

Work with the parents/carers

Working closely with the family of an allergic child is crucial for ensuring you have the child's most up-to-date medical information and for providing peace of mind for the parent/carer.

Work on these steps together with each parent/carer:

- Identify children with allergies at point of enrolment/signing up
- Ask parents for information on their child's allergy before they enrol/join the setting
- Write an [Allergy Action Plan](#) with the parents and the child's doctor or allergy specialist
- Let the parent know that all staff will be made aware of which children have allergy, what the triggers are and the medication that they need

Keep an emergency medical kit for each child

- Make sure that parents provide an emergency medical kit for their child containing any medication required
- Have an alert system for expiry dates of each child's adrenaline auto-injector to make sure that it is still in date

Ask all parents to cooperate

- Explain to other parents the risk and potential consequences of food allergens being brought into the setting
- Ask parents to avoid bringing any food into the setting outside of lunchboxes, for example leaving snacks in their child's bag

Keep staff informed and trained

- Best practise in Early Years settings is to display a list of children with their photo and details of their allergy anywhere that food is prepared or served
- If your setting serves food, use colour-coded plates or placemats with details of the child's allergy
- Train all staff in allergy and anaphylaxis first aid, which includes the use of adrenaline auto-injectors
- Training can be arranged through your health visitor, school nursing teams or through paediatric allergy clinics

- This training should be updated on a regular basis
- Ensure that somebody trained in administering emergency medication is on site at all times
- Discuss each allergic child's individual needs during training sessions
- Develop an allergy and anaphylaxis management policy with information on what staff can do to provide a safer environment for children with allergy
- Make sure that medication is easily accessible and that all staff know where emergency medical kits are kept (not in a locked cupboard)
- Write an emergency response plan that describes exactly what to do and who to contact in the event that a child has an allergic reaction
- Put in place a system for informing temporary staff of medical information relating to any child, it is important that this information includes a picture so that the child can be easily identified by new staff

Reducing the risk of an allergic reaction

- Talk to the parents/carers to find out what their child's specific needs are, for example what food to avoid, substitutions, whether allergens need to be excluded from the setting
- Label cups, bottles, soothers, plates etc. if they're used for a child with food allergy
- Make sure that all stored food is labelled and containers are thoroughly cleaned before each use
- Read all food labels and be extra vigilant at all times when serving food
- If lunch boxes are brought into the setting, check them for allergens before they are given to the children and make sure all parents are aware of any known allergens, asking for their cooperation in avoiding these
- It is best to adopt a 'no sharing' policy if food is often brought into the setting from home
- Make sure hand washing is encouraged for all children before and after meals or snacks to avoid cross contamination
- Encourage children with allergies to check with an adult before accepting any food or taking part in activities in which allergens may be present
- If arranging a trip or outing, carry out a risk assessment of the venue in advance e.g. trips to the farm could trigger reactions due to fur or feathers, a trip to the woods or park during high pollen can exacerbate asthma and trigger allergic rhinitis
- If a child has latex allergy, check art equipment (e.g. rubbers, paints) and balloons for latex content
- Offer the food allergic child safe alternatives at mealtimes

Avoid using food treats

Many teachers and childcare workers use food treats to reward children when they have achieved something or been especially well behaved. If you have a child with food allergies in your room, avoid using food treats where possible. Use non-food rewards to be inclusive of children with food allergy, and to minimise risk.

Be aware of the signs of a reaction

Make sure all staff are aware of these signs, especially the visual signs when caring for a child not yet speaking:

- Swelling of tongue and/or throat
- Difficulty in swallowing or speaking
- Wheeze or persistent cough or severe asthma
- Difficult or noisy breathing
- Stomach cramps or vomiting after eating a food or an insect sting
- Dizziness / collapse / loss of consciousness (due to a drop in blood pressure) / floppiness in babies
- Vocal changes (hoarse voice)

Additional resources

[This list](#) includes official guidelines, action plans, policy tools and just a few interesting articles that address issues around allergy management in schools. Informative resources from other countries are included for their forward thinking approaches.