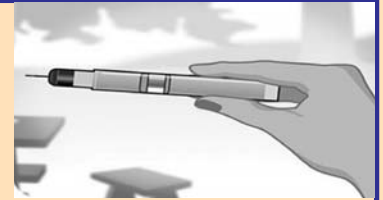


March 2007

Childcare and children's health

An information sheet for parents

Allergies and Anaphylaxis



Food intolerance or sensitivity is common among children in Australia. True allergies are more serious but less common, though they appear to be increasing. The most common food allergy triggers (allergens) for children are nuts, fish, shellfish, milk and egg. Soy, sesame seeds and wheat are also common allergic triggers.

Young children need a variety of foods to grow healthy bodies, so it is important that foods are not restricted unnecessarily. While food intolerance usually occurs when large quantities are eaten, true allergies are diagnosed through a skin prick test.

The most serious, though rare allergic reaction is called anaphylaxis. Anaphylaxis involves a wider reaction, and its effects on vital organs (respiratory, cardiac, vascular) make it life threatening. **Symptoms develop rapidly – usually within 15 to 20 minutes – so anaphylaxis must be treated as a medical emergency requiring immediate treatment. Emergency medical assistance must be sought.**

Common anaphylactic triggers include the foods listed above, plus insect venom from bees, wasps and jumper ants. Some medications, including penicillin and alternative medicines, can also trigger severe allergic reactions. Allergens can also be air-borne.

If your child has known allergies, or is at risk of anaphylaxis, professional medical advice should be used to develop an individualised risk minimisation and management plan. You child's carers should be clearly informed about your child's allergies and should be involved in developing a risk minimisation and management plan for use while your child is in care.

The following points are tips for parents to discuss with carers. They outline general strategies to reduce the risk to anaphylactic children while in care.

- Avoidance of the known allergic-trigger food or substance is an obvious strategy that should be regarded as a basic precaution
- However, while all efforts should be made to ensure the affected child does not come into contact with the trigger food, complete avoidance of foods that trigger allergic reactions cannot be guaranteed: it cannot be relied upon, nor should it be the only protective measure. Unclear or inaccurate labelling of prepared food, for example, may mean that the food is inadvertently present
- Food sharing between children with known risk of anaphylaxis and others should always be avoided. Any child at risk of anaphylaxis should only have food provided from home or given with the parents explicit permission. This includes snacks and treats. New foods should be first introduced at home
- Anyone preparing food for children at risk of anaphylaxis should be informed about foods that may trigger an allergic reaction. They should be aware of alternative terms used to describe these foods – eg. casein = dairy milk protein
- Incidental exposure to even very small amounts of foods or substances that trigger anaphylaxis may be potentially fatal to affected children, so care also needs to be taken to ensure contact does not occur through activities that do not involve consumption of food or drink. – eg. containers, packages and materials used for art and craft activities
- Routine hygiene practices help to reduce the risk of accidental contact with trigger foods and substances: children and carers should always wash their hands before and after eating and when they arrive at care.

Parents of children at risk of anaphylaxis should ensure that a current EpiPen® and EpiPen® Junior (depending on the weight of the child) is available for their child. Where possible, a spare EpiPen® should be kept.

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Australian Government
Department of Families,
Community Services and
Indigenous Affairs