

Allergy and Anaphylaxis – Procedure PO180-2

1. AIM

To keep children safe from harm (Te Whāriki, 2017).

To take all reasonable precautions to prevent children's exposure to allergens known to cause anaphylactic reactions.

To ensure centre staff know what to do if anyone should experience anaphylaxis while in the centre. To align with the Allergy and Anaphylaxis Guidelines for Early Childhood Services and Schools.

<http://www.allergy.org.nz/site/allergynz/files/Allergy%20and%20anaphylaxis%20guidelines%20-%20green.pdf>

2. BACKGROUND INFORMATION

Airborne allergens: dust mites, pollen, mould spores, cat, dog and other animal hair.

Skin contact or inhalation of airborne allergens can cause skin rash, swelling of the eyes, hay fever and wheeze.

Airborne allergens are not often a trigger for anaphylaxis.

Food allergens: any type of food can trigger an allergic reaction. The majority of food allergic reactions are triggered by eight foods:

• egg • cow's milk (dairy) • peanuts • tree nuts	• fish • shellfish • soy • wheat
---	---

Other common allergens: Insect stings, medication (including herbal preparations), latex, and other things can also trigger allergic reactions.

3. RECOGNISING THE SYMPTOMS

Mild to moderate allergic reaction: A person may have one, some, or all of these symptoms during an allergic reaction.	• swelling of lips, face, eyes • hives or welts • tingling mouth • abdominal pain*, vomiting* <i>* Abdominal pain or vomiting are signs of a mild to moderate reaction to food allergens but are signs of anaphylaxis with insect allergy.</i>
Severe allergic reaction ANAPHYLAXIS: Any one or more of these symptoms is a sign of anaphylaxis. <i>*Some individuals (10-20 per cent) present with severe symptoms and experience anaphylaxis without developing mild or moderate symptoms first, e.g. there may be no noticeable hives/welts or swelling.</i>	• difficult/noisy breathing • swelling of tongue • swelling/tightness in throat • difficulty talking and/or hoarse voice • wheeze or persistent cough • loss of consciousness and/or collapse • pale and floppy (young children)

Anaphylaxis is a severe allergic reaction and is potentially life-threatening.

It should always be treated as a medical emergency, requiring immediate treatment.

Symptoms, severity and time of onset may vary between children and from one episode of anaphylaxis to another. Symptoms usually occur within 5-30 minutes of exposure to an allergen. However reactions can occur up to several hours later.

RESPONSE to Symptoms of Anaphylaxis

- 1. Call for an ambulance- say “Anaphylaxis”**
- 2. Administer first aid- Airway
Breathing
Circulation**

Lie the child (or adult) flat.

OR, If breathing is difficult, allow to sit.

****If the person has an adrenaline pen (Epipen or Anapen), administer it. This is a temporary measure which buys a little time for further help to arrive. An ambulance must still be called immediately!***

- 3. Call 777 and inform them that you have called an ambulance. Say “Anaphylaxis”**
- 4. Call the person’s emergency contact**

NB: The Health Centre at EIT carry adrenaline. If during term time, after calling the ambulance and switchboard, call and ask them to come immediately to assess and administer.

4. PREVENTION

Enrolment

- Ōtātara Children’s Centre enrolment forms include a question about health. This is the place where families are to declare information about known allergies and treatment plans.
- If a family indicates that their child suffers from anaphylactic reactions, whānau will be asked to supply an ASCIA form signed by a medical practitioner. This will be copied into the child’s file and kept on the pantry door.
- Further information about allergens, symptoms and treatment will be sought, recorded and shared with all centre staff. The way this will be communicated to staff is through verbal updates, centre diaries, staff meetings, allergy charts and ASCIA forms.
- Information about allergies, such as the food allergy chart, and ASCIA plans, are kept on the pantry doors.
- Medical permission forms associated with allergic reactions are kept in the medical plan booklet in the medicine box/basket. Copies of these are also kept with the child’s enrolment form on their file in the office.
- When new information about a child’s allergy is shared with centre staff after initial enrolment, a note regarding this will be made in the diary, highlighted and added to the next team meeting minutes.

Medication

Children’s medications are kept in the medicine box/basket on top of the fridge. If medication is administered, the OCC Administering Medicine Policy must be adhered to. Parents of children with known anaphylactic reactions, are asked to provide an adrenalin pen for the centre.

No child is excluded from the centre because of allergic responses or the lack of an adrenalin pen. The centre will work with the families so far as is reasonably practicable to prevent allergic reactions.

Hardcopies of this document are considered uncontrolled copies of the original.

Please refer to the electronic source (QMS) for the latest version.

Food Preparation

When food is prepared at OCC, care will be taken to ensure no cross contamination of allergens known to cause any person in the centre to have an allergic reaction.

Thoroughly wash hands before food preparation and after handling any foods containing allergens.

Clean benches, boards and cutlery thoroughly after using for foods containing allergens.

Food Supplied by Families

All children bring a packed lunch to the centre. We provide morning and afternoon teas. Children with allergic responses to certain foods may bring enough food from home for their morning and afternoon snacks. Teachers will ensure that children's own food is available at scheduled snack times and other times when the child indicates that they are hungry.

If children are eating food supplied by the centre, teachers ensure that these foods do not contain nor have been contaminated by the child's known allergen.

Whānau of children who have allergic reactions to, as yet, unidentified food allergens, will be asked to supply enough food for their child's sustenance each day.

Ōtātara Children's Centre will not supply food to children who experience allergic reactions to unidentified foods.

Supervision While Eating

As per HS116 of the Licensing Criteria for Early Childhood Education and Care Centres, 2008, Children are supervised while eating.

Staff are aware of where children with allergies are placed with regard to what is in other children's lunch-boxes. If necessary, children are moved to eat so that food with allergens and allergic children do not come into contact. This may mean moving to the other side of the group or even to another group.

No Sharing or Trading of Food

Children do not share or trade food (Unless a family provides a shared lunchbox for their own children).

Staff Training

All staff are made aware of any children with allergies and their individual action plans on enrolment.

Staff are trained to use epipens and in the Allergy and Anaphylaxis Guidelines for Early Childhood Services and Schools.

New staff and relievers are made aware of any children with allergies and their individual action plans as a part of their induction.

Hardcopies of this document are considered uncontrolled copies of the original.

Please refer to the electronic source (QMS) for the latest version.

Bans and Prohibitions

Based on current advice from Allergy NZ, the centre will not put blanket bans across the centre for certain foods. Instead, the centre will work with children and their whānau to be inclusive of all health conditions, including allergies, and educate our community on how best to manage allergies.

Education

Children are given stage appropriate education about their allergies and how to avoid allergenic foods and keep themselves safe.

*NB at no time can a child be relied on to avoid allergens dangerous to them. Staff must always remain vigilant in their protection of children from such allergens.

Incident Reporting

In the event of a child suffering an allergic reaction at the centre;

1. An illness/allergic reaction form will be completed documenting the event. The person collecting the child will be asked to read and sign the report.
2. In the event of a child suffering an anaphylactic reaction, a health and safety incident report will be made through Me@EIT in consultation with senior staff with the above illness/allergic reaction form attached.
3. Centre Supervisor will contact the Ministry of Education (MOE) and notify them of the incident MOE PH: 833 6730.

Document information – Office use only	
Document Name	Allergy and Anaphylaxis
Document Number	PO180-2
Executive	Executive Director, Student and Academic Services
Owner	Executive Director, Student and Academic Services
Developer	Supervisor Children Centre
Review Frequency	24
Last Review	19/07/2026
Next Review	19/07/2028
Related Items	Health, Safety and Wellbeing – Policy QS180 Accident & Incident – Procedure PS180-6
Version history	New format July 2020 Migrated format March 2023 Reviewed in June 2026

Hardcopies of this document are considered uncontrolled copies of the original.

Please refer to the electronic source (QMS) for the latest version.