Policy Documents Control Sheet

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Policy Author:	**Stacey Bull**
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Review Cycle:	**Annually**
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Policy Validity Statement

This policy is due for review by the date shown above, after which it may become invalid. Policy users should ensure that they are consulting the currently valid version of the document.

C O N T E N T S

THE SIR ROBERT WOODARD ACADEMY

Allergy and Anaphylaxis Management Policy

The academy is commited to pupil safety and has created this policy to reduce the risk of children having allergy related incidents whilst in the academy. The common causes of allergies relevant to this policy are nuts (in particular peanuts), dairy products, eggs, wasps, bees and ants. However, this list of allergies is not exhaustive and the policy will apply to any allergy suffered by any student or member of staff in the academy, of which we have been notified.

Aims

As the academy is not a completely allergen free environment, we aim to:

- Minimise the risk of exposure to allergens;
- Encourage self-regulation and self-responsibility of students;
- Foster an understanding of specific needs of members of the school community;
- Create an awareness of the action to take should someone with a severe allergy display its symptoms;
- Plan for an effective response to possible emergencies.

Notification Procedure

Prior to admission at The Sir Robert Woodard Academy, parents are required to inform the school of any known allergies that their child has, via either the student admission pack, or on Arbor. The details of the allergy will be maintained on Arbor by the Senior First Aider.

If a student develops an allergy after they have joined The Sir Robert Woodard Academy, it is the parents' responsibility to alert the academy. These details will be recorded electronically and maintained by the Senior First Aider.

At the very earliest opportunity, parents must bring in any relevant medication, and meet with the child's Pastoral Support Officer to agree an individual health care plan.

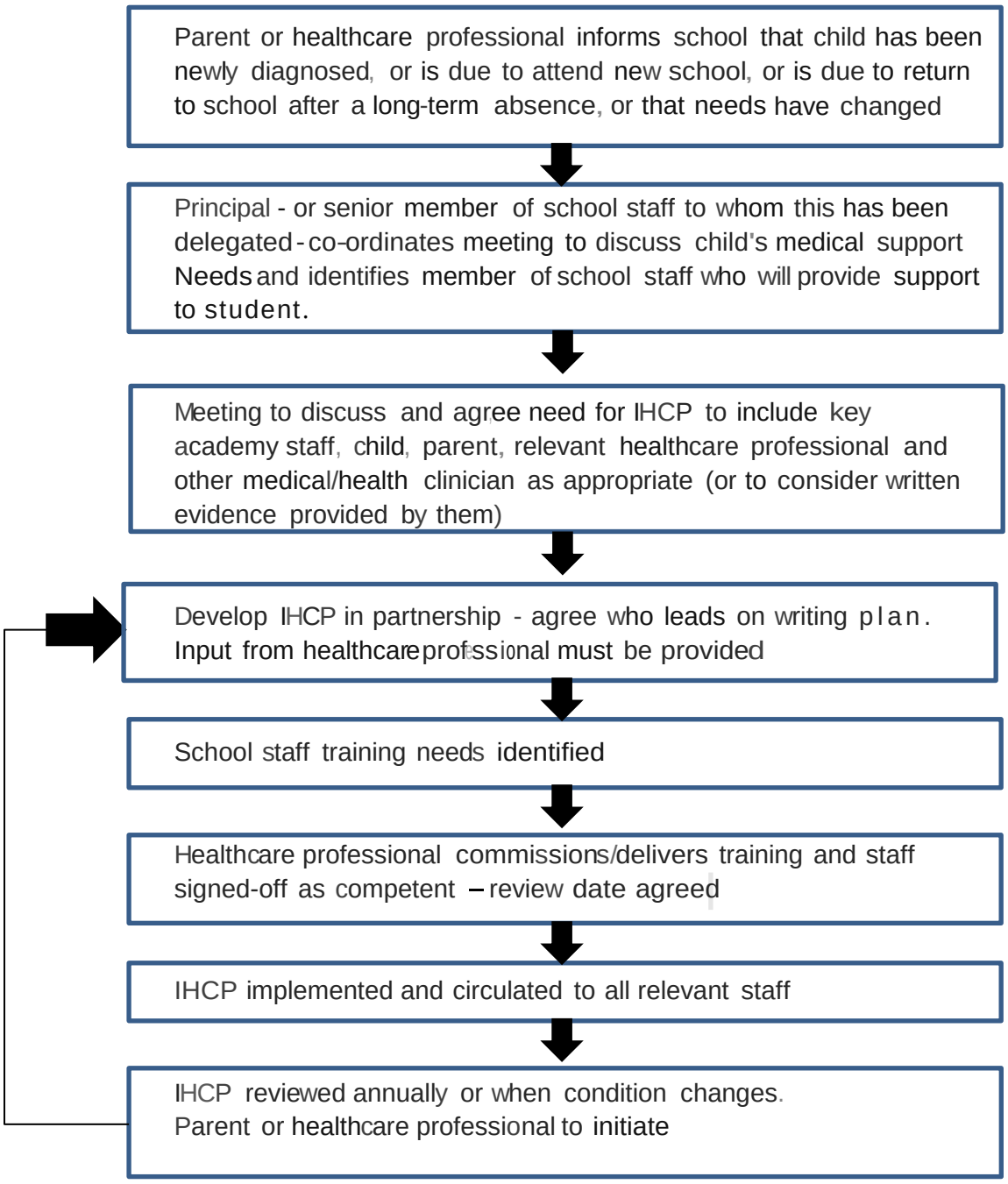
It is the parent's responsibility to ensure that all medication is within the prescribed date. At the end of the summer term, the parent will be invited in to review and update allergy information, including the storage of equipment or medication over the summer period. It may be necessary to return the medication to the parent at this time.

Key Strategies

- All staff will be trained in anaphylaxis management (auto-injectors previously known as Epipens), including awareness of triggers and first aid procedures to be followed in the event of an emergency.

- All staff are given the names of children who have specific allergies. Photographs of pupils with severe allergies are displayed in the staff room and the Catering Manager's office. These will include details of action to be taken in the event of a reaction.
- The Catering Team will be made aware of the risk minimisation policy and requested to eliminate nuts from their meals.
- Students will be encouraged to self-manage their allergy, and discuss with the Catering Manager.
- The academy will ensure diligent management of wasp, bee and ants nests on the grounds and proximity.
- At least once a year, all students will be reminded of the existence of severe allergies, through curriculum SMSC and/or assemblies.

Process for Developing Individual Healthcare Plans



Appendix 1: Individual Healthcare Plan (IHCP)

Attach student photo here

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency *(state if different for off-site activities)*

Plan developed with

Staff training needed/undertaken – who, what, when

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I agree that my child's medical information can be shared with school staff responsible for their care.

.

_____ _____

Signed by parent or guardian Print name

_____ _____

Date Review date

Copies to:

Appendix 2: Individual protocol for Mild Asthma

Attach student photo here

Please complete the questions below, sign this form and return without delay.

CHILD'S NAME……..

D.O.B. ……..…

Class ……

Contact Information

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

If I am unavailable please contact:

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

1. Does your child need an inhaler in school? Yes/No (delete as appropriate)

2. Please provide information on your child's current treatment. (Include the name, type of inhaler, the dose and how many puffs?)

……
Do they have a spacer?

……

3. What triggers your child's asthma?

……

4. It is advised that pupils have a spare inhaler in school. Spare inhalers may be required in the event that the first inhaler runs out is lost or forgotten. Inhalers must be clearly labelled with your child's name and must be replaced before they reach their expiry date. The school will also keep a salbutamol inhaler for emergency use.

Please delete as appropriate:

- My child carries their own inhaler <u>YES/NO</u>
- My child REQUIRES/DOES NOT REQUIRE a spacer and I have provided this to the school office
- I am aware I am responsible for supplying the school with in date inhaler(s)/spacer for school use and will supply this/these as soon as possible. <u>YES/NO</u>

5. Does your child need a blue inhaler before doing exercise/PE? If so, how many puffs?

……

6. Do you give consent for the following treatment to be given to your child as recognised by Asthma Specialists in an emergency? - Yes/No (delete as appropriate)

- Give **6 puffs of the blue inhaler via a spacer**
- Reassess after 5 minutes
- If the child still feels wheezy or appears to be breathless they should have a further **4 puffs of the blue inhaler via a spacer**
- Reassess after 5 minutes
- **If their symptoms are not relieved with 10 puffs of blue inhaler then this should be viewed as a serious attack:**
- **CALL AN AMBULANCE and CALL PARENT**
- **While waiting for an ambulance continue to give 10 puffs of the reliever inhaler every few minutes**

Please sign below to confirm you agree the following:

- I agree to ensure that my child has in-date inhalers and a spacer (if prescribed) in school.
- I give consent for the school to administer my child's inhaler in accordance with the emergency treatment detailed above.
- I agree that the school can administer the school emergency salbutamol inhaler if required.
- I agree that my child's medical information can be shared with school staff responsible for their care.

Signed:……Print name…… Date……
I am the person with parental responsibility

Please remember to inform the school if there are any changes in your child's treatment or condition.
Thank you

Parental Update (only to be completed if your child no longer has asthma) My child …….. no longer has asthma and therefore no longer requires an inhaler in school or on school visits.	
Signed *I am the person with parental responsibility*	Date

For office use:

	Provided by parent/school	Location (delete as appropriate)	Expiry date	Date of phone call requesting new inhaler	Date of letter (attach copy)
1st inhaler		With pupil/In classroom			
2nd inhaler Advised		In office/first aid room			
Spacer (if required)					
Record any further follow up with the parent/carer:					

Apppendix 3 : Individual protocol for Antihistamine as an initial treatment protocol for mild allergic reaction

The Sir Robert Woodard ACADEMY

Attach student photo here

CHILD'S NAME……..

D.O.B. ……

Class ……

Nature of Allergy:

……

……

Contact Information

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

If I am unavailable please contact:

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

GP
Name:
Phone No:
Address:

Clinic/ Hospital Contact
Name:
Phone No:
Address:

MEDICATION - Antihistamine

Name of antihistamine & expiry date …….

- **It is the parents responsibility to ensure the Antihistamine has not expired**

Dosage & Method: **As prescribed on the container.**

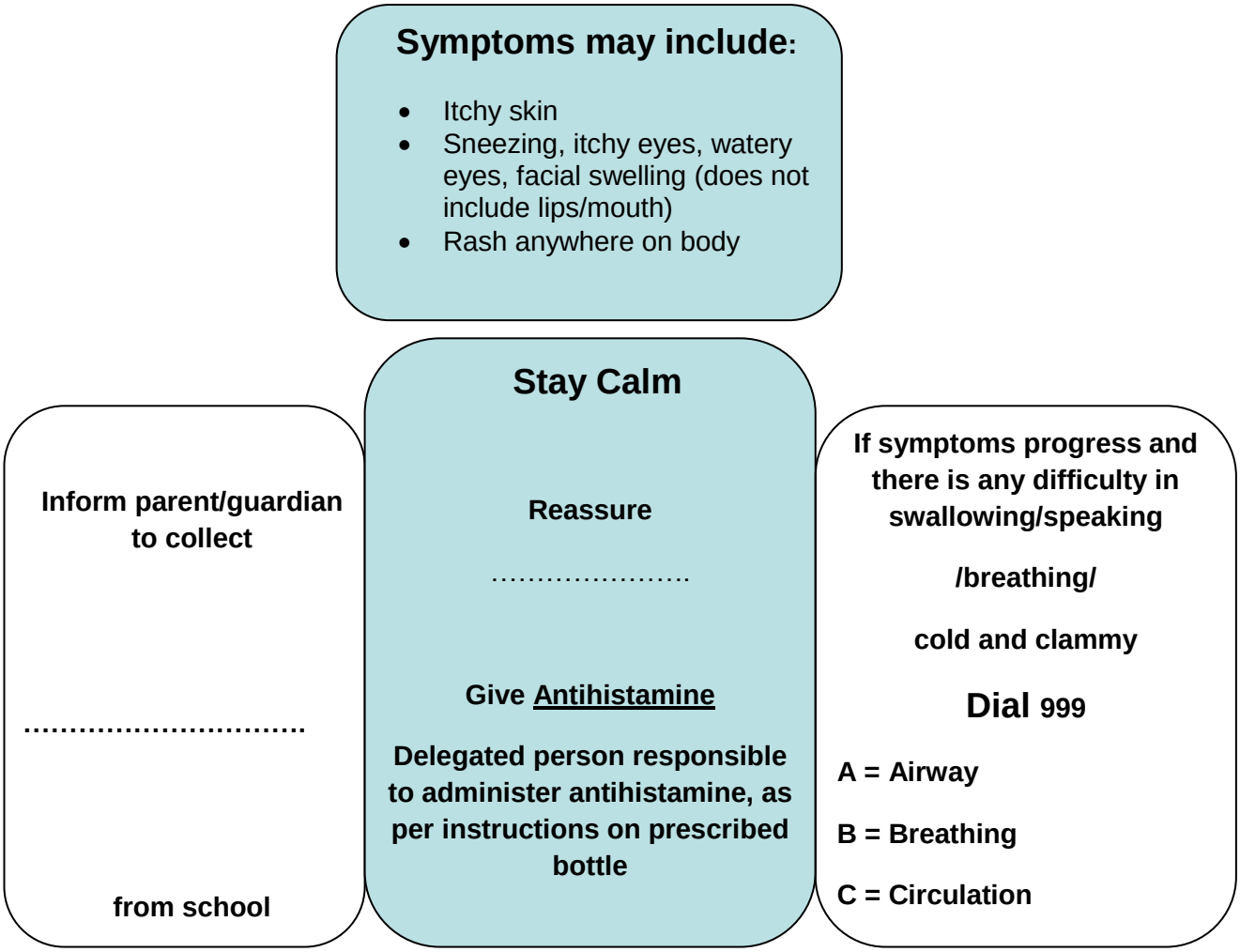
- **It is the schools responsibility to ensure this care plan is reviewed and parents inform the school of any changes in condition or treatment.**

Agreed by: School Representative……Date…….

I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education, and I give my consent to the school to administer anti-histamine as part of my child's treatment for anaphylaxis. I confirm I have administered this medication in the past without adverse effect.

Signed:……Print name……Date……
I am the person with parental responsibility

Individual protocol for using Antihistamine (e.g. Piriton)



If symptoms progress Dial 999 - Telephone for an ambulance

You need to say: "I have a child in anaphylactic shock".

Give school details:

Give details: Pupils name has a severe allergy and what has happened.

DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY INFORMATION HAS BEEN GIVEN

Someone to wait by the school gate to direct the ambulance staff straight to the child.

Appendix 4 : Individual protocol for an Emerade adrenaline auto injector

CHILD'S NAME……....

D.O.B. ……

Class ……

Attach student photo here

Nature of Allergy:

……

Contact Information

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

If I am unavailable please contact:

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

GP
Name:
Phone No:
Address:

Clinic/ Hospital Contact
Name:
Phone No:
Address:

MEDICATION **Emerade**
Name on Emerade & expiry date: ……

- **It is the parents responsibility to supply 2 EMERADE auto injectors and to ensure they have not expired**

Dosage & Method: **1 DOSE INTO UPPER OUTER THIGH**

- **The school staff will take all reasonable steps to ensure ……. does not eat any food items unless they have been prepared / approved by parents**
- **It is the schools responsibility to ensure this care plan is reviewed and parents inform the school of any changes in condition or treatment.**

Agreed by: School Representative……..Date…….

- **I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.**
- **I give my consent for the school to administer my child's Emerade or the school held adrenaline auto-injector (if my child's pen is lost/forgotten or malfunctions) to be administered in an emergency as detailed in this plan**

Signed:……Print name…….. Date……
I am the person with parental responsibility

Individual protocol for using an EMERADE (Adrenaline auto injector)

Symptoms may include:

- Difficulty in swallowing / speaking / breathing
- Wheezy / irregular breathing / excessive coughing
- Hoarseness
- Nettle rash (hives) anywhere on body
- Sense of impending doom
- Swelling of throat and mouth
- Abdominal pain, nausea & vomiting
- Feeling of weakness (BP drops)
- Collapse & unconsciousness
- Cold and clammy

Stay Calm

Reassure……

One member of staff to Dial 999

Give EMERADE first

then dial 999

Administer Emerade

in the upper outer thigh

Remove cap protecting the needle

Hold Emerade against upper outer thigh and press it against patients leg. You will hear a click when the adrenaline is injected.

Hold Emerade in place for 10 seconds.

Call Parents

Reassure

Telephoning for an ambulance

You need to say: "I have a child in anaphylactic shock".

Give school details:

Give details: Childs name has a severe allergy and what has happened.

DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY INFORMATION HAS BEEN GIVEN

Someone to wait by the school gate to direct the ambulance staff straight to the child.

Appendix 5 : Individual protocol for an Epipen adrenaline auto injector

CHILD'S NAME……....

D.O.B. ……

Class ……

Attach student photo here

Nature of Allergy:

……

Contact Information

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

If I am unavailable please contact:

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

GP
Name:
Phone No:
Address:

Clinic/ Hospital Contact
Name
Phone No:
Address:

MEDICATION EPIPEN

Name on EPIPEN & Expiry date: ……..

- **It is the parents responsibility to supply 2 EPIPEN auto injectors and to ensure they have not expired**

Dosage & Method: **1 DOSE INTO UPPER OUTER THIGH**

- **The school staff will take all reasonable steps to ensure …… does not eat any food items unless they have been prepared / approved by parents**
- **It is the schools responsibility to ensure this care plan is reviewed and parents inform the school of any changes in condition or treatment.**

Agreed by: School Representative……Date…….

- **I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.**
- **I give my consent for the school to administer my child's Epipen or the school held adrenaline auto-injector (if my child's pen is lost/forgotten or malfunctions) to be administered in an emergency as detailed in this plan**

Signed:……Print name…… Date……
I am the person with parental responsibility

Individual protocol for using an Epipen (Adrenaline Auto injector)

Symptoms may include:

- Difficulty in swallowing / speaking / breathing
- Wheezy / irregular breathing / excessive coughing
- Hoarseness
- Nettle rash (hives) anywhere on body
- Sense of impending doom
- Swelling of throat and mouth
- Abdominal pain, nausea & vomiting
- Feeling of weakness (BP drops)
- Collapse & unconsciousness
- Cold and clammy

Stay Calm

Reassure ……

One member of staff to Dial 999

REMEMBER

Give EPIPEN first

then dial 999

Administer Epipen in the upper outer thigh

Remove grey safety cap

Hold epipen with black tip downwards against thigh

jab firmly.

Hold epipen in place

for 10 seconds

Can be given through clothing, but not very thick clothing.

Call Parents

Reassure

……

Telephoning for an ambulance

You need to say: "I have a child in anaphylactic shock".

Give school details:

Give details: Childs name has a severe allergy and what has happened.

DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY INFORMATION HAS BEEN GIVEN

Someone to wait by the school gate to direct the ambulance staff straight to the child.

Appendix 6 : Individual protocol for an Jext pen adrenline auto injector

CHILD'S NAME……....

D.O.B. ……

Class ……

Attach student photo here

Nature of Allergy:

……

Contact Information

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

If I am unavailable please contact:

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

GP
Name:
Phone No:
Address:

Clinic/ Hospital Contact
Name:
Phone No:
Address:

MEDICATION JEXT
Name on JEXT & expiry date: ……..

- **It is the parents responsibility to supply 2 JEXT pen auto injectors and to ensure they have not expired**

Dosage & Method: **1 DOSE INTO UPPER OUTER THIGH**

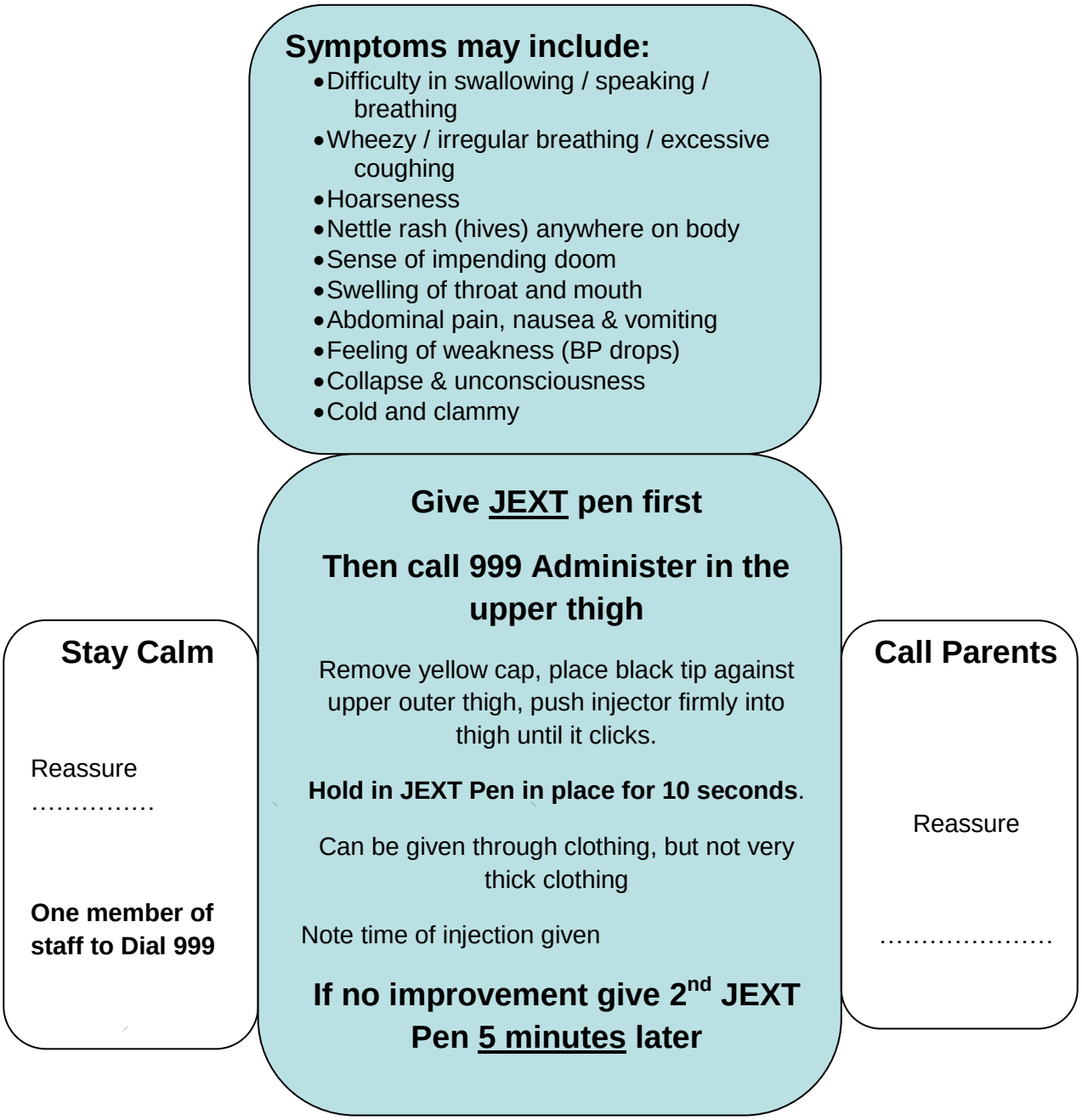
- **The school staff will take all reasonable steps to ensure ……. does not eat any food items unless they have been prepared / approved by parents**
- **It is the schools responsibility to ensure this care plan is reviewed and parents inform the school of any changes in condition or treatment.**

Agreed by: School Representative……Date…….

- **I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.**
- **I give my consent for the school to administer my child's Jext pen or the school held adrenaline auto-injector (if my child's pen is lost/forgotten or malfunctions) to be administered in an emergency as detailed in this plan.**

Signed:……Print name…… Date……
I am the person with parental responsibility

Individual protocol for using a JEXT Pen (Adrenaline Autoinjector)



Telephoning for an ambulance

You need to say: "I have a child in anaphylactic shock".

Give school details:

Give details: Childs name has a severe allergy and what has happened.

DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY INFORMATION HAS BEEN GIVEN

Someone to wait by the school gate to direct the ambulance staff straight to the child.