



Children's Allergy and Anaphylaxis Protocols for Schools and Child Care Organisations

This protocol can be used by anyone caring for a child who may be at risk of allergic symptoms or **Anaphylaxis**.

The protocol is to ensure that everyone caring for the child is aware of their allergies, symptoms and to promote better understanding of the child's needs and medical requirements. This should help to allow for better management of symptoms and recognition of how to deal with emergency situations if they arise. It should also allow for effective communication between parents, childcare organisations and medical professionals which should help both the allergic child and anyone involved in their care.

Regular updates of this document should be made (it is recommended that this document is read by those caring for the child between 3-6 monthly periods to ensure familiarity and up to date appropriate care. An annual review is recommended (unless changes need to be made as suggested by the treating Doctor before this date).

The information below is given for **guidance purposes** only and should be used as **an example** to help with drawing up of an individual named protocol in conjunction with the clinical judgement of the patient's GP or Consultant, the parents the childminder/ nursery /playschool /carer who is looking after that child.

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STAFF INDEMNITY “The Employer and themselves if self employed fully indemnifies its staff and itself against claims for alleged negligence, providing they are acting within the scope of their employment, having been provided with adequate training, and are following the Employer’s guidelines. For the purposes of indemnity, the administration of medicines falls within this definition and hence the staff can be reassured about the protection their employer provides. The indemnity should cover the consequences that might arise where an incorrect dose is inadvertently given or where the administration is overlooked. In practice indemnity means that Employer and not the employee will meet the costs of damages should a claim for alleged negligence be successful.”

This protocol should be read, checked and signed by the parents/carers, your treating Medical Practitioner/Doctor or GP, the Head teacher (if used in a school setting), the Nursery/playgroup manager if used in a childcare setting or the Childminder if used in a childminding facility.

Copies should be kept in accessible places to ensure that everybody who is responsible for the child is aware of the allergic triggers and has good knowledge of how to deal with the child should symptoms occur. Copies should be given to the parents, GP, Local Education Authority / Independent School./education departments i.e. School/ Nursery, LEA or childcare facility i.e. Nursery/ childminder.

Medication – The Medication often prescribed for a child at risk of anaphylaxis is Epinephrine. (Commonly known as Adrenaline) This may be injectable epinephrine (The EpiPen or Anapen).

It is important that the parent explains what medication his or her child has been prescribed, what symptoms may occur and when and how to use the emergency pack. ALL staff will need to know where the medication is stored. This should be out of reach of children but readily accessible. It should be clearly labelled with the child’s name and instructions for use.

Responsibility for ensuring the medication is “In Date” rests with the parent. Make sure insurance arrangements provide full cover for staff within the scope of their employment.

Allergic Reactions

- These reactions can be **mild, moderate** or **severe** and in some cases life threatening – this is known as **Anaphylaxis**. Prompt treatment is necessary and follow up by medical staff may be required.
- It is essential each child follows their own individual protocol and that this is updated if any changes occur.
- It is important that strict attention is paid to any allergic triggers which could cause an allergic reaction and risk of coming into contact with these allergic triggers is minimised. (These are detailed below in precautionary measures).
- Emergency medication must be accessible at all times and a plan of action should be drawn up to ensure everyone knows what to do in such an event to ensure safety of the child.
- It is important that children with allergies are treated sympathetically but also that they are able to be included in as many activities with precautionary measures in place which do not place the child at risk. Therefore allowing them to take part in school and out of school activities and feel they can be included in a supportive environment.

Symptoms of allergic reactions:

Ear/Nose/Throat Symptoms: runny or blocked nose, itchy nose, sneezing, painful sinuses, headaches, post nasal drip, loss of sense of smell/taste, sore throat/swollen larynx (voice box), itchy mouth and/or throat and blocked ears.

Eye Symptoms: watery, itchy, prickly, red, swollen eyes. Allergic 'shiners' (dark areas under the eyes due to blocked sinuses).

Airway Symptoms: wheezy breathing, difficulty in breathing and or coughing (especially at night time).

Digestion: swollen lips, tongue, itchy tongue, stomach ache, feeling sick, vomiting, constipation and or diarrhoea.

Skin: Urticaria –wheals or hives-bumpy, itchy raised areas and or rashes.
Eczema –cracked, dry, weepy or broken skin. Red cheeks.
Angiodema –painful swelling of the deep layers of the skin.

Symptoms of Severe Reaction/ Anaphylaxis:

These could include any of the above together with:

- **Difficulty in swallowing or speaking.**
- **Difficulty in breathing –severe asthma or throat swelling**
- **Swelling of the throat and mouth**
- **Hives anywhere on the body or generalized flushing of the skin**
- **Abdominal cramps, nausea and vomiting**
- **Sudden feeling of weakness (drop in blood pressure)**
- **Alterations in heart rate (fast Pulse)**
- **Sense of Impending doom (anxiety/panic)**
- **Collapse and unconsciousness**

If you are in any doubt about the severity of any symptoms always seek urgent medical attention (Call 999 for an ambulance and state Anaphylaxis. The first line treatment of anaphylaxis is Adrenaline (epinephrine) given by injection.)

Background information:

PHOTOGRAPH OF CHILD:

TIP !!!

Place child's photo here – make sure it is recent it could be a school photograph or one which shows recent hairstyle, etc. This is to make your child easily recognisable to anyone who may be caring for him/her.

Name of child:	Age of child DOB
Address:	
Parents name and contact numbers:	Additional contacts:
GP contact details:	

ALLERGY TO :

This means must avoid **ALL** substances which contain or may contain

ADDITIONAL INFORMATION (for example Asthma, Eczema and OTHER Health conditions

Symptoms could occur if accidentally came into contact with and emergency medication may be necessary.

Insert name usual symptoms are/ details or reactions:

(Parents/ Carers – please place usual symptoms of your child in this box):

Additional comments:

Does..... need/carry emergency medication? Please detail below:

Is this an inhaler?

Is this antihistamine medicine or tablets?

Is this an EpiPen or Anapen?

Where is this kept?

Does Carry an emergency kit on them?

Note: - 2 EpiPens should be kept on the premises at all times.

Name of designated staff member/area child should report to if feeling unwell:

All medication should be clearly labelled in the original container as dispensed by the pharmacist, expiry dates and instructions for use should be clearly stated.

<u>Name of medication</u>	<u>Details of use</u>	<u>Expiry date</u>

Allergic symptoms can be different for individuals, however symptoms can be:

<p>Mild symptoms which may require antihistamines or inhalers</p> <p>(Antihistamines can take approximately 15 minutes to work. An inhaler may be necessary).</p>	<p>(for example rash, headache, vomiting, itchy tongue & swelling)</p> <p>Your Childs' particular symptoms.....</p>
<p>Moderate to severe which may require inhalers and Adrenaline.</p> <p>(An immediate administration of adrenaline into the upper outer thigh as shown in the training session may be required and /or an inhaler may be necessary)</p>	<p>(for example difficulty in breathing, facial swelling, cough and choking, wheezing, pallor, blue lips, collapse fainting, unconsciousness- this is known as ANAPHYLAXIS and is an extreme emergency)</p> <p>Your child's particular symptoms.....</p>

It is very important that anyone caring for.....is aware of these symptoms and uses the appropriate agreed protocol to deal with these symptoms or if in any doubt seeks urgent medical advice as soon as possible. (**Please telephone an ambulance in cases of severe allergic reactions as these are medical emergencies**).

Following any symptoms please administer prescribed medication for..... as outlined above.

ALWAYS:

1. Assess the child's condition – Note symptoms and how they are feeling. Notify another member of staff and if necessary call an ambulance (999). Make sure person who calls ambulance confirms this has been carried out and someone is available to meet and tell the ambulance crew your exact location.
2. Decide if the reaction appears to be mild or moderate or severe. If mild or moderate – give antihistamine/ inhaler as prescribed but **MONITOR THE CHILD CONTINUOUSLY**. This is to make sure the symptoms do not progress to a 'biphasic' secondary reaction- see below for details*. (If a mild reaction the parents of the child should be informed of their allergic reaction by telephone with a follow up form including time of any medication given See appendix 1)
3. If there are any symptoms of Anaphylaxis or the breathing is compromised or the child appears faint or 'floppy' then Adrenaline (EpiPen or Anapen) should be given and an ambulance should be called. This should be administered into the muscle of the upper outer thigh (as shown in training) and the child should be monitored. **NOTE THE TIME GIVEN. MONITOR THE CHILD CONTINUOUSLY**. Another dose of Adrenaline may be necessary if the child's condition has not improved or deteriorates within 5-10 minutes.
4. Stay with the child, do not move the child (Let the child adopt the position they are most comfortable in), if they are feeling faint or floppy then encourage them to lie with legs raised and head turned to one side (in case of vomiting) or sitting still (if breathing difficulties).
5. Keep calm and keep the child calm.
6. Wait for ambulance, when it arrives the adult in charge of..... should tell the ambulance crew what has happened and give all used medications to the ambulance crew for safe disposal, stating times of given medication.
7. It is normal practice for anyone who has been given adrenaline to go to hospital for further monitoring therefore the accompanying adult should take any relevant medical information with them about..... If the

situation happens in a day care or school environment parents will be contacted by somebody after the ambulance has been called and should arrange to meet at the hospital (unless they are in close proximity to the area of the child). Permission to use emergency medication will already have been obtained and given by signing of this protocol.

8. Following each allergic reaction the parents should be notified so they are able to continue to monitor the child's condition and make a GP appointment or follow up at the hospital if necessary.
9. Parents will replace any further provision of used medications.

***This is because a secondary phase reaction could occur (after the initial reaction has been treated and resolved) these symptoms can be either mild symptoms or more serious symptoms and Parents/ Carers need to be aware of this possibility , ensuring they have adequate follow up medication and this is why monitoring in hospital is essential.**

Remember if you are unsure about any of your child's symptoms then take them to hospital for a check up.

Training

Names of staff volunteers.....

Dates of Training.....

Provided by.....

Updated training due.....

Names of Staff aware of procedures.....

Precautionary Measures

1)..... should avoid all products containing his/her teachers will try to avoid any accidental exposure during the school day. needs reminding by their parents that they must not swap or share any food items with other children. A suitable allergen free packed lunch/additional snacks or 'treats' for special occasions will be supplied to the teacher by the parents in a suitable labeled container will be provided by parents each day.

2)..... EpiPen must be taken to all lessons and any off site activities Prior discussion for any trips or offsite activities will include safe storage and handling of medications and ensuring this protocol accompanies the child at any times they are off site.

3).....class mates will be made aware of allergies and their triggers at certain times i.e. circle time or during PHSE lessons/ cookery/ science and in general conversations. The 'No sharing' rule will be emphasized during these times.

Be aware of the following:

- Information should be given by the Head teacher aboutallergy to all staff. Staff should at all times try to avoid as far as possible any triggers. All reactions should be reported to the parents via the responsible staff member.
- School lessons-such as cookery/science (staff and need to be aware of potential triggers and minimise the risk of exposure) and off site/ trips and visits – make sure your child takes medication and the teachers/ staff are aware-send letter before trips/ activities.
- Make sure Games and PE teachers are aware and advise them of any special requirements (i.e. asthma inhalers EpiPens etc).
- Provide safe 'treats' for your child so they are included at school in various occasions. For art and craft lessons make sure

suitable materials are being used. Ask for information about activities each term so you can plan ahead.

- Advise your child regularly of the ‘NO SHARING’ policy.
- Encourage your child to report to a designated member of staff if they are not feeling well.
- A written record of medications/treatments given should be kept by staff and as far as possible a copy given/ sent to the parent.
- Guidance needs to be sought about transport arrangements i.e. school buses; drivers and escorts should know what to do in the case of an emergency and medication and medication and health care plans should be carried on the vehicle. (See pg 13 “Managing Medicines in Schools and Early Years Settings” booklet, DFES publication ISBN 1-84478-459-2).

Consent & Agreement signed by Parents

I agree to the staff taking responsibility and administrating medication in the event of an allergic reaction taking place.

Parents/carers.....Date

The Head teacherDate.....

The Nursery/playgroup managerDate.....

The ChildminderDate.....

The child if (appropriate)Date.....

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Blossom follow up form

Blossom record sheet allergic information

To be filled out if any symptoms of allergy occur (this can be used in school settings or early childcare settings) this is to be sent to parents via child or given to the parents when child is collected.

Name of child:	
Age of child:	
Allergy :	
Date of allergic reaction:	
Time :	
Symptoms:	
Treatment given & Time:	Given by (signature)
Monitoring of symptoms:	

Parents contacted Yes / No
Special note to parents:
Signed:
Dated:
As Dotted perforation to be returned to teacher next day or stuck into communication booklet etc:
Parental comments:

**For further details on day to day measures to help your child please
contact
Helpline 01322 619898 or visit www.blossomcampaign.org**