

Allergy and Anaphylaxis

Supporting Pupils with Medical Conditions in Hertfordshire Schools.

[](http://www.gardencityacademy.co.uk/)

Designed to support Schools in the implementation of the Department of Education (September 2014) Guidance on Supporting Pupils with Medical Conditions.

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## Glossary of Terms

Schools – this guidance uses the word schools to mean all state, free and academy schools in Hertfordshire that have chosen to use this guidance. This term also applies to nurseries and early years settings.

Children’s Universal Services Staff – individuals employed by Hertfordshire Community NHS Trust working in School Nursing Teams and Health Visiting. Staff include School Nurses, Health Visitors and Community Staff Nurses and Nursery Nurses.

Anaphylaxis- Anaphylaxis is an extreme and severe allergic reaction. The whole body is affected, often within minutes of exposure to the substance which causes the allergic reaction (allergen) but sometimes after several hours.

# Introduction

**Rationale:**

This document has been set up to ensure a countywide approach to managing allergies in Hertfordshire schools.

**Persons operating under this guidance are as follows:**

* Hertfordshire Community NHS Trust (HCT)
* Doctors
* Teachers
* School/nursery support staff
* Parents/carers
* Children /young people with allergies

**The following roles and responsibilities have been identified**

**Adapted from Anaphylaxis Campaign (2014) FAQ in Schools.** [**http://www.anaphylaxis.org.uk/userfiles/files/Factsheets/FAQs%20in%20schools%20v8%20July%202014.pdf**](http://www.anaphylaxis.org.uk/userfiles/files/Factsheets/FAQs%20in%20schools%20v8%20July%202014.pdf)

**Schools**

* Ensure School Staff have received training in managing severe allergies in schools, including how to use an adrenaline auto injector.
* Review health records submitted by parents annually
* Identify a core team to work with parents to establish prevention and treatment strategies.
* Ensure that catering supervisors are aware of an allergic child's requirements.
* Ensure tables are cleaned thoroughly before and after eating. Remind children to wash their hands.
* Ensure the cooks and lunch time staff all know children affected by allergy.
* Include food-allergic children in school activities. Pupils should not be excluded based on their allergy. School activities should be designed and developed to ensure the inclusion of food allergic pupils.
* Ensure all staff can recognise symptoms; know what to do in an emergency, and work to eliminate the use of allergens in the allergic pupil’s meals, educational tools, arts and crafts projects.
* Provide indemnity insurance for teachers and other school staff who volunteer to administer medication to pupils with asthma who need help.
* Ensure that medications are appropriately stored, and easily accessible in a secure location (but not locked away) central to designated staff members.
* Review policies after an allergic reaction has occurred.

**The Parents/ Carers of Pupils with Allergies**

* Should notify the school of the child’s allergies. Ensure there is clear communication.
* Work with the school to develop a plan that accommodates the child’s needs throughout the school including in the classroom, in dining areas, in after-school programmes, during school sponsored activities and on the school bus.
* Provide written medical documentation, instructions and medications as directed by a doctor.
* Replace medications after use or upon expiry. Emergency kits in school should be checked termly to ensure they are stored correctly, are still in date, and ready for use.
* Educate the child in allergy self-management, including what foods are safe and unsafe, strategies for avoiding allergens, how to spot symptoms of allergy, how and when to tell an adult of any reaction, and how to read food labels.
* Provide a stock of safe snacks for special school events (to be stored in school) and periodically check its supply and freshness.
* Review policies and procedures with the school staff, school nurse, the child’s doctor and the child (if age appropriate) after a reaction has occurred and annually before each school year.

**The Pupil with Allergies**

* Be sure not to exchange food with others
* Avoid eating anything with unknown ingredients
* Be proactive in the care and management of their food allergies and reactions (based on the age level/understanding)
* Notify an adult immediately if they eat something they believe may contain the food to which they are allergic

**ADMINISTRATION OF ADRENALINE IN SCHOOLS**

As per Supporting Pupils at School with Medical Conditions April 2014 and if a child potentially at risk has been identified, there must be liaison between the following to co-ordinate the management of his/her emergency treatment.

**It is recommended that the Head teacher of the school should:-**

* Allocate an appropriate training time for all staff involved as advised by School Health Team.
* Ensure staff training record is completed. (List to be retained by school and SN).
* Read the Department for Education Supporting Pupils at School with Medical Conditions September 2014.
* Read the Anaphylaxis and Children with Severe Allergies (June 2015 The Anaphylaxis Campaign).

**The School Health Nurse will:-**

* Make arrangements in conjunction with the school, parents/guardian, to train school staff who volunteer to administer Adrenaline, and maintain a list of attendance.

**It is recommended that the parents should:-**

* Complete Consent to Emergency Treatment form.
* Inform school, especially when changing school.
* Provide Adrenaline, e.g. 2x auto-injector for use in school.
* Be responsible for the replacement Adrenaline when:

1. it is used;
2. prior to expiry date (to be taken home in holidays for checking);
3. safe disposal when no longer required or expired.

* Provide a recent photograph of the child for school.

**N.B.**

* Secondary age children should carry their own Adrenaline auto-injector, with a second available on site.
* School held medication should be kept in a safe, cool place and be easily accessible within the school including after hours’ pupil activities.
* Arrangements for school trips should be risk assessed and planned with the child’s parents.

**ANAPHYLAXIS**

* A severe, life-threatening allergic reaction within the body.
* Can be rapid – develops in seconds/minutes, although timescale variable, most occur with 1 hour.

**Signs and Symptoms**

May develop as follows:-

* Anxiety
* Sweating, pale, rapid pulse
* Feeling faint/odd
* Itchy skin, blotchy rash
* Swelling of skin, particularly around face and neck
* Vomiting/diarrhoea
* A feeling of tightness in the throat

**Severe Symptoms Requiring Urgent Medical Treatment**

**(not always preceded by the above progression)**

* Difficulty in breathing, e.g. with wheeze (distinguishable from an asthma attack by the presence of other signs of allergic reaction, as above)
* Choking/hoarseness
* Collapse
* Loss of consciousness

**EMERGENCY ADRENALINE PACK**

Every pupil who has been prescribed an Adrenaline auto-injector will have a pack, which is clearly labelled and readily available for emergency use. Adrenaline auto-injectors should not be locked away.

The contents of the Emergency Adrenaline pack should include:-

1. Adrenaline – in the form of an Auto-injector. (Epi-pen, Jext or Emerade).
2. Container – e.g. plastic box with lid.
3. A copy of the consent for the individual child, signed by the parent and the school.
4. Photograph with name of pupil – clearly visible.
5. Individual Health Care Protocol.

**MANAGEMENT OF ANAPHYLACTIC REACTION**

When a child presents with the signs and symptoms described:-

* Stay with pupil, give reassurance.
* Send for Emergency Adrenaline pack and adult help.
* Send for an ambulance (999 call) – give following details:-

|  |
| --- |
| Name, address and access to school and information that a pupil has had an anaphylactic reaction and has been given Adrenaline. |

* Check that you have the correct Emergency Adrenaline pack for that pupil.
* Administer auto-injector as per training.
* Keep pupil warm until the ambulance arrives.
* If pupil is breathless, allow to sit up.
* If feeling faint, lay the pupil flat with raised legs.
* If collapsed and unconscious, protect airway and place in recovery position.
* Commence Cardio-Pulmonary Resuscitation, if necessary.
* Note time of injection given.
* Safely dispose of used syringe in the pupil’s plastic box (not original container).
* Repeat in 5 minutes, if no response.
* Inform parent/guardian of hospital destination when confirmed with paramedics.

Any child who has Adrenaline administered **must** be taken to hospital **by ambulance** accompanied by an adult.

**When the ambulance arrives make available to them:-**

* The time the injection was given.
* Used syringe in container/plastic box.
* Pupil’s personal details form.
* Ensure parent replaces used Adrenaline auto-injector as soon as possible.
* School to notify School Health Nurse as soon as possible.

**NOTE**

1. **If in doubt, it is safer to give Adrenaline than withhold if child is developing anaphylaxis.**
2. **Never administer Adrenaline prescribed for one child to another child.**
3. **Do not transfer child in staff car – wait for an ambulance.**
4. **Do not allow child to sit up, stand or move away after administering Adrenaline, until paramedic assessment is complete.**
5. **School trip – a recently trained member of staff or parent must accompany children who require auto-injectors and establish responsibility for the auto-injectors.**
6. **If any accidental puncture of the skin from the exposed needle occurs, follow the first aid procedure below.**

**FIRST AID PROCEDURE FOLLOWING NEEDLE STICK INJURY**

If an accidental puncture of the skin occurs from the used needle, follow the first aid procedure.

**ACTION**

1. - Irrigate wound with running water.
   * Encourage controlled bleeding.
   * Cover with appropriate dressing.
   * It is vital that the person concerned attends local Accident & Emergency (A&E) Department.

See the County Health & Safety Manual, Aids (Acquired Immune Deficiency Syndrome) Occupational Health & Safety Guidelines, March 1995 updated.

1. If needle was unused on child but adrenaline was accidentally injected into another person – follow instructions above and attend the local A&E Department.

# Instructions for Mild Allergic Reaction



# Instructions for EpiPen

Instructions for using Jext Pen: ****

# Instructions for using Emerade Pen

****

# Individual Healthcare Plan

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |  | | | |
| 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 sysmptoms, triggers, signs, treatments,facilities, equipment or devices, environmental issues**

***Daily Care Requirements:***

|  |
| --- |
| It is thought probable that "X" may suffer from an Anaphylactic  allergic reaction if he/she eats or is in contact with \_\_\_\_\_\_\_\_\_\_\_  If this occurs he/she is likely to need medical attention. In an extreme situation his/her condition might be life threatening. However, medical advice is that attention to his/her diet and in particular the exclusion of the allergen together with the availability of his/her emergency medication is all that is necessary. In all other respects it is recommended by his/her consultant that his/her education should carry on "as normal".  The arrangements set out below are intended to assist "X", his/her parents  and the school/nursery in achieving the least possible disruption to his/her education, but also to make appropriate provisions for his/her medical requirements. |

***Specific support for the pupil’s Educational, Social and Emotional needs:***

|  |
| --- |
| Whenever the planned curriculum involves cookery or experimentation with food items, prior discussion will be held between the school and the parents in order to agree measures and suitable alternatives. Similar discussions will take place prior to school parties, social events etc. In some cases this might require parental supervision. |

***Arrangements for School Visits / Trips etc.***

|  |
| --- |
| If there are any proposals which mean that "X" may leave the  school /nursery site, prior discussions will be held between the school/nursery and parents in order to provide for the AUTO INJECTORS(s) to be taken on the outing. A trained adult should accompany the child. Provision for the safe handling of his/her medication should also be clarified. |

***Other Information:***

|  |
| --- |
| **STAFF INDEMNITY:**  This **school** fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment, staff having been provided with adequate training and are following these guidelines.  For the purpose of indemnity, the administration of medicines falls within this definition and hence staff can be reassured about the protection their employer provides. In practice the indemnity means that the school and not the employee will meet the cost of damages should a claim for alleged negligence be successful. It is very rare for school staff to be sued for negligence and instead the action is usually between the parent and the employer. |

Plan should be developed with Parents/carers, Headteacher or Senior Member of staff, Health Professional and student especially from year 5 and above.

|  |
| --- |
| The Head Teacher will arrange for the teaching and non-teaching staff in  the school/nursery to be briefed about ‘X’s condition and about other arrangements contained in this document.  It will be the responsibility of the head teacher / deputy to:   * Arrange for relevant school staff to be briefed on ‘X’ condition. * To organise training sessions for key school staff, facilitated by a member of the School Nursing/Health Visiting team.   Further advice and support will be available from the School Nursing/Health Visiting team as required  The protocol will be reviewed at the beginning of each academic school year when staff training will be updated unless otherwise indicated or advised. |

Form copied to

|  |
| --- |
| **AGREED AND SIGNED:**  **Parent Date**  **Print Name**  **Head Teacher / Deputy Date**  **Print Name** |

# Parental Agreement for Setting to Administer Medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date for review to be initiated by |  | | | |
| Name of school/setting |  | | | |
| Name of child |  | | | |
| Date of birth |  |  |  |  |
| Group/class/form |  | | | |
| Medical condition or illness |  | | | |
| **Medicine** |  | | | |
| Name/type of medicine  *(as described on the container)* |  | | | |
| Expiry date |  |  |  |  |
| Dosage and method |  | | | |
| Timing |  | | | |
| Special precautions/other instructions |  | | | |
| Are there any side effects that the school/setting needs to know about? |  | | | |
| Self-administration – y/n |  | | | |
| Procedures to take in an emergency |  | | | |
| **NB: Medicines must be in the original container as dispensed by the pharmacy**  **Contact Details** | | | | |
| Name |  | | | |
| Daytime telephone no. |  | | | |
| Relationship to child |  | | | |
| Address |  | | | |
| I understand that I must deliver the medicine personally to | [agreed member of staff] | | | |

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.

Signature(s) Date

# Record of Medicine Administered to an Individual Child

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of school/setting |  | | | |
| Name of child |  | | | |
| Date medicine provided by parent |  |  |  |  |
| Group/class/form |  | | | |
| Quantity received |  | | | |
| Name and strength of medicine |  | | | |
| Expiry date |  |  |  |  |
| Quantity returned |  | | | |
| Dose and frequency of medicine |  | | | |

Staff signature

Signature of parent

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date |  |  |  |  |  |  |  |  |  |
| Time given |  | | |  | | |  | | |
| Dose given |  | | |  | | |  | | |
| Name of member of staff |  | | |  | | |  | | |
| Staff initials |  | | |  | | |  | | |
|  |  | | |  | | |  | | |
| Date |  |  |  |  |  |  |  |  |  |
| Time given |  | | |  | | |  | | |
| Dose given |  | | |  | | |  | | |
| Name of member of staff |  | | |  | | |  | | |
| Staff initials |  | | |  | | |  | | |

**Record of Medicine Administered to an Individual Child (Continued)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date |  |  |  |  |  |  |  |  |  |
| Time given |  | | |  | | |  | | |
| Dose given |  | | |  | | |  | | |
| Name of member of staff |  | | |  | | |  | | |
| Staff initials |  | | |  | | |  | | |
|  |  | | |  | | |  | | |
| Date |  |  |  |  |  |  |  |  |  |
| Time given |  | | |  | | |  | | |
| Dose given |  | | |  | | |  | | |
| Name of member of staff |  | | |  | | |  | | |
| Staff initials |  | | |  | | |  | | |
|  |  | | |  | | |  | | |
| Date |  |  |  |  |  |  |  |  |  |
| Time given |  | | |  | | |  | | |
| Dose given |  | | |  | | |  | | |
| Name of member of staff |  | | |  | | |  | | |
| Staff initials |  | | |  | | |  | | |
|  |  | | |  | | |  | | |
| Date |  |  |  |  |  |  |  |  |  |
| Time given |  | | |  | | |  | | |
| Dose given |  | | |  | | |  | | |
| Name of member of staff |  | | |  | | |  | | |
| Staff initials |  | | |  | | |  | | |

# Staff Training Record – Administration of Medicines

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of school/setting |  | | | |
| Name |  | | | |
| Type of training received |  | | | |
| Date of training completed |  |  |  |  |
| Training provided by |  | | | |
| Profession and title |  | | | |

**I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].**

Trainer’s signature

Date

**I confirm that I have received the training detailed above.**

Staff signature

Date

Suggested review date

# Contacting Emergency Services

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

* Telephone number
* Your Name
* Your Location as follows [insert school/setting address]
* State what the postcode is – please note that postcodes for satellite navigation may differ from the postal code
* Provide the exact location of the patient within the school setting
* Provide the name of the child and a brief description of their symptoms. Please ensure that you inform them that the child has Asthma.
* Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
* Put a completed copy of this form by the phone

# Model Letter to Parent to attend Training

Address & telephone number of school.

Parents address….

Date: ………………………………………

Dear Parent/Carer

I am writing to inform you that Auto-Injector for Anaphylaxis training for school staff and parents will take place at ………………………………………………………………….. School on ………………………………………………………. at …………………………….

May I take this opportunity to remind you that it is the parents’ responsibility to check regularly that all medication supplied to school is labelled and in date. Should any further information be required, please contact me on the above telephone number.

Yours faithfully,

**Head Teacher**

# Model Letter Inviting Parents to Contribute to Individual Healthcare Protocol Development

Dear Parent

**DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD**

Thank you for informing us of your child’s medical condition. I enclose a copy of the school’s Protocol for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child’s case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. We will need to make judgements about how your child’s medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child’s individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare protocol template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,

Name of School representative….

# References and Useful Links

The Anaphylaxis Campaign 2014: <http://www.anaphylaxis.org.uk/userfiles/files/Factsheets/Anaphylaxis%20the%20facts%20version%2011%20June%202014.pdf>

British Allergy Society Clinical Immunology (BSACI) care plans: <http://www.bsaci.org/about/pag-allergy-action-plans-for-children>

Medicines and Healthcare Products Regulatory Agency (MHRA) (2014) <http://www.mhra.gov.uk/Safetyinformation/DrugSafetyUpdate/CON418520>

Department for Education (2014) Supporting pupils at school with medical conditions. <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

<http://www.anaphylaxis.org.uk/what-is-anaphylaxis/signs-and-symptoms>

* [www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk/)
* [www.epipen.co.uk](http://www.epipen.co.uk/)
* [www.jext.co.uk](http://www.jext.co.uk/)
* [www.emerade.com](http://www.emerade.com/)

Care Plans (Allergy)

* [www.bsaci.org/about/download-paediatric-allergy-action-plans](http://www.bsaci.org/about/download-paediatric-allergy-action-plans)

Training videos:

EpiPen: [http://www.epipen.co.uk/patient/what-is-epipen/using-your-epipen/#](http://www.epipen.co.uk/patient/what-is-epipen/using-your-epipen/)

Jext Pen: <http://www.jext.co.uk/jext-video-demonstrations.aspx>

Emerade Pen: <http://www.emerade.com/>