

Allergy and Anaphylaxis

Individual Healthcare Plan

This child / young person is at risk of Anaphylaxis

Name: _____

DOB: _____

Current Year/Class: _____

GP/Local Hospital No: _____

(Name) _____ may suffer from an anaphylaxis reaction

if he/she is exposed to _____

(Name) _____ also has (other medical conditions)

His/her usual allergic symptoms are:

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Procedures

In the event of an acute allergic reaction, staff will follow this procedure:

- ◆ Contact Ambulance Service – dial 112 or 999

- ◆ One adult will inform the headteacher immediately of action taken

- ◆ Then inform the following contact numbers in order of priority

Contact No 1 Name: Telephone No: <u>Relationship:</u>
Contact No 2 Name: Telephone No: <u>Relationship:</u>

Contact No 3

Name:

Telephone No:

Relationship:

◆ One adult should stay with the child / young person to assess the severity of symptoms and in case of:

- Itchiness
- Tingling of lips and face
- Tummy cramps
- Vomiting
- Blotchiness of skin

Give _____ (Oral Antihistamine) ___ml at once

In cases of:

- Wheeziness
- Swelling of face and throat
- Difficulty in breathing/swallowing
- Feeling faint

Place child / young person on floor in recovery position (Safe Airway Position)

Give preloaded adrenaline injection to outer thigh
(this can be administered through light clothing).

- ◆ If no breathing/pulse, initiate basic life support (CPR).
- ◆ If there is no improvement to above action within 10 minutes and there are symptoms of weakness/floppiness pallor then:

Repeat preloaded adrenaline injection once more if 2nd preloaded adrenaline injection is available

- ◆ Hand over child / young person's care to Ambulance Team/parents on their arrival
- ◆ Handover preloaded adrenaline injection to ambulance staff or if this hasn't been done, safely dispose of it.
- ◆ Record all medication given with date and time of administration

Awareness

The headteacher will arrange for the staff in the setting to be briefed about his/her condition and about other arrangements contained in this document.

The setting staff will take all reasonable steps to ensure that _____ (Name) does not eat any food items unless they have been prepared/approved by his/her parents.

_____ (Name) parents will remind their child regularly of the need to refuse any food items, which might be offered to them by other children / young people.

In particular, _____ (Name) parents will provide for him/her the _____ following _____ food _____ items:

Medication/Staff training

The setting will hold, under secure conditions, appropriate medication, clearly marked for use by designated staff or qualified personnel and showing an expiry date.

It is the parents' responsibility to ensure the setting has appropriate up-to-date medication.

The following volunteers from the school have undertaken to administer the medication. A training session was attended by:

Name _____ Date/s _____

Name _____ Date/s _____

Further advice is available to setting staff at any point in the future where they feel the need for assistance. The medical training will be repeated on _____.

If there are proposals, which mean that, he/she may leave the setting site, prior discussions will be held between the setting and his/her parents to agree appropriate provision and safe handling of his/her medication.

STAFF INDEMNITY

The County Council provides a staff indemnity for any setting staff (of those settings buying into Surrey County Council Insurance) who agree to administer medication to a child / young person given the full agreement of the parents and the setting.

AGREEMENT AND CONCLUSION

A copy of these notes will be held by the setting and the parents. A copy will be sent to the GP for information.

Any necessary revisions will be the subject of further discussions between the setting and parents.

Signed and agreed:

Child / Young Person

Signature: _____ Date: ____/____/____

Print Name: _____

Parent / Guardian

Signature: _____ Date: ____/____/____

Print Name: _____

School / Setting Representative Agreement:

Signature: _____ Date: ____/____/____

Print Name: _____ Job Title _____