

ALLERGY & ANAPHYLAXIS

TREATMENT PLAN

THIS CHILD 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 – 999**

❖ One adult will inform the Headteacher IMMEDIATELY of action taken

❖ Then inform the following contact numbers in order of priority

Contact 1 Name: Relationship:	Telephone No:
Contact 2 Name: Relationship	Telephone No:

Contact 3
Name:
Relationship

Telephone No:

- ❖ One adult should stay with the child to assess the severity of symptoms and in the 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 on floor in recovery position (Safe Airway Position)

**Give Epipen injection to outer thigh
(this can be administered through light clothing)**

- ❖ If no breathing/pulse, initiate mouth to mouth resuscitation and cardiac massage (one breath to five chest compressions)
If there is no improvement to above action within 10 minutes and there are symptoms of weakness/floppiness pallor then:

Repeat Epipen once more if 2nd Epipen is available

- ❖ Hand over child's care to Ambulance Team/parents on their arrival
- ❖ Dispose of Epipen in 'Sharps Bins' if available , or hand over to Ambulance staff
- ❖ Record all medication given with date and time of administration

Awareness

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

The school 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 pupils.

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

Medication/Staff training

The school will hold, under secure conditions appropriate medication, clearly
marked in a box with a photograph of the child on the lid. This will be for use by
designated staff or qualified personnel and show an expiry date. In addition a
photograph will be held on the Childs confidential file for reference by supply
teachers etc.

In addition an easily recognisable 'logo' along with the child's details will be
placed in the appropriate register for all staff but especially for the use of supply
teachers.

It is the parent's responsibility to ensure the school 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: _____ Dates: _____

Name: _____ Dates: _____

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

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

STAFF INDEMNITY

The school provides a staff indemnity for any staff who agree to administer
medication to a child given the full agreement of the parents and the school.

AGREEMENT AND CONCLUSION

A copy of these notes will be held by the school 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 school and parents.

AGREED and SIGNED

On behalf of the school

Signed Headteacher_____ Date_____

(Print name)_____

Parents of _____(Name)

Parent_____ Date_____

(Print name)_____

Parent_____ Date _____

(Print name)_____