

Nursery & Pre-School

Allergy & Anaphylaxis Management (EpiPen/Jext/Emerade) Policy

Allergies

From December 2014 the EU Food Information for Consumers Regulation (EUFIC) came into force stating a legal responsibility to provide allergen information about the ingredients in the food given to the children. This information will be shared and kept updated whilst your child is at Bushey Gan.

The purpose of this policy is to enable us to provide a safe and supportive environment for any child with allergies or anaphylaxis, allowing them to participate equally in all activities. The specific needs of the allergic child are paramount, and awareness of their particular allergens is the key to keeping them safe.

Our setting is a nut free zone.

Anaphylaxis

- Anaphylaxis is the term for a severe, possibly life-threatening, rapidly occurring allergic reaction.
- Allergic reactions occur when an individual's immune system responds inappropriately to the presence of a food or substance that it wrongly perceives as a threat.
- An anaphylactic reaction can be rapid – it can develop in seconds or minutes, although the timescale is variable – most occur within an hour.
- Severe allergic reactions among young children must be treated rapidly.
- Anaphylaxis is serious but certainly manageable.
- If your child has severe allergies and requires an adrenaline auto-injector Michelle Peters, the Nursery Manager and Special Educational Needs Coordinator (SENCO) will ensure that the parent consent forms have been completed. She will make certain that all medicines will be stored correctly, and that records are kept according to procedures.
- We will ensure that members of staff are adequately trained to respond appropriately and competently to an anaphylactic reaction.
- An allergy management plan will be written for each child with an allergy, and a copy will be kept on the premises, and a further copy will be kept with the child's medication.
- As a setting we adhere to the Early Years Foundation Stage, Safeguarding and Welfare Requirements, and we have agreed that no un-prescribed medication will be given to the children.

Procedures

- If your child has any allergies/intolerances this must be indicated when you complete the initial pre-start information paperwork. Good communication is both vital and essential.
- A thorough understanding of the child's specific needs (what to avoid, and what substitutions (if any) can be made) is essential.
- Parents must give prior written permission for the administration of medication, by completing and signing a consent form.
- We will ask parents to provide a doctor's letter stating why a child is on a specific medication. This information will provide part of the child's health care plan.
- A health care plan for the child is drawn up which outlines the setting's role and what information must be shared with the staff team who are responsible for the child. This health care plan will include the measures to be taken in an emergency, and is renewed every year or sooner if the condition changes. A copy of the health care plan is given to the parent.
- The health care plan will be written for each individual child, in consultation with parents and the child's doctor or allergy specialist.
- Children's prescribed medicines must be stored in their original containers and clearly labelled, and must be inaccessible to the children.
- Children with severe allergies will often have other relevant prescribed medication (e.g. antihistamines or inhalers).
- All medication will be stored safely in the respective kitchen/office area in a named, clear airtight box, which cannot be accessed by the children. A photo of the child must be on the box too. **All staff must know where the emergency medication is kept.**
- Medication will never be locked away whilst the children are on the premises.
- Michelle Peters will check that any medication held to administer is in date, and will return out-of-date medication to the parent.
- If there are any changes to the dosage of the medication, the nursery must be informed of this in writing.
- Individual training will be provided for the relevant members of staff by a health professional so that the administration of an adrenaline auto-injector is dispensed correctly.
- We have a demo injector to practice on, and staff will have the opportunity to use this regularly.
- We will have regular staff refreshers and practice safe use of the adrenaline injectors.
- Any supply staff will be advised of this anaphylaxis protocol.
- No child may self-administer their medication
- Staff will accurately record each time the medication is administered by completing a record of medicines administered sheet. This will be signed by both staff and parents.

- Parents must ensure that they do not provide any non-permitted food in their child's snack box.
- Each day during the Gan's routine risk assessment, any leftover food found laying around will be collected and disposed of.
- If your child develops allergies/intolerances' during their time with us, it is essential that you make us aware immediately.
- We will check ingredients of all food given to the children whilst they are at Gan. The ingredient list will be shown to the parents of a child who has allergies, so they are aware of what their child is eating. A commitment to reading food labels and maintaining vigilance is essential.
- If any new foods are being introduced or cooking sessions done in Gan, a discussion with you as the parent on the potential hazards will help keep your child safe.
- We will ask for written confirmation once you decide your child may consume a food, once the ingredient list is checked.
- No child will be given food that we are aware they are allergic/intolerant to. An alternative may be discussed with you and you may be asked to provide this, Kashrut permitting.
- Particular care will be taken when planning cooking or craft activities involving the use of empty food packaging to avoid inadvertently exposing a child to allergens. The same level of care will be employed to outside activities.
- No child will be excluded based on their allergy. Activities will be designed and developed to ensure the inclusion of children with allergies.
- Allergy information is displayed on our parent information boards along with our lunch club menu, as well as on our website.
- Regular cleaning of surfaces and hand washing are also important to reduce the risk from allergens.
- An ambulance (999 call) will always be made when a child has an anaphylactic reaction and the adrenaline injector is used.
- The child's parent will always be called if the child has an anaphylactic reaction during school time.
- This policy should be read alongside our managing medicines policy.

Management of an anaphylactic reaction:

- Stay with the child & give reassurance
- Call for the child's medicines
- Call for an ambulance (*they will need to be given your name, our address, postcode, and be told that a child has had an anaphylactic reaction and been given adrenaline. Details of the child will also need to be given, especially their age.*)
- Administer the auto-injector as per training, noting the time injection was given. Parent must be reminded to replace the injector.
- Keep child warm until the ambulance arrives
- If the child is breathless sit them up
- If child is feeling faint, lay flat with raised legs
- If the child has collapsed and is unconscious, protect their airway and place the child in the recovery position

- Commence CPR if necessary

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
- The used syringe in the container/plastic box
- The child's personal details form

Note

- If in doubt, it is safer to give adrenaline than withhold it if the child is developing anaphylaxis
- Never administer adrenaline prescribed for one child to another child
- A member of staff should not take a child to hospital in their own car – they must wait for an ambulance
- Do not allow child to sit up, stand or move away after administering adrenaline, until a paramedic assessment is complete
- On school outings, a trained member of staff or parent must accompany children who require auto-injectors and take responsibility for them
- On school outings, all medication must be taken with
- 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 this first aid procedure:

- Irrigate wound with running water
- Encourage controlled bleeding
- Cover with appropriate dressing
- It is vital that the person concerned attends local A&E department