

Anaphylaxis Management Policy

About Anaphylaxis

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. It is a harmful response by the body to a substance. Anaphylaxis in the most severe form can be life threatening, but can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection, depending on the severity of the reaction.

Characteristics of Anaphylaxis

It is characterised by swelling. Signs and symptoms will normally appear within seconds or minutes after exposure to the allergens.

These include:

- Skin: itchy, flushed, rash, 'wheals', hives or urticaria
- Face: swelling of mouth, lips and tongue
- Throat swelling of vocal chords, hoarse voice
- Airways: swelling resulting in a wheeze or an asthma attack
- Digestive system: abdominal pain, nausea, vomiting, diarrhoea
- Collapse/unconscious: The most common causes/triggers are:
 - Insect bites/stings
 - Tablets/medication
 - Food e.g. nuts, peanuts, eggs, fish, dairy product
 - Avoidance of the trigger, along with access to the child's emergency medication, is necessary to enable the child to be safe at the setting.

Avoiding Trigger Foods

First Friends Preschool will take all reasonable steps to ensure that the child diagnosed with anaphylaxis does not eat any food items unless they have been prepared or approved by the child's parents/carers. Strict adherence to this should avoid the need for urgent medical treatment. Good hygiene training is essential. Where necessary, parents/carers may provide food that is appropriate for their child to eat. First Friends Preschool will consider excluding triggers from our environment where possible.

Arrangements that involve leaving the setting require prior discussion with parents/carers to agree appropriate provision and safe handling of medication.

During cooking activities or activities involving food items, prior discussion will be held between the parents/carers to agree suitable alternatives.

Management of Anaphylaxis

First Friends Preschool will be welcoming to all children with allergies and acknowledge that anaphylaxis is a serious condition affecting a minority of children.

Staff will encourage and help children with allergies to participate fully in activities.

First Friends Preschool will consider all the implications of accepting a child into our setting prior to the completion of a health care plan and training to support in the administration of medication. We will work with parents to ensure that the training delivered is specific to the individual needs of their child.

A health care plan will be drawn up in conjunction with parents/carers, the child's GP/Consultant and the setting; this will enable staff to give the best care to the child. The health care plan will be reviewed termly.

First Friends Preschool will ensure that we have relevant paperwork available to put in place when admitting a child with a medical condition. The medicines will be administered by a trained member of staff, normally the manager or deputy in charge that session. A member of staff who is trained in the administration of an EpiPen is always on duty. We will hold appropriate medication under secure but accessible conditions, clearly labelled for use by a designated member of staff and showing the correct dose and expiry date.

Staff

The team at First Friends who work with the child will be trained in the management of anaphylaxis. If the staff feel that the requests made by parents/carers regarding the administration of anaphylaxis medication are not in line with the advice received during training they may request parents/carers to obtain clear written guidance from the child's GP/Consultant. Preschool staff may not be able to rely on younger children being able to identify or verbalise their symptoms. Therefore, all staff will know how to identify the symptoms and what to do when this happens. If the child has any physical problem (such as those previously stated) for which there is no obvious alternative explanation and the child's condition is a cause for concern, this will be treated as an anaphylactic reaction. A trained staff member will instigate the emergency plan. In the event of an anaphylactic reaction, staff will ensure that the child is not left alone at any time and that the medication/EpiPen is administered as follows:

If prescribed, give the labelled dose of antihistamine medicine (e.g. Piriton or Triludan) if the following has occurred:

- Itchy skin
- Flushed skin
- Blotchy skin
- Hives or wheals or urticaria (all mean raised, red, itchy rash)
- Slight swelling of the mouth
- Tickly throat
- Bad tummy ache

If prescribed, give the EpiPen dose of adrenaline into the fleshy part of the upper, outer thigh if the following has occurred:

- Marked swelling of the lips or tongue
- Difficulty swallowing

- Wheeze or difficulty breathing
- Change in voice or inability to speak
- Drowsiness
- Pallor
- Blue lips
- Loss of consciousness: in this situation it may be necessary to start resuscitation.

If the antihistamine or EpiPen is administered, an ambulance will be called, stating the child's name, that he/she is having an anaphylactic reaction and the precise location of our setting. Parents/carers will be contacted in the order that has been agreed. Whilst waiting for medical assistance, the designated member of staff and qualified first-aider will monitor the child's condition. If condition deteriorates and the child stops breathing, a qualified first aider will begin CPR. The administration of this medication is safe for the child and even if given through misdiagnosis, will not cause any harm. If staff are in doubt they will give the EpiPen. It could save the child's life. When the ambulance arrives the designated member of staff will brief them on the medication given to the child. All medication will be handed over to the medical personnel. Even if the child has recovered following medication, medical attention will still be sought. After the incident, a debriefing session will take place with all members of staff involved.

Parents/Carers:

Should a child have an anaphylactic reaction whilst at our setting and medication be administered, a record of the date, time and trigger for the reaction will be documented and shared with parents/carers who will need to sign the medication form to confirm this. Regulations require that parents give their consent to medications being given to their child and that the provider keeps written records. Parents/carers will replace the used medication and First Friends Preschool will **not accept a child back into the setting until the medication has been replaced**. It is parents/carers responsibility to ensure that any medication required to treat anaphylaxis is in date, that it contains sufficient medication and that it is replaced as necessary. Parents/carers need to complete all documentation prior to the child starting at the setting, or if diagnosed whilst on roll, then immediately the diagnosis has been given. All staff at First Friends Preschool (including temporary workers and volunteers) will be made aware of which children have specific medical needs.

This policy was adopted at a meeting on First Friends Preschool

Held on _____ (date)

Date to be reviewed _____ (date)

Signed on behalf of the management
committee

Name of signatory

Role of signatory (e.g. chair/owner)

Management of Asthma Policy

Policy Statement

First Friends Preschool welcomes children with asthma, ensures that children with asthma can participate fully in school life and recognises that children with asthma need immediate access to their **blue reliever inhalers**.

- Maintains a record of all children with asthma and their medication
- Ensures an asthma friendly environment
- Ensures all staff know what to do in the event of an asthma attack

Guidance

In order to achieve the above, the following guidance is recommended:

- All senior staff receives training from each parent of a child with asthma, ensuring they are aware of how to deal with that child's individual need.
- All staff have a clear understanding of the procedure to follow when a child has an asthma attack.
- Medicines are stored in their original container, clearly labelled, in a securely fastened medicine bag located on a high shelf in kitchen (First Aid Cupboard) and are inaccessible to the children but accessible to Manager/Deputy two practitioners.

The playgroup maintains a list of children with asthma and individual children's records with emergency treatment details on the first aid door

Management of Asthma in Playgroup

Early administration of the **blue reliever inhaler** will cause the majority of attacks to be completely resolved.

- Parents/carers should supply a labelled inhaler and, if needed, a spacer device.
- Parents/carers should provide written details (on a care plan and medication form) of the dose of reliever to be taken if the child has symptoms of asthma whilst at playgroup.
- The care plans and medication forms are kept alongside the medication.
- Information should be dated and signed by the parents/carers.
- Parents/carers should notify the playgroup in the event of any changes.
- Details to be reviewed termly with parents.

In the Event of an Asthma Attack

- Bring the inhaler to the child, not the child to the inhaler. Calm the child as much as possible to maximise the benefit from the inhaler technique.
- Ensure that **2 puffs of the blue reliever inhaler** are taken immediately. Whenever possible, allow medication to be taken where the attack occurs.
- If symptoms do not resolve, continue to give **1 puff every minute for 5 minutes**.
- Stay calm and reassure the child. Stay with the child until the attack is resolved.
- If the attack resolves and as soon as they feel better, the child can return to normal nursery activities.

- The child's parents must be informed of the attack and confirmed in writing so that this information can also be passed onto the child's GP. This should include where and when the attack took place (e.g. area of nursery and what activity), what medication was given and how much was given.

Emergency Situation

Call the ambulance urgently if:

- The blue reliever inhaler has no effect after 5 – 10 minutes of first using.
- The child is either distressed or unable to talk.
- The child is getting exhausted.
- The child's lips are blue.
- You have any doubts at all about the child's condition.

Continue to give the **blue reliever inhaler** (1 puff every minute) until help arrives.

This policy was adopted at a meeting of First Friends Preschool

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Date to be reviewed _____ (date)

Signed on behalf of the management
committee _____

Name of signatory _____

Role of signatory (e.g. chair/owner) _____
