



The Oldershaw School



Statement on Supporting Pupils with Severe Allergies & Prescribed AAI's

Introduction

The Oldershaw School considers the health and wellbeing of the pupils in our care to be our utmost priority. The School recognises that a small number of pupils have a nut allergy/sensitivity. In some cases, nut allergies can cause anaphylaxis, which is a severe and sudden allergic reaction; it is potentially life-threatening and always requires an immediate emergency response. The administration of an adrenaline auto-injector (AAI), often known as an 'EpiPen', is required in the event of a nut allergy triggering an anaphylactic reaction.

The School recognises that severe allergies and / or anaphylaxis must be managed carefully and therefore this statement has been developed to outline the School's support for children with a severe allergy which may result in anaphylaxis to safely manage their medical needs independently.

Where relevant, it should be considered in conjunction with the School's Special Educational Needs and Disability Policy.

Management of Adrenaline Auto-Injectors (AAIs)

A small number of children with severe allergies are prescribed with an adrenaline auto-injector (AAI), which is often known informally as an 'EpiPen'.

Previously, the School has been able to hold 'spare' AAIs but unfortunately, the health climate no longer affords this option as there is a national shortage of AAIs for schools/organisations to hold as 'spares' .

Therefore, the School now expects that any child diagnosed with a severe allergy that could result in anaphylaxis to have a **working, in-date adrenaline auto-injector present in school, clearly labelled with their name, every day. Due to the size of the school site and pupils moving between multiple buildings, the school requests that where possible, the AAI is carried by the child in their school bag.**

Additional Support for Management of AAIs

The School recognises that some pupils lack the confidence or emotional maturity to be able to manage using their AAI independently. Furthermore, due to the life-threatening

nature of anaphylaxis, many parents and carers will wish to ensure that a 'spare' AAI is available in school for their child should the need arise.

To provide additional support in this situation, the School is able to store a 'spare' AAI that has been prescribed for your child. On the basis that the required documentation has been provided, and a prescribed working, in-date adrenaline auto-injector has been provided, this will be stored in an 'Emergency Box', located in the Data Office.

The 'Emergency Box' will be labelled with the relevant information regarding children with severe allergies requiring a prescribed AAI, including name, year group, emergency contact information and photograph. Within the box, the School will store the consent information, medical information and AAI device so that it is available for emergency use.

If you feel that your child is unable to take responsibility for carrying their own AAI or you wish to discuss any element of your child's allergy, please request an appointment to discuss this with the School's SENDCO.

SECTION A - Support for Pupils with Nut Allergies / Sensitivities

Pupil Name _____

Date of Birth _____ Year Group _____

My child is no longer allergic / sensitive to nuts and does not require any management / intervention from the School.

My child is allergic / sensitive to nuts but **does not** present with a severe allergic reaction.
COMPLETE SECTION B OF ACCOMPANYING INFORMATION FORM.

My child is allergic / sensitive to nuts and **is** at risk of a severe allergic reaction requiring the use of an adrenaline auto-injector (AAI), often known as an 'EpiPen'.
COMPLETE SECTION B AND C OF ACCOMPANYING INFORMATION FORM.

Signed _____ Date _____

Name _____

Relationship to Child _____

Severe Allergy Information Form

SECTION B – Allergy Information

Name of Child	
Date of Birth	
My child is allergic to:	
The specific symptoms of my child's nut allergy reaction are:	
Has your child experienced an anaphylactic reaction following exposure to nuts?	YES NO
Has your child been prescribed an adrenaline auto-injector to treat anaphylaxis?	YES NO <i>If answering 'yes', you must also complete Section C of this form</i>
Emergency Contact Name	
Relationship to Child	
Phone Number	

SECTION C – Adrenaline Auto-Injector Information

Name & Type of Medicine	
Expiry Date	
Dosage & Instructions	
Are there any known side effects the Academy should be aware of? If yes, please give details.	
Any Special Instructions	
Additional information to be shared with paramedics/emergency services?	

- My child can independently carry their adrenaline auto-injector and it will be stored in their bag during the school day.
- My child can independently self-administer their adrenaline auto-injector and I give consent for them to do so in the event of a severe allergic reaction.
- My child is not currently able to carry their own adrenaline auto-injector and I would like this to be stored by the School. I understand that this may result in a short delay in the AAI being administered. **You will be contacted to discuss this further.**
- My child cannot independently self-administer their adrenaline auto-injector and I give consent for a member of staff to support them in the event of a severe allergic reaction. **You will be contacted to discuss this further.**

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to School staff administering medicine in accordance with School's policy. I will inform the School immediately, both verbally and in writing, if there is any change in medication or treatment regime.

Signed _____ Date _____

Name _____

Relationship to Child _____