

SCOIL IOSA

ALLERGEN AND EPIPEN POLICY AND PROCEDURE

Policy and procedures for managing food allergies in Scoil Íosa

Food allergies can be life-threatening.

The risk of accidental exposure to foods can be reduced in the school setting if:

Staff, children, parents, work together to minimise risks of exposure to allergens and provide a safe environment for food-allergic children.

When to use an EpiPen

Anaphylaxis is the name of the potentially life-threatening reaction that can happen when you're allergic to bees, shellfish, peanuts or any other of a number of allergens.

Recognising the symptoms of an Anaphylaxis Attack.

Not everyone affected by anaphylaxis will experience the same thing, but common symptoms include the following:

- Mild Reactions may include: Hives, itching, flushing and swelling of the lips, eyes, face and tongue and roof of the mouth and a tingle in the mouth. Abdominal Pain, vomiting and nausea.
- The airway is often affected, resulting in tightness of the throat, chest tightness and difficulty breathing.
- These life-threatening allergic reactions can also be accompanied by chest pain, low blood pressure, dizziness and headaches.
- Circulation can be impaired in the form of the child becoming pale, skin becoming clammy, rapid, weak pulse, blue colouring around the mouth and feeling faint.
- The child may also become confused, agitated and have altered consciousness.
- Exposure can result in swelling of the lips, eyes and throat and a generalised rash appearing.

Actions to Take

1. If a child shows signs or symptoms of a life-threatening allergic reaction, administer EpiPen immediately as prescribed.
2. A delay in administering epinephrine can be life-threatening.

- Along with parents and the child (age appropriate) work together to establish an Individual Emergency Plan
- Ensure that all staff who interact with the child on a regular basis are aware of and understand food allergies, can recognise symptoms and know what to do in an emergency.
- Ensure medications are appropriately stored, and ensure that an emergency kit is available that contains a physician's standing order for the use of an EpiPen or equivalent.

The use of an EpiPen in School

- EpiPens should be kept in a secure, (out of reach of children) but unlocked location that is easily accessible to school staff.
- Designated school staff will administer EpiPen in an emergency.
- Be prepared to handle a reaction and ensure that there is a staff member available who is willing to administer medications during the school day, regardless of time or location.
- The school will have a care/emergency plan in place if one of the children has an allergy.
- Review policies and prevention plans with staff and parents/guardians after a reaction has occurred.
- It is the responsibility of the child's parents to provide and replace the EpiPen and ensure the EpiPen they have supplied to the school for their child is in date.
- The school must ensure to discuss outings or occasions in school when food may be available (Halloween Party, Grandparents' Day etc) with the family of the food-allergic child to decide appropriate strategies for managing the food allergy.
- The EpiPen, as well as emergency contacts, must be taken on all outings the child is attending.

EpiPen Parental/ Guardian Consent:

I (Parent/Guardian's Name) _____, state that _____ (Child's Name) will be bringing an EpiPen to school for the duration of their time in school.

I understand that by identifying that, he/she will have his/her EpiPen safely stored in this school at all times during hours of service. If the child does /does not have their EpiPen on them, they may not be able to participate in some activities.

I will ensure that I will supply my child's EpiPen to this school and to make sure that it is replaced if used, or the expiry date is approaching.

I _____ give permission for my child to be assisted by staff with the administering of his/her EpiPen in the case of a medical emergency. I agree to the procedure outlined in this policy if my child has an allergic reaction while attending this school.

I _____ (parent's/guardian's name) give permission for staff in this school to administer the EpiPen to my child _____ (Child's Name), if he/she displays symptoms of a severe reaction or becomes unconscious due to an allergic reaction.

I have read and understood the previous information and I understand and agree to the above statement in full.

(Parent/Guardian's signature): _____ Date: ___/___/___

(Parent/Guardian's signature): _____ Date: ___/___/___

Thank you for your cooperation. Please return this consent, to our school as soon as possible.

Signature: _____

Date: ___/___/___