**Form 2B**

**Individual Health Care Plan**

***Allergies/ Anaphylaxis***

CORPORATE HEALTH & SAFETY | VERSION 4.05 | June 2023

This plan relates to the health care needs provided to this school to the child / young person named below in relation to the safe management of the condition above. School staff involved in the day-to-day care of this child should be made familiar with the contents of this plan, so they are aware of when they need to act, and what they and others need to do.

**Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Class\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Any allergic reaction, including the most extreme form, anaphylactic shock, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it wrongly perceives as a threat.*

 *Anaphylaxis Campaign*

**Emergency Contact details:**

**Contact 1**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact numbers**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact 2**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact numbers**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Possible symptoms of allergic reactions**

A life threatening reaction

|  |  |
| --- | --- |
| **Airway** | - Tightness or a lump in the throat, hoarse voice, hacking cough. |
| **Breathing** | - Short of breath, cough, not able to speak in full sentences, noisy breathing, wheezing. |
| **Conscious level**  | -Feeling faint, weakness or floppiness, glazed expression, unconscious. |
| **Deterioration** | - Symptoms getting steadily worse. |

**If a child is having a life-threatening reaction**

|  |
| --- |
| **1.** **Give Autoinjector** in the outer thigh muscle.  |
| **2.** Once the Autoinjector has been given, **Dial 999 for the ambulance**. even if the child is making a good recovery |
| **3.** If the child is conscious and having breathing difficulties, help them to sit up.  If they are faint or floppy, they are better lying flat with their legs raised up. |
| **4.** Repeat dose in 5 -10 mins if continued deterioration – often given by the ambulance crew |

A non-life-threatening reaction

|  |  |
| --- | --- |
| **Eyes** | - itchy, runny, swollen |
| **Nose** | - Itchy, runny, congested |
| **Mouth** | - itchy or swollen lips or mouth |
| **Skin** | - itchy hives or nettle rash, redness, swelling of the face or other parts of the body |
| **Gut** | - nausea, stomach cramps, vomiting, diarrhoea |

If the child is having a non-life-threatening reaction:

|  |
| --- |
| 1. **Give Antihistamine** syrup or tablet |
| 2. The child should **Rest** and* **Not** do strenuous exercise
* **Not** eat a heavy meal.
* **Not** have any form of fizzy drink.
* **Not** have a hot bath or shower
 |
| 3. **Contact** the parents or guardian |
| 4. **Do not leave the child alone** as the severity of symptoms can change quickly |
|

**Emergency care**

Please fill in this section if your child has been prescribed emergency medication for their allergy.

**Child’s name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Class**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Name and strength of medication**

|  |
| --- |
|  |

1. **When should medication be given?**

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| --- |
|  |

1. **How much medication should initially be given?**

|  |
| --- |
|  |

1. **What action should be taken if medication is given?**

|  |
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|  |

1. **What action should be taken if medication is not effective?**

|  |
| --- |
|  |

**Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_**

 **Non-Emergency Allergic Reactions in your child at school**

1. **What causes the allergy/ what is your child allergic to?**

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| --- |
|  |

1. **Any other health conditions:**

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| --- |
|  |

1. **Early warning signs/Symptoms of child’s allergic reaction,**

|  |
| --- |
|  |

1. **What action should be taken if the child has an allergic reaction?**

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| --- |
|  |

1. **What can be done to help prevent or minimise allergic reaction?**

|  |
| --- |
|  |

**Medications given at home** (please include all medication)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of medicine** | **Is this prescribed for allergy?** | **Strength/Amount given** | **Times given** |
|  |  |  |  |

**Medication to be given in school**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of medicine** | **Is this prescribed for allergy** | **Strength/Amount given** | **Times to be given** |
|  |  |  |  |

**Heath care plan agreed by**:

 Parent/carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Healthcare professional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Member of school staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parents/carers are responsible for ensuring that the school is aware of their child’s needs and should update the school as necessary.**

**This care plan will be reviewed yearly or more often if required, it will be shared with staff in school that are involved in the child’s care. Copies will be kept in the school office and in the classroom. Parent/carer to have a copy.**

**Plan reviewed**

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

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By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_