

Epipen information

A person who carries an Epipen will have a diagnosed allergy to peanuts, other nuts, fish, shellfish, milk, bee or wasp stings, latex or a similar allergen. Even eating, drinking or ingesting a tiny amount of that allergen can cause a reaction.

When the person comes into contact with the allergen, he will have a sudden, catastrophic allergic reaction, involving the whole body, called an anaphylactic shock. Initially the area where the allergen has entered the body will swell; the patient will begin to panic and soon collapse, unconscious.

Immediate medical treatment is essential - without it his heart and circulation may fail and the person could die. For this reason, settings need to have in place very clear guidelines about the care of a child who comes with an Epipen.

Procedure for accepting a child who uses an Epipen –

1. All nominated members of staff who are willing to support the child need training, which is individual to the child, before the child comes to the setting without a parent present;

2. An individual care plan for the child, which should include –

- Name, address and date of birth of child;
- Parent contact details;
- Emergency contact details – at least 3;
- Name and phone numbers for hospital / Consultant / Doctor;
- Medical diagnosis;
- Description of the medical needs of the child and details of the child's symptoms;
- Details of daily care requirements, including action to be taken when care is needed;
- Details of what constitutes an emergency for the child;
- What needs to be done and in what order;
- Parental wishes if the child requires hospitalisation.

3. Contact your insurance company and find out what their requirements are. Some insurance companies want evidence that the practitioner has attended training and medical notes from the Consultant to state the child needs the pen;

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4. Request 2 Epipens from parents and discuss their storage. As the pens will be needed in an emergency, it would be a mistake to lock them away if there is risk the key might not be immediately accessible, so this needs careful thought. I have mine stored at high level, in a box clearly labelled with the child's name and with instructions in the box;
5. Update risk assessments to show all the above;
6. Book annual training and put it in the setting diary so it is not forgotten;
7. Write policy and procedure for the use and storage of Epipens in the setting, including what happens if teenagers carry their own pens. For example, their school bags need to be put on a high shelf out of sight and reach of younger children in the setting / you still need a spare in case they lose their pen etc;
8. Make sure your medication form is clear on when you give the pen and what you do afterwards. Medical advice states that anyone who has an anaphylactic shock should be hospitalised, so be clear you will ring for an ambulance;
9. While respecting confidentiality, request a 'no nuts' (or whatever the allergen is) rule if parents send packed lunches and be careful to check all lunch bags to ensure the risks of cross contamination are kept to a minimum. Be especially careful if you are giving out snacks and one child reaches over to another child's plate to take food;
10. Ensure the pen is available on outings. It will need to be secure in your bag but immediately available in an emergency. Also make sure that you carry the child's emergency paperwork whenever you are out of the setting, which states clearly that the child has an allergy and it is possible he will have an anaphylactic shock. It is recommended that the child wears a 'Medic Alert' bracelet, so that if you are injured or unable to speak for the child, medical staff will be aware of the situation.