



# Anaphylaxis Policy

## **Adoption Arrangements and Date**

**Review Body:** Headteacher  
**Responsibility:** Deputy Head  
**Policy Type:** Non-statutory

**Adopted:** November 2017

Bennett is a Church of England school where the principal aim is to provide a Christian framework for learning and development. In this context all students are treated with respect, and the safety and well-being of each individual student in the school's care are of prime importance. This policy sets out the school's procedures for managing allergies and anaphylaxis safely and appropriately in school.

This school aims to provide all children with allergies the same opportunities as others at school. We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- Achieve economic well-being.

### **Definitions**

*Anaphylaxis* is a severe and potentially life-threatening allergic reaction at the extreme end of the allergic spectrum. Anaphylaxis can occur within minutes of exposure to the allergen, although sometimes it can take hours. It can be life threatening if not treated quickly with adrenaline.

Any allergic reaction, including anaphylaxis, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it perceives as a threat.

*Anaphylactic shock* is the most extreme form of an allergic reaction.

Common triggers of anaphylaxis include:

- Peanuts and tree nuts – peanut allergy and tree nut allergy frequently cause severe reactions and for that reason have widespread publicity
- Other foods (e.g. dairy product, egg, fish. Shellfish and soya)
- Insect stings
- Latex
- Drugs.

On rare occasions there may be no obvious trigger.

Allergies are increasingly common. There are a number of students in this school with allergies who are at risk of anaphylaxis. Research shows that 1 in 70 children are allergic to peanuts but this figure may be as high as 1 in 50 if tree nuts are included.

*Anti-histamines.* Some students with severe allergies will be prescribed anti-histamines for use to relieve mild symptoms or as part of their emergency procedure for a severe reaction, or both. If they do need them they will come in either liquid or tablet form. Directions on when to give anti-histamines should be taken from the student's Individual Health Care Plan (IHCP) which will be stored in the case with the anti-histamine. Be aware that directions may vary from one student to another. If anti-histamines are prescribed as part of the emergency procedure they should be kept together with the student's adrenaline injector pen.

*Injectable adrenaline.* Every student who is at risk of anaphylaxis should be prescribed an adrenaline injector. Treatment of anaphylaxis requires intramuscular adrenaline – an injection of adrenaline into the muscle. The student may be prescribed two adrenaline injectors, either the EpiPen or the Anapen. Adrenaline is also called epinephrine.

### **Individual Health Care Plans (IHCP)**

This school uses an IHCP to record important details about individual children's allergies, their triggers, signs, symptoms, medication and other treatments. An IHCP is sent to all parents of students with severe allergies for completion. This is sent:

- at the start of the school year
- at enrolment
- when a diagnosis is first communicated to the school.

The parents, healthcare professional and student with severe allergies are asked to fill out the student's IHCP together. Parents then return these completed forms to the school nurse.

IHCPs are used by this school to:

- create a centralised register of students with severe allergy. The school nurse has responsibility for the register at this school.
- inform the appropriate staff and supply teachers about the individual needs of a student with a medical condition in their care
- remind students with severe allergies to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times
- identify common or important individual triggers for students with severe allergy at school that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of common triggers
- the plan will include details of the emergency medication, how to tell if those students' allergy symptoms are getting worse and what they should do about it and what to do if the student has an anaphylactic reaction.
- ensure that all medication stored at school is within the expiry date
- ensure this school's local emergency care services have a timely and accurate summary of a student's current medical management and healthcare in the event of an emergency
- remind parents of students with severe allergies to ensure that any medication kept at school for their child is within its expiry dates. This includes spare medication.
- provide consent by the parents for staff to administer emergency medication.

Parents at this school are regularly reminded to update their child's IHCP if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change.

Every student with an IHCP at this school has their plan discussed and reviewed at least once a year.

## **Storage and access to IHCPs**

- Parents and students at this school are provided with a copy of the student's current agreed IHCP.
- IHCPs are kept with the emergency medication in the Front Office in an unlocked cupboard.
- When a member of staff is new to a student group, for example due to staff absence, the school makes sure that they are made aware of any students in their care who have allergies.
- This school ensures that all staff protect student confidentiality.
- This school seeks permission from the student and parents before sharing any medical information with any other party, such as when a student takes part in a work experience placement.

## **School trips**

The teacher in charge will be provided with the IHCP and all spare emergency medication. Where necessary, staff attending the trip will be trained in the management of anaphylactic shock by the School Nurse.

Parents are sent a residential visit form to be completed and returned to school shortly before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the student's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the student manage their condition while they are away. This includes information about medication not normally taken during school hours.

All residential visit forms are taken by the relevant staff member on visits and for all out-of-school hours activities where medication is required. These are accompanied by a copy of the student's IHCP.

All parents of students with severe allergies attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication as necessary.

The residential visit form also details what medication and what dose the student is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the student manage their condition while they are away.

## **Exercise and anaphylaxis**

A few children have exercise – induced anaphylaxis. This can be caused by exercise alone or a combination of food and exercise. The parents, school nurse and PE department must decide together which activities are acceptable and which are not. These will be recorded on the IHCP.

- When going outdoors for PE or other activities the student's emergency medication should be kept close at hand at all times. A good place is in the 'valuables' tray with a teacher.
- If a student wears a medical alert talisman they should not be asked to remove it. However, to avoid injuries it should be covered over with a sweat band or something similar (if on the wrist), as long as the teacher in charge knows the student and is aware of their condition.

## **Staff training**

**We endeavor to ensure that all staff understand what to do in the event of a student suffering from anaphylactic shock.**

- Where staff agree to administer treatment and medication to a student in an emergency, training sessions will be organised by the school nurse. The training session will include:
  - What is anaphylaxis?
  - Signs and symptoms
  - Emergency procedures, including where and how to administer the students prescribed adrenaline injector.
- All staff at this school are aware of which student's suffer from allergies.
- Staff at this school understand their duty of care to students in the event of an emergency. In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent. This may include administering emergency medication.
- All staff who work with groups of students at this school receives training and know what to do in an emergency for the students in their care with allergies.
- Training is refreshed for all relevant staff at least once a year.
- Action for staff to take in an anaphylactic emergency at this school is displayed in prominent locations for all staff including classrooms, kitchens and the staff room.

All school staff who volunteer or who are contracted to administer medication are provided with training by a healthcare professional. The school keeps a register of staff who have had the relevant training; this will be displayed on the wall in the medical room.

Staff not wishing to volunteer to administer an adrenaline injector will have the management of anaphylaxis training only.

## **All staff understand the school's general emergency procedures**

All staff know what action to take in the event of a medical emergency. This includes:

- how to contact emergency services and what information to give
- who to contact within the school.
- training is refreshed for all staff at least once a year.
- action to take in a general medical emergency is displayed in prominent locations for staff. These include classrooms, the staff room, food preparation areas and sporting facilities.
- If a student needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the student knows.
- generally, staff should not take students to hospital in their own car. This school has clear guidance from the local authority on when (and if) this is appropriate.

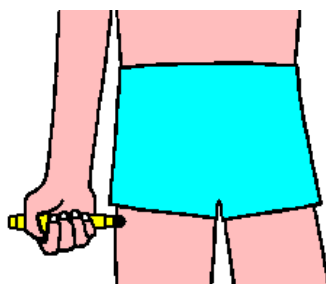
## **Adrenaline at school**

- It is the responsibility of parents to inform the school what allergens the student should avoid.
- Students with anaphylaxis will normally be prescribed two adrenaline injectors to keep near them at all times.

- Students must carry their emergency medication on them at all times. When going out for PE it should be handed to the tutor for safe keeping.
- Parents are requested to supply a spare adrenaline injector, to be stored in an **unlocked** cupboard in the Front Office. This will be sent out on school trips with them.
- Adrenaline injectors will be stored in a see through plastic pouch along with any other emergency medication prescribed for the student. This will also contain the student's written emergency procedure and emergency contact numbers. The pouch will be clearly labelled with the students name and, where possible, their photograph.
- All staff must make themselves aware of where the emergency medication is stored and who is trained to administer it. A list of those trained to do so will be visible next to the emergency medication.
- The adrenaline injectors must be stored at room temperature.
- Parents are responsible for checking expiry dates of all medication and should replace them as necessary. However, the school nurse will send a reminder by post approximately two weeks before the expiry date of those adrenaline injectors stored at school. If no replacement is provided a second letter will be sent, followed by a telephone call.
- The school will not be held responsible if the parents fail to supply an up to date adrenaline pen to be stored as a spare.
- All medication must be returned home during the holidays.
- If adrenaline is given but the student is not having an allergic reaction there should be no serious side effects, but their heart beat could increase and they may have palpitations for a few minutes. However, they should still be taken to hospital for observation.
- Students with allergies should be discouraged from sharing food.

### How to administer intra-muscular adrenaline

Adrenaline should be administered into the upper outer aspect of the thigh (*diagram 1.*)



(Diagram 1)

Both injectors are pre-measured and contain a single dose. After use the injector should be made safe by placing in a rigid container and then handed to the paramedic or ambulance crew to be taken with the student to hospital, both for their information and disposal.

### **How to use – EpiPen**

- The EpiPen is administered into the upper outer aspect of the thigh.
- Remove the grey safety cap, with the black tip facing down.
- Hold the pen 5-10 centimetres away from, but at right angles to, the thigh and jab firmly.
- Hold in place for 10 seconds.
- Place the device in a rigid container.
- Call an ambulance to take the student to hospital.
- Inform the parents or guardians.

### **How to use – Anapen**

- The Anapen is administered into the upper outer aspect of the thigh.
- Remove the black needle cap
- Remove the black safety cap from the firing button.
- Place the pen on the upper outer aspect of the thigh.
- Press the firing button.
- Hold in place for 10 seconds then remove.
- Place the device in a rigid container.
- Call an ambulance to take the student to hospital.
- Inform the parents or guardians.

**Make a note of the time the adrenaline is given in case a second dose is required and also to notify the ambulance crew.**

### **Emergency Procedure**

#### **Signs and symptoms**

Anaphylaxis has a whole range of symptoms. Any of the following may be present, although most students with anaphylaxis would not experience all of these:

- Generalised flushing of the skin anywhere on the body
- Nettle rash (hives) anywhere on the body
- Difficulty in swallowing or speaking
- Swelling of throat and mouth
- Alterations in heart rate
- Severe asthma symptoms
- Abdominal pain, nausea and vomiting
- Sense of impending doom
- Sudden feeling of weakness (due to a drop in blood pressure)
- Collapse and unconsciousness

## Do...

- stay calm
- never leave a student in anaphylactic shock
- immediately seek help from a member of staff trained in anaphylaxis emergency procedures
- the trained member of staff should assess the situation, following the student's emergency procedure closely, as outlined in their IHCP
- administer appropriate medication in line with perceived symptoms. This may include their adrenaline injector pen if they are incapable of administering it themselves.
- be prepared to administer a second adrenaline injector after 10-15 minutes if symptoms have not improved or the student's condition is worsening.
- make a note of the time all medicines were administered.
- place all sharps in a rigid container.

**When symptoms are those of anaphylactic shock the position of the student is very important because anaphylactic shock involves a fall in blood pressure.**

- If the student feels faint or weak, looking pale, or beginning to go floppy, lay them down with their legs raised. They should not stand up.
- If there are also signs of vomiting, lay them on their side to avoid choking.
- If they are having difficulty breathing caused by asthma symptoms and/or swelling of the airways, they are likely to feel more comfortable sitting up.

**Call an ambulance urgently if the student's symptoms are a cause for concern or if you have had to administer an adrenaline injector pen. Even if the student's symptoms have improved following using an injector pen, they may relapse.**

State:

- the name and age of the student
- that you believe them to be suffering from anaphylaxis
- the cause or trigger (if known)
- Inform the parents

On the arrival of the ambulance the staff member in charge of the situation should inform them of the time and type of all medicines given. All used adrenaline injectors must be handed to the ambulance crew

**If you are unsure whether or not a student with a known allergy is having a reaction, treat it as if they are. It is safe to administer an adrenaline injector to a student who may not need it. However, if you fail to administer it to a student who does need it, the result may be fatal.**