



Anaphylaxis Policy

RATIONALE

Anaphylaxis is a severe systemic allergic reaction which can be life threatening and requires immediate medical attention. The whole body is affected usually within minutes of exposure to the allergen but can also occur up to 2-3 hours later

PURPOSE OF POLICY

This policy aims

1. To give guidelines regarding anaphylaxis symptoms and treatment.
2. To clarify the roles and responsibilities for the storage and administration of adrenaline pens and/or antihistamine.
3. To identify practical measures for dealing with anaphylaxis in emergency situations.

GUIDANCE

Anaphylaxis is an acute, severe allergic reaction needing immediate medical attention.

An anaphylactic reaction is caused by the sudden release of chemical substances, including histamine, from cells in the blood and tissues where they are stored. The release is triggered by the reaction between allergic antibodies (IgE) and the allergen.

In its most severe form, the condition is life-threatening.

Symptoms

Symptoms, which usually occur within minutes of exposure to the causative agent, may include the following: -

- Swelling of the mouth or throat
- Difficulty in swallowing or speaking
- Alterations in the heart rate
- Hives anywhere on the body
- Abdominal cramps and nausea
- Sudden feeling of weakness
- Difficulty breathing
- Collapse and unconsciousness

Not all of these symptoms need to be present at the same time.

Aggravating Factors/Triggers – most common

Peanuts	Tree nuts	Milk
Egg	Sesame	Fish
Shellfish	Wasps	Bees
Latex	Penicillin (and other drugs)	Kiwi Fruit
Lupin		

Management of Treatment

Medication

Management of Anaphylaxis requires a partnership between the child and their family, health professionals, School and other adults caring for the child. Since Anaphylaxis is a life threatening disease, it is important the child understands their condition, and is able to identify their triggers.

When a child is at risk of anaphylaxis, the treating doctor will prescribe medication for use in the event of a severe reaction. These may include antihistamines or adrenaline injection.

Staff to be trained in administering the adrenaline injection.

The adrenaline injectors prescribed in the UK at present are Emerade®, EpiPen® and Jext®. They are often referred to as 'adrenaline auto-injectors' or 'AAIs

Children diagnosed with anaphylaxis will be given a detailed Anaphylaxis plan by their GP/hospital which details their prescribed medication and action to be taken in the event of an attack.

EMERGENCY PROCEDURES

- As soon as a severe reaction is suspected, an adrenaline injection must be administered.
- The person should remain as still as possible. Ideally, they should be laying down and if they are feeling weak, dizzy or appear pale and sweating their legs should be raised.
- Call 999 – say the person is suffering from anaphylaxis. Give clear and precise directions to the operator, including postcode BS48 4YZ.
- Make a note of the time adrenaline was given. If there is no improvement, a second dose can be administered after 5 minutes.
- If the person deteriorates after making the initial 999 call, make a second call to ensure an ambulance has been dispatched.
- Send somebody outside to meet/direct the ambulance.
- Try to ascertain what food or substance caused the reaction and inform the ambulance crew of this.

School Procedures

The following procedures will be followed when a child at risk of anaphylaxis is admitted to the school: -

- A Health Care Plan will be drawn up in conjunction with the parents. This plan forms an agreement that the best possible support is in place for both the child and the school staff. Copies of this plan will be held by the class teacher and the school office. It will accompany the teacher in charge on any school trips.
- The school will arrange for annual Anaphylaxis training by the School Nursing Team for all appropriate staff.
- A photograph of a child at risk of anaphylaxis will be placed in the staff room thereby ensuring that he/she is known to all.
- Medication for the child will be kept in a safe place in the classroom and will accompany the teacher in charge on school trips and to swimming lessons
- Notes on children at risk of anaphylaxis will be placed in the register and swimming register.

Storage of Medication

Medication should be

Accessible

Clearly labelled

In date

Avoid extremes of temperature

Day-to-Day Measures

- Ensure that catering supervisors are aware of an allergic child's requirements, and have photographs of children with allergies. However, this should be dealt with sensitively, and not be visible to students.
- Be aware that some allergens, such as milk, are much more common in schools, and therefore may require a more extensive strategy.
- Include food-allergic children in school activities. Pupils should not be excluded based on their allergy. School activities should be designed and developed to ensure the inclusion of food allergic pupils.
- Ensure the staff have received training in managing severe allergies in schools, including how to use an adrenaline auto injector.
- Arrange staff training to ensure all staff can recognise symptoms; know what to do in an emergency, and work to eliminate the use of allergens in the allergic pupil's meals, educational tools, arts and crafts projects.
- Ensure that medications are appropriately stored, and easily accessible in a secure location (but not locked away) central to designated staff members.
- Review policies after a reaction has occurred.

Conclusion

A child at risk of anaphylaxis presents a challenge to any school. However, with sound precautionary measures and support from the parents and staff, school life may continue as normal for all concerned.

Date adopted by Governing Body:

14th July 2021

Date to be reviewed by the Governing Body:

July 2024