

School Anaphylaxis Policy



Bishop Road Primary School

Adopted by the Senior Leadership Team and shared with the Finance, Buildings, Health & Safety Committee

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This policy has been written with consideration of with the following school policies:

- Supporting Pupils with Medical Conditions, Safeguarding, Health and Safety and the school Equalities Plan

Anaphylaxis Policy

The Aims of this Policy are:

1. To take all reasonably practicable steps to ensure that children at risk of anaphylaxis do not have any anaphylactic reaction.
2. To ensure that if an anaphylactic reaction does occur it is dealt with appropriately.
3. To increase awareness of food allergies.

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I. INTRODUCTION

In Britain at least one percent of the population suffer from an extreme life-threatening allergy to certain food, medication or insect stings. For them, exposure to even a minute amount (1.5000 th of a teaspoon) of the substance to which they are allergic can trigger anaphylactic shock.

Anaphylactic shock is an allergic reaction affecting all the major body-organ systems. This **usually occurs within minutes** but can occur hours after the exposure to the triggering substance. Without immediate medical intervention the victim may die.

Although peanuts and peanut products are the foods that most commonly cause anaphylactic shock, dairy products, latex, tree nuts, shellfish, sesame seeds, fish or any other food can cause this dangerous condition in allergic individuals, as well as non-food substances such as insect stings, penicillin and latex. **Each subsequent exposure to the allergen can increase the severity of the reaction.**

The emergency response to this condition is the administration of epinephrine (also called adrenaline), usually with an EpiPen[®]. Epinephrine can be safely administered with this device by non-medical personnel with minimal training.

Anaphylactic reactions can occur with individual with no known history of such reactions. Food allergy reactions are notoriously unpredictable and severe reactions are possible in someone who in the past has had only minor reactions. **50% of nut allergy sufferers develop the condition after their fifth birthday.**

The information provided in this Policy will inform and assist staff with strategies for the management of pupils who are known to be at risk of anaphylactic shock.

II. DEFINITION OF AN ANAPHYLACTIC SHOCK

Anaphylactic shock is a severe allergic reaction. It occurs when an allergic individual is exposed to a particular material such as peanuts, nuts, eggs, fish, or is stung by an insect such as a bee, hornet or wasp, or is given medication such as penicillin or aspirin. When the allergens enters the bloodstream large amount of histamine are produced, one of the main chemicals responsible for causing swelling and inflammation. This can lead to a sudden severe lowering of blood pressure, constriction of the airways and lungs, swelling of the tongue and throat, loss of consciousness, and death.

III. SYMPTOMS OF ANAPHYLACTIC SHOCK

In the case of a pupil who is known to be at risk of anaphylactic shock and who is exposed to a particular material, the occurrence of one or more of the following symptoms, in any combination, could indicate anaphylactic shock:

- Nettle rash or blotchiness (especially around the mouth)
- Feeling anxious or strange
- Tingling/metallic sensation in the mouth
- Abdominal cramps/nausea
- Difficulty of breathing or swallowing
- Swelling of face (especially eyelids, lips, or tongue) throat tightness or closing
- Unusual/profuse vomiting
- Panic or sense of doom
- Fainting or loss of consciousness.

Immediate administration of the EpiPen is required when a pupil who is known to be a risk of anaphylactic shock exhibits any of the above symptoms following exposure to a particular material.

In situations where it is uncertain that anaphylactic shock is occurring, it is advisable to administer the EpiPen. There is a very little chance of an adverse reaction to the medication and any adverse reaction is usually very mild, but there can be serious consequences if any anaphylactic reaction is occurring and the EpiPen is not given.

If the EpiPen is given by a member of the staff, on suspicion of a child having an anaphylactic reaction, that member will not be held responsible for any adverse effects.

IV. PREVENTION AND MANAGEMENT PROCEDURES

When a pupil who is subject to extreme allergic reactions is identified, the Policy Coordinator will manage the development of procedures to enhance the safety of the pupil. The following elements will be addressed in the plan:

a. Prevention

A prevention plan to minimise the pupil's exposure to the triggering material, appropriate to the maturity and reliability of the pupil and severity of the problem, should be developed.

Prevention measures may include:

- Self-supervision
- Education programmes for classmates, schoolmates.
- Request to parents of pupils in classrooms/school to assist in management of exposure to the allergen, and
- Minimising the presence of triggering material in school and school-related activities.

Exposure to nuts is the most common cause of death due to anaphylaxis. Reactions to nuts can be triggered through **skin contact** and by **inhalation of dust particles**. This is rarely the case for other common food allergies, as the smallest amount required to trigger a reaction is one hundred times smaller for nuts than for other food allergens. Reactions to nuts especially peanuts are generally more severe than reactions to other foods. Therefore it is recommended that allergies to peanuts and nuts require the most stringent management plans. Strong initiatives to control exposure to peanut products and nuts are warranted.

For all the above reasons and because nut allergy is the most common food allergy, the School has a no-nut policy, which asks that parents should not send high-risk nut-containing foods in packed lunches such as nut-spreads, nutty chocolate/cereals bars or packets of nuts or any foods obviously containing nuts. This does not include foods which are labelled "may contain nut traces". Cooked school dinners do not contain nuts but they are not guaranteed to be free of nut traces. However, the caterer will provide special meals for children with any food allergies. Younger pupils are obviously more dependent and require a higher level of care. When a pupil who is a risk of anaphylactic shock is enrolled, the objective should be the establishment of a classroom or classrooms which are free of the substance which could place the allergic pupil at risk of anaphylactic shock. This is more likely to be achieved through the use of a consultative process. All parents should be provided with information regarding the risk of anaphylaxis to pupils.

Staff should plan to control activities with increase risk. Lunchtimes is the time of the highest risk. All pupils should be discouraged from eating lunches or snacks other than in supervised areas with particular care taken at break times with any snacks. All pupils should also be discouraged from sharing lunches and encouraged to wash hands after eating. The use of food in art and cookery activities may have to be restricted. Parents who send treats to school for particular occasions should be asked to exercise caution and should be reminded of the no-nut policy.

The implementation of prevention plans reduces, but does not eliminate, risks. Even with the adoption of avoidance policies, it is unwise to assume that a school is free of a particular allergen.

b. EpiPen (epinephrine/adrenaline)

EpiPens supplied by parents must be readily available, and all staff who may need to administer the medication must be regularly trained to do so. A mechanism by which all staff can identify the pupils at risk is available and provision is made for informing supply teachers and other temporary staff about the pupil and their potential responsibilities.

EpiPens need to be near children at all times and worn while eating. They need to be taken to the gym, music room, library, etc. and hung on hooks by the door or on the hooks by the orange triangle symbol in the playgrounds. Teachers need to encourage older children to remember by themselves, but should remind them if they forget. Some parents are happy for EpiPens to be kept in the office.

The School has trainer EpiPens for the use of staff who wish to practise or remind themselves of its use.

c. Emergency Actions

As in the case of any potential crisis, advance planning will be helpful in successfully managing the event. If you think a child is having an anaphylactic reaction, send someone to dial 999, Ambulance, message: Anaphylaxis, Child. The emergency action is as follows:

	Symptoms	Action
Early	Nettle rash/ blotchiness (especially around the mouth) Feeling anxious / strange Tingling/metallic sensation in mouth Abdominal cramps/nausea	Observe closely for severe symptoms Give Piriton (and Ventolin inhaler if carried in child’s emergency bag, see child’s individual plan) Keep child calm and still Send for assistance DO NOT GIVE WATER Do not leave
Severe	Distressed breathing Swelling of face, throat, neck Unusual/profuse vomiting Feeling faint Unconsciousness Feeling of doom	GIVE EPI-PEN (found in child’s emergency kit) GIVE VENTOLIN IF CHILD IS ASTHMATIC GIVE 2ND EPI-PEN AFTER 5 MINUTES IF NO IMPROVEMENT (SOME CHILDREN MAY NEED FURTHER EPIPENS)

	If collapsed, put in recovery position
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This information can be found on the emergency information cards which hang in all classrooms and other strategic points around school.

Although parents are contacted if a reaction is suspected, this must not delay emergency action such as calling 999 or administering EpiPen.

In the case of a pupil known to be at risk of anaphylactic shock, particular attention has to be given to the management of field trips and other school activities off the school site such as sports, swimming and choir. Staff should ensure that the required emergency plan can be implemented if the need arises. Parents are encouraged to give detailed information on the health care plan named 'specific consideration required'.

d. Other Precautions

If a child known to be at risk of anaphylaxis says they are feeling unwell they should be watched for symptoms of anaphylaxis and not left unattended outside the school office while waiting for a parent or guardian to arrive.

V. RESPONSIBILITIES

The management of pupils with severe allergies requires a clear understanding of the roles of the parents and the school. These responsibilities are described in the following sections.

a. Parents (of children known to be at risk of anaphylaxis)

Parents are required to assume a number of responsibilities. It is important that parents provide certain information to the Head Teacher when the pupil is registered to attend the school, or when the condition becomes apparent. Necessary forms and authorizations should be completed.

Parents have specific responsibilities for:

- Alerting the school that their child is at risk of anaphylaxis and giving relevant information.
- Providing the pupil with 2 unexpired EpiPens with instructions for use which will be available for use at school and during off-site activities
- Signing a consent form for the use of EpiPens by staff
- Checking that any food to be consumed in school by their child is suitable, providing alternatives, for birthday treats, providing a checked party food, and checking ingredients for cookery or science activities
- Ensuring that all information is passed on to relevant staff, particularly at the beginning of the academic year in a swift and timely manner or on request by school
- Completing an allergy health care plan form updated annually.
- Being aware of the need for forward planning and support regarding school trips and camps
- Educating their child not to share food and only to eat food provided or checked by their parents.

- Checking that the epi-pens and medication held by the school is in date. Be aware that EpiPens have a very short shelf life.

Parents are recommended to provide pupil with a Medic Alert bracelet.

b. Head Teacher

The Head Teacher is responsible for:

- Arranging for the in school training session annually, for all school staff, including SMSAs
- Designating a Policy Coordinator
- Alerting new parents to the no-nut policy and the reason behind it at the new parents evening and in the “Welcome To Bishop Road School” booklet and to individuals starting the school at later dates
- Ensuring that parents of children with serious allergies who are new to school are directed to a copy of this policy
- Sending frequent reminders about the no-nut policy in the Head Teacher’s news letter
- Implementing the requirements of the policy.

The identification of pupils who are at risk of anaphylactic shock can be accomplished by including the following questions in the pupil registration form:

- (a) Does your child have an allergy to certain food insect venom, medication or other material?
YES/NO
- (b) If the answer to the above question was yes,
 - (i) Please indicate the substance to which your child was allergic _____
 - (j) Has a medical doctor recommended that your child have an Emergency Medical Kit (EpiPen) available for use at school? YES / NO

Upon being informed by the parent and/or the School Nurse that a pupil is at risk of anaphylactic shock, the Head Teacher shall:

- Ensure that a member of staff trained and willing to administer the EpiPen is readily accessible to the child at risk at all times, including off-site activities,
- Provide information about the pupil and the pupil’s allergies to the school staff, supply teachers and other temporary staff who may be required to assess the pupil’s need for the administration of the EpiPen
- Following parental consent, post in the staffroom, sickroom and the front of register forms, information from the Allergy Healthy Care Plan with a photo of the pupil provided by the parent
- Following parental consent include the child’s photo in the booklet of children with serious medical conditions.

c. Teachers

Teachers have specific responsibilities for:

- Having the requisite training
- Notify the Head Teacher if he or she is not willing to administer the EpiPen
- Having the Emergency Card and the 999 messenger card in their care e.g. specific symptoms and danger areas.

- Ensuring that emergency bags are with children at all times including off-site activities including school fields
- Ensuring that a mobile phone is taken off-site activities
- Ensuring that parents of children in their key stage are informed that there is a child with severe allergy
- Ensuring that reminder of no-nuts policy are included when requesting food to be sent in for parties
- Ensuring that notes regarding school trips include a reminder of the no-nut request
- Ensuring that tables are wiped with warm soapy water and floor cleaned after parties
- Having knowledge of the policy for everyday situations
- Consulting the policy for non-everyday activities
- Implementing the requirement of the policy
- Reassure parents through meetings and discussions of the approaches taken to ensure the safety of the children. Arrange lunchtime visit if appropriate for parents new to school.

d. School Nurse

Proper planning for the management of pupils with severe allergies requires support from health-care staff. School nurses are responsible for a number of support activities. The specific responsibilities of the School Nurse are:

- To notify the Head Teacher of pupils who have been identified as having life-threatening allergies
- To conduct information and training sessions for all school staff, including SMSAs and any parents who wish to attend
- To provide follow-up training session for any new staff
- To assist parents with the completion of Pupil Allergy Health Care Plans.

e. SMSAs

SMSAs have responsibility for pupils at the time of highest risk of anaphylactic reactions. **It is therefore essential that all SMSAs are familiar with the symptoms of anaphylaxis and have the requisite training.**

SMSAs should:

- Be familiar with the children at risk and their specific allergies. The booklet of children with serious medical conditions will be of use and is especially important for new or temporary SMSAs
- Ensure that, if a situation should arise that a child has brought in food containing nuts, the child is far removed from any child with nut allergy, and that a written reminder of the no-nut policy is sent home
- Ensure that, if a child is noticed to be repeatedly bringing in food containing nuts, a note is put into the lunch box to remind the parents of the request for no nuts and the reason for it
- Ensure that children with food containing allergens other than nuts are far removed from children with those allergies
- Encourage hand washing after eating by all children
- Ensure that children who have eaten high risk foods wash their hands
- Wipe tables after lunch with warm soapy water to remove allergens.

VI. IDENTIFICATION OF CHILDREN AT RISK OF ANAPHYLAXIS

It is essential that staff know which children are at risk of anaphylaxis. The following measures will assist with this:

- Photographs should be displayed on the staffroom notice board and other designated spaces
- A booklet containing photos of children with serious medical conditions should be available for lunch time supervisors and member of staff
- A sheet for the front of registers with photos of children with specific medical requirements will ensure that supply staff or stand-in teachers are able to recognise children at risk in their care.

VII. EDUCATION

Children who have allergies need to learn to cope with their condition while in a safe environment. They are taught: never to share food, to be alert to what is being eating around them, to eat only food which has been approved by their parents, to recognise early allergic symptoms and to alert an adult if they feel unwell. School aims to support children towards increased independence and self-sufficiency as appropriate to age.

VIII. CREDITS AND REFERENCES

References were taken from:

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