

Palace Wood Primary School

Anaphylaxis Policy



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This policy has been impact assessed by Clare Cairns in order to ensure that it does not have an adverse effect on race, gender or disability equality

ANAPHYLAXIS POLICY

What is anaphylaxis?

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.

Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and also penicillin, latex, contrast agents (dyes) and the venom of stinging insects (such as bees, wasps or hornets). In some cases there is no trigger. This is known as idiopathic anaphylaxis.

The symptoms can vary considerably. The milder reactions can involve itchiness or swelling in the mouth, an uncomfortable skin rash, sickness or nausea. Serious symptoms include a severe drop in blood pressure, in which the person affected becomes weak and debilitated, severe asthma, or swelling which causes the throat to close.

Other symptoms which may be present during anaphylaxis are:

- - Clammy skin
 - hives (itchy raised rash)
 - Feeling lightheaded or faint
 - mounting fearfulness or confusion
 - difficulty in swallowing or speaking
 - changes in heart rate – fast, shallow breath
 - stomach pain
 - Feeling or being sick
 - collapse and unconsciousness

A patient would not necessarily experience all of these symptoms in the same episode.

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. Fortunately, this is rare among young children below teenage years. More commonly among children there may be swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious.

Remember that even if the child is only displaying mild symptoms, care should be taken to remain very vigilant as these signs might be the precursor to a more serious attack. The serious signs to watch out for can be summarised in the form of the following questions:

- Is the child having marked difficulty in breathing or swallowing?
- Does the child appear suddenly weak or debilitated?
- Is there any steady deterioration?

If the answer to any of these questions is yes, adrenaline should be administered without delay and an ambulance must be called.

What to do if someone has anaphylaxis

Anaphylaxis is a medical emergency. It can be very serious if not treated quickly. If someone has symptoms of anaphylaxis:

1. Use an adrenaline auto-injector (please see below – Medicine and Control, point 4)
2. Call 999 for an ambulance immediately (even if the person starts to feel better) – mention that you think the person has anaphylaxis.
3. Remove any trigger, if possible.
4. Lie the person down and raise their legs – unless they are having breathing difficulties and need to sit up to help them breathe.
5. Follow the injection guidelines. If recommended, give another injection after 5 minutes if the symptoms do not improve and a second auto-injector is available.

Medicine and Control

The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine). Pre-loaded injection devices containing one measured dose of adrenaline are available on prescription. The devices are available in two strengths – adult and junior.

Anaphylaxis is treated with adrenaline – also known as epinephrine. This is available on prescription in the form of pre-loaded injection ‘pens’, the most common being the ‘Epipen’. In the event of a severe allergic reaction, the adrenaline should be injected into the muscle of the upper outer thigh, and an ambulance should be called. Milder reactions are sometimes treated with an antihistamine such as Piriton. In any case, careful vigilance should be maintained, as mild symptoms are often the sign that a serious reaction is imminent. **An ambulance should always be called.**

Staff that volunteer to be trained in the use of these devices can be reassured that they are simple to administer. Adrenaline injectors, given in accordance with the manufacturer’s instructions, are a well-understood and safe delivery mechanism. It is not possible to give too large a dose using this device. The needle is not seen until after it has been withdrawn from the child’s leg. In cases of doubt it is better to give the injection than to hold back.

The decision on how many adrenaline devices the school or setting should hold, and where to store them, has to be decided on an individual basis between the head, the child’s parents and medical staff involved.

Where children are considered to be sufficiently responsible to carry their emergency treatment on their person, there should always be a spare set kept safely which is not locked away and is accessible to all staff. We recognise it is often quicker for staff to use an injector that is with the child rather than taking time to collect one from a central location.

Staff that are susceptible to severe anaphylaxis should ensure they carry their own epipen and remind children to use the RED CARD SYSTEM in the classroom in an emergency.

Studies have shown that the risks for allergic children are reduced where an individual health care plan is in place. Reactions become rarer and when they occur they are mostly mild. The plan will need to be agreed by the child's parents, the school and the treating doctor.

Important issues specific to anaphylaxis to be covered include:

- anaphylaxis – what may trigger it
- what to do in an emergency
- prescribed medicine
- food management
- precautionary measures
- contact details for family and GP/clinic

All care plans should be reviewed on a regular basis to ensure that they are still relevant to the needs of the child.

Once staff have agreed to administer medicine to an allergic child in an emergency, a training session will need to be provided by local health services. Staff should have the opportunity to practice with trainer injection devices. At Palace Wood we aim to update staff annually.

Day to day policy measures are needed for food management, awareness of the child's needs in relation to the menu, individual meal requirements and snacks in school. When kitchen staff are employed by a separate organisation, it is important to ensure that the catering supervisor is fully aware of the child's particular requirements. Children have been asked not to bring in peanut butter as part of their packed lunch and the kitchen is able to provide meals that do not contain nuts if required.

Children who are at risk of severe allergic reactions are not ill in the usual sense. They are normal children in every respect – except that if they come into contact with a certain food or substance, they may become very unwell. At Palace Wood we aim to ensure children are not stigmatised or made to feel different. We also recognise that it is important, too, to allay parents' fears by reassuring them that prompt and efficient action will be taken in accordance with medical advice and guidance.

Anaphylaxis is manageable. With sound precautionary measures and support from the staff, school life may continue as normal for all concerned.

Charity Stall items should be free from nuts. Any edible product being sold should have a list of ingredients attached and pupils should always ask prior to purchasing.

During school trips, at least one member of staff accompanying the party should be trained in administering adrenaline, and the location of any adrenaline pen(s) checked and confirmed prior to departure. The issue of food during the trip will also need to be addressed.