

# Anaphylaxis Policy



**Lealands**  
High School

Anaphylaxis Policy

Lealands High School - JHA

May 2024

## 1. INTRODUCTION

Lealands High School policies are designed to support the school ethos, aims and vision. Lealands is a positive learning community which is fully inclusive to ensure equality of opportunity for all.

Our aims are outlined in our Home School Agreement.

### Our aims:

<b>Excellence in everything we do</b>	<b>Everyone has responsibility</b>	<b>Respect for all</b>
<ul style="list-style-type: none"> <li>· Everyone achieves success and makes excellent progress</li> </ul>	<ul style="list-style-type: none"> <li>· To prepare young people for life and a positive future</li> </ul>	<ul style="list-style-type: none"> <li>· Everyone is valued for their contribution</li> </ul>
<ul style="list-style-type: none"> <li>· We all continually improve what we do and work hard</li> </ul>	<ul style="list-style-type: none"> <li>· To ensure that school is a safe place</li> </ul>	<ul style="list-style-type: none"> <li>· All are cared for and supported so that needs are met</li> </ul>
<ul style="list-style-type: none"> <li>· We care about being the best we can be and getting the best out of those around us</li> </ul>	<ul style="list-style-type: none"> <li>· To help and support others to grow and succeed</li> </ul>	<ul style="list-style-type: none"> <li>· We recognise and celebrate the talents, gifts and uniqueness of every individual</li> </ul>

In order to achieve these aims students, parents and the school need to work in partnership.

Our vision is to be:

*Everyone achieves excellence, demonstrates respect for all and takes responsibility for their own actions, while helping others to be successful.*

We strive to achieve this vision in all that we do and staff, students, parents, governors, other school stakeholders and partners are all an important part of making this happen.

### School Anaphylaxis Policy

#### **Supporting Pupils in schools with medical conditions statutory guidance**

<b>Author/s</b>	<b>J Hall</b>
<b>Review Frequency</b>	

<b>Date approved by governors</b>	
<b>Date of next review</b>	
<b>Purpose</b>	To minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.
<b>Links with other policies</b>	Medical Policy

The named staff members responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-

School Business Manager (Johanna Goslin)

SENCo (Jeff Hall)

Medical Officer (Alex Maczugowska)

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## 2. POLICY INTRODUCTION

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to):-

Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how Lealands High School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

## 3. ROLE AND RESPONSIBILITIES

### Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform the admissions team and the school medical officer of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents / carers / carers / carers / carers / carers are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist.
- Parents / carers are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.
- Parents must complete and return the 'Alternative Menu Form' ([Lealands Alternative Menu Form](#)) to the school caterers (Aspens) for any food allergies.

### Staff Responsibilities

- All first aider trained staff will complete anaphylaxis training. Training is provided for these staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff are made aware of the pupils in their care (regular or cover classes) with information noted on the school medical register. Pupils who have known allergies are included on the

medical register as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.

- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- The Medical Officer will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication is in date, however, the Medical Officer will check medication kept at school on a termly basis and send a reminder to parents / carers if medication is approaching expiry.
- The school Medical Officer keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

### **Pupil Responsibilities**

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.

## **4. ALLERGY RISK ASSESSMENT & ACTION PLANS (APPENDIX 1)**

When students join the school or require an allergy action plan to be written or updated, a risk assessment is completed prior to the writing of an Allergy Action Plan. The risk assessment will be recorded on the Student Support Provision Map. Following the completion of the risk assessment, an allergy action plan is written. Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for the school to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector.

It is the parent/carer's responsibility to provide information for the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school. The school will use this information to create a school based plan shown in appendix 1.

## **5. EMERGENCY TREATMENT AND MANAGEMENT OF ANAPHYLAXIS**

### **What to look for:**

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

**As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Action:**

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAls should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis)**.
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

## 6. SUPPLY, STORAGE AND CARE OF MEDICATION

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their AAI on them at all times (in a suitable bag/container).

In addition, there is an anaphylaxis kit for each student which is kept safely, not locked away in the medical room and **accessible to all staff**.

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- An AAI i.e. EpiPen® or Jext® or Emerade®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents / carers to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the Medical Officer will check medication kept at school on a termly basis and send a reminder to parents / carers if medication is approaching expiry.

### Older children and medication

Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on **very suddenly**, so school staff need to be prepared to administer medication if the young person cannot.

### Storage

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

### Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by our clinical waste contractor. The sharps bin is kept in the Medical Room.

## 8. STAFF TRAINING

The named staff members (at least 2) responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-

School Business Manager (Jo Goslin)

SENCo (Jeff Hall)

Medical Officer (Alex Maczugowska)

First aid trained staff will complete online AllergyWise anaphylaxis training at the start of every new academic year. Training is also available on an ad-hoc basis for any new members of staff.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date
- A practical session using trainer devices (these can be obtained from the manufacturers' websites: [www.epipen.co.uk](http://www.epipen.co.uk) and [www.jext.co.uk](http://www.jext.co.uk) and [www.emerade-bausch.co.uk](http://www.emerade-bausch.co.uk))

## **9. INCLUSION AND SAFEGUARDING**

Lealands High School is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

## **10. CATERING**

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The school menu is available for parents / carers carers to view in advance (published termly) on the school website at [School menu](#) . An 'Alternative Menu Form' available on the website must be completed by the parent/carer and returned to the school caterers (Aspens) for any student with food allergies.

The school medical officer will inform the Catering Manager of pupils with food allergies, but parents must also complete and return the Alternative Menu Form.

Parents/carers are able to meet with the Catering Manager during transition to the school to discuss their child's needs.

The school adheres to the following [Department of Health guidance](#) recommendations:



- Bottles, other drinks and lunch boxes provided by parents / carers for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school, parents / carers should check the appropriateness of foods by speaking directly to the catering manager.
- The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

## **11. SCHOOL TRIPS**

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents / carers with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

### **Sporting Excursions**

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

## **12. ALLERGY AWARENESS AND NUT BANS**

Lealands High School supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with

food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

### **13. USEFUL LINKS**

Anaphylaxis UK Safer Schools Programme - <https://www.anaphylaxis.org.uk/education/safer-schools-programme/>

AllergyWise for Schools (including certificate) online training - <https://www.allergywise.org.uk/p/allergywise-for-schools1>

BSACI Allergy Action Plans - <https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>

Department for Education Supporting pupils at school with medical conditions - [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf)

Department of Health Guidance on the use of adrenaline auto-injectors in schools - [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/645476/Adrenaline auto injectors in schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) <https://www.nice.org.uk/guidance/qs118>

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) <https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834>

Appendix 1

**Lealands High School - Anaphylaxis Risk Assessment**

This form should be completed by the setting in liaison with the parents/carers and the child, if appropriate. It should be shared with everyone who has contact with the child/young person.

Name:		Date of Birth:	
Setting/School:		Key Worker/Teacher/Tutor:	
Phase: Secondary:			
Name and role of other professionals involved in this Risk Assessment (i.e. Specialist Nurse or School Nurse):			
Date of Assessment:		Reassessment due (this would usually be annually, unless there is an incident, at which point the risk assessment should be reviewed):	
<p>I give permission for this to be shared with anyone who needs this information to keep the child/young person safe:</p> <p>Signatures:</p> <p>Setting Manager/Head teacher:</p> <p>Date</p>			

Parents/Carers	Date
Child/Young Person	Date
<p>What is this child/young person allergic to?</p> <p>Allergen exposure risks to be considered</p> <p style="text-align: center;">Ingestion                  Direct contact                  Indirect contact</p>	
<p>Does this child already have an Allergy Action Plan or an Individual Healthcare Plan?</p> <p>YES    NO</p> <p>Is the child prescribed adrenaline auto-injectors (AAIs)?</p> <p>YES    NO</p> <p>Summary of current medical evidence seen as part of the risk assessment (copies attached)</p>	
<p>Key Questions - Please consider the activities below and insert any considerations than need to be put in place to enable the child to take part.</p>	
<p>Activities</p>	
<p>Crayons/painting:</p>	
<p>Creative activities: i.e. craft paste/glue, pasta</p>	
<p>Science type activity: i.e. bird feeders, planting seeds, food</p>	
<p>Musical instrument sharing (cross contamination issue):</p>	
<p>Cooking (food prep area and ingredients):</p>	
<p>Meal time:</p> <p>  kitchen prepared food (is allergy information available):</p> <p>  packed lunches:</p>	
<p>Snacks (is allergy information available):</p>	
<p>Drinks:</p>	

Celebrations: e.g. Birthday, Easter:
Hand washing (secondary school how accessible is this for the child):
Indoor play/PE (AAIs to be with the child):
Outdoor play/PE (AAIs to be with the child):
School field (AAIs to be with the child):
Forest school (AAIs to be with the child):
Offsite trips (are staff who accompany trip trained to use AAI?):
Allergy Management
Does the child know when they are having an allergic reaction?
What signs are there that the child is having an allergic reaction?
What action needs to be taken if the child has an allergic reaction?
If the medication is stored in one secure place are there any occasions when this will not be within 5 minutes reach if required? Yes No If Yes state when and how this can be adjusted:
If the child is trained and confident can the medication be carried by them throughout the day? Yes No If No state reason:
Does the child have two of their own prescribed AAIs?
How many staff need to be trained to meet this child's need?
Are there backup spare AAIs available and where are they located?
Outcome of Risk Assessment
New Allergy Action Plan/Individual Healthcare Plan required? YES NO
Existing Allergy Action Plan/Individual Healthcare Plan to be updated? YES NO

**ALLERGY ACTION PLAN  
NAME**

<b>Name:</b>		Photo
<b>Date of Birth:</b>		<b>Date of Care Plan:</b>
Condition/ Allergies:	<b>ANAPHYLAXIS</b>	

**EMERGENCY CONTACT DETAILS**

<b>Contact 1:</b>		<b>Contact 2:</b>	
<b>Relationship:</b>		<b>Relationship:</b>	
<b>1<sup>st</sup> Contact Mobile:</b>		<b>2<sup>nd</sup> Contact Mobile:</b>	
<b>Home Phone No:</b>		<b>Home Phone No:</b>	

**GP AND/OR HOSPITAL DETAILS:**

**Describe Condition and Give Details of Individual Symptoms:**

Mild/Moderate Reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to Take:

- Stay with child, call for help if necessary
- Locate adrenaline auto-injector
- Give antihistamine
- Phone parent/emergency contact

**THIS CARE PLAN MAY BE SUBJECT TO CHANGE.**

**Care Requirements /Medication:**

**Describe What Constitutes an Emergency / Action to be Taken:**

**WATCH FOR SIGNS OF ANAPHYLAXIS**

Anaphylaxis may occur without skin symptoms. ALWAYS consider anaphylaxis in someone with a known allergy who has **sudden breathing difficulty**

<p><b>AIRWAY</b></p> <ul style="list-style-type: none"> <li>● Persistent cough</li> <li>● Hoarse voice</li> <li>● Difficulty swallowing</li> <li>● Swollen tongue</li> </ul>	<p><b>BREATHING</b></p> <ul style="list-style-type: none"> <li>● Difficult or noisy breathing</li> <li>● Wheezing or persistent cough</li> </ul>	<p><b>CONSCIOUSNESS</b></p> <ul style="list-style-type: none"> <li>● Persistent dizziness</li> <li>● Pale or floppy</li> <li>● Suddenly sleepy</li> <li>● Collapse/unconscious</li> </ul>
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**IF ANY ONE OR MORE OF THESE SIGNS ABOVE ARE PRESENT:**

1. Lie child flat with legs raised (if breathing is difficult, allow child to sit)
2. Use Adrenaline Auto-injector **without delay**
3. Dial 999/112 for ambulance and say ANALPHYLAXSIS

**\*\*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\*\***

**AFTER GIVING ADRENALINE:**

1. Stay with child until ambulance arrives – **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, give a further adrenaline dose using a second auto-injectable device, if available.

**Signature of Parent/Carer:**

**Signature of School Representative:**