

## Health & Safety

# School Anaphylaxis Policy



<b>Date Created:</b> March 2022	<b>Date of Amendment:</b>	<b>Date of Next Review:</b> As required
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<b>Responsible Directorate/Team</b>	Enterprise, Community & Resources, Health & Safety team	
<b>Supporting documents, procedures &amp; forms of this policy</b>	Supporting Pupils at School with Medical Conditions Policy Asthma Policy	
<b>References &amp; Legislation</b>	Health and Safety at Work etc. Act 1974 Health and Safety (First Aid) Regulations 1981 EYFS Statutory Framework 2020 Food Information Regulations 2014 Natasha's Law 2021 The Anaphylaxis Campaign	
<b>Original Consultation Audience</b>	Mrs. S Kidd – Beechwood Primary School Mrs. J Coughlan – St Bedes Infants Mrs. F Tiernan – St Bedes Juniors Mr M Parker – St Clements Catholic Primary Simon Bell – HBC Libby Evans – School Nurse Team	
<b>Head teachers checklist</b>	<ol style="list-style-type: none"><li>1. Identify pupils at school with allergies upon new entry</li><li>2. Obtain pupils allergy action plan from parents. If no plan is in place, develop asap in conjunction with a healthcare professional i.e. school nurse</li><li>3. Ensure staff are suitably trained and training dates monitored</li><li>4. Ensure staff are aware of children in their care with allergies including cover or supply staff</li><li>5. Ensure staff leading on school trips are carrying relevant supplies and medications</li><li>6. Nominate a first aider to ensure allergy action plans are kept with pupils medications</li><li>7. Nominate a first aider to check medication dates and to remind parents to replace them as needed</li><li>8. Nominate a first aider to keep a register of pupils who are prescribed adrenalin auto injectors, any usage and any emergency treatment given</li></ol>	

## INTRODUCTION

An allergy is a reaction by 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 severe reaction called anaphylaxis.

Anaphylaxis is a severe systemic 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 often include foods, insect stings or drugs.

**Definition** – Anaphylaxis is a severe life threatening generalized or systemic hypersensitivity reaction.

This is characterized by rapidly developing life threatening airway/breathing/circulatory problems usually associated with skin or mucosal (most inner linings of some organs and body cavities) changes. 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 not limited to;

Peanuts, tree nuts, sesame, milk, egg, fish, latex, insect venom, pollen and Animal Dander.

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

## ROLES AND RESPONSIBILITIES

### Parental Responsibility

- On new entry to the school, it is the parent's responsibility to inform the Head teacher and reception staff of any allergies in respect of their child. This information should include all previous severe allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan to school. If they do not currently have a plan in place this should be developed as soon as possible in collaboration with a healthcare professional e.g. schools nurse/GP/allergy specialist.
- Parents 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.

## Staff Responsibilities

- All staff will complete anaphylaxis training. Training is to be provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at meal times. Any food related activities must be supervised with due caution.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders are to 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 (pre planning and pre checking advisable).
- A nominated first aider will ensure that the up to date Allergy Action Plan is kept with the pupil's medication.
- The nominated first aider will check medication kept at school on a termly basis and send a reminder to parents when items are approaching expiry.
- The nominated first aider will keep a register of pupils who have been prescribed AAI (s) and any 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 auto-injectors will be encouraged to take responsibility for carrying them on their person at all times ensuring they are secure but accessible.

## **ALLERGY ACTION PLANS**

Allergy action plans are designed to function as Individual Healthcare Plans for children with food allergies, providing medical and parental consent for schools 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 complete the allergy action plan with help from a healthcare professional (e.g. GP/school nurse/allergy specialist) and provide this to the school.

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

What to look for;

- Swelling of the mouth or throat
- Difficulty swallowing or speaking

- Difficulty breathing
- Sudden collapse/unconsciousness
- Hives, rash, anywhere on the body
- Abdominal pain, nausea, vomiting
- Sudden feeling of weakness
- Strong feelings of impending doom

Anaphylaxis is likely if all of the following 3 things happen:

- Sudden onset and rapid progression of symptoms (a reaction can start within minutes)
  - Life threatening airway and/or breathing difficulties and/or circulation problems (e.g. alteration in heart rate, sudden drop in blood pressure, feeling of weakness)
  - Changes to the skin e.g. flushing, urticarial (an itchy red swollen skin eruption showing markings like nettle rash or hives), angioedema (swelling or puffing of the deeper layers of the skin and/or soft tissues, often lips, mouth, face etc)
- Note; skin changes on their own are not a sign of an anaphylactic reaction, and in some cases don't occur at all

If the pupil has been exposed to something they are known to be allergic to, then there 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. Adrenaline should be administered by an injection into the muscle (intramuscular injection).

What does adrenaline do?

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

Adrenaline must be administered with the minimum of delay as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once the symptoms have become severe.

1. Stay with the child and call for help. **DO NOT MOVE THE CHILD OR LEAVE UNATTENDED**, remove trigger of reaction if possible i.e. insect sting
2. Lie child flat (with or without legs elevated) – a sitting position may make breathing easier (dynamic risk assessment)
3. **USE ADRENALINE WITHOUT DELAY** and note the time given (inject at upper outer thigh, through clothing if necessary).
4. **Call 999 and state ANAPHYLAXIS**
5. If no improvement after 5 minutes administer a second adrenaline auto-injector
6. If no signs of life commence CPR
7. Phone parent/carer as soon as possible

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

## **SUPPLY, STORAGE AND CARE OF MEDICATION**

Older pupils, 11 plus, will be encouraged to take responsibility for and to carry their own two adrenaline injectors on them at all times (in a suitable bag/container, ensuring it is secure but accessible).

For younger children or those assessed as not ready to take responsibility for their own medication there should be an anaphylaxis kit which is kept safely, not locked away and accessible to all staff.

Medication should be stored in a rigid box and clearly labelled with the pupils name and a photograph of them. The box should contain;

- Adrenaline injectors i.e. EpiPen or Jext (two of the same type being prescribed)
- An up to date allergy action plan
- Antihistamine as tablets or syrup (if included in plan)
- Spoon if required
- Ashtma inhaler (if included in plan)

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

Parents can subscribe to expiry alerts for the relevant adrenaline auto-injector their child is prescribed, to make sure they can get replacement devices in good time.

### **Older Children and Medication:**

Older children and teenagers should, whenever possible assume complete responsibility for their emergency kit under the responsibility 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 is unable to.

### **Storage:**

AAI's should be stored at room temperature, protected from direct sunlight and temperature extremes.

### **Disposal:**

AAI's are single use only and must be disposed of as sharps. Used AAI's will be given to ambulance paramedics on arrival.

## **HOLDING SPARE ADRENALINE AUTO INJECTORS IN SCHOOL**

Schools will purchase spare adrenaline auto injector devices for emergency use in children who are at risk of anaphylaxis, see safety bulletin 2019 11,

<http://hbc/teams/HANDS/SharedDocuments/Forms/AllItems.aspx?RootFolder=%2Fteams%2FHANDS%2FSharedDocuments%2FSchool%20Bulletins%2FOlder%20bulletins%2F2019&FolderCTID=0x0120003DEC6339D7DE9044947F73269366C3D9&View=%7BD1A035E3%2DF142%2D4C5A%2D9DC2%2D964B4467C9DD%7D&InitialTabId=Ribbon%2ERead&VisibilityContext=WSSTabPersistence>

This is in the event of pupils own devices not being available, not working or are out of date.

The spare devices will be stored in a rigid box, clearly labelled ‘Emergency Anaphylaxis Adrenaline Pen’. They will be kept safe, not locked away and accessible to all staff.

The nominated first aider is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

Written parental permission for use of the spare AAI’s is to be included in the pupil’s Allergy Action Plan.

If anaphylaxis is suspected in an undiagnosed individual call 999 and state you suspect anaphylaxis. Follow advice from them as to whether to administer the spare AAI.

### **What is an AAI?**

Adrenaline Auto-Injector devices (AAIs), also known as adrenaline pens, are prescribed to people with allergies who are at risk of having a severe allergic reaction (known as ‘anaphylaxis’).

There are two types of AAIs available in the UK, these are called Epi-Pen and Jext. They both contain the same type of medication called ‘adrenaline’ (also referred to as ‘epinephrine’) which is given by injection, into the outer mid-thigh muscle. AAIs are prescription only medicines, and need to be prescribed by a healthcare professional –usually a GP or allergy specialist. The dose of adrenaline required is dependent on the age and weight of the person requiring the AAI device, and will be prescribed by the doctor. It is important that AAIs prescribed for children are reviewed as they get older and increase in weight to ensure they have the correct dose. Each AAI device will differ in appearance and the availability of the dose/strength available in that particular brand.

Training is important as each AAI is given differently, so it is important that staff, pupils and parents are shown how to use the AAI device. Having a trainer device is a

useful tool for practicing how to use an AAI and to teach others how to use it, as this varies from brand to brand.

It is recommended that 2 are carried at all times, this is particularly important for people who have allergic asthma and a food allergy as they are at an increased risk of a severe allergic reaction.

Store in a cool dark place at room temperature, kept out of direct sunlight and out of the way of extreme temperatures, for example a fridge, or glove box in a car on a hot day.

### **Having two AAIs is beneficial for multiple situations, including:**

- If the first dose is not effective in managing symptoms, and a second dose is required
- The AAI is administered accidentally (there have been cases where the person providing first aid has accidentally injected themselves, resulting in the person having an anaphylactic reaction not getting the adrenaline)
- Where there is a delay in reaching hospital, and a second dose is required
- Adrenaline is a short-acting drug and the effects will wear off quite quickly. It is very likely that further treatment will be required which is why it is important to call an ambulance. All patients receiving emergency adrenaline should immediately be taken to hospital.

Information provided by Allergy UK.

## **STAFF TRAINING**

Training must be utilised at the start of each academic year i.e. Allergy Wise.

Training should include;

- Knowing the common allergens and the triggers of an allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call 999
- Administering emergency treatment (including AAI's) 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 within the school, nut free policy
- Associated conditions e.g. asthma
- 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))

## **INCLUSION AND SAFEGUARDING**

Each school will be 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.

## **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. Natasha's Law was also implemented on 1<sup>st</sup> October 2021 placing a duty for caterers to display all ingredients and clear allergen labelling on all PPDS foods (PrePacked for Direct Sale – more prominent in secondary schools).

The school menu will be available for parents to view termly in advance with all allergens highlighted on the copy given to the parents of children with allergies and their class staff.

The Head teacher will inform the cook of pupils with food allergies. The kitchen will be given a copy of the allergy register which includes photos of the children (with parental permission), what they are allergic to and if a care plan/medication is held for them. This register is to be updated by the nominated first aider. Also consider cascade of information to all staff including mid-day assistants.

Parents/carer's should be encouraged to meet with the Head teacher and cook to discuss their child's needs.

The school will adhere to the following Department of Health guidance and recommendations;

- Bottles, other drinks and lunch boxes provided by parents 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 canteen, parents should check the appropriateness of foods by speaking directly to the Head teacher or Cook/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

- Food should not be given to primary school age food-allergic children without parental engagement and permission e.g. birthday parties, food treats
- Foods containing nuts are to be persistently discouraged and school to consider implementing a nut free policy
- Use of food in crafts, cooking classes, science experiments and special events e.g. fetes, assemblies, cultural events – needs are to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age

## SCHOOL TRIPS

Staff leading school trips are to ensure they carry all relevant emergency supplies. Trip leaders are to 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. It is advisory to pre plan and ensure this is not the case to enable the pupil to participate.

The activities on the school trip are to be risk assessed to see if they pose a threat to pupils with allergies. If so, alternative activities are to be planned to ensure inclusion.

Overnight school trips may be possible with careful planning and a meeting for parents 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 PE 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 pupils own school will arrange for the child to take an alternative or their own food.

## ALLERGY AWARENESS

Schools should support the approach advocated by The Anaphylaxis Campaign and Allergy UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including schools, however a nut free policy would be best practice. The reasons are, 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 a food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

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

## RISK ASSESSMENT

Schools will conduct a detailed risk assessment to ensure procedures and processes are suitable and sufficient and to keep allergic children safe, all new joining pupils and any pupils newly diagnosed.

## EXAMPLE PROCEDURES

### Example Lunch Procedure for Supporting a Child with a Food Allergy

Class teachers will hold the responsibility for ensuring that the children in their care are only allowed to order and are only given food which is safe for them to eat.

1. When the child orders, check the menu, are they able to have it
2. If unsure, check with kitchen staff/Head/SLT before placing an order
3. At the point of service, check that what is put on the tray is what the child has ordered
4. If it is not, ensure that a whole new tray is given to the child
5. Check that the child sits down with the meal given

### Example Curriculum Procedure for Supporting a Child with a Food Allergy

Class teachers hold the responsibility for ensuring that the children in their care are only given food which is safe for them to eat.

1. If cooking as part of the curriculum, ensure that the food that is purchased is safe for the child
2. If not sure, check with the Head, SLT or the child’s parents
3. If treats are given out by the class teacher, school or other children, ensure that the treats given are safe for the allergic child
4. If not sure, check with the Head, SLT or the child’s parents

If the class teacher is absent, the Head/SLT will allocate a member of staff the class teacher’s responsibility role for ensuring that the children in their care are only given food which is safe for them to eat.

## USEFUL LINKS

Anaphylaxis Campaign- <https://www.anaphylaxis.org.uk>

AllergyWise training for schools -

<https://www.anaphylaxis.org.uk/informationtraining/allergywise-training/for-schools/>

Allergy UK - <https://www.allergyuk.org>

Whole school allergy and awareness management (Allergy UK)

<https://www.allergyuk.org/schools/whole-school-allergy-awareness-and-management>

Spare Pens in Schools - <http://www.sparepensinschools.uk>

Official guidance relating to supporting pupils with medical needs in schools:

<http://medicalconditionsatschool.org.uk/documents/Legal-Situation-in-Schools.pdf>

Education for Health <http://www.educationforhealth.org>

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>

Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017)

[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)

## Version Control and Change History

Version Control	Date Released	Date Effective	Approved By	Amendment
1	April 2022	April 2022	Head – St Bedes Infants Head – St Bedes Juniors Head – Beechwood Primary Head – St Clements Catholic Primary Simon Bell – HBC	Document created - LPR

			<p>Libby Evans – School Nurses Team Lynn Pennington- Ramsden – Author, HBC</p>	
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