Anaphylaxis Medication Policy

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1	November 2024	New Trust model policy, replacing various individual school policies

This policy will be subject to ongoing review and may be amended prior to the scheduled date of the next review in order to reflect changes in legislation, statutory guidance, or best practice (where appropriate).

Contents

1. Introduction

Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and progress rapidly but can occur up to 2-3 hours later. It is potentially life threatening and always requires an immediate emergency response.

Common allergens that can trigger anaphylaxis are:

- foods (e.g., peanuts, tree nuts, milk/dairy foods, egg, wheat, fish/seafood, sesame, and soya).
- insect stings (e.g., bee, wasp).
- medications (e.g., antibiotics, pain relief such as ibuprofen).
- latex (e.g., rubber gloves, balloons, swimming caps).

The severity of an allergic reaction can be influenced by a number of factors including minor illness (like a cold), asthma, and, in the case of food, the amount eaten. It is very unusual for someone with food allergies to experience anaphylaxis without actually eating the food: contact skin reactions to an allergen are very unlikely to trigger anaphylaxis.

The time from allergen exposure to severe life-threatening anaphylaxis and cardio-respiratory arrest varies, depending on the allergen:

- Food: While symptoms can begin immediately, severe symptoms often take 30+ minutes to occur. However, some severe reactions can occur within minutes, while others can occur over 1-2 hours after eating. Severe reactions to dairy foods are often delayed and may mimic a severe asthma attack without any other symptoms (e.g., skin rash) being present.
- Severe reactions to insect stings are often faster, occurring within 10-15 minutes.

An allergic reaction occurs because the body's immune system reacts inappropriately to a substance that it wrongly perceives as a threat. The reaction is due to an interaction between the substance ("allergen") and an antibody called Immunoglobulin E (IgE). This results in the release of chemicals such as histamine which cause the allergic reaction. In the skin, this causes an itchy rash, swelling and flushing. Many children (not just those with asthma) can develop breathing problems, similar to an asthma attack. The throat can tighten, causing swallowing difficulties and a high-pitched sound (stridor) when breathing in.

In severe cases, the allergic reaction can progress within minutes into a life-threatening reaction. Administration of adrenaline can be lifesaving, although severe reactions can require much more than a single dose of adrenaline. **It is therefore vital to contact Emergency Services as early as possible**. Delays in giving adrenaline are a common finding in fatal reactions. Adrenaline should therefore be administered immediately, at the first signs of anaphylaxis.

Up to 8% of children in the UK have a food allergy. However, the majority of allergic reactions to food are not anaphylaxis, even in children with previous

anaphylaxis. Most reactions present with mild-moderate symptoms, and do not progress to anaphylaxis. Fatal allergic reactions are rare, but they are also very unpredictable. In the UK, 17% of fatal allergic reactions in school-aged children happen while at school.

2. Rationale

The Eden Academy Trust (EAT) (the Trust) recognises the important part that nurseries, schools, and colleges play in helping children and young people with anaphylaxis to manage their condition well to achieve good health, active learning, and personal independence.

We recognise that some pupils may need time off school or suffer disturbed sleep due to their allergies which can leave them feeling ill, tired, and irritable, and struggling to concentrate or catch up at school.

These procedures centre on the safeguarding of pupils diagnosed with anaphylaxis.

This school welcomes all pupils, including those who have anaphylaxis, and encourages them to achieve their full potential in all aspects of school life by providing a positive educational environment, procedures to control the risks to people with anaphylaxis and to prevent and manage allergic reactions, and well-trained staff to implement them.

So that pupils diagnosed with anaphylaxis can be fully integrated into school life, we will:

- ensure that those with anaphylaxis can and do participate fully in all aspects of school life, including P.E., design technology, science, educational visits, and other extended school activities by understanding a pupil's severity of anaphylaxis and their triggers, assessing the risks and implementing control measures to try to reduce them, and by having sound emergency management procedures.
- have arrangements in place to ensure that those with anaphylaxis can get immediate access to their adrenaline auto-injector (AAI) at all times.
- keep a record of all pupils diagnosed with anaphylaxis who have an AAI (AAI register) and have an Individual Health Care Plan (IHCP) in place for pupils who need one.
- ensure that the whole school environment, including the physical, social, sporting, and educational environment, is favourable to those with anaphylaxis.
- ensure that all staff and other adults working in the school and who come into contact with pupils with anaphylaxis know what anaphylaxis is, what allergens are relevant to their work, how to best control the triggers and reactions, how to recognise reactions, and what to do in the event that a pupil is having a serious reaction.
- ensure that all pupils understand anaphylaxis so that they can support their peers; and so those with anaphylaxis can avoid the stigma sometimes

associated with the condition (this might include how to recognise an allergic reaction and what to do if another pupil has one when pupils are old or mature enough and may be without close adult supervision).

- take steps to ensure that pupils with anaphylaxis are not being bullied by others and apply our anti-bullying procedures to prevent this.
- work in partnership with all interested parties including the governing body, all school staff and other adults, the school or community anaphylaxis nurse, parents and carers, other employers of adults working in the school (e.g., cleaning and catering staff), the local health protection team, and pupils to ensure these procedures are, implemented and maintained successfully.

3. Managing pupils' AAIs

Pupils with anaphylaxis need immediate access to their AAI and are encouraged to carry them as soon as their parent or carer, GP, and class teacher agree they are mature enough. The AAIs of children who are not capable of carrying them safely themselves are kept in school office.

It is explained to all staff as part of their induction that any child who appears to need or has asked for their AAI should be given it immediately and what procedure they must follow.

We ask all parents and carers to ensure they equip their child with the minimum number of AAI that their medical practitioner advises them to carry about their person (usually two) clearly labelled with their child's name. We will also ask for a clearly labelled spare AAI that can be kept in suitable location in school in case the pupil's own AAI runs out, or is damaged, lost, or forgotten.

It is the responsibility of parents and carers to ensure that medicines provided by them for their child to use at school have a reasonable length of time left before their expiry date considering how long we will need to keep it. An AAI which may be required infrequently but could be needed at any time should have no less than 2 months left before it expires on the day it is received so that the expiry will be flagged in good time to request a replacement by the regular medicines check we carry out.

If it comes to the attention of staff through their normal duties or regular checks that a medicine has expired or will expire soon, we will inform a parent or carer and ask for a replacement.

We may require pupils to take their individual spare AAI that belongs to them home during certain holidays to ensure parents have an opportunity to check it and its expiry for themselves regularly.

If a pupil is having more frequent or more severe allergic reactions to their triggers, we will review the IHCP and inform their parents/carers. The pupil might need to see their GP for a review after which we might also need to review their IHCP with them and their parents.

School staff are not required to administer AAIs to pupils (except in an emergency), however many staff in our schools are trained and willing to either do this, or to supervise or provide other support to a pupil whilst they self-administer.

School staff who agree to administer medicines are insured by the Trust to do so when they are acting in accordance with our policies and their training given the circumstances they faced at the time.

Parents and carers will be informed about every use of an AAI on their child.

4. Procedure for AAI administration

The procedure for obtaining and using a pupil's AAI and the school owned emergency AAI are similar with slight variations to both affecting certain staff e.g., where the easily accessible but secure place pupils' own AAIs are kept if they cannot carry them, the nearest spare to their work area etc.

The school emergency AAI kit should only be used on a pupil where both medical authorisation and written parental consent have been provided. The pupil having their own prescribed AAI is the simplest form of evidence for medical authorisation.

This can also include children at risk of anaphylaxis with a medical plan confirming this, but who have not been prescribed an AAI. In such cases, specific consent for use of the spare AAI from both a healthcare professional and parent or carer must be obtained. Such a medical plan is also available from The British Society for Allergy and Clinical Immunology (BSACI).

All children with a diagnosis of an allergy and anaphylaxis should have a written Allergy Management Plan. BASCI produces template plans that can be completed manually or electronically for each manufacturer currently authorised to supply AAIs in the UK, although a generic Individual Health Care Plan (IHCP) is not unsuitable, and there is space to record consent there.

In an emergency which resembles anaphylaxis in a pupil who has not been prescribed their own AAI and who does not have a medical plan that indicates school should administer the school emergency AAI kit either, these rules about parental consent can be ignored **only if** staff have dialled 999 and are being given medical authorisation to use it by an appropriate medical professional. In such situations the member of staff administering the AAI, in an emergency and acting under medical instruction, does not need to have had any specialist training.

Staff will supervise or otherwise support a pupil who is able to self-administer their own or the school emergency AAI, or they will administer it for pupils who are unable to self-administer it in accordance with their training and Appendix A 'How to recognise a mild to moderate allergic reaction'; and Appendix B 'Signs of anaphylaxis and what to do'.

5. Summary of action staff should take in response to a case of anaphylaxis

1. Establish that the pupil in difficulty is experiencing an allergic reaction as far as possible and try to keep them calm. Once it has been established

that administration of an AAI is required, **call for an ambulance unless to do so would delay treatment.**

2. Establish the pupil's identity and the correct action to take (appendices A and B.
3. Obtain the child's AAI, the child's spare AAI, and/or the school emergency AAI if required.
4. Check the AAI to be administered is correct, not expired, and will be given at the right dose in the right way.
5. Administer or support self-administration of the AAI in accordance with appendices A and B **and call for an ambulance**.
6. Record the administration (see Appendix C)
7. Inform parents or carers as soon as possible after an ambulance has been called.

6. Managing school AAIs

The Human Medicines (Amendment) Regulations 2017 allow (but do not require) schools to keep an adrenaline auto-injector (AAI) for use in an anaphylaxis emergency, and trustees have decided that keeping a supply will not currently benefit pupils significantly.

This decision is under continual review based on the needs of our pupils as they change.

7. Staff training on and use of AAIs

The individual responsible for overseeing the protocol for use of the school emergency AAI, monitoring its implementation, and for maintaining the anaphylaxis register is the Health Care Assistant (Charleigh Rodgers) or NHS School nurses (Michelle Nickless & Suzannah White).

Staff are trained:

- To recognise the range of signs and symptoms of an allergic reaction.
- To understand the rapidity with which anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis may occur with prior mild (e.g., skin) symptoms.
- To appreciate the need to administer adrenaline without delay as soon as anaphylaxis occurs before the pupil might reach a state of collapse (after which it may be too late for the adrenaline to be effective).
- On the policy for supporting pupils at school with their medical conditions, our anaphylaxis procedures, and their role in both.
- How to check if a child is on the AAI register.
- How to access and use the appropriate AAI.
- Who the designated members of staff are and how to access their help.

Pupils are involved in age and developmentally appropriate ways in our emergency anaphylaxis procedures e.g., fetching help or equipment, to increase community awareness of severe allergies, build peer-to-peer resilience, promote leadership skills, and reduce stigma or bullying.

Designated staff have a specific responsibility for helping to administer the school emergency AAI, i.e., they have volunteered to help a child use the school emergency AAI, are trained to do so, and are identified in these procedures as people to whom all staff can turn to for support in an anaphylaxis emergency.

Designated staff are trained in everything that all staff are trained in listed above and:

- responding appropriately to a request for help from another member of staff.
- recognising when emergency action is necessary.
- practical instruction in how to use the different AAI devices.
- making appropriate records of allergic reaction; and
- ensuring parents are informed.

We arrange specialist training for designated staff and use online resources and introductory e-learning modules for all staff available at http://www.sparepensinschools.uk, (although this is not a substitute for face-to-face training), specific training or advice offered by the school or community anaphylaxis nurse e.g., the joint NHS Trust & Cumbria Public Health 5-19 Service Teacher anaphylaxis with audio - YouTube, or another suitably qualified professional to inform our practice when managing pupils who have anaphylaxis. Staff attend asthma allergy training annually.

8. Record keeping

At the beginning of each school year or when a child joins our school, parents/carers are asked if their child has any medical conditions, including anaphylaxis, on their enrolment form.

All parent/carers of pupils with anaphylaxis are asked to complete an IHCP or BASCI Anaphylaxis Management Plan with advice from their GP where needed, to help us manage their child's exposure and symptoms during school activities.

The information will be used to update the school anaphylaxis register to include:

- Known allergens and risk factors for anaphylaxis.
- Whether a pupil has been prescribed AAI(s) (and if so what type and dose).
- Where a pupil has been prescribed an AAI whether parental consent has been given for use of the spare AAI which may be different to the personal AAI prescribed for the pupil.
- A photograph of each pupil to allow a visual check to be made (this will require parental consent) which is made available to all school staff and

other adults working in the school to ensure medicines are administered appropriately.

The use of **any** AAI device will be recorded including:

- Where and when the **reaction** took place (e.g., PE lesson, playground, classroom).
- How much adrenaline was given, and by whom.
- When and how the person given the AAI was transferred to hospital for further monitoring.
- When and how parents were contacted to inform them (hospital discharge documentation will be sent to the pupil's GP to inform them of the reaction).

We review all anaphylaxis management plans at least annually, asking parents and carers to update their existing plan or exchange it for a new one and we remind them to tell us as soon as possible if their child's condition or medical needs changes.

9. Out of hours

Extra-curricular activities and out-of-school clubs operated by this school are open to all pupils equally and those with anaphylaxis are encouraged to participate in everything we offer alongside their peers.

To enable pupils with anaphylaxis to participate as safely as possible, we ensure that all teaching, teaching support staff, sports coaches, and other activity leaders who run school activities outside of normal school hours are aware of our anaphylaxis procedures, the pupils they need to be applied for, and how to minimise anaphylaxis triggers and reactions.

10. School environment

This school does all that we reasonably can to ensure the school environment is as favourable to pupils with anaphylaxis as it is to their peers.

We also have a duty of care for the health, safety, and wellbeing of pupils and must identify the seriousness of the risks to their health from exposure to their known triggers of anaphylaxis and take action to eliminate or manage the risks.

Areas of the curriculum we pay particular attention to which may expose pupils to triggers include science, design technology, food technology, art, religious studies, drama, and outdoor activities.

We do not own or keep animals are known anaphylaxis triggers and where it is unavoidable that contact with dander from an animal trigger can become likely e.g., in the presence of disability service animals or on educational visits off-site, we carefully manage situations that may cause a reaction.

This school is aware that as many as 1 in 50 pupils has a nut allergy, that free-from environments can create a false sense of security and do not prepare pupils for the world outside school, and that a nut-free policy still cannot guarantee that

we would be a nut-free site because pupils and staff bring food and other items like deodorant sprays into school. However, sometimes, the risk to an individual pupil from exposure to their allergens is so high and difficult to manage that we may try to take additional school-wide action to protect them for as long as the risks are unacceptable if we don't. An example of this might be asking parents and carers not pack snacks or lunches containing nuts. Our main focus will always remain on education and awareness raising and our procedures and hygiene arrangements to manage risk.

All procedures to be followed on-site to manage anaphylaxis, including pupils carrying their own AAI if they can and staff support for the administration, have been adapted to be carried out off-site.

Visit leaders are expected to check the medical needs of pupils in good time to ensure equality of access to the curriculum and to be adequately prepared for their educational visit e.g.

- to understand which pupils, have anaphylaxis.
- the severity of their symptoms.
- relevant triggers to be avoided or reduced.
- their treatment or care plan and the role of staff in it.
- and the pupil's competence in carrying and administering their own medicines.

11. When a pupil is falling behind in lessons

If a pupil is missing a lot of time at school or is always tired because their allergies are disturbing their sleep at night, the class teacher will initially talk to the parents/carers to develop a plan to support better management of their symptoms and/or to prevent their child from falling behind. If appropriate, the teacher will then talk to the school or community nurse and SENCo about the pupil's needs.

We recognise that it is possible for pupils with anaphylaxis to have special education needs (SEN) due to their anaphylaxis.

12. Bullying

Whilst bullying can happen to any pupil, this school recognises that those who feel or seem different to others can be particularly vulnerable. Our Anti-bullying procedures which are part of the Whole School Behaviour Policy will be used and enforced in any situation where a pupil is being bullied or intimidated due to their medical condition.

13. Disclaimer

While every effort will be made to ensure that the appropriate medical attention is sought at the earliest opportunity in the event of a pupil experiencing an anaphylaxis emergency, this school cannot accept responsibility for adverse events when parents/carers have failed to provide the working AAI their child needs to manage their allergic reactions.

14. Access to and review of procedures

The Anaphylaxis Procedures will be accessible to all staff and other adults working in the school and the community on request. A printed copy is available from the school office.

These procedures will be reviewed on a two-yearly cycle.

Appendix 1: How to recognise a mild to moderate allergic reaction

Symptoms include:

- sneezing and an itchy, runny or blocked nose (allergic rhinitis)
- itchy, red, watering eyes (conjunctivitis)
- wheezing, chest tightness, shortness of breath and a cough
- a raised, itchy, red rash (hives)
- swollen lips, tongue, eyes or face
- tummy pain, feeling sick, vomiting or diarrhoea
- dry, red and cracked skin

A child will not necessarily experience all of these symptoms in the same episode.

ACTION:

- Stay with the person, call for help if necessary
- Locate adrenaline auto-injector(s) in case needed
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

WATCH FOR SIGNS OF ANAPHYLAXIS

Appendix 2: Signs of anaphylaxis

Airway	Breathing	Consciousness
• Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue	• Difficulty or noisy breathing • Wheeze or persistent cough	• Persistent dizziness • Becoming pale or floppy • Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs 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 to request ambulance and say **ANAPHYLAXIS**

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

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand them up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact

If no improvement after 5 minutes, give a further dose of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline auto-injector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) even if there are no skin symptoms

Appendix 3: Emergency AAI use: record card

Name of school/setting						
Date	**Name of child**	**Time**	**Where & when**	**Dose(s) given**	**Staff signature**	**Print name**
1/9/24	*Anne Other*	*14:30*	*Insect sting, PE field*	*1 x Epipen 0.3mg*	*J Smith*	*John Smith*

Appendix 4: Exemplar letter to request AAI from a pharmacy for emergency use in Schools

To be completed on headed school paper Model letter to for pharmacy to request adrenaline auto-injectors

[Date]

We wish to purchase emergency Adrenaline Auto-injector devices for use in our school/college.

The adrenaline auto-injectors will be used in line with the manufacturer's instructions, for the emergency treatment of anaphylaxis in accordance with the Human Medicines (Amendment) Regulations 2017. This allows schools to purchase "spare" back-up adrenaline auto-injectors for the emergency treatment of anaphylaxis. (Further information can be found at www.sparepensinschools.uk).

Please supply the following devices:

Brand name*		Dose* (state milligrams or micrograms)	Quantity required
	Adrenaline auto-injector device		
	Adrenaline auto-injector device		

Signed: _____ Date: _____

Print name:

Head Teacher/Principal

*AAIs are available in different doses and devices. Schools may wish to purchase the brand most commonly prescribed to its pupils (to reduce confusion and assist with training). Guidance from the Department of Health to schools recommends:

For children age under 6 years:	For children age 6-12 years:	For teenagers age 12+ years:
• Epipen Junior (0.15mg) or • Emerade 150 microgram or • Jext 150 microgram	• Epipen (0.3 milligrams) or • Emerade 300 microgram or • Jext 300 microgram	• Epipen (0.3 milligrams) or • Emerade 300 microgram or • Emerade 500 microgram or • Jext 300 microgram

The guidance is available at:

https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools

Further information can be found at http://www.sparepensinschools.uk/