

MANAGING ALLERGIES AND ANAPHYLAXIS



CHERRY TREE
PRIMARY SCHOOL

This document has been created with regard to the following: 'Supporting children at schools with medical conditions' DFE, December 2015, 'Herts schools allergy and anaphylaxis guidance' Children's Universal Services School Nursing Team, June 2015 and 'Guidance on the use of adrenaline auto-injectors in schools' DoH 2017.

Anaphylaxis

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.**

Mild-moderate allergic reaction

- Anxiety
- Sudden change in behaviour
- Sweating, pale, rapid pulse
- Feeling faint/odd
- Itchy skin, blotchy rash, hives
- Itchy/tingling mouth
- Swelling of skin, particularly around face, lips, eyes and neck
- Abdominal pain
- Vomiting/diarrhoea
- A feeling of tightness in the throat

Action

- Stay with the child, call for help if necessary
- Locate adrenaline auto-injector pack(s) (in case of progression to severe symptoms)
- Give antihistamine according to the child's allergy action plan
- Phone parent/carer to inform and record in child's allergy book

Mild-moderate symptoms are usually responsive to an antihistamine. The pupil does not normally need to be sent home from school, or require urgent medical attention. However, mild reactions can develop into anaphylaxis: children having a mild-moderate (non-anaphylactic) reaction should therefore be monitored for any progression in symptoms.

Watch for signs of anaphylaxis (life-threatening allergic reaction requiring urgent medical treatment)

- **Airway:** Persistent cough, choking, hoarse voice, difficulty swallowing, swollen tongue
- **Breathing:** Difficult or noisy breathing, wheeze or persistent cough
- **Consciousness:** Persistent dizziness, becoming pale or floppy, suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present

- Send for adult help and pupil's adrenaline auto-injector pack (if not already collected)
- Stay with pupil, keep them still and give reassurance
- Lie child flat with legs raised (if breathing is difficult, allow child to sit)
- Check that you have the correct adrenaline auto-injector pack for that pupil
- Administer adrenaline auto-injector, as per training, without delay
- Send for an ambulance (999 call) – give following details:

Name, address, postcode, access to school and information that a pupil is suffering from anaphylaxis and has been given adrenaline.

You should administer the pupil's own adrenaline auto-injector (AAI) if available, if not – and medical authorisation and parental consent has been given (check register) - use the correctly dosed emergency AAI. The AAI can be administered through clothes and should be injected into the upper outer thigh in line with the instructions issued for each brand of injector.

If someone appears to be having a severe allergic reaction (anaphylaxis), you MUST call 999 without delay, even if they have already used their own AAI device, or an emergency AAI.

Always give an adrenaline auto-injector if there are ANY signs of anaphylaxis present.

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

After giving adrenaline

- Stay with child and keep them warm until ambulance arrives
- **DO NOT** move pupil – standing someone up with anaphylaxis can trigger cardiac arrest - lie child flat with legs raised (if breathing is difficult, allow child to sit)
- Phone parent/carer immediately – inform them of hospital destination when confirmed with paramedics
- If collapsed and unconscious, protect airway and place in recovery position
- If there are no signs of life, commence CPR
- Record details, including time of injection(s) given, on auto-injector card
- Safely dispose of used syringe in the pupil's plastic box (not original container)
- If the pupil's condition does not improve after 5 minutes, give a further dose of adrenaline using another auto-injector device, if available
- If a second dose of adrenaline is administered after the initial 999 call, make a second call to the emergency services to ensure an ambulance has been despatched
- Send somebody outside to direct ambulance paramedics when they arrive
- Record details in child's allergy/emergency auto-injector book – where and when the reaction took place (e.g. PE lesson, playground, classroom), how much medication was given and by whom
- Inform parents about whether the child's AAI or emergency AAI was used and ensure parent replaces/provides adrenaline auto-injector(s) as soon as possible
- If emergency AAI has been used, inform school office so a replacement can be ordered
- School to notify School Health Nurse as soon as possible

Anaphylaxis commonly occurs together with mild symptoms or signs of allergy, such as an itchy mouth or skin rash. Anaphylaxis MAY occur without initial mild/moderate 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 no skin symptoms are present. In the presence of any of the severe symptoms listed in the red box on page one, it is vital that an adrenaline auto-injector is administered without delay, regardless of what other symptoms or signs may be present.

Any child who has adrenaline administered **must** be taken to hospital for further monitoring **by ambulance** and accompanied by an adult.

When the ambulance arrives make available to them

- Pupil's auto-injector card completed with time the injector(s) was given
- If the child is known to have an allergy and what might have caused this reaction (recent food)
- Used syringe in container/plastic box

Notes

- 1. If in doubt, it is safer to give adrenaline than to withhold it if a child is developing anaphylaxis**
- 2. Never administer adrenaline prescribed for one child to another child**
- 3. Do not transfer child in staff member's car – wait for an ambulance**
- 4. Do not allow child to sit up, stand or move away, after administering adrenaline, until paramedic assessment is complete**
- 5. School trips – a recently trained member of staff or parent must accompany children who require auto-injectors and establish responsibility for the auto-injectors**
- 6. If any accidental puncture of the skin from the exposed needle occurs, follow the first aid procedure below**

First aid procedure following needle stick injury

If an accidental puncture of the skin occurs from the used needle, follow the first aid procedure.

- Irrigate wound with running water
- Encourage controlled bleeding

- Cover with appropriate dressing

It is vital that the person concerned attends local Accident & Emergency (A&E) Department.

If the needle was unused on the child but adrenaline was accidentally injected into another person, follow instructions above and attend the local A&E Department.

Adrenaline auto-injector pack

Every pupil who has been prescribed an adrenaline auto-injector will have a pack which is clearly labelled, never locked away and readily available for emergency use.

The contents of the adrenaline auto-injector pack include:

1. Medication kept in a container – e.g. plastic box with lid
2. Adrenaline – in the form of an auto-injector (Epi-pen, Jext or Emerade)
3. Antihistamine medication
4. Allergy Action Plan with photo
5. Auto-injector card with photo
6. Child's allergy book
7. Auto-injector Individual Health Care Plan

General

- Parents/carers are provided with an Auto-injector Individual Health Care Plan, that contains consent for use of the emergency AAI, to complete and sign annually - a meeting will be held with the class teacher to discuss plan once completed
- Children have two auto-injectors in school, one is stored in the medication bag in their classroom and the other in the office.
- The office staff will ensure that supply teachers and outside agency staff, such as PE coaches, are aware which children have allergies/anaphylaxis and that facilitators of outside school hours' activities are made aware of children with adrenaline auto-injector packs and their locations
- An allergy register is held in school recording those children who have been prescribed an AAI and their correct dosage, or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis, and details those for which we have medical authorisation and parental permission for use of the emergency AAI, this is reviewed annually – a copy of this register is kept with the emergency AAI kit and in the staff room.
- Any trained staff member can provide support in the instance of anaphylaxis. However, if assistance is required a member of the office staff, Assistant Head Teacher or Lead MSA can be requested to support – telephone/send message to the office requesting support with anaphylactic reaction, they will collect second AAI and/or check allergy register for consent and collect the emergency AAI pack if required
- Allergy Action Plans must be reviewed annually, along with the Auto-Injector Individual Healthcare plan, and must include a current picture - this provides medical authorisation and should be signed by the parent as consent for use - a copy will be kept in child's medication box, displayed in the staffroom and the child's classroom
- Auto-Injector cards are kept in the child's auto-injector pack and will be completed if a child needs to use an auto-injector - the box and the card should be given to the ambulance crew
- Every child has their own allergy book – details are recorded when antihistamine or AAI is administered
- The class teacher and Assistant Headteacher will work with parents to establish prevention and treatment strategies
- The school caterers require a form is submitted by parents/carers, informing them of their child's details if allergic/anaphylactic, before lunches can be provided to them
- A list of children with allergies/anaphylaxis, including photos, is kept in the kitchen and children with allergies/anaphylaxis are provided with a lanyard by the caterers for identification purposes
- Bottles and lunch boxes provided by parents for children with food allergies should be clearly labelled with the name of the child for whom they are intended
- Lunchtime staff are provided with a list of all children, which includes photos, with allergies/anaphylaxis
- Dining tables are cleaned thoroughly before and after use and children are reminded to wash their hands before they eat
- All staff receive annual training in managing severe allergies in schools, can recognise symptoms and know what to do in an emergency, including how to use an adrenaline auto-injector
- Food-allergic children are included in school activities - pupils are not excluded based on their allergy – staff design and develop school activities to ensure the inclusion of food allergic pupils and work to eliminate the use of allergens in the allergic pupil's meals, educational tools, cooking classes, science experiments and arts and crafts projects

- Children know not to share/trade food, food utensils or food containers
- Food is not given to food-allergic children without parental engagement and permission (e.g. birthday parties, food treats)
- Parents may provide a stock of safe snacks for special school events (to be stored in school) and periodically check its supply and freshness
- School trips are risk assessed and parental input welcomed, children's medication is taken on all trips and kept with adult leading child's group - parents may be invited to attend in accordance with their child's AIHCP
- Planning for out-of-school activities such as sporting events, excursions, school outings or camps incorporates catering requirements of the food-allergic child and emergency planning
- Indemnity insurance is provided for teachers and other school staff who volunteer to administer medication to pupils who need help
- Policies are reviewed after an allergic reaction has occurred

Parents/Carers of Pupils with Allergies should

- Notify the school of the child's allergies, ensuring there is clear communication
- Work with the school to develop a plan that accommodates the child's needs throughout the school including in the classroom, in dining areas, in after-school programmes, during school sponsored activities and when travelling
- Provide written medical documentation, instructions and medications as directed by a doctor
- Replace medications after use or upon expiry - AAI kits in school should be checked termly to ensure they are stored correctly, are still in date, and ready for use
- Educate the child in allergy self-management, including what foods are safe and unsafe, strategies for avoiding allergens, how to spot symptoms of allergy, how and when to tell an adult of any reaction, and how to read food labels
- Review policies and procedures with the school staff, the school nurse, the child's doctor and the child (if age appropriate) after a reaction has occurred and annually at the start of each school year

Pupil with Allergies should

- Be sure not to exchange food, food utensils or food containers with others
- Avoid eating anything with unknown ingredients
- Be proactive in the care and management of their food allergies and reactions (based on the age level/understanding)
- Notify an adult immediately if they eat something they believe may contain the food to which they are allergic

Administration of Adrenaline in schools

As per Supporting Pupils at School with Medical Conditions April 2014, and if a child potentially at risk has been identified, there must be liaison between the following to co-ordinate the management of his/her emergency treatment.

It is recommended that the Head Teacher of the school should

- Allocate an appropriate training time for all staff involved as advised by School Health Team
- Ensure staff training record is completed (list to be retained by school and SHN)
- Read the Department for Education Supporting Pupils at School with Medical Conditions September 2014
- Read the Anaphylaxis and Children with Severe Allergies (June 2015 The Anaphylaxis Campaign)

The School Health Nurse will:

- Make arrangements in conjunction with the school, parents/guardian, to train school staff who volunteer to administer adrenaline, and maintain a list of attendance

It is recommended that the parents should:

- Provide Allergy Action Plan and complete Auto-injector IHCP
- Inform school, especially when changing school
- Provide adrenaline, e.g. 2 auto-injectors for use in school
- Be responsible for the replacement adrenaline:
 - (a) when it is used
 - (b) prior to expiry date
- Be responsible for safe disposal of auto-injector(s) when no longer required or expired
- Provide a recent photograph of the child for school (if school photo not available)

Use of emergency adrenaline auto-injector

The school's emergency adrenaline auto-injector should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the emergency adrenaline auto-injector has been provided.

This includes children at risk of anaphylaxis who have been provided with a medical plan confirming this, but who have not been prescribed an adrenaline auto-injector. In such cases, specific consent for use of the emergency AAI from both a healthcare professional and parent/guardian must be obtained. Allergy Action Plans containing these permissions are available from the British Society for Allergy and Clinical Immunology (BSACI). Copies of these plans are saved in the Administering Medicines folder on the shared drive.

In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the emergency AAI is appropriate.

- The emergency AAI(s) can be used if the pupil's own prescribed AAI(s) are not immediately available or cannot be administered correctly without delay (for example, because they are broken, out-of-date, have misfired or been wrongly administered)
- Two emergency AAIs are held, one with a dose of 150 microgram (0.15 milligram) of adrenaline and one with a dose of 300 microgram (0.3 milligram) of adrenaline
- A pupil's auto-injector card must be completed when an emergency AAI is administered
- Use of the emergency AAI must be recorded in emergency AAI book
- Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an AAI should carry two of the devices at all times – any emergency AAI(s) held by a school should be in addition to those already prescribed to a pupil
- The emergency AAIs are never locked away, are clearly labelled and are kept separate from other auto-injectors

Before the emergency AAI is used, a check must be made for medical authorisation and parental consent on the allergy register.

The emergency AAI kit is kept in the back office and contains:

- Emergency AAI(s)
- Instructions on how to use the device(s)
- Instructions on storage of the AAI device(s)
- Manufacturer's information
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded
- A note of the arrangements for replacing the injectors
- A register of pupils to whom the AAI can be administered and dose required
- An emergency AAI book

Maintenance

It is every staff member's responsibility to ensure this procedure is followed and the kit is returned whenever it is used. Mrs Brown and Mrs O'Keeffe maintain the emergency AAI kit, undertaking tasks as required, ensuring that:

- On a monthly basis, the emergency AAI kit is complete and AAIs are present and in date
- Replacement AAIs are obtained when expiry dates approach/AAIs are used (this can be facilitated by signing up to the AAI expiry alerts through the relevant AAI manufacturer)
- The AAI devices are stored at room temperature (in line with manufacturer's guidelines) and protected from direct sunlight and extremes of temperature
- The allergy register is maintained and reviewed annually

Once an AAI has been used it cannot be reused and should be given to the ambulance paramedics on arrival. If paramedics do not take AAI with them, it must be disposed of according to manufacturer's guidelines.

Training

ALL staff complete anaphylaxis training and are required to read the Administering Medicines Policy, alongside the supportive procedural documents, annually. These documents are stored in the Administering Medicines folder on the shared drive and are accessible for reference at all times.

Further information and film clips showing adrenaline being administered can be found at:
<http://www.sparepensinschools.uk>

Designated members of staff are trained in:

- recognising the range of signs and symptoms of severe allergic reactions
- responding appropriately to a request for help from another member of staff
- recognising when emergency action is necessary
- administering AAls according to the manufacturer's instructions
- making appropriate records of allergic reactions

Contacting Emergency Services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below. Speak clearly and slowly and be ready to repeat information if asked.

- Telephone number **01923 245490**
- Your Name
- Your Location as follows **Cherry Tree Primary School, Berry Avenue, Watford, Hertfordshire**
- State what the postcode is **WD24 6ST**
- Provide the exact location of the patient within the school setting
- Provide the name of the child and a brief description of their symptoms - please ensure that you inform them that the child has anaphylaxis
- Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient **Main entrance on Berry Avenue**

A completed copy of this form is kept on the notice board in office.