



Allergy and Anaphylaxis Management Policy

This policy has links to the following CRHS policies and should be read in conjunction with:

❖ Health and Safety

Latest policy update:	September 2019			
Next review date:	September 2020			
LT Responsible for review:	Tony Fallon			
Policy communicated to staff via:	Email	INSET	Staff Briefing	Other
Date:				

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Background

This policy and related procedures is aimed at supporting staff and volunteers in CRHS as they act in the best interests of a child and within their scope of capability.

Anaphylaxis is a severe, rapidly progressive, potentially life threatening allergic reaction. The most common allergens in school aged children are peanuts, eggs, tree nuts (eg cashews), cow's milk, fish and shellfish, wheat, soy, sesame and certain insect stings (particularly bee stings). Allergies can develop at any age and there may be a risk that if a pupil feels unwell this may be due to an allergic reaction, but it is a parent's responsibility to get in touch with their GP. Not all reactions are immediate but can develop after exposure to the allergen.

Key to prevention of anaphylaxis in schools is knowledge of the student diagnosed as at risk, awareness of allergens and prevention of exposure to those allergens. Partnerships between schools and parents/guardians are important in helping the student avoid exposure. Good communication is vital and parents/guardians have a responsibility to share with school communications they have about their child's condition, such as letters and plans from the Paediatrician, GP and Dietician. It should also be remembered that there is community use of buildings outside school hours which may have an impact in school hours.

Adrenaline given through an adrenaline auto injector (*AAI) such as an EpiPen into the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis

Purpose

- To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy/guidelines in the school community.
- To engage with parents/guardians of each student at risk of anaphylaxis in assessing risks and developing risk minimisation strategies for the student.
- To ensure staff have knowledge about allergies, anaphylaxis and the school's guidelines and procedures in responding to an anaphylactic reaction.
- To ensure all care plans are up to date and displayed in the school staff room with copies available in DT, PE, Science labs and school canteen.

Individual Allergy and Anaphylaxis Health Care Plans

The member of the Leadership Team (LT) responsible for medical arrangements will ensure an Individual Allergy and Anaphylaxis Health Care Plan (IAA) (see [Appendix 1](#)) is developed for any student diagnosed as being at risk of anaphylaxis in consultation with the student's parents/guardians. Individual Allergy and Anaphylaxis Action Plans should be shared between Primary and Secondary Schools as part of transition. Care plans are displayed in the staff room with copies available in Reception for On-call staff, PE, Science, DT and the Canteen.

The plan should be read, checked and signed by the parents/carers, the Head Teacher and the child's class teacher. The plan must be based on the RCPCH/BSACI approved anaphylaxis action plan provided by the GP or Paediatrician and should incorporate any related relevant advice obtained in the clinical letter from the GP/Paediatrician and/or Dietician.

The IAA will be in place as soon as practicable after the student is enrolled and for Year 7 pupils this should include transition days.

The student's IAA will be reviewed in consultation with their parents/guardians:

- annually and as applicable
- if the student's condition changes
- immediately after the student has an anaphylactic reaction.

It is the responsibility of the parent/guardian to:

- work with CRHS to produce a suitable Action Plan with support from the child's medical practitioner
- inform the school if their child's medical condition changes and where necessary work with the school to produce an updated Action Plan
- ensure medicines are supplied in date and replace as appropriate.

It should be recognised that there may be occasions when a child has a reaction when there is no diagnosis.

Communication

A member of LT will be responsible for making information available to all staff, students and parents/guardians about anaphylaxis and development of the school's anaphylaxis management strategies.

Parents are encouraged to raise concerns or issues with relevant staff via the LT member.

Volunteers and supply staff will be informed if they are caring for a student in school at risk of anaphylaxis and their role in responding to an anaphylactic reaction.

Staff training and emergency response

Teachers and other school staff who have contact with students at risk of anaphylaxis must undertake annual training in anaphylaxis management, including how to respond in an emergency. Training will include how to use an adrenaline auto injector (AAI). Re-familiarisation training must be repeated on a 5 yearly basis. Online courses are available at

<http://www.anaphylaxis.org.uk/schools/schools-help/>

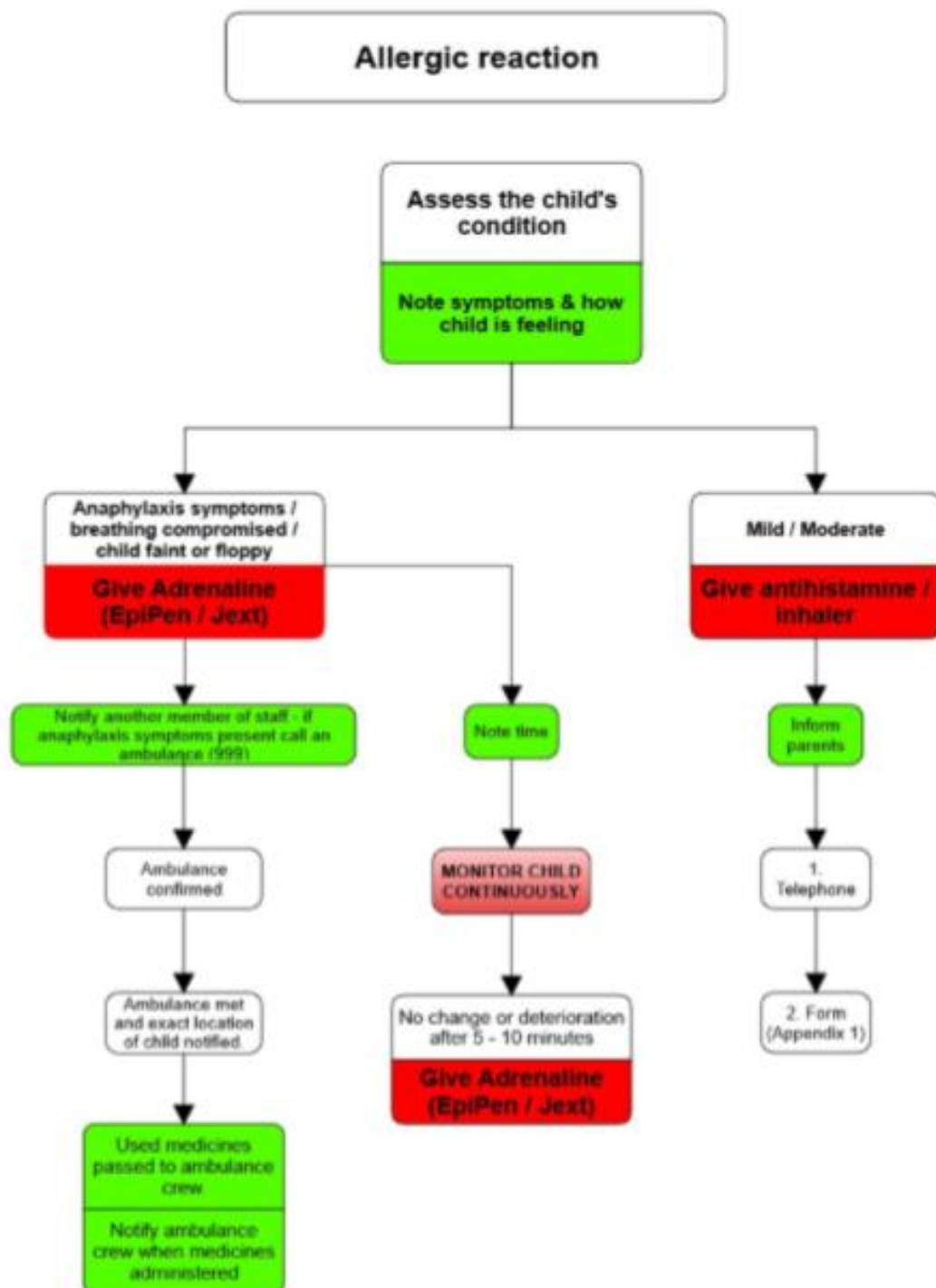
A log of staff training is kept in school by Mrs. Kelly and Mrs. Astin. (see [Appendix 2](#) for an example).

At other times whilst the student is under the care or supervision of the school, including trips out, break duty, camps and special event days, a member of LT must ensure there are sufficient staff present with up to date training and expertise to recognise, prevent and treat anaphylaxis. Wherever possible, training will take place before the student's first day at school. Where this is not possible, an interim plan will be developed in consultation with the student's parents/guardians.

The school's first aid procedures and student's Action Plan will be followed when responding to an anaphylactic reaction.

Staff presently trained in anaphylaxis treatment are Jody Astin, Tony Fallon, Tina Davies and Melissa Brookes.

To help staff assess the situation, the following flowchart is intended to give some guidance:



Notes for Staff

Always:

1. Assess the child's condition – Note symptoms and how they are feeling. **(IF IN DOUBT ADMINISTER THE AAI!)**. Notify another member of staff and if symptoms of anaphylaxis are present call an ambulance (999). Make sure person who calls ambulance confirms this has been carried out and someone is available to meet and tell the ambulance crew your exact location.
2. Decide if the reaction appears to be mild or moderate or severe. If mild or moderate – give antihistamine/ inhaler as prescribed but **MONITOR THE CHILD CONTINUOUSLY**. This is to make sure the symptoms do not progress to a 'biphasic' secondary reaction- see below for details*. (If a mild reaction occurs the parents of the child should be informed of their allergic reaction by telephone with a follow up form including time of any medication given. See the 'Follow up form – record sheet' in [Appendix 3](#))
3. **If there are any symptoms of Anaphylaxis or the breathing is compromised or the child appears faint or 'floppy' then Adrenaline (EpiPen / Jext / Emerade) should be given as a first priority.** An ambulance should have already been called). This should be administered into the muscle of the upper outer thigh (as shown in training) and the child should be monitored. **NOTE THE TIME GIVEN. MONITOR THE CHILD CONTINUOUSLY.** Another dose of Adrenaline may be necessary if the child's condition has not improved or deteriorates within 5-10 minutes. **(IF IN DOUBT ADMINISTER THE AAI!)**.

Stay with the child, do not move the child (Let the child adopt the position they are most comfortable in). If they are feeling faint or floppy then encourage them to lie with legs raised and head turned to one side (in case of vomiting) or sitting still (if breathing difficulties). Keep calm and keep the child calm. If the child is stood up then they need to be laid down with legs raised or if they are experiencing breathing difficulties they can sit but with legs still elevated. After adrenaline appears to have worked the child may well wish to stand up again but should be stopped from doing this as it can cause collapse.

4. Wait for ambulance, when the ambulance arrives the adult in charge of the child having an anaphylactic reaction should tell the ambulance crew what has happened and give all used medications to the ambulance crew for safe disposal, stating times of given medication.

It is normal practice for anyone who has been given adrenaline to go to hospital for further monitoring therefore the accompanying adult should take any relevant medical information with them. Parents will be contacted by a member of the school staff after the ambulance has been called. Permission to use emergency medication will already have been obtained and given by signing the protocol. Following each allergic reaction the parents should be notified so they are able to continue to monitor the child's condition and make a GP appointment or follow up at the hospital if necessary.

Parents will replace any further necessary medications.

***This is because a secondary phase reaction could occur (after the initial reaction has been treated and resolved) these symptoms can be either mild symptoms or more serious symptoms and Parents/ Carers need to be aware of this possibility , ensuring they have adequate follow up medication and this is why monitoring in hospital is essential.**

Remember if you are unsure about any of a child's symptoms then take them to hospital for a check-up.

Medication

The medication often prescribed for a child at risk of anaphylaxis is Epinephrine (commonly known as Adrenaline). This may be injectable Epinephrine (EpiPen / Jext / Emerade).

It is important that the parent explains what medication his or her child has been prescribed, what symptoms may occur and when and how to use the emergency pack. ALL staff will need to know where the medication is stored. This should be out of reach of children but readily accessible. It should be clearly labelled with the child's name and instructions for use.

Responsibility for ensuring the medication is in date rests with the parent.

Allergic Reactions

- These reactions can be mild, moderate or severe and in some cases life threatening – this is known as Anaphylaxis. Prompt treatment is necessary and follow up by medical staff may be required.
- It is essential each child follows their own individual protocol and that this is updated if any changes occur.
- It is important that strict attention is paid to any allergic triggers which could cause an allergic reaction and risk of coming into contact with these allergic triggers is minimised. (These are detailed below in precautionary measures).
- Emergency medication must be accessible at all times and a plan of action should be drawn up to ensure everyone knows what to do in such an event to ensure safety of the child.
- It is important that children with allergies are treated sympathetically but also that they are able to be included in as many activities with precautionary measures in place which do not place the child at risk.

Symptoms to be Aware of:

Symptoms of allergic reactions:

Ear/Nose/Throat Symptoms: runny or blocked nose, itchy nose, sneezing, painful sinuses, headaches, post nasal drip, loss of sense of smell/taste, sore throat/swollen larynx (voice box), itchy mouth and/or throat and blocked ears.

Eye Symptoms: watery, itchy, prickly, red, swollen eyes. Allergic 'shiners' (dark areas under the eyes due to blocked sinuses).

Digestion: swollen lips, tongue, itchy tongue, stomach ache, feeling sick, vomiting, constipation and or diarrhoea.

Skin: Urticaria –wheals or hives-bumpy, itchy raised areas and or rashes. Eczema – cracked, dry, weepy or broken skin. Red cheeks.
Angiodema –painful swelling of the deep layers of the skin.

Symptoms of Severe Reaction/ Anaphylaxis: These could include any of the above together with:

Difficulty in swallowing or speaking.

Difficulty in breathing – severe asthma

Swelling of the throat and mouth

Hives anywhere on the body or generalized flushing of the skin Abdominal cramps, nausea and vomiting



Sudden feeling of weakness (drop in blood pressure) Alterations in heart rate (fast Pulse)

Sense of Impending doom (anxiety/panic)


Collapse and unconsciousness

If you are in any doubt about the severity of any symptoms always seek urgent medical attention (Call 999 for an ambulance and state Anaphylaxis. The first line treatment of anaphylaxis is Adrenaline (epinephrine) given by injection).

Allergy Action Plan


Allergy Action Plan



THIS CHILD HAS THE FOLLOWING ALLERGIES:


Name: _____


DOB: _____



Photo

Emergency contact details:

1)  _____

2)  _____

Child's Weight: _____ kg

PARENTAL CONSENT: I hereby authorize school staff to administer the medicines listed on this plan, including a "spare" second up adrenaline autoinjector (AAI), if available, in accordance with Department of Health guidance on the use of AAI in schools.

Signed: _____

(PRINT NAME) Date: _____

Mild/moderate allergic reaction:

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

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine
- Phone parent/emergency contact (If worried, can repeat dose)

Watch for signs of ANAPHYLAXIS
(life-threatening allergic reaction)


Anaphylaxis may occur without skin symptoms. **ALWAYS** consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

AIRWAY: Persistent cough, hoarse voice, difficulty swallowing, swollen tongue

BREATHING: Difficult or noisy breathing, wheeze or persistent cough

CONSCIOUSNESS: Persistent dizziness / pale or floppy, suddenly sleepy, collapse, unconscious

If ANY ONE (or more) of these signs are present:

1. Lie child flat:  (If breathing is difficult, allow child to sit)
2. Use Adrenaline autoinjector (eg. Jext®) **without delay**
3. Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")


*** 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 2nd adrenaline dose using a second autoinjector device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.


How to give EpiPen®




1. Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP



2. SWING AND PUSH ORANGE TIP against outer thigh (with or without clothing) until a click is heard



3. HOLD FIRMLY in place for 10 seconds



4. Remove EpiPen®. Massage injection site for 10 seconds

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Additional instructions:

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorization for schools to administer a "spare" second adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendments) Regulations 2017.

This plan has been prepared by:

GP or a PRINT NAME: _____

Hospital/Clinic: _____


Date: _____

(Allergy Action Plans for those prescribed Jext or Emerade can be downloaded from:

<https://www.bsaci.org/Default.aspx?PageID=13325790&A=SearchResult&SearchID=2879574&ObjectID=13325790&ObjectType=1>)

The following three pages should be discussed with parents and kept with the child's medication:

<< insert name >> needs /carries emergency medication

Name of medication	Details of use	Needs (N) and / or carries (C)	Dosage	Frequency of use:	Expiry date

All medication should be clearly labelled in the original container as dispensed by the pharmacist, expiry dates and instructions for use should be clearly stated.

Note: - 2 Adrenaline Auto Injectors should be kept on the premises at all times.

<< Insert name >> uses an Inhaler? [\[Yes / No\]](#)

<< Insert name >> uses an EpiPen / Jext / Emerade (delete as appropriate)?

This is kept in [\[Please state where it is kept\]](#)

<< Insert name >> Carries an emergency kit on them? [\[Yes / No\]](#)

Name of designated trained staff member/area child should report to if feeling unwell:

Designated trained individuals:	Contact details:
(Primary)	
(Backup person)	

Consent & Agreement signed by Parents

I agree to the staff taking responsibility and administering medication in the event of an allergic reaction taking place. I give permission for information relating to my child's allergies to be made available to canteen staff, school ancillaries, volunteer staff and establishments when going on school visits or extended school visits.

Parent's/carers signature	Date
Head teacher/designated staff signature	Date

Please attach a copy of hospital / doctor's letter(s) detailing information (see Allergy Action Plan).

Allergic symptoms can be different for individuals, however symptoms can be:

<p>Mild symptoms which may require antihistamines or inhalers</p> <p>(Antihistamines can take approximately 15 minutes to work. An inhaler may be necessary).</p>	<p>(for example rash, headache, vomiting, itchy tongue & swelling)</p> <p>Your Childs' particular symptoms:</p>
<p>Moderate to severe, which may require inhalers and Adrenaline.</p> <p>(An immediate administration of adrenaline into the upper outer thigh as shown in the training session may be required and /or an inhaler may be necessary)</p>	<p>(for example difficulty in breathing, facial swelling, cough and choking, wheezing, pallor, blue lips, collapse fainting, unconsciousness- this is known as ANAPHYLAXIS and is an extreme emergency)</p> <p>Your child's particular symptoms:</p>

It is very important that anyone caring for << insert name >> is aware of these symptoms and uses the appropriate agreed protocol to deal with these symptoms or if in any doubt seeks urgent medical advice as soon as possible. **(Please telephone an ambulance in cases of severe allergic reactions as these are medical emergencies).**

Following any symptoms please administer prescribed medication for << insert name >> as outlined above.

Precautionary Measures

1) << insert name >> should avoid all products containing [insert names of items causing difficulties]. His/her teachers will try to avoid any accidental exposure during the school day. << insert name >> needs reminding by their parents that they must not swap or share any food items with other children. A suitable allergen free packed lunch will be provided by the parents, additional snacks or 'treats' for special occasions, if appropriate, will be supplied to the teacher by the parents in a suitable labelled container.

2) << insert name >> carries a AAI / has an AAI on them / has an AAI in [state where it is to be found] (Cross out / insert information as appropriate)

If the AAI needs to be retrieved from [state where it is to be found eg school office] because << insert name >> are experiencing [describe symptoms requiring the use of the AAI], then this should be carried out immediately. The AAI should be used as soon as possible after being retrieved.

For those pupils who carry an AAI, it must be taken to all lessons and any off site activities. Prior discussion for any trips or offsite activities will include safe storage and handling of medications and ensuring this protocol accompanies the child at any times they are off site.

3) Class mates will be made aware of allergies and their triggers at certain times i.e. circle time or during PHSE lessons/ cookery/ science and in general conversations. The 'No sharing' rule will be emphasized during these times.

Be aware of the following:

Information should be given by the Head Teacher or their designate about << insert name >>'s allergy and all staff should be informed.

- Staff have a responsibility to check on their class registers for pupils with allergies and who carries an AAI, as well as knowing where the AAI is if not carried by or on the pupil.
- Staff should at all times try to avoid as far as possible any triggers. All reactions should be reported to the parents via the responsible staff member.
- School lessons-such as cookery/science (staff and need to be aware of potential triggers and minimise the risk of exposure) and off site/ trips and visits – make sure your child takes medication and the teachers/ staff are aware-send letter before trips/ activities.
- Make sure Games and PE teachers are aware and advise them of any special requirements (i.e. asthma inhalers EpiPens etc.).
- Provide safe 'treats' for your child, if appropriate, so they are included at school in various occasions. For art and craft lessons make sure suitable materials are being used. Ask for information about activities each term so you can plan ahead.
- Advise your child regularly of the 'NO SHARING' policy.
- Encourage your child to report to a designated member of staff if they are not feeling well.
- A written record of medications/treatments given should be kept by staff and as far as possible a copy given/ sent to the parent.
- Advice should be obtained regarding transport arrangements i.e. school buses and escorts/carrying of medication/health care plans. (For further information please see 'Managing Medicines in Schools and Early Years Settings' DFES publication. ISBN 1- 84478-459-2).

Appendix 1 – Allergy and Anaphylaxis Health Care Plan

Children's Allergy and Anaphylaxis Protocol

This protocol is to be used by anyone caring for a child who may be at risk of allergic symptoms or Anaphylaxis.

The protocol is to ensure that everyone caring for the child is aware of their allergies, symptoms and to promote better understanding of the child's needs and medical requirements. This should allow for better management of symptoms and recognition of how to deal with emergency situations if they arise. It should also allow effective communication between parents, schools and medical professionals which should help both the allergic child and anyone involved in their care.

This document will be updated regularly, as well as being read through by those caring for children at risk, to ensure familiarity and up to date appropriate care. An annual review will be undertaken and updating carried out when necessary.

Documents relating to allergies and anaphylaxis will be kept in the school office and on the school website.

Schools will work in partnership with parents in regard to a child's allergies and anaphylaxis generally. This will be in meetings with parents, whether a pupil's form teacher or member of LT in a formal meeting working through any forms that may need to be completed.

As a child transitions from a Primary school to CRHS it is important that good communication exists between the two schools and the parents. There should be an opportunity for a parent to talk with staff, such as the Catering Manager or Head of Year before a young person enters CRHS in order to discuss allergies. A specialised Dietary Requirement Form should be completed by the parent/guardian of students known to be at risk of anaphylaxis (see below):



Department of Education Sport & Culture
Specialised Dietary Requirements
School Meals Request Form

Please complete in BLOCK CAPITALS and in Black ink.

Please note: This form must be authorised by a Health Professional and a copy will be sent to Head Teacher.

Childs Details

Childs Name:	
Date of Birth:	
Address:	
Post Code:	

Parent/Guardian Details

Contact Name:
Contact Address:
Post Code:
Contact Phone Number:

In making this request for a medical diet, I acknowledge that whilst employees of the Department of Education Sport and Culture will make every reasonable effort to comply with my child's dietary requirements, this is not always possible because of manufacturers' variations to food items and avoidance of cross contamination within a school meals kitchen environment.

Signed Parent/Guardian	Date:
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School Details

Name of School:
School Address:
Post Code:

Dietary Details

Details of Special Dietary Requirements:		
Diet Sheet Attached?	Yes:	No:

If No, please give further details/action points below. If Yes, use this space to add further comments.

Name of Dietician or Contact Health Professional:	
Signature:	
Address:	
Post Code:	
Telephone Number:	

Please return this form to: Isle of Man Government, Department of Education Sport and Culture, School Meals Catering Manager, Hamilton House, Peel Road, Douglas, IM1 5EZ.

Appendix 2 – Staff Training Log – Allergies / Anaphylaxis

(Fill in for each member of staff and put on file)

Name: TF

Date of Training:	Training Provided By:	Updated Training Due:
30/04/19	KB	30/04/20

Appendix 3 – Follow up form – Record Sheet

To be filled out if any symptoms of allergy occur and sent to parents via child/email or given to the parents when the child is collected.

Name of child:	
Age of child:	
Allergy:	
Date of allergic reaction:	
Time:	
Symptoms:	
Treatment given & Time:	
Given by (signature)	
Monitoring of symptoms:	
Parents contacted Yes / No	
Special note to parents:	
Signed:	Dated:

✂.....(Please cut off
and return if appropriate)

Child's name:	
Parental comments:	
Signed:	Dated: