



# **Anaphylaxis in School Policy**

Harefield Infant, Nursery and  
Children's Centre

Spring Term 2018

# Anaphylaxis in School

## What is anaphylaxis?

Anaphylaxis is the name given to a severe allergic reaction. Allergies to peanuts and tree nuts are the most common triggers for such reactions, but a number of other allergens can cause anaphylaxis, including egg, milk, fish, sesame, soya, penicillin, latex, kiwifruit and insect bites. It can be life threatening if not treated with adrenaline. The symptoms can vary considerably. The milder reactions can involve itchiness or swelling in the mouth, an uncomfortable skin rash, sickness or nausea. Serious symptoms can include a severe drop in blood pressure, severe asthma or swelling which then causes the throat to close. Other symptoms which may be present are:

- Flushing of the skin
- Hives
- Swelling of the face, throat, tongue and lips
- A metallic taste or itching in the mouth
- Mounting fearfulness
- Difficulty in swallowing or speaking
- Wheezing or difficulty breathing
- Changes in the heart rate
- Stomach pains
- Nausea
- Collapse and unconsciousness

Allergy and anaphylaxis is generally controlled with an EpiPen which is a pre-loaded dose of adrenaline. You may also have an antihistamine such as Piriton. Inhalers such as Ventolin may also be prescribed on a treatment plan. The child should have been seen by the allergy specialists and a comprehensive treatment plan for that individual will have been generated, this should be forwarded to the school and followed.

## School care plan

A full care plan will be written out for the individual child, this should include individual triggers and symptoms and the day to day management and arrangements for medical emergencies. It should also include the types of prescribed medication, the location of the medicines. The contact details of the child's guardians should be clear as should the GPs/ hospital department the child is under. The care plan should be discussed with the guardian, the guardian and the welfare should both sign and date this. Copies of the care plan should be read by all staff so a clear understanding of how to respond to an emergency is universal. A review date should be agreed between the guardian and the welfare. **The care plan will be based on the treatment plan and this is the information that is to be used.**

## **Treatment plan and storage**

A copy of both the school care plan and the hospital's treatment plan should be stored with the medication. Parents will be asked to provide two EpiPens. One will be stored in the medical room in a named box. The exact location will be on the child's care plan. The second EpiPen will be put in the Asthma box in the child's class. Expiry dates will be recorded and guardians will be notified two months before the medication is out of date. Depending on the child's condition and the severity of their allergy it may be necessary to review the locality of the second EpiPen.

## **Administration of medicines**

All staff will have training from the school nurses team on how to use the EpiPen injectors. Staff should be given the opportunity to practise with trainer injection devices; they should also know how to safely dispose of the spent EpiPen. The main welfare for the school Mrs Fiona Hook will attend the annual allergy and anaphylaxis training course.

## **School trips and outings**

Every child's medication will be taken on all school trips, it should be carried by the member of staff who is assigned to this child, and the member of staff should have received the training and feel confident in administering the medication. All medication should be taken out of the building in the event of an emergency, so it is fully available should it be needed. If the child attends any after school activity then they are to be made aware of the child's medical need.

## **Food**

Staff should be aware of the child's allergy especially if the school is cooking and the child is allergic to a certain food. All children should have the opportunity to cook within school so the level of risk should be discussed with the parent and appropriate action taken where necessary. Lunchtime supervision staff will be kept informed if any child has allergies and the procedures they must follow in the event of a child showing reactions. They will be included in the annual training. Photographs of the children with allergies and their type of allergy are on display behind the service hatch.

## **Emergency use**

Legislation changed in October 2017 which gave schools permission to buy and hold an emergency AAI (adrenaline auto-injector) more commonly known as EpiPens. The school will purchase the two smaller EpiPens for emergency use only. Consent of the parent who has a child with an EpiPen will be required before use. The only other time the school will use the emergency EpiPen is under the guidance of the 999 operator.

Signed: \_\_\_\_\_  
Head of School

Signed: \_\_\_\_\_  
Chair of Governors