



Anaphylaxis Policy

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Introduction

Doddinghurst Infant School is a caring, inclusive school that recognises that a number of its children have allergies and may suffer an anaphylactic reaction if they consume or come into contact with specific items they are allergic too. We value all children equally whatever the differences in their medical needs and have set out the following guidance, below, intended to assist those children who are at risk of anaphylaxis whilst supporting their parents/carers and the school, in achieving the least possible disruption to their education; as well as, making appropriate provision for their medical requirements.

What is Anaphylaxis?

- Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.
- Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwi fruit, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets).
- The most severe form of allergic reaction is anaphylactic shock: when the blood pressure falls dramatically and the patient loses consciousness. Fortunately this is rare among young children below teenage years. More commonly among children there may be swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious.
- Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting. Even where mild symptoms are present, the child should be watched carefully. They may be heralding the start of a more serious reaction.

Medicine and Control

The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine, EpiPen). Pre-loaded injection devices containing one measured dose of adrenaline are available on prescription. The devices are available in two strengths – adult and junior.

Should a severe allergic reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh. An ambulance should always be called.

Staff and volunteers to be trained in the use of these devices can be reassured that they are simple to administer. Adrenaline injectors, given in accordance with the manufacturer's instructions, are a well-understood and safe delivery mechanism. It is not possible to give too large a dose using this device. The needle is not seen until after it has been withdrawn from the child's leg. In cases of doubt it is better to give the injection than to hold back.

The decision on how many adrenaline devices the school or setting should hold, and where to store them, has to be decided on an individual basis between the head, the child's parents and medical staff involved.

Where children are considered to be sufficiently responsible to carry their emergency treatment on their person, there should always be a spare set kept safely which is not locked away and is accessible to all staff. We recognise it is often quicker for staff to use an injector that is with the child rather than taking time to collect one from the school office. However, the children at Doddinghurst Infant school are too young to have these with them, so the EpiPens are located in the office in a named box.

Staff that are susceptible to severe anaphylaxis should ensure they carry their own EpiPen and remind children to use the **RED CARD SYSTEM** (come to the there is an emergency)

Educational Visits – it is the responsibility of the Lead Teacher to ensure all EpiPens are checked for expiry dates and given to the Group leader responsible for the named child/ren. The group leader should be trained in the use of the EpiPen.

Studies have shown that the risks for allergic children are reduced where an individual health care plan is in place. Reactions become rarer and when they occur they are mostly mild. The plan will need to be agreed by the child's parents/carers, the school and the school nurse.

Important issues specific to anaphylaxis to be covered include:

- Anaphylaxis – what may trigger it
- What to do in an emergency
- Prescribed medicine
- Food management
- Precautionary measure

Once staff have agreed to administer medicine to an allergic child in an emergency, a training session will need to be provided by local health services or a First Aider trained in Anaphylaxis Management. Staff should have the opportunity to practice with trainer injection devices. At Doddinghurst we aim to update staff biannually.

Day to day policy measure are needed for food management, awareness of the child's needs in relation to the menu, individual meal requirements and snacks in school. It is important to ensure that the catering supervisor and catering staff are fully aware of the child's particular requirements. At Doddinghurst Infant school we ensure that the Catering staff have photographs of the children who have specific dietary requirements. Children have been asked not to bring in peanut butter or nuts as part of their packed lunch. The kitchen is able to provide meals that do not contain nuts.

Children who are at risk of severe allergic reactions are not ill in the usual sense. If they come in contact with a certain food or substance they may become very unwell. At Doddinghurst Infant School we aim to ensure children are not stigmatised or made to feel different. We also recognise that it is important, too, to allay parents' fear by reassuring them that prompt and efficient action will be taken in accordance with medical advice and guidance

Anaphylaxis is manageable. With sound precautionary measures and support from the staff, school life may continue as normal for all concerned.

Charity stall items should be free from nuts. Any edible product being sold should have a list of ingredients attached and pupils should always ask prior to purchasing.

It is the responsibility of the parent/carer to ensure medication is in date

Care Plans are reviewed yearly