



## **KINGSWOOD HOUSE SCHOOL**

### **ANAPHYLAXIS POLICY**

This Policy relates to the whole school including the Early Years Foundation Stage, and is reviewed annually to ensure compliance with current regulations and law and must be read in conjunction with other relevant Kingswood House School policies.

#### **Related Policies:**

- Child Protection and Safeguarding Policy
- First Aid and Administration of Medications Policy

Policy Review date:

#### **Policy statement**

This policy aims to minimize the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school related activity and to ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.

#### **1.) Introduction**

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more serious reaction called anaphylaxis.

Anaphylaxis is serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

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Most health care professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing, or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything that contains a protein, however, most people will react to a fairly small group of potent allergens. Common UK allergens include (but are not limited to): Peanuts, Tree nuts, Sesame, Milk, Eggs, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how Kingswood House School will support students with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

### **2.) Roles and Responsibilities**

#### **Parent Responsibilities**

- On entry to the school, it is the parent's responsibility to inform the School Matron of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan to the school. See Appendix A for form.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept up to date accordingly.

#### **Staff Responsibilities**

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff must be aware of the pupils in their care (regular or cover lessons) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food related activities must be supervised with due caution.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

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- School Matron will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication, is displayed on the notice board in the staff room and also available on the shared drive in the medical file.
- It is the parent's responsibility to ensure that all medication is in date however the School Matron will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- School Matron keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI's and emergency treatment given.

### **Pupil Responsibilities**

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own AAI's will be encouraged to take responsibility for carrying them on their person at all times.

### **3. Allergy Action Plans**

Allergy Action Plans are designed to function as individual healthcare plans for children with allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector.

Kingswood House School recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans (Appendix A) to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (eg. GP or Allergy Specialist) and provide this to school.

### **4. Emergency Treatment and Management of Anaphylaxis**

#### **What to look for:**

Symptoms usually come quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- A red raised rash (known as hives or urticaria) anywhere on the body
- A tingling or itchy feeling in the mouth
- Swelling of lips, face or eyes
- Stomach pain or vomiting.

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More serious symptoms are often referred to as the ABC symptoms and can include:

- **AIRWAY** – swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- **BREATHING** – sudden onset wheezing, difficulty breathing, noisy breathing.
- **CIRCULATION** – dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises blood pressure

**As soon as anaphylaxis is suspected, adrenaline must be administered without delay.**

**Action:**

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note time given. AAls should be given into the muscle of the outer thigh. Specific instructions may vary by brand – always follow the instructions on the device.
- **CALL 999** and state **ANAPHYLAXIS (ana-fil-axis)**
- If no improvement after 5 minutes, administer a second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

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### **5. Supply, Storage and Care of Medicaiton**

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own **two** AAls on them at all times (in a suitable bag/container).

For younger children for those not ready to take responsibility for their own medication, their emergency medication will be kept in the unlocked emergency medication drawer in the office which is **accessible to all staff**.

Medication is stored in a suitable container and clearly labelled with the pupil's name and picture. The pupil's medication storage container should contain:

- Two AAIS
- An up-to-date allergy action plan
- Antihistamine (if included on the allergy action plan)
- Spoon if required
- Asthma inhaler (if included on the allergy action plan)

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however, the School Matron will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAls their child is prescribed, to make sure they can get replacement devices in good time.

### **Older children and medication**

Older children and teenagers should wherever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on **very suddenly**, so school staff need to be prepared to administer medication if the young person cannot.

### **Storage**

AAls should be stored at room temperature, protected from direct sunlight and temperature extremes. For younger children their AAls are accessible at all times and are stored in separate boxes with their names and photos on and are in the emergency medication drawer in the office.

### **Disposal**

AAls are single use only and must be disposed of as sharps. Used AAls can be given to the ambulance paramedics on arrival.

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### **6. Spare Adrenaline Auto-injectors in School**

Kingswood House School has purchased spare **AAIs for emergency use in children who are at risk of anaphylaxis**, if their own devices are not available or not working.

These are stored in a green box clearly labelled Emergency Adrenaline Pen, on the wall in the office and is **accessible and known to all staff**.

Kingswood House School holds 3 spare pens, 2 x 300mcgs, 1 x 150 mcgs

The School Matron is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

Written parental permission for use of spare AAIs is included in the pupil's allergy action plan.

If anaphylaxis is suspected in **an undiagnosed individual** call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether the administration of the spare AAI is appropriate.

### **7. Staff Training**

The named staff members are responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-

Sally Witts

Emma Darbishire

All staff will attend an inset training session for first aid where anaphylaxis training will be included. Training is also available on an ad-hoc basis for any new members of staff.

Training includes:

- Knowing the common allergens and triggers of allergies
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for the emergency services.
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction eg. Allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring they are up-to-date
- A practical session using trainer devices

### **8. Inclusion and Safeguarding**

Kingswood House School is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are

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properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

### **9. Catering**

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'top 14' allergens must be available for all food products.

The school menu is available for parents to view in the newsletter and on the school website.

The School Matron will inform the Catering Manager of pupils with food allergies and provides a list with photographs to ensure the catering staff can identify the pupils.

The Catering Manager is happy to meet parents to discuss their child's specific needs.

The school adheres to the following Department of Health guidance recommendations:

- Bottles and snack boxes are clearly labelled
- The pupil should check with catering staff before selecting their food choice.
- Staff should be educated about how to read food labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food.
- Use of food in crafts, cooking classes, science experiments and special events needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

### **10. School Trips**

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food.

### **Sporting Excursions**

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teachers are fully aware of the situation. The

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school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

### **11. Allergy awareness and nut bans**

Kingswood House School supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support the blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of the many allergens that could affect pupils, and no school could truly guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs and symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

### **12. Risk Assessment**

Kingswood House School will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

### **13. Useful Links**

Anaphylaxis UK Safer Schools Programme

AllergyWise for Schools (including certificate) online training

BSACI Allergy Action Plans

Spare Pens in Schools

Department of Education Supporting Pupils at school with medical conditions

Department of Health Guidance on the use of adrenaline auto-injectors in schools

Food Allergy quality standards

Anaphylaxis: assessment and referral after emergency treatment.



## APPENDIX – ALLERGY ACTION PLAN FORMS

# BSACI ALLERGY ACTION PLAN

This child has the following allergies:

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Photo

### Mild/moderate reaction:

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

### Action to take:

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

## 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**

- |   |  |   |
|---|--|---|
| <b>A AIRWAY</b>   | <b>B BREATHING</b>   | <b>C CONSCIOUSNESS</b>  |
| <ul style="list-style-type: none"> <li>• Persistent cough</li> <li>• Hoarse voice</li> <li>• Difficulty swallowing</li> <li>• Swollen tongue</li> </ul> | <ul style="list-style-type: none"> <li>• Difficult or noisy breathing</li> <li>• Wheeze or persistent cough</li> </ul> | <ul style="list-style-type: none"> <li>• Persistent dizziness</li> <li>• Pale or floppy</li> <li>• Suddenly sleepy</li> <li>• Collapse/unconscious</li> </ul> |

### IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised (if breathing is difficult, allow child to sit)
- 2 Immediately dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
- 3 In a school with "spare" back-up adrenaline autoinjectors, ADMINISTER the SPARE AUTOINJECTOR if available
- 4 Commence CPR if there are no signs of life
- 5 Stay with child until ambulance arrives, do NOT stand child up
- 6 Phone parent/emergency contact

### \*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\*

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. For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: [sparepensschools.uk](http://sparepensschools.uk)

### Emergency contact details:

1) Name: \_\_\_\_\_



2) Name: \_\_\_\_\_



### Additional instructions:

**Parental consent:** I hereby authorise school staff to administer the medicines listed on this plan, including a "spare" back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI in schools

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: [sparepensschools.uk](http://sparepensschools.uk)

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This BSACI Action Plan for Allergic Reactions is for children and young people with mild food allergies, who need to avoid certain allergens. For children at risk of anaphylaxis and who have been prescribed an adrenaline autoinjector device, there are BSACI Action Plans which include instructions for adrenaline autoinjectors. These can be downloaded at [bsaci.org](http://bsaci.org)

For further information, consult NICE Clinical Guidance CG116 Food allergy in children and young people at [guidance.nice.org.uk/CG116](http://guidance.nice.org.uk/CG116)

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 authorisation for schools to administer a "spare" adrenaline autoinjector in the event of the above-named child having anaphylaxis (as permitted by the Human Medicines (Amendment) Regulations 2007). The healthcare professional named below confirms that there are no medical contraindications to the above-named child being administered an adrenaline autoinjector by school staff in an emergency. This plan has been prepared by:

Sign & print name: \_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_



Date: \_\_\_\_\_

This child has the following allergies:

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Photo

**Mild/moderate reaction:**

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

**Action to take:**

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

(if vomited, can repeat dose)

- Phone parent/emergency contact

**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****A AIRWAY**

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

**B BREATHING**

- Difficult or noisy breathing
- Wheeze or persistent cough

**C CONSCIOUSNESS**

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

**IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:**

- 1 Lie child flat with legs raised** (if breathing is difficult, allow child to sit)



- 2 Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: ..... mg)

- 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 further adrenaline dose using a second autoinjectable 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.

**Emergency contact details:**

1) Name: \_\_\_\_\_



2) Name: \_\_\_\_\_



**Parental consent:** I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI in schools.

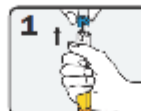
Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

For more information about managing anaphylaxis in schools and 'spare' back-up adrenaline autoinjectors, visit: [sparepensinschools.uk](http://sparepensinschools.uk)

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**How to give EpiPen®**

**1** PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



**2** Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



**3** PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds. Remove EpiPen.

**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 authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the luggage hold. This action plan and authorisation to travel with emergency medications has been prepared by:

sign &amp; print name: \_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_



Date: \_\_\_\_\_