



ANAPHYLAXIS POLICY – LIFE THREATENING ALLERGIES

Introduction:

An allergy is a reaction by the body's immune system to a substance that is usually harmless, this can cause minor symptoms such as itching or sneezing, a more severe reaction is known as anaphylaxis. Anaphylaxis is a severe systemic reaction affecting the whole body, often within minutes of exposure to the allergen. It is characterised by rapidly developing life-threatening problems.

1. Identification of pupils at risk

- It is the responsibility of the anaphylactic/potentially anaphylactic students' parents to inform the school of their child's allergy. (Hereafter the words anaphylactic and potentially anaphylactic will be omitted.) This can be done on admission to the school or by contacting the school nurse.
- All staff are to be made aware of the identity of these students by means of a list being published in the Staff Working Common Room, an alert on the database and a note being made in class registers, if parents do not consent to their child being included on such information, they must notify the school.

2. Availability and Location of EpiPens®

The Anaphylaxis campaign recommend that two EpiPens® or equivalent adrenaline auto injectors (AAIs) must be carried by the individual. If available a spare may also be kept in the medical room alongside a signed treatment plan and any other prescribed, named medication required to deal with an anaphylactic reaction. The care plan will be drawn up by the School Nurse in conjunction with the student's parents and signed by both parties. Two AAIs must be carried at all times by those for whom they are prescribed, regardless of if they have ever been required, this includes to lunch (where bags are not permitted) and to all offsite activities and school trips.

- If a student who is prescribed and EpiPen® or equivalent is involved in a School activity off the school premises (e.g. educational visit, sporting fixture), then it is the responsibility of the student's parents to ensure that emergency equipment is taken by their child to the activity. The school reserves the right to refuse

permission to attend or take part in an activity or trip, if that student does not have the required emergency medication.

- Schools are now allowed to stock emergency AAls for use in an emergency to prevent a delay in treatment. The Royal Grammar School has chosen to stock EpiPen® (300mcg), Consent for the school's epipen can be given by parents via the electronic parent portal, in the medical consent section the medical form on admission. Emergency epipens® will be stored in the dining hall, at Bradstone Brook, in the medical room and in the Art block.
- Expiry dates of EpiPens® and other auto injectors stored on School premises will be checked each term by the School Nurse and parents will be advised when replacements are needed. Parents are expected to do this in a timely manner.

3. Treatment Procedures

Emergency Treatment and Management of Anaphylaxis

What to look for:

- swelling of the mouth or throat.
- difficulty swallowing or speaking.
- difficulty breathing.
- sudden collapse / unconsciousness.
- hives, rash anywhere on the body.
- abdominal pain, nausea, vomiting.
- sudden feeling of weakness.
- strong feelings of impending doom.

Anaphylaxis is likely if all of the following 3 things happen:

- sudden onset (a reaction can start within minutes) and rapid progression of symptoms.
- life threatening airway and/or breathing difficulties and/or circulation problems (e.g. alteration in heart rate, sudden drop in blood pressure, feeling of weakness).
- changes to the skin e.g. flushing, urticaria (an itchy, red, swollen skin eruption showing markings like nettle rash or hives), angioedema (swelling or puffing of the deeper layers of skin and/or soft tissues, often lips, mouth, face etc.).

Note: skin changes on their own are not a sign of an anaphylactic reaction, and in some cases don't occur at all. Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment, and it starts to work within seconds. Adrenaline should be administered by an injection into the muscle (intramuscular injection). Adrenaline must be administered with the minimum of delay as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once the symptoms have become severe.

ACTION:

- Stay with the child and call for help. **DO NOT MOVE CHILD OR LEAVE UNATTENDED.**
- Remove trigger if possible (e.g. Insect stinger).
- Lie child flat (with or without legs elevated) – A sitting position may make breathing easier if short of breath allow a sitting position, do not force the casualty to lie down.
- **USE ADRENALINE WITHOUT DELAY** and note time given. (inject at upper, outer thigh - through clothing if necessary).
- **CALL 999 and state ANAPHYLAXIS.**
- If no improvement after 5 minutes, administer second adrenaline auto-injector.
- If no signs of life commence CPR.
- Phone parent/carer as soon as possible.
- All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

NB: In a life-threatening emergency, where parental permission has not been given, an auto injector (named or schools own) may be used 'in the best interests' of the child.

4. Training

Training in the recognition and treatment of anaphylaxis will be offered annually to staff. The organisation of this training is the responsibility of the school nurse in liaison with the Deputy Head (School Development). Action plans for the management of anaphylaxis are also available in relevant areas of school and on the school database.

Training includes:

- Knowing the common allergens and triggers of allergy.
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services.
- Administering emergency treatment (including AAI) in the event of anaphylaxis – knowing how and when to administer the medication/device.

5. Allergen Awareness/Avoidance

The key responsibility for avoiding allergens (particularly food related) lies with the pupil and their family. The RGS encourages students to be independent in the management of any long-term medical conditions, including allergies, in a secure environment, to prepare them for higher education and life beyond school. They should observe the following guidelines: – this would not be relevant to those allergic to bee stings for example;

- Wash hands before eating.
- Do not share food, utensils or containers.

- Place food on a clean plate or napkin rather than in direct contact with a desk or table.
- To only eat food for which there is satisfactory evidence that it does not contain the particular allergen(s).

Holroyd Howe (school caterers) are unable to guarantee a 'nut free' environment in their latest allergen policy change, therefore students with severe / potentially life-threatening allergies are to be given the choice of a plated meal or the option to bring their own lunch. If a student opts for a plated meal but does not collect this meal, instead opting to choose from the general servery the school will not take responsibility for any reaction that may ensue. All students with allergies must go to the allergen counter and NOT the general servery for their lunch service. They will then be given a list of allergens to be able to independently decide which meal is suitable for them. Allergen trained staff are also on hand at this counter.

Due to its town centre location and the ability of senior students to go off site, the RGS is NOT able to guarantee a nut free environment; therefore, it is even more essential that all students carry their emergency medication at all times.

The school tuck shop avoids selling products which obviously contain nuts; however, students should take individual responsibility for checking ingredients if they have an allergy.

6. Responsibility of Parents / Guardians:

We ask the parents of allergic students to:

- Notify the school of the student's allergies and any changes to these or their treatment throughout their child's attendance at the school.
- Provide the medical room with a spare adrenaline auto-injectors (this is essential if consent to the school epipen has NOT been given or if two are not carried by the pupil) and any other emergency medication to be administered in the case of a reaction, clearly labelled with the student's name and prescription label. This medication will be accompanied by an agreed plan of care in the case of a reaction for the student concerned.
- Replace any expired emergency medication when informed by the school nurse that it is required in a timely manner for the safety of the student concerned.

Educate the student in the self-management of his allergy including:

- Which foods are safe.
- The symptoms of an allergic reaction.
- How and when to tell someone about a reaction.
- How to identify allergens on food labels or who to ask if unsure.
- Provide up to date emergency contact information to the school.

- Ensure the pupil carries their two-emergency adrenaline autoinjectors +/- other emergency medication with them at all times on their person.

7. Responsibility of Students:

We ask each student with an allergy (especially food related) to be proactive in the care and management of their food allergies and reactions in particular:

- Not to share food with others
- Eat only food where the ingredients are known via a label
- Be aware of other people eating around them and use handwashing to prevent contamination with allergens
- To carry their emergency medication with them at all times, especially to the lunch and break area where bags are not permitted and all off site activities
- To ensure their friends are aware of their allergy and know what to do to summon help
- Notify an appropriate adult if they eat something they believe may contain the substance they are allergic to
- Notify an adult immediately if they think they are having a reaction.

8. Responsibility of the school:

The school will seek to:

- Keep current records of all students who have allergies.
- Educate staff on the risks, prevention and responses to anaphylaxis.
- Provide appropriate training to staff.
- To make staff aware of those students in their care who have allergies.
- Provide school nurse provision during the school day and in the absence of the school nurse a list of first aid trained staff is displayed at various locations throughout school.
- Provide a written, available action plan for use in such an emergency.
- Ensure that nuts are not used in science experiments or any aspects of teaching.
- Advise staff that if they have any concerns regarding a student, even if presenting with a possible minor reaction, to send them accompanied to the school nurse or to summon assistance.

Reviewed by: School Nurse & Senior Deputy Head

Date of last review: 21 July 2023

Date of next review: Trinity 2024