

## Anaphylaxis Policy

This policy should be read in conjunction with the following policies:

First Aid Policy

First Aid provision when School Nurse unavailable or not on premises guidelines

Nurses Department Policy

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### 1. Introduction

Bedford Modern School aims to support students with allergies to ensure that they are not disadvantaged in any way whilst taking part in all aspects of school life.

### 2. Definition of Anaphylaxis.

Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as food, an insect sting or an unknown allergen). A reaction can be mild or severe with slow or fast onset. It is potentially life threatening and always requires an immediate emergency response.

**Common UK Allergens include:** Peanuts, Tree Nuts, Sesame, Shellfish, Milk and Eggs  
Grass and Tree pollen, Insect stings, Latex, Dust mites, Moulds and Animal dander.  
Medication – including ibuprofen, aspirin, and certain antibiotics. This list is not exhaustive.

### 3. Symptoms and signs of an allergic reaction/anaphylaxis

- Metallic taste or tingling in the mouth.
- Swelling of face, tongue, lips and throat.
- Itchy skin, usually around mouth but can be anywhere on body

- Difficulty in swallowing.
- Flushed complexion/hives/rash.
- Abdominal cramps and nausea.
- Rise in heart rate
- Looking pale
- Feeling dizzy
- Wheezing or difficulty breathing
- Collapse, unconsciousness, death

The student can have any of these signs and symptoms, in any order. A student may experience only one reaction or a combination. There is no set pattern and just because certain signs and symptoms may have been experienced before does not mean that they will experience the same ones again.

#### 4. Recognition and management (treatment) of an allergic reaction/anaphylaxis.

Signs and symptoms include the list above and the following. They can happen in any order and some reactions may not happen at all.

##### **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 student, call for help if necessary. DO NOT LEAVE STUDENT UNATTENDED.

Give reassurance.

Assist child to sitting/lying down.

Give antihistamine according to the child's allergy treatment plan/health care plan.

Locate adrenaline auto-injector(s), if prescribed

Monitor student and provide further assessment as needed.

Phone parent/emergency contact to update.



**Watch for signs of ANAPHYLAXIS  
(Life-threatening allergic reaction):**

<b>Airway:</b>	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
<b>Breathing:</b>	Difficult or noisy breathing Wheeze or persistent cough
<b>Consciousness:</b>	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

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

1. Lie student flat with legs raised: (if breathing is difficult, allow student

to sit to make breathing easier)

2. Use Adrenaline auto-injector **without delay**
3. If the student is conscious and able, he/she should be encouraged to self-administer the Adrenaline auto-injector under supervision.
4. All of the injectors are to be administered into the fleshy part of the thigh, through light clothing if necessary. The injection technique varies between brands. If you have to assist in using the Adrenaline auto injector, read the simple instructions on the barrel of the injector itself.
5. Every time you use an adrenaline auto-injector:

**Call 999, ask for an ambulance and state 'anaphylaxis', even if the student starts to feel better.**

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

**After giving Adrenaline:**

1. Stay with student until ambulance arrives and continue to monitor, do NOT stand student up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact as soon as possible to update
4. If no improvement after 5 minutes, give a further dose of adrenaline using another adrenaline auto-injector device, if available.
5. Continue to provide reassurance and maintain dignity of student.

There are no serious side effects even if the medication is given repeatedly or from misdiagnosis.

Relapse is possible after apparent recovery.

The student should always be sent to hospital after an attack, even if they seem to have fully recovered.

## 5. Adrenaline Auto-injectors (AAI's)

- In the most severe cases of anaphylaxis, people are normally prescribed a device for injecting adrenaline. The device, an Adrenaline Auto-Injector (AAI), looks like a large pen and is pre-loaded with the correct dose of adrenaline (following review by a Consultant in the hospital setting).
- The AAI is normally injected into the fleshy part of the thigh, sometimes through light clothing depending on the situation. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using this device. Each Adrenaline injector is a pre-loaded single dose and can only be used once. In cases of doubt it is better to give the injection than to hold back. An ambulance should be called immediately when an AAI has been administered.
- There are three adrenaline auto-injectors available on prescription in the U.K: EpiPen, Jext and Emerade.
  - The EpiPen has a spring-loaded concealed needle that delivers a single measured dose when the pen is jabbed against the muscle of the outer thigh.
  - Jext has a locking needle shield which engages after use, designed to protect against needle stick injury.
  - Emerade is the most recent single-use adrenaline injector to become available. Emerade follows the UK Resuscitation Council's Guidelines for the Emergency treatment of anaphylactic reactions.

- All contain the ingredient 'Adrenaline', and different doses are available depending on 1) the weight of the child to whom the pen is prescribed and 2) the manufacturer. The prescribing Consultant will decide on the most appropriate treatment for the individual.

## 6. Management in school

- It is parental/carer responsibility to notify the school if their child has an allergy and is at risk from anaphylaxis. This can be done by contacting the nurses dept. by telephone on 01234 332505 or by email : [nurses@bedmod.co.uk](mailto:nurses@bedmod.co.uk)
- Full details are required including the allergen and the name and dosage of medication prescribed, likely reactions etc.
- The Senior Nurse will develop a health care plan for use in school, in conjunction with parents and the student (if age appropriate) and by using a clinic letter/care plan issued by the Consultant managing the students' allergy.
- Photographs of students diagnosed with a severe allergy (whether prescribed anti-histamine or an Adrenaline Auto-Injector) are displayed:
  - On the front page of iSAMS
  - In the school kitchens (Rutherford building and King Room)
  - A copy is held in the Junior School Office
  - A copy is held in the nurses' room
  - A copy is held in the 'spare adrenaline auto-injectors in school boxes'.
  - The list is updated annually in September and throughout the year as required.
- The School Nurses should be called (ext. 505 or mobile number: 07788 970 153) if there are any queries regarding allergies and anaphylaxis.
- Staff who volunteer to undertake First Aid training will cover anaphylaxis management and using AAI's as part of their training.
- Teaching staff are encouraged to complete online anaphylaxis awareness training at the start of every new academic year. Further training can be given by the school nurses on an as needed basis (i.e. before residential trips, departmental meetings).
- Please note that any lay person who is willing to administer an AAI can do so by following the instructions on the side of the AAI – special training is not required.
- All staff can see on iSAMS where a student is diagnosed with an allergy/anaphylaxis is registered at the school. Where a care plan has been issued, this is attached to individual student records. Paper copies of care plans are held in the nurses' room.
- Staff are advised to familiarize themselves with students known to have allergies, who are in their form or tutor groups.
- Parents/carers are welcome to be involved in risk assessments and the development of health care plans to be used in school.

## 7. Supply, storage, care and disposal of medication used to treat anaphylaxis.

- Adrenaline auto-injectors are prescribed initially by hospital consultants. Where repeat prescriptions are required between treatment reviews, this can be done via the student's GP.
- Other treatment includes anti-histamine syrup or tablets. Occasionally, students who are prescribed a Salbutamol inhaler for Asthma, will find that these can help during an allergic reaction.
- Students, in their treatment pack, will have either:
  - An adrenaline auto-injector and a treatment card (including student name and photograph) and an advice card
  - An adrenaline auto-injector, anti-histamine and a treatment card (including student name and photograph) and an advice card

- An adrenaline auto-injector, anti-histamine, a salbutamol inhaler and a treatment card (including student name and photograph) and an advice card
- Students, where allergies are less severe, can have anti-histamine administered from nurses stock provided consent for this has previously been provided by parents/carers.
- Each student should have a minimum of two named, in date Adrenaline Auto-injectors in school.
  - For Junior School students, one will be kept in the unlocked designated cupboard in the Junior School Office. The other set will be held in the nurse's room on the main school site by reception. When Junior School students are leaving the Junior School area (i.e. for lunch, for sports fixtures and for trips), the medicine must go with the student – overseen by the appropriate member of staff (i.e. the Trip Leader will collect the medicines before the trip and return them at the earliest opportunity).
  - For senior school students, a spare medicine set is held in the nurse's room. The other will be carried by the student at all times.
  - Occasionally, parents will request that a spare set is **not** held in the nurses dept. and that the student will be responsible for his/her own medication. This can only be agreed following dialogue between parents/carers and the senior nurse, and documented accordingly.
- The school nurses checks the expiry date on all adrenaline auto-injectors and anti-histamine every term. Although provision of in date medication is the responsibility of the parent/carer, the school nursing team will send one reminder email to parents, to advise that any allergy/anaphylaxis medication is due to expire.
- The AAI devices should be stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.
- Disposal. Once an AAI has been used it cannot be reused and must be disposed of according to manufacturer's guidelines. Used AAIs can be given to the ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin for collection by the local council. These are held in the nurses' room. Expired AAIs will be disposed of by school nurses in the same manner.

## 8. Emergency Adrenaline auto-injectors in school.

A number of different brands of adrenaline auto-injector are available in different doses depending on the manufacturer. Following Department of Health guidelines, it is up to the school to decide which brand(s) to purchase. Schools are advised to hold an appropriate quantity of a single brand of AAI device to avoid confusion in administration and training.

At Bedford Modern School, the chosen 'spare' adrenaline auto-injector is EpiPen 300mcg. A spare pen is held in a green box marked 'Emergency Adrenaline pen', in the following locations:

- Main school reception
- Junior school reception
- Nurses room
- Science building
- Rutherford building
- Sports hall
- King room

Please be aware that due to national demand of adrenaline auto-injectors, there are occasional drug shortages and times where orders for AAI's cannot be provided in a timely manner. When this happens, the senior nurse will assess where the most appropriate place is for the current spare AAI's to be stored in school.

The 'Emergency Adrenaline box' is sealed by an easy to remove tag and contains the following:

- 1 x EpiPen 300mcg
- Instructions on how to use the device
- Manufacturer's information
- A list of students to whom the AAI can be administered
- An administration record

A checklist of injectors, identified by their batch number and expiry date with half-termly checks recorded, is held in the nurses' room.

Arrangements for replacing the injectors are organised by the senior school nurse. Replacements are ordered from the school supplier. Where the senior nurse has been advised of national shortages, advice will be sought from the manufacturer. The aim is to have spare adrenaline auto-injectors in school but this is dependent on the suppliers.

## **9. Supporting students in school not previously known to have allergies and/or anaphylaxis.**

In the case of a first time reaction of an undiagnosed student, the school nurses will be called to assess the situation. If there is likely to be delay in the school nurse attending, the member of staff with the student should call an ambulance immediately by dialing 999.

- The student must not be left alone and must be supported with basic first aid until help arrives.
- Offer reassurance to the student and maintain their dignity.
- Contact parents at the earliest opportunity.
- Staff are advised to follow the advice being given by ambulance personnel by telephone, whilst awaiting the arrival of the ambulance.

## **10. Catering/Reducing the risk of allergen exposure in children with food allergy.**

The Senior School Nurse will inform the Catering Manager of any students with severe dietary allergies. Parents/carers are welcome to meet with the Catering Manager to discuss their child's needs. Parents/carers are also advised to talk openly with their child(ren), so the individual has a good understanding of what his/her allergens are.

Allergy UK and The Anaphylaxis Campaign believe that a complete nut free school is an artificial environment that would not be the same as the 'real world'. It is felt that a 'whole school awareness of allergies' is a much better approach, as it will make teachers, students and all other staff aware of what allergies are, the importance of avoiding the students' triggers (where known), the signs & symptoms, how to deal with allergic reactions and to facilitate 'duty of care' procedures to minimise risk.

Avoidance of the students' allergic trigger is key, but there are rarely any absolute certainties in life, and there may be occasions where allergens are unknown. By having allergy awareness, clear policy and procedures that recognise the allergic child and a clear management pathway of what to do if that child has an allergic reaction, risk can be minimised and situations can be promptly dealt with in the most appropriate way.

The Department of Health makes the following recommendations:

- Bottles, other drinks and lunch boxes provided by parents for students with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen/tuck shop, parents should check the appropriateness of foods by speaking directly to the catering manager.
- The student should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- Food should not be given to food-allergic children in the Junior School without parental engagement and permission (e.g. birthday parties, food treats).
- Foods containing nuts are discouraged from being brought in to school.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

## **11. Nuts in school and school trips**

- At Bedford Modern School, we have an increasing number of students and staff who suffer from food allergies and intolerances. Additionally, there are many who have food preferences, this may be for many reasons including religion and personal beliefs.
- The national organisation, 'Anaphylaxis Campaign' state that they would not necessarily recommend a blanket ban of any particular allergen in any establishment, including in schools. This is because there are many allergens that could affect students and staff, and no school could guarantee a truly allergy free environment for a student/staff member with an allergy. As an example, Holroyd Howe (our caterers) do not use nuts in any of the food they prepare and serve. However, they are unable to guarantee that dishes/products served are totally free from nuts/nut derivatives. This is because ingredients, for example, curry paste, may be made in a factory containing nuts, bread may be baked in a factory handling nuts, or some production lines have machines lubricated with nut oil.
- Allergy UK and the Anaphylaxis Campaign believe that a completely nut free school is an artificial environment that would not be the same as the 'real world'. It is felt that a 'whole school awareness of allergies' is a much better approach, as it will make students, teachers and all other staff aware of what allergies are, the importance of avoiding the students' triggers (where known), the signs & symptoms, how to deal with allergic reactions and to facilitate procedures to minimise risk.
- However, we have a duty of care to all our students and staff and we want any individual affected by allergies to feel secure in their BMS environment. Avoidance of the allergen trigger is key, but there are rarely any absolute certainties in life, and there may be occasions where allergens or reactions are unknown. By having allergy awareness, clear policy and procedures that recognise the allergic student/staff and a clear management pathway of what to do if that student/staff member has an allergic reaction, risk can be minimised and situations can be promptly dealt with in the most appropriate way.
- Bedford Modern School would like to make the following recommendations and we would be very grateful of parental, staff and student support with the following:

Nuts and products containing nuts or nut derivatives should not be brought in to school

Nuts and products containing nuts must not be taken on school trips or to sports fixtures. Nuts and products containing nuts must not be consumed on transport between venues when students are away from school – the aim of this is to reduce the risk of an airborne allergic reactions and cross-contamination.

## **12. Allergy support for school trips/sporting fixtures**

- Trip leaders are responsible for identifying students diagnosed with anaphylaxis/allergies and ensuring they have their prescribed medication with them on the trip. When required, adrenaline auto-injectors and anti-histamine medication should be signed out of the nurse's room by a member of trip staff and returned immediately after the end of the trip.
- Where a student is known to have allergies/anaphylaxis, they will not be allowed to join a trip if they do not have the appropriate, in-date medication with them.
- When planning out-of-school activities such as sporting events, excursions (e.g. restaurants and food processing plants), school outings (day trips and residential stays), parents are requested to think early about the catering requirements of the food-allergic child. Contingency planning (including access to emergency medication and medical care) should be discussed between parents/carer and trip staff well in advance of the trip taking place (i.e. a full month before the trip is due to take place).
- Where a student is attending a trip abroad, or for longer than a day trip, parents/carers are advised to discuss allergies/medical requirements with the Trip Leader at the time the trip is proposed.
- For home sporting fixtures, catering staff will provide snacks, lunches and teas in the same manner that food would be provided during the daily school lunch period. Students with known allergies are advised to discuss their allergies and food choices with catering staff before making a choice.
- When away sporting fixtures are being arranged, sports administration staff will liaise with away school staff to advise that there may be students attending from Bedford Modern School, who are known to have allergies/anaphylaxis. Bedford Modern School cannot guarantee what provision/policies the host school is providing, regarding sports teas, allergy management and so forth. To avoid an emergency, where the Bedford Modern School student is known to have a severe allergy, parents/carers may wish to consider providing a suitable packed lunch for their child to bring to the away fixture, as this will lessen the risk of exposure to an allergen.
- Parents/carers are responsible for ensuring that their child (who is known to have adrenaline/anti-histamine medication prescribed), has the appropriate medication with them when they present at Bedford Modern School for away sports fixtures. For junior and senior school students, the medication should "follow" the student, i.e. be held safely in a sports holdall and taken to pitch side for easy access in case of an emergency. Where there are concerns that medication may get lost/forgotten or damaged, parents/carers should liaise directly with a member of sports staff so that the student can be supported appropriately.

## **13. Key messages to parents/carers**



If your child has been prescribed adrenaline, there are key messages that must be remembered:

- Ensure that the student carries, or has quick access to, their anaphylaxis/allergy medication at all times – no exceptions.
- Check the expiry date regularly. Make a note of the expiry date of any adrenaline injector that your child keeps in school so that replacement devices can be obtained in good time. School nurses will send one reminder email to parents/carers when medication is due to expire.
- Get a health professional to show you and your child how to use your injector. If you haven't already been shown how, go back to the doctor who prescribed it and ask for a demonstration. Alternatively, ask the practice nurse at your local GP surgery or the school nurses at Bedford Modern School. AllergyWise online can help.
- Get hold of a "trainer" pen and practice regularly with your child. The school nursing team can support with this.
- Remember that children who have been prescribed 'junior' adrenaline injectors need to go onto the adult dose when they weigh 30kg. This is likely to be somewhere between 5-11 years old.

#### **14. Supporting staff with allergies**

- Staff with allergies at Bedford Modern School should ensure that the school nurses have a record of their allergies and treatment.
- The senior nurse is happy to meet with individual members of staff to discuss support.

#### **15. Links with other guidance/policies/recommendations.**

Spare Auto-injector Pens in Schools:

- <https://www.sparepensinschools.uk>

Official guidance relating to supporting students with medical needs in schools:

- Supporting students at school with medical conditions. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (Department for Education, 2014).  
<https://www.gov.uk/government/publications/supporting-students-at-school-withmedical-conditions>
- Guidance on the use of adrenaline auto-injectors in schools (Department of Health 2017).  
<https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

Allergy UK:

- <https://www.allergyuk.org>
- Whole school allergy and awareness management (Allergy UK)  
<https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement>

Anaphylaxis Campaign

- <https://www.anaphylaxis.org.uk>
- AllergyWise training for schools  
<https://www.anaphylaxis.org.uk/information-training/allergywise-training/forschools>

- AllergyWise training for school nurses (Anaphylaxis Campaign)  
<http://www.anaphylaxis.org.uk/information-resources/allergywise-training/forhealthcare-professionals>
- Managing allergens in the workplace  
<https://www.anaphylaxis.org.uk/wp-content/uploads/2018/11/Managing-Allergens-in-the-Workplace-A-guide-for-Employers-and-Employees.pdf>

Education for Health:

- <http://www.educationforhealth.org>

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016)

- <https://www.nice.org.uk/guidance/qs118>

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2011)

- <https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834>

Emergency treatment of anaphylactic reactions: Guidelines for healthcare providers. Resuscitation Council (UK):

- <https://www.resus.org.uk/anaphylaxis/emergency-treatment-of-anaphylactic-reactions/>

**Senior Nurse**

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