

MANAGING MEDICINE POLICY
Appendix B
Anaphylaxis



SAINTS PETER AND PAUL
CATHOLIC PRIMARY SCHOOL

2024-25

Appendix B of the Administration of Medicines Policy - Anaphylaxis

Anaphylaxis

Anaphylaxis is a severe and often sudden allergic reaction which may be life-threatening and must be treated immediately. Allergic reactions occur when a person's immune system responds inappropriately to a food or substance that it wrongly perceives as a threat.

What causes an anaphylaxis reaction?

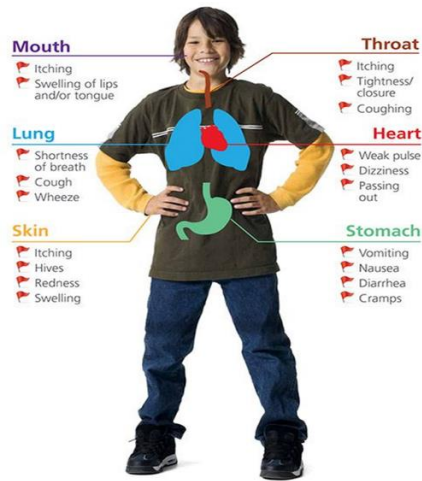
The common causes of allergies and anaphylaxis among children include:

- Peanuts
- Fish/seafood
- Milk
- Eggs
- Tree nuts (such as almonds, walnuts, cashew nuts, brazil nuts)
- Wheat
- Kiwifruit
- Less commonly, other foods

Non-food causes include wasp or bee stings, natural latex (rubber), penicillin or any other medicines.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves a difficulty in breathing or affects the heart rhythm or blood pressure. Any one or more of the following symptoms may be present. These are often referred to as the ABC symptoms:

A irway	B reathing	C onsciousness/Circulation
Persistent cough Vocal changes (hoarse voice) Difficulty in swallowing Swollen tongue	Difficult or noisy breathing Wheezing (like an asthma attack)	Feeling lightheaded or faint. Clammy skin Confusion Unresponsive/unconscious (due to a drop-in blood pressure)



This school welcomes all pupils with allergies/anaphylaxis and aims to support these children in participating fully in school life, which could include ensuring that a child with a food allergy is able to eat a school lunch. We recognise the seriousness of this condition, but with accurate and comprehensive information we feel their condition can be managed.

We endeavour to do this by ensuring we have:

- ✓ all pupils have an up-to-date allergies and anaphylaxis healthcare plan
- ✓ an allergies and anaphylaxis register
- ✓ up-to-date allergies and anaphylaxis policy,
- ✓ an allergies and anaphylaxis lead,
- ✓ all pupils with immediate access to their adrenaline auto-injectors at all times,
- ✓ an emergency adrenaline auto-injector
- ✓ ensure all staff have regular anaphylaxis and adrenaline training
- ✓ promote anaphylaxis awareness pupils, parents/carers and staff.
- ✓ practical measures to eliminate or reduce the allergen in school.

Anaphylaxis Healthcare Plan

To comply with our statutory duty to support pupils with medical conditions. The school will complete a Healthcare Plan with all pupils known to suffer from Anaphylaxis or who have been prescribed an Adrenaline Auto-injector.

The school Healthcare Plan ensures the school is effectively supporting a pupil's medical condition by providing clarity about the child's condition, what the child is allergic to, recognising the first signs of allergic reaction and what to do in an emergency.

Pupils parents/guardians, relevant staff, and if necessary, healthcare professionals will be consulted.

Our Healthcare Plan includes the following information:

- The child's details
- Contact details – Telephone and mobile numbers of parent or guardian and any other emergency contact details.
- Contact details of family GP
- The child's allergies – A list of the specific allergies and what to avoid

- A list of possible symptoms
- Prescribed Medication
- Details of Emergency Procedure – Including an assessment of symptoms, when and how to administer medication, contact numbers and the ambulance procedure
- Who can help? – A list of staff members who have been trained
- Consent and agreement – A parent or guardian must give written consent for staff to take responsibility for administering medication.

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

Anaphylaxis Register

We have an anaphylaxis register of children within the school, which we update on an annual basis. We do this by asking parents/carers if their child is diagnosed with anaphylaxis or has been prescribed an adrenaline auto-injector. When parents/carers have confirmed that their child is anaphylaxis or has been prescribed an adrenaline auto-injector we ensure that the pupil has been added to the anaphylaxis register and has:

- an up-to-date copy of their personal anaphylaxis healthcare plan,
- their adrenaline auto-injectors is with them in school,
- permission from the parents/carers to use the emergency adrenaline auto-injector if they require another dose before the emergency services arrive

Anaphylaxis Lead

This school has an anaphylaxis lead Joanna Mousley. It is the responsibility of the anaphylaxis lead to manage the anaphylaxis register, update the anaphylaxis policy, manage the emergency adrenaline auto-injector (please refer to the Department of Health Guidance on the use of adrenaline auto-injectors in schools, September 2017) ensure measures are in place so that children have immediate access to their adrenaline auto-injector.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline auto injectors in schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)

Access to a child's Adrenaline Auto-injector

All children with anaphylaxis should always have immediate access to their adrenaline auto-injector. The adrenaline auto-injector medication acts on the whole body to block the progression of the allergic response. It constricts the blood vessels, leading to increased blood pressure, and decreased swelling.

Children are encouraged to carry their adrenaline auto-injectors as soon as they are responsible enough to do so. We would expect this to be by key stage 2. However, we will discuss this with each child's parent/carer and teacher. We recognise that all children may still need supervision in administering their adrenaline auto-injector.

For Younger children, Adrenaline Auto-injectors are kept in the front office and are stored securely and clearly labelled.

School staff are not required to administer adrenaline auto-injector to pupils however the school understands that in an emergency a failure to administer the child's medication could end in hospitalisation or even death.

Therefore, the school will ensure an adequate number of staff have had adrenaline auto-injector training and/or administering medication training and are happy to support children. Please refer to the Administering Medicines policy for further details about administering medicines.

Emergency Adrenaline Auto-injector in school

Legislation which came into effect in 2017 enables schools in the UK to buy Adrenaline Auto-injector (AAIs) without a prescription for emergency use on children who are at risk of anaphylaxis.

Adrenaline Auto-injector are intended for use in emergency situations when an allergic individual is having a reaction consistent with anaphylaxis, as a measure that is taken until an ambulance arrives.

Therefore, unless directed otherwise by a healthcare professional, the spare Adrenaline Auto-injector should only be used on pupils known to be at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare Adrenaline Auto-injector has been provided.

We have one emergency kit, which is kept in the medical cabinet in the office, so it is easy to access.

Each kit contains:

- A pre-loaded Adrenaline Auto-injector.
- Instructions on using the device(s).
- Instruction on cleaning and storing the Adrenaline Auto-injector
- Manufacturer's information.
- A checklist of Adrenaline Auto-injector, identified by their batch number and expiry date, with monthly checks recorded.
- A note of the arrangements for replacing the Adrenaline Auto-injector.
- A list of children to whom the Adrenaline Auto-injector can be administered:
- A record of administration

Adrenaline Auto-injectors are available in different doses, depending on the manufacturer. The Resuscitation Council (UK) recommends that healthcare professionals treat anaphylaxis using the age-based criteria, as follows:

- For children age under 6 years: a dose of 150 microgram (0.15 milligram) of adrenaline is used (e.g. using an EpiPen Junior (0.15mg), Emerade 150 or Jext 150 microgram device).
- For children age 6-12 years: a dose of 300 microgram (0.3 milligram) of adrenaline is used (e.g. using an EpiPen (0.3mg), Emerade 300 or Jext 300 microgram device)

Once an Adrenaline Auto-injector has been used it cannot be reused and must be disposed of according to manufacturer's guidelines. Used Adrenaline Auto-injector 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.

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 the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



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

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

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

1. Lie child flat with legs raised:
(if breathing is difficult, allow child to sit)
2. **Use Adrenaline autoinjector* without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS



***** 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 dose** of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS** use adrenaline autoinjector **FIRST** in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

School trips including sporting activities

Schools should conduct a risk-assessment for any pupil at risk of anaphylaxis taking part in a school trip off school premises, in much the same way as they already do so with regards to safe-guarding etc.

Pupils at risk of anaphylaxis should have their Adrenaline Auto-injector with them, and there should be staff trained to administer Adrenaline Auto-injector in an emergency.

Schools may wish to consider whether it may be appropriate, under some circumstances, to take a spare Adrenaline Auto-injector obtained for emergency use on some trips.

Staff training

Severe anaphylaxis is an extremely time-critical situation: Delays in administering adrenaline have been associated with fatal outcomes. Therefore, it is important that as many of our staff are trained in how to administer an Adrenaline Auto-injector.

As of the 1st of September 2021. Paediatric First Aid Course should incorporate basic training on how to 'Help a baby or child having: a diabetic emergency; an asthma attack; an allergic reaction; meningitis; and/or febrile convulsions. Therefore, the school will check our training provider meets Early Years Foundation Stage Statutory Criteria. Annex A

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974907/EYFS_framework_-_March_2021.pdf

School Environment

The school does all that it can to ensure the school environment is favourable to pupils with anaphylaxis. Pupil's anaphylaxis triggers will be recorded as part of their anaphylaxis healthcare plans and the school will endeavour that pupil's will not come into contact with their triggers, where possible.

As part of our responsibility to ensure all children are kept safe within the school grounds and on trips away, a risk assessment will be performed by staff. These risk assessments will establish anaphylaxis triggers which the children could be exposed to and plans will be put in place to ensure these triggers are avoided, where possible.

Food prepared on site - Lunch

All food and drink provided in our school meet the national food standards in England. All school lunches are cooked/provided by our school caterers via the Local Authority.

Our school caterers comply with School Food Standards to ensure that food provided to pupils in school is nutritious and of high quality; to promote good nutritional health in all pupils; protect those who are nutritionally vulnerable; and promotes good eating behaviours.

Reasonable adjustments are made to the menu to reflect medical, dietary, and cultural needs of our pupils.

To comply with the EU Food Information for Consumers Regulation information is made available listing all allergenic ingredients contained within the food and drinks we serve.

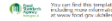
DISHES AND THEIR ALLERGEN CONTENT

(Note – Please state the name of the cereal(s) containing gluten** in that column AND/OR the name of the nut(s)* in that column)

DISHES	Celery	Cereals containing gluten**	Crustaceans	Egg	Fish	Lupine	Milk	Molluscs	Mustard	Nuts*	Peanuts	Seeds and seed oils	Soya	Sulphur dioxide
Tuna Salad (example)		✓		✓	✓		✓		✓					

Review date:

Reviewed by:



Food prepared on site – Breakfast club.

Food prepared for the breakfast club is provided by the school and consist of low-risk foods e.g. toast, muffins, crumpets and a selection of cereals and drinks.

Food prepared off site (Packed Lunches, Birthday celebrations and festive treats)

All parents providing a packed lunch for their child is made aware of any known allergens and are asked to co-operate with the school.

A “no sharing” policy is in place, for when children bring food from home, and every effort is taken to ensure that allergic children do not take or accept food from another child's packed lunch.

A “treat box” of known allergen-free treats is provided by the child’s parents, to ensure that they are included in all special occasions.

Children with known allergens are encouraged to check with an adult before eating or before taking part in certain activities. Just a “is that okay for me?” will make the adult think again, and also teach the child awareness of their allergy and develop good management techniques.

References

- Department of Health Guidance on the use of adrenaline auto-injectors in school
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf
- Department of Education Allergy Guidance for schools 17th November 2020
<https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools>
- Department of Education Supporting Pupils with Medical Conditions at School
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf
- Department of Education School food in England
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/788884/School-food-in-England-April2019-FINAL.pdf
- Department of Education School Food Standards
<https://www.gov.uk/government/publications/school-food-standards-resources-for-schools>
- Anaphylaxis Campaign
<https://www.anaphylaxis.org.uk/information-training/our-factsheets/>
- Early Years Foundation Stage Statutory Guidance effective 1st September 2021
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974907/EYFS_framework_-_March_2021.pdf

Annex A: Criteria for effective Paediatric First Aid (PFA) training

- Training is designed for workers caring for young children in the absence of their parents and is appropriate to the age of the children being cared for.
- Following training an assessment of competence leads to the award of a certificate.
- The certificate must be renewed every three years.
- Adequate resuscitation and other equipment including baby and junior models must be provided, so that all trainees are able to practice and demonstrate techniques.
- The emergency PFA course should be undertaken face-to-face⁷¹ and last for a minimum of 6 hours (excluding breaks) and cover the following areas:
 - ✓ Be able to assess an emergency situation and prioritise what action to take
 - ✓ Help a baby or child who is unresponsive and breathing normally
 - ✓ Help a baby or child who is unresponsive and not breathing normally
 - ✓ Help a baby or child who is having a seizure
 - ✓ Help a baby or child who is choking
 - ✓ Help a baby or child who is bleeding
 - ✓ Help a baby or child who is suffering from shock caused by severe blood loss (hypovolemic shock)
- 6. The full PFA course should last for a minimum of 12 hours (excluding breaks) and cover the elements listed below in addition to the areas set out in paragraph 5 (the emergency PFA training elements outlined in paragraph 5 should be delivered face to face).
 - ✓ Help a baby or child who is suffering from anaphylactic shock
 - ✓ Help a baby or child who has had an electric shock
 - ✓ Help a baby or child who has burns or scalds
 - ✓ Help a baby or child who has a suspected fracture
 - ✓ Help a baby or child with head, neck or back injuries
 - ✓ Help a baby or child who is suspected of being poisoned
 - ✓ Help a baby or child with a foreign body in eyes, ears or nose
 - ✓ Help a baby or child with an eye injury
 - ✓ Help a baby or child with a bite or sting
 - ✓ Help a baby or child who is suffering from the effects of extreme heat or cold
 - ✓ Help a baby or child having: a diabetic emergency; an asthma attack; an allergic reaction; meningitis; and/or febrile convulsions

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 | B BREATHING | C CONSCIOUSNESS |
| <ul style="list-style-type: none"> • Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue | <ul style="list-style-type: none"> • Difficult or noisy breathing • Wheeze or persistent cough | <ul style="list-style-type: none"> • 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 AAIs in schools

Signed:

Print name:

Date:

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit sparepensinschools.uk

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:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

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 & 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. Jext®) (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 AAIs in schools

Signed: _____

Print name: _____

Date: _____

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit sparepensschools.uk

How to give Jext®



1 Form fist around Jext® and PULL OFF YELLOW SAFETY CAP



2 PLACE BLACK END against outer thigh (with or without clothing)



3 PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds



4 REMOVE Jext®. Massage injection site for 10 seconds

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

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Sign & print name: _____

Hospital/Clinic: _____



Date: _____