SELBY ABBEY CE (VC) PRIMARY SCHOOL

"I have come that they might have life, and have it to the full." John 10:10

Anaphylaxis Policy

Approved by: John Weetman	Date: April 2025
Last reviewed on: March 2020	
Next review due by: April 2028	

Introduction

1. 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.
2. Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits, penicillin, latex and the venom of stinging insects such as bees, wasps or hornets.
3. 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 amongst young children below teenage years. More commonly there may be swelling in the throat, which can restrict the air supply or severe asthma. Any symptoms affecting breathing are serious.
4. Less severe symptoms may include itching or tingling in the mouth, hives anywhere in the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting. Even when there are mild symptoms the child should be watched carefully. They may be heralding the start of a more serious reaction.

Medicine and Control

1. The treatment for a severe allergic reaction is an injection of adrenaline, also known as epinephrine. Pre-loaded injection devices containing one measured dose are available on prescription. The devices are available in two strengths- adult and junior.
2. Should a severe reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh. An ambulance should always be called.
3. Staff that volunteer 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 for the device. The needle is not seen until it has been withdrawn from the child's leg. In cases of doubt it is better to give the injection than to hold back.
4. Staff will be provided with training on anaphylaxis management.
5. Staff that are susceptible to severe anaphylaxis should carry their own adrenaline auto-injector.
6. A care plan will be drawn up by the relevant health professional and parents; this will be shared with the school. A copy of this will be in the child's class room and in the main office.
7. Parents/staff member must notify the school of any changes to the emergency response strategy.
8. It is the responsibility of parents to ensure the adrenaline auto-injector is in date and replaced if used.
9. All medicines should be clearly named with dosage and frequency. This is kept in the first aid box in the class room along with a copy of the health care plan.
10. Medication should be taken on all school visits.
11. Staff to record medication given during the school day in the medication log held in school office.
12. In the case of a first-time reaction of an undiagnosed student/staff member, the ambulance service will be called immediately.
13. School catering staff are made aware of any food allergies.
14. Necessary risk assessments are drawn up (see needle stick injuries risk assessment)
15. School hold spare adrenaline auto-injectors to be used in case of emergency.

Symptoms and Actions

If a pupil or a member of staff with known anaphylaxis complains or presents with the following symptoms

- Difficulty breathing
- Swelling of tongue
- Tightness in throat
- Difficulty talking

- Persistent cough
- Collapse
- Pale and floppy

Staff will need to

- Obtain and administer the adrenaline auto-injector into muscle of outer thigh
- Call for an ambulance and advise school office who will notify parents or next of kin
- Relocate other pupils
- Stay with pupil or staff member until ambulance arrives, and inform them of the time the adrenaline auto-injector was administered
- Keep pupil or staff member in the recovery position with legs raised until ambulance arrives. Do not let them sit up.

Staff trained to use adrenaline auto-injectors

Lucy Saunders Helen Malcolm Katy Ferguson Laura Wood Allison Thomson Otillia Broxup Sally Sullivan Luke Dale Linda Fisher Simone Wild Karen Wood Emma Nighthawk Sarah Murden Ewa Lasek Julia Nicholson Kerry Franks Carla Saxon Kimmy Wilmer Michelle Kirk Beverley Smith Ann Tennant Samantha Haigh Sally Hough Mike Hinks Claire Sykes Samantha Cunningham Adele Fletcher Debbie Dyer Sarah Sedman Rebecca Cameron Stacey Dean Vicky Clark Shona Judson

School adrenaline auto injector

The spare adrenaline auto-injectors will be kept in the medical room. A list of children who have been prescribed an adrenaline auto-injector and whose parent/guardian has given permission for them to use the spare adrenaline auto-injector will be kept in the school office. Trained staff will administer as normal.

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