



THE HALL SCHOOL

Anaphylaxis Policy

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Date of publication: May 2018

Date of next review: September 2019

This policy is available on the School website and can be made available in large print or other accessible format if required.

Anaphylaxis Policy

1. Introduction

The Hall School aims to support pupils with allergies and to ensure that they are not disadvantaged in any way whilst at school as defined in Supporting Children with Medical Conditions Policy.

2. Definition of Anaphylaxis

It is a sudden, severe allergic reaction, when the body reacts to a foreign substance, which triggers an exaggerated response from the immune system. The reaction can be mild or severe with slow or fast onset. Foreign substances can include foods (e.g. nuts) animal venom (e.g. wasp or bee sting) objects (e.g. latex) or drugs (e.g. penicillin).

3. Symptoms and signs

The symptoms and signs of Anaphylaxis can include:

- Metallic taste or tingling in the mouth.
- Swelling of face, tongue, lips and throat.
- Difficulty in swallowing.
- Flushed complexion.
- Abdominal cramps and nausea.
- Rise in heart rate.
- Wheezing or difficulty breathing.
- Collapse, unconsciousness, death.

The pupil can have any of these signs and symptoms, in any order. 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. Medication and Control

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 (depending on size and weight) of adrenaline. It 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 Auto 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.

5. Management in school

It is the parents' or guardians' responsibility to notify the school if their child is at risk from anaphylaxis. Full details are required including the allergen and the name and dosage of medication prescribed.

- Photographs of pupils diagnosed with a severe allergy and prescribed an AAI are displayed in key areas around school for the whole school community to see. This is updated annually in September and throughout the year as required.
- All staff are given anaphylaxis awareness training including the use of Adrenaline injectors at Inset days
- All staff are informed when a pupil diagnosed with anaphylaxis is enrolled at the school.
- The School Matrons will ensure that Form Tutors receive a copy of individual health care plans for those pupils at risk of anaphylaxis. The Form Tutor is required to share this information with the pupils teaching staff.
- Parents may be involved in risk assessments and management plans.

- The School Matron will inform the Catering Manager of any pupils with severe dietary allergies.
- Each pupil should have a minimum of 2 named Adrenaline injectors in school. 1 will be kept in the designated cupboard in the Matron rooms in an orange bag. The other will be carried by the pupil at all times. The School Matrons check the expiry date on all AAIs monthly.
- The School Matron and Trip leaders are responsible for identifying pupils diagnosed with Anaphylaxis and ensuring they have their Adrenaline injectors with them on the trip.
- Parents are required to make a note of the expiry dates of their child's AAIs before they are brought into school and to replace them as required.
- In the case of a first time reaction of an undiagnosed pupil an ambulance should be called immediately.

6. Administering the Adrenaline injector

There are three adrenaline injectors available on prescription in the U.K: EpiPen, Jext and Emerade and information about each and how to use can be found on the BSACI website. 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.

If the child is conscious and able, he/she should be encouraged to self-administer the Adrenaline injector under supervision. 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 injector, read the simple instructions on the barrel of the injector itself.

Every time you use an adrenaline auto-injector:

- Call 999, ask for an ambulance and state 'anaphylaxis', even if the pupil starts to feel better.
- Lie the pupil flat with their legs up to keep the blood flowing. If they are having difficulty breathing, sit up to make breathing easier.
- Stay with the pupil and monitor their breathing.
- If symptoms persist administer a second dose of adrenaline after 5 to 15 minutes. There are no serious side effects even if the medication is given repeatedly or from misdiagnosis. Relapse is possible after apparent recovery. The child should always be sent to hospital after an attack, even if they seem to have fully recovered.

7. Key Messages to parents

If your child has been prescribed adrenaline, there are key messages you must remember:

- Ensure that they have their AAI with them at all times – no exceptions.
- Check the expiry date regularly. An out-of-date injector may offer some protection, but this will be limited. Make a note of the expiry date of any AAI that your child keeps in school so that replacement devices can be obtained in good time.
- 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. Ask the practice nurse at your local GP surgery Get hold of a "trainer" pen and practise regularly
- Remember that children who have been prescribed AAIs need to go on to the adult dose when they weigh 30kg. This is likely to be somewhere between 5-11 years old

8. Emergency Adrenaline Auto-Injections

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 will allow all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date).

AAI injectors can be purchased from a pharmacy using the letter in Appendix A.

The school's spare AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided.

The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

An anaphylactic reaction always requires an emergency response Any AAI(s) held by a school should be considered a spare / back-up device and not a replacement for a pupil's own AAI(s).

Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an AAI should carry two of the devices at all times. This guidance does not supersede this advice from the MHRA, and any spare AAI(s) held by a school should be in addition to those already prescribed to a pupil. This change applies to all primary and secondary schools (including independent schools) in the UK. Schools are not required to hold AAI(s) – this is a discretionary change enabling schools to do this if they wish.

Those facilities choosing to hold a spare AAI(s) should establish a policy or protocol for their use in line with "Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England" (Supporting Pupils), and with reference to the guidance in this document.

The protocol could be incorporated into the wider medical conditions policy required by Supporting Pupils.

9. Emergency AAI use Protocol

a. Location of the emergency AAIs

The Hall School has nine emergency adrenaline auto injectors (AAIs) which are located as follows:

- Middle School Office 2 x 0.3 mg does
- Senior School Matron Office 2 x 0.3 mg dose
- Junior School Matron Office 1 x 0.3 mg dose and 2 x 0.15 mg dose
- Junior School Staff Room 1 x 0.15
- Junior School Reception 1 x 0.15
- Junior School Year 2 Cloakroom 1 x 0.15
- Junior School Year 3 Cloakroom 1 x 0.15
- Wilf Slack 1 x 0.3 mg dose and 1 x 0.15 mg dose

b. The emergency anaphylaxis kit

The School's emergency AAIs are stored as part of an emergency anaphylaxis kit which includes:

- The AAI, clearly labelled;
- Instructions on how to use the AAI;

- Instructions on storage of the AAI;
- Manufacturer's information;
- A checklist of all the Schools emergency AAIs, identified by their batch number and expiry date with monthly checks recorded;
- A note of the arrangements for replacing the AAIs;
- A list of pupils to whom the AAI can be administered; and
- A list of Staff with responsibility for helping to administer an emergency AAI

c. Administration of medicine

Designated members of staff should be trained in:

- recognising the range of signs and symptoms of severe allergic reactions;
- responding appropriately to a request for help from another member of staff;
- checking the allergy register;
- recognising when emergency action is necessary;
- administering AAIs according to the manufacturer's instructions;
- making appropriate records of allergic reactions.

d. Storage and care of the AAI

The School Matrons have responsibility for maintaining the emergency anaphylaxis kits and shall:

- Complete a monthly check to ensure the AAIs are present and in date; and
- Ensure that replacement AAIs are obtained when the expiry dates approach.

The AAIs should be stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.

Pupils are required to take their own prescribed AAIs home before school holidays (including half-term breaks) to ensure that they remain in date and have not expired.

e. 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.

f. School trips including sporting activities

A risk assessment must be completed prior to any school trip for pupil at risk of anaphylaxis taking part in the trip off school premises. This risk assessment should consider whether it is appropriate to take emergency AAI(s) for use on some trips.

Pupils at risk of anaphylaxis should have both of their AAIs with them, and there should be staff trained to administer AAI in an emergency.

g. Pupils to whom an emergency AAI can be administered

The School may only administer its emergency AAI to a pupil:

- at risk of anaphylaxis;
- with medical authorisation; AND
- with the prior written parental consent for the emergency AAI to be used on them.

This includes pupils at risk of anaphylaxis who have been provided with a medical plan confirming this, but who have not been prescribed an AAI. In such cases, specific consent for use of the emergency AAI from both a healthcare professional and parent/guardian must be obtained.

Consent must be updated annually to take account of changes to a pupil's condition.

In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the emergency AAI is appropriate

h. Administration of medicine

The School's emergency AAI can be used instead of a pupil's own prescribed AAI(s), if these cannot be administered correctly, without delay.

This information should be recorded in a pupil's individual healthcare plan.

All pupils with a diagnosis of an allergy and at risk of anaphylaxis must be recorded in an allergy register and for each student, the following shall be recorded:

- Known allergens and risk factors for anaphylaxis.
- Whether a pupil has been prescribed AAI(s) (and if so what type and dose).
- Where a pupil has been prescribed an AAI whether parental consent has been given for use of the emergency AAI which may be different to the personal AAI prescribed for the pupil.
- A photograph of each pupil to allow a visual check to be made.

The signs and symptoms of an allergic reaction include:

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.

Mild-moderate symptoms are usually responsive to an antihistamine. The pupil does not normally need to be sent home from school, or require urgent medical attention. However, mild reactions can develop into anaphylaxis: pupils having a mild-moderate (non-anaphylactic) reaction should therefore be monitored for any progression in symptoms.

i. What to do if any symptoms of anaphylaxis are present

Anaphylaxis commonly occurs together with mild symptoms or signs of allergy, such as an itchy mouth or skin rash. Anaphylaxis can also occur on its own without any mild-moderate signs. In the presence of any of the severe symptoms listed in the red box above, it is vital that an AAI is administered without delay, regardless of what other symptoms or signs may be present.

Call or send for a designated member of staff. The designated member of staff should check the allergy register, collect the emergency AAI and provide assistance in administering the AAI if required.

Always give an AAI if there are ANY signs of anaphylaxis present. The pupil's own AAI should be administered if available. If not, the School's emergency AAI should be used.

The AAI can be administered through clothes and should be injected into the upper outer thigh in line with the instructions issued for each brand of injector.

IF IN DOUBT, GIVE ADRENALINE

After giving adrenaline do NOT move the pupil. Standing someone up with anaphylaxis can trigger cardiac arrest.

Provide reassurance. The pupil should lie down with their legs raised. If breathing is difficult, allow the pupil to sit.

If someone appears to be having a severe allergic reaction, it is vital to call the emergency services without delay – even if they have already self-administered their own AAI and this has made them better.

A person receiving an AAI should always be taken to hospital for monitoring afterwards.

If the pupil's condition does not improve 5 to 10 minutes after the initial injection, a second dose should be administered. If this is done, make a second call to the emergency services to confirm that an ambulance has been dispatched.

ALWAYS DIAL 999 AND REQUEST AN AMBULANCE IF AN AAI IS USED.

j. Recording use of the AAI and informing parents/carers

The School Matron should record the use of any AAI device. This should include:

- Where and when the REACTION took place (e.g. PE lesson, playground, classroom).
- How much medication was given, and by whom.
- Any person who has been given an AAI must be transferred to hospital for further monitoring. The pupil's parents should be contacted at the earliest opportunity. The hospital discharge documentation will be sent to the pupil's GP informing them of the reaction.

Appendix A – Template Letter for Spare AAI

[To be completed on headed school paper]

[Date]

We wish to purchase emergency Adrenaline Auto-injector devices for use in our school/college.

The adrenaline auto-injectors will be used in line with the manufacturer’s instructions, for the emergency treatment of anaphylaxis in accordance with the Human Medicines (Amendment) Regulations 2017. This allows schools to purchase “spare” back-up adrenaline auto-injectors for the emergency treatment of anaphylaxis. (Further information can be found at www.sparepensinschools.uk).

Please supply the following devices:

Brand name*		Dose* (state milligrams or micrograms)	Quantity required
	Adrenaline auto-injector device		
	Adrenaline auto-injector device		

Signed: _____ Date: _____

Print name:

Head Teacher/Principal

*AAIs are available in different doses and devices. Schools may wish to purchase the brand most commonly prescribed to its pupils (to reduce confusion and assist with training). Guidance from the Department of Health to schools recommends:

For children age under 6 years:	For children age 6-12 years:	For teenagers age 12+ years:
<ul style="list-style-type: none"> • Epipen Junior (0.15mg) or • Emerade 150 microgram or • Jext 150 microgram 	<ul style="list-style-type: none"> • Epipen (0.3 milligrams) or • Emerade 300 microgram or • Jext 300 microgram 	<ul style="list-style-type: none"> • Epipen (0.3 milligrams) or • Emerade 300 microgram or • Emerade 500 microgram or • Jext 300 microgram

Further information can be found at <http://www.sparepensinschools.uk>