



## Anaphylaxis Policy

School staff have a professional duty to safeguard the Health and Safety of children in the school. This enables children with medical needs to be educated in a safe environment. As a school we agree to care for the child with severe allergies and therefore accept responsibility for administration of their medication. Anaphylaxis is manageable. With sound precautionary measures and support from the staff, school life may continue as normal for all concerned.

### **What is Anaphylaxis?**

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

### **Aims and Objectives of the Policy**

- To provide a safe environment within the school.
- To provide guidance to staff for the care of children with severe allergies.
- To ensure that staff have an awareness of the causes, symptoms and treatment of anaphylaxis.
- To ensure that staff are fully informed of the signs and symptoms of anaphylaxis and aware of the children who are affected.
- To ensure that parents are aware of their responsibilities.



- To ensure that staff involved in the care of that child have been instructed in the emergency care of a child who has been exposed to an allergen, or who is having an anaphylactic reaction.
- To maintain a safe environment for children with severe allergies, enabling them to be educated in a safe environment.

### **Signs and Symptoms**

Children affected may have several or all of the symptoms listed below:

- Hives (red blotchy rash)
- Itching
- Red watery eyes
- Runny nose
- Vomiting
- Diarrhoea
- Stomach Cramps
- Change of voice
- Coughing
- Wheezing
- Throat tightness or closing
- Difficulty breathing
- Sense of doom
- Dizziness
- Fainting or loss of consciousness
- Change of colour

### **Treatment of an Anaphylactic Reaction**

- The first line of defence for an affected child is avoidance of the allergen that causes the reaction.



- If the child is exposed to an allergen and reacts adversely, appropriate treatment must be given. Treatment for each child will vary and will be written clearly on their Care Plan.
- Medication held in school should be administered as soon as the child shows any of the listed symptoms.
- Administration of adrenaline (Epipen) will not adversely affect a child if they are not developing a severe anaphylactic reaction. Always err on the side of caution and administer if in doubt.
- Emergency medication must be in easily accessible locations throughout the school.
- Following administration of adrenaline, it is essential that a child is reviewed in hospital to monitor for a relapse in condition.
- In the case of an emergency a member of staff should be nominated to make appropriate telephone calls. When asking for an ambulance please state that you have a child with an anaphylactic reaction and that you have administered Adrenaline.
- If the first Adrenaline injection has not been effective within 15-20 minutes, and emergency aid has not arrived, a second injection of adrenaline should be given, if available.

### School Trips and Visits

- Staff supervising school trips and visits will be made aware of any pupils with anaphylaxis.
- A First Aid trained member of staff will be identified to take responsibility for the medication and emergency treatment if necessary.
- The School Nurse will give training, relevant to the requirements of the situation, to the named person and relevant staff.
- Documentation will be completed by parents/guardians requesting the administration of medication, and signed by the named person allocated to that role.
- All medication will be appropriately labelled.
- A copy of the Care Plan will be made available for the named person and trip supervisor.

### Record Keeping

- Parents of a child who suffers from a severe allergy or anaphylaxis will be asked to complete relevant documentation requesting that the school administers medication in an emergency.
- Parents are requested to inform the school if their child's medication changes.
- The School Nurse will formulate a detailed Care Plan, with parents, which will include details of the signs and symptoms individual to each case, the treatment of the reaction and emergency contact details of parents.



## **Responsibilities**

It is the responsibility of the whole School Community to ensure the safety of a child who suffers from anaphylaxis or severe allergies. To minimise risk and in order to ensure a quick response both parents, children and school personnel must take on and fulfil some responsibilities.

### *Parental*

- Medical information regarding a child's anaphylaxis should be provided on the initial school application form, prior to the child starting at the school.
  
- Parents should arrange to liaise with the School Nurse as soon as possible after the child commences school in order to formulate an individual Care Plan.
- Provide the school with their child's medication, clearly labelled and in date. Where administration of an Epipen is required for emergency treatment, if possible, two injections should be provided.
- Be responsible for replacing medication as it expires or following use.
- Provide support to school as requested.
- Provide the school with up-to-date contact telephone numbers and an emergency contact telephone number.
- Be willing to provide safe foods for special occasions.
- Teach their child:
  - 1) To recognise the first symptoms of an anaphylactic reaction.
  - 2) To know where their medication is kept and who can get it.
  - 3) To communicate clearly if they feel a reaction starting.
  - 4) Not to share snacks, lunches or drinks.
  - 5) To understand the importance of hand washing.
  - 6) To cope with the possibility of teasing and being left out.
  - 7) To take as much responsibility for their own safety as they are able.



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### The Head of School

- To support and approve the policy.
- To liaise between interested parties – school staff, School Nurse, parents and pupils.
- To ensure good communication of the policy to all concerned.
- To ensure every aspect of the policy is maintained.
- To assess the training and development needs of staff and arrange for those needs to be met.
- Ensure that supply teachers and teaching assistants know the Anaphylaxis Policy.
- To monitor regularly how the policy is working.

### The School Nurse

- Work closely with the family of an affected child to gain relevant information and formulate an individual Care Plan.
- Ensure the necessary paperwork is complete.
- Ensure that information about the child's allergies, symptoms and treatment is recorded on a completed Care Plan.
- Maintain up to date emergency contacts numbers.
- Inform relevant staff about a child with anaphylaxis, the allergens, symptoms and the treatment.
- Provide relevant staff with training on recognition and treatment of severe allergic reactions, including the use of Adrenalin injections.
- Ensure all supply teachers are informed of children with anaphylaxis, what to do in an emergency and provide support and training if required.
- To provide information, advice and support to parents, staff and pupils.
- Develop an individual school protocol in line with school policy.
- To ensure Epipens are located at various locations throughout the school for easy access.
- Whilst maintaining confidentially as far as possible, inform other parents of children in the same class of the potential problem. A letter will be sent asking for their co-operation and assistance when sending in birthday/special celebration treats.
- Ensure that the Head of School is informed of any affected children in the school.
- Identify all affected children on iSAMS medical lists.



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### The Class Teacher

- Discuss allergies with the class in age appropriate terms.
- Ensure that the children do not share snacks or lunches.
- Endeavour to use allergy free foods for events when possible or special food provided by the parents.
- Establish a pattern that ensures the affected child only eats the food they bring from home.
- Encourage good hand washing before and after eating.
- Be personally accountable for ensuring that they receive appropriate training, enabling them to confidently administer emergency aid to an affected child if required.
- To request support from the School Nurse as necessary.

### Recommendations for King's College

- No nut school policy in place.
- Children should not be allowed to share lunch or snacks.
- Do not allow children with allergies to try foods that are new or they are unsure of.
- Avoid using any of the problem foods in cookery or art and craft. If unavoidable, take precautions to prevent the allergic child from coming in to contact with the allergen. Whenever possible, the child should have 2 injections of adrenaline ('Epipen') in the school, to be kept in an accessible named box in the School Nurse's office. All relevant personnel should be informed.
- Emphasis should be placed on good hand washing especially before and after meals and snacks.
- Ensure that all surfaces that are used for food preparation are cleaned thoroughly before and after use with a solution of 15mls of bleach to 1lt of water. (In the area that affects the child with allergies).
- The parents and the school should discuss appropriate arrangements for school trips in advance. The child's individual protocol should be accessible to all relevant school personnel.
- Science lessons will be strongly discouraged from using such allergens as peanuts etc for experiments.



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## **References**

- DfEE/DOH Circular 14/96 Supporting pupils at school with medical conditions. A good practice guide.
- The Anaphylaxis Campaign 1995 Anaphylaxis and schools.
- Allergy UK.
- Managing Medicines in Schools and Early Years Settings, UK Dept. for Education and Skills/Department of Health, 2005.

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