

# Anaphylaxis

## 1 Introduction

More and more adults and children are being diagnosed with allergies. At the Bunscoill Ghaelgagh we aim to ensure any child or adult with severe allergies stays safe and that our community understands the strategies needed to keep them safe.

This policy is to be used in conjunction with the DESC's policy on Allergy and Anaphylaxis Management Policy for Schools in the Isle of Man 1<sup>st</sup> March 2019

## 2 Aims and objectives

We aim to make sure there is an awareness of what anaphylaxis is and to encourage the school community (parents, staff and children) to be aware of how they can all help to maintain a safe environment.

We aim to create an allergy aware environment rather than an allergy free environment.

We aim to educate the school community so we are all able to spot the signs and seek help when necessary.

We aim to normalise events during allergic reactions to allow swift, calm treatment to be taken in the event of an attack.

## 3 Anaphylaxis

When a child is diagnosed with a severe allergy which potentially requires an epipen, inhaler and/or antihistamine, we will ensure the child has a care plan (see p11 of the DESC's policy Appendix 1) signed by the parents and their doctor. We will also ensure the child has a document with parental/guardian permission for staff to administer medication as necessary (p12 of the DESC's policy, Appendix 2).

The care plan will be prominently displayed in the school hall, staffroom, child's classroom and the two offices. All staff members will be informed. Any supply staff will be informed about any children with this condition and shown where the information is.

Any medication is to be stored in the child's classroom and all staff should know where it is kept.

Medical advice will be kept with any care plan(s).

A form with expiry dates of medication will be kept with the care plan(s) and copies given to parents by the head teacher to ensure medicine is in date. It is the responsibility of the parent to ensure medication is in date.

We will ensure parents are informed by newsletter and reminded from time to time to raise awareness of potential dangers due to anaphylaxis.

In cases where food is brought into school for special events, we would ask for it to be labelled.

We will ensure the children are aware of the importance of not sharing food and of making sure staff are informed immediately. We will address this during half termly assemblies. See Bunscoill policy on Health and Safety.

If any child is having difficulty breathing, or is showing any of the signs of a severe reaction, then they should find a member of staff immediately.

The school's and Department's policies will be available on the school website.

**In the case of an allergic reaction**

Staff will assess the severity and follow the Allergic reaction plan (p5 of the DESC's policy, Appendix 3).

As many staff as possible to be trained in recognising the signs of anaphylactic shock and how to use an epipen. Training for all staff is to be updated yearly.

**4 Monitoring and review**

We will review this policy each year or following any severe attack if that happens before the normal review period.

**Signed:**



**Date:**

Bunscoil Ghaelgagh Policies



Signed by staff    date:

Appendix 1

**Allergy Action Plan – To be displayed prominently.**

# Allergy Action Plan

**THIS CHILD HAS THE FOLLOWING ALLERGIES:**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Photo

Child's Weight: \_\_\_\_\_ Kg

**Emergency contact details:**

1) \_\_\_\_\_

2) \_\_\_\_\_

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PARENTAL CONSENT: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spine' back-up adrenaline autoinjector (AA) if available, in accordance with Department of Health Guidance on the use of AA's in schools.

Signed: \_\_\_\_\_

(PRINT NAME) Date: \_\_\_\_\_

**Mild-moderate allergic reaction:**

- Swollen lips, face or eyes
- Itchy / stinging 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:
- Phone parent/emergency contact (if vomited, can repeat dose)

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

**AIRWAY:** Persistent cough, hoarse voice, difficulty swallowing, swollen tongue

**BREATHING:** Difficult or noisy breathing, wheeze or persistent cough

**CONSCIOUSNESS:** Persistent dizziness / pale or floppy, suddenly sleepy, collapse, unconscious

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

1. Lie child flat:  (if breathing is difficult, allow child to sit)
2. Use Adrenaline autoinjector (eg. EpiPen) without delay
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 2<sup>nd</sup> adrenaline dose using a second autoinjector 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.


**How to give EpiPen®**




Form for around EpiPen® and PULL OFF BLUE SAFETY CAP!



SWING AND PUSH ORANGE TIP against outer thigh (with or without clothing) until a click is heard



HOLD FIRMLY in place for 10 seconds



REMOVE EpiPen®, massage injection site for 10 seconds

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**Additional instructions:**

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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 'spine' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017.

This plan has been prepared by: \_\_\_\_\_

SIGN & PRINT NAME: \_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_

Date: \_\_\_\_\_

(Allergy Action Plans for those prescribed Jext or Emerade can be downloaded from: <https://www.bsaci.org/Default.aspx?PageID=13325790&A=SearchResult&SearchID=2879574&ObjectID=13325790&ObjectType=1>)

For the pupil record of medication kept in school, along with the allergic symptoms, the following three pages could be discussed with parents and kept with the child's medication:

**<< insert name >> needs /carries emergency medication**

| Name of medication | Details of use | Needs (N) and / or carries (C) | Dosage | Frequency of use: | Expiry date |
|--------------------|----------------|--------------------------------|--------|-------------------|-------------|
|                    |                |                                |        |                   |             |
|                    |                |                                |        |                   |             |
|                    |                |                                |        |                   |             |
|                    |                |                                |        |                   |             |

All medication should be clearly labelled in the original container as dispensed by the pharmacist, expiry dates and instructions for use should be clearly stated.

**Note: - 2 Adrenaline Auto Injectors should be kept on the premises at all times.**

<< insert name >> uses an inhaler? [Yes / No]

<< insert name >> uses an EpiPen / Jext / Emerade (delete as appropriate)?

This is kept in [Please state where it is kept]

<< insert name >> Carries an emergency kit on them? [Yes / No]

Name of designated trained staff member/area child should report to if feeling unwell:

| Designated trained individuals: | Contact details: |
|---------------------------------|------------------|
| (Primary)                       |                  |
| (Backup person)                 |                  |

**Consent & Agreement signed by Parents**

I agree to the staff taking responsibility and administrating medication in the event of an allergic reaction taking place. I give permission for information relating to my child's allergies to be made available to canteen staff, school ancillaries, volunteer staff and establishments when going on school visits or extended school visits.

|                                         |      |
|-----------------------------------------|------|
|                                         |      |
| Parent's/carers signature               | Date |
|                                         |      |
| Head teacher/designated staff signature | Date |

Please attach a copy of hospital / doctor's letter(s) detailing information (see Allergy Action Plan).

To help staff assess the situation the following flowchart is intended to give some guidance:



## Bunscoil Ghaelgagh Policies