

Anaphylaxis Management Policy & Procedures

Background

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame and certain insect stings (particularly bee stings), however contact with animals and products may cause a reaction. Allergies can develop at any age and there may be a risk that if a pupil feels unwell this may be due to an allergic reaction, but it is a parent's responsibility to get in touch with their GP. Not all reactions are immediate but can develop after exposure to the allergen.

The key to prevention of anaphylaxis in schools is knowledge of the student who has been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Partnerships between schools and parents/guardians are important in helping the student avoid exposure. It should also be remembered that there is community use of buildings outside of school hours, which may have an impact in school hours.

Adrenaline given through an adrenaline autoinjector (such as an EpiPen[®]) into the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

Purpose

- To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy/guidelines in the school community.
- To engage with parents/guardians of each student at risk of anaphylaxis in assessing risks, developing risk minimisation strategies for the student.
- To ensure that staff have knowledge about allergies, anaphylaxis and the school's guidelines and procedures in responding to an anaphylactic reaction.

Individual Anaphylaxis Health Care Plans

The Headteachers of our schools, or their designate will ensure that an Individual Anaphylaxis Health Care Plan is developed in consultation with the student's parents/guardians, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis. Individual Anaphylaxis Action Plans should be shared between Primary and Secondary School as part of transition.

The Individual Anaphylaxis Health Care Plan will be in place as soon as practicable after the student is enrolled and for Year 6 pupils, this should include transition days.

The student's Individual Anaphylaxis Health Care Plan will be reviewed, in consultation with the student's parents/guardians:

- annually, and as applicable,
- if the student's condition changes,
- immediately after the student has an anaphylactic reaction.

It is the responsibility of the parent/guardian to:

- work with the school to produce a suitable Action Plan with support from the child's medical practitioner with a current photo,
- inform the school if their child's medical condition changes, and where necessary work with the school to produce an updated Action Plan.

It should be recognised that there may be occasions when a child has a reaction when there is not a diagnosis.

Communication

The Headteacher or their designate will be responsible for making available information to all staff, students and parents/guardians about anaphylaxis and development of the school's anaphylaxis management strategies.

Parents are encouraged to raise concerns or issues with relevant staff via the Headteacher or their designate.

Volunteers and supply staff will be informed on arrival at the school if they are caring for a student at risk of anaphylaxis and their role in responding to an anaphylactic reaction.

Staff training and emergency response

Teachers and other school staff who have contact with the student at risk of anaphylaxis, are encouraged to undertake training in anaphylaxis management including how to respond in an emergency.

At other times while the student is under the care or supervision of the school, including trips out, break duty, camps and special event days, the Headteacher or their designate must ensure that there is a sufficient number of staff present who have up to date training and know how to recognise, prevent and treat anaphylaxis. There should be at least two staff trained in dealing with anaphylaxis for a small primary school and sufficient numbers for a secondary school, but over a period of five years it is anticipated that all staff in a school will have training. Training will be provided to staff as soon as practicable after the student enrolls and before he/she starts at the school.

Training will include how to use an EpiPen®. Re-familiarisation training should be repeated on a five yearly basis so that staff are confident in using the EpiPen®.

Wherever possible, training will take place before the student's first day at school. Where this is not possible, an interim plan will be developed in consultation with the student's parents/guardians.

The school's first aid procedures and student's Action Plan will be followed when responding to an anaphylactic reaction.

Risk Minimisation

The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them. Schools can employ a range of practical prevention strategies to minimise exposure to known allergens. The table below provides examples of risk minimisation strategies.

Setting	Considerations
Classroom	<ul style="list-style-type: none"> • Display a copy of the student's Action Plan in the classroom if appropriate or in a readily accessible private location (eg SIMS). • Liaise with parents/guardians about food related activities ahead of time. • Use non-food treats where possible. If food treats are used in class, it is recommended that parents/guardians provide a box of safe treats for the student at risk of anaphylaxis. Snack boxes should be clearly labelled. Snacks for the other students in the class should be consistent with the school's allergen minimisation strategies (see Appendix 1). • Never give food from outside sources to a student who is at risk of anaphylaxis. • Be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons). • Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food. • Supply teachers should be provided with a copy of the student's Action Plan.
Canteens	<ul style="list-style-type: none"> • If schools use an external/contracted food service provider, the provider should be able to demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling. • With permission from parents/guardians, canteen staff (including volunteers), should be briefed about students at risk of anaphylaxis, preventative strategies in place and the information in Action Plans. With permission from parents/guardians, some schools have the student's name, photo and the foods they are allergic to, displayed in the canteen as a reminder to staff. • Liaise with parents/guardians about food for the student. • Food banning is not recommended (see Appendix 1), however some school communities may choose not to stock peanut and tree nut products (including nut spreads) as one of the school's risk minimisation strategies. • Products labelled 'may contain traces of peanuts/tree nuts' should not be served to the student known to be allergic to peanuts/tree nuts. • Be aware of the potential for cross contamination when storing, preparing, handling or displaying food. • Ensure tables and surfaces are wiped clean regularly. Double wiping should be used as appropriate. • Training of catering staff rests with: <ul style="list-style-type: none"> ○ Secondary – DEC (School) ○ Primary – DHSC
Yard	<ul style="list-style-type: none"> • The student with anaphylactic responses to insects should wear shoes at all times. • Keep outdoor bins covered. • The student should keep open drinks (e.g. drinks in cans) covered while outdoors. • Staff trained to provide an emergency response to anaphylaxis should be readily available during non class times (e.g. breaks and lunch times). • The adrenaline autoinjector should be easily accessible from the yard. • It is advised that schools develop a communication strategy for the yard in the event of an anaphylactic emergency. Staff on duty need to be able to communicate that there is an anaphylactic emergency without leaving the

	<p>child experiencing the reaction unattended.</p>
<p>On-site events (e.g. sporting events, in school activities, class parties)</p>	<ul style="list-style-type: none"> • For special occasions, class teachers should consult parents/guardians in advance to either develop an alternative food menu or request the parents/guardians to send a meal for the student. • Parents/guardians of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis as well as being informed of the school's allergen minimisation strategies (see Appendix 1). • Party balloons should not be used if a student is allergic to latex. • Latex swimming caps should not be used by a student who is allergic to latex. • Staff must know where the EpiPen is located and how to access it if required. • Staff should consider carefully using food in activities or games, including rewards, whether it is appropriate. • For sporting events, it will probably be appropriate to take the student's EpiPen to the event. If the weather is warm, the EpiPen should be stored in such a way as to protect it from the heat.
<p>Off-site school settings – field trips, excursions</p>	<ul style="list-style-type: none"> • The student's adrenaline autoinjector, Action Plan and means of contacting emergency assistance must be taken on all field trips/excursions. • One or more staff members who have been trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector should accompany the student on field trips or excursions. All staff present during the field trip or excursion need to be aware if there is a student at risk of anaphylaxis. • Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction. • The school should consult parents/guardians in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/guardian to send a meal (if required). • Parents/guardians may wish to accompany their child on field trips and/or excursions. This should be discussed with parents/guardians as another strategy for supporting the student. • Consider the potential exposure to allergens when consuming food on buses, or around the pupil at risk. • Wipe around areas where food may have been consumed or is to be consumed.
<p>Off-site school settings – camps and remote settings</p>	<ul style="list-style-type: none"> • When planning school camps, a risk management plan for the student at risk of anaphylaxis should be developed in consultation with parents/guardians and camp managers. • Campsites/accommodation providers and airlines should be advised in advance of any student with food allergies. • Staff should liaise with parents/guardians to develop alternative menus or allow students to bring their own meals. • Camp providers should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of peanuts/tree nuts may be served, but not to the student who is known to be allergic to peanuts/tree nuts. • Use of other substances containing allergens (e.g. soaps, lotions or sunscreens containing nut oils) should be avoided. • The student's EpiPen and Action Plan and a mobile phone must be taken on camp. • Consideration should be made of the coverage of mobile phone signals and if possible appropriate steps put in place to mitigate a risk around this

	<p>eg Tetra radio.</p> <ul style="list-style-type: none">• A team of staff who have been trained in the recognition of anaphylaxis and the use of the EpiPen should accompany the student on camp. However, all staff present need to be aware if there is a student at risk of anaphylaxis.• Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.• Be aware of what local emergency services are in the area and how to access them. Liaise with them before the camp.• The EpiPen should remain close to the student at risk of anaphylaxis and staff must be aware of its location at all times. It may be carried in the school first aid kit, although schools can consider allowing students, particularly adolescents, to carry it on their person. Remember, staff still have a duty of care towards the student even if they carry their own EpiPen.• The student with allergies to insect venoms should always wear closed shoes when outdoors.• Cooking and art and craft games should not involve the use of known allergens.• Consider the potential exposure to allergens when consuming food on buses/airlines and in cabins, or around the pupil generally.• Wipe around areas where food may have been consumed or is to be consumed.• If using a centre, provide a contact number for a person there.
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Appendix 1

The key to the prevention of anaphylaxis is the identification of allergens and prevention of exposure to these allergens. For the student who has been diagnosed with a severe allergy, there is a range of practical prevention strategies that schools can implement to minimise exposure to known allergens.

When considering appropriate prevention strategies, schools should take into account factors such as the allergen involved, the age of the student and the severity of the allergy (based on information provided by the student's parent/guardian from the student's medical practitioner).

It is particularly important to have procedures in place for informing casual relief staff of the student at risk of anaphylaxis and the steps required for prevention and emergency response. A designated staff member should have responsibility for briefing new staff (including canteen staff, volunteers or casual relief staff) about the student at risk of anaphylaxis and the school's procedures and prevention strategies. 'Allergy aware' versus 'nut-free'

Given the number of foods to which the student may be allergic, it is not possible to remove all allergens. It is better for school communities to become aware of the risks associated with anaphylaxis and to implement practical, age-appropriate strategies to minimise exposure to known allergens.

In communicating the school's strategies to the school community, it is important that schools do not promote that they either 'ban nuts' or are 'nut-free' – being 'allergy aware' is a more appropriate term. Minimising the allergen is one of several strategies that can be implemented to reduce the risk.

Promoting a school as 'nut-free' is not recommended for the following reasons:

- it is impractical to implement and enforce;
- there is no evidence of effectiveness;
- it does not encourage the development of strategies for avoidance in the wider school community;
- it may encourage complacency about risk minimisation strategies (for teachers, students and parents/guardians) if a food is banned.

Whilst schools are advised not to claim to be 'nut-free', minimising exposure to particular foods such as peanuts and tree nuts can reduce the level of risk. This can include removing nut spreads and products containing nuts from the school canteen, but does not include removing products that 'may contain traces' of peanuts or tree nuts.

Schools may also choose to request that parents/guardians of classmates of a young student do not include nut spreads in sandwiches or products containing nuts in the lunchbox.

References:

<http://www.allergyuk.org/schools/whole-school-allergy-awareness-and-management>

<http://www.health.wa.gov.au/anaphylaxis/docs/schools/11289%20SK13%20Guidelines.pdf>

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