

**BRYMORE ACADEMY**

**ANAPHYLAXIS - LIFE THREATENING ALLERGIES POLICY**

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| **Created by:** Mr Rob Watts | |
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| **Signature of Chair of Governors** | **Signature of Headteacher** |
| **Date shared with staff:** | |

**What is Anaphylaxis?**

Anaphylaxis is a severe systemic allergic reaction at the extreme end of the allergic spectrum. The whole body is affected usually within minutes of exposure to the allergen. It can take seconds or several hours.

**Definition of Anaphylaxis**

Anaphylaxis involves one or both of two features:-

\* Respiratory difficulty (swelling of the airway or asthma)

\* Hypotension (fainting, collapse or unconsciousness)

What are the symptoms?

\* Swelling of the mouth or throat

\* Difficulty in swallowing or speaking

\* Alterations in the heart rate

\* Hives anywhere on the body

\* Abdominal cramps and nausea

\* Sudden feeling of weakness

\* Difficulty breathing

\* Collapse and unconsciousness

Nobody would necessarily experience all of these symptoms.

**Common Causes**

Peanuts\* Wasp

Tree nuts\* Bee

Milk

Latex

Egg Penicillin

Sesame\*

Blood products

Fish Drugs

Shellfish Kiwi

Types of reaction

\* Uni-phasic- rapidly developing severe reaction involving the airway or circulation

\* Bi-phasic – Early oral and abdominal symptoms, then symptom-free period of 1 -2 hours, then increasing symptoms involving breathing and circulation.

Uni-phasic means one phase. The reaction comes on rapidly but once treated the symptoms go away and do not return. However, a few people experience Bi-phasic reactions. There are two phases. About 6% of children have a bi-phasic reaction. There could be all the symptoms as in uni-phasic then a rest period when everything appears to have gone away (this could be after using emergency treatment). Then the symptoms may come back between 2-72 hours, and they can be very serious.

It is for this reason that anyone who has an allergic reaction of this kind must go to hospital and they must be monitored for between 4-6 hours by medically trained staff to ensure they are not having a bi-phasic reaction, if adrenaline has been given.

Adrenaline is the mainstay of treatment

\* Reverses swelling

\* Relieves asthma

\* Constricts the blood vessels

\* Stimulates the heart beat

**Treatment**

It cannot be assumed that pupils, particularly younger ones, will self- administer their auto injector (AAI). Most will require adult administration or at least assistance. The use Adrenaline Auto injector (AAI) by Academy’s employees is voluntary.

The following is the procedure to be followed for the management of an emergency.

\* Remain calm. Sit or lie the individual down.

\* Administer prescribed Adrenaline Auto injector (AAI) if there are symptoms described above. Do not wait for assistance to arrive. Note the time of administration.

\* Call 999 regardless of degree of reaction or response to adrenaline. The individual must go to hospital. State clearly to Ambulance Control that the person is having an anaphylactic reaction.

\* If the individual deteriorates lay them down and raise their legs. If they progress into unconsciousness place in semi-prone position. Never stand an individual up. Individuals have been known to collapse and die when stood up after an incident of anaphylaxis.

\* Give second Adrenaline Auto injector (AAI) after 10-15minutes if symptoms worsen. Note the time. Inform ambulance personnel of times of drug administration – ensure they record it.

\* Call the Academy’s Matron or a first aider to attend.

Adults must listen to the concerns of an anaphylactic pupil. Children usually know when they are having a reaction, even before signs manifest.

**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 must be documented on their medical questionnaire when they join the academy.

Photographs of pupils diagnosed with a severe allergy and prescribed an AAI are displayed on the Staff Room medical notice board, Sims and Medical tracker. The kitchen also holds this information along with photographs of pupils who have a diagnosis. This is updated annually in September and throughout the year as required.

All staff are informed when a pupil diagnosed with anaphylaxis is enrolled at the school.

Parents are encouraged to be involved in the witting of individual health care plans.

Each pupil should have a minimum of 2 named Adrenaline injectors in school. 1 will be kept in their school bag and the other is on the designated shelf in the school’s medical centre.

The School Matrons check the expiry date on all AAIs monthly (although it remains the parents’ responsibility to replace these when they expire)

The Matrons and Trip leaders are responsible for identifying pupils diagnosed with Anaphylaxis and ensuring they have their Adrenaline injectors with them on any school 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.

**Availability and Location of the Adrenaline Auto injector (AAI)**

Anaphylactic or potentially anaphylactic persons who have been prescribed use of an Adrenaline Auto injector (AAI) must carry at least one with Adrenaline Auto injector (AAI) them at all times and have a backup Adrenaline Auto injector (AAI) in the medical centre / Boarding house. It is the parents’ responsibility to ensure this happens in respect of their children.

A spare Adrenaline Auto injector (AAI) must be taken on trips along with a copy of the Anaphylactic procedure. The risks specially assessed. In particular, means of communication must be established in the event of an anaphylactic attack.

Adrenaline Auto injector (AAI) stored on Academy premises will be checked periodically by the Academy’s Matron to ensure they are within their expiry date. It is the duty of the parents to make a note of the expiry date of their child’s Epipen and ensure both pens are always in date. Replacements should be sent in to matron prior to the expiry date.

**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).

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).

The Matrons has responsibility for maintaining the emergency anaphylaxis kits and shall, Complete a monthly check to ensure the AAIs are present and in date.

The location of the emergency adrenaline auto-injections is stored in the Medical Centre, Main Office, Boarding Houses and the Kitchen/ Dining room.

Matrons 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 to ensure that they remain in date and have not expired.

Disposal, once an AAI has been used it cannot be reused and must be disposed of according to manufacturer’s guidelines. Used AAIs should be given to the ambulance paramedics on arrival.

School trips including sporting activities, 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.