



SACRED HEART CATHOLIC PRIMARY SCHOOL

## **Anaphylaxis Procedures**

*We are a caring community which aims to promote respect and understanding of all individuals through a sharing of Catholic Faith and the love of Christ. All children will feel a sense of worth, knowing that they are valued and loved by God in their uniqueness.*

*We seek to create a learning environment which enables our children to succeed to their best ability and which recognises and values their variety of talents*

*We acknowledge the importance of our role in support for the family, the parish and the wider community.*

## What is Anaphylaxis?

Anaphylaxis is a life-threatening allergic reaction. A wide variety of things can trigger an anaphylactic reaction – the most common is foodstuffs, particularly peanuts.

An anaphylactic reaction occurs when the body's immune system mis-identifies something, e.g. peanut, as a harmful bacteria.

Outwardly a reaction can be seen in the following ways:

- marked swelling of lips or tongue
- itching at front of neck
- difficulty swallowing
- wheezing or difficulty in breathing
- sickness
- sneezing
- drowsiness
- loss of consciousness

A reaction may exhibit some of the above, not necessarily all.

YOU WILL NOT MISTAKE A REACTION – IF IT HAPPENS YOU WILL KNOW.

### What to do in the event of an anaphylactic attack?

#### In a person previously undiagnosed

1. Send someone to ring 9-999 saying
  - you believe the person to be having an anaphylactic attack
  - please send a paramedic ambulance
2. Inform Mr O'Hara /Mrs. Elliott

STAY WITH THE PERSON  
DO NOT MOVE THE PERSON  
STAY CALM  
REASSURE THE PERSON

#### In a person diagnosed as anaphylactic

##### Mild reaction

1. Send someone immediately to collect named emergency box from school office and inform Mr O'Hara /Mrs. Elliott who will administer prescribed oral antihistamine.

N.B. Internal phones to speed up communication.

STAY WITH PERSON  
DO NOT MOVE PERSON  
STAY CALM

TRY TO REASSURE PERSON, GETTING HIM/HER TO STAY AS STILL AS POSSIBLE

2. Once oral antihistamine has been administered stay with the person and see how reaction progresses.

If there has not been an improvement in 5 – 10 minutes or if reaction continues to worsen .....administer Epipen (adrenaline injection) and send for paramedic ambulance.

##### Severe reaction

1. Send one person IMMEDIATELY to collect named emergency box from school office.

Send second person to ring 9-999 from nearest phone (asking for paramedic ambulance stating the person is having an anaphylactic reaction and Epipen has been administered).

Send third person to inform Mr O'Hara /Mrs. Elliott

**STAY WITH PERSON**

**DO NOT MOVE PERSON**

**STAY CALM**

**TRY TO REASSURE PERSON, GETTING HIM/HER TO STAY AS STILL AS POSSIBLE.**

2. Administer Epipen and note time of this.

Replace used Epipen in named emergency box and send whole box to hospital with paramedics.

3. Await arrival of ambulance.  
Parents to be contacted.  
Member of staff to accompany person to hospital.

Even if the person appears to be recovering after the adrenaline injection he/she still needs to go to hospital as swelling of internal airways must be checked and monitored.

If the adrenaline injection is given and it was not actually an anaphylactic reaction this WILL NOT HARM the person.

An adrenaline injection can only cause damage if injected into a vein, which is why it is injected into the muscle of the thigh.

## **Identification of persons with Anaphylaxis**

The school's contact form (issued on entry to the school and annually at the start of each academic year) asks, amongst other things, for details of allergies.

Where any allergy to foodstuffs, particularly peanuts or other nuts is indicated Mr O'Hara /Mrs. Elliott contacts the parent/carers to ascertain the extent of this allergy. If the allergy seems severe or potentially severe but no medical investigation has been done concerning this the parents/carers are requested to take the child to the GP and ask to be referred to an allergy clinic. The parents/carers then inform the school of the outcome of this investigation and any necessary procedures are put into place.

### What happens when the school is informed that a child is anaphylactic?

1. Mr O'Hara /Mrs. Elliott speaks with the parents/carers to ascertain the triggers, the child's history of anaphylactic attacks, how it was diagnosed and the advice and medication given so far.
2. Mr O'Hara /Mrs. Elliott contacts the School Nurse and gives her the child's name, date of birth, address, name of GP and triggers identified as causing anaphylactic reaction.
3. A care plan is drawn up by the school.
4. The care plan is checked and any necessary details added by parents/carers and Mr O'Hara /Mrs. Elliott at a meeting. The care plan is then signed by parents/carers and Mr O'Hara /Mrs. Elliott. A copy of the care plan is given to the parents/carers.
5. Parents/carers provide the school with necessary prescribed medication as specified on the care plan and an emergency box is set up.

**Emergency box** consists of:

- Child's medication
- Copy of care plan
- Summarised emergency procedures on reverse of lid
- Child's photo on reverse of lid

It is labelled: with the child's name, and Emergency Box  
Nothing else should be written on the lid to ensure clarity.

Mr O'Hara /Mrs. Elliott will regularly check Epipens to ensure adrenaline has not become discoloured or started to form particles.

Parents/carers are responsible for ensuring child's medication is in date and given to the school.

6. The child will be photographed and five copies made:

1 for the reverse of the lid of the emergency box  
for Allergy Alert notices.

The Allergy Alert notices will be placed:

- In the staffroom
- In the office and put in the register.
- In the school kitchens

## Storage of Emergency Boxes

All Emergency Boxes are stored on shelving in the alcove adjacent to the Main School Office.

## Training for Staff

All employed staff undergo bi-annual training on anaphylactic attacks and what to do. This training is delivered by a member of the School Nursing Team. Attendance at this training ensures staff are covered by the LA indemnity should they administer any prescribed EpiPen or oral antihistamine. The last training took place in Spring 2020

## Access to Curriculum

Any child diagnosed as being anaphylactic will not be restricted from the curriculum. Knowledge of the triggers, which affect a particular child, will be taken into account when planning activities, particularly those involving food.

## School Meals

If the parents/carers are in agreement with their child having a school meal this is accommodated. The school meals are prepared by City Serve who do their best to provide 'nut-free' food.

## School Events

Where food is provided at school events the parents/carers can either:

- Agree to their child having food provided by school at their own risk (school will try to ensure all products used are 'nut-free').
- Provide their own food for their child (where this is done school will be as discreet as possible to avoid any embarrassment to the child).

At all school events a member of staff will be present on site who will ensure that if any problems occur regarding an anaphylaxis reaction emergency procedures will be followed.

## Off Site Activities/Visits

When a child is diagnosed as anaphylactic whenever an offsite activity takes place, e.g. swimming, games, visit to museum, visit to church, then the emergency kit must go with them. One member of staff accompanying the party of children takes responsibility for seeing this is done.

The emergency kit is returned to the alcove by the office immediately on return.

A mobile phone is always taken when parties of children go off site so access to emergency services would be immediate.

## Useful Contacts

Anaphylaxis Campaign  
PO Box 149  
Fleet  
Hampshire  
GU13 9XU  
01252 318723

Policy last reviewed: Spring 2020