

Anaphylaxis Guidelines

These guidelines have been written with advice from Anaphylaxis.org.uk

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).

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.

Adrenaline given through an adrenaline auto injector (such as an EpiPen[®] Jext or Emerade) 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

At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions on their enrolment form. As soon as the school medical room is made aware of a new student with anaphylaxis, or a current student with a new diagnosis, she will contact the parents/carers before the start of term or at the time of diagnosis. She 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.

The Individual Anaphylaxis Health Care Plan will be in place as soon as practicable after the student is enrolled and where possible before their first day of school.

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:

- provide a completed Anaphylaxis Action Plan with a current photo,
- inform the school if their child's medical condition changes, and if relevant provide an updated Anaphylaxis Action Plan.

Communication

The medical room will be responsible for providing information to all staff, students and parents/guardians about anaphylaxis and development of the school's anaphylaxis management strategies.

Staff training and emergency response

The staff are made aware of any students with anaphylaxis prior to the start of term or at diagnosis and are reminded of the signs and symptoms of anaphylaxis, and also how to treat this. If a student thinks they may be having anaphylaxis the medical room/first aider must be called to the student.

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.

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

School Trips

On school trips, the medical rooms will go over necessary procedures with the teacher in charge. Going on trips should not cause any real problems for students with anaphylaxis. They need to remember to take their auto injector with them plus the spare device held in the medical room.