

Anaphylaxis Awareness / Management Policy

Designated Member of Staff: Premises Committee

Introduction

Anaphylaxis is an extreme and severe allergic reaction. The whole body is affected, often within minutes of exposure to the allergen but sometimes after hours.

Common causes include foods such as peanuts, tree nuts (e.g. almonds, walnuts, cashews, Brazils), sesame, fish, shellfish, dairy products and eggs. Non-food causes include wasp or bee stings, natural latex (rubber), penicillin or any other drug or injection. In some people, exercise can trigger a severe reaction - either on its own or in combination with other factors such as food or drugs (e.g. aspirin).

The following symptoms may occur (one or many, but rarely all)

- generalised flushing of the skin
- nettle rash (hives) anywhere on the body
- sense of impending doom
- swelling of throat and mouth
- difficulty in swallowing or speaking
- alterations in heart rate
- severe asthma
- abdominal pain, nausea and vomiting
- sudden feeling of weakness (drop in blood pressure)

Source: The Anaphylaxis Campaign (www.anaphylaxis.org.uk)

Policy Outline and Purpose

This policy is a supplement to the Health and Safety Policy. Its intent is to provide direction on the identification, management and response to Anaphylaxis within the school.

This policy is considered in three parts as follows:

Part 1: Managing the Risk

Part 2: Identification and Monitoring

Part 3: Incident Action Plan / Response

Part 1: Risk Management

Anaphylaxis may result from exposure to a wide variety of 'allergens'. As such it is not the intent of this policy to address each or specific allergens, rather to address all / any, as required.

Due to the nature of the school and its population, it is considered impractical to ban all foodstuffs / substances that may provoke anaphylaxis. In many cases it is simply impossible (bees, wasps etc.). Outright ban can be extremely difficult to enforce and may be counter-productive. Indeed, many studies have come to this conclusion and some even suggest that early exposure to allergens such as nuts may decrease, rather than increase, the risk of developing allergy. In addition, it is widely considered that some foodstuffs such as nuts and seeds are a cost effective and nutritious source of food where children are increasingly inclined to eat less nutritious substitutes. With hundreds of children and adults coming and going and many of the allergens hidden within other foodstuffs, it is therefore not considered appropriate to prescribe an outright ban.

However, that said, it is sensible to put into place measures that appropriately address the risk both in terms of minimising potential exposure combined with a robust monitoring and response plan should exposure occur.

Part 2: Identification and Monitoring

Although not beyond the realms of possibility, it is unlikely that a first event will occur within school. In most cases, sufferers are already aware of their susceptibility. This allows for them to be identified and a direct monitoring approach to be used. It is therefore essential that sufferers are clearly identified, specific allergens notified and this information to be processed accordingly.

The intention of wider low-level monitoring is to be aware of potential risk areas, for example, lunch times, classes where substances may come in contact with skin or be ingested and outdoor activities. In most cases, the allergens are known and this leads to a more direct avoidance approach. For other cases, an awareness approach should be taken, for example, during outdoor activities where there may be exposure to insect stings.

Recognising the signs of anaphylaxis is imperative as time is essential. It is therefore recommended that all staff are briefed to recognise the symptoms and be aware of all known sufferers and their specific triggers. This is achieved via the Medical Folder which is kept in the First Aid area and is the responsibility of Mrs Emma Lee, First Aider.

Where sufferers are identified, steps need to be taken to ensure that, wherever possible, exposure is avoided. This may mean that sufferers need to be tactfully segregated, avoid certain activities or heightened monitoring provided.

Specific allergens should be addressed where possible, for example, in the case of food allergies, whilst an outright ban on foodstuffs is impractical, the bringing of these foodstuffs onto the premises should be discouraged. This should be communicated in writing to all parties using the building, particularly, where catering is brought in. An example of such a partially controllable foodstuff would be nuts.

Part 3: Incident Action Plan / Response

In specific cases where sufferers are known, it remains the responsibility of the parents to inform the school of the nature of the allergy.

Volunteers within the school will undertake training in order to affect whatever first line response is required, however, it remains the responsibility of the parent and child's General Practitioner to define, provide and sign the Action Plan / Protocol. An example / proforma can be found on The Anaphylaxis Campaign website www.anaphylaxis.org.uk. Training is provided to staff on an annual basis or via pre prepared Powerpoints presentations.

The school will identify, in each case, any potential high risk scenarios and put into place appropriate prevention measures. These measures will be discussed and agreed with the parent.

The school will maintain a list of known sufferers including a photograph and a clear description of their known allergens in the medical area in the red folder. It is the responsibility for the senior 1st aider (Mrs Lee) to keep these updated.

The school will provide for safe storage of medication, EpiPen etc. and will ensure that all staff are aware of the location of medicine and who is trained to administer it. A copy of the Action Plan will be retained with the medicine and a second copy retained within school files.

This information will be made available to all staff at the start of each academic year and upon any change to the list.

February 2010

Signed byChair of Premises

Reviewed February 2011

Reviewed November 2012

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