



## **LIFE THREATENING ALLERGIES POLICY**

### **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 (a raised, itchy rash that appears on the skin) 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

\* The School aims to be a nut-free environment, however this cannot be guaranteed.

## 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 (Adrenaline pen). Most will require adult administration or at least assistance. The use of Adrenaline pens by Foundation employees is voluntary. The Medical Team are happy to provide training for any boy who is unsure of how to use his Adrenaline Pen.

It is a condition of attendance at the School that the parents of a pupil at risk from life-threatening allergies shall have received and accepted a copy of this policy and give written permission for a member of staff to carry out the procedure for the management of an emergency described below, unless a different procedure established by the pupil's doctor has been given to the Headmaster in writing and accepted by him.

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 pen 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 pen after 10-15minutes if symptoms worsen. **Note the time.** Inform ambulance personnel of times of drug administration – ensure they record it.
- Call the School Nurse or Porters.

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

## TREATMENT QUICK GUIDE

### ALLERGIC REACTION

Oral antihistamine (eg. Piriton)

### ANAPHYLAXIS

Adrenaline auto-injector (Adrenaline pen)

Antihistamines when possible

Dial 999 and say ‘Anaphylaxis’

Administer second Adrenaline pen after 10-15 minutes if patient does not respond or original symptoms return.

## **1. Identification of Children at Risk**

- 1.1 It is the responsibility of the anaphylactic/potentially anaphylactic pupil’s parent to inform the Headmaster of their child’s allergy.
- 1.2 All staff are to be made aware of the identity of these pupils by means of a note on the class registers and a list being published in the Staff Common Room
- 1.3 Each affected Child shall be asked to wear a medic alert bracelet that states their allergy/ies and the location of their Adrenaline pen or other medication as applicable.
- 1.4 A photograph of the child and a description of his allergy will be kept discreetly in the Medical Room. Registration lists on the School electronic registration system are to indicate that a pupil is at risk of an anaphylactic attack. Parental permission is required for this.

- 1.5 The parents of the pupils who are no longer allergic or no longer require an Adrenaline pen or other medication must present to the Headmaster a letter of explanation from their doctor.

## **2. Availability and Location of Adrenaline pens**

- 2.1 Anaphylactic or potentially anaphylactic persons who have been prescribed use of an Adrenaline pen must carry at least one Adrenaline pen with them at all times and have a backup Adrenaline pen in the Medical Centre. It is the parents' responsibility to ensure this happens in respect of their children.
- 2.2 Adrenaline pens must be taken on trips and the risks specially assessed. In particular, means of communication must be established in the event of an anaphylactic attack.
- 2.3 Adrenaline pens stored on school premises will be checked periodically by the School Nurse 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 Adrenaline pens and ensure both pens are always in date. Replacements should be sent in to the School Nurse prior to the expiry date.
- 2.4 AAI's (adrenaline auto-injectors) are held in the School Medical Centre for emergency use only on boys that have already been prescribed an Adrenaline pen.

## **3.0 Training**

- 3.1 Each year there will be training courses for staff and demonstrations on the use of the Adrenaline pens. The organisation of this training is the responsibility of the Second Master.

## **4. Allergen Awareness/Allergen Avoidance**

- 4.1 Part of the training (3.1 above) will include a statement of potential allergens at Whitgift School (nuts, peanuts, insect bites and latex) and a request that allergenic substances and products should not be brought to school.
- 4.2 The key responsibility for avoiding allergens lies with the anaphylactic individual and his/her family. They must observe the following guidelines:
- To eat only food which they have brought from home unless there is satisfactory evidence that it does not contain the particular allergen(s)
  - Wash hands before eating
  - Not share food, utensils or containers
  - Place food on a clean plate or a napkin rather than in direct contact with a desk or table

- 4.3** Those in charge of the school tuck shops will use their best endeavours to ensure that, unless they are clearly labelled, products containing nuts or peanuts are not sold in the tuck shops in their charge.
- 4.4** The School Kitchens will label clearly any food containing nuts or peanuts or liable to contain trace elements thereof.

Reviewed by the Second Master and the Senior Nurse: July 2018

Next review: August 2019