



Severe Allergies and Anaphylaxis Management Information

BPS welcomes pupils with allergies; we recognise that this is a condition which affects a growing number of young people.

All parents are informed of our **no nuts policy** before their child joins the school, and they are asked to check labels of bought products carefully to ensure that products do not contain nuts or nut derivatives. Pupils are reminded on a regular basis not to bring nut products or items containing traces of nuts into school. Food prepared by the school caterers is nut free. Pupils are discouraged from sharing food at school or on school trips in case of an unknown allergy. We do all we can to provide a safe, nut free environment.

Management of allergies in school

- Parents should inform the school of their child's allergy as soon as possible, and give updated information, as required, to the School Office
- Assistant Head Pastoral will discuss with parents the specific arrangements for their child and develop an individual protocol for the child
- Parents should teach their child how to manage their allergy, about safe and unsafe foods, how to recognise an allergic reaction and how and when to alert an adult
- Assistant Head Pastoral will inform all teaching staff and catering manager of the child's allergy and treatment
- Training will be given to all staff in the recognition and treatment of anaphylaxis, use of Adrenaline pen and how to summon help in an emergency
- Catering staff will take all reasonable steps to ensure suitable food is available and will advise pupils on ingredients and food choices as required
- Pupils with severe allergies should carry one Adrenaline pen with them at all times in school together with any other emergency medication e.g. Asthma inhalers, Antihistamines. **Pupils with mild allergies may leave their Adrenaline pen in the School Office, ideally with a spare in their classroom.**
- One (or more) spare Adrenaline pen(s) will be kept in an emergency pouch in the School Office. The pouch is clearly labelled with the child's name and will be accessible at all times during the school day. It contains essential medication and emergency contact details

- Specific arrangements should be made for after-school activities and for school trips and visits
- Parents are responsible for maintaining up-to-date supplies of medication.

Anaphylaxis

While many young people have mild allergic tendencies to a wide range of substances, the term anaphylaxis is reserved for the small number of children who demonstrate the severe symptoms. Anaphylaxis involves one or both of two features:

- Respiratory difficulty (swelling of the airway or asthma)
- Hypotension (fainting, collapse or unconsciousness)

This requires immediate medical attention; true anaphylaxis is fortunately very rare. The reaction usually occurs within minutes of exposure to the 'trigger' substance.

Common triggers include peanuts, tree nuts, eggs, cow's milk, shellfish, latex, insect stings and drugs such as penicillin and aspirin. This can be from – eating, touching, inhalation.

Symptoms may include any or all of the following:

- Swelling of the mouth or throat
- Difficulty in breathing, swallowing or speaking due to swelling of the airways
- Widespread itchy rash, 'hives', anywhere on the body
- Fast heart rate
- Abdominal pain and nausea
- Sudden feeling of weakness
- Loss of consciousness and collapse (due to low blood pressure)

Treatment

Treatment depends on the severity of the reaction.

- Reassure the casualty
- If possible, and prescribed, give antihistamine and or puffer
- Place casualty on floor
- Get urgent medical help
- If suspect severe reaction, see below...

Management of a Suspected Anaphylactic Reaction

- Place the casualty in the recovery position. Do not leave them.
- Immediately send someone to call an ambulance, phoning 999 and stating 'child with anaphylaxis'. Call a member of SLT, and contact the parents.
- Administer auto-injector (if prescribed) (kept in the pupil's bag and/or the staff room). Even if they have simply fainted and has not had an anaphylactic reaction, giving adrenaline will do no harm.
- Timing is crucial with regard to the treatment of true anaphylaxis. The injection should be given into the outer part of the upper thigh. The pen should be pressed hard into the thigh until it automatically fires and is held in place for several seconds.
- The injection area should be massaged for several minutes afterwards. The casualty must be kept lying down with legs elevated unless difficulty breathing then kept in the semi upright position.
- Their condition must be monitored throughout, and if breathing stops or her heart stops beating, resuscitation should be commenced, remember ABC.
- All pupils to whom an auto-injector has been administered should be sent to hospital by 999 ambulance call. The auto-injector, in a safe container, should be taken to hospital.
- Be prepared to administer a second dose of auto-injector if no response to the first dose.
- The event must be recorded and handed to the ambulance staff.

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