



The Park Federation
The Godolphin Junior Academy
Anaphylaxis Policy
2024-2025

Anaphylaxis Policy

Introduction:

The Godolphin Junior Academy aims to support pupils with allergies and to ensure that they are not disadvantaged in any way whilst at school as defined in Supporting Children with Medical Conditions Policy.

School Aims:

- To provide as far as practicable, a safe and supportive environment in which pupils with anaphylaxis can participate in all aspects of school life.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.
- To engage with parents/carers of pupils with anaphylaxis in assessing risk, developing risk minimisation strategies and management strategies for the pupils.
- To ensure that staff members have adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to anaphylactic reaction.

Definition of Anaphylaxis:

Anaphylaxis is a severe and potentially life-threatening reaction to a trigger such as an allergen. The whole body is affected, usually within minutes of exposure to the allergen and can get worse very quickly. In school aged children, the most common allergens are; nuts, eggs, fish, sesame seeds, insect stings, medication, cow's milk and fruit.

Signs and Symptoms of Anaphylaxis:

- Feeling lightheaded or faint
- Breathing difficulties
- Swelling of face, tongue, lips and throat
- Difficulty in swallowing
- Abdominal cramps and nausea

- Wheezing or difficulty in breathing
- Increased heart rate
- Collapsing or losing consciousness
- Itchy skin, raised red skin rash.

Medication:

In the most severe cases of anaphylaxis, people are normally prescribed a device for injecting adrenaline. The device, an Adrenaline Auto injector (AAI), looks like a large pen and is pre-loaded with the correct dose (depending on size and weight) of adrenaline. It is normally injected into the fleshy part of the thigh, sometimes through light clothing depending on the situation. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using this device. Each Adrenaline Auto injector is a pre-loaded single dose and can only be used once. In cases of doubt it is better to give the injection than to hold back. An ambulance should be called immediately. There are three adrenaline injectors available on prescription in the U.K: EpiPen, Jext and Emerade and information about each and how to use them can be found on the BSACI website.

School's Responsibility:

- To ensure that the policy is reviewed on a regular basis.
- School staff with anaphylaxis training to receive an update session with qualified training provider before it expires.
- To risk assess and manage pupils in all areas of school, including various activities and including trips outside of school.
- To ensure that medication is easily accessible at all times.
- Schools have systems in place to ensure that staff is aware of all pupils with anaphylaxis.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.

- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

Parent/Carer Responsibility:

- It is the parent/carers responsibility to inform the school if their child is at risk from anaphylaxis.
- To provide school with an up to date treatment plan or letter of authorisation from the prescriber.
- To provide school with all prescribed medications and ensure that they are in date. All pupils requiring an adrenaline auto-injector should have two adrenaline auto-injectors in school.
- To keep the school updated about the pupil's health and any changes.
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

Pupil Responsibilities

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.

Catering

- The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.
- Catering staff receive appropriate training and are able to identify pupils with allergies
- School menus are available for parents to view with ingredients clearly labelled

- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all [legal requirements](#) that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

Allergy Action Plans

Allergy action plans are designed to function as Individual Healthcare Plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction. Spring Common Academy recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plan to ensure continuity. This is a national plan that has been agreed by the BSACI, the Anaphylaxis Campaign and Allergy UK. It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

Emergency Treatment and Management of Anaphylaxis

What to look for:

- swelling of the mouth or throat
- difficulty swallowing or speaking
- difficulty breathing
- sudden collapse / unconsciousness
- hives, rash anywhere on the body
- abdominal pain, nausea, vomiting • sudden feeling of weakness

- strong feelings of impending doom
- Anaphylaxis is likely if all of the following 3 things happen:
- sudden onset (a reaction can start within minutes) and rapid progression of symptoms
- life threatening airway and/or breathing difficulties and/or circulation problems (e.g. alteration in heart rate, sudden drop in blood pressure, feeling of weakness)
- changes to the skin e.g. flushing, urticaria (an itchy, red, swollen skin eruption showing markings like nettle rash or hives), angioedema (swelling or puffing of the deeper layers of skin and/or soft tissues, often lips, mouth, face etc.)

Note: skin changes on their own are not a sign of an anaphylactic Sun Safety Policy reaction, and in some cases don't occur at all. If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction. Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment and it starts to work within seconds. Adrenaline should be administered by an injection into the muscle (intramuscular injection) What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

Adrenaline must be administered with the minimum of delay as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once the symptoms have become severe.

ACTION:

- Stay with the child and call for help. **DO NOT MOVE CHILD OR LEAVE**
- **UNATTENDED**
- Remove trigger if possible (e.g. Insect stinger)

- Lie child flat (with or without legs elevated) – A sitting position may make breathing easier
- USE ADRENALINE WITHOUT DELAY and note time given. (inject at upper, outer thigh - through clothing if necessary)
- CALL 999 and state ANAPHYLAXIS
- If no improvement after 5 minutes, administer second adrenaline autoinjector
 - If no signs of life commence CPR
- Phone parent/carer as soon as possible

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

Supply, storage and care of medication

The pupil's medication storage box should contain:

- accessible to all staff. One is kept in the classroom in the medication box and one in welfare.
- adrenaline injectors i.e. EpiPen® or Jext® (two of the same type being prescribed)
- an up-to-date allergy action plan
- antihistamine as tablets or syrup (if included on plan)
- spoon if required • asthma inhaler (if included on plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the class team will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant adrenaline auto-injectors their child is prescribed, to make sure they can get replacement devices in good time.

Disposal

AAls are single use only and must be disposed of as sharps. Used AAls can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a specialist collection service.

School trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight school trips may be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Sporting Excursions

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their cooperation with any special arrangements required.