



Kenmore Park Junior School

Moorhouse Road
Kenton
Harrow
HA3 9JA

ANAPHYLAXIS POLICY

Parents/Carers

The school relies on all parents to support the well-being of pupils. Please support us in this by ensuring:

1. You have completed any medical forms the welfare staff request.
2. Ensuring all medicines are in date and working. The medicine must have the child's name and dosage on the bottle and be prescribed by a doctor/hospital. The school may notify you when medication is out-of-date, but is not responsible for prescription updates.
3. First aid staff are present in school but are not permitted to administer medication without your consent. This means you may be required to come into school to give your child medication.

Anaphylaxis is the name given to a severe allergic reaction. Allergies to peanuts and tree nuts are the most common trigger for such reactions, but a number of other allergens can cause anaphylaxis, including egg, milk, fish, sesame, soya, penicillin, latex, kiwi fruit and insect stings. It can be life-threatening if it is not treated quickly with adrenaline. However, experts agree that it is very definitely manageable with precautionary procedures and support from school staff.

The number of children at risk of anaphylaxis is on the increase. One in 70 children in the UK is allergic to peanuts, and the number of those affected by other anaphylaxis-related allergens appears to be rising. Such children are not ill in the usual sense of the word, but otherwise healthy children who may become very unwell if they come into contact with a certain food or substance.

The symptoms can vary considerably. The milder reactions can involve itchiness or swelling in the mouth, an uncomfortable skin rash, sickness or nausea. Serious symptoms include a severe drop in blood pressure, in which the person affected becomes weak and debilitated, severe asthma, or swelling which causes the throat to close.

Kenmore Park Junior School

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Other symptoms which may be present during anaphylaxis are:

- ' flushing of the skin
- ' hives
- ' mounting fearfulness
- ' difficulty in swallowing or speaking
- ' changes in heart rate
- ' stomach pain
- ' collapse and unconsciousness

Anaphylaxis is treated with adrenaline – also known as epinephrine. This is available on prescription in the form of pre-loaded injection “pens”, the most common being the “Epipen”. In the event of a severe allergic reaction, the adrenaline should be injected into the muscle of the upper outer thigh, and an ambulance should be called. Milder reactions are sometimes treated with an antihistamine such as Piriton. In any case, careful vigilance should be maintained, as mild symptoms are often the sign that a serious reaction is imminent.

Drawing up individual health care plans

It is recognized that the risks for allergic children are reduced when an individual health care plan is in place. The plan should be drawn up and agreed between the child’s parents and the school. The plan should identify individual symptoms and triggers, day to day management, arrangements for medical emergencies, including support from school staff, type of prescribed medicine and its location, food management and precautionary measures. Contact details for family and GP should also be included. All care plans should be reviewed on a regular basis to ensure that they are still relevant to the needs of the child.

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Access to Medication

As part of its overall medicines policy, the school needs to establish viable procedures for dealing with incidents of anaphylaxis quickly and effectively, in order to minimise harm and distress to the child concerned. Part of this protocol will relate to the storage of medicines for use in treating anaphylaxis. Given the imperative for speedy administration in an emergency situation an epipen is kept in the classroom and also an epipen held in Welfare. Epipens should not be locked away.

Administration of Medicines

A vital component of the school's medicines policy will be that of key personnel involved in the administration of any medicines to students. It should be remembered that teachers' conditions of service do not include any legal or contractual obligation to administer medicine or to supervise a pupil taking medicine. Teachers who do volunteer to administer medicines should not agree to do so without first receiving appropriate information and training. In cases of accident and emergency, teachers must, of course, always be prepared to help as they and other school staff in charge of pupils have their general legal duty of care to act as any reasonable parent would. In such emergencies, however, teachers should do no more than is obviously necessary and appropriate to relieve extreme distress or prevent further and otherwise irreparable harm. Qualified medical treatment should be secured in emergencies at the earliest opportunity.

Any teacher volunteering to administer medicine to an allergic child in the event of an emergency should be provided with comprehensive training from local health services. During such training staff should have the opportunity to practice with trainer injection devices. Adrenaline pens are straightforward to use and very safe – it is not possible to give too large a dose, and the needle is not seen until after it has been withdrawn following the injection. **In cases of doubt it is better to give the injection than to hold back.**

It is important that there is somebody available at all times with the training to administer such medication, as in such circumstances speed of response is of the essence. It is advisable to have several people trained in this way, to ensure that cover is available in the event of staff absence.

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Checklist for Responding to Emergency Situations

All schools must have a clear emergency procedure for cases of anaphylaxis, which should include arrangements for:

- ‘ summoning an ambulance in an emergency
- ‘ treating the child if necessary whilst waiting for the ambulance to arrive
- ‘ where to find the adrenaline, ie. In a known place, accessible location and not locked away.
- ‘ who should administer the adrenaline and how they can be contacted swiftly in an emergency
- ‘ who else should be contacted in an emergency. These procedures should be agreed with the appropriate parties and clearly set out in the child’s individual care plan.

Remember that even if the child is only displaying mild symptoms, care should be taken to remain very vigilant as these signs might be the precursor to a more serious attack. The serious signs to watch out for can be summarized in the form of the following questions:

- ‘ Is the child having marked difficulty in breathing or swallowing?
- ‘ Does the child appear suddenly weak or debilitated?
- ‘ Is there a steady deterioration?

If the answer to any of these questions is yes, adrenaline should be administered without delay and an ambulance must be called.

There are a number of day-to-day considerations which schools may need to address in supporting children at risk of severe allergic reactions.

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Food and other potential allergens

Discussion with parents should inform the best approach for the individual child. Whilst a school may be happy that they can provide safe lunches for the child concerned, it might well be that parents prefer the element of control they can retain in providing a packed lunch.

Where packed lunches are taken, it is important that children do not share food with one another in case the allergic child unwittingly eats something containing an allergen.

The Anaphylaxis Campaign does not consider it good practice to segregate children at risk of anaphylaxis from their peers at mealtimes, as it could lead to stigmatization of the child concerned. Similarly, prohibitions on specific foods such as “nut bans” which have been introduced by some schools are not seen as the best way forward; allergic children should be able to develop an awareness of dealing with risks which prepares them for life outside the school environment.

Cookery lessons should be given careful thought, particularly with regards to the selection of ingredients and cleaning procedures.

Ratified by governors Sep 22

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