



**Guidance for schools in supporting
pupils with emergency medications
for the management of
Anaphylaxis**

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Supporting pupils at school with medical conditions

Introduction

These guidelines have been drawn up to provide basic information on the recognition of Anaphylaxis. It will describe the process for managing pupils in school, and identify responsibilities of parents, school and health professionals.

Roles & Responsibilities

Roles and responsibilities of governing bodies, head teachers, school staff, and school nurses are outlined in the document;

DfE (2014) Supporting Pupils at School with Medical Conditions, statutory Guidance for Governing bodies of maintained Schools and Proprietors of Academies in England, Crown Publishing, London.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/349435/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf

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- **Governing bodies** – must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. **Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.** They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.
- **Head teachers** – should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Head teachers should ensure that all staff who need to know, are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for

this purpose. Head teachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

- **School staff** – any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- **School nurses** – every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition. See also paragraphs 23 to 31 below about training for school staff.
- **Parents** – should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

School key responsibilities

1. The principal/designated teacher will notify the school nurse or doctor on becoming aware of a child requiring adrenaline/epinephrine in school.
2. The principal/designated teacher will make staff aware of the pupil's allergic condition, the arrangements in the action plan.
3. The principal/designated teacher will identify adequate numbers of willing staff to be trained in the treatment of anaphylaxis, including administration of adrenaline
4. The principal/designated teacher should inform staff of activities which could put the child at risk, and complete risk assessment as required.
5. The principal/designated teacher, the area catering manager and the parents should agree on the provision of school meals/snacks in order to avoid any food likely to cause an allergic reaction and where necessary, an agreed diet sheet should be provided to the school meals service.
6. The school staff will endeavour to ensure that other pupils are aware of the dangers of anaphylaxis.
7. The principal/designated teacher will ensure that the Parental agreement form for a school setting to administer medicine (Appendix 2, page 12).
He/she will discuss with parent(s) agreement to display child's photo on the Care Plan. The photograph should be updated annually.
8. The principal/designated teacher will ensure safe storage of and easy access to the medication, together with the Care Plan. All trained staff must be aware of where these are stored. **Emergency medication must not be locked away.**
9. The school will enlist the help of all other parents in minimising the risk of nut/allergen exposure perhaps by issuing a letter to all parents requesting assistance with exclusion of nuts. The school may wish to consider making school premises a nut-free/allergen-free zone.
10. Following an anaphylactic incident, a review/debrief involving relevant staff and school nurse should be arranged within a week if possible.
11. The school meals service will endeavour to ensure that "at risk" ingredients are not used

School trips, the school should make arrangements for the safe handling and transportation of emergency medication and relevant Care Plans.

Where school trips involve other agencies, their staff also need to be aware of the possible risk of anaphylaxis and informed whom to contact in an emergency. It may be useful to notify them in writing.

Parental responsibilities

1. It is the duty of parents to check the expiry date of emergency medication however, in some schools it has been found useful to use the EpiPen® *Expiry Date Alert Service*.
2. Parents should ensure the school is supplied with sufficient numbers of auto injectors. Inevitably schools are sometimes left with out of date medication. To avoid this the expiry date on medication should be checked by schools and parents alerted when medication needs to be replaced. Out of date EpiPens® / Anapens® must be returned to the parents for safe disposal.

What is an allergic reaction?

An allergic reaction happens when the body's immune system over-reacts to contact with normally harmless substances. An allergic person's immune system treats certain substances as threats and releases a substance called histamine to defend the body against them. The release of histamine can cause the body to produce a range of mild to severe symptoms. An allergic response can develop after touching, tasting, eating or breathing in a particular substance.

What is anaphylaxis?

- Anaphylaxis is a severe, life threatening, generalised or systemic hypersensitivity reaction (Resuscitation Council (UK), 2008).
- It is at the extreme end of the allergic spectrum.
- The whole body is affected usually within minutes of exposure to the allergen.
- It can occur within minutes of exposure to an allergen, although it can take several hours, it usually occurs within the first 2 hours after exposure.

Signs and symptoms

Mild or moderate symptoms

Tingling, itching or burning sensation in the mouth
Rapid developing skin rash - nettle rash/wheals/hives
Intense itching
Swelling, particularly of the face
Feeling hot or very chilled
Rising anxiety
Pale or flushed
Abdominal pain
Nausea and/or vomiting
Mild wheeziness

Severe symptoms

Difficulty in breathing

Hoarseness, noisy or wheezy breathing or croupy or choking cough

Decreased level of consciousness

Faint, floppy, very pale, blue lips, unresponsive

Collapse (unconscious)

Severe symptoms are life threatening TAKE ACTION

Anaphylaxis – August 2015

What can cause allergic reactions?

Foods

- For example:
- Nuts (especially peanuts)
- Fish and shell fish
- Eggs and milk

Rarely, people have an allergic response to fruit, vegetables and legumes. Legumes include pulses, beans, peas and lentils. Most allergic reactions to food occur immediately after swallowing although some can occur up to several hours afterwards.

Food allergies are more common in families who have other allergic conditions such as asthma, eczema and hay fever.

Insect stings

Reaction to an insect sting is immediate (within 30 minutes)

Natural rubber Latex

Some common sources of latex are:

- Balloons
- Rubber bands
- Carpet backing
- Furniture filling
- Medical or dental items such as catheters, gloves, disposable items.

Medicines

Medication rarely causes a severe allergic reaction in children.

How to avoid contact with allergens

The most important way to manage a child at risk of allergic reactions is to **avoid the substances that they are allergic to**. As soon as the child is able to understand and take part, it is important to involve them in avoiding the allergic substance.

Food

When a food allergy has been identified, it is essential that the young person does not eat even a minute quantity of the food that they are allergic to. A severe allergic reaction may also occur even on skin contact with that particular food.

A major problem with foods is the accidental exposure to a particular food - especially peanuts - when it is a concealed or it is an undisclosed ingredient.

Meal times

Commercially prepared foods contain hidden ingredients the allergic young person could react to severely. When a young person has a home-prepared packed lunch care is still needed to prevent inappropriate sharing of food.

Excursions

Allergic young people should not be excluded from excursions, but their safety should be assured by whatever additional precautions their individual management plan indicates.

Class-based activities

In the case of nut allergy nuts should be removed from these activities for an allergic child. Examples where peanuts may be used include in food technology as a cooking ingredient, in art for collage, in science to burn for calorific value estimation, in statistics to measure or weigh to determine the normal distribution. The oil used in play dough may contain nut oils.

At play

The ground under bird feeders may be littered with peanut fragments that constitute a significant hazard to nut-allergic young people. Sweets given to a young person may contain unexpected hidden nuts.

Insect stings

Here are some steps to help prevent the young person at risk from getting stung: -

- Ensure the young person wears shoes when outside.
- Avoid eating food outside.
- Avoid drinks in cans in the wasp season; boxed drinks with straws may be safer.
- When outside avoid open rubbish bins and keep food covered.
- Use insect repellents.

Latex

A severe allergic reaction is most likely to occur when Latex has come into contact with mucous membranes or directly with tissue. It is important to: -

- Warn doctors, dentists and paramedical staff, and hairdressers that the young person is allergic to Latex.
- Be aware of all substances that may contain Latex

Principles of treatment

Treatment of a severe reaction is with adrenaline (epinephrine) a drug given by injection in the treatment of anaphylaxis. Adrenaline (epinephrine) is a drug prescribed on an individual basis and must only be given to the named young person.

DO NOT BE AFRAID TO USE THE ADRENALINE (EPINEPHRINE) IN A SEVERE ALLERGIC REACTION.

THERE IS EVIDENCE TO SHOW THAT IN SEVERE ALLERGIC REACTIONS, IF ADRENALINE (EPINEPHRINE) IS GIVEN EARLY ON, THEN THE OUTCOME IS BETTER.

USING PRE-LOADED INJECTION DEVICES IN EDUCATIONAL and OUT OF EDUCATIONAL SETTINGS including CHILDMINDERS HOMES

Pre-loaded injection devices are obtained through a parent/carer, there are 2 dose sizes available.

PRE-LOADED INJECTION DEVICES DOSAGE

- Pre-loaded injection devices 0.15 mg epinephrine (adrenaline) for young people up to 30kg in weight (under 10 years of age).
- Adult Pre-loaded injection devices 0.3mg epinephrine (adrenaline) for young people over 30kg in weight (over 10 years of age).

Always have an **in date** pre-loaded injection device available where ever the young person goes, but the pre-loaded injection device should not be carried by the young person until they are over 10 years of age and considered sufficiently responsible.

The Oxfordshire Paediatric Allergy Service recommends the following number of pre-loaded injection devices

- Young people under 10 years of age: 2 pre-loaded injection devices at school and 1 or 2 at home.
- Young people over 10 years of age: 1 at school, 1 at home and 1 with the young person.

Keep an action plan and agreement with the pre-loaded adrenaline (epinephrine) injection devices.

Oxford Health NHS Foundation Trust Recommendations

- 1) It is not necessary to carry two auto-injectors in case one fails to fire.
- 2) Where possible adults and children with diagnosed allergy should be encouraged to carry an auto-injector at all times.
- 3) When this is not appropriate, an additional supply to be kept in a safe place at school may be considered appropriate to prescribe.
- 4) Patients requiring adrenaline auto injectors should request a new supply before the old device expires. This will allow the pharmacy to obtain one direct from the supplier so maximising the active life of the medicines whilst in the patient's possession (out of date devices are returned to parent's/carers for disposal to return to any pharmacy)
- 5) All adults within the establishment / setting should be aware of where the pre-loaded injection devices are stored, if they are carried by the young person and what they should do in an emergency.

The above recommendations allows for flexibility in the prescribing of adrenaline auto-injectors. This should be undertaken on an individual basis for the child/young person in consultation with the prescribing doctor, patient/carer and the head of establishment

Appendix 1

Action Plan and patient information forms

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:



Emergency contact details:

1)



2)



Child's
Weight: Kg

How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP



SWING AND PUSH ORANGE TIP against outer thigh (with or without clothing) until a click is heard



HOLD FIRMLY in place for 10 seconds



REMOVE EpiPen®. Massage injection site for 10 seconds

Keep your EpiPen device(s) at room temperature, do not refrigerate.

For more information and to register for a free reminder alert service, go to www.epipen.co.uk

Produced in conjunction with:



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www.bsaci.org Approved Oct 2013

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Give antihistamine:
- Contact parent/carer (if vomited, can repeat dose)

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

- AIRWAY:** Persistent cough, hoarse voice, difficulty swallowing, swollen tongue
- BREATHING:** Difficult or noisy breathing, wheeze or persistent cough
- CONSCIOUSNESS:** Persistent dizziness / pale or floppy suddenly sleepy, collapse, unconscious

If ANY ONE of these signs are present:

1. Lie child flat. If breathing is difficult, allow to sit
2. Give EpiPen® or EpiPen® Junior
3. Dial 999 for an ambulance* and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

If in doubt, give EpiPen®

After giving EpiPen:

1. Stay with child, contact parent/carer
2. Commence CPR if there are no signs of life
3. If no improvement after 5 minutes, give a further EpiPen® or alternative adrenaline autoinjector device, if available

*You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Additional instructions:

This is a medical document that can only be completed by the patient's treating health professional and cannot be altered without their permission.

This plan has been prepared by: _____

Hospital/Clinic: _____



Date: _____

Appendix 2

Parental agreement form for a school setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	Follow the Allergy Action Plan

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

Appendix 3

Notification of an anaphylactic event to be sent to Child's GP

Date and Time of event

School/Setting

Brief description of event, action taken and outcome:

Batch number of pre-loaded injection device

Expiry date

Name (PRINT) Signature.....

✂.....

Notification of an anaphylactic event to be sent to School Nurse Team

Young person's nameDOB.....

Address.....

.....

G.P. Practice/Health Centre

Date and Time of event

School/Setting.....

Brief description of event, action taken and outcome:

Batch number of pre-loaded injection device

Expiry date

Name (PRINT)Signature

Appendix 4

Anaphylaxis Training Record

NAME OF ESTABLISHMENT/SETTING:

Oxfordshire County Council fully indemnifies its employees against claims for alleged negligence providing they are acting within the scope of their employment. For the purposes of indemnity, the administration of medicines falls within this definition and hence employees can be reassured about the protection their employer provides. In practice the indemnity would cover trained employees for any consequence arising from either a failure to administer the treatment or the administration of the treatment itself.

One copy OF THIS VOLUNTEER LIST to be retained by School Health Service

One copy of trained volunteers to be sent by school to your insurance provider

Local Authority Maintained Establishments/Settings training records to be sent to

Oxfordshire County Council, Children, Young People & Families Directorate

Health & Safety Team, Shared Service Centre,

Chiltern House, Garsington Road, Oxford OX4 2PG

Date received

Non County Council Establishments and Childminders must notify their insurance company (in writing) that they are caring for a young person who has been prescribed a pre-loaded injection device.

For non Local Authority Maintained Establishments – send copy of trained volunteers, as required to nominated Insurance Company/Provider

Appendix 5

Volunteers trained in the management of anaphylaxis - one person to be available at ALL times.

	Name	Signature	Date
1...			
2...			
3...			
4...			
5...			
6...			
7...			
8...			
9...			
10.			
11.			
12.			
13.			
14.			
15.			
16.			

I confirm that the volunteers above have completed the relevant training, that all volunteers have been reminded of the need for a current first aid certificate if insurance provided by OCC. All other establishments must check the requirements of their insurance company. As a minimum, volunteers must undertake the Appointed Persons Emergency Aid Training. They have also been advised to undertake any further resuscitation training as required, relevant to the size and age of the young person concerned.

Signed:..... **Date:**

Signature of Registered Nurse

Name: (Print)..... **Job Title:**

Base Address:

Telephone:.....**Email:**.....

Appendix 6

EMERGENCY MEDICATION TRAINING CHECKLIST		
OXFORDSHIRE SCHOOL HEALTH NURSING SERVICE		
ADRENALINE (EPINEPHRINE)		
School/Establishment/Setting:		No of staff present
TOPIC	DISCUSSED Y/N or N/A	NOTES
Parent present for training?		
Anaphylaxis - general causes - incidence		
Prevention		
Type of allergy		
Signs and Symptoms: - general - specific to individual		
Treatment		
Young Person's medical / allergy history		
Attendance at Allergy Clinic		
ADMINISTRATION OF ADRENALINE (EPINEPHRINE)		
Managing an emergency situation: - history of events - calling for help/ambulance - getting the emergency pack - giving anti histamines and inhaler - giving the adrenaline injection		
Administration technique: Which auto injector?		
The importance of noting the time given		
Effect of adrenaline (epinephrine)		
Safe disposal of pre-loaded injection device		
First aid certificate required if insurance from OCC		
Lunchtimes / after and out of school activities		
Transport		
Contents of Emergency Pack		
Storage of pre-loaded injection devices and Emergency Pack		
Responsibility of school staff		
Indemnity / insurance		
Notification of event / near miss		
On going support		
Name of trainer:	Date:	

