

Earlscliffe (Sussex Summer Schools Ltd)

SEVERE ALLERGIC REACTION (ANAPHYLAXIS) POLICY

For all Staff

Aim

To work in partnership with pupil, parents, school staff, nurses and doctors to provide a safe environment for the pupil who is at risk of severe allergic reaction.

Background

As with asthma, the true incidence of food allergy, and in particular peanut allergy, is increasing; up to 1 in 70 children is sensitised to peanut and about half of these will experience symptoms on exposure. Unfortunately there is also a large number of people who believe they have a food allergy but who do not in fact have an allergy in the medically recognised sense.

Ideally, all individuals with suspected food allergy should be assessed at a recognised allergy clinic, especially if anaphylactic features are reported. A list of NHS allergy clinics is available from the British Society for Allergy and Clinical Immunology (BSACI) – see links at end.

Identifying Individuals at Risk

The medical histories of new pupils should be carefully scanned to identify possible cases. Medical questionnaires not returned by the start of the term should be energetically chased. New student medical should be arranged with School GP if there is a significant medical condition that requires advice and guidance to be given to how the college support the student.

A widespread urticarial rash, swelling of the mouth, tongue or throat, abdominal pain, nausea or vomiting, wheezing and especially **fainting or collapse** after eating the allergen suggest a potentially serious sensitivity. In most series, the following factors were associated with a fatal outcome:

allergy since early infancy

co-existing asthma

young age

The observed strength of the reaction is the most reliable guide to the severity of the condition. Blood tests for IgE antibody can identify potential allergens, but are not a reliable guide to the degree of risk. As with all laboratory tests, they must be interpreted in the light of the clinical picture. If there is a clear history of anaphylaxis, even a weak IgE reaction is significant.

Advice to Sufferers

Avoiding the allergen is the mainstay of prevention. They must be aware that peanut may be found "hidden" in a variety of unlikely foods. These include cooking oils, sweets, puddings, ice-creams and confectionery, pie cases and crusts, gravies and sauces. In very sensitive individuals, the reaction is so strong that merely licking the food or touching it to the lips produces a noticeable reaction, and this can be a useful screening test for suspect foods.

Which other foods might cause concern?

Although peanuts are actually peas (legumes) and not nuts, serious allergy to true nuts (walnuts, almonds, brazils and so on) also occurs, sometimes in association with peanut allergy. Shellfish and true fish can also cause anaphylaxis. There is sometimes cross-sensitivity between peanut and soya, but in such cases soya products themselves do not carry the risk of serious anaphylaxis.

Egg sensitivity occurs in younger children, but this is not a danger with teenagers. Many other foods, including strawberries and some mushrooms, can cause an unpleasant urticarial reaction, but fatal anaphylaxis is not seen.

Policy:

Parents will keep the school up-to-date about any changes to their child's medical status.

Staff will be briefed about the pupils who are at risk of anaphylaxis and kept updated.

Catering will consider exclusion of certain foods i.e. peanuts. Foods must be labelled if Containing any nuts or know allergen of a pupil.

An annual training session will be held for all the above staff, except in the kitchen, about anaphylaxis and emergency treatment as per the school procedure.

It is the responsibility of all staff to be aware of whom these pupils are. Information is posted on Staff Room , Kitchens, academic administrator and Nurse office.

Parents will be invited to discuss their child's condition with the medical department so a plan of care can be compiled.

Due to the possible risk of contamination a parent may request exclusion of their child from dining and provide a suitable mid morning snack, lunch and tea.

It is the responsibility of the parents to provide at least two Epipens for use in school at all times. These should be labelled with a prescription label for the relevant pupils.

Epipens are kept in two sites. One in the college nurse office and one in Deputy Head's office, and one in appropriate boarding lodge

A pack of Piriton tablets is to be stored in the medical cabinet in nurse office.

Expiry dates for Epipens and Piriton will be checked at the beginning of each term.

Pupils should be encouraged to be responsible for their own emergency kit and carry it with them at all times.

As some of these pupils also suffer with asthma, an aerochamber / and ventolin inhaler is available in the nurse Office and Deputy Head's office.

These pupils should not be discouraged from taking part in off site visits. For such visits, liaison will take place with the parents. The pupil must always take their individual emergency bag with them. The member of staff in charge of the pupil must be trained in administering emergency treatment.

Parents must keep the school updated of any changes to their contact details.

Ref. Anaphylaxis Campaign www.anaphylaxis.org.uk

British society for allergy and immunology (BSACI) www.bsaci.org

Tel: 02074040278

Procedure for Managing Allergic Reactions**Mild Reaction:**

Hives, Facial Tingling, Eye Irritation, Sore or Itchy Throat/Mouth, Tummy Ache and Vomiting, Possible Accidental Ingestion. (not necessarily all of these symptoms)

1. Call college Nurse or school office.
2. Give Piriton as per instruction on pack
3. Observe and record changes.
4. Contact Parents.

Severe Reaction (Anaphylaxis):

Collapse, Marked Swelling of Face/Throat/Tongue, Blue Lips, Dribbling, Can't Swallow/Speak, Severe Breathing Difficulty. Sense of impending doom, (Not necessarily all of these symptoms)

1. Stay with pupil. If in doubt give adrenaline, if not needed unlikely to cause harm but its omission could be fatal.

2. If able, pupil may self administer EPIPEN. Otherwise staff member may give (straight into the outer thigh through the clothes, midway between the hip and the knee, above side trouser line). Note the time.
3. Send someone to dial 999 - say "anaphylactic reaction". Contact Nurse office.
4. Assess condition. a) If no, or only slight improvement after 5 minutes a second EPIPEN can be administered. b) if recovery quick give
5. Send someone to direct ambulance. When it arrives tell them adrenaline has been given for an allergic reaction.
6. **If pupil becomes unconscious** check Airway, Breathing, Circulation and commence CPR if necessary. If not place in recovery position.
7. If reaction is due to an insect sting remove if possible than apply ice pack to area.
8. Ring parents.
9. Debrief, write incident report.