



# ALTRINCHAM GRAMMAR SCHOOL FOR BOYS

## ANAPHYLAXIS CARE AND SUPPORT POLICY

**Nominated Lead Member of Staff:**

**SB**

**Last Review Date:**

**November 2025**

**Next Review Date:**

**November 2026**

### **Policy Statement**

All professionals working within the School will follow the guidance as set out within this Policy. This Policy and its accompanying procedures etc applies to all the professionals/carers who provide care and support within the School to children and young people with anaphylaxis.

# Contents

	<u>Page</u>	
<b>1</b>	<b><u>Policy</u></b>	
<b>1.1</b>	<b>What is Anaphylaxis?</b>	<b>3</b>
<b>1.2</b>	<b>Symptoms of allergic reaction</b>	<b>3</b>
<b>2</b>	<b><u>Management of a child with a prescribed Auto-Injector</u></b>	
<b>2.1</b>	<b>Receipt of referral</b>	<b>4</b>
<b>2.2</b>	<b>Training</b>	<b>4</b>
<b>3</b>	<b><u>Care Planning</u></b>	<b>4</b>
<b>4</b>	<b><u>Role of the School nurse</u></b>	<b>5</b>
<b>5</b>	<b><u>Management of a Student with a Prescribed Auto-Injector</u></b>	<b>5</b>
<b>5.1</b>	<b>Presentation</b>	<b>5</b>
<b>5.2</b>	<b>Preventative Measures</b>	<b>6</b>
<b>5.3</b>	<b>Treatment in all cases</b>	<b>6</b>
<b>6</b>	<b><u>Guidelines for using an Adrenaline Auto-Injector</u></b>	<b>7</b>
<b>7</b>	<b><u>Responsibility</u></b>	<b>8</b>
<b>8</b>	<b><u>Schools Emergency Auto-Injector</u></b>	<b>9</b>

## Appendix 1 to 5

Care Plan

## Appendix 6

Anaphylactic Reaction Record

## Appendix 7

Parental Consent Form (Electronic Submission) to use Schools Emergency Auto-Injector

## **1. Introduction**

### **1.1 What is anaphylaxis?**

Anaphylaxis is a severe and sometimes life-threatening allergic reaction. It may be triggered by allergens, or allergy provoking proteins, which commonly include foods such as eggs, cows' milk, shellfish and nuts, particularly peanuts. Anyone may react in such a way for the first time at any age.

### **1.2 Symptoms of allergic reaction**

Symptoms usually occur immediately after exposure to the offending allergen although they can occur after a few hours. They may vary in severity in individual children and in response to different allergens.

**Symptoms may include the following:**

- A feeling of being unwell with flushing of the face and neck.
- Urticarial rash (nettle rash/hives).
- Sweating, nausea, vomiting and diarrhoea.
- A feeling of itchiness, particularly around the mouth and tongue — 'funny' metallic taste in mouth.
- Swelling of the face, eyelids and lips and sneezing.

**Severity increases with progression to:**

- A rapid weak pulse.
- Wheezing, noisy breathing and shortness of breath.
- Difficulty swallowing which may lead to dribbling.
- Feeling faint or floppy
- A hoarse voice and/or feeling a lump in the throat.
- Anaphylactic shock: loss of consciousness, obstruction of the airways and possible cardiac arrest.

## **2 Management of a Child with A Prescribed Auto Injector**

### **2.1 Receipt of referral**

Information that a student has a serious allergy and may be prone to anaphylaxis may come from a number of sources, including Parents/Carers, consultant paediatricians, CCNT, (Children Community Nursing Team) other hospital doctors or the student themselves.

Where information is received — relating to an individual student it will be actioned as follows:

- For students attending a Trafford school, information is to be directed to named school nurse.
- Once a referral has been received by AGSB, students who have anaphylaxis are recorded on the School system which can be accessed by members of staff. This states their allergy, what medication they require and whether they have medication held in the School office. The School catering company, currently Sodexo, is also notified so their records can be updated.

## 2.2 Training

Training of school staff is the responsibility of the School. Designated AGSB staff will delivery in house training. Appropriate members of staff will attend these sessions. The School will be provided with a Trafford approved training presentation, a blank care plan and a link to a relevant websites.

## 3 Care Planning

The Parents/Carers will provide school with an appropriate Care Plan for their child. If your child does not have a Care Plan then Parents/Carers will be provided with a blank form to complete (see Appendix 1). It is Parents/Carers responsibility to ensure the Care Plan is updated.

All AAI's (e.g. EpiPen/Jext) are kept in a central location in an unlocked cupboard at school. Each student must carry their own auto-injector at all times which been clearly labelled with their name and form. We also require a spare auto-injector to be held in the School office which is labelled clearly with your child's name and form and it must be in its original box, with the pharmacy label stating your child's name, dosage and details of administration if appropriate. It is the Parents/Carers responsibility to provide schools with in date AAI's and the School cannot be held responsible if an emergency occurs and the AAI is not in date,

Following any incident in school involving an anaphylactic reaction, the School Nurse should offer a support session to school staff/pupils/Parents/Carers

## 4 Role of the School Nurse

The Trafford Community Nursing team will work within the DfE guidance Supporting pupils at school with medical conditions December 2015

- Parents/Carers should request and ascertain written, personalised information, including symptoms experienced by the student and a care plan, direct from the prescriber. This will be either GP or Hospital Paediatrician. If the prescriber has not formulated a Care Plan, then Parents/Carers and school should do so. A blank Care Plan is attached in Appendix 1.
- Day-to-day management of the student is the responsibility of the School including obtaining parental consent prior to any action.
- **If a student has an anaphylactic reaction they must be sent by ambulance to hospital whether full recovery is noted or not.** Parents/Carers should always be informed immediately after alerting the ambulance service.

## 5. Management of A Student with a Prescribed Auto Injector

A copy of each child's Care Plan and contact details are held in the School office with the child's medication and is easily accessible to all staff. These are also included in the medical database.

### 5.1 Presentation

Information that a student has a serious allergy and may be prone to anaphylaxis may come from a number of sources, including Parents/Carers, consultant paediatricians, CCNT, other hospital doctors or the student themselves.

If the information is received it is the responsibility of the School to ensure that liaison occurs with the appropriate health professional to facilitate training and care planning.

A laminated copy of the "signs to look for" flowchart should be displayed in staff rooms and specific classrooms, in prominent positions easily seen by all staff.

## 5.2 Preventative Measures

Prevention is the first and most important step to take.

- AGSB's caterers are provided personal details of pupils' allergies and AAI users (GDPR compliant). This information is linked to the pupils' personal cashless payment card and 'flags' their status at the till. Pupils advised accordingly using the allergens sheet from that day's menu.
- All staff coming into contact with the student should be alerted to the fact that the student has a serious/life threatening allergy to a particular allergen.

Some preventative measures that should be considered are as follows:

- The student needs to be educated, at an age-appropriate level, on the risks of eating foods/coming into contact with an allergen which is dangerous to them.
- Sometimes, unfortunately, the allergen is not "visible" and may be present as part of a food mixture. The sensible approach is to counsel the student not to accept treats from friends. Alternative suitable treats provided by Parents/Carers could be kept with or for the student.
- A packed lunch is a sensible option for student eating in early year's settings and schools. Should there be a strong wish for the student to eat school meals, it may be sensible to exclude the offending food (e.g. peanuts in any form) from the School menu. Otherwise, an individually prepared meal will be required. All Parents/Carers with a child with an allergy must complete the allergy form for the School Catering Team. This form is included in the Year 7 Induction Pack of information.

## 5.3 Treatment in all cases

These are the steps to be taken when a student is recognised to be having an anaphylactic reaction. All staff should be able to provide help with steps (1) to (6) and (8) to (10). Where possible and where staff is happy to undergo training by the health professionals, the actions described in step (7) can be carried out by named staff.

1. Call for help.
2. Maintain in comfortable position while conscious.
3. If unconscious, place the student in the recovery position, loosen clothing and do not overcrowd.
4. One member of staff should stay with the student at all times to monitor signs. **Never leave the student unattended.**
5. One member of staff should contact the emergency services by Telephone (999), stating that the student is having an anaphylactic reaction to convey the urgency of the need for help.
6. Parents/Carers should then be contacted.
7. Adrenaline to be administered via an AAI (e.g. EpiPen/Jext) by a trained individual.

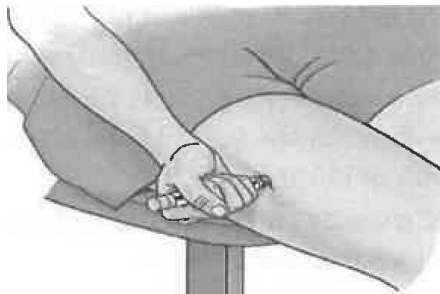
8. Make record of signs and action taken on anaphylactic reaction record card (Appendix 6 - copy to go with child in ambulance and copy to the School Nurse records).
9. Ensure replacement of oral medication or an AAI (e.g. EpiPen/Jext) used via Parents/Carers on the student's return to school.
10. Inform the School Nurse of events and liaise with health professional for ongoing support following on from the incident.

Training in the administration of prescribed drugs for the treatment of anaphylaxis should be undertaken with consenting named staff/professionals. It is important to remember that it is safer for the student at risk of an anaphylactic reaction to use an an AAI (e.g. EpiPen / Jext) rather than to withhold treatment because of any anxiety regarding its use.

## 6 Guidelines for using an Adrenaline Auto-Injector

Give the injection into the middle of the outer/front thigh. The injection can be given through clothing.

- Remove the injector from the packaging.
- Remove the safety cap.
- Hold the injector firmly in your fist, place on thigh with the tip at right angles to the skin.
- Press hard onto thigh



- Press hard (there should be a click)



- AAI (e.g. EpiPen/Jext) - Press the trigger at the top



- Hold in place for 10 seconds
- Remove the pen and rub the area for 10 seconds

- Call an ambulance even if the child improves.
- Stay with the CYP

If no improvement occurs a second dose may be given after 5 —10 minutes. If a second dose is required where possible choose the opposite leg.

The child will require a period of hospital observation.

Ensure the child is in a comfortable position, preferably lying down with legs elevated unless there are breathing difficulties.

## **7 Responsibility**

The Safeguarding team, CCNT and School Nursing team should provide advice, support, education and training regarding all aspects of Anaphylaxia management to school on a regular basis. This health care team should ensure that the School has access to up to date resources and current recommendations regarding appropriate Anaphylactic care for pupils with Anaphylaxia.

The School has a common law 'duty of care' to act in the same manner as a responsible Parents/Carers, to ensure pupils with Anaphylaxia are healthy and safe.

The School must make 'reasonable adjustments' to ensure pupils with Anaphylaxia are not put at a substantial disadvantage in comparison to those who do not have Anaphylaxia.

Parents/Carers have the prime responsibility for their child's health and should provide school with sufficient information about their child's Anaphylaxis. They should arrange a meeting with the appropriate SEND colleague, form tutor or Head of Year before the pupil starts school or when Anaphylaxia first develops.

It is the responsibility of the Parents/Carers to provide the School with in date AAI's. Although School can remind Parents/Carers that an AAI is out of date and a new one is needed, School cannot be held responsible if an emergency occurs and the AAI is not in date.

This Policy is to be viewed in conjunction with AGSB Supporting Children with Medical Conditions Policy.

## **8 Schools Emergency Auto-Injector Kit**

The School holds an emergency auto-injector for back-up and the following is the protocol for its use:

- The auto-injector will be kept in the School office.
- A copy of the auto-injector register will be kept with the emergency auto-injector.
- The School will obtain electronic consent for use of the emergency auto-injector.
- The School will ensure that the emergency auto-injector is only used by children with anaphylaxis and we hold written parental consent for its use (unless otherwise advised by an appropriate medical professional e.g. 999).
- The School will provide appropriate support and training for staff in the use of the emergency auto-injector in line with the School's wider policy on supporting pupils with medication needs.

- The School will keep a record of the emergency auto-injectors use and inform Parents/Carers that their child has used the emergency auto-injector.
- Students are still required to carry their own prescribed auto-injector, correctly labelled at all times and Parents/Carers are to provide a back-up auto-injector to be held in the School office, as per section 3 of this Policy.

## Appendix 1 – Care Plan

### Anaphylaxis/Allergy Treatment Plan

Name:	
DOB:	
Address (Including Parents/Carers contact details):	
NHS number:	
Next of kin:	
School /Nursery/name/address:	
School Nurse/ Health Visitor name/contact details/base	
GP name/address:	
Consultant name/address:	
Allergies to:	
Symptoms at last reaction; Mild/moderate: Severe:	
Medication prescribed/Management plan:	
Date of last annual update/Due:	

<b>Name:</b> _____		<b>DOB:</b> _____	
<u><b>Problem</b></u> _____ is at risk of allergic reaction / anaphylaxis due to _____		Signature	
		Date	
<u><b>Goal</b></u> To prevent and treat Allergies/ Anaphylaxis. To maintain safety at all times.			
<u><b>Action</b></u> 1. Ensure that _____ carries their medication at all times, ensuring that they are within their expiry dates.  Avoid any triggers these include: _____		<u><b>Rationale</b></u> To ensure appropriate treatment is available at all times.  To prevent an Allergic reaction occurring if at all possible.	
2. Monitor _____ for signs of Allergy/Anaphylaxis. <ul style="list-style-type: none"> <li>• Vomiting/tummy pain</li> <li>• Hives / itchy skin rash.</li> <li>• Difficulty breathing.</li> <li>• Flushing of the skin.</li> <li>• Tingling / itching of the mouth.</li> <li>• Swelling of the throat and mouth.</li> <li>• Rapid weak pulse.</li> <li>• Sudden feeling of weakness.</li> <li>• Collapse and unconsciousness.</li> </ul>		To be aware of any adverse reactions.	
3. Administer oral antihistamine for mild/moderate reactions (if prescribed).  - followed by inhaler (if prescribed) for wheeze/shortness of breath.  Inform Parents/Carers.		To treat an Allergic reaction as quickly as possible.	
4. Ring 999 for an ambulance following severe reaction. Inform the call centre that the patient has had an anaphylactic reaction, administer Adrenaline auto-injector pen and encourage child to sit in a comfortable position with legs raised. Inform Parents/Carers		Used Adrenaline auto-injector pens must be stored safely kept to show paramedics/medical staff.  Child must attend A&E if Adrenaline auto-injector pen has been administered.	
5. Administer the second Adrenaline auto-injector pen if no improvement.		As per protocol to ensure reaction is treated accordingly.	

## Appendix 2

Name of Child:
Dob:
Address:
NHS number:
School /Nursery/name/address:

Parental Consent	
<p>I consent to members of school staff, who have been trained in allergy/ anaphylaxis by the School Nurse, providing planned allergy/ anaphylaxis care/ treatment to my child as detailed above.</p>	
<p>I confirm I have parental responsibility.</p>	
Name:	.....
Signature:	..... Date: .....

### Appendix 3

## MANAGEMENT OF ANAPHYLAXIS USING A PRESCRIBED AUTO-INJECTOR

Child presents with sudden illness displaying one or more of the symptoms listed (usually within minutes of contact with a known allergen)

Call an ambulance (specify the problem is anaphylaxis), and collect auto injector.

Contact the child's parents

Ensure the child is in a comfortable position – usually lying down with feet elevated unless there are breathing difficulties.

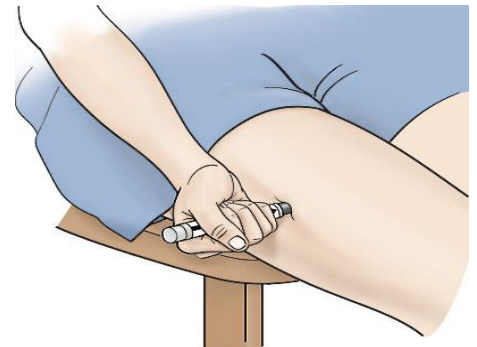
Adrenaline should be administered into outer side of thigh between knee and hip as soon as possible, by an individual who has received training in the administration of an auto-injector.  
Time of dose to be noted and used auto-injector to be retained.

If the child is not breathing or without pulse basic life support should be commenced.  
If there is no improvement within 5 minutes, a second injection may be given.

Staff member must accompany the child to hospital, together with any documentation and used/unused auto-injectors.

### **SYMPTOMS MAY INCLUDE:**

Swelling of throat, mouth or tongue  
Difficulty in swallowing or speaking  
Alterations in heart rate  
Severe difficulty breathing  
Sudden feeling of weakness (drop in blood pressure)  
Collapse and unconsciousness  
There can also be abdominal cramps, nausea and severe diarrhoea



## Appendix 4

### Directions for using Adrenaline auto-injector: (Epi Pen/Jext Pen)

Procedure	Rationale
<p>In the event of a severe allergic/anaphylactic reaction, dial 999 record the time.</p> <p>Sit the child in a comfortable position with legs raised.</p> <p>Remove the Adrenaline auto-injector from its box and packaging.</p>	<p>For medical help to be on its way.</p> <p>To be aware of the time adrenaline is administered.</p> <p>To counteract the drop in blood pressure from the severe reaction.</p> <p>In preparation of administering the Adrenaline auto-injector pen.</p>
<p>The Adrenaline auto-injector (AAI) pen should be held firmly in the hand by claspng it with a fist. (Do not hold like a writing pen as it may slip.)</p>	<p>Ensure a firm grip and avoid error in administration.</p>
<p>The injection should be given into the thigh muscle, into the outer middle of the leg.</p>	<p>To adhere to manufacturers guidelines/Safest form of administration in a community setting.</p>
<p>Pull off grey/Yellow safety cap</p>	<p>To allow device to activate</p>
<p><b>AAI's</b></p> <p><b>EpiPen:</b> Using mild force from about 10-50cm away from the leg, swing and press the EpiPen in to the outer thigh.</p> <p><b>Jext pen:</b> Press the pen against the leg into the outer thigh. A click will be heard.</p>	<p>To ensure enough force is used to activate the pen's mechanism/to adhere to manufacturers guidelines.</p>
<p>Hold the Adrenaline auto-injector pen against the leg for 10 seconds.</p>	<p>To ensure all of the medicine is delivered into the muscle.</p>
<p>Massage area for 10 seconds.</p>	<p>To adhere to manufacturer's instructions, allow maximum distribution of medication.</p>

## Appendix 5

### Storage of Adrenaline auto-injector pen

<b>Procedure</b>	<b>Rationale</b>
The Adrenaline auto –injector pen should be stored inside the yellow tube and then inside a Tupperware container with other allergy medication prescribed.	<p>The yellow tube protects the medication as it is light sensitive.</p> <p>The Tupperware box is durable so will protect the pens/medications from damage.</p>
Place child’s name on front of box. Schools/Nursery may wish to place a picture of the child also on the box, with a copy of the child specific action plan.	To ensure the correct medication is administered to the correct child and reduces confusion in an emergency situation.
Ensure expiry dates are regularly checked. It is recommended that the paperwork inside the Adrenaline auto-injector pen box is posted for registration, via royal mail to address provided to ensure the family receive a reminder when it is due to expire. This can also be carried out online.	To inform Parents/Carers/professionals when a pen will expire, to allow them to order a new pen via their GP.

## Appendix 6

### Event Record for Allergic Reactions

Patient name: \_\_\_\_\_

Date and time of reaction: \_\_\_\_\_

GP: \_\_\_\_\_ Specialist: \_\_\_\_\_

#### Suspected trigger/s (if known)

Food /s \_\_\_\_\_

Stings or bites (e.g. bee, tick) \_\_\_\_\_

Drug \_\_\_\_\_

#### Signs/Symptoms

##### Mild or Moderate

- Hives
- Tingling Mouth
- Swelling of lips
- Vomiting
- Abdominal pain

##### Severe (anaphylaxis)

- Tightness in Throat
- Difficult/noisy breathing
- Difficulty talking/hoarse voice
- Swelling of tongue
- Hives

- Persistent dizziness
- Collapse
- Pale and floppy
- Wheeze
- Persistent cough

Location of reaction - \_\_\_\_\_

#### Activity immediately before reaction:

Eating       Exercise       Other \_\_\_\_\_

#### Other medical conditions

Asthma       Other \_\_\_\_\_

#### Previous Allergic reactions

Mild-Moderate       Severe (anaphylaxis)

Allergen/s \_\_\_\_\_

#### Adrenaline Autoinjector Prescribed

Yes       No

## APPENDIX 7

### CONSENT FORM: USE OF EMERGENCY ADRENALINE AUTO INJECTORS IN SCHOOL

#### Information collected via electronic submission

- 1 | Child's name:
- 2 | Registration Form:
- 3 | I can confirm that my child has been diagnosed as being at risk of anaphylaxis and has been prescribed an adrenaline auto injector.
- 4 | My child has a working, in-date adrenaline auto injector, clearly labelled with their name, which they will bring with them to school every day.
- 5 | In the event of my child displaying symptoms of anaphylaxis, and if their auto injector is not available or is unusable, I consent for my child to receive adrenaline from an emergency auto injector held by the School for such emergencies.
- 6 | Parent/Carer name:
- 7 | Contact telephone number:
- 8 | Email address:

Automatically collected:

Time and date created (by Parent/Carer)

Time and date updated (by Parent/Carer)