Allergy and Anaphylaxis Policy

St. John the Baptist’s College

A blue shield with a white dove and a white sheep

Description automatically generated

September 2023

School Allergy and Anaphylaxis Policy

Allergy is the response of the body’s immune system to normally harmless substances. These do not cause any problems in most people, but in allergic individuals the immune system identifies them as ‘allergens’ and produces an inappropriate ‘allergic’ response. This can be relatively minor, such as localised itching, but it can also be much more serious, causing anaphylaxis which can lead to breathing problems and collapse. Common allergic triggers include nuts, cow’s milk and other foods, venom (bee and wasp stings), drugs, latex and hair dye. The most common cause of anaphylaxis in children/young people are foods. Symptoms often appear quickly and the ‘first line’ emergency treatment for anaphylaxis is adrenaline which is administered with an adrenaline auto-injector (AAI).

I. Purpose

The purpose of this policy is to create a safe and inclusive environment for all students, including those with allergies and at risk of anaphylaxis.

II. Identification

Students with known allergies or at risk of anaphylaxis should be identified upon enrolment. Information should be on pupil’s data capture forms. Parents/guardians are responsible for informing the school about their child's allergies. This will be recorded on SIMS (Medical Register)

Symptoms of anaphylaxis include one of more of the below:

Airway:

• Swollen tongue

• Difficulty swallowing/speaking

• Throat tightness

• Change in voice (hoarse or croaky sounds)

Breathing:

• Difficult or noisy breathing

• Chest tightness

• Persistent cough

• Wheeze (whistling noise due to a narrowed airway)

Circulation:

• Feeling dizzy or faint

• Collapse

• Babies and young children may suddenly become floppy and pale

• Loss of consciousness (unresponsive)

Action to be taken:

• Position is important -lie the person flat with legs raised (or sit them up if having breathing problems)

• Give adrenaline – WITHOUT DELAY – if an AAI is available

• Bring the AAI to the person having anaphylaxis, and not the other way round. Avoid standing or moving someone having anaphylaxis

• Call an ambulance (999) and tell the operator it is anaphylaxis

• Stay with the person until medical help arrives

• If symptoms do not improve within five minutes of a first dose of adrenaline, give a second dose using another AAI

• A person who has a serious allergic reaction and/ or is given adrenaline should always be taken to hospital for further observation and treatment

• Sometimes anaphylaxis symptoms can recur after the first episode has been treated. This is called a biphasic reaction.

III. Allergy Education

All staff members should receive training on recognizing allergy symptoms, including anaphylaxis, and how to respond appropriately.

IV. Avoidance Measures

Efforts should be made to minimize exposure to allergens. This may include rules about food brought from home, cleaning protocols, and classroom practices.

V. Emergency Response

A clear plan should be in place for responding to an allergic reaction or anaphylaxis. This includes having necessary medications available, knowing how to administer them, and having a protocol for calling emergency services.

**(Follow action to be taken above)**

VI. Individual Care Plans

Students with severe allergies or at risk of anaphylaxis should have an individual care plan developed in consultation with their healthcare provider. These plans are drawn up by the nurse, school, parent and pupil. These are stored in the main office in a clear box, clearly labelled with child’s name and contains the child’s individual medication. At the beginning of each academic year the medication will be checked, any medication that has expired will be disposed of and parents/guardians will be notified. It will be the responsibility of the parent/guardian to replace any expired medication. At the time of plan being drawn, pupil is advised to carry medication on their person.

VII. Communication

Regular communication should be maintained with parents/guardians of students with allergies, staff, external agencies and other students to ensure everyone understands the policy and their responsibilities.

VIII. Review

This policy should be reviewed annually and updated as necessary.