



Anaphylaxis Policy

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Revision History

Version	Date	Reason for most Recent Revision
v1.0	March 2015	Reviewed and reissued as per guidelines in WS-PRO-001. Minor changes.
v1.1	September 2017	Appendices removed from Policy and made into stand-alone forms: Individual Anaphylaxis Form Action Plan for Anaphylaxis
v2.0	December 2018	Minor changes.
v2.1	October 2019	Removal of references to Individual Anaphylaxis Form and introduction of EpiPen Waiver Form
v2.2	April 2022	Reviewed with no changes
v2.3	June 2025	Reviewed with no changes



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1 Introduction

Anaphylaxis is a severe, rapidly progressive allergic reaction that can be potentially life threatening.

The most common allergens in school-aged children are peanuts, eggs, cows milk, dairy products, fish and shellfish, wheat, soy, sesame, certain insect stings and medications.

The key to prevention of anaphylaxis in schools is knowledge of those pupils who have been diagnosed at risk, awareness of the triggers and prevention of exposure to these triggers.

Communication between the School and parents is important in pupil anaphylaxis management.

2 Aims

- To provide, as far as practicable, a safe and supportive environment for pupils at risk of anaphylaxis and therefore support participation equally in all aspects of the pupil's schooling
- To raise awareness of anaphylaxis and the School's Anaphylaxis Policy in the school community
- To engage with parents of pupils at risk of anaphylaxis in assessing risks, developing risk minimization strategies and management strategies for the pupil
- To ensure each staff member has adequate knowledge about allergies, anaphylaxis and the School's policy and procedure in responding to an anaphylactic reaction

3 Signs & Symptoms of Anaphylaxis

Include hives or rash, tingling in or around the mouth, abdominal pain, vomiting, diarrhoea, cough or wheeze, difficulty breathing or swallowing, in severe cases collapse or loss of consciousness.

4 Guidelines

- Severe anaphylactic reactions can develop within minutes after exposure to an allergen and require a swift response of adrenaline administration in the commonly prescribed medication, the EpiPen. EpiPens should be easily accessible at all times to facilitate individual care plans.
- Children, who have been identified as being at risk of anaphylaxis, should be identified to the School by their parents at school enrolment
- It is the responsibility of the School Nurse to meet with parents and the class teacher in order to discuss the Anaphylaxis Management Plan and the Individual Anaphylaxis Form for the child, based on the advice from the pupil's Medical Practitioner, on an annual basis or more often if changes occur
- All staff should be made aware of relevant information for all pupils at risk of anaphylaxis at the first yearly staff meeting for the year and as part of new staff induction. Any anaphylaxis updates or new Anaphylaxis Management Plan will be shared at staff briefings throughout the year as required

5 Implementation

Parents will be required to undertake the following responsibilities in line with supporting their child's health whilst at school:



- Providing information to the School Nurse in the form of a completed [Action Plan for Anaphylaxis Form \[HS-FOR-007\]](#) for their child that has been developed in consultation with their Medical Practitioner
- Providing a completed [EpiPen Waiver Form \[HS-FOR-011\]](#) to give their authorisation for the use of an EpiPen
- Providing one EpiPen for school use, along with a copy of the original prescription
- Recording the expiry date of medications held at the School and undertaking timely replacement of those medications or EpiPen
- Informing the School if their child's medical condition changes and provide an updated *Action Plan for Anaphylaxis* accordingly

6 The Action Plan for Anaphylaxis Form

- *The Action Plan for Anaphylaxis* form will be completed by the child's parents and treating medical practitioner. It will include medical authorisation with instructions for the administration of the EpiPen if necessary
- *The Action Plan for Anaphylaxis* will provide detailed information concerning diagnosis, including the type of allergy the pupil has based on the diagnosis by the Medical Practitioner
- *The Action Plan for Anaphylaxis* will provide an explanation of symptoms and directions for action should a reaction occur
- *The Action Plan for Anaphylaxis* will be signed by the current treating Medical Practitioner
- St Christopher's School, on receiving this information, will provide strategies to minimise the risk of exposure to allergens whilst the pupil is under the supervision of school staff

7 School role

- The School will provide mechanisms to ensure susceptible pupils are identified and allergens are known on commencement at St Christopher's School
- Staff will be provided with regular professional development on the identification and response to anaphylaxis, as well as the correct use of the EpiPen by the School Nurse (See Appendix A)
- General requests to parents for food donations for school events will include a request to avoid food items that may be a problem for other children whilst also requesting the labelling of foods for sale at school events.
- At Primary level, food sharing of packed lunches is not permitted by the pupil so that food is restricted to that approved by the pupil's parents

8 References

Department of Health UK (2017) *Guidance on the use of adrenaline auto-injectors in school*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf (accessed: 21/09/2022).



8 Appendix A

The signs of an allergic reaction are:

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
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



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 Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised:
(if breathing is difficult, allow child to sit)   
2. Use Adrenaline autoinjector* **without delay**
3. Dial 999 to request ambulance and say ANAPHYLAXIS

***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further dose of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.