with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

CLINICAL GUIDELINE
Allergy and Anaphylaxis in Schools and Early Years Settings within Local Authority

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Guideline Number	CLG044
Version:	V5
Purpose:	The aim of this guideline is to ensure standards are met in managing Allergy and Anaphylaxis in Schools and Early Years settings within Local Authority.
Consultation:	GHC Clinical Policies Consultation Group
Approved by:	Clinical Policy Group
Date approved:	16/01/2025
Author / Reviewer:	Reviewed by: Aiesha Lake and Daisy Wood – School Nurses
Date issued:	28/01/2025
Review date:	01/01/2028
Audience:	Public Health Nurses, Specialist Training Nurses, Education and Early Years Staff
Dissemination:	The policy will be published on the GHC intranet, and its update will be listed on the Clinical Policy update bulletin.
Impact Assessments:	This guideline has been subjected to an Equality Impact Assessment. This concluded that this guideline will not create any adverse effect or discrimination on any individual or particular group and will not negatively impact upon the quality of services provided by the Trust

Version History

Version	Date Issued	Reason for Change
V3		Minor Amendments
V3.1	06/05/2020	Transferred to new Trust Template and updated Trust Name and details following merger of trusts.
V3.2	05/06/2020	Asthma Presentation PowerPoint added to attachments as advised by L&D
V4	19/01/2022	Updated to reflect current delivery of Medical Awareness sessions to schools, several minor amendments to reflect

		updated local and national allergy policy, Updated BSACI Action Plans, updated to reflect latest evidence.
V5	28/01/2025	Due to guideline renewal, this guideline has been reviewed. In accordance with NICE guidance and Medical Awareness sessions, this policy is up to date. Section 8; Process for monitoring compliance updated.

SUMMARY
These Guidelines will be available on Gloucestershire Health and Care Services NHS Foundation Trust (GHC) intranet. They will also be available through Gloucestershire County Council website.

These Guidelines and the school / early years settings own local procedures should be made known to **all** permanent, supply and volunteer staff, and parents (and older children in schools) and be freely available for anyone to read.

Advice on developing procedures to reduce the risk of allergy and anaphylaxis in schools and early years settings is available on www.medicalconditionsatschool.org.uk with embedded guidance from Asthma and Lung UK.

All procedures adopted by the school / early years setting should be reviewed annually to ensure they are still relevant in the light of any changes that may have occurred.

Schools and Early years settings will be made aware of staff awareness sessions, and these will be advertised in advance on GHC website.

TABLE OF CONTENTS

ABBREVIATIONS

Abbreviation	*Full Description*
AAI	Adrenaline Auto-Injectors
GHC	Gloucestershire Health and Care NHS Foundation Trust
LA	Local Authority

Action Plan 1 - General Management

BSACI Improving Allergy Care

ALLERGY ACTION PLAN

RCPCH Royal College of Paediatrics and Child Health | anaphylaxis UK | AllergyUK

This child/young person has the following allergies:

Name:

.....

DOB:

.....

Mild/moderate reaction:

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

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or persistent cough	• Pale or floppy
• Difficulty swallowing		• Suddenly sleepy
• Swollen tongue		• Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie flat with legs raised** (if breathing is difficult, allow person to sit)

2. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
3. In a school with "spare" back-up adrenaline autoinjectors, **ADMINISTER** the **SPARE AUTOINJECTOR** if available
4. **Stay with child/young person** until ambulance arrives, **do NOT stand them up**
5. Phone parent/emergency contact. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
6. Commence CPR if there are no signs of life

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

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. For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: **sparepensinschools.uk**

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: .....

Print name: .....

Date: .....

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: sparepensinschools.uk

Additional instructions:

If wheezy due to an allergic reaction, DIAL 999 and GIVE ADRENALINE using a "back-up" adrenaline autoinjector if available, then use asthma reliever (e.g. blue puffer) via spacer, if prescribed

This BSACI Action Plan for Allergic Reactions is for children and young people with mild food allergies, who need to avoid certain allergens. For children/young adults at risk of anaphylaxis and who have been prescribed an adrenaline autoinjector device, there are BSACI Action Plans which include instructions for adrenaline autoinjectors. These can be downloaded at **bsaci.org**

For further information, consult NICE Clinical Guidance CG116 Food allergy in children and young people at **guidance.nice.org.uk/CG116**

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. The healthcare professional named below confirms that there are no medical contra-indications to the above-named child being administered an adrenaline autoinjector by school staff in an emergency. **This plan has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....

.....

Date: .....

Action Plan 2 - for Emerade®

bsaci improving allergy care

ALLERGY ACTION PLAN

RCPCH Royal College of Paediatrics and Child Health | Anaphylaxis Campaign | AllergyUK

This child has the following allergies:

Name:

.....

DOB:

.....

Photo

Mild/moderate reaction:

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

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

..... **(If vomited, can repeat dose)**

- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY
- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING
- Difficult or noisy breathing
- Wheeze or persistent cough

C CONSCIOUSNESS
- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie child flat with legs raised** (if breathing is difficult, allow child to sit)

2. **Use Adrenaline autoinjector without delay** (eg. Emerade®) (Dose: 0.3 mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** 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 adrenaline dose** using a second autoinjectilable 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.

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: .....

Print name: .....

Date: .....

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

How to give Emerade®

1. REMOVE NEEDLE SHIELD

2. PRESS AGAINST THE OUTER THIGH

3. HOLD FOR 5 SECONDS

Massage the injection site gently, then call 999, ask for an ambulance stating "Anaphylaxis"

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

Any pen device of the same strength is okay as an alternative

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and authorisation to travel with emergency medications has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....

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

Action Plan 3 - for EpiPen®

BSACI ALLERGY ACTION PLAN

RCPCH anaphylaxis UK AllergyUK

This child/young person has the following allergies:

Name:

DOB:

Mild/moderate reaction:

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

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or persistent cough	• Pale or floppy
• Difficulty swallowing		• Suddenly sleepy
• Swollen tongue		• Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie flat with legs raised** (if breathing is difficult, allow person to sit)

2. **Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: 0.3 mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

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

AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, **do NOT stand them up.** Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjector device, if available.

Commence CPR if there are no signs of life

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.

Emergency contact details:

1) Name:

2) Name:

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed:

Print name:

Date:

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: sparepensinschools.uk

How to give EpiPen®

PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"

Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"

PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds.** Remove EpiPen.

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed

Any adrenaline pen of the same strength is okay as an alternative

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and medical authorisation to carry emergency autoinjectors has been prepared by:**

Sign & print name:

Hospital/Clinic:

Date:

Action Plan 4 - for Jext®

BSACI ALLERGY ACTION PLAN

RCPCH anaphylaxis UK AllergyUK

This young person has the following allergies:

Name:

DOB:

Mild/moderate reaction:

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

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or persistent cough	• Pale or floppy
• Difficulty swallowing		• Suddenly sleepy
• Swollen tongue		• Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie flat with legs raised** (if breathing is difficult, allow person to sit)

2. **Use Adrenaline autoinjector without delay** (eg. JEXT®) (Dose: 0.3 mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

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

AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, **do NOT stand them up.** Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjector device, if available.

Commence CPR if there are no signs of life

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.

Emergency contact details:

1) Name:

2) Name:

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed:

Print name:

Date:

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: sparepensinschools.uk

How to give JEXT®

1. Form fist around Jext® and PULL OFF YELLOW SAFETY CAP
2. PLACE BLACK END against outer thigh (with or without clothing)

3. PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds
4. REMOVE Jext®. Massage injection site for 10 seconds

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed.

Any adrenaline pen of the same strength is okay as an alternative

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and medical authorisation to carry emergency autoinjectors has been prepared by:**

Sign & print name:

Hospital/Clinic:

Date:

1. INTRODUCTION

1.1 Allergies are increasingly common. There are increasing numbers of children developing allergies and some may be at risk of a severe anaphylactic reaction.

1.2 Allergic reactions frequently occur when children are away from home and therefore may occur whilst the child is in school or early years setting.

1.3 Properly implemented, regularly evaluated and updated medical conditions guidelines will enable children with medical conditions at school/ in early years settings to be supported in order to:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being.
  (Every Child Matters, DH 2004)

1.4 All children are individuals. Staff working in schools or early years settings with a child with a medical condition need to be able to anticipate, avoid and respond to events related to that condition for that individual child. From 2010, all children with long-term medical conditions and/or significant disabilities should have an individual care plan (Healthy lives, brighter futures, DH/DSCF 2009).

1.5 Children at risk of Anaphylaxis may also be Asthmatic – refer to GHC Asthma in Schools and Early Years Settings Clinical Guideline (CLG003).

1.6 For schools and early years these guidelines must be used in conjunction with 'Supporting Pupils at School with a Medical Condition' (Department for Education, 2015)**.**

2. PURPOSE

2.1 These guidelines are written for use by Gloucestershire Health and Care NHS Foundation Trust (GHC) employees who work with schools and early years settings. Primarily the guidelines direct the Public Health Nursing Service and Specialist Training Nurses in their support of staff employed in schools and early years settings in their care of children with medical conditions (specifically Allergies and / or Anaphylaxis). Gloucestershire Education Department encourages governing bodies and staff to help children with allergies by facilitating awareness sessions within schools and early years settings.

2.2 Associated documents based on these guidelines have been identified to support the delivery of awareness sessions in schools and early years settings. These can be found at the end of the document.

2.3 Allergy Action Plans can only be completed by an appropriate healthcare professional (as per the following guidance - Paediatric Allergy Action Plans - BSACI).

3. SCOPE

3.1 Public Health Nurses, Specialist Training Nurses, education and early years staff.

4. DUTIES

4.1 General Roles, Responsibilities and Accountability

Gloucestershire Health and Care NHS Foundation Trust (GHC) aims to take all reasonable steps to ensure the safety and independence of its patients and service users to make their own decisions about their care and treatment.

In addition, **GHC** will ensure that:

- All employees have access to up-to-date evidence-based policy documents.
- Appropriate training and updates are provided.
- Access to appropriate equipment that complies with safety and maintenance requirements is provided.

Managers and Heads of Service will ensure that:

- All staff are aware of and have access to policy documents.
- All staff access training and development as appropriate to individual employee needs.
- All staff participate in the appraisal process, including the review of competencies.

Employees (including bank, agency and locum staff) must ensure that they:

- Practice within their level of competency and within the scope of their professional bodies where appropriate.
- Read and adhere to GHC policy
- Identify any areas for skill update or training required.
- Participate in the appraisal process.
- Ensure that all care and consent complies with the Mental Capacity Act (2005).

4.2 The Public Health Nursing Service Lead will be responsible for ensuring that guidelines are updated on the recommended frequency or sooner to reflect significant changes in current evidence-based practice.

4.3 The Public Health Nursing Team Leaders will be responsible for cascading these guidelines to identified members of the Public Health Nursing Service, and to ensure that they have both the clinical knowledge and the presentation skills to deliver the session safely and effectively.

4.4 The Community Nurse Training Team will be responsible for ensuring that the content reflected in the policy for the special education needs settings is accurate and up to date.

4.5 Early Years: The Health Visiting Service deliver Allergy Awareness sessions within early years settings, upon request from either the setting or the parents. They are not delivered annually.

School-Aged Children:
Public Health nursing team members will take responsibility for providing online Medical Awareness Sessions to schools and early years settings. It is the responsibility of the early years settings and schools to sign up for these annually via the GHC School Nursing

Website: (https://www.ghc.nhs.uk/our-teams-and-services/school-nursing/awareness-sessions/). Schools will receive a yearly reminder via email. Public Health Nurses providing Medical Awareness Sessions will adhere to these guidelines and provide the session utilising the training provided to them in yearly Medical Awareness Training updates.

4.6 The Local Authority (LA) is responsible for the dissemination of these guidelines for use by schools and early years settings via their usual processes, having reviewed and agreed their content. With respect to children in local authority care, the child's social worker is responsible for ensuring that there is an individualised care plan for the child and that the school and early years settings has been supplied with emergency medication.

4.7 Head teachers/school governors and early years setting managers, in consultation with staff, will be responsible for reviewing their own setting's allergy management procedures, with reference to the content of these guidelines, taking into account any specific local issues present within their own setting.

4.8 Head teachers and early years setting managers are responsible for ensuring that any child with severe allergy or previous suspected anaphylactic reaction has an Individual Health Care Plan / Allergy Action Plan outlining management of the condition. It is their responsibility to seek advice from the Public Health Nurse for any elements that they are unable to resolve in the plans.

4.9 School and early years staff are insured by the Local Authority to give medication such as antihistamines chlorphenamine maleate (commonly known as Piriton®) or cetirizine for allergic reaction, or adrenaline via an auto-injector provided they follow these guidelines, have received appropriate awareness sessions, and carry out care as per the child's personalised Allergy Action Plan.

4.10 Parents and carers are responsible for supplying school with the emergency medication and the individualised care plan for this emergency medication. Parents and carers, or healthcare professionals, e.g. paramedics, are also responsible for disposing of the emergency medication, if required.

4.11 **Over the counter medication**: As advised by the Specialist Allergy Nurse, due to national shortages of certain antihistamines, many families supply an alternative over-the-counter option.

5. MENTAL CAPACITY ACT COMPLIANCE

5.1 Where parts of this document relate to decisions about providing any form of care treatment or accommodation, staff using the document must do the following: -

- Establish if the person able to consent to the care, treatment or accommodation that is proposed? (Consider the 5 principles of the Mental Capacity Act 2005 as outlined in section 1 of the Act. In particular principles 1,2 and 3) Mental Capacity Act 2005 (legislation.gov.uk).
- Where there are concerns that the person may not have mental capacity to make the specific decision, complete and record a formal mental capacity assessment.
- Where it has been evidenced that a person lacks the mental capacity to make the specific decision, complete and record a formal best interest decision making process

using the best interest checklist as outlined in section 4 of the Mental Capacity Act 2005 Mental Capacity Act 2005 (legislation.gov.uk).

- Establish if there is an attorney under a relevant and registered Lasting Power of Attorney (LPA) or a deputy appointed by the Court of Protection to make specific decisions on behalf of the person (N.B. they will be the decision maker where a relevant best interest decision is required. The validity of an LPA or a court order can be checked with the Office of the Public Guardian) Office of the Public Guardian - GOV.UK (www.gov.uk).
- If a person lacks mental capacity, it is important to establish if there is a valid and applicable Advance Decision before medical treatment is given. The Advance Decision is legally binding if it complies with the MCA, is valid and applies to the specific situation. If these principles are met it takes precedence over decisions made in the persons best interests by other people. To be legally binding the person must have been over 18 when it was signed and had capacity to make, understand and communicate the decision. It must specifically state which medical treatments, and in which circumstances the person refuses and only these must be considered. If a patient is detained under the Mental Health Act 1983 treatment can be given for a psychiatric disorder.
- Where the decision relates to a child under the age of 16, the MCA does not apply. In these cases, the competence of the child must be considered under Gillick competence. If the child is deemed not to have the competence to make the decision, then those who hold Parental Responsibility will make the decision, assuming it falls within the Zone of Parental control. Where the decision relates to treatment which is life sustaining, or which will prevent significant long-term damage to a child under 18 their refusal to consent can be overridden even if they have capacity or competence to consent.

6. GUIDELINE DETAIL

6.1 Common triggers of Anaphylaxis

Reactions to triggers are usually immediate but may be delayed. Common triggers are:

- Peanuts and tree nuts
- Other foods e.g. dairy products, egg, fish, shellfish, kiwi, soya, wheat and sesame
- Aero allergens, e.g. dust, pollen, animal hair and moulds.

6.2 Reducing the Risk of Allergic Reactions / Anaphylaxis

It is very difficult to completely ensure a child is not exposed to their particular trigger, but certain steps can be taken to reduce the exposure and manage the risk.

- As part of a school health and safety risk assessment, a formal allergen risk assessment should be carried out and measures taken to reduce risks of an anaphylactic reaction for the pupil with allergies.

- Regular communication with the child with allergies/parent or carer should assist in the daily management of the triggers and the condition. Known triggers should be identified on the Individual Health Care plan and/or Allergy Action Plan and kept updated.

- Kitchen and dining areas need close attention to avoid cross contamination of food related allergens.

- Care and attention to be given to craft and science activities, because of risks posed by materials used which can be common triggers e.g. latex, and simple outdoor equipment e.g. bird feeders, which are a risk to children with nut allergies.

- Parents and carers should liaise with the school or early years setting around school dinners and their child's allergy. Children with allergies should not be excluded from free school dinners because they have an allergy. Some parents or carers may choose to send a child to school with packed lunch to further reduce risk of contact with allergens.

- Extra care should be taken on excursions. Always remember to take the child's medication (antihistamines, injectable adrenaline and reliever inhaler such as Salbutamol if prescribed) and the Individual Health Care Plan / Allergy Action plan and give extra consideration to potential hazards.

- If a child has an allergy bracelet or wristband, it should be worn at all times if possible, including a physical education (PE) lesson.

- All staff should be aware of children with allergies, where to access emergency treatment and who is trained to administer.

6.3 Recognition of Signs and Symptoms of Anaphylaxis

Anaphylaxis is likely if a patient who is exposed to a trigger (allergen) develops a sudden **onset** illness (usually within minutes of exposure) with **rapidly progressing** skin changes and potentially life-threatening airway and/or breathing and/or circulation problems. The reaction is usually unexpected and may occur without skin symptoms:

- ALWAYS consider anaphylaxis in someone with known allergy who has sudden breathing difficulty.

SIGNS AND SYMPTOMS To be aware of:

The symptoms listed below in isolation are not signs of anaphylaxis and can be managed with antihistamines

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

However, any of the above symptoms if occurring suddenly and progressing rapidly along with airway, breathing and circulation problems should be considered as anaphylaxis.

Airway problems	Breathing problems:	Circulation problems:
• Airway swelling (throat and tongue swelling causing difficulty in breathing/swallowing; patients may feel their throat is closing) • Hoarse voice • Stridor (a high-pitched inspiratory noise caused by upper airway obstruction)	• Increased work of breathing • Bronchospasm (wheeze) and/or persistent cough • Patient becoming tired with the effort of breathing (fatigue) • Hypoxaemia (SpO_2 <94%) which may cause confusion and/or central cyanosis • Respiratory arrest	• Signs of shock: o pale, clammy o significant tachycardia (increased heart rate) o hypotension (low blood pressure) • Dizziness, decreased conscious level or loss of consciousness • Arrhythmia • Cardiac arrest

6.4 General Information Regarding Treatment of Allergic Reactions / Anaphylaxis

Antihistamines such as Cetirizine or Loratadine

All children with known allergies should have antihistamines for use to relieve mild symptoms or as part of their emergency procedure for a severe reaction. They are available in either liquid or tablet form. A reliever inhaler may also be prescribed.

Injectable Adrenaline

A child who is at risk of a severe allergic reaction or anaphylaxis may additionally be prescribed an adrenaline auto injector device e.g. EpiPen, Emerade or Jext. Treatment of anaphylaxis requires intramuscular adrenaline – an injection of adrenaline into the muscle, also Salbutamol inhaler 10 puffs, 1 at a time, ideally via spacer (if child prescribed this and showing any respiratory difficulties).

6.5 Management of Allergic Reactions / Anaphylaxis

Allergic Reaction

- Directions on when to give antihistamines should be taken from the consented instructions recorded on the personalised Allergy Action Plan for the child as directions may vary from one child to another.
- Antihistamines may be identified as part of the emergency procedure and should be kept accessible and not locked away.
- After administering medication stay with child and observe closely.
- Contact parent or carer who will be advised to transfer their child to the GP or emergency department.

Anaphylaxis

- Direction on when to give injectable adrenaline should be taken from the specific consented instructions on the child's Individual Health Care plan and Allergy Action Plan.
- Adrenaline may be identified as part of the emergency procedure and should be kept accessible and not locked away.
- If the child is observed to have sudden onset and rapid progression of any of the

following symptoms, then the administration of adrenaline should be considered without delay:

AIRWAY	BREATHING	CONSCIOUSNESS
• **Persistent cough**	• **Difficult or noisy breathing**	• **Persistent dizziness**
• **Hoarse voice**	• **Wheeze or persistent cough**	• **Pale or floppy**
• **Difficulty swallowing**		• **Suddenly sleepy**
• **Swollen tongue**		• **Collapse/unconscious**

6.6 Emergency Action by School / Early Years Staff

- Dial 999 - stating Anaphylaxis – and request an ambulance. Alert staff volunteers trained in care of child. **If alone (unlikely in school/early years settings) - Administer adrenaline first, then ring 999.**

- Retrieve storage container containing adrenaline auto-injector device and remove from any plastic casing.

- Schools can now purchase their own adrenaline-auto injectors (AAI) – these can only be used:
  - If the child's own AAI is not available
  - For a child with known allergies not prescribed an AAI but experiencing a severe reaction (there is a parental/carer box to sign on the allergy action plan to allow for this)
  - A child not known to have allergies having an anaphylactic reaction if advised on the phone by ambulance staff to administer – see website below. (https://sparepensinschools.uk/)

- The child should be asked to lie flat (with or without legs elevated). A sitting position may make breathing easier in some case. The child should not be standing.

- The adrenaline is injected into the middle of the outer aspect of the thigh - through clothing. There is no need to remove clothing, though avoid seams and pockets.

- Check and record the time medication was administered. School records will be held and completed by the school or early years settings.

- Once adrenaline has been given signs of improvement should be quickly observed.

- In the usual event that a child has a second prescribed dose available this may be administered after 5 minutes if there is no improvement, or the symptoms are getting worse.

- Stay with child ensuring their airway is clear.

- If the child is asthmatic and has a reliever inhaler this may be given as per emergency asthma guidance - Give 10 puffs of Salbutamol metered dose inhaler (100mcg/puff) via an inhaler and spacer device. Repeat above every 5 minutes until ambulance arrives.

- If there are signs of vomiting lay the child on their side to avoid choking.

- If they are having difficulty breathing caused by asthma symptoms and/or by swelling of the airways, allow them to sit up as per action plan.

- Ensure parents or carers are contacted. For children in care, the child's social worker should also be informed of the event by the foster carer.

- Ensure the auto-injector device is handed to paramedics and taken to hospital. The needle will be protected by a needle sheath automatically if the pen has been used.

- The child should always be transferred to hospital by ambulance for observation when adrenaline has been administered, even when they appeared to have recovered.

- In the event adrenaline is given when the child is not having an allergic reaction there should be no serious side effects, but their heart rate could increase, and they may have palpitations. The child should always be transferred to hospital by ambulance for observation.

6.7 Storage and Care of Injectable Adrenaline and other Treatments

- A child's emergency adrenaline and/ or antihistamine medication should be kept somewhere safe and accessible at all times.

- Injectable adrenaline devices and/ or antihistamine medication should be stored in a rigid clear storage container with a well-fitting lid. A label with a green cross and the child's name, date of birth and photograph should be secured to the lid. This box should be stored at room temperature and kept away from extreme temperatures e.g. radiators/direct sunlight.

- A child may wish to be responsible for their own injectable adrenaline device and will carry it with them and use if they are able.

- Emergency treatments must accompany the child at all times if he/she is off school premises during school hours, or the early years site e.g. on a trip.

6.8 Parental Responsibility for Medicines within Schools or Early Years Settings

- Parents and carers are responsible for ensuring that the school / early years setting hold an adequate supply of any antihistamines / injectable adrenaline. In the case of injectable adrenaline, parent / carer must send a minimum of two adrenaline auto-injectors into the setting for their child. They are also responsible for ascertaining that these emergency treatments will not reach their expiry date before the end of each academic term.

- Parents and carers are responsible for safe disposal of date-expired medicines. They should also collect all medicines held at the end of each term. School and early year's staff, or school nursing staff must not dispose of medicines held for a child.

6.9 Implementing a School / Early years procedure for management of Allergies and Anaphylaxis

- Advice on developing procedures to reduce the risk of allergic reaction and anaphylaxis in schools and early years settings is available on:
  The Anaphylaxis Campaign (https://www.anaphylaxis.org.uk/) and **Spare Pens in Schools** (https://www.sparepensinschools.uk/).

- All procedures adopted by the school / early years setting should be reviewed annually to ensure they are still relevant in the light of any changes that may have occurred.

6.10 These guidelines and the school/early years settings own local procedures should be made known to all permanent, supply and volunteer staff, and parents or carers (and older children in schools) and be freely available for anyone to read.

A regularly updated list should be kept in each school or early years setting of all children with allergies/at risk of anaphylaxis and all staff should be aware of this list.

Personalised Allergy Action Plans are produced by healthcare professionals (such as Specialist Allergy Nurses) and should be kept on the child's school record and should be easily accessible to school staff.

Mainstream Schools and Early Year Settings:

Schools are encouraged to sign up to yearly online annual Medical Awareness Session provided by Public Health Nurses, which will include the management of Allergies and Anaphylaxis as per these Guidelines, with a video demonstration of administration of injectable adrenaline.

Any additional training and information needs of school / early year's staff will be identified and addressed with support from the named School Nursing / Health Visiting team as required. It is recommended that least four regular and appropriate members of staff, such as trained first-aiders, should be trained to give emergency medication.

Early years settings and schools should keep a record of attendance to Medical Awareness Sessions. All key members of staff trained to give medication should be listed as attended.

The Public Health Nursing Medical Awareness Administrator should keep a record of schools who have booked Medical Awareness sessions, but it is the responsibility of the individual early years settings and Schools to record the names of staff who have attended.

Special Education Needs Schools:

Special Education Need Schools are asked to let the Community Training Nursing Team know if they have a pupil who is prescribed an adrenaline auto-injector device to manage their anaphylaxis.

The Specialist Training Nurses will then liaise with school to organise for staff to be trained on the use of this device. It is recommended that four members of staff are trained per child or young person with the care need. Staff will be required to complete a theory-based assessment and a practical competency assessment, before being signed-off as competent in administering adrenaline using an auto-injector device.

All school staff are offered the opportunity to undertake an awareness session on Allergy and Anaphylaxis.

Administration of adrenaline auto-injector training records of all staff are maintained by the Community Training Nursing Team. These records are shared with the school leadership team for their governance oversight.

7. DEFINITIONS

7.1 Allergy can be defined as abnormal reactions of the immune system that occur in response to otherwise harmless substances.

7.2 Anaphylaxis is a severe and potentially life-threatening allergic reaction at the extreme end of the allergic spectrum. Anaphylaxis usually occurs within minutes of exposure to the allergen, although sometimes it can take hours. It can be life-threatening if not treated quickly with adrenaline.

7.3 Within these guidelines the term child or children is used throughout to refer to any child in an early years setting within the Local Authority area and all children and young people under the age of 19 in full time education in Local Authority schools.

8. PROCESS FOR MONITORING COMPLIANCE

Are the systems or processes in this document monitored in line with national, regional, trust or local requirements?	YES

Monitoring Requirements and Methodology	Frequency	Further Actions
Mandatory training compliance of Public Health Nurses and Specialist Training Nurses should be reviewed annually as part of appraisal. Team Leaders can access information on training attendance via the electronic staff record / training system.	Annually	If training is not attended, the nurse can be signposted to the video recording of the training session. A 1:1 follow up should be booked to ensure that this has been watched.
All School Nurses and Specialist Training Nurses should attend yearly Medical Awareness training sessions with the Specialist Allergy Nurses to maintain their competence. Locality Public Health Administrators should keep a record of all School Nurse attendees. The Public Health Nurse Medical Awareness Administrator should retain records of attendance for Medical Awareness Sessions as evidence of having provided information as per the guidelines using the ratified resources for those schools that attended. Evaluation of Medical Awareness Sessions should be collected through online feedback. Any issues relating to	Annually	Attendance of annual Medical Awareness training sessions should be reviewed as part of the appraisal. If they haven't attended, the nurse should be signposted to the video record of the training session and a 1:1 follow up should be booked to ensure this has been watched.

effectiveness of training should be flagged to Team Leaders.		
Review of incident reporting relating to Allergy and Anaphylaxis management in a school/Early Year setting, where there has been involvement of Public Health Nursing staff, through the Clinical Governance Committee (children).	On-going	Monitored through the Clinical Governance Committee

9. INCIDENT AND NEAR MISS REPORTING AND REGULATION 20 DUTY OF CANDOUR REQUIREMENTS

9.1 To support monitoring and learning from harm, staff should utilise the Trust's Incident Reporting System, DATIX. For further guidance, staff and managers should reference the Incident Reporting Policy. For moderate and severe harm, or deaths, related to patient safety incidents, Regulation 20 Duty of Candour must be considered and guidance for staff can be found in the Duty of Candour Policy and Intranet resources. Professional Duty of Candour and the overarching principle of 'being open' should apply to all incidents.

10. TRAINING

10.1 Public Health Nurses and Specialist Training Nurses are required to maintain their own mandatory training, including Basic Life Support training and online Anaphylaxis eLearning (which has additional information on Auto-injectors). Access to training can be found on the GHC Care to Learn training platform and the link can be accessed via the GHC Intranet page.

10.2 All Public Health Nurses and Specialist Training Nurses are required to demonstrate competence in the demonstration of administration of emergency adrenaline, through the yearly Medical Awareness Training sessions. All Public Health Nurses are also required to demonstrate competence in the use of the ratified resources for the awareness session, and to demonstrate effective presentation / facilitation skills.

10.3 Training needs should be identified by each nurse as they arise and can also be reviewed during appraisal. Managers have a duty to support staff in training and undertaking clinical practices safely in order to meet the needs of the staff and serve the interests of patients.

10.4 It is the responsibility of early years settings and schools to identify appropriate staff volunteers to attend Medical Awareness Sessions and sign up to these via the GHC website: (https://www.ghc.nhs.uk/our-teams-and-services/school-nursing/awareness-sessions/).

10.5 School / early years settings requiring help/assistance should speak in the first instance to the Occupational Health and Safety Helpline (SHE) – 01452 425350 she@gloucestershire.gov.uk.

11. REFERENCES

Department for Education (2015) Supporting Pupils at School with Medical Conditions

Dept of Health (2004) Every Child Matters: change for children

Dept of Health / Dept for Children, Schools and Families (2009) Healthy lives, brighter

futures: The strategy for children's and young people's health.

Dept of Health (2009) The Healthy Child Programme: from 5-19years

Dept of Health / DFES (2005) Managing Medicines in Schools and EarlyYears settings

Gloucestershire PCT (2008) Emergency Treatment of Anaphylactic Reactions

Royal College of Paediatrics and Child Health (2013) Allergy Action Plans sourced from the British Society for Allergy and Clinical Immunology at www.bsaci.org

School Healthcare Professionals Resource at www.medicalconditionsatschool.org

Other Useful Websites:

www.Epipen.co.uk– training clip, expiry alert facility for families

www.Jext.co.uk – not usually prescribed in Gloucestershire

www.allergy.uk.org

Paediatric Allergy Action Plans - BSACI - guidance on writing personalised Allergy Action Plans

www.anaphylaxis.org.uk – what is anaphylaxis – our factsheets – School FAQ's and Early Years Settings.

12. ASSOCIATED DOCUMENTS

GHC CLP110 Resuscitation Policy

Allergy Action Plans/RCPCH (The British Society for Allergy and Clinical Immunology (October 2013)

Guidelines on Asthma in Schools and Early Years settings. Including the DOH guidance September 2014