



## Anaphylaxis Policy

Review Schedule	Annual
Person(s) Responsible	Principal

### Rationale

Anaphylaxis is a severe and potentially life-threatening reaction to a trigger such as an allergy.

The school takes the condition very seriously. With the increase in childhood allergies, it is inevitable that we will have pupils enrolled in school who suffer from allergic reactions to varying degrees. Whilst severe allergies pose a challenge to the school we want children at risk of anaphylaxis to be able to participate fully in daily school life.

The arrangements set out below are intended to assist children at risk of anaphylaxis, their parents/carers and the school in achieving the least possible disruption to their education and also to make appropriate provision for their medical requirements.

### Arrangements

It is the responsibility of the parents to inform the school immediately once any risk of anaphylaxis has been identified by the medical profession.

Once the school has been informed, the following will happen:

Principal will meet with parents to complete a medical record form

Parents will meet with the School Nurse to complete a Care Plan, if one has not already been prepared with health professionals.

Copies of Care Plan will be kept in the Medical Register and in classroom, offices, staffroom, school kitchen and dining hall.

Children at risk from anaphylaxis (and other serious medical conditions) will be highlighted on Medical Register in red.

Teaching and support staff will be made aware of the pupil's identity and nature of allergy.

All anaphylaxis medication will be kept in a named plastic box, with the Care Plan enclosed. These will be retained centrally:

- P1 & P2 Classroom - in a high cupboard with a red cross on the front of the door.
- All other classes On the top shelf in the staffroom

It is the responsibility of the class teacher to take the medication box on any outing or educational visit.

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It is the parents' responsibility to check and renew medication annually.

The school canteen will attempt to provide for pupils with allergies where possible, advice may be sought from the Education Authority for particular allergies.

### Training

Whole staff training on anaphylaxis is carried out periodically. Members of staff who have a pupil identified at risk of anaphylaxis will receive training on Anaphylaxis Awareness and Use of Auto-Injector from Belfast Trust, prior to the child starting their class, where possible.

There will always be two or three members of staff with current training in First Aid.

### Precautionary Measures

A No Nut Policy operates in school

- School canteen is nut free
- Pupils are not allowed to bring nut/nut products into school
- Allergen/dietary advice will be passed on to venues where pupils might be eating on school trips
- All parents will be informed/reminded of No Nut Policy via note at the start of the year and newsletters several times per year

Where a pupil is at risk of anaphylaxis – a letter shall be sent to the parents of that class to inform them of the nature of the allergy (nuts/strawberries/kiwi...)

P1-P3 pupils with allergies taking School Meals will sit at a seat with a sticker identifying their allergy.

Outside caterers at school events, where parents are in attendance (e.g. PTA Fairs), may supply allergen foods. It is the parents' responsibility to manage this.

### Emergency Procedures

*See below*

### Conclusion

Anaphylaxis is a serious condition which presents a challenge to the school, however, with sound precautionary measures and support from the school nurse and Belfast Trust, school life should continue as normal.

## **Anaphylaxis - Emergency Procedures**

In the event of a severe allergic reaction the pupil's Care Plan will be followed.

The general response is as follows:

Send someone to inform the Principal or member of the SMT immediately

### ***Mild-moderate reaction***

Administer anti-histamines as instructed

Contact parent/carer

### ***Signs of anaphylaxis***

Send someone to phone 999 at first opportunity

Lie child flat

Administer auto-injector

Remain with child

Commence CPR if necessary

If no improvement after **5 minutes**, give second auto-injector

*Retain used auto-injector pens to send with child in ambulance*