

Policy



Management of Anaphylaxis Policy

*Nurturing today's young people,
Inspiring tomorrow's exemplary citizens*



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SECTION 1 – INTRODUCTION, POLICY STATEMENT

AJI is an inclusive community that aims to support and welcome students with complex medical conditions

It is important for AJI to have an anaphylaxis policy so that all students with severe allergies can be given the same opportunities to achieve their full potential and enjoy the same level of participation as their peers.

AJI understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.

AJI will ensure staff understand anaphylaxis and do not discriminate against any students with the condition. Staff should feel confident in knowing what to do in the event of an emergency.

AJI has clear guidance about record keeping including the recording of all the medical details of students with severe allergies and keeping parents updated with any issues it feels may affect their son.

AJI will ensure that the whole environment is inclusive and favourable to students with severe allergies. AJI believes that every student with severe allergies has a right to participate fully in all school experiences including all activities and trips.

AJI is aware of the common triggers for anaphylaxis.

AJI will actively work towards reducing or eliminating these health and safety risks

AJI will work together with students, parents, volunteers and health professionals to ensure this policy is successfully implemented and maintained

The anaphylaxis policy will be regularly reviewed, evaluated and updated.

SECTION 2 – WHAT IS ANAPHYLAXIS?

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

Any allergic reaction, including anaphylaxis, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it perceives as a threat.

Anaphylaxis can be accompanied by shock (known as anaphylactic shock): this is the most extreme form of an allergic reaction.

SECTION 3 – COMMON TRIGGERS OF ANAPHYLAXIS

- peanuts and tree nuts – peanut allergy and tree nut allergy frequently cause severe reactions and for that reason have received widespread publicity
- other foods (e.g. dairy products, egg, fish, shellfish and soya)
- insect stings
- latex
- drugs.

On rare occasions there may be no obvious trigger.

SECTION 4 – SIGNS AND SYMPTOMS

Anaphylaxis has a whole range of symptoms. Any of the following may be present, although most students with anaphylaxis would not necessarily experience all of these:

- generalised flushing of the skin anywhere on the body
- nettle rash (hives) anywhere on the body
- difficulty in swallowing or speaking
- swelling of throat and mouth
- alterations in heart rate
- severe asthma symptoms (see asthma section for more details)



- abdominal pain, nausea and vomiting
- sense of impending doom
- sudden feeling of weakness (due to a drop in blood pressure)
- collapse and unconsciousness.

SECTION 5 – MEDICATION AND TREATMENTS

INJECTABLE ADRENALINE

Every student who is at risk of anaphylaxis should be prescribed an adrenaline injector. Treatment of anaphylaxis requires intramuscular adrenaline – an injection of adrenaline into the muscle. The student may be prescribed one of two adrenaline injectors, either the EpiPen or the Anapen. Adrenaline is also called epinephrine.

SECTION 6 – WHEN TO ADMINISTER ADRENALINE

Follow directions from the student's doctor and/or the nurse as to when adrenaline should be given.

However, if the student is having any of the following symptoms then these are signs of a serious allergic reaction and adrenaline should be given without delay:

- difficulty in breathing or swallowing
- weakness or floppiness
- steady deterioration
- collapse or unconsciousness.

Once the injection is given, signs of improvement should be seen fairly rapidly. If there is no improvement or symptoms are getting worse a second injection, if available, may be administered after 5–10 minutes.

If adrenaline has been given, an ambulance must be called and the student taken to hospital.

SECTION 7 – HOW TO ADMINISTER INTRA-MUSCULAR ADRENALINE

Adrenaline injectors (EpiPen or Anapen) should only be administered by members of staff or volunteers who have received training from a healthcare professional (eg the nurse).

Because of the emergency nature of this condition, adrenaline should be carried by the student at all times. Staff administering must have received training in administering adrenaline injectors

Both injectors are pre-measured and contain a single dose. After use the injector should be made safe by placing in a rigid container and then handed to the paramedic or ambulance crew to be taken with the student to the hospital, both for their information and safe disposal.

SECTION 8 – HOW TO USE – EPI-PEN

- The EpiPen is administered into the upper outer aspect of the thigh.
- Remove the grey safety cap, with the black tip facing down.
- Hold the pen 5–10 centimeters away from, but at right angles to, the thigh and jab firmly.
- Hold in place for 10 seconds, remove and massage the injection area for 10 seconds.
- Place the device in a rigid container.
- Call an ambulance to take the student to hospital.

SECTION 9 – HOW TO USE ANA-PEN

- The Anapen is administered into the upper outer aspect of the thigh.
- Remove the black needle cap.
- Remove the black safety cap from the firing button.
- Place the pen on the upper outer aspect of the thigh.
- Press the firing button.
- Hold in place for 10 seconds then remove.
- Place the device in a rigid container.
- Call an ambulance to take the student to hospital.

When symptoms are those of anaphylactic shock, the position of the student is very important because anaphylactic shock involves a fall in blood pressure.

- If the Student is feeling faint or weak, looking pale, or beginning to go floppy, lay them down with their legs raised. They should not stand up
- If there are also signs of committing, lay them on their side to avoid choking
- If they having difficulty breathing caused by asthma and/or by swelling of the airways, they are likely to feel more comfortable sitting up

If adrenaline is given but the student is not having an allergic reaction there should be no serious side effects, but their heartbeat could increase and they may have palpitations for a few minutes. However, it is still advisable to take the student to the hospital for observation. Students at risk of anaphylaxis will normally be prescribed one or two adrenaline injectors to keep near them at all times. Parents must insure that the injectors are brought to AJI with the student and must check that they have not expired. Adrenaline injectors will be listed on student's medication file. Adrenaline injectors should always be accessible – never in a locked room or cupboard. Store injectors at room temperature

SECTION 10 – ANTI-HISTAMINES

Some students with severe allergies will be prescribed anti-histamines for use to relieve mild symptoms or as part of their emergency procedure for a severe reaction, or both. If they do need them they will come in either liquid or tablet form.

Directions on when to give anti-histamines should be taken from the student's doctor but be aware that directions may vary from one student to another. If anti-histamines are prescribed as part of the emergency procedure they should be kept together with the student's adrenaline.

SECTION 11 – INHALERS

Students may also have inhalers to relieve asthma symptoms bought on during an anaphylactic reaction. For administration of inhalers please refer to AJI Policy for Management of Asthma.

SECTION 12 – OTHER RESOURCES

The Anaphylaxis Campaign

www.anaphylaxis.org.uk

Information to support school nurses and school staff.

www.allergyinschools.org.uk

Information about anaphylaxis and severe food allergies for catering staff.

www.cateringforallergy.org

NHS Direct

Phone 0845 4647

www.nhsdirect.co.uk

This policy has been adapted from:

Medical Conditions at School, Anaphylaxis Policy Pack

<http://medicalconditionsatschool.org.uk/>