

Appendix 3 – Anaphylaxis Guidance

Introduction

Anaphylaxis is a severe and life-threatening allergic reaction that happens very quickly, usually within minutes and rapidly progresses, but can occur up to 2-3 hours later. It can be caused by food, medicine or insect stings when the body has a serious reaction to something.

Managing Allergic Reactions

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations. It cannot be assumed someone will react the same way twice, even to the same allergen. Reactions are not always linear. They do not always progress from mild to moderate to more serious; often they are life-threatening within minutes.

Mild to Moderate Allergic Reactions

Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

Response:

- Stay with pupil
- Call for help
- Locate adrenaline pens
- Give antihistamine
- Make a note of the time
- Phone parent or carer
- Continue to monitor the pupil

Serious Allergic Reactions (Anaphylaxis)

The most serious type of reaction is called ANAPHYLAXIS.

In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis is characterised by:

- Sudden onset and rapid progression of symptoms
- **A**irway and/or **B**reathing and/or **C**irculation problems
- Skin changes such as hives

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens the airways
- It stops swelling
- It raises the blood pressure.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later. It should always be treated as a time-critical medical emergency.

People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

Delivering Adrenaline

Adrenaline should be administered to an individual within 5 minutes of signs of allergic reaction to AAI holders.

- The medication should be taken to the patient, rather than moving them.
- The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
- It is not necessary to remove clothing but make sure adrenaline is not being injected into thick seams, buttons, zips or even a mobile phone in a pocket.
- Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
- A note of the time the first dose was given should be taken and call 999 (or get someone else to do this while adrenaline is being administered) – state ANAPHYLAXIS, not allergic reaction. Tell them adrenaline has been given for anaphylaxis. The word anaphylaxis makes it a category 1 call.
- Whilst waiting for the ambulance, the child should be kept where they are. They should not be stood up, or sitting in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop. Stay with the pupil.
- The pupil's emergency contact should be called.
- If their condition has not improved or symptoms have gotten worse, a second dose of adrenaline should be administered after 5 minutes, using a second device.

- Call 999 again and tell them a second dose has been given and to check that help is on the way.
- Start CPR if necessary.
- Hand over used devices to paramedics and remember to get replacements.

If someone experiences an unexpected reaction, a legal exemption under Regulation 238 allows a school's spare AAI to be used in exceptional, life-threatening situations even if:

- The individual has not been previously diagnosed with an allergy
- There is no medical authorisation or written consent in place.

However, AAI's that are prescribed for named individuals, legally cannot be used on another person unless administered by a qualified prescriber (e.g. a doctor) under the Human Medicines Act.

It is good practice for the academy to obtain advanced consent from parents for "spare" adrenaline devices to be used, so that in an emergency, consent is assumed to be in place. However, in an emergency situation anyone may take reasonable action to save a life with a spare AAI, without checking if prior consent has been given, in order to avoid delay in treatment, under the Human Medicines (Amendment) Regulations 2017.

Reporting & After Care

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered, as a reaction can reoccur after treatment, even the following day. In some cases the impact of exposure to an allergen whilst in an education setting can be delayed, i.e. not recognised until the child or young person is back at home and likewise an incident at home may not have symptoms appear until they are at school. Therefore, communication between the school and the parents is imperative.

All allergen incidents and near misses must be reported on SmartLog immediately. These incidents and near misses should be then used as prompts to learn lessons to prevent fatalities.