

ANAPHYLAXIS AND THE USE OF AUTO-INJECTORS AT RIVERSIDE SCHOOL:

What is it?	<p>An extreme and severe allergic reaction to a substance. Common causes can include:</p> <ul style="list-style-type: none"> • Nuts • Fish • Sesame • Dairy products • Eggs • Wasp/bee stings • Natural latex • Penicillin / other drug <p>(Information is taken from www.anaphylaxis.org.uk)</p>
What are the signs and symptoms?	<p>They may include any of the following:</p> <ul style="list-style-type: none"> • generalised flushing of the skin • hives • sense of impending doom • swelling of throat and mouth • difficulty swallowing or speaking • alterations in heart rate • severe asthma • abdominal pain, nausea and vomiting • sudden feeling of weakness (drop in blood pressure) • collapse and unconsciousness <p>(Information is taken from www.anaphylaxis.org.uk)</p>
What do we need to do at Riverside School?	<ul style="list-style-type: none"> • Every individual pupil who is prescribed medication for anaphylaxis (anti-histamine/auto-injector) MUST have an Individual Healthcare Plan to detail the needs and procedures to be followed. If a parent/carer brings in medication this must be referred to the school office for a 'Named Person' to ensure appropriate paperwork is in place and that medication is in date at all times • ALL severe allergy medication is kept in classrooms in the drawstring 'inhaler' bag; this should be taken out to all activities around site • Individual classroom based staff must be aware of pupils in their class who have medication (information provided by the office) and know how to access it; they should also have 'awareness raising' training as indicated elsewhere in this policy statement • Class teachers must undertake risk assessments to ensure measures for reducing triggers are in place - meal supervision, meal preparation, sharps disposal, off-site visits etc • Offsite visits and activities: it is school policy that ALL offsite activity for a pupil with a severe allergy will require medication to be taken with the pupil, carried by a named adult. Where further advice is required, staff should consult with the Headteacher/EVC who may refer on to the NYCC Educational Visits Advisory Service • At no point should a child with severe allergy miss out on any activity due to possible risk – either the risk is mitigated or alternative provision should be made for the entire group • Only staff who have undergone face-to-face accredited training are allowed to administer auto-injector medication. A full list of those trained to do so is maintained at the office in the first aid file

	<ul style="list-style-type: none"> • Unless the HT/EVC has authorised a visit to take place indicating otherwise, every visit where a pupil with severe allergies goes off site MUST be accompanied by a member of staff trained and accredited to administer the medication who will be responsible for the medication at all times • Where it seems there is a need to administer an auto-injector, a staff or pupil messenger should be sent as a matter of urgency to neighbouring class/office; it is not expected that staff would administer medication in this way in isolation. Calling for support can allow for administering of medication and cover supervision of other pupils
<p>Staff training</p>	<p>General awareness training: All staff working with pupils need to be able to recognise the symptoms to raise the alarm quickly.</p> <ul style="list-style-type: none"> • General awareness training will take place on a 3 year cycle commencing March 2017 for all current employees • In addition, new staff will be trained using materials accessed from: www.anaphylaxis.org.uk – factsheets and presentations • The need for awareness training will be added to the staff induction checklist <p>Practical training for administering adrenaline via an injectable device that would deem an individual competent:</p> <ul style="list-style-type: none"> • This training will be commissioned by the school once every 3 years • Where possible in the interim, for any first aid courses booked, we will try and ensure administration of auto-injector is inbuilt into course competencies • For individual care plans, where a specialist allergy nurse is involved, school will liaise and ensure any additional child-specific training needs are taken on board <p>Additional information: The Health & Safety Executive also provides guidance. As at 25 January 2008 this stated: "Medicines legislation restricts the administration of injectable medicines. Unless self administered, they may only be administered by or in accordance with the instructions of a doctor (e.g., by a nurse). However, in the case of adrenaline there is an exemption to this restriction which means in an emergency, a suitably trained lay person is permitted to administer it by injection for the purpose of saving life. The use of an Auto-injector to treat anaphylactic shock falls into this category. Therefore, first aiders may administer an Auto-injector if they are dealing with a life threatening emergency in a casualty who has been prescribed and is in possession of an Auto-injector and where the first aider is trained to use it." There is no compulsion that staff have to administer this medication, however it should be noted that it may be deemed 'negligent' not to administer life saving medication in this way.</p>
<p>Want to know more</p>	<p>www.anaphylaxis.org.uk http://www.jext.co.uk/ https://www.resus.org.uk/ www.teachers.org.uk (NUT Health and Safety Briefing: Anaphylaxis in Schools)</p>