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The Fierté Multi-Academy Trust

EpiPen Procedure

Anaphylaxis

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.

Common triggers

Triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwi fruit, and penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets).

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically, and the patient loses consciousness. Fortunately, this is rare among young children below teenage years.

Symptoms

More commonly among children there may be swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious.

Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting. Even where mild symptoms are present, the child should be watched carefully. They may be heralding the start of a more serious reaction.

Treatment

The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine). Pre-loaded injection devices containing one measured dose of adrenaline are available on prescription. The devices are available in two strengths – adult and junior.

If a severe allergic reaction occurs the adrenaline injection should be administered into the muscle of the upper outer thigh. **An ambulance should always be called.**

Storage of EpiPens

EpiPens/Anapens are kept with a copy of the individual care plan, in clearly labelled boxes on top of the medicine cupboard in the medical room or at lunchtimes in close accessibility of pupils with EHC Plans. All staff are made aware of this.

Visits or Trips

EpiPen's should be taken out by class teacher for P.E. and for off-site visits. All adults should be made aware of storage and accessibility of the EpiPen.

Additional Guidance

Studies have shown that the risks for allergic children are reduced where an individual health care plan is in place. Reactions become rarer and when they occur, they are mostly mild. Children known to be at risk of severe allergic reactions have a care plan and a training session is provided by local health services to staff.

Following guidance for the school's internal catering service, from September 2018 all parents and carers of children with a known food allergy and/or intolerance are requested to provide medical evidence to the school, for example a doctor's/dietician note. This note should detail the specific nature of the food allergy in order to support the safe preparation and distribution of food.

EpiPen and expiry dates

Recent guidance regarding the national shortage of EpiPen's suggests that parents must take responsibility for supplying schools with EpiPen's that are in date. Schools should ensure that the expiry date is recorded and that parents are communicated in a reasonable timeframe to re-stock any expired EpiPen's. Due to the national shortage, some EpiPens that are within three months post-expiry date can still be used in the event of an emergency. The life of the EpiPen is shortened after the expiry date but will still have some effect if administered.

Reviewed by:

Date:

Approved by:

Date:

Next review due: