

ALLERGIES/ANAPHYLAXIS POLICY



Version 1.1

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ORCHYD is an inclusive community that aims to support and welcome children with complex medical conditions.

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

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

ORCHYD will ensure staff understand anaphylaxis and relevant staff should be trained to respond in the event an emergency.

ORCHYD has clear guidance about record keeping including the recording of all the medical details of children with allergies/anaphylaxis and keeping parents updated with any issues it feels may affect their child.

ORCHYD will ensure that our residential holidays and day trips are inclusive and favourable to children with allergies. ORCHYD believes that every child with allergies has a right to participate fully in ORCHYD activities. Some activities including cooking, junk modelling and meals times will be risk assessed as appropriate.

Prior to the holiday, the Lead HCP will meet with the catering team to identify any children with specific allergies. A food placement mat will be devised by the catering team highlighting any specific allergies to ensure these foods are not given to the child. All relevant staff will be advised of children allergies.

ORCHYD is aware of the common triggers for anaphylaxis. ORCHYD will actively work towards reducing or eliminating these health and safety risks.

ORCHYD will work together with children, parents, volunteers and health professionals to ensure this policy is successfully implemented and maintained.

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

Please also refer to the Medication Management Policy.

TRAINING

If required a list of ORCHYD Staff members requiring anaphylaxis and auto-injector training will be identified by the Lead HCP.

It is acknowledged that a number of ORCHYD Healthcare Professionals and some other staffing groups (e.g. Teachers or Teaching Assistants), will have anaphylaxis

and auto-injector training during their normal employment. A list of these team members along with the details of the training will be kept by the Lead HCP. These staff will not require additional training if the training they have received meets the standards set below but it must have been attended in the last 12 months.

Additional training will also be arranged by the Lead HCP and delivered on the training day prior to the holiday if required.

Standards for training, the followed areas should be covered:-

- Understanding of common triggers, allergy avoidance and risk assessment involving activities.
- Ability to recognise the symptoms of anaphylaxis, identify that it is life-threatening and act appropriately.
- Knowledge of following healthcare plans, including when to administer medication, when to call for help/dial an ambulance and post administration care including use of inhaler if indicated.
- Understanding of record keeping including medication administration and safe disposal of sharps.
- Practice with placebos/training devices to enable confidence with medication.

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.

Common triggers of anaphylaxis include:

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

On rare occasions there may be no obvious trigger.

Signs and symptoms

Anaphylaxis has a whole range of symptoms. Any of the following may be present, although most children 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.

Medication and Treatments

ADRENALINE AUTO-INJECTOR

Every child who is at risk of anaphylaxis should be prescribed at least two adrenaline injector devices. Treatment of anaphylaxis requires intramuscular adrenaline – an injection of adrenaline into the muscle. The child may be prescribed one of three

different brands of adrenaline auto-injector devices, either the EpiPen, Emerade or Jext. Adrenaline is also called epinephrine.

WHEN TO ADMINISTER ADRENALINE

Follow directions from the child's doctor and/or the nurse as to when adrenaline should be given. A copy of the child's individual emergency care plan must be provided to ORCHYD prior to the holiday.

However, if the child 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 child taken to hospital.

HOW TO ADMINISTER INTRA-MUSCULAR ADRENALINE

Adrenaline auto-injectors should only be administered by members of the HCP team or other volunteers who have received training from a healthcare professional. This training must be within the last 12 months. A list of trained staff will be kept by the Lead HCP. If required, further training will be provided by the lead HCP prior to the holiday.

Because of the emergency nature of this condition, adrenaline should be carried by the helper assigned to that child each day. This helper must have received training in administering adrenaline injectors.

Auto- 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 child to the hospital, both for their information and safe disposal.

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

- If the child 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 vomiting, lay them on their side to avoid choking.
- If they are having difficulty breathing caused by asthma symptoms and/or by swelling of the airways, they are likely to feel more comfortable sitting up.

If adrenaline is given but the child 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 child to hospital for observation.

Children at risk of anaphylaxis should be prescribed at least two adrenaline injectors to keep near them at all times.

Parents must ensure that at least two injectors are bought to ORCHYD with the child and must check that they have not expired.

Adrenaline injectors will be listed on child's medication chart as per medication policy.

Adrenaline injectors should always be accessible – never in a locked room or cupboard. They should always be with the child, the 1:1 may need to carry them, and this person should stay with the child at all times or give the AAI to the next trained person when swapping.

Store injectors at room temperature.

ANTI-HISTAMINES

Some children 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 child's doctor but be aware that directions may vary from one child to another. If anti-histamines are prescribed as part of the emergency procedure they should be kept together with the child's adrenaline.

INHALERS

Children may also have inhalers to relieve asthma symptoms bought on during an anaphylactic reaction. For administration of inhalers please refer to ORCHYD's Policy for Management of Asthma. In an acute episode requiring adrenalin – the auto-injector should be given first followed by the inhaler.

OTHER RESOURCES

The Anaphylaxis Campaign www.anaphylaxis.org.uk

Appendix 1 - Guides to the different auto-injectors:-

Guide to Using an EpiPen® (see side of device).

There is no need to remove clothing to use an **EpiPen®**, but make sure the orange end will not hit buckles, zips, buttons or thick seams on your clothes.

To remove **EpiPen®** from the carry case. Flip open the lid on the carry case. Tip the carry case and slide the **EpiPen®** out of the carry case.

Lie the child down with their legs slightly elevated to keep the blood flowing or sit up if breathing is difficult.

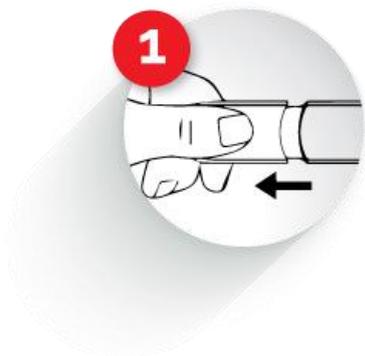


Each **EpiPen®** can only be used once. If symptoms don't improve, you can administer a second **EpiPen®** after 5-15 minutes.

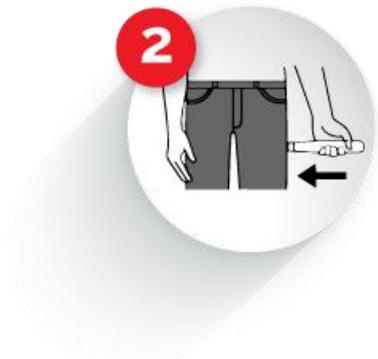
Stay lying down or seated and have someone stay with you until you have been assessed by a paramedic.

Unconscious patients should be placed in the recovery position.

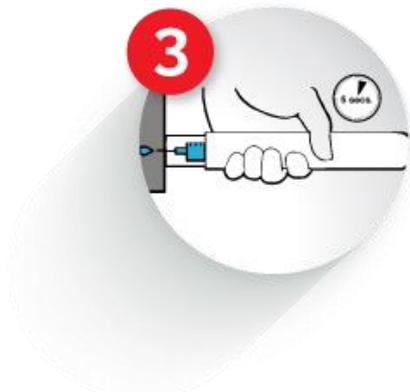
HOW TO USE AN **EMERADE AUTO-INJECTOR (SEE SIDE OF DEVICE).**



REMOVE NEEDLE SHIELD



PRESS AGAINST THE OUTER THIGH



HOLD FOR 5 SECONDS

Massage the injection site gently, then call 999, ask for an ambulance stating "Anaphylaxis"

Emerade[®] is for single use only. However, in the absence of clinical improvement a second injection of Emerade[®] may be administered **5 -15 minutes after the first injection.**

Instructions for Jext device (written on side of device).

**Jext 300
micrograms:
patients greater
than 30kg**



**Jext 150
micrograms:
patients
15 - 30kg**