

Frequently Asked Questions: Schools

This Factsheet aims to answer some of the questions frequently asked by parents and schools.

How common are severe food allergies among children?

Every school is likely to have at least one pupil who is severely food-allergic, and many schools will have more. It is estimated that in the UK 5 – 8 % of children have a proven food allergy, peanut allergy is particularly common with up to 1 in 55 children thought to be affected (National Institute for Health and Clinical Excellence, 2011; Food Standards Agency, 2016).

What are the symptoms of food allergy?

For many children, the symptoms of food allergy are mild. In severe cases, symptoms may include;

- generalised flushing of the skin
- nettle rash (hives) anywhere on the body
- swelling of the throat and mouth
- severe asthma
- abdominal cramps
- nausea and vomiting



In very severe cases there may be collapse and unconsciousness, although this is rare.

Treating Symptoms of an Allergic Reaction



The treatment for a severe allergic reaction is an injection of adrenaline (also called epinephrine), delivered into the muscle in the upper outer area of the mid-thigh. The adrenaline injectors prescribed in the UK at present are Emerade®, EpiPen® and Jext®. These injectors are easy to use and designed for self-administration or administration by any suitably trained individual. If an injector has been prescribed, it should be available at all times – with no exceptions. The emergency services (ambulance) should still be called after use as symptoms may return after a short period and more than one injection of adrenaline may be required to control the reaction.

Emergency treatment of anaphylaxis – what injectors are available?

Pre-loaded adrenaline injection devices – Emerade®, EpiPen® or Jext® – are available on prescription for those thought to be at risk of a severe reaction.

- **Emerade®** is the most recent single use adrenaline auto-injector to become available. It has a needle guard to protect against needle stick injury. Visit www.emerade-bausch.co.uk.
- **EpiPen®** has a spring-loaded concealed needle. The built-in needle protection keeps the needle covered during and after use. Visit www.epipen.co.uk.
- **Jext®** has a locking needle shield which engages after use, designed to protect against needle injury. Visit www.jext.co.uk.

If I have to administer adrenaline, how quickly will it work?

Signs of improvement should be seen fairly rapidly. If there is no improvement, or the symptoms are getting worse, then a second injection may be administered after five - ten minutes.

How many injectors should an allergic pupil have at school?

The UK's Medicines and Healthcare Products Regulatory Agency (MHRA) advised in June 2014 and more recently in August 2017 that anyone who is at risk of suffering anaphylaxis should always have at least two adrenaline injector devices immediately available for use. The MHRA report said: "It is acknowledged that in some cases, a single injection is not sufficient to achieve a response for a number of reasons, including severity of attack as well as the possibility that a dose has not been effectively administered; a second injection may therefore be needed." The Anaphylaxis Campaign supports this view.

In cases where the risk of anaphylaxis is thought to be low, there is a difference of opinion among members of the medical community. While some doctors agree that two injectors must always be immediately available (in line with the MHRA report), others believe it is sufficient to have one device available, arguing that one injection is likely to be enough to treat the symptoms until emergency medical help arrives.

In August 2017 The European Medicines Agency (EMA) recommended several measures, including updating the educational material produced by distributors, to ensure that patients and carers use adrenaline auto-injectors successfully. The recommendation includes information for patients and for healthcare professionals. The information for healthcare professionals includes a recommendation to prescribe 2 auto-injectors, which patients should carry at all times. Read their recommendation: https://assets.publishing.service.gov.uk/media/5996e7aced915d57445311a3/AAI_patient_advice_sheet_August_2017.pdf

The Anaphylaxis Campaign actively campaigns for people to be prescribed two AAls.

Spare adrenaline auto-injectors in Schools from 1st October 2017

From 1st October 2017 legislation came into effect allowing schools in the UK to keep spare adrenaline auto-injectors (AAIs) for emergency use. See more details on this issue here:

<https://www.anaphylaxis.org.uk/schools/schools-help/faqs-spares-pens-schools/>

The Department of Health has released guidance for schools on creating a policy around the use of emergency auto-injectors, available from: <https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

This guidance does include a template letter for schools to enable them to purchase spare adrenaline injectors from their local pharmacy.

What will happen if I give adrenaline and the child is not having a reaction?

The heartbeat could increase and the child may have palpitations for a few minutes. There should be no serious side effects unless the child has coexisting heart problems. The child should still be taken to A&E for ongoing assessment.

Once the injector has been used how do I dispose of it?

Give to the paramedic or take it to the hospital with you to show the A&E staff what has been used. The hospital will then dispose of it for you.

What is the difference between an asthma attack and an allergic reaction?

While a severe allergic reaction could include asthma, there would probably be other symptoms present. These may include swelling in the throat and mouth, nettle rash anywhere on the body, generalised flushing of the skin, abdominal cramps, nausea or vomiting. If the symptoms look particularly severe – for example, if the allergic child is going floppy – then this is very likely to be a severe allergic reaction requiring immediate treatment. Please be aware that asthma causes 3 deaths every day in the UK. You need to ensure any asthma symptoms are treated effectively and any sudden worsening of symptoms (particularly in children with severe allergies) are managed with the help of an asthma management plan.

How can I ensure that the allergic child's development is not impaired?

Children who are at risk of severe allergic reactions are not ill in the usual sense. They are normal children in every respect – except that if they come into contact with a certain food or substance, they may become unwell. It is important that these children are allowed to develop in the normal way and are not stigmatised or made to feel different. All efforts should be made to ensure that the allergic child has the opportunity to participate in all school activities.

School trips may need a little planning and preparation. A risk assessment should be undertaken and a meeting should be arranged with the parents and/or the child to ensure they are satisfied with plans. At least one person trained in administering adrenaline must accompany the party. From the child's point of view, it is inadvisable for a parent to accompany them on school trips, although in some cases this may be unavoidable.

There is no need to exclude an allergic child from cooking lessons, but care is needed with foods that any child is allergic to. Minimise risk with measures such as cleaning the cooking area thoroughly before use and ensuring that recipes are thought out carefully, and if possible all the pupils using ingredients free from the allergen.

Allergic children should have every opportunity to attend sports trips to other schools. Many schools have now had to handle at least one child with food allergy or allergy to insect stings. Ensure your P.E. Teacher is fully aware of the situation and notifies the schools to be visited that a member of the team has an allergy when arranging the fixtures. A member of staff trained in administering adrenaline should accompany the team. Should another school feel they are not equipped to cater for any food-allergic child arrange for the child to take their own food.

Can school pets be a problem for the allergic child?

Some food-allergic children may also be allergic to pets; this needs careful thought and discussion with an allergic child's parents.

Should parents insist on a school being a peanut-free zone?

Generally speaking the Anaphylaxis Campaign would not necessarily support 'peanut bans' in all schools. Schools do however have a duty of care to all pupils, so need to have procedures in place to minimise the risk of a reaction occurring in a food-allergic child. Schools may wish to write to parents requesting that they do not give their children food to bring to school that contains relevant allergens, and asking for their cooperation in making life safe for allergic children. Call our Helpline Tel: 01252 542029 for more advice.

Shared responsibilities

These may vary according to individual circumstances, but the following general guidance may apply.

What are the school's responsibilities?

New statutory guidance was issued to schools in May 2014 by the Government following its landmark decision

in 2013 to amend the Children and Families Act so that from September 2014 schools in England would be legally required to provide the high-quality support children with medical conditions need.

The guidance for the new law is statutory and sets out the practical support schools will be expected to provide to support children with medical conditions, such as making sure they have individual healthcare plans in place and training and support for school staff. See link to “Supporting pupils at school with medical conditions” below.

Supporting pupils at school with medical conditions

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

Tips that might help the school to ensure the safety of an allergic child include:

- Ensure that catering supervisors are aware of an allergic child's requirements, this may be done by creating a log with photographs of children with allergies. However, this should be dealt with sensitively, and not be visible to students. Review health records submitted by parents.
- Be aware that some allergens, such as milk, are much more common in schools, and therefore may require a more extensive strategy.
- Include food-allergic children in school activities. Pupils should not be excluded based on their allergy. School activities should be designed and developed to ensure the inclusion of food allergic pupils.
- Ensure the staff have received high-quality training in managing severe allergies in schools, including how to use an adrenaline auto injector. The Anaphylaxis Campaign offers online training through its AllergyWise training programme.
- Identify a core team to work with parents to establish prevention and treatment strategies. Arrange staff training (your school nurse should be able to help you to arrange this). Ensure all staff can recognise symptoms; know what to do in an emergency, and work to eliminate the use of allergens in the allergic pupil's meals, educational tools, arts and crafts projects.
- Ensure that medications are appropriately stored, and easily accessible in a secure location (but not locked away) central to designated staff members.
- Review policies after a reaction has occurred.

What are the family's responsibilities?

Tips on how the family can help the allergic child include:

- Notify the school of the child's allergies. Ensure there is clear communication.
- Work with the school to develop a plan that accommodates the child's needs throughout the school including in the classroom, in dining areas, in after-school programmes, during school sponsored

activities and on the school bus. Ask your doctor, school nurse, allergy specialist or paediatrician to help.

- Provide written medical documentation, instructions and medications as directed by a doctor. Replace medications after use or upon expiry. Emergency kits in school should be checked termly to ensure they are stored correctly, are still in date, and ready for use.
- Educate the child in allergy self-management, including what foods are safe and unsafe, strategies for avoiding allergens, how to spot symptoms of allergy, how and when to tell an adult of any reaction, and how to read food labels.
- Provide a “stash” of safe snacks for special school events (to be stored in school) and periodically check its supply and freshness.
- Speak to their close friends about the signs and symptoms of a reaction, if the child is happy with them being involved.
- Review policies and procedures with the school staff, school nurse, the child’s doctor and the child (if age appropriate) after a reaction has occurred.
- Encourage the school to purchase a spare pen, as allowed under the October 2017 legislation.

What are the pupil’s responsibilities?

- Be sure not to exchange food with others.
- Avoid eating anything with unknown ingredients.
- Be aware that cosmetics may also contain allergens.
- Be proactive in the care and management of your food allergies and reactions (based on the age level).
- Notify an adult immediately if you eat something you believe may contain the food to which you are allergic.
- Notify an adult immediately if you believe you are having a reaction, even if the cause is unknown.
- Always wear your medical alert bracelet or some other form of medical identification.

Allergy Action Plans

Every child who is at risk of a severe allergic reaction, should have an up-to-date and accurate management / care plan in place in school. These plans should be familiar to all staff in the school.

The Royal College of Paediatrics and Child Health (RCPCH) and British Society for Allergy and Clinical Immunology (BSACI) have created Allergy Action Plans for Children which we would recommend using for children with severe allergies: <http://www.bsaci.org/about/pag-allergy-action-plans-for-children>.

Parents and their GP will need to complete the plans together and provide a copy to the school:

Special Tips

Steps that may be taken for keeping the allergic child safe at break and lunch time:

- Tables should be cleaned thoroughly before and after eating. Remind children to wash their hands.
- Ensure the cooks and lunch time staff all know the allergic child.
- Educate the school pupils about food allergy, maybe in the form of an awareness day, class awareness and activities, or as a fundraising event, such as the Campaign's annual "Orange Wig Day". The Anaphylaxis Campaign can help with fundraising ideas; email us at info@anaphylaxis.org.uk.

References

The following studies are referred to in the text:

Food Standards Agency (FSA), 2016. Allergy basics and stats.

National Institute of Clinical Excellence (NICE), 2011. Food allergy in children and young people.

Reviewers

Sue Clarke, Nurse Advisor to the Anaphylaxis Campaign, Allergy Lecturer and Health Visitor

Disclosures

None

Disclaimer

The information provided in this Factsheet is given in good faith. Every effort has been taken to ensure accuracy. All patients are different, and specific cases need specific advice. There is no substitute for good medical advice provided by a medical professional.

About the Anaphylaxis Campaign: supporting people at risk of severe allergies

The Anaphylaxis Campaign is the only UK wide charity to exclusively meet the needs of the growing numbers of people at risk from severe allergic reactions (anaphylaxis) by providing information and support relating to foods and other triggers such as latex, drugs and insect stings. Our focus is on medical facts, food labelling, risk reduction and allergen management. The Campaign offers tailored services for individual, clinical professional and corporate members.

Visit our website www.anaphylaxis.org.uk and follow us on Twitter [@Anaphylaxiscoms](https://twitter.com/Anaphylaxiscoms).