

## Frequently Asked Questions: Schools

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

We have also developed a comprehensive package of resources for schools to help ensure they are safeguarding their allergic pupils. These can be found on our Making Schools Safer webpage: [www.anaphylaxis.org.uk/campaigning/making-schools-safer-project/](http://www.anaphylaxis.org.uk/campaigning/making-schools-safer-project/)

The resources range from allergy awareness presentations to teach pupils, to our free e-learning AllergyWise courses: <https://www.allergywise.org.uk/>

### 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). In school aged children, cow's milk is now the most common single cause of fatal anaphylaxis (Conrado et al, 2021).

### Can children be allergic to substances other than food?

Yes, children can be allergic to substances such as animals, latex, insect stings and medicine e.g. penicillin, as well as food such as nuts, eggs, milk, sesame, wheat, fruit and legumes. The COVID-19 pandemic has raised particular concern over the increased use of latex personal protective equipment (PPE), of which schools must be aware.

Allergens can sometimes be found in soap and art and craft materials.

### What are the symptoms of an allergy?

The symptoms of an allergy can come on rapidly. These may include nettle rash (otherwise known as hives or urticaria) anywhere on the body, or a tingling or itchy feeling in the mouth.

More serious symptoms may include:

- Swelling in the throat and/or mouth
- Difficulty breathing
- Severe asthma
- Colicky abdominal pain



The term for this more serious form of allergy is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure (anaphylactic shock). The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness.

## 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 auto-injectors (AAIs) prescribed in the UK are EpiPen<sup>®</sup>, Jext<sup>®</sup> and Emerade<sup>®</sup>. These injectors are easy to use and designed for self-administration or administration by any suitably trained individual. If AAIs have been prescribed, they 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.

Please see our What To Do in an Emergency instructions for more information:

[www.anaphylaxis.org.uk/what-to-do-in-an-emergency/](http://www.anaphylaxis.org.uk/what-to-do-in-an-emergency/)

## Emergency treatment of anaphylaxis – what injectors are available?

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

- **EpiPen<sup>®</sup>** has a spring-loaded concealed needle. The built-in needle protection keeps the needle covered during and after use. Visit [www.epipen.co.uk](http://www.epipen.co.uk).
- **Jext<sup>®</sup>** has a locking needle shield which engages after use, designed to protect against needle injury. Visit [www.jext.co.uk](http://www.jext.co.uk).
- **Emerade<sup>®</sup>** has a needle guard to protect against needle stick injury. Visit [www.emerade-bausch.co.uk](http://www.emerade-bausch.co.uk)

## Who can administer the adrenaline auto-injectors?

Any member of school staff may volunteer to take on this role. In many schools, it would be appropriate for there to be multiple designated members of staff who can administer an AAI to avoid any delay in treatment and to ensure cover when staff are absent. Best practice would dictate that all school staff have anaphylaxis training, particularly all staff working closely with the allergic child.

The Anaphylaxis Campaign provide online anaphylaxis awareness training through our free AllergyWise for Schools course and a “train the trainer” AllergyWise for Healthcare Professionals course: <https://www.allergywise.org.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 AAI 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 here: [https://assets.publishing.service.gov.uk/media/5996e7aced915d57445311a3/AAI\\_patient\\_advice\\_sheet\\_August\\_2017.pdf](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 AAI.

### **Spare adrenaline auto-injectors in Schools**

From 1<sup>st</sup> October 2017, the Human Medicines (Amendment) Regulation 2017 allows schools in the UK to buy AAI without a prescription to use in an emergency on children who are at risk of a severe allergic reaction but whose own device is not available or working. This could be because their AAI

are broken or out of date, for example.

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 includes a template letter for schools to enable them to purchase spare AAIs from their local pharmacy. See more details on spare pens in schools here: <https://www.anaphylaxis.org.uk/campaigning/spare-pens-in-schools-campaign/>

### **Where should the spare adrenaline auto-injectors be stored?**

Ensure that medications are appropriately stored and easily accessible. Spare AAIs should be stored in a central location (not locked away), where they can be with the child within 5 minutes. The location of the spare AAIs must be known to all staff members.

Ideally the child's prescribed AAIs should be with the child at all times. If lessons are held in different buildings, the child's prescribed AAIs should go with the child so as to be available at all times. At the appropriate stage of maturity the child can be encouraged to take responsibility for carrying their own AAIs.

### **Who can the spare adrenaline auto-injectors be administered to?**

In line with good clinical practice, all pupils who are prescribed AAIs should have an appropriate allergy management plan. This plan should incorporate both medical authorisation such as from a GP and parental consent for the use of the school's spare AAI(s) and a copy should be shared with the pupil's school.

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: [www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/](http://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/)

If a child is having anaphylaxis but does not have a plan with medical authorisation and parental consent, schools should immediately call 999 and seek advice. If spare AAIs are available, mention this to the call handler/emergency medical dispatcher, as they can authorise use of the spare AAI if

appropriate.

### **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. Or they can be disposed of in a pre-ordered sharps bin for collection by the local council.

### **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 during an allergic reaction. 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.

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 the allergic child's parents.

### **Should parents insist on a school being a nut-free zone?**

Generally speaking the Anaphylaxis Campaign would not necessarily support 'nut 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. Please contact our helpline for more advice by calling 01252 542029 or email [info@anaphylaxis.org.uk](mailto:info@anaphylaxis.org.uk)

### **Shared responsibilities**

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

#### **What are the school's responsibilities?**

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

The Supporting pupils at school with medical conditions statutory guidance is issued under this legislation.

The guidance for this legislation 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 the link to "Supporting pupils at school with medical conditions" below:

[www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3](http://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:

- Identify a core team to work with parents to establish prevention and treatment strategies. 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 everyday school life, such as in meals, educational tools, arts and crafts projects. A template annual risk assessment can be found here: <https://www.anaphylaxis.org.uk/campaigning/making-schools-safer-project/>
- Ensure staff have received high-quality training in managing severe allergies in schools, including how to use an AAI. The Anaphylaxis Campaign offers online training through its AllergyWise e-learning courses: <https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-schools/>
- Ensure that medications are appropriately stored, easily accessible and ideally with the child at all times. Spare AAIs should be stored in a central location (not locked away) known to all staff members.
- 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 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 without excluding or disadvantaging the child. All systems should be GDPR compliant and appropriate parental permission obtained. 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.
- Review risk assessment and policies after a reaction has occurred. Use the opportunity to raise awareness and educate all school staff and students about allergies and anaphylaxis. Access Anaphylaxis Campaign school allergy awareness resource packs here: <https://www.anaphylaxis.org.uk/schools/schools-allergywise/>

### 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.
- Provide written medical documentation including an allergy management plan, 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.
- 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 a “stash” of safe snacks for special school events (to be stored in school) and periodically check its supply and freshness.
- 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.
- Speak to their close friends about the signs and symptoms of a reaction, if the child is happy with them being involved.
- Encourage the school to purchase spare pens, as allowed under the October 2017 legislation.
- 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.

### What are the pupil’s responsibilities?

- Encourage your friends and people in your class to learn about your allergy.
- Be sure not to exchange food with others.
- Avoid eating anything with unknown ingredients and always ask if a food is safe for you to eat.
- 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.
- Wear your medical alert bracelet or some other form of medical identification if you have one.

### Special Tips

Steps that may be taken to keep 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, using the Anaphylaxis Campaign school allergy awareness resource packs. Or as a fundraising event, such as the Campaign’s annual “Anaphylaxis Awareness Week”. The Anaphylaxis Campaign can help with fundraising ideas; email us at: [fundraising@anaphylaxis.org.uk](mailto:fundraising@anaphylaxis.org.uk).



## References

The following studies are referred to in the text:

Conrado Alessia, Ierodiakonou Despo, Gowland M Hazel, Boyle Robert J, Turner Paul J. Food anaphylaxis in the United Kingdom: analysis of national data, 1998-2018 BMJ, 2021.

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