Medical Conditions Awareness Sessions
Session 1: Anaphylaxis

The content for this section was produced by The Anaphylaxis Campaign (Registered charity number 1085527).
What is anaphylaxis?

+ Anaphylaxis is a severe systemic allergic reaction.
+ It is at the extreme end of the allergic spectrum.
+ The whole body is affected usually within minutes of exposure to the allergen.
+ It can occur within minutes of exposure to an allergen, although it can take several hours.
Signs and symptoms

+ Swelling of the mouth or throat.
+ Difficulty in swallowing or speaking.
+ Alterations in the heart rate.
+ Hives (nettle rash) anywhere on the body.
+ Abdominal cramps, nausea and vomiting.
+ Sudden feeling of weakness.
+ Difficulty breathing.
+ Collapse and unconsciousness.
+ Sense of impending doom.
Example symptoms of anaphylaxis

Hives or nettle rash
Swelling of the mouth
Hives or nettle rash
Hives or nettle rash
Common triggers

- Peanuts
- Tree nuts
- Wasp and bee stings
- Egg
- Fish
- Some medication
- Milk/dairy
- Sesame
- Kiwi
- Latex (natural rubber)
- Shellfish
- Lupin

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Common triggers (continued)

In the case of allergy (and therefore anaphylaxis), the trigger is an allergen. A pupil’s particular allergen can cause a reaction if touched, inhaled or eaten – this can be in very tiny amounts.

When a person with allergies comes into contact with an allergen for the first time, their body perceives the allergen as a threat and makes antibodies to fight it. The next time they come into contact with their allergen their immune system overreacts, chemical substances including histamine are released from the cells in the body, and we see the symptoms we have just discussed.

**Peanut allergy**
The most common cause of severe allergic reaction. Peanuts are legumes rather than nuts. Reactions can be unpredictable. It is common for people with peanut allergy to react to tree nuts, and vice versa.

**Tree nut allergy**
Such as Brazil nuts, hazel nuts, almonds, walnuts and cashew. As some children with peanut allergy go on to develop allergies to tree nuts as well, families are usually advised to avoid all nuts.
Common triggers (continued)

Sesame allergy
An unpredictable allergy like peanut allergy and usually life-long.

Milk allergy
Usually outgrown by school age.

Egg allergy
About 50% will outgrow this by school age.

Fish and shellfish allergy
With fish and shellfish, it is possible to be allergic to one type and not to others.

Latex allergy
This is an allergy which can cross-link. People with latex allergy may also be allergic to banana, kiwi, avocado or horse chestnut.

Kiwi and Lupin
These allergies are on the increase.
Managing the condition

+ Allergen avoidance.
+ Risk assessment.
+ Kitchens and dining areas kept clean of food allergens.
+ Knowledge of food ingredients at meal times.
+ Discouragement of food sharing.
+ Easy access to emergency medication.
+ Annual staff training.
Medicines and treatments

**Injectable adrenaline**
Treatment of anaphylaxis requires intramuscular adrenalin – an injection of adrenalin into the muscle. Adrenalin works by:

+ reversing swelling
+ relieving asthma symptoms
+ constricting the blood vessels
+ stimulating the heart beat.

Every pupil at risk of anaphylaxis should be prescribed an adrenalin injector.

**Antihistamines** and **asthma inhalers**
These may also be prescribed for emergency treatment.
EpiPen

+ Adult dose 0.3mg.
+ Child dose 0.15mg.
+ Two-year shelf life.

To see how to use it, and to buy a trainer EpiPen, visit [www.epipen.co.uk](http://www.epipen.co.uk)

Epipens can be administered through most school clothing but not through thick material such as denim or cord.

Adrenaline should be administered into the upper outer aspect of the thigh.
Anapen

+ Adult dose 0.3mg.
+ Child dose 0.15mg.
+ 18–24 month shelf life.

To see how to use it, and to buy a trainer Anapen, visit [www.anapen.co.uk](http://www.anapen.co.uk)

Anapens can be administered through most school clothing but not through thick material such as denim or cord.
Emergency procedures

Do…

+ Stay calm.
+ Dial 999.
+ Using the pupil’s Healthcare Plan, assess the reaction.
+ Give emergency treatment.
+ Make a note of the time.
+ Monitor closely until the ambulance arrives.
Medical conditions policy

*Medical Conditions at School: A Policy Resource Pack*

+ Produced by the Medical Conditions at School partnership (The Anaphylaxis Campaign, Asthma UK, Diabetes UK, Epilepsy Action, Long-Term Conditions Alliance).

+ Policy information for schools – including a template policy that can be adapted for your school.

+ Awareness information about a range of medical conditions – anaphylaxis, asthma, diabetes and epilepsy.

+ Fit with criteria for *Every Child Matters*.

+ Takes into consideration legislation and guidance from the DCFS and DH including:
  + *Managing Medicines in Schools and Early Years Settings*

+ Healthy schools frameworks

+ Disability Discrimination Act.

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The Anaphylaxis Campaign

+ The Anaphylaxis Campaign is an independent charity guided by UK allergists. The campaign has a range of educational products including information sheets, videos and children’s books.

+ Managing severely allergic pupils in schools training
  + An independent, RCN-approved training programme for school nurses.
  + Training is free – and includes a resource pack worth £40.
  + It aims to get consistent anaphylaxis training in all schools throughout the UK.

+ For more information visit www.anaphylaxis.org.uk or call 01252 542029.

+ Other useful websites include: www.allergyinschools.org.uk and www.cateringforallergy.org.uk