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RATIONALE

To minimise the risk of any child suffering a serious allergic reaction whilst at Shine or attending any Shine related activity. To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.

POLICY

An **allergy** is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis. **Anaphylaxis** is a severe, life-threatening allergic reaction. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

It is possible to be allergic to anything which contains a protein; however, most people will react to a fairly small group of potent allergens. Common UK Allergens include (but are not limited to): Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how Shine will support children with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in Shine activities.

Anaphylaxis Care Plans

Anaphylaxis Care Plans are designed to provide medical and parental consent for Shine to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto- injector. Anaphylaxis Care Plans are obtained prior to child attendance, where allergies are disclosed within Attendee Details. The Shine Inclusion Team proactively share care plans with relevant staff.

Emergency Treatment and Management of Anaphylaxis

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen. If symptoms do not come on quickly, the child must be monitored for a delayed reaction. Additionally, they should not exercise for the remainder of the day unless medical advice has been sought, and permission given.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting

Anaphylaxis

More serious symptoms are often referred to as the **ABC symptoms** and can include:

AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).

BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing, persistent coughing.

CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is **anaphylaxis**. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal. If the child has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so treatment is needed that works rapidly. Adrenaline is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

1. It opens up the airways
2. It stops swelling
3. It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Action:

1. Keep the child where they are, call for help and do not leave them unattended.
2. LIE CHILD FLAT WITH LEGS RAISED – they can be propped up if struggling to breathe but this should be for as short a time as possible.
3. USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY and note the time given. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
4. CALL 999 and state ANAPHYLAXIS (ana-fil-ax-is).
5. If no improvement after 5 minutes, administer second AAI.
6. If no signs of life commence CPR.
7. Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All children must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.

Supply, Storage and Care of Medication

Depending on their level of understanding and competence, children will be encouraged to take responsibility for and to carry their own two AAIs on them at all times in a suitable bag/container

{detail what this is i.e. red drawstring bag. Staff retain overall responsibility for medication and ensure that the child has their AAIs with them.

For younger children or those not ready to take responsibility for their own medication, their medication, in the suitable container, should be kept within 5 minutes of them, **never locked away, and accessible to all staff.**

Medication should be stored in a suitable container and clearly labelled with the child's name. The child's medication storage container should contain:

- Two AAIs i.e. EpiPen® or Jext®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled.

Older children and medication

Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents and Shine staff. However, symptoms of anaphylaxis can come on very suddenly, so Shine staff need to be prepared to administer medication if the young person cannot.

Storage

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes both hot and cold.

Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor/specialist collection service/local authority.

'Spare' adrenaline auto-injectors

Under 2017 Department for Health Guidance schools are able to purchase spare AAIs for emergency use in children who are risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date) or are experiencing anaphylaxis for the first time. The legislation that allows this **only applies to schools**, however. With the school's agreement (for before and after-school care which operates on a school site) the spare AAIs may be made accessible to Shine for use after calling 999 and saying that spare AAIs are available.

Inclusion and safeguarding

Shine is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in Shine so that they can play a full and active role in Shine life and remain healthy. Where Shine includes children up to 5 years old, Shine conforms to the Safer Eating requirements in Early Years Safeguarding 2025.