Risk control

Allergies and risk of anaphylaxis in schools

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Introduction

Many children suffer from allergies and the symptoms of which are usually mild, however, at some point every school is likely to have at least one pupil who is severely allergic to a type of food or, some other anaphylaxis trigger.

Common causes include foods such as peanuts, tree nuts (e.g. almonds, walnuts, cashews, and Brazil nuts), sesame, fish, shellfish, dairy products and eggs.

Non-food causes include wasp or bee stings, natural latex (rubber), penicillin or any other drug or injection.

In some people, exercise can trigger a severe reaction — either on its own or in combination with other factors such as food or drugs (e.g. aspirin) (1)

Peanuts are a common cause of food allergy, caused when the immune system reacts to the protein found in peanuts. Peanut allergy affects around 2% (1 in 50) of children in the UK and has been increasing in recent decades, (2)

Most severe forms of allergy are manageable with the vast majority of the children affected happily accommodated in mainstream schools thanks to effective communication between parents, school staff, doctors and education authorities.

Tragically, on occasion anaphylaxis can prove fatal. Sadly this was the case in 2017 when a 13 year old schoolboy died when he was exposed to a substance which triggered a severe anaphylactic response. (3)

The Coroner in the subsequent inquest stated that the school could be held accountable for two contributory factors, namely that “there was a missed opportunity by the boy’s school to raise awareness among their pupils of the grave nature of his allergies and the care that needed to be taken to avoid his contact with allergens.” However it was noted that there were other significant failings by other parties that were at least, if not more instrumental in the outcome (3). These being;

— That a comprehensive care plan provided to the family by the boy’s medical practitioners was not shared with the school. This in part led to the attending paramedic misdiagnosing the patient due to a failure to provide her with information on the boys severe allergies, resulting in the administering of medication for Asthma rather than anaphylaxis and which (as advised by her organisations then guidelines / information – now revised) should only have been for adults.

— The child (who had multiple severe allergies and asthma) was not carrying 2 Epipens on himself at all times in-line with published guidance.

— The parents were not actively involved in ensuring that the school had adequate and up to date information and Epipens should just such an incident occur.

— That this was a mainstream school, yet all the responsibility and emphasis for managing the child’s allergies appears to have been left up to the school, with little liaison by the parents or the child’s treatment providers.

Guidance and advice provided therefore focussed on the need for schools to ensure they have a management system in place that;

1 Identifies the pupils (and staff) that have severe allergies, what these allergies are and how these are to be managed / treated and who holds the responsibility for keeping this up to date.

2 Communicates regularly to all relevant persons throughout the school / organisation of what allergies are currently an issue in school, what triggers these, how to identify anaphylaxis, the need for immediate action and who should take that action. This could possibly be communicated at 2 levels. Firstly at a general awareness level of Anaphylaxis to everyone, secondly with more specific allergens information to those that the sufferer most often interacts with (teachers, class mates, team mates, dinner staff etc.).

3 Clearly identifies where medicines are kept and who is to administer them. Ensure those identified are aware of their responsibilities and competent to undertake them.

4 Availability of concise but complete information on persons and their allergens that can be passed to attending paramedics to inform effective diagnosis and treatment.

5 Regular reviews of allergy sufferers, severity levels, their care plans and the medication required by those care plans (are care plans agreed with parents, is this documented, are reviews documented?)

6 A recorded system to identify and address cultural, behavioural or other issues that put those known allergen sufferers at risk e.g. the regular throwing of food at break times, wasps /bees attracted to waste bins, litter in playgrounds, canteens etc.

7 Wrap all of this up in a clear policy and procedures on what the school / organisation does to identify and manage the risks from allergens and share this with relevant persons, including parents and medical practitioners.

References

1. https://www.anaphylaxis.org.uk/schools/schools-what-is-anaphylaxis/schools-signs-and-symptoms/
2. https://www.allergyuk.org/information-and-advice/conditions-and-symptoms/778-peanut-allergy
3. https://www.theguardian.com/uk-news/2019/may/10/karanbir-singh-cheema-death-boy-threw-cheese-did-not-intend-harm-coroner
4. Specific guidance on anaphylaxis and its management in schools is available from the NHS and the ongoing Anaphylaxis Campaign website schools pages;

   https://www.nhs.uk/conditions/anaphylaxis/treatment/

   http://www.bsaci.org/guidelines

Further information

For access to further RMP Resources you may find helpful in reducing your organisation's cost of risk, please access the RMP Resources or RMP Articles pages on our website. To join the debate follow us on our LinkedIn page.

Get in touch

For more information, please contact your broker, RMP risk control consultant or account director.

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