

## ALLERGY AND ANAPHYLAXIS MANAGEMENT POLICY

### 1. Policy Statement

#### Values:

XXXX School believes that the safety and wellbeing of those members of the school community suffering from specific allergies and who are at risk of anaphylaxis is the responsibility of the whole school community. The School position is not to guarantee a completely allergen free environment, rather to minimise the risk of exposure, encourage self-responsibility, and plan for an effective response to possible emergencies.

The School is committed to:

- Providing, as far as practicable, a safe and healthy environment in which people at risk of allergies and anaphylaxis can participate equally in all aspects of the school program;
- The encouragement of self-responsibility and learned avoidance strategies amongst pupils suffering from allergies;
- Raising awareness about allergies and anaphylaxis amongst the school community;
- Ensuring each staff member has adequate knowledge of allergies, anaphylaxis and emergency Procedures;
- Close liaison with parents/guardians of pupils who suffer allergies, to assess risks, develop risk minimisation strategies, and management strategies for their child;
- Facilitating communication to ensure the safety and wellbeing of the person with allergy who is at risk of anaphylaxis.

#### Purpose.

The aim of the policy is to:

- Minimise the risk of an allergic/anaphylactic reaction while the person is involved in school related activities.
- Ensure that staff members respond appropriately to an allergic/anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto-injection device.
- Raise, within the XXXX School community the awareness of allergy/anaphylaxis and its management through education and policy implementation

#### Definition:

Anaphylaxis is a severe life threatening generalised or systemic hypersensitivity reaction. This is characterised by rapidly developing life-threatening airway / breathing / circulatory problems usually associated with skin or mucosal changes.

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 not limited to):-

Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how XXXX School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

### 2. Role and Responsibilities

#### Parent responsibilities:

- On entry to the school, it is the parent's responsibility to inform the school office of any allergies. This information should include all previous severe allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. Schools nurse/GP/allergy specialist.

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- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.

Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

## Staff Responsibilities:

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion
- A designated member of staff will ensure that the up to date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication is in date however the designated member of staff will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

A designated member of staff keeps a register of pupils who have been prescribed an AAI and a record of use of any AAI(s) and emergency treatment given.

## Pupil Responsibilities:

- Where possible, pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own auto-injectors will be encouraged to take responsibility for carrying them on their person at all times.

### **3. Allergy Action Plans**

Allergy action plans are designed to function as Individual Healthcare Plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector. It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

### **4. Emergency Treatment and Management of Anaphylaxis**

What to look for:

- swelling of the mouth or throat
- difficulty swallowing or speaking
- difficulty breathing
- sudden collapse / unconsciousness
- hives, rash anywhere on the body
- abdominal pain, nausea, vomiting
- sudden feeling of weakness
- strong feelings of impending doom

Anaphylaxis is likely if all of the following 3 things happen:

- sudden onset (a reaction can start within minutes) and rapid progression of symptoms like threatening airway and/or breathing difficulties and/or circulation problems (e.g. alteration in heart rate, sudden drop in blood pressure, feeling of weakness).
- changes to the skin e.g. flushing, urticaria (an itchy, red, swollen skin eruption showing markings like nettle rash or hives), angioedema (swelling or puffing of the deeper layers of skin and/or soft tissues,

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often lips, mouth, face etc.) Note: skin changes on their own are not a sign of an anaphylactic reaction, and in some cases don't occur at all.

- If the pupil 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 a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment and it starts to work within seconds. Adrenaline should be administered by an injection into the muscle (intramuscular injection).

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

Adrenaline must be administered with the minimum of delay as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once the symptoms have become severe.

## ACTION:

- Stay with the child and call for help. DO NOT MOVE CHILD OR LEAVE UNATTENDED
- Remove trigger if possible (e.g. Insect stinger)
- Lie child flat (with or without legs elevated) – A sitting position may make breathing easier
- USE ADRENALINE WITHOUT DELAY and note time given. (inject at upper, outer thigh - through clothing if necessary)
- CALL 999 and state ANAPHYLAXIS
- If no improvement after 5 minutes, administer **second adrenaline auto-injector**
- If no signs of life commence CPR
- Phone parent/carer as soon as possible

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

## **5. Supply, storage and care of medication**

There should be an anaphylaxis kit which is kept safely, not locked away and accessible to all staff.

Medication should be stored in a rigid box and clearly labelled with the pupil's name and a photograph.

The pupil's medication storage box should contain:

- adrenaline injectors i.e. EpiPen® or Jext® (two of the same type being prescribed)
- an up-to-date allergy action plan
- antihistamine as tablets or syrup (if included on plan)
- spoon if required
- asthma inhaler (if included on plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the designated member of staff will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant adrenaline auto-injectors their child is prescribed, to make sure they can get replacement devices in good time.

## Storage

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

## 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.



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## 7. Staff Training

Is provided by Wye Valley Trust. Note, staff who currently hold either the 18-hour First Aid at Work or the 12-hour Paediatric First Aid certificates are trained in anaphylaxis and use of AAI's.

## 8. Inclusion and Safeguarding

Weobley Primary School is committed to ensuring that all children with medical conditions, including allergies are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

## 9. Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food for Health <http://www.educationforhealth.org>

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) <https://www.nice.org.uk/guidance/qs118>

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) <https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834>

Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/645476/Adrenaline\\_auto\\_injectors\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf) products.

The school office will inform the kitchen staff of pupils with food allergies.

The Kitchen will display all allergen sensitive children in a manner that supports servers to provide food safely.

The school adheres to the following Department of Health guidance recommendations:

Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).

Foods containing nuts are discouraged from being brought into school.

Use of food in crafts, cooking classes, science experiments and special events needs to be considered and may need to be restricted / risk assessed depending on the allergies of particular children and their age.

## 10. Food that is brought into the School

- **Packed Lunches** - parents / carers must not send nuts in any form as part of a child's packed lunch. This includes all forms of loose nuts, nut bars, cereal bars with nut content or nut spreads (including Nutella or other chocolate nut spreads). Where a child has any other allergy that can impact a child through air transference, it may be communicated to families that this item will be unexpectable across the time the child attends the academy.
- **Events** - Where home cooked food is brought into school, all ingredients must be listed. Where shop bought items are used as an ingredient, the full ingredients of said shop bought item must be listed on the ingredients list. Children will only participate in sharing home cooked food at community events under the watch of their parents or carers. Home cooked food will not be shared in school without the supervision of a parent or carer.

## 11. School Trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

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Overnight school trips may be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

## 12. Allergy awareness

XXXX School supports the approach advocated by The Anaphylaxis Campaign and Allergy UK towards nut bans. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff aware of what allergies are, the importance of avoiding the pupils' allergens, the signs and symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

## 13. Risk Assessment

XXXX School will conduct a detailed risk assessment to help identify any gaps in our systems and processes for keeping allergic children safe for all new joining pupils with allergies and any pupils newly diagnosed.

## 14. Useful Links

Anaphylaxis Campaign - <https://www.anaphylaxis.org.uk/>

<https://www.allergyuk.org/schools/whole-school-allergy-awareness-and-management>

Spare Pens in Schools - <http://www.sparepensinschools.uk>

Education newsletter: <https://www.anaphylaxis.org.uk/education/allergy-management-newsletter/>

<https://www.nhs.uk/conditions/anaphylaxis>

### Do

- ✓ avoid the food, medicine or thing that you're allergic to – for example, if you have a food allergy, check food labels carefully and tell staff at restaurants and cafes about your allergy
- ✓ carry 2 adrenaline auto-injectors with you at all times
- ✓ check your adrenaline auto-injector expiry dates regularly and get new ones before they expire
- ✓ practise how to use your adrenaline auto-injector by using a trainer injector (an injector that has no needle or medicine in it) – you can order one online from the company that makes your injector
- ✓ teach friends, family, colleagues or carers how and when to use your adrenaline auto-injector
- ✓ use your adrenaline auto-injector if you think you may have anaphylaxis, even if your symptoms are mild
- ✓ wear medical alert jewellery such as a bracelet with information about your allergy – this tells other people about your allergy in case of an emergency

### Don't

- ✗ do not leave your adrenaline auto-injectors anywhere too hot or cold such as in the fridge or outside in the sun