ASHMORE PARK

AND

PHOENIX NURSERY SCHOOLS FEDERATION

ALLERGY MANAGEMENT AT SCHOOL POLICY

(Written in conjunction with the Federation's Supporting Children with Medical Conditions Policy)

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Signed on behalf of the Governing Board/Committee	S.T Hacey
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1. Introduction

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 serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. 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.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

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 and/or Sesame
- Milk
- Egg
- Fish
- Latex
- Insect Venom
- Pollen
- Animal Dander (skin cells shed by animals with fur or feathers).

This policy sets out how Ashmore Park and Phoenix Nursery Schools Federation will support children with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Roles and Responsibilities

Parent/Carer Responsibilities

- On entry to either school, it is the parent's/carer's responsibility to ensure that the child's allergies are documented on the child's School Admission Form, in addition they must notify school staff e.g. the school office and the child's Educator. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents/Carers are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to the 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. nurse/GP/allergy specialist.
- Parents/Carers are responsible for ensuring any required medication is supplied, in date and replaced as and when necessary.

- Parents/Carers are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.
- Parents/Carers are encouraged to teach their child to have a good awareness of their symptoms and to let an adult know as soon as they feel unwell/are having an allergic reaction.

Staff Responsibilities

- All Educators will complete anaphylaxis training as part of their statutory Level 3 Paediatric First Aid training, which is renewed every three years.
- The First Aider at Work will undertake statutory training as part of their Level 3 Award, which is renewed every three years, however, in addition, refresher training is attended annually, which includes anaphylaxis training.
- Appointed staff also attend Administering Medicine training every three years.
- Staff must be aware of the children in their care 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. Visit Leaders will check that all children with medical conditions, including allergies, carry their medication. Children whose parents/carers are unable to produce their child's required medication will not be able to attend the excursion.
- The school's qualified First Aider at Work will ensure that the up-to-date Allergy Action Plan is kept with the children's medication.
- It is the parent's/carer's responsibility to ensure all medication is in date, however the First Aider at Work will check medication kept at school (as and when applicable) on a half termly basis and will send a reminder to parents/carers if medication is approaching expiry.
- The First Aider at Work keeps a record of children who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

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.

Ashmore Park and Phoenix Nursery Schools Federation recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. See Appendix 1

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/Nurse/Allergy Specialist) and provide this to the applicable school.

4. Emergency Treatment and Management of Anaphylaxis

What to look for:

- Symptoms usually come on quickly, within minutes of exposure to the allergen.
- 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.
- 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.
    - 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?

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

As soon as anaphylaxis is suspected, adrenaline must be administered without delay, the following action(s) will be taken by staff:

- Keep the child where they are, call for help and do not leave them unattended
- **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
- **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.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis)**
- If there is no improvement after 5 minutes, administer a second AAI
- If there are no signs of life commence CPR
- Call parent/carer as soon as possible.

Whilst 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 re-occur after treatment.

5. Supply, Storage and Care of Medication

Supply
Parents/Carers will be required to provide **two** AAIs for their child daily, which will be housed in a suitable bag/container. The anaphylaxis kit will be stored safely; it will not be locked away and will be **accessible to all staff**. The bag/container will be handed back to the child's responsible adult each day, at the end of their session.

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

- Two AAIs i.e. EpiPen or Jext or Emerade
- An up-to-date allergy action plan
- Prescribed antihistamine syrup (if included on the child's allergy action plan)
- Spoon if required
- Asthma inhaler (if included on the child's allergy action plan).

It is the responsibility of the child's parent/carer to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the First Aider at Work will check medication kept at school (as and when applicable) on a half-termly basis and send a reminder to parents/carers if medication is approaching expiry.

Parents/Carers can subscribe to expiry alerts for the relevant AAIs 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 will be given to ambulance paramedics on arrival or will be disposed of by the First Aider at Work via an approved medical professional/institution e.g. pharmacy, doctors' surgery, hospital etc.

6. Staff Training

The School Business Manager (Ashmore Park Nursery) is responsible for coordinating staff anaphylaxis training and the upkeep of the Federation's anaphylaxis policy.

All Educators will complete anaphylaxis training as part of their statutory Level 3 Paediatric First Aid training, which is renewed every three years. The First Aider at Work will undertake statutory training as part of their Level 3 Award, which is renewed every three years, however, in addition, refresher training is attended annually, which includes anaphylaxis training. Appointed staff also attend Administering Medicine training every three years. Additional resources will be obtained from the applicable manufacturers' websites; in the event a child enrolls at one of our schools:

www.epipen.co.uk or www.jext.co.uk or www.emerade-bausch.co.uk

7. Inclusion and safeguarding

Ashmore Park and Phoenix Nursery Schools Federation is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in their school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

8. Catering

Parents/Carers are required to meet with their child's Educator, the Headteacher and the First Aider at Work to discuss their child's individual needs. Our schools' adhere to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for children with food allergies should be clearly labelled with the name of the child for whom they are intended.
- Where food is provided by the school, i.e. the Christmas Party, end of year Celebratory Picnic etc. the Headteacher/Educator will liaise with the child's parents/carers
    - The Headteacher and the child's Educator will be responsible for reading labels for food allergens
    - All staff will be instructed on the measures to be taken to prevent cross contamination during the handling, preparation and serving of food. Examples include preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
- Food will not be given to the children directly, e.g. birthday cake, food treats, sweets etc., in all instances, the food item(s) will be sent home with the child's responsible adult (including where possible) a copy of the food item's allergen information.
- Use of food in crafts and special events (e.g. cultural events) will need to be considered and may need to be restricted/risk assessed depending on the allergies of particular children in school.

9. School trips

Visit Leaders will ensure they carry all relevant first aid emergency supplies and they will check that all children with medical conditions, including allergies, carry their medication. Children whose parents/carers are unable to produce their child's required medication will not be able to attend the excursion.

All activities on the school trip will be risk assessed to see if they pose a threat to children with allergies and if necessary, alternative activities will be planned to ensure inclusion.

We appreciate that most of our parents/carers will be keen that their children should be included in the full life of the school where possible, the school will, therefore, need their co-operation with any special arrangements required.

10. Allergy awareness and nut bans

Ashmore Park and Phoenix Nursery Schools Federation supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. We would not necessarily support a blanket ban on any particular allergen in any establishment, including in our schools. This is because nuts are only one of many allergens that could affect children, and no school could guarantee a truly allergen free environment for a child living with a food allergy/allergies. We advocate instead for our 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 and all other staff are aware of what allergies are, the importance of avoiding children's allergens, the signs and symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

11. Risk Assessment

Either school in the Federation will conduct a detailed individual risk assessment for all new children joining with allergies and any children who are newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

12. Useful Links

Anaphylaxis UK - https://www.anaphylaxis.org.uk/

- Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer-schools-programme/
- AllergyWise for Schools online training - https://www.allergywise.org.uk/p/allergywise-for-schools1

Allergy UK - https://www.allergyuk.org

- Resources for managing allergies at school - https://www.allergyuk.org/living-with- an-allergy/at-school/

BSACI Allergy Action Plans - https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/

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

Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Health Guidance on the use of adrenaline auto-injectors in schools - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

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

BSACI Improving Allergy Care

ALLERGY ACTION PLAN

RCPCH Royal College of Paediatrics and Child Health

anaphylaxis UK

AllergyUK

This child/young person has the following allergies:

Name:

DOB:

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Mild throat tightness
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

Loratadine 5mg

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or persistent cough	• Pale or floppy
• Difficulty swallowing		• Suddenly sleepy
• Swollen tongue		• Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie flat with legs raised** (if breathing is difficult, allow person to sit)

2. **Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: _____ mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, **do NOT stand them up.** Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjector device, if available.

Commence CPR if there are no signs of life

You can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: .....

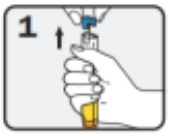
Print name: .....

Date: .....

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

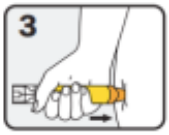
For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: sparepensinschools.uk

How to give EpiPen®



PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"

Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and medical authorisation to carry emergency autoinjectors has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....

.....

Date: .....