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# Allergy & Anaphylaxis Policy

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Adopted by Governors on:	Signed:  CHAIR	Signed:  PRINCIPAL
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# ALLERGY & ANAPHYLAXIS POLICY

## 1. Ethos

We in Grange Park Primary School have a responsibility for the wellbeing and care of the children in our school and we will carry out this duty by providing a caring, supportive and safe environment. All staff, teaching and non-teaching should be alert to the signs of anaphylaxis and should know the procedures to be followed. This policy sets out guidance on the action, which is required where allergy reaction or anaphylaxis to a child is suspected and outlines procedures within our school.

## 2. What is an allergic reaction?

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 medication.

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

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

### **3. Role and responsibilities**

#### **Parent Responsibilities**

- On entry to the school, it is the parent's responsibility to inform office staff of any allergies. Parents must complete Form AM2 (Agreement for School to Administer Medication) to provide formal consent for staff to manage their child's allergy medication.
- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school.
- Parents are responsible for ensuring any required medication is supplied, in date, and replaced as necessary.

#### **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. Pupils unable to produce their required medication will not be able to attend the excursion.
- School Medical Team 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 School Medical Team will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- School Medical Team keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

#### **Pupil Responsibilities**

- 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 / feel unwell.

### **4. 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 autoinjector.

Grange Park PS 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.

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.

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

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely, not locked away and **accessible to all staff**. All staff should be familiar with the location of emergency medication.

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

- Two AAls i.e. EpiPen® or Jext® or Emerade® or EURneffy® (newly approved nasal spray)
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon / syringe 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, however the School Medical Team 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 AAls their child is prescribed, to make sure they can get replacement devices in good time.

### **Storage**

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

### **Disposal**

AAls are single use only and must be disposed of as sharps, alternatively used AAls can be given to ambulance paramedics on arrival.

## **6. Staff Training**

The named staff members (at least 2) responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:

Mr M. Moore – Principal

Mrs R. Dornan – Senior Executive Officer

All staff will complete EA anaphylaxis training at the start of every new academic year. Training is also available on an ad-hoc basis for any new members of staff.

## **7. Inclusion and safeguarding**

Grange Park PS is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, 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.

## **8. Canteen**

Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures 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. For further information, parents/carers are encouraged to liaise with the school cook.

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

Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age. Where possible advance warning should be given to parents of activities involving foods so that they may check ingredients or arrange alternatives options so the child can be included.

## **9. School trips**

Staff leading school trips will ensure they carry all relevant medication and emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, have provided their medication.

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

Overnight school trips should 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).

### **10. Sporting Excursions**

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

### **11. Allergy awareness and food bans**

Grange Park PS supports the approach advocated by Anaphylaxis UK towards nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. There are many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. Grange Park PS advocate instead for schools to adopt a culture of allergy awareness and education.

### **12. Risk Assessment**

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

## Appendix I

### 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 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.

#### What does adrenaline do?

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

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

#### Action:

- 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. AAls 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 no improvement after 5 minutes, administer second AAI in the other leg.
- If no signs of life commence CPR.
- 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 pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

## Appendix 2

<https://www.education-ni.gov.uk/publications/corrected-aai-guidance-october-2018>

## Appendix 3

<https://www.education-ni.gov.uk/sites/default/files/publications/de/supporting-pupils-with-medical-needs.pdf>