



Templemoor Infant and Nursery School Allergy Management Policy

| | |
|------------------|--|
| Policy Adopted | March 2020 |
| Committee | Resources and Safety and Full Governing Body |
| Last Reviewed | 2 nd February 2022 |
| Next Review Date | January 2023* |

* This policy will be reviewed at least annually unless an incident or new legislation or guidance suggests the need for an interim review.



Templemoor Infant and Nursery School Allergy Management Policy

Contents

| | |
|---|--------|
| Introduction | Page 2 |
| Roles and Responsibilities | Page 3 |
| Allergy Action Plans | Page 3 |
| Symptoms and treatment of mild allergic reactions | Page 4 |
| Emergency treatment and management of anaphylaxis | Page 4 |
| Supply, storage and management of medication | Page 5 |
| 'Spare' adrenaline auto injectors in school | Page 6 |
| Staff training | Page 6 |
| Inclusion and safeguarding | Page 6 |
| Catering | Page 7 |
| School trips | Page 8 |
| Allergy awareness | Page 8 |
| Risk Assessment | Page 8 |
| Useful Links | Page 8 |

1. Introduction

An allergy is a reaction by the body's immune system to substances that are usually harmless. This reaction can cause minor symptoms such as itching, sneezing or rashes or a severe reaction known as anaphylaxis or anaphylactic shock.

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

Common UK Allergens include (but are not limited to) – peanuts, tree nuts, sesame, milk, egg, shellfish, insect stings or bites, latex, pollen and animal dander.

5-8% of children in the UK live with a food allergy. 20% of severe allergic reactions to food happen whilst a child is at school. Anaphylaxis causes approximately 20 deaths per year in the UK.

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

2. Roles and Responsibilities

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform the school via the medical questionnaire of any history of allergy. This information must include all previous severe allergic reactions, history of anaphylaxis and details of all prescribed medication.
- It is the parent's responsibility to inform the X Club (the school's extended services provision) of any allergy via the club registration form.
- Parents are asked to supply a copy of their child's Allergy Action Plan. 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. School nurse/GP/allergy specialist.
- 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.
- For a food allergy, parents are required to meet with the catering team and key school staff (e.g. Headteacher, Extended Services Manager) to discuss the allergy, to go through the child's Allergy Action Plan and to agree a specific menu in order to reduce potential exposure.
- Parents are requested not to allow their child to bring in foodstuffs containing nuts to reduce the risk of cross-contamination.

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 at all times 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 and that a robust risk assessment is complete before the excursion via the Trafford Evolve system. All leaders of school trips must ensure they are competent to act in case of anaphylaxis prior to the trip departure.
- The lead first aider 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 lead first aider will check medication kept at school on a termly basis and the school office will send a reminder to parents if medication is approaching expiry.
- The Headteacher 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

- Pupils of any age 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.

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. Symptoms and treatment of mild allergic reactions

Symptoms of mild allergic reactions

- Hives/ Rashes anywhere on the body
- Abdominal pain, nausea and vomiting
- Abdominal cramps
- Localised tingling sensation
- Localised inflammation

Treatment of mild allergic reactions

The priority should be the removal of the allergen. Remove stings or environmental causes. Wash with water where appropriate. For ingested allergens, rinse mouth thoroughly with water and spit out. Never induce vomiting. Use of antihistamines via syrup or tablet is effective for mild reactions and is recommended as the first step in any reaction.

5. Emergency Treatment and Management of Anaphylaxis

Symptoms of severe allergic reaction

- Swelling of the throat or mouth
- Difficulty swallowing or speaking
- Difficulty breathing
- Sudden collapse/ unconsciousness
- Hives/ rashes anywhere on the body
- Abdominal pain, nausea and vomiting
- Sudden feeling of weakness, faintness caused by sudden drop in blood pressure
- Strong feelings of impending doom

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

1. sudden onset (a reaction can start within minutes) and **rapid progression of symptoms.**

2. life threatening airway and/or breathing difficulties and/or **circulation problems** (e.g. alteration in heart rate, sudden drop in blood pressure, feeling of weakness)

3. 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, 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:

Call for help. Office to call **999** immediately and state **ANAPHYLAXIS**. Phone parent/carer as soon as possible

DO NOT MOVE CHILD OR LEAVE UNATTENDED

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). **Remember to give the adrenaline pen sooner rather than waiting if you are concerned. Adrenalin will do no harm but may save a life if given appropriately.**

If no improvement after 5 minutes, administer second adrenaline auto-injector in the other thigh.

If no signs of life commence CPR

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

6. Supply, storage and care of medication

For younger children or those assessed as not ready to take responsibility for their own medication there must be an anaphylaxis kit which is kept safely, not locked away and **accessible to all staff**. One kit is stored in the staffroom in the First Aid draw, the other kit is stored in the child's classroom.

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 main First Aider will check medication kept at school on a termly basis and the office will send a reminder to parents if medication is approaching expiry.

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. Sharps bin to be obtained from and disposed of by Trafford Council.

7. 'Spare' adrenaline auto injectors in school

Templemoor Infant and Nursery School has purchased spare **adrenaline auto-injector (AAI) devices for emergency use in children who are at risk of anaphylaxis**, but their own devices are not available or not working (e.g. because they are out of date).

These are stored in a rigid box, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely in the first aid draw in the staffroom, not locked away and **accessible and known to all staff**.

The lead First Aider is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

Written parental permission for use of the spare AAIs is included in the pupil's Allergy Action Plan.

If anaphylaxis is suspected **in an undiagnosed individual** call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

8. Staff Training

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

9. Inclusion and Safeguarding

Templemoor Infant and Nursery School 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.

10. 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 products.

Parents are required to meet with the catering team and key school staff (e.g. Headteacher, Extended Services Manager) to discuss the allergy, to go through the child's Allergy Action Plan and to agree a specific menu in order to reduce potential exposure.

The school has a clear system in place to ensure catering staff can identify pupils with allergies.

- Photographs of children and their allergies are displayed in the kitchen.
- The school uses an electronic system to identify which meals children have chosen. Children with allergies DO NOT appear on this system, as they have specific menus that are developed for them in collaboration with the catering team and parents.
- Children with allergies line up with their class and are placed at the front of the lunch queue. This enables the midday on duty to double check with the catering team to ensure the correct meals have been given.
- In X Club, attendance registers are printed out daily by a member of the X Club management team. Registers include the allergy information for children attending the Club that day. Two X Club cooks use the daily register to prepare the snacks for the children, taking into account allergies. Both cooks have completed anaphylaxis awareness training. The snacks for children with allergies are always prepared first, wrapped and clearly labelled with the child's name and allergy details. Both cooks double check all labels on the food products used to prepare the snacks. The snacks are then given out to the children by two different members of the X Club team, who then double check both the allergy list and the snack given.
- In Holiday Club, all lunchboxes and water bottles must be clearly labelled. Parents are requested not to allow their child to bring in foodstuffs containing nuts to reduce the risk of cross-contamination. All medication is collected by the X Club management team before the Holiday Club commences and this is stored securely in a central location (the main school kitchen).

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

- Bottles, other drinks and lunch boxes provided by parents for pupils 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, 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 Catering Manager.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. school parties/ discos/ PTA events).
- Foods containing nuts are discouraged from being brought in to school.
- Treats are not permitted to be brought in to school from parents to celebrate birthdays.
- Use of food in DT sessions, science experiments and special events (e.g. school fairs/ cake bakes etc.) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

11. School Trips

Staff leading school trips will ensure they carry all relevant emergency supplies and that a robust risk assessment is complete before the excursion via the Trafford Evolve system. All leaders of school trips must ensure they are competent to act in case of anaphylaxis prior to the trip departure.

12. Allergy Awareness

Templemoor Infant and Nursery School supports the approach advocated by The Anaphylaxis Campaign and Allergy UK towards nut bans/nut free schools. 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 & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

13. Risk Assessment processes for keeping all pupils with allergies safe

Templemoor Infant and Nursery 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](#)

[AllergyWise training for schools](#)

[Allergy UK](#)

[Natasha Allergy Research Foundation](#)

[Whole school allergy and awareness management \(Allergy UK\)](#)

[Spare Pens in Schools](#)

[Education for Health](#)

[Anaphylaxis: assessment and referral after emergency treatment \(The National Institute for Health and Care Excellence, 2020\)](#)

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