



Allergy (Anaphylaxis) Policy & Processes

Version 2.3 November 2023



GREAT WALSTEAD

SCHOOL

Operations Manager
GREAT WALSTEAD

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1. Introduction

Great Walstead School is aware that children can have allergies, which may cause allergic reactions and takes the issue very seriously.

Allergy is a reaction by 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 severe reaction called anaphylaxis.

Anaphylaxis is a severe systemic 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 often include foods, insect stings, or drugs.

For the purposes of this policy when referring to allergies, intolerances should be treated with the same importance.

2. Purpose

To minimise the risk of any pupil suffering a severe allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to:

- prevent allergy incidents
- recognise allergic reactions
- manage severe allergic reactions should they arise

3. Definitions

Allergy:

- Is a reaction by your immune system (your body's defence against infection)
- Your immune system mistakenly treats proteins found in food as a threat
- Can trigger allergy symptoms, such as a rash, wheezing and itching, after eating just a small amount of the food (these symptoms usually happen quickly)
- Is often to particular foods. Common food allergies in adults and children include fish, shellfish and nut allergies.

This definition can also be applied to other types of non-food allergies, e.g. wasp stings, grass or animal fur.

Intolerance

- Does not involve your immune system – there is no allergic reaction, and it is never life-threatening
- Causes symptoms gradually, often a few hours after eating the problem food
- Only results in symptoms if you eat a substantial amount of food (unlike an allergy, where just traces can trigger a reaction)
- Can be caused by many different foods

These are based on the Food Standards Agency definitions.

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 Great Walstead School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

4. Roles and Responsibilities

Parent Responsibilities

- On admission to the school, it is the parent's responsibility to inform office staff of any allergies, by completing the medical form. 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.
- 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.
- Parents with pupils with food allergies must complete the special diet requirements form and submit to the Contract caterer's Nutritionist.

Nutritionist will create a special diet plan which parents must agree before their child can eat at the school. Staff Responsibilities

All staff at Great Walstead have a responsibility to ensure that pupils with an allergy or intolerance do not ingest anything that may trigger a reaction. It is expected that up to and including Year 4 pupils, teachers who eat with their class are specifically responsible for ensuring pupils with allergies do not eat anything that causes an allergic response. Specifically:

- 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 and a risk assessment carried out.
- 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.
- School Nurse 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 Nurse will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- School Nurse keeps a register of pupils who have been prescribed Adrenaline Auto-Injectors (AAI's) e.g. i.e. EpiPen® or Jext® and a record of use of any Adrenaline Auto-Injectors (AAI)'s and emergency treatment given. In addition the School Nurse will keep a register of pupils who are prescribed antihistamine (Piriton).

Contract Caterers

- Are to follow Food Standard Agency guidelines on the management of allergies within the School kitchen and where they serve food
- A special diet meal must be prepared for those pupils with a declared allergy in accordance with the agreed special diet plan, except for ingredients that are not allowed into school i.e. tree nuts
- The caterers will serve pupils with a special diet plan on red plates, bowls and trays from the main kitchen counter

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.
- 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.

5. Additional Controls

Great Walstead School also has the following additional controls in place for the mitigation of all types of allergy incidents, including but not limited to anaphylaxis and food intolerances:

- Authoritative data source for all pupils' medical needs, including allergy information will be held on the School Management Information System (MIS) – PASS / 3Sys
- Contract Caterers to coordinate allergy information with School Nurse
- Only staff timetabled to work in Pre-School can give food to Pre-School children.
- At the start of each term all members of staff will have refresher training. Including notification of those pupils with a medical alert
- Section meetings will have allergies as a standing item on the agenda
- Form teachers are to ensure that any new pupil with an allergy or intolerance, is introduced to the Catering Team before their first meal at Great Walstead
- Form teachers regularly check 3Sys for any changes to pupil allergy information
- Great Walstead aims to be a tree and ground (peanut) nut free school and does not allow tree nuts or nut products within the school. However, manufacturers often use the phrase 'may contain' to indicate the possible presence of nut traces in food, either in the product ingredients or through contamination in the production process. The school kitchen may use some products labelled in this way but wherever possible they try not to. The labels 'may contain traces of nuts' or 'produced in a factory that handle nuts' is cautionary advice, but these warnings will always be taken seriously as they do not tell us anything about the level of risk for

that food. Children with an allergy to nuts will not be served foods labelled in this way, unless consented by parents.

- The School cannot accept any homemade foods or purchased food to be brought into school.
- Snacks for pupils with an allergy / intolerance, provided by the Catering team will be wrapped separately and labelled with the pupil's name if the pupils requirement has been notified to the caterers.
- Snacks for pupils where no food order has been provided the allergen information will be communicated to the teacher/adult collecting the food.
- Anybody who collects food from the servery who has any form of food allergy or intolerance must use a red tray.

6. 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.

Great Walstead School recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plan to ensure continuity.

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.

School will hold emergency antihistamine, syrup or tablet, but this will only be administered to children who have written consent from their parents/carer unless staff have been instructed to administer this medication by the emergency services following a 999 call.

The allergy action plan will be shared with all appropriate staff.

7. 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
- 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)
- 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:

- 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) – However a sitting position may make breathing easier if the person can sit up.
- USE ADRENALINE WITHOUT DELAY and note time given. (inject at upper, outer thigh - through clothing if necessary)
- CALL 999 and state 'ANAPHYLAXIS EMERGENCY'
- If no improvement after 5 minutes, administer second adrenaline auto-injector
- If no signs of life commence CPR
- Phone parent/carer or emergency contact 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. First aider to accompany child to A&E if parents/guardians not available and remain with the child until parents/guardians arrives.

See appendix 1 for Treatment Protocol.

8. Supply, Storage and Care of Medication

(Around age 11 years +) Pupils will be encouraged to take responsibility for and to carry their own two adrenaline injectors on them at all times (in a suitable bag / container).

For younger children or those assessed as not ready to take responsibility for their own medication there will be an anaphylaxis kit which is kept safely, not locked away and accessible to all staff.

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

The pupil's medication container 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 School Nurse 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.

Older children and medication

Older children and teenagers should, whenever possible, assume complete responsibility for their emergency kit under the responsibility of their parents. However, symptoms of anaphylaxis can come on very suddenly, so school staff need to be prepared to administer medication if the young person cannot.

Storage

Adrenaline Auto-Injectors (AAI) should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

Adrenaline Auto-Injectors (AAI) are single use only and must be disposed of as a sharps instrument.

Spare Adrenaline Auto Injectors (AAI) in School

Great Walstead School has spare **Adrenaline Auto-Injector (AAI), devices for emergency use for children who are at risk of anaphylaxis**, if their own devices are not available or not working (e.g. because they are out of date).

These are stored in the medical room, clearly labelled 'Emergency Adrenaline Pen', kept safely in the medical room, not locked away and accessible and known to all staff.

The School Nurse 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 Adrenaline Auto-Injector (AAI's) is included in the pupil's Allergy Action Plan.

If anaphylaxis is suspected in an undiagnosed individual call the emergency services and follow the Emergency Treatment Protocol (appendix 1).

9. Staff Training

School Nurse and Operations Manager are the named staff members responsible for co-ordinating all staff anaphylaxis training and the upkeep of the school's allergy (anaphylaxis) policy.

The School Nurse will offer a practical anaphylaxis training session annually for those staff who are working closely with pupils with anaphylaxis. In addition staff who are First Aid trained have practical anaphylaxis training

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

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Associated conditions e.g. asthma
- Managing allergy action plans and ensuring these are up to date
- A practical session using trainer devices

10. Inclusion and safeguarding

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

11. Catering

All food businesses 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.

The school menu is available for parents to view termly on the parent portal, in advance with allergens highlighted.

The School Nurse will coordinate with the Contract Caterers about the pupils with food allergies.

Children with specific food allergies will have their food served on red plates and trays in Pre-School which will be labelled with each child's name and collected from the servery by a member of staff (for the younger children).

Pupils with allergies / intolerances, not in Pre-School will use a red tray which will be located on the counter with blue trays.

Parents/carers are encouraged to speak with the Contract Catering team and School Nurse, before they start at Great Walstead, to discuss their child's needs.

The School adheres to the following Department of Health 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.
- The pupil should be taught to also check with catering staff, before selecting their food choice.

- 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.
- 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.

12. 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.

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 on the fact that an allergic child is attending and will need appropriate food (if provided by the venue).

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.

13. Allergy Awareness

Great Walstead School supports the approach advocated by The Anaphylaxis Campaign and Allergy UK towards aiming to be a nut free school. However the School does not necessarily support a blanket ban on any particular allergen at Great Walstead. 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.

14. Useful Links

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

- Whole school allergy and awareness management (Allergy UK)
<https://www.allergyuk.org/schools/whole-school-allergy-awareness- and management>

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

15. Monitoring & Review

As a minimum this Policy will be reviewed every two years.

The Operations Manager, Responsible Person, the Health & Safety Committee or the Governing Body may initiate a review at any time before the review date, where a material change has occurred externally, internally or an event has questioned the validity of the existing arrangements.

ANAPHYLAXIS AND SEVERE ALLERGY PROTOCOL

