POLICY
DOCUMENT

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School

Allergy Awareness Policy

Key Elements

This policy aims to set out procedures for education staff, in relation to Allergy Awareness and the needs of children and young people attending at the Trust.
It aims to equip staff to support pupils with allergies in order that they can access a broad, balanced and enriching curriculum.

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1. Aims

The aims of this Allergy Awareness Policy are to:

- Ensure the Health and Safety of all staff, pupils and visitors
- To provide a framework for responding to an incident and recording and reporting the outcomes.
- To ensure that all staff are aware of their responsibilities and the appropriate support is offered to staff and pupils.

2. Allergies and Anaphylaxis

2.1. What is an Allergy?

An allergy is the response of the body's immune system to normally harmless substances, such as pollens, foods, and house dust mites. Whilst in most people these substances (allergens) pose no problem, in allergic individuals their immune system identifies them as a 'threat' and produces an inappropriate response.

2.1.1. **What happens when you have an Allergic Reaction?**

When a person comes into contact with a particular allergen they are allergic to, a reaction occurs. This begins when the allergen (for example, pollen) enters the body, triggering an antibody response. When the allergen comes into contact with the antibodies, these cells respond by releasing certain substances, one of which is called histamine. These substances cause swelling, inflammation and itching of the surrounding tissues, which is extremely irritating and uncomfortable.

2.1.2. **Cause or Triggers:**

The most common causes of allergic reactions are:

- pollen from trees and grasses
- proteins secreted from house dust mites
- moulds
- foods such as peanuts, tree nuts, milk, and eggs
- pets such as cats and dogs, and other furry or hairy animals such as horses, rabbits, and guinea pigs
- insects such as wasps and bees
- medicines (these may cause reactions by binding to proteins in the blood, which then trigger the reaction)

2.1.3. **Symptoms of an allergic reaction**

Common symptoms associated with allergic conditions include:

- sneezing
- wheezing / coughing / shortness of breath
- sinus pain / runny nose
- nettle rash / hives
- swelling
- itchy eyes, ears, lips throat and mouth
- sickness, vomiting & diarrhoea

www.allergyuk.org

2.1.4. Treatment and Response to An Allergic Reaction

Allergic reactions can vary from moderate to severe. In moderate cases the use of antihistamines may be prescribed. These medications must be available to the child or young person and adhere to the school policy (see medical policy for over-the- counter medication). All medication must be clearly labelled with the pupil's information on a pharmacy label. All pupils with known allergies must have a care plan drawn up by the nursing staff.

Staff members with known allergies are responsible for their own medication. Medication must be stored safely within a locked storage unit and not be accessible by pupils. It is the responsibility of the member of staff to inform the school and other members of staff should they need support.

Careful monitoring of the child or young person must continue following the administration of medication to ensure that the pupil responds appropriately, and their condition does not deteriorate.

In some cases, moderate allergic reactions can progress into severe reactions and may pose considerable risk to the person. Parents/carers must be informed on the day if any medication has been administered.

2.2. What is Asthma?

Asthma is a long-term condition that affects the person's airways and causes difficulty with breathing. The airway typically reacts in three ways:

- The muscles around the wall of the airways tighten so that the airways become narrower.
- The lining of the airways becomes inflamed and starts to swell.
- Sticky mucus or phlegm sometimes builds up, which can narrow the airways even more.

Asthma can be a life-threatening condition if not treated correctly. Most people with the correct treatment are able to manage this condition safely.

2.2.1. Causes or triggers

Can be anything that irritates the persons airways and sets of Asthma symptoms.

2.2.2. Symptoms of Asthma

- Coughing
- Wheezing
- Breathlessness
- Chest tightness

2.3. What is Anaphylaxis?

Anaphylaxis (pronounced an-a-fill-ax-is) is a severe and potentially life-threatening allergic reaction affecting more than one body system such as the airways, heart, circulation, gut, and skin. Symptoms can start within seconds or minutes of exposure to the food or substance the person is allergic to and usually will progress rapidly. On rare occasions there may be a delay in the onset of a few hours.

Anaphylaxis is potentially life-threatening, and always requires an immediate emergency response.

2.3.1. Causes or Triggers

Common causes of Anaphylaxis include:

- foods such as peanuts, tree nuts, milk, eggs, shellfish, fish, sesame seeds and kiwi fruit.

- Non-food causes include wasp or bee stings, natural latex (rubber), and certain drugs.
- Sometimes the cause of the reaction is not found. Such reactions may be labelled "idiopathic anaphylaxis" (cause unknown). This does not mean the condition is psychological, though emotional stress can sometimes worsen a reaction.

www.anaphylaxis.org.uk

2.3.2. **Symptoms of Anaphylaxis**

Healthcare professionals consider an allergic reaction to be anaphylaxis when the following factors are visible, either individually or combined:

- difficulty in breathing
- affecting the heart rhythm
- affecting blood pressure.

Any one or more of the following symptoms may be present. These are often referred to as the ABC symptoms:

Airway	**B**reathing	**C**onsciousness/Circulation
• Persistent cough • Vocal changes (hoarse voice) • Difficulty in swallowing • Swollen tongue	• Difficult or noisy breathing • Wheezing (like an asthma attack) • Chest tightness • Persistent cough	• Feeling lightheaded, faint or dizzy • Clammy skin • Confusion • Unresponsive/unconscious (due to a drop-in blood pressure) • Collapse • Floppy and pale

There may be a dramatic fall in blood pressure (anaphylactic shock). If that happens, the person may become faint and dizzy, or in the case of a child they may become floppy. This may lead to collapse, unconsciousness and – on rare occasions – death.

2.3.3. **In addition to the ABC symptoms listed above, the following symptoms may occur:**

- Widespread flushing of the skin
- Nettle rash (otherwise known as hives or urticaria)
- Swelling of the skin (known as angioedema) anywhere on the body (for example, lips, face).
- Abdominal pain, nausea, and vomiting

These symptoms can also occur on their own. In the absence of the more serious ABC symptoms listed above, the allergic reaction may be less severe but you should watch carefully in case ABC symptoms develop.

2.3.4. **What increases the risk of a severe reaction?**

There are times when the person may be particularly vulnerable and at increased risk of a severe reaction. Times when you need to be particularly careful to avoid the culprit allergen include:

- If the person has asthma that is poorly controlled
- If the person is suffering from an infection, or have recently had one
- If the person exercised just before or just after contact with the allergen
- If the person is also suffering from hay fever
- During times of emotional stress

- If the person has taken a 'non-steroid anti-inflammatory drug' (NSAID) such as aspirin or ibuprofen.

3. Emergency Procedures

3.1.1. Emergency Medication

Most children and young people attending Learning in Harmony Trust are unable to take responsibility for their emergency medication. Therefore, class staff are responsible to ensure that pupils who may need access to an EpiPen always have their medication available in class or where else they are onsite if away from class.

Pupils are required to always have at least 2 doses of their EpiPen on site. Expiry dates of these medications will be monitored by the medical lead monthly and parents informed at least a month in advance when the mediation is due to expire.

Pupils who can carry their own emergency medication will need to have a risk assessment completed and an agreement signed between the school and parents. (See medical policy).

Spare asthma inhalers and EpiPens are stored within the medical storage of the individual buildings according to the children and young people who access these areas.

Members of staff are responsible for their own emergency medication. They must ensure that medication is secure and not accessible to pupils. It remains the member of staff's responsibility to inform their colleagues of their allergy and the risk as well as the location of their medication.

3.2. Asthma Protocol

3.2.1. Asthma Inhalers

Asthma inhalers may only be used for pupils who have a prescribed inhaler following their care plan. Spare inhalers from the school may be used with parental consent.

If a child or young person presents with breathing difficulties and they do not have a prescribed inhaler, contact the emergency services immediately (999).

3.2.2. On site response following Asthma attack:

- Class staff to monitor pupils breathing. Collect pupil's inhaler.
- Staff to follow care plan and administer medication according to the plan.
- If pupil continues to show signs of distress and difficulty with breathing, contact SLT.
- If needed contact ambulance services following the school's ambulance guidance (see medical guidance).

3.2.3. Off-site response following Asthma attack:

- Class staff to monitor pupils breathing.
- Staff to follow care plan and administer medication according to the plan.
- Staff to inform the school immediately.
- If pupil continues to show signs of distress and difficulty with breathing an ambulance must be called.

3.3. Anaphylaxis Protocol

3.3.1. Auto-Injectors (EpiPens)

Pre-loaded auto-injectors (also known as EpiPens) containing adrenaline are prescribed for people believed to be at risk of anaphylaxis.

An allocated member of the class team must carry the medication in a clearly labelled bag with them and always remain within reach of the pupil.

The medication bag must contain the following:

- Prescribed EpiPen x2 (Ensure that the EpiPen has not expired, and the contents are sealed)
- Allergy Emergency Care Plan

3.3.2. Treatment and response to Anaphylaxis

The injection should be given as soon as any symptoms of anaphylaxis are present. **If in doubt, give auto-injector.**

An ambulance must be called immediately following the injection. Inform the operator that the person is suffering from anaphylaxis. (See medical guidance)

A second dose should be given after 5-10 minutes if symptoms of anaphylaxis remain, or if there is any doubt about whether the symptoms have improved.

In all cases, following the injection of adrenaline the person must go to the hospital for follow up supervision.

3.3.3. Administering an adrenaline auto-injector

Staff must:

- Call 999 immediately
- Keep the pupil as still as possible and bring the adrenaline auto-injector to the pupil.
- Check that the adrenaline auto-injector is in date (Most injectors have a shelf life of 18 months)
- Check that the contents are clear. (Any cloudy or discoloured liquids cannot be used.)
- Follow the instructions on the injector when administering the Adrenaline.
- Ensure that the injections are in the upper-outer thigh.
- Keep the adrenaline auto-injector after use and give it to the Paramedics on their arrival.
- Note the time of administration.

3.3.4. Onsite and Off-site response to Anaphylactic shock

If a pupil shows signs of anaphylactic shock, follow the care plan, and administer the adrenaline auto-injector as instructed on the care plan. This must be recorded on Medical Tracker.

Immediately after administering an adrenaline auto-injector, an ambulance must be called (999) regardless of the pupil being in school or out in the community. The used adrenaline auto-injector must be given to the ambulance staff and parents informed. The use of an adrenaline auto-injector should be recorded on medical tracker, if needed a paper record can be used. (See medical guidance, Appendix 16).

In all cases following the use of an adrenaline auto-injector the pupil must go to hospital for follow up supervision.

4. Roles of others in School

It is the responsibility of every person on site to remain aware of the risks posed by allergens to pupils and adults suffering from allergies. Learning in Harmony Trust offers training to staff to support their understanding of these conditions and to develop their confidence in administering emergency medication should this be required.

Training is not compulsory, but it is strongly advised that staff working with pupils who have known allergies as well as staff within the wider school community attend the training to ensure that they are confident in supporting pupils.

The 2012 Medicines Act states that any lay person can administer adrenaline for the purpose of saving a life. Staff must be trained to administer Asthma inhalers.

5. Role of Catering Team

The Food Information Regulations 2014 requires all food businesses including school caterers to show the allergen ingredients' information for the food they serve.

Learning in Harmony Trust access the Waltham Forest food services and will inform the service of any dietary arrangements and needs from pupils. Children and young people may not be excluded from school dinners due to their allergies. Alternative options must be provided to ensure that they continue to receive a healthy and balanced meal.

School staff supporting pupils during dinner times must ensure that they are aware of any known allergies to support pupil choices or to limit their access to food on the table that may cause a reaction. Parents may prefer to send a packed lunch in for their child to prevent access to food that may cause a reaction.

5.1 Packed lunches or snacks brought into School

Staff must remain vigilant and ensure that pupils who bring a packed lunch or snack from home do not have food that may put others at risk.

Any food or snacks brought into school that pupils with allergies may have access to must be checked for any known allergens. This includes food that may have traces of allergens or food that are produced in a factory with known allergens.

6. Health Care Plans

Parents are requested to inform their child's school of any known or new allergies immediately and as part of the registration process.

Any known allergies must be followed up by the medical lead and nursing staff within the individual schools. An Allergy Care Plan will be drawn up by the nursing staff in liaison with the parents and other health care professionals involved in the child or young person's care. (See medical guidance appendix 9 and 10). A copy of

the signed care plan must be available in the classroom and classroom staff must familiarise themselves with the content. Further copies will be uploaded onto Medical Tracker and a paper copy must be kept with the child or young persons' emergency medication. All care plans must be reviewed annually or following any changes to the child or young persons' medication.

Allergy posters must be displayed within school kitchens and staff rooms to ensure that staff are aware of all pupils who may be at risk.

7. How to manage Allergen risk posed by activities Off Site or out of school routines

Children and young people may not be excluded from activities on or off site due to their allergies without appropriate alternative activities arranged. Where possible reasonable adjustments must be made to ensure that pupils are able to access activities. E.g., providing a separate table at a bake sale with allergen free items to purchase.

During off site activities, staff must ensure that children and young people have access to appropriate activities and make any food providers aware of allergies.
Emergency medication prescribed for individual pupils must be taken with the group and the adult responsible for medication must remain with the relevant pupils. All staff must be aware of the medical needs of the children and young people under their care and have a shared responsibility to ensure that pupils are kept safe.