

Wallace Primary School and Early Learning & Childcare Class



Anaphylaxis Policy

ALLERGY POLICY PROCESS



1

NOTIFY THE SCHOOL

Parent/Carer notifies the school of their child's allergy via medical form

2

DISCUSSION

Discussion between parent/carers and ASN Co-ordinator re.allergens

3

RISK ASSESSMENT

ASN Co-ordinator creates risk assessment & shares with all staff

4

SCHOOL MEALS

ASN Co-ordinator notifies Operational Support Officer to ensure safe food options in Dinner Hall

5

SCHOOL EVENTS

Parent/Carer provides list of safe foods for school and Parent Council to supply at events.

The purpose of this policy is 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 recognise and manage severe allergic reactions should they arise.

Contents:

1. Introduction
2. Roles and Responsibilities
3. Risk Assessments
4. Medical Posters
5. Supply, Storage and Care of Medication
6. Staff Training
7. Inclusion and Safeguarding
8. Catering
9. School Events
10. School Trips
11. Allergy Awareness
12. Risk Assessment

1. Introduction

An 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.

Definition: 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 Wallace Primary School will support pupils 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 school, it is the parent/carer's responsibility to inform the school of any allergies. This information should include all previous severe allergic reactions, history of anaphylaxis and details of prescribed medication.
- Parents/carers are to supply a copy of their child's Allergy Action Plan. If they do not have an allergy plan this should be developed as soon as possible in collaboration with health care professionals.
- Parents/carers are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents/carers are responsible for approving the information on the medical poster (appendix 1) and action plan (appendix 2) annually.
- Parents/carers are requested to keep the school up to date with any changes in allergy management. The medical poster and risk assessment will be kept updated accordingly.

Staff Responsibilities

- All staff will complete anaphylaxis training. Training is provided for all staff on an annual 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. 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.
- The Additional Support Needs Co-ordinator will ensure that the up to date medical poster is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication is in date however office staff will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- Office staff keep a register of pupils who have been prescribed an Auto Injector Pen and a record of any use 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.
- 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.

3.Risk Assessments

Pupils with anaphylactic reactions will have a personal risk assessment in place outlining mitigations to avoid reactions in the school environment including the cooking kitchen.

All staff working with the allergy child have access to the child's risk assessment.

4.Medical Posters

Medical Posters 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.

Medical posters are displayed within the classroom, dining hall and school office.

It is the parent/carer's responsibility to approve the information in the medical poster on an annual basis and/or alert the school if there are any changes to the information between review.

5.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 or 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:

- Follow directions on child's individual Medical Poster
- All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment

Supply, Storage and Care of Medication

For younger children or those assessed as not ready to take responsibility for their own medication there should be an anaphylaxis kit/adrenaline injector which is kept safely, not locked away and **accessible to all staff**. This will be somewhere in the child's classroom. An additional anaphylaxis kit/adrenaline injector will be kept in the school's office.

Older pupils (Primary 7) will be encouraged to take responsibility for and to carry their adrenaline injector on them at all times (in a suitable bag/container). This is in addition to the adrenaline injector kept within the classroom and school office.

Some pupils are prescribed antihistamine medication or inhalers as well as adrenaline injectors. This would make up the anaphylaxis kit.

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date. 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.

Storage

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

Disposal

Adrenaline injectors are single use only and must be disposed of as sharps. Used adrenaline injectors can be given to ambulance paramedics on arrival.

6. Staff Training

The Additional Support Needs Co-ordinator is responsible for co-ordinating all staff anaphylaxis training and the upkeep of the school's anaphylaxis policy.

The anaphylaxis training video is shown to staff at the start of every new academic year. The training video has been provided by Glasgow Children's Hospital. We also encourage parents of children with an anaphylactic allergy to speak to the staff who work closely with their child about their child's signs and symptoms.

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 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

7. Inclusion and safeguarding

Wallace Primary 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.

8. 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.

The school menu is available for parents to view with all allergens highlighted on the Renfrewshire website at <https://www.renfrewshire.gov.uk/article/2880/Primary-school-lunch-menus>

The school cypad system used for ordering school lunches will inform the kitchen staff of pupils with food allergies.

If a child needs a bespoke menu this will be created by Renfrewshire Council's Operational Support Officer (Food & Nutrition).

9. School Events

The Additional Support Needs Co-ordinator will ensure that any food provided at school events such as house parties is safe for pupils. Food for allergic pupils will be taken from a pre-approved allergen free list provided by their parent/carer. The Additional Support Need Co-ordinator will liaise with the Parent Council to ensure safe foods are provided for allergic pupils at Parent Council events such as discos.

10. 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/carers 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 in that an allergic child is attending and will need appropriate food (if provided by the venue).

11. Allergy Awareness

- Wallace Primary School is a nut free school. We do not serve nut products in our school meals or during events. We also ask that pupils do not bring nut products to school with them. We regularly remind parents/carers of this request via school newsletter
- We hold assemblies to raise awareness of allergies; common allergens, cross-contamination, allergic reactions and anaphylaxis
- We regularly remind pupils not to share snacks to avoid

Appendix 1

Ann Example
Primary 5



Peanut Allergy

Ann has a severe allergy to peanuts and peanut products.

Anaphylaxis/allergic reaction includes difficulty breathing, collapse and/or a skin reaction/rash.

In case of reaction administer her EpiPen and phone 999 immediately.

Emergency Contact:

Mrs Example: _____ **mob 0123456789**

Home 01505 987654

Appendix 2



Medical Risk Assessment

Child's Name	Ann Example
Establishment	Wallace Primary School
Class	Primary 5

Medical Condition	Wheat
Symptoms	Hives, feeling itchy, skin becomes red, difficulty breathing
Action to be Taken	Ann requires a wheat free diet. All snacks and lunch should be wheat <u>free</u> and risk of contamination should be avoided.
Frequency Potential	Daily
Triggers	Consumption of food items above or contained within products which may result in oral consumption through hand in her mouth.
Current Support in Place	Staff will purchase wheat free products (including flour and pasta). Staff will serve Ann first in the lunch <u>hall</u> and she will sit at the end of the table. Ann will have her own cutlery, crockery, chopping boards, <u>pots</u> and storage boxes in the lunch hall.
Likelihood of further incidents	Likely
Impact	High (can cause serious illness)
Other Agencies	Paediatric Dietician - Royal Hospital for Children - 0141 451 xxxx



Action Plan

Actions to reduce likelihood of allergic reaction	Person Responsible	Completion Date
Any wheat free food items to be used in class to be stored in a sealed box in the cupboard, <u>fridge</u> and freezer. Only Ann's food items will be stored in these.		
Staff to undertake autoinjector pen training.		
All parents will be informed that a child in P5 has a wheat allergy and to discuss this with their child.		
An allergy medical poster will be shared with the canteen staff, lunch hall supervisors and SMT.		
Medical forms to be completed by parents at school induction and information from nursery passed on as part of transfer of information.		
All cutlery and crockery to be washed in the dishwasher.		

Wheat free flour will be used for making playdough and cooking throughout the school.		
Ann will be served wheat free snacks which will be available to all <u>children</u> so Ann is fully included.		
If taking Ann on a <u>trip</u> ensure the activities are safe for Ann to participate and all medical information is carried by the supervising adult.		
Liaise with mum to ensure support systems in place are consistent.		
Ann to be served first to ensure the correct lunch is given to her and she is to sit at the end of a table in the lunch hall.		
All children wash their hands after break and lunch.		
Class teacher to make children aware that snack sharing is not allowed and playground staff to be alert to this.		
During an indoor break, children will sit at their table to eat their snack and all tables will be cleaned with detergent spray at the end of break.		
Ensure all new staff, supply staff are made aware of Ann's allergies.		
Ensure Ann is catered for at special events <u>e.g.</u> class treats, school discos.		
All classroom resources to be checked to ensure they are wheat free.		

Written and prepared by			
Signature(s):			

Parent Reviewed	Print Name	Signature

Review Date	
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