Putney High School Policy

PUTNEY
HIGH SCHOOL
GDST
GIRLS' DAY SCHOOL TRUST

Allergy & Anaphylaxis Policy

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Allergy & Anaphylaxis Policy

Policy statement

This policy is designed to ensure all pupils with allergies are supported at Putney High School (hereafter referred to jointly as 'The School') and should be read in conjunction with the school's 'Health and Safety' and 'First Aid' policies. The purpose is to minimise the risk of any pupil suffering 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.

The Deputy Head (Pastoral & Co-curricular) and School Nurse are the named staff members responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy.

Introduction

An allergy is a reaction by the body's immune system to substances that are usually harmless but are known as the "allergen". 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. 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 small group of potent allergens.

Common UK Allergens include (but not limited to): -

Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Mustard, Celery, Shellfish, Soya, Crustaceans, Cereals containing gluten, Lupin, Molluscs, Soybeans, Sulpher dioxide and Sulphites, Insect venom, Pollen, and Animal Dander. This policy sets out how the school will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

Role and responsibilities

Parent/guardian responsibilities

- On entry to the school, it is the parent/guardian's responsibility to inform the School Nurse of any allergies. This information should include all previous severe allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parent/guardians 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.
- Parent/ guardians must complete, sign, and return the school's anaphylaxis care plan within a week of receiving it from the School Nurse. If the School Nurse does not receive a signed and returned care plan after one week then it will be assumed that the care plan is sufficient and will be uploaded for staff to access. Please note that a school anaphylaxis care plan is not required if a BSACI care plan has been provided already.
- Parent/ guardians are responsible for ensuring any required medication is supplied, in date and replaced as necessary. Medication must be held by the school nurse who will inform parents of any medication that has expired and/or needs to be replaced.
- Parent/ guardians are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff responsibilities

- All staff will complete Allergy and Anaphylaxis Awareness e-learning training every 2 years. Training will also be provided for all staff as part of the annual 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 until an alternative has been provided.
- All trip leaders must complete two additional online training courses prior to the trip:
    - Food Allergy Awareness eLearning Training
    - Allergies & Anaphylaxis for Schools eLearning Training
- The school nurse will ensure that the up-to-date Allergy Action Plan is accessible for staff.
- The school will have a Senior Leadership Team Anaphylaxis Champion.

- The school nurse 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 or if they have come into contact with a known allergen.
- Pupils (Senior and Junior) will carry their two AAIs with them to and from school and during the school day. Pupils will be issued with a bum bag or emergency pouch to store their AAIs in. Emergency medication is the only exception for pupils to carry medication.
- Junior school pupils may have the option of keeping two AAIs at school permanently. However, these pupils will need an additional two AAI for the journey to and from school (held by the responsible adult dropping off / collecting the pupil from school). This will be provided by the parents. In these circumstances, a total of four AAI will be needed by the pupil. Parents will be responsible for the AAIs to and from school.

Allergy action plans

Allergy action plans are designed to function as Individual Healthcare Plans for children with food allergies, providing medical and parent/guardian consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare AAI.

The school recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plan to ensure continuity. This is a national plan that has been agreed by the BSACI, the Anaphylaxis Campaign and Allergy UK. There is also a generic GDST anaphylaxis care plan, which only needs to be completed if a BSACI care plan has not been provided and will remain with the medication in school.

It is the parent/guardian/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.

Emergency treatment 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 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 a known allergen**, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so 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) – a sitting position may make breathing easier
- **USE ADRENALINE WITHOUT DELAY** and note time given. (inject at upper, outer thigh - through clothing if necessary)
- CALL 999 and state **ANAPHYLAXIS**
- If no improvement after 5 minutes, administer second adrenaline auto-injector
- If no signs of life commence CPR
- Phone parent/guardian/carer 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 recur after treatment.

Supply, storage, and care of medication

In the Senior School, pupils will be encouraged to take responsibility for and to carry their own two AAIs 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 should be an anaphylaxis kit which is kept safely, not locked away and accessible to all staff. This will contain the two AAIs readily accessible for the pupil.

Medication is stored in a rigid box and clearly labelled with the pupil's name and a photograph. This is kept in the Medical Room in both senior and junior school.

The pupil's medication storage box should contain:

- adrenaline auto-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
- Salbutamol inhaler (if included on plan).

It is the responsibility of the child's parent/guardians 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 parent/ guardians if medication is approaching expiry.

Parent/guardians 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.

Senior School students and medication

All senior school students should, whenever possible, assume complete responsibility for their emergency kit under the responsibility of their parent/guardians.

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

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 bins to be obtained from and disposed of by a specialist collection service. The sharps bin is kept in the medical room(s). Expired AAIs are returned to the parent/ guardian/ senior school pupil for safe disposal at a pharmacy.

'Spare' adrenaline auto injectors in school

The school has purchased spare AAI devices for emergency use in 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 pairs.

The emergency AAIs are stored in an orange colour rigid box, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and accessible and known to all staff.

The school holds spare AAIs which are kept in the following location/s:-

- Senior School medical room
- Junior School medical room
- Main Reception (Senior School)
- Cafeteria
- Sports Hall

The School Nurse is responsible for checking if the spare medication is in date and to replace as needed.

Written parent/guardian permission for use of the spare AAIs is included in the pupil's Allergy Action Plan; this is included in the medical assessment form completed on admission to the school.

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.

Staff training

The School Nurse is the named staff member responsible for coordinating all staff anaphylaxis training and the upkeep of the school's anaphylaxis policy.

The School Nurse will conduct a practical anaphylaxis training session every academic year.

All staff will complete online anaphylaxis awareness training every 2 years.

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 (these can be obtained from the manufacturers' websites www.epipen.co.uk and www.jext.co.uk)

Inclusion and safeguarding

The 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.

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/guardians to view in weekly/fortnightly/monthly advance with all ingredients listed and allergens highlighted on the school website available here.

The School Nurse will inform the Catering Manager of pupils with food allergies. This is carried out on a termly basis or as needed (if there are any changes to dietary requirements/ allergies), via a document with photographs on SIMS of the student and the known allergens.

Parent/guardians/carers are encouraged to meet with the Catering Manager to discuss their child's needs.

All pupils in the junior school with food allergies (or dietary requirements) must wear a lanyard when they go to the cafeteria. The lanyards are designed as a 'traffic light system' whereby a red lanyard means the child has a life-threatening allergy, and an orange lanyard means a mild allergy. The pupil's known allergen(s) are stated on their lanyard and are checked by catering staff before being served any food.

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

- Bottles, other drinks, and lunch boxes provided by parent/guardians for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school cafeteria, parent/guardians should check the appropriateness of foods by speaking directly to the catering manager.
- The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch 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. For further information, parent/ guardians/ carers are encouraged to liaise with the Catering Manager.
- Food should not be given to primary school age food-allergic children without parent/ guardian engagement and permission (e.g., birthday parties, food treats).
- Students are encouraged not to bring in any foods containing nuts.
- 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.

School trips

Prior to any school trip, the staff member leading the trip will meet with the School Nurse to discuss the medical needs of the students attending the trip. The School Nurse will ensure that any emergency medication and first aid kits are given to the staff member the day before the trip.

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. If there is no required medication available for a pupil, they 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 collaboration. A meeting must be arranged between the school nurse and the parent/guardian to develop a detailed care plan for the student. The lead staff member organising the trip should also meet with the nurse in advance to ensure all necessary precautions are in place.

Staff at the trip venue must be informed as early as possible that a child with allergies will be attending. If the venue provides meals, they must be briefed on the child's dietary needs and appropriate food options must be arranged.

Sporting excursions

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teachers 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/guardians 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.

Allergy awareness

The school is an allergen aware school and is committed to providing a safe environment for all people with allergies as advocated by the Anaphylaxis Campaign and Allergy UK. Nuts are not permitted. 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 allergies. They advocate instead for schools to adopt a culture of allergy awareness and education.

Due to the severity of known nut allergies amongst the staff and pupils, the school continues to discourage staff and pupils from bringing in any nut products, and nuts are not used in the kitchen. The school cannot guarantee, however, that it is a nut-free establishment.

A 'whole school awareness of allergies' is encouraged, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs and symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

Risk assessment

The School Nurse 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 newly diagnosed pupils. This will be carried out on an annual basis or as and when new pupils with allergies join the school.

Related policies

- Asthma and Nut
- First Aid
- Health and Safety

Useful links

- Anaphylaxis Campaign- https://www.anaphylaxis.org.uk
  - AllergyWise training for Schools
  - AllergyWise training for Healthcare Professionals
- Allergy UK - https://www.allergyuk.org
- Spare Pens in Schools - http://www.sparepensinschools.uk
- 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