



# PRINCE REGENT

## TRUST

### Allergies Policy 2020

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<b>Prepared by:</b>	<b>Central Team</b>
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## **Introduction**

This policy links to the whole school approach to the health care and management of children suffering from specific allergies.

Allergies occur when the body's immune system mistakes harmless substances as a threat e.g. stings, insect bites, foods, pollen, animal dander, hay, latex and chemicals. Symptoms can include sneezing, vomiting, developing a rash, swelling, blocked nose or difficulty in talking. We recognise that children may suffer from a range of allergies and believe that all should be taken seriously and dealt with in a professional and appropriate way. The school is not in a position to guarantee a completely allergen free environment, but rather will minimise the risk of exposure, encourage self-responsibility, and plan for effective response to possible emergencies.

The intent of this policy is to minimise the risk of a child suffering allergy-induced anaphylaxis whilst at school.

The underlying principles of this policy include:

- The establishment of effective risk management practices to minimise the student, staff, parent and visitor exposure to known trigger foods and insects.
- Staff training and education to ensure effective emergency response to any allergic reaction situation.

Key information required by the school will be

- The nature of the allergy
- The severity of the allergy
- Symptoms of an adverse reaction
- Provision of medication in the event of an allergic reaction/anaphylactic shock
- Precautions to be taken to avoid allergic reaction.

## **The school:**

- keeps a record of all children with allergies;
- will seek and maintain medical information via the health questionnaire. Changes in a child's medical condition during the year must be reported to the school by parents;
- individual Health Care Plans in place with a recent photograph for children with allergies, posted in relevant rooms with parental permission;
- where children with known allergies are participating in school excursions, risk assessments will include this information;
- the wearing of a medic-alert bracelet is allowed by the School.

## **Staff**

All staff (including supply staff) should be aware of;

- the symptoms of an allergy attack, and ideally how to distinguish them from other conditions with similar symptoms;
- the allergy policy;
- have access to training in anaphylaxis management as appropriate, including awareness of triggers and first aid procedures to be followed in the event of an emergency;
- which children have allergies;
- how to access and use auto-injector pens including epipen and JEXT and be confident in the delivery for each system.
- who the designated members of staff for administering medicines are, and the policy on how to access their help.

## **Parents**

- Parents are responsible for providing, in writing, on-going accurate and current medical information to the school.

- Parents are to complete appropriate documentation detailing the nature of the allergy; including:
  1. The allergen (the substance the child is allergic to)
  2. The nature of the allergic reaction (from rash, breathing problems to anaphylactic shock)
  3. What to do in case of allergic reaction, including any medication to be used and how it is to be used.
  4. Control measures – such as how the child can be prevented from getting into contact with the allergen.
  5. If a child has an allergy requiring an **auto-injector pen including EpiPen and JEXT**, or the risk assessment deems it necessary, a Health Care Plan must be completed and signed by the parents.
  6. It is the responsibility of the Parent to provide the school with up to date medication / equipment clearly labelled in a suitable container.
  7. In the case of life saving medication like **auto-injector pens including EpiPen and JEXT**, the child will not be allowed to attend without it. **In case of the failure of the device, children must have two auto-injectors in school which should be kept together and in the child's immediate vicinity at all times.**
  8. Parents are also required to provide up to date emergency contact information.
  9. Parents should liaise with Staff about appropriateness of snacks and any food-related activities (e.g. cooking)

### **Record Keeping**

As part of health questionnaire or when a child joins the school, parents/carers are asked if their child has any medical conditions including allergies on their enrolment form. When this has been established further details will be required from the parent/carer regarding the guidelines for managing allergies in school.

### **Medical Information**

Where **auto-injector pens including EpiPen and JEXT** (Adrenalin) are required to be used by a child:

- Parents/ guardians are responsible for the provision and timely replacement of the **auto-injector pens**;
- The **auto-injector pens including EpiPen and JEXT should always be stored safely in the immediate vicinity of the child. There should always be two auto-injector pens as well as an up to date medical care plan. The pens must accompany the child wherever they are in the building or when they are outside. This is the responsibility of the teaching staff and support staff who are working with the child or children in question.**
- **Auto-injector pens including EpiPen and JEXT should always accompany the child on all external school trips and visits. On any external trip or visit, the child or children in question must be accompanied by an adult who is trained in the delivery of auto-injector pens and is who is fully aware of all protocol after use.**
- **Advice on administration of auto-injector pens including EpiPen and JEXT is located on the medical care plans for each child and these should be with the child or children in question at all times.**

### **In the event of a child suffering an allergic reaction:**

- We will delegate someone to contact the child's parents.
- If a child becomes distressed or symptoms become more serious telephone 999.
- Keep calm, make the child feel comfortable and give the child space.
- If medication is available it will be administered as per training and in conjunction with the Medication Policy. **Whenever an auto-injector pen is administered to a child, staff MUST ring 999 and state 'ANAPHYLAXIS' - advise that a child has suffered anaphylaxis and adrenalin has been administered. Anyone who has been given adrenaline must be examined by a paramedic and taken to A&E for full assessment by a doctor.**
- If parents have not arrived by the time ambulance arrives, a member of staff will accompany the child to hospital.

### **Symptoms of allergic reactions:**

- Ear/Nose/Throat Symptoms: runny or blocked nose, itchy nose, sneezing, painful sinuses, headaches, post nasal drip, loss of sense of smell/taste, sore throat/swollen larynx (voice box), itchy mouth and/or throat and blocked ears.
- Eye Symptoms: watery, itchy, prickly, red, swollen eyes. Allergic 'shiners' (dark areas under the eyes due to blocked sinuses).
- Airway Symptoms: wheezy breathing, difficulty in breathing and or coughing (especially at night time).

- Digestion: swollen lips, tongue, itchy tongue, stomach ache, feeling sick, vomiting, constipation and or diarrhoea.
- Skin: Urticaria –wheals or hives-bumpy, itchy raised areas and or rashes. Eczema –cracked, dry, weepy or broken skin. Red cheeks. Angiodema –painful swelling of the deep layers of the skin.

### **Symptoms of Severe Reaction/ Anaphylaxis:**

Anaphylaxis is a serious allergic reaction that is rapid onset causing swelling to the throat, bronchospasms and may cause death. The emergency treatment for anaphylaxis is epinephrine which is administered through an auto-injector pen (a pre-loaded syringe device).

- Difficulty in swallowing or speaking.
- Difficulty in breathing –severe asthma
- Swelling of the throat and mouth
- Hives anywhere on the body or generalized flushing of the skin
- Abdominal cramps, nausea and vomiting
- Sudden feeling of weakness (drop in blood pressure)
- Alterations in heart rate (fast Pulse)
- Sense of Impending doom (anxiety/panic)
- **Slurred speech, confusion and drowsiness**
- Collapse and unconsciousness

**If you are in any doubt about the severity of any symptoms always seek urgent medical attention  
Call 999 for an ambulance and state Anaphylaxis.**

### **Emergency treatment of anaphylaxis - Adrenaline (epinephrine) given by injection**

Parents need to provide the required prescribed auto-injector to the school .

An IHP should be completed for pupils with this known condition stating:

- what they are allergic to;
- what their symptoms may be;
- what potentially triggers the reaction;
- what action should be taken.

If you are required to administer epinephrine, at the same time you are administering it someone else should call for an ambulance to attend.

It is important to call for an ambulance even if the pupil seems to be improving. When the ambulance attends you should give the used auto injector to the paramedics.

The administration should be recorded in your medical records and on the pupil's IHP.

Remember, specialised auto-injector training is necessary to administer them and if the pupil is going to off-site activities, a trained staff member should accompany them

### **FOOD ALLERGY AWARENESS**

Upon determining that a child attending school has a severe allergy, a team meeting will be set up as soon as possible where all staff concerned attend to update knowledge and awareness of child's needs.

- All staff who come into contact with the child will be made aware of what treatment/medication is required by the school Leader and where any medication is stored.
- All staff are to promote hand washing before and after eating.
- The school provision of biscuits and snacks is monitored by staff who will ensure they are peanut/nut free and will not contain allergens known to be harmful to the children consuming them.

- All staff will be informed of the procedures at snack/lunch time to ensure the safety of children with allergies.
- All tables are cleaned with an approved solution.
- Children are not permitted to share food.
- We may ask the parent for a list of food products and food derivatives the child must not come into contact with. This may be displayed in the school kitchen as appropriate.
- Emergency medication will be easily accessible, especially at times of high risk.
- Staff should liaise with parents about snacks and any food-related activities.

**Role of other parents in Food Allergy Awareness**

- Snacks and lunches brought to the school by other parents should be peanut and nut free.
- The school will ensure that parents are regularly reminded and will monitor the contents of lunchboxes and snack.

**ALLERGIES INFORMATION FORM**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

1. Nature of Allergy:

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2. Severity of Allergy:

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3. Symptoms of an Allergic Reaction

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4. Does your child need/carry emergency medication to be used in the event of an allergic reaction/anaphylactic shock?

- inhaler
- antihistamine medicine or tablet
- EpiPen or Jext (please give details)

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5. Precautions to be taken to avoid Allergic Reaction

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Signed ..... (parent/guardian)

Emergency Telephone Numbers .....

Date .....