



Allergy Policy

Information for Parents: This policy is available on request.

The Ursuline Preparatory School does not undermine the fundamental British values of democracy, the rule of law, individual liberty, and mutual respect and tolerance of those with different faiths and beliefs.

Introduction

All members of staff at the Ursuline Prep School are committed to promoting a whole school approach to health care, welfare and wellbeing and the safe management of those members of our school community who live with specific allergies. We believe that all allergies should be taken seriously and dealt with in a professional and appropriate way. By our actions we will work proactively to:

- minimise the risk of exposure within the school setting
- encourage self-responsibility
- learn avoidance strategies
- have robust plans for an effective response to possible emergencies
- ensure inclusivity for all pupils

Around 5-8% of children in the UK live with a food allergy and most school classrooms will have at least one allergic pupil. These young people are at risk of anaphylaxis, a potentially life threatening reaction which requires an immediate emergency response. 20% of severe allergic reactions to food happen whilst a child is at school and these reactions can occur in children with no prior history of food allergy. It is essential that staff recognise the signs of an allergic reaction, symptoms and are able to manage it safely and effectively.

It is possible that any food has the potential to cause an allergic reaction. Contact with any food or materials containing a child's allergen has the potential to cause an allergic reaction for that child. Latex, chemicals, medicines, grasses, pollen, weeds, trees, pets, insect venom and animal dander (shredded flakes of skin) can also cause allergic reactions.

The 14 main food allergens are:

- Cereals containing Gluten
- Peanuts
- Sesame Seeds
- Celery
- Eggs
- Fish
- Milk
- Nuts
- Mustard
- Sulphur dioxide/Sulphites
- Crustaceans
- Lupin
- Molluscs
- Soya

1 Responsibility of Trustees/Governors

- 1.1 Ensure that as a school we have a strategic vision for the management of allergy risk assessments and emergency procedures.
- 1.2 To ensure the school safeguards the well being of pupils and staff understanding individual known allergies.
- 1.3 To provide appropriate training, information, instruction, induction and supervision on a regular basis to enable everyone to stay safe regarding allergies and their management.
- 1.4 To ensure that adequate information is available on the school website/available for parents regarding how the school manages allergies in our school.

2 The Headteacher

- 2.1 The Headteacher is responsible for putting the policy into practise and for developing detailed procedures. The Headteacher also makes sure that parents are aware of the school's Supporting Children with Medical Needs policy, including arrangements for allergy care.
- 2.2 Provide, as far as practicable, a safe and healthy environment in which people at risk of allergic reaction and anaphylaxis can participate equally in all aspects of school life and are not subject to bullying because of their condition
- 2.3 Ensure all visitors, volunteers, work experience students, sub-contractors are made aware of the school's commitment to allergy management as part of Safeguarding
- 2.4 Ensure there is a workable School Emergency Plan in place that is known by all staff •

- 2.5 Ensure the school sends a copy of the medical details it holds for the child to parents/carers for review and update at the beginning of each school year and updated as and when new information is received.
- 2.6 Seek updated medical information at the commencement of each calendar year and for any pupil/student joining in year
- 2.7 Where the pupil/student has an Individual Healthcare Plan (IHP), ensure the involvement of healthcare and welfare professionals if appropriate, teaching and housekeeping staff, parents/carers and the pupil/ student in establishing IHPs.
- 2.7 Encourage parents/carers to provide Allergy Action Plans (AAPs) completed and signed by a healthcare professional that can be kept with their medication with copies made available for all staff to access and help the school support the pupil/student
- 2.8 Ensure effective communication of individual pupil medical needs to all staff and that they know how and where to check for updated information.
- 2.9 Ensure there are enough trained staff to meet the statutory requirements and assessed needs, allowing for staff absences away from the school premises.
- 2.10 Ensure First Aid staff training includes anaphylaxis and asthma management, including awareness of triggers, anaphylaxis, asthma and first aid emergency procedures.
- 2.11 Ensure an adequate risk assessment is undertaken prior to any school trips, excursions or off site extra curricula activities, taking into account pupils/students who have allergies.
- 2.12 Ensure records of pupils/students medically prescribed an AAI and its use are kept correctly
- 2.13 Ensure pupil/student documentation and in date medication is kept correctly and safely

3 Teachers and other school staff

- 3.1 Report to the Headteacher regarding pupils/student with allergies •
- 3.2 Lead on the training of staff regarding allergy medical needs and their identification and management
- 3.3 Liaise with parents/carers of pupils/students with known declared allergies to produce a risk assessment for their child that includes sharing of information, allergy management, risk minimisation and emergency actions. •

- 3.4 Wherever possible use an AAP for pupils with recognised allergies and keep it with their medication.
- 3.5 Ensure all copies of the AAP/IHP located around the school and on IT systems.
- 3.6 Ensure Child has 2 AAI's is stored and clearly labelled with the pupils/student's name and a photograph (1 should be in child's bug bag and second in First Aid cupboard)
- 3.7 • Be trained in the use of an Adrenaline Auto-Injector (AAI) and be competent in performing any possible required prescribed medical treatment as outlined in the pupil/student's IHP and/or AAP •
- 3.8 Ensure that any other staff involved with those pupils/students requiring the use of an AAI are also adequately trained and competent •
- 3.9 Ensure all school trips, excursions or off-site extra curricular activities for pupils/students are pre-checked so that 'safe' food is provided or that an effective control is in place to minimise risk of exposure for pupils with allergies
- 3.10 • Ensure the school has an audited spare supply of in date AAI's that are kept in a safe space at room temperature that is accessible, secure but not locked away and all staff are aware of the location •
- 3.11 Monitor the use of all AAI's to ensure they are within the expiry date including those brought into the school by pupils/students or external sources and are of the correct dosage •
- 3.12 Arrange for the correct disposal of out-of-date AAI's •
- 3.13 Where anaphylaxis is suspected in an undiagnosed individual, call the emergency services and state ANAPHYLAXIS is suspected, then follow their advice as to whether administration of a spare AAI is appropriate
- 3.14 Record all emergency uses of AAI's or reports of suspected emergencies on medical tracker.
- 3.15 Ensure that, if a pupil/student notifies school that they are no longer allergic to a food, this information is checked prior to updating records and the IHP (if applicable).
- 3.16 Mrs. Long monitors resources. She passes this to the office who update medical tracker. This is consistent with the guidance as set out in 'Practice Guidance for the Early Years Foundation Stage'. Mrs. Pauline Wilson is in charge of first aid overall.

4. All Staff

- 4.1 Follow as directed all the requirements of the school, including all legal requirements, recommended best practice and whole school procedures pertaining to allergies within the school context
- 4.2 Complete appropriate anaphylaxis training and be confident to respond to an allergy emergency
- 4.3 Raise awareness about allergies and anaphylaxis amongst their pupils/students in the classroom and around school, especially in dining areas
- 4.4 Encourage self-responsibility and learned avoidance strategies amongst pupils/students living with allergies
- 4.5 Help all pupils/students understand which foods are safe for those with allergies and how they can support other pupils/students with specific dietary needs to stay safe
- 4.6 Highlight the need for anti-bullying of pupils/students with the condition
- 4.7 Be aware of the pupils in their care (including regular cover classes) who have known allergies as an allergic reaction could occur at any time, not just at breaks or mealtimes
- 4.8 Any food-related activities must be supervised with due caution whilst following best practice for storing, preparing, cooking and serving food •
- 4.9 Any staff leading on a school trip must check that all pupils/students with medical conditions, including allergies, are carrying their medication (those unable to produce their required medication would not be able to attend the excursion)
- 4.10 Staff leading a school trip, excursion or off-site extra curricula activity must ensure they carry all relevant emergency supplies with them

5. Parents/Carers

- 5.1 Notify the school of the pupil/student's allergies. •
- 5.2 Inform the school of any changes as soon as known
- 5.3 Talk with your child about allergy self-management, including what foods are safe and unsafe, how to read food labels, strategies for avoiding allergens, how to spot symptoms of allergy, how and when to tell an adult if experiencing an allergic reaction.

- 5.4 Provide an AAP completed by a healthcare professional that can be kept with their medication and help the school support the pupil/student
- 5.5 Contribute to the provision of an IHP in partnership with the school, and relevant healthcare professional, where required.
- 5.6 Provide appropriate medication (two AA1) of the correct dosage.
- 5.7 Provide appropriate foods to be consumed by the child if necessary.
- 5.8 Replace medication when expired.

All children with allergies (as age appropriate)

- 6.1 Have a good awareness of their allergy and support the knowledge of peers in helping keep them safe
- 6.2 Be proactive in the care and management of their food allergies and reactions and medication •
- 6.3 Be sure not to exchange food with others and take care to avoid any foods which may cause an allergic reaction
- 6.4 Avoid eating anything with unknown ingredients
- 6.5 Know where their medication is kept and take responsibility for carrying AAIs on their person at all times (To take Blue Bum Bags to lunch, PE, Sport events and all activities.)
- 6.6 As soon as they suspect they are experiencing signs of allergic reaction, tell an adult.

7. Supply, storage and care of medication

- 7.1 All children that have an inhaler or AAI are asked to bring in 2 inhalers or AAI's i.e EpiPen® or Jext®.
- 7.2 They are issued with a blue school bum bag. One AAI or inhaler with spacer is kept in the Bum bag and these follow the children around the school to all lessons and activities that they take part in. The second anaphylaxis kit or inhaler is kept safely, stored in the school first Aid room which is accessible to all staff.
- 7.3 Medication is stored in the school first aid room and clearly labelled with the pupil's name. In the first aid cupboard contains:
 - File with individual allergy action plan
 - Antihistamine as tablets or syrup (if included on allergy action plan)
 - Spoon if required

- Asthma inhaler (if included on allergy action plan).

See Appendix 2

- 7.4 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 First Aider/Housekeepers will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

8. Storage

- 8.1 AAls should be stored at room temperature, protected from direct sunlight and temperature extremes. At school we have 2 spare AAl's that are kept in the First Aid room.

9. Disposal

- 9.1 AAls are single use only and must be disposed of as sharps. Used AAls can be given to ambulance paramedics on arrival or expired AAl's are returned to parents to be returned to GP's to be disposed correctly.

10. Allergy awareness and food guidelines

- 10.1 All children at the Ursuline Preparatory School bring packed lunches to school. Parents are made aware of the 14 main allergens and we are a nut free school. We want to encourage a culture of allergy awareness and education through assemblies and our PSHE curriculum. This ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

11. Risk assessment

- 11.1 An Individual risk assessment will be taken for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe. These are annually reviewed.

See Appendix

12. Training

- 12.1 All staff at school have first Aid training every 3 years.

This includes:

- Basic understanding of allergic disease and its risks which include:

- Knowing the common allergens and triggers of allergy

13. Spotting the signs and symptoms of an allergic reaction and anaphylaxis.

See Appendix

- 13.1 Early recognition of symptoms is key, including knowing when to call for emergency services.
- 13.2 Administering emergency treatment (including AAI) in the event of anaphylaxis - knowing how and when to administer the medication/device (See Appendix II)
- 13.3 Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance
- 13.4 Knowing who is responsible for what
- 13.5 Associated conditions e.g. asthma

Order of actions when we are aware that a child has an allergy

1. Notification comes from parent.
2. Mrs Parker-Litjens and class teacher are informed
3. Information added to Engage/Medical Tracker by office staff
4. Mrs Parker-Litjens contacts parents for information before they start at school.
5. Mrs Parker-Litjens liaises with Mr Moody to create IHC and Risk Assessment (Appendix 5)
6. All staff informed and information placed on system
7. Parents are invited in to talk over IHC and signs document
8. Meeting with housekeeping team and class teachers
9. Duplicate forms on file/scan onto medical tracker and with class teachers
10. Signs for classroom updated naming child with allergy
11. Each Allergy Action Plans are to be reviewed annually.

Appendix I - First Aid for Anaphylaxis poster

FIRST AID FOR ANAPHYLAXIS



Recognise the Signs of Anaphylaxis...

A Airways

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B Breathing

- Difficult or noisy breathing
- Wheeze or persistent cough

C Circulation

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

An allergic reaction can escalate to anaphylaxis which is potentially life-threatening. Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

ANAPHYLAXIS: ACTIONS TO TAKE

If any one or more of the above ABC symptoms are present, take these steps.

1. Administer an Adrenaline Auto Injector (AAI) without delay

Inject the AAI into the top of the outer thigh. If you're in doubt that it is anaphylaxis but one or more ABC symptoms are present, give the AAI, it will not harm them.



2. Dial 999 and say anaphylaxis ('ana-fill-axis')

Stay with the person until the ambulance arrives. **DO NOT** let them stand up and walk around.



3. The person should lie down immediately

If the person is not already lying down, they should do so, with legs raised if possible. If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.



4. Inject a second AAI into the outer thigh if there are no signs of improvement after 5 minutes

If there is no sign of life, start CPR immediately until help arrives.

Please learn these steps. This is life-saving information. You never know when you will need to act in an anaphylaxis emergency.

Appendix II - EpiPen AAI and Jext AAI Instructions

ANAPHYLAXIS

HOW TO USE EPIPEN AAIS

If you think someone has an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Remove the blue safety cap

Grasp the EpiPen in your dominant hand and remove the blue safety cap by pulling straight up. Remember: **Blue to the Sky, Orange to the Thigh!**



2. Position the orange tip

Hold the EpiPen at 90°, approximately 10cm away from the leg, with the orange tip pointing towards the outer thigh.

3. Administer the EpiPen AAI

Jab the EpiPen firmly into the outer thigh at a right angle. Hold firmly for 3 seconds, before removing and safely discarding.



4. Once the EpiPen AAI has been administered call 999

Ask for an ambulance and say "ana-fill-axis".

5. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, with legs raised if possible.

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.



6. If there are no signs of improvement after 5 minutes, use a second EpiPen AAI

The person should remain still and lying down until the ambulance arrives. Don't try to get up, even if you start to feel better.

7. Start CPR

If there are no signs of life, start CPR immediately until help arrives.



For more information on EpiPen AAI >>



Sign up to the free expiry alert service and receive reminders by text or email when your EpiPen is about to expire >>



Appendix II - Epipen AAI and Jext AAI Instructions

ANAPHYLAXIS

HOW TO USE JEXT AAIS

If you think someone has an anaphylactic reaction, give the AAI without delay. It will **not** harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

- 1. Hold the Jext AAI in the hand you write with**

Hold with your thumb closest to the yellow cap. Pull off the yellow cap with your other hand.



- 2. Place the black injector tip against the outer thigh**

Hold the injector at a right angle (approx. 90°) to the thigh.



- 3. Push the black tip as hard as you can into the outer thigh**

Wait until you hear a 'click' confirming the injection has started, then keep it pushed in. Hold the injector firmly in place against the thigh for 10 seconds (a slow count to 10) then remove. The black tip will extend automatically and hide the needle.



- 4. Massage the injection area for 10 seconds**

- 5. Once the Jext AAI has been administered call 999**

Ask for an ambulance and say "ana-fill-axis".



- 6. Lie the person down with legs raised immediately**

If the person is not already lying down, they should do so, with legs raised if possible.

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.



- 7. If there are no signs of improvement after 5 minutes, use a second Jext AAI**

The person should remain still and lying down until the ambulance arrives. Don't try to get up, even if you start to feel better.

- 8. Start CPR**

If there are no signs of life, start CPR immediately until help arrives.



For more information on Jext AAIs >>



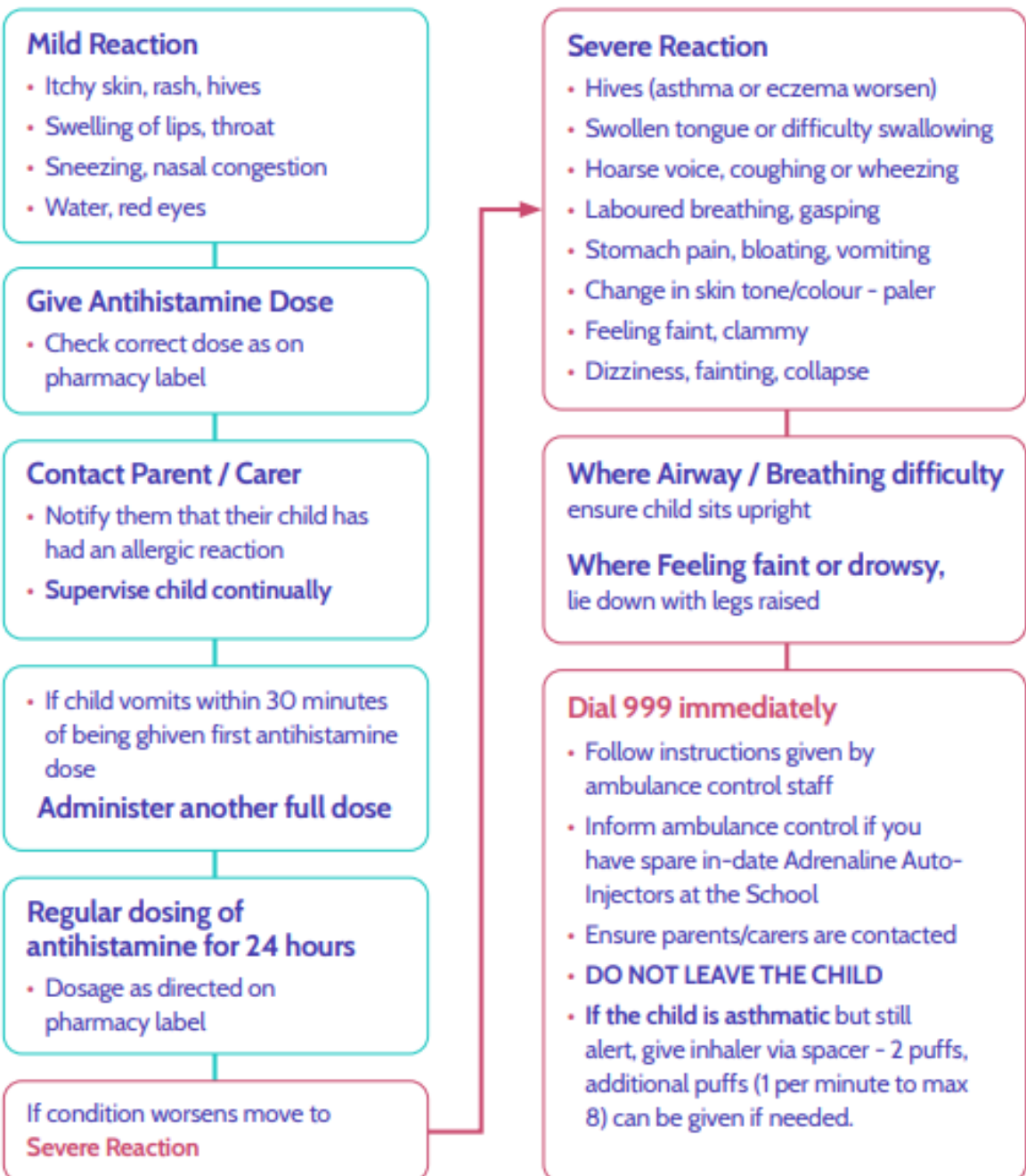
Sign up to the free expiry alert service and receive reminders by text or email when your Jext AAI is about to expire >>



Appendix III

Flowchart for Allergic Reaction without use of Adrenaline Auto-Injector.

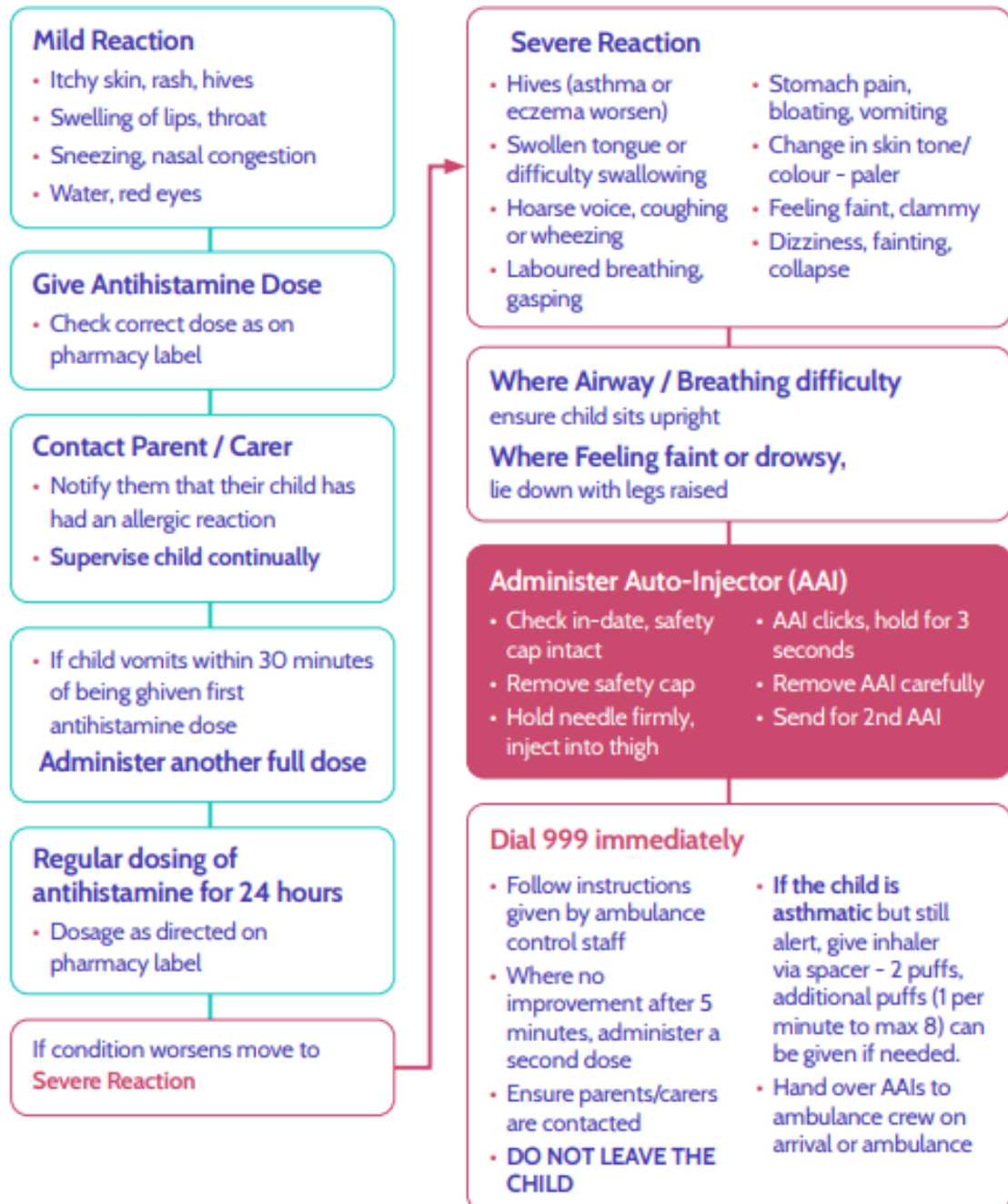
Refer to the child's BSACI Allergy Action Plan if they have one and call for other staff help if needed



Appendix IV

Flowchart for Allergic Reaction with use of Adrenaline Auto-Injector.

Refer to the child's BSACI Allergy Action Plan if they have one and call for other staff help if needed



Ursuline Preparatory School Health Care Plan

Child's Name

--

Class

--

Date of birth

--

Child's Address

--

Medical Diagnosis or Condition

--

Date

--

Review Date

--

Family Contact Information

Name

--

Phone no. (work)

--

(home)

--

(mobile)

--

Name

--

Phone no. (work)

--

(home)

--

(mobile)

--

Clinic/ Hospital Contact

Name

--

Phone no.

--

G.P.

--

Name

--



Notification of Allergies/ Intolerances

Child's name: _____ Date of birth: ____ / ____ / ____

GP Name and Address

Emergency Contact Information

Name:	Name:
Relation to child:	Relation to child:
Address:	Address:
Home/work telephone number:	Home/work telephone number:
Mobile telephone number:	Mobile telephone number:

Please tick here if your child has an allergy or intolerance:

Allergy

Intolerance

Please outline all allergies or intolerances, the severity of reaction and whether it is triggered by ingestion, contact or inhalation:

Does your child carry an adrenaline auto- injector? Yes / No

Have you provided a copy of your child's Allergy Action Plan, provided by your GP or allergy clinic? Yes/ No

Please note that it is the responsibility of the parent or carer to ensure an in-date adrenaline auto-injector accompanies the child to school at all times.

Does your child require any medication for their allergies or intolerances?

Is there any other information about your child's allergies/ intolerances that you would like the school to know?

I agree that the medical information contained in this form may be shared with individuals involved with the care and education of your child.

I understand that I must immediately notify the school, in writing, if there are any changes to the information provided on this form.

Form completed by: _____

Relation to child: _____

Date completed: ____/____/____