Allergy Safety Policy

Information for Parents: This policy is available on request.

Our School Ethos

A caring school with Christ at its centre. We strive for excellence and every child is encouraged to achieve their potential.
We respect and care for each person in our school community, valuing them for who they are and for all that they achieve.

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
- Tree Nuts
- Mustard
- Sulphur dioxide/Sulphites
- Crustaceans
- Lupin
- Molluscs
- Soya

1 Responsibility of Trustees/Governors

Ensure that as a school we have a strategic vision for the management of allergy risk assessments and emergency procedures.

To ensure the school safeguards the wellbeing of pupils and staff understanding individual known allergies.

To provide appropriate training, information, instruction, induction and supervision on a regular basis to enable everyone to stay safe regarding allergies and their management.

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

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 and Allergies policy, including arrangements for allergy care.

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.

Ensure all visitors, volunteers, work experience students, sub-contractors are made aware of the school's commitment to allergy management as part of Safeguarding.

Ensure there is a workable School Emergency Plan in place that is known by all staff.

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.

Seek updated medical information at the commencement of each school year and for any pupil/student joining in year.

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.

Encourage parents/carers to provide Allergy Action Plans (AAPs) completed and signed by a healthcare professional that can be kept with their medication with copy on school medical Tracker for staff to access.

Ensure effective communication of individual pupil medical needs to all staff and that they know how and where to check for updated information.

Ensure First Aid staff training includes anaphylaxis and asthma management, including awareness of triggers, anaphylaxis, asthma and first aid emergency procedures.

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.

Ensure records of pupils/students medically prescribed an AAI and its use are kept correctly.

Ensure pupil/student documentation and in date medication is kept correctly and safely.

3 Allergy Leads

- Report to the Headteacher regarding pupils with allergies.
- Lead on the training of staff regarding allergy medical needs and their identification and management.
- Liaise with parents/carers of pupils with known declared allergies to produce a risk assessment for their child that includes sharing of information, allergy management, risk minimisation and emergency actions.
- Wherever possible use an AAP for pupils with recognised allergies and keep it with their medication.
- Ensure all copies of the AAP/IHP located around the school and on Medical Tracker.
- Ensure Child has 2 AAI's is stored and clearly labelled with the pupils name and AAP in child's bug bag.
- 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's IHP.
- Ensure that all staff are also adequately trained and competent.
- Ensure the school has an audited spare supply of in date AAIs 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.
- Monitor the use of all AAIs to ensure they are within the expiry date including those brought into the school by pupils or parents are of the correct dosage.
- Arrange for the correct disposal of out-of-date AAIs.
- 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.

- Record all emergency uses of AAIs or reports of suspected emergencies on medical tracker.

- Make sure that “near misses” and noted and logged.

Ensure that, if a pupil/student notifies school that they are no longer allergic to a food, this information is checked with their parent/carer prior to updating records and the IHP (if applicable).

4. All Staff

- 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.

- Complete appropriate anaphylaxis training and be confident to respond to an allergy emergency.

- Raise awareness about allergies and anaphylaxis amongst their pupils in the classroom and around school, especially in dining areas.

- Encourage self-responsibility and learned avoidance strategies amongst pupils/students living with allergies.

- Help all pupils/students understand which foods are safe for those with allergies and how they can support other pupils with specific dietary needs to stay safe.

- Highlight the need for wellness of pupils with the condition.

- 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.

- Any food-related activities must be supervised with due caution whilst following best practice for storing, preparing, cooking and serving food. Risk Assessments must be completed for these activities and adjustments made where necessary.

- Any staff leading on a school trip must check that all pupils with medical conditions, including allergies, are carrying their medication (those unable to produce their required medication would not be able to attend the excursion.) and that they have emergency supply with them.

- Staff leading a school trip, excursion or off-site extra curricula activity must ensure that they are pre-checked so that 'safe' food is provided or that an effective control is in place to minimise risk of exposure for pupils.

5. Parents/Carers

- Must notify the school of the pupil/student's allergies.
- Inform the school of any changes as soon as known.

- Parents are advised that children must have their AAI on their way to and from school.

- 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.

- Provide an AAP completed by a healthcare professional that can be kept with their medication and help the school support the pupil.

- Contribute to the provision of an IHP in partnership with the school and relevant healthcare professional, where required.

- Provide appropriate medication (two AAI or inhalers) and details of the correct dosage.

- Replace medication when expired.

6. All children with allergies (as age appropriate)

Have a good awareness of their allergy and support the knowledge of peers in helping keep them safe.

Be proactive in the care and management of their food allergies and reactions and medication.

Be sure not to exchange food with others and take care to avoid any foods which may cause an allergic reaction.

Avoid eating anything with unknown ingredients.

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.)

As soon as they suspect they are experiencing signs of allergic reaction, tell an adult.

7. Wellbeing

It is the responsibility of all staff, as far as practicable, to provide 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.

Children with heightened anxiety should be talked through activities to reduce stress and encourage confidence.

A culture of understanding and knowledge of different allergies are covered in the PSHE “Healthy me” section to help peers to understand the needs of those around them.

All children to know which foods are allowed in school and a culture of not sharing or pressurising others to share food.

Risk Assessments should all include allergens and awareness of how this may effect the wellbeing of the pupil.

8. Supply, storage and care of medication

All children that have an inhaler or AAI are asked to bring in 2 inhalers or AAI’s i.e EpiPen® or Jext®.

They are issued with a blue school bum bag. Two AAI’s or one 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 inhaler and spare anaphylaxis kit is kept

safely, stored in the school first Aid room which is accessible to all staff.

Medication is stored in the school first aid room and clearly labelled with the pupil's name. The first aid cupboard contains:

- File with individual allergy action plan, a copy is in the Blue Bum bags.
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon/ medicine syringe if required
- Asthma inhaler (if included on allergy action plan).

See Appendix 2

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.

9. Storage

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

10. Disposal

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

11. Allergy awareness and food guidelines

All children at the Ursuline Preparatory School bring packed lunches to school. Parents are made aware of the 14 main allergens and we are an allergy aware 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.

As parents join the school they are made aware that we are an allergy aware school and guidelines are given regarding food in

school and that birthday treats etc are sent home at the end of the day to be consumed with parents supervision.

12. Risk assessment

When children join the school, Notification of Allergies/ Intolerances form are completed. This provides information that forms part of the 'Individual Healthcare Plan and Risk Assessments (if required).

These 'Individual Healthcare Plans' are reviewed annually.

See Appendix V

13. Training

All staff have annual allergy safety training, which includes an Anaphylaxis drill (and it is also included in new staff induction) and 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 allergic reactions and understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever and others) which can co-exist.
- Understand the difference between food allergy and food intolerance.
- Understand and can recognise anaphylaxis.
- Know how to respond in an emergency – See Anaphylaxis Emergency Response Plan, Appendix VI
- To understand the impact an allergy can have on a child's wellbeing.
- How to report an allergic reaction or "near miss."
- Identifying the range of symptoms of allergic reactions.

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

See Appendix III

- 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 (See Appendix II)
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance.
- Knowing who is responsible for calling 999.
- Associated conditions e.g. asthma

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

1. Notification comes from parent.
2. Mrs Parker-Litjens, class teacher and teaching assistant 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 V)
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, staffrooms and hall updated naming child with allergy.
11. Each Allergy Action Plans are to be reviewed annually.

Management of Allergies.

Allergy Leads:	Mrs Cutbill Mrs Parker-Litjens
Risk Assessments and IHC:	Mr N Moody
Governor In Charge of Allergies:	Mrs A Hyams
Resources:	Mrs P Long

This Policy is 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.

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

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Appendix II - Epipen AAI and Jext AAI Instructions

ANAPHYLAXIS

HOW TO USE EPIPEN AAIS

If you think someone is have 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 AAIs >>

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

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Appendix II - Epipen AAI and Jext AAI Instructions

ANAPHYLAXIS

HOW TO USE JEXT AAIS

If you think someone is have 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 angles (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 >>

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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

Mild Reaction
- Itchy skin, rash, hives
- Swelling of lips, throat
- Sneezing, nasal congestion
- Water, red eyes

Give Antihistamine Dose
- Check correct dose as on pharmacy label

Contact Parent / Carer
- Notify them that their child has had an allergic reaction
- **Supervise child continually**

- If child vomits within 30 minutes of being ghiven first antihistamine dose

Administer another full dose

Regular dosing of antihistamine for 24 hours
- Dosage as directed on pharmacy label

If condition worsens move to Severe Reaction

Severe Reaction
- Hives (asthma or eczema worsen)
- Swollen tongue or difficulty swallowing
- Hoarse voice, coughing or wheezing
- Laboured breathing, gasping
- Stomach pain, bloating, vomiting
- Change in skin tone/colour - paler
- Feeling faint, clammy
- Dizziness, fainting, collapse

Where Airway / Breathing difficulty
ensure child sits upright

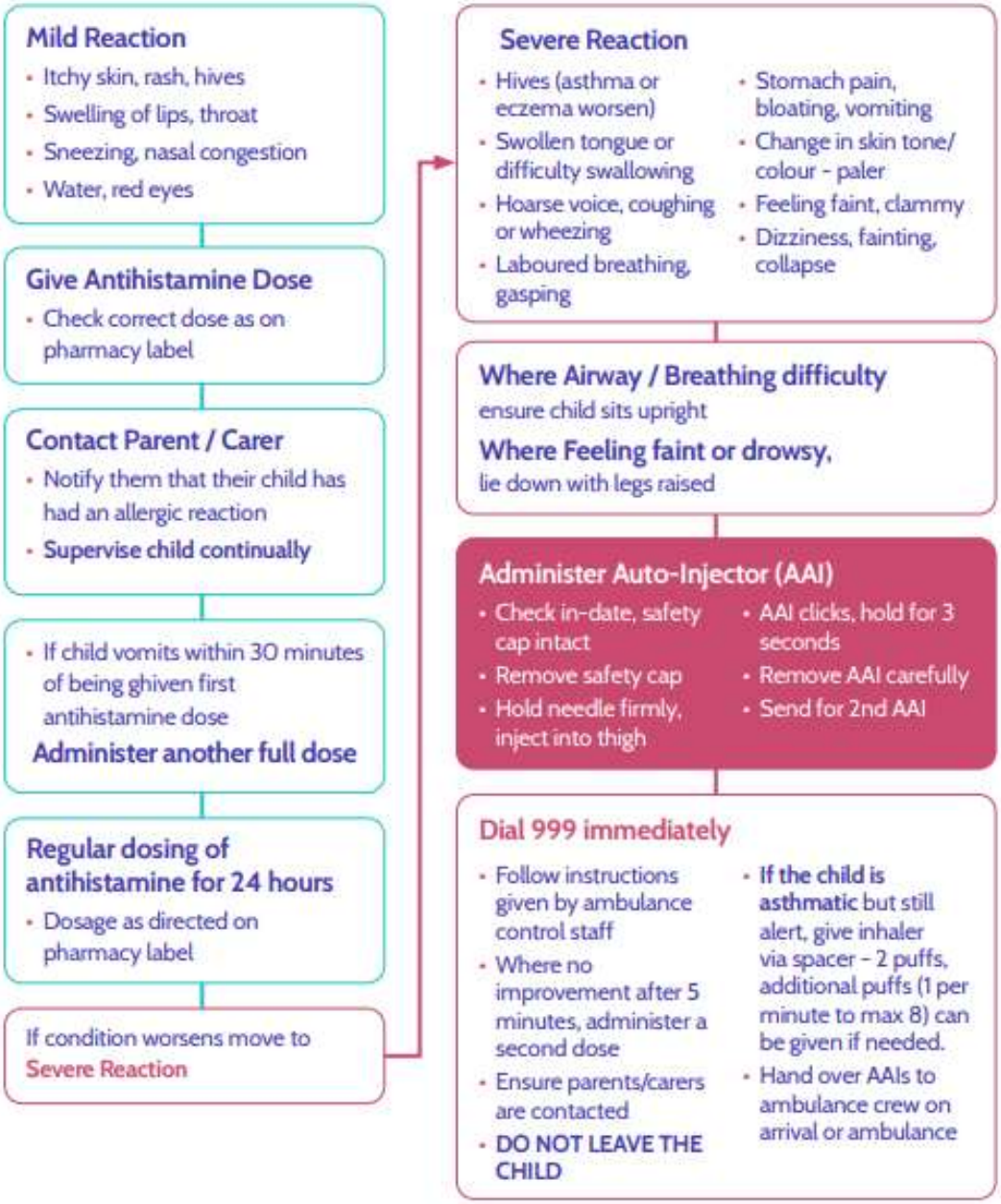
Where Feeling faint or drowsy,
lie down with legs raised

Dial 999 immediately
- Follow instructions given by ambulance control staff
- Inform ambulance control if you have spare in-date Adrenaline Auto-Injectors at the School
- Ensure parents/carers are contacted
- **DO NOT LEAVE THE CHILD**
- **If the child is asthmatic** but still alert, give inhaler via spacer - 2 puffs, additional puffs (1 per minute to max 8) can be given 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



Appendix V

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 is 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: ____/____/_____

Appendix VI

ANAPHYLAXIS EMERGENCY RESPONSE PLAN

HOW TO RESPOND TO ANAPHYLAXIS

I **Lie the person down with their legs raised**

The person being treated should be lying down with their legs raised.
If they are having trouble breathing they can sit.
Small children may need to be held on your lap.

II **Send for help**

If you are the only adult present, send for help, do not leave them alone.
This can be via the walkie talkie into the office (if you are outside the school building), via the internal school phone system or, if you are with older children by sending one of them to the office to get help.

III **Delegate roles**

It is important to liaise with any other adults present. You will need to quickly decide:

- Who will look after the person suffering from anaphylaxis
- Who will call the ambulance
- Who will manage onlookers

It can be a stressful situation for the person suffering from anaphylaxis as well as any children witnessing it who probably haven't seen this happen before.
We must manage the welfare of everyone in the situation.

IIII **Give Adrenaline**

Use an adrenaline pen (AAI) to deliver adrenaline into the upper, outer thigh.

Make a note of the time.

V **Call 999**

Call for an ambulance and stipulate that you are responding to anaphylaxis, this will trigger a priority response.
To ensure that the ambulance make it to the right location without delay it is worth giving them our 'what three words' location. Our front gate location is **transit.hiking.moon**

VI **Monitor and prepare to use second adrenaline pen**

If, after 5 minutes of administering the first dose of adrenaline the person isn't showing signs of improvement or their symptoms are worsening, give them a second dose of Adrenaline.
Call 999 again and tell them you have used the second Adrenaline pen.

VII **Stay with the person and keep them lying down**

Do not let the person stand up and walk around, even if they are feeling better. They should stay lying down until the emergency services arrive. If they carry an inhaler, this can be used to reduce wheezing but give this after adrenaline has been used.

VIII **Ensure that the used AAI's are disposed of appropriately**

They can be given to the ambulance crew or handed in at a pharmacy.

VIIII **Record any incidents of Anaphylaxis or near misses**

It is important to keep records of both anaphylaxis and near misses so that we can continue to improve our procedures.