

# Codsall High Federation of Schools

## Allergy & Anaphylaxis Management Policy



### Introduction:

Food allergies are a growing health concern in schools across the country. The incidence of the peanut allergy, the deadliest of all the food allergies tripled in the ten-year period from 1997-2008. Today, more than 2 million school-aged children in this country suffer from food allergies. Medical experts agree that this number is increasing exponentially.

Research indicates that as many as one in 70 UK children may be allergic to peanuts. Occasionally the symptoms are severe and they may even be life-threatening. Peanut is not the only food capable of triggering severe allergic reactions. Others include egg, milk, fish, shellfish, tree nuts and kiwifruit. Many more may be implicated on rare occasions.

A severe allergic reaction will affect the whole body, in susceptible individuals it may develop within seconds or minutes of contact with the trigger factor and is potentially fatal.

The good news is that even the most severe form of allergy (anaphylaxis) is very definitely manageable. The vast majority of the children affected are happily accommodated in mainstream schools thanks to good communication among parents, school staff, doctors and education authorities. With sound precautionary measures and support from the staff, school life may continue as normal for all concerned.

Possible triggers can include skin or airborne contact with particular materials, the injection of a specific drug, the sting of a certain insect or the ingestion of a food such as peanuts.

New statutory guidance was issued to schools in May 2014 by the Government following its landmark decision in 2013 to amend the Children and Families Act so that from September 2014 schools in England would be legally required to provide the high quality support children with medical conditions need.

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions.

The guidance for the new law is statutory and sets out the practical support schools will be expected to provide to support children with medical conditions, such as making sure they have individual healthcare plans in place and training and support for school staff.

### Aims of Policy:

- To minimise the risk of an allergic/anaphylactic reaction while the pupil is involved in school related activities.
- To be proactive in the awareness and support offered to pupils with medical conditions.

- To ensure that staff members respond appropriately to an allergic/anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto-injection device.
- To raise, the awareness of allergy/anaphylaxis and its management through education and policy implementation.
- To give parents and pupils confidence in the schools ability to provide effective support and show an understanding of how medical conditions impact on a child's ability to learn as well as to increase their confidence and promote self-care.

### Codsall High Federation of Schools will:

- Establish clear procedures and responsibilities to be followed by staff in meeting the needs of pupils with additional medical needs.
- Ensure the involvement of health care professionals, parents, staff and the pupil in establishing an individual medical care plan when required.
- Ensure effective communication of individual pupil medical needs to all relevant teachers and other relevant staff.
- Ensure First Aid staff training includes anaphylaxis management, including awareness of triggers and first aid procedures to be followed in the event of an emergency.
- Ensure that parents of pupils with packed lunches will be requested to give careful thought to eliminating food that may be of risk to those members of staff and pupils who suffer from such allergies.
- Ensure all educational visits will be pre-checked that 'safe' food is provided or that an effective control is in place to minimise risk of exposure for pupils with allergies. Where a pupil is prescribed EpiPen the teacher in charge will ensure they or another supervising staff member is trained in the use of the EpiPen, and capable of performing any possible required medical treatment as outlined in the Pupils Health Care Plan.
- Providing, as far as practicable, a safe and healthy environment in which people at risk of allergies and anaphylaxis can participate equally in all aspects of school life.
- Encourage self-responsibility and learned avoidance strategies amongst pupils suffering from allergies.
- Raise awareness about allergies and anaphylaxis amongst the school community.
- Ensure each staff member has adequate knowledge of allergies, anaphylaxis and emergency procedures.
- Liaise with parents/guardians of pupils who suffer allergies, to assess risks, develop risk minimisation strategies, and management strategies for their child.
- Where possible use an Allergy Action Plan for pupils with recognised allergies.

### Awareness, Avoidance & Recognition:

Codsall High Federation of Schools will promote food allergy information (including anaphylaxis) through PSE, and Science/Food Technology lessons in particular with classes where a pupil has severe allergies.

### Definitions

**Allergen** – A normally harmless substance that triggers an allergic reaction in the immune system of a susceptible person.

**Allergy** - A condition in which the body has an exaggerated response to a substance (e.g. food or drug). Also known as hypersensitivity.

**Allergic reaction** – A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, generalised flushing of the skin, tingling around the mouth, swelling of tissues of the throat and mouth, difficulty breathing, abdominal pain, nausea and/or vomiting, alterations in heart rate, sense of impending doom, sudden feeling of weakness, collapse and unconsciousness.

**Anaphylaxis** – Anaphylaxis, or anaphylactic shock, is normally a sudden, severe and potentially life threatening allergic reaction to food, stings, bites, or medicines though a delayed reaction is possible in certain cases.

**EpiPen** – Brand name for syringe style device containing the drug adrenaline which is ready for immediate intramuscular administration.

**Minimised Risk Environment** - An environment where risk management practices have minimised the risk of (allergen) exposure to a reasonable level. Not an allergen free environment.

**Management System** – A record system managed by the person in charge which describes the individual student medical care plans and the particular members of staff who will need to be trained and informed of these plans.

**Individual Health Care Plan (IHCP)** - A comprehensive plan for the care of children with special health care needs, including food allergies and action plan for location of EpiPen.

### 1. Nut Related Aspects

If the school is aware of a pupil who suffers a nut allergy, the school lunch caterer will be made aware of our policy and will be requested to eliminate nuts and food items with nuts as ingredients from meals as far as possible. This does not extend to those foods labelled “may contain traces of nuts”. The catering at the school does not knowingly use any nut products in any of their menus.

Pupils are encouraged to self-manage their allergy as far as possible in preparation for life after school where nut-free environments are rare.

### 2. Dairy and Egg Related Aspects

Pupils with dairy product or egg allergies are managed by the School in consultation with the parents on a case by case basis.

### 3. Insect Related Aspects

Diligent management of wasp, bee and ant nests on School grounds and proximity. This must include the effective system for staff reporting to management, and a system of timely response to eradicating nests.

### 4. Latex Related Aspects

If a pupil is allergic to latex they should avoid contact with some everyday items including, rubber gloves (unless latex free), balloons, pencil erasers, rubber bands, rubber balls, and tubes and stoppers used for science experiments.

## Recognition:

- Impaired breathing: this may range from a tight chest to severe difficulty
- There may be a wheeze or gasping for air
- Signs of shock
- Widespread blotchy skin eruption
- Swelling of the tongue and throat
- Puffiness around the eyes
- Anxiety.

## Policy:

The Federation Schools believe that the safety and wellbeing of those members of the school community suffering from specific allergies and who are at risk of anaphylaxis is the responsibility of the whole school community.

The School position is not to guarantee a completely allergen free environment, rather to minimise the risk of exposure, encourage self responsibility, and plan for an effective response to possible emergencies.

The Schools will ensure arrangements are in place to support pupils with medical conditions and in doing so ensure that such pupils can access and enjoy the same opportunities at school as any other child. The School will focus on the individual pupil and how their medical condition impacts on their school life.

The school has a named person with overall responsibility for ensuring Individual Health Care Plans are in place, monitored and communicated to the rest of the schools community where appropriate reviews are undertaken of information submitted by parents. This named person or core team will work with parents to establish prevention and treatment strategies.

Staff will be sufficiently trained to recognise and manage severe allergies in school, including any emergency situations that may arise during the school day.

Risk assessments will be undertaken for school visits outside of the normal school timetable.

The School will ensure that catering supervisors are aware of an allergic pupils requirements, whilst using the catering till system to draw attention to any product that may contain allergy specific foods which will enable the catering staff to give further advice to the individual pupil.

The school policy is that nuts should not knowingly be used in any area of the curriculum. Whilst this does not guarantee a nut free environment as traces of nuts are found in a great deal of foodstuffs it will certainly reduce the chances of exposure to pupils with allergies.

The school will review policies after a reaction has occurred and update and monitor the policy and health care plans on an ongoing basis.

The School will ensure emergency kits around the school should be checked each term to ensure they are stored correctly, are still in date, and ready for use.

## Family Responsibilities:

Tips on how the family can help the allergic child include:

- Notify the school of the pupil's allergies. Ensure there is clear communication.
- Work with the school to develop a plan that accommodates the pupil's needs throughout the school including in the classroom, in dining areas, in after-school programmes, during school sponsored activities and on the school bus. Ask your doctor, school nurse, allergy specialist or paediatrician to help.

- Provide written medical documentation, instructions and medications as directed by a doctor. Replace medications after use or upon expiry.
- Educate the pupil in allergy self-management, including what foods are safe and unsafe, strategies for avoiding allergens, how to spot symptoms of allergy, how and when to tell an adult of any reaction, and how to read food labels.
- Provide a “stash” of safe snacks for special school events (to be stored in school) and periodically check its supply and freshness.
- Review policies and procedures with the school staff, the pupil’s doctor and the pupil (if age appropriate) after a reaction has occurred.

#### What are the pupil’s responsibilities?

- Be sure not to exchange food with others.
  - Avoid eating anything with unknown ingredients.
  - Be proactive in the care and management of your food allergies and reactions (based on the age level).
  - Notify an adult immediately if you eat something you believe may contain the food to which you are allergic.
  - Notify an adult immediately if you believe you are having a reaction, even if the cause is unknown. Always wear your medical alert bracelet or some other form of medical identification.
  - Developing a relationship with the school first-aider or trusted adult eg form tutor or classroom teacher.
  - Head of House, Form tutor to assist in identifying issues related to the management of the allergy in school.
  - Taking responsibility for avoiding food allergens, including informing staff of his/her allergy at times of potential risk
  - Learning to recognise personal symptoms.
  - Keeping emergency medications where appropriate, in the first aider’s office or in an agreed suitable location. This may include carrying the medication with them at all times.
  - Notify an adult if they are being picked on or threatened by other students as it relates to their food allergy.
  - Knowing the overall Pupil Health Care Plan and understand the responsibilities of the plan.
  - Develop greater independence to keep themselves safe from anaphylactic reactions.
- Given that anaphylaxis can be triggered by minute amounts of allergen, food anaphylactic pupils must be encouraged to follow these additional guidelines:**
- Proper hand washing before and after eating and throughout the school day.
  - Avoiding sharing or trading of foods or eating utensils with others.
  - Avoiding eating anything with unknown ingredients or known to contain any allergen.
  - Eating only food which brought from home unless it is packaged, clearly labelled and approved by their parents.
  - Placing food on a napkin rather than in direct contact with a desk or table.

#### The School’s dedicated Person is responsible for:

- Contacting parents for required medical documentation regarding a child’s allergy.(The responsibility lies with parents to ensure this information is provided)
- Ensuring that there is an effective system to regularly update and disseminate medical information to staff and others including supply staff.
- Ensuring that parents are reminded of their responsibilities to provide a current Action Plan.

- Ensuring that where pupils with known allergies are participating in camps and/or external visits, the risk assessment and safety management plans for those camps and external visits include the Pupil's Health Care Plan.
- Ensuring that first-aid staff are trained in the use of EpiPens and management of anaphylaxis and that similar training/information is provided periodically to all other staff.

#### Teachers are responsible for:

- Acquiring knowledge of the signs and symptoms of severe allergic reaction.
- Being familiar with information provided in the pupil health care plans, be aware of and implement the emergency plan if a reaction is suspected.
- Participate in in-service training about pupils with life-threatening allergies including demonstration on how to use the EpiPen.
- Determining suitable protocols regarding the management of food in the classroom (particularly in high-risk subjects).
- Reinforcing appropriate classroom hygiene practices eg. hand washing before and after eating or tasks potentially leading to contamination.
- Responding immediately to reports of pupils being teased or bullied about their food allergies.
- Follow Allergy Action Plan and call 999 when life-threatening allergy related symptoms occur.

#### Catering Staff are responsible for:

- Ensuring suppliers of all foods and catering are aware of the school minimisation policy.
- Ensuring supplies of food stuffs are nut free or labelled "may contain nuts" as far as possible
- Being aware of pupils and staff who have severe food allergies.
- Clear labelling of items of food stuffs that may contain nuts.

## Evaluation and Review

This policy shall be reviewed and updated on a regular basis. Particularly after a serious allergic reaction has occurred at any of the schools, and shall be automatically amended to conform to amendments and changes in rules and regulations.

#### The School Management Team shall:

- Get feedback from staff following their participation in allergy/anaphylaxis management training.
- Audit enrolment documentation to ensure it is current and complete.
- Discuss this policy and its implementation with parents/guardians of pupils at risk of allergy/anaphylaxis and gauge their satisfaction in relation to their child.
- Respond in a timely and appropriate manner to any complaints received in relation to this policy.
- Review the adequacy of the response of the school if a pupil has an allergic/anaphylactic reaction and consider the need for additional training and other corrective action.

#### The School First –Aider

Conduct "anaphylaxis scenarios" and supervise practice sessions in administration of adrenaline auto-injection devices to determine the level of staff competence and confidence in using the device.

- Routinely review each pupil's auto-injection device to ensure that it remains complete and is in date.
- Liaise with the pupils/parents at risk of anaphylaxis.

**Parents/guardians shall:**

- Read and be familiar with the policy.
- Identify and liaise with the nominated staff member.
- Bring relevant issues to the attention of the school.

Date for Review: September 2021