



THE HARMONY TRUST

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Allergy Policy

Review: Manpreet Ubhie Head of Academy

Signed: Penny Brown Executive Principal

Policy review dates and changes

Review date	By whom	Summary of changes made	Date of Approval
Sept 2018	K Khunkhuna	NONE	



Allergy Policy

Allergy is a hypersensitivity to a foreign substance that is normally harmless, but which produces an immune response reaction in some people. This can be a minor response such as localised itching or a severe response known as anaphylaxis or anaphylactic shock. Anaphylaxis is potentially life threatening, often explosive in onset with symptoms ranging from mild flushing to upper respiratory obstruction and collapse. It occurs when the allergen enters the bloodstream, causing the release of chemicals throughout the body to protect it from the foreign substance. Common triggers of an anaphylactic reaction are nuts and other foods including shellfish, sesame seeds and kiwi, insect stings or bites, drugs, latex, detergents/perfumes, blood products and sometimes exercise. Anaphylaxis causes approximately 20 deaths per year in the UK.

Ash Croft takes a serious approach to the risk of anaphylaxis. This policy outlines the responsibilities expected of those within the school community.

1 Preparedness

1.1 Parent Responsibilities

- On entry to the School, parents are asked to inform the School Office via the school application of any history of allergy, highlighting previous severe allergic reactions, and any history of anaphylaxis.
- Those Parents will be sent an Allergy Health Care Plan for completion and a copy of the Ash Croft Primary School Allergy Policy so that they understand and are happy with the care it stipulates.
- Parents are responsible for ensuring any required medication (Adrenaline pens, inhalers and any specific antihistamine, e.g. Piriton) if stated on the Individual Health Care Plan is always kept on site, in date and replaced as necessary.
- Where food allergy is a major concern, the Office Manager will arrange for the parent to meet with the Catering Manager to make a plan to reduce potential exposure.
- If an episode of anaphylaxis occurs outside of school, the School Office Manager must be informed. Parents are requested to keep the School Office Manager up to date with any changes in allergy management with regards to clinic summaries or re-testing and new food challenges.

1.2 Pupil Responsibilities

- Pupils of any age must be familiar with what their allergies are and the symptoms they may have that would indicate a reaction is happening.
- School Pupils who are trained to administer their own auto-injector should be encouraged to administer themselves.

1.3 Responsibilities of the School Office Manager

- Once aware of an allergy the School Office Manager should ensure the parent and pupil complete an allergy care plan and that sufficient emergency supplies are kept on site.
- A meeting should take place between the Office Manager, parents and pupil, preferably prior to entry to the School, so they can discuss the plan and the individual pupil needs in school. The Catering Manager should also be involved if the allergy is a food allergy.
- Spare EpiPens should be kept at an appointed place clearly marked with each pupil's name and also any other medication that might be used such as a spare inhaler and antihistamine. A copy of their care plan will also be available at this location. If the allergy is food related, this MUST be repeated in the Dining Hall.



- The School Office Manager will maintain an up to date allergy list on Integris, for all staff to access. In addition, the allergy will be highlighted on the pupil's electronic file and photo lists will be on display in the dining room and school office.
- Care plans are available on each pupil's electronic file, detailing the action to be taken in an emergency.
- All pupils will be assessed for the competence of managing their allergies and emergency medication and training will be given where necessary.

1.4 Catering Department Responsibilities and Food Management across the School

- Please note that the School is not a nut-free environment as we believe this can lead to a false sense of security and we prefer that pupils and staff remain vigilant at all times. Our aim is to keep the school as a **controlled allergy zone**.
- The catering department will be aware of all the individual pupil allergies and specific dietary requirements and provide clear ingredients lists of all food served in the Dining Hall at all times.
- The Catering Manager is available to meet with any parent wishing to discuss their child's individual dietary requirements and will provide copies of the school's 3 weekly menu cycle.
- These Pupils are introduced to the Catering Manager and Kitchen staff and at lunch times are encouraged to make themselves known to the management team who will explain to them what is on the menu on that specific day and suitable for them to eat. Depending on the menu of the day, food may be cooked specifically that is devoid of generic allergens such as wheat. At Ash Croft the child picks their choice of menu at registration and this will determine how the Catering Manager handles the child's choice of food.
- All catering staff are trained in Food Safety and Hygiene. All chefs are trained in Food Safety and Hygiene, City and Guilds Level 3.
- Parents are informed of the clear labelling policy for any food that they wish to send into school either for their child's personal consumption or for others' consumption in sharing situations such as cake sales.
- Parents are requested not to allow their child to bring in foodstuff containing nuts to reduce the the risks of cross-contamination. A reminder will be sent to parents at peak times of risk such as Christmas and Easter.

1.5 Training and Awareness

- Training in Allergy Awareness and the administration of an Adrenaline Pen is provided for all staff on a regular basis and on ad-hoc basis for any new members of staff.
- Adrenaline Pen instructions are on clear display in the necessary classrooms and in the school office.
- Pupil awareness of allergies is raised at assemblies and within the classroom settings.

1.6 Individual Staff Responsibilities

- All staff must attend or complete on-line, annual training for anaphylactic emergency response and basic life support. (All staff have attended First Aid Training and watched JEXT training video). Staff will be asked to sign to say they have read relevant training material and watched the JEXT training.
- Staff must be aware at all times of the pupils in their care (regular or cover classes and trips) who have known allergies and must supervise any food-related activities with due caution. All leaders of school trips must ensure they are competent to act in case of



anaphylaxis prior to the trip departure and ensure they carry all relevant emergency supplies. This includes education visits and 'away' sport fixtures.

- Any member of staff who feels their training needs to be refreshed prior to the annual training update is to contact the School Office Manager who will provide further training.

1.7 Wider School Community Responsibilities

- Litter control is kept to a high standard in order to reduce risk of any accidental cross-contamination.

2 Action to be taken in the event of mild allergic reaction

2.1 Symptoms of mild allergic reactions

- Rash
- Vomiting
- Abdominal cramps
- Localised tingling sensation
- Localised inflammation

2.2 Treatment

The priority should be removal of the allergen. Remove stings or environmental rashes. Wash with water where appropriate. For ingested allergens, rinse mouth thoroughly with water and spit out. Never induce vomiting. Follow the Administration of Medicines Policy – The following staff are named as responsible for the Administration of Medicines:

Ash Croft Primary Academy

Sandra Brown (SENDCo), Rachel Twigg and Elizabeth Mills

Use of antihistamines via syrup or tablet is effective for mild reactions and is recommended as the first step in any reaction.

3 Management of an Anaphylactic Episode

If symptoms occur in any individual follow the Individual Health Care Plan.

3.1 Symptoms of severe allergic reaction

- Swelling of the throat and mouth.
- Difficulty in swallowing or speaking
- Difficulty in breathing due to severe asthma or throat swelling
- Hives anywhere on the body
- Generalised flushing of the skin
- Abdominal cramps, nausea and vomiting
- Sudden feeling of weakness, faintness caused by sudden drop in blood pressure
- Collapse and unconsciousness

When symptoms of anaphylaxis are seen **in an unknown sufferer:**

- If the casualty is conscious and breathing – place in a sitting position, leaning forward.
- If child is having an anaphylaxis episode but does not have a plan with medical authorisation and parental consent, school should immediately call 999 and seek advice. Mention to the



call handler/emergency medical dispatcher that a spare pen is available as they can authorise use of spare Adrenaline Pen if appropriate.

- If the casualty is unconscious and breathing – place in the Recovery Position.
- If the casualty stops breathing resuscitation should be carried out while awaiting for the Emergency Services. CPR should be given at a ratio of 30 compressions to 2 breaths.

When symptoms of anaphylaxis are seen **in a known sufferer**:

- Remove the allergen where possible i.e. a sting or any remains of food in the mouth (and rinse mouth).
- Stay with and reassure the casualty.
- Send for the School Office Manager or another member of staff to come with the emergency medication from the central location (School Office) and the Individual Health Care Plan (School Office).
- Follow the instructions given on the Individual Health Care Plan. It is most likely that it will advise you to give an anti-histamine such as Piriton or Cetrizine first, and then if symptoms don't improve or if the casualty displays breathing difficulties, to administer the Pen containing Adrenaline. **Call 999** if the Adrenaline Pen has been administered and wait for their assistance. Follow the dosage instructions on the label for the oral antihistamine.
- For those pupils who have been prescribed an inhaler as part of their allergy regime, **or for any pupils with an allergic reaction showing respiratory symptoms**, administer 2 puffs of the salbutamol (Ventolin) inhaler kept in the emergency anaphylaxis kit. Administration through a volumatic or aero-chamber device is best but if no spacer is used the pupil should hold their breath as long as possible (ideally 5-10 seconds) after inhalation. If the respiratory symptoms are severe and the casualty cannot use good technique to take the inhaler, **a spacer device must be used**. Salbutamol can be repeated up to 10 puffs giving 2 puffs every 2 minutes. This can be continued after the Adrenaline Pen has been given if necessary (up to a maximum of 10 puffs in total). See below for how to use a spacer device.
- **If at any time the casualty exhibits difficulty in breathing or respiratory symptoms that worsen after giving the oral antihistamine, difficulty in swallowing or speaking, or if there are signs of becoming weak or collapse, administer the Adrenaline Pen immediately and call 999.**
- You can help the casualty to administer the Adrenaline Pen or administer if yourself. Remember to give the Adrenaline pen sooner rather than waiting if you are concerned. Adrenaline will do no harm but may save a life if given appropriately. Follow the instructions below for using an Adrenaline Pen.
- Whenever an Adrenaline Pen is used, an ambulance must be called stating an anaphylactic episode. This is very important as the effect of the Adrenaline may be temporary.
- While waiting for their arrival, place the casualty who is conscious and breathing in a sitting position, leaning forward to aid breathing, and the casualty who is unconscious and breathing in the Recovery Position.
- Be prepared to resuscitate if necessary (think about clearing immediate area). If the casualty stops breathing, resuscitation should be carried out while awaiting the Emergency Services. CPR should be given at a ratio of 30 compressions to 2 rescue breaths.
- Inform the parents at a suitable moment when the situation is under control and clear information can be given.
- Make sure the used Adrenaline Pen and the Health Care Plan go with the casualty to hospital.



- A member of staff will need to accompany the pupil to hospital and stay until parents arrive.

3.2 Location of Emergency Anaphylaxis Kits

- **School Main Office under Office Manager's desk**

3.3 Instructions for using a volumatic or an aero-chamber device (spacers)

- A spacer device is to be used whenever available as it gives the best effect. It is particularly useful when a casualty is unable to coordinate inhalation with releasing the medication due to breathlessness or age.
- Shake the inhaler and then insert it into one end of the spacer and attach a face mask to the mouthpiece at the other end if required. If the pupil can make a good seal over the mouthpiece with their own lips, a mask is not required. If a face mask is used it should be placed over the nose and mouth of the pupil and held firmly to create a good seal.
- Release one puff of reliever into the chamber. The medication is held in the chamber until the pupil releases it through breathing in and out of the mouthpiece. If a good seal is in place the valve near the mouthpiece will click.
- Ensure the valve clicks 10 times on a larger volumatic device and 6 times on a smaller aero-chamber device to administer the medication from the chamber.
- Repeat to administer the second puff.

3.4 Instructions for giving an Adrenaline Pen

The Pen is pre-loaded and single-use only.

- Remove the safety cap
- Hold the pen in the fist
- With the tip of the pen at right angles to the casualty's thigh, jab it into the outer part of the thigh from approximately 10cm distance. This can be done through clothing. Do NOT waste time removing clothing.
- As you jab the Pen firmly into the thigh (don't worry – you can't do any harm), a spring activated plunger will be released which pushes the needle hidden inside the Pen into the thigh muscle and administers a dose of Adrenaline over the following 10 seconds. You will hear a click as the Pen is activated.
- **Hold in place for 10 seconds – it is a metered dose that is released slowly.**
- Remove the pen and massage the area for a further 10 seconds.

Do not be surprised to find that most of the liquid (about 90%) remains in the Pen after use. Be advised that it cannot be re-used. The time at which the Pen was administered should be noted on the pen and then taken with the casualty to hospital.

If symptoms are still present 15 minutes after the first injection, a second injection may be necessary. If at any moment after the first injection the condition of the pupil deteriorates, give a second injection regardless of the amount of time that has lapsed.

Following any anaphylactic episode, all staff involved will meet and discuss what occurred, offer support to each other, and look at how the Health Care Plan worked and take action to improve the planning if necessary.