



Devonshire House Preparatory School

Food Allergy Policy

This policy is for the whole school including EYFS

Written by: School Nurse	September 2022
This Policy is the responsibility of the School Nurse and SLT	September 2022
Reviewed:	July 2023
Next review:	July 2024

Purpose: To minimise the risk of any pupil suffering a severe allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage severe allergic reactions should they arise.

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1. Introduction

An allergy is a reaction by the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis. Anaphylaxis is a severe systemic allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to

the allergen, but sometimes it can be hours later. Causes often include foods, insect stings, or drugs.

Definition: Anaphylaxis is a severe life threatening generalised or systemic hypersensitivity reaction. This is characterised by rapidly developing life-threatening airway / breathing / circulatory problems usually associated with skin or mucosal changes. It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but not limited to):

Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how the School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Role and Responsibilities

Parent responsibilities

- On entry to the school, it is the parent's responsibility to inform School Nurse of any allergies. This information should include all previous severe allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan (appendix 1) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. Schools nurse/GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- School Nurse will ensure that the up to date Allergy Action Plan is kept with the pupil's medication.

- It is the parent's responsibility to ensure all medication is in date however the School Nurse will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- School Nurse keeps a register of pupils who have been prescribed an AAI and a record of use of any AAI(s) and emergency treatment given.

Pupil Responsibilities

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.

3. Emergency Treatment and Management of Anaphylaxis

What to look for:

- swelling of the mouth or throat
- difficulty swallowing or speaking
- difficulty breathing
- sudden collapse / unconsciousness
- hives, rash anywhere on the body
- abdominal pain, nausea, vomiting
- sudden feeling of weakness
- strong feelings of impending doom

Anaphylaxis is likely if all of the following 3 things happen:

- sudden onset (a reaction can start within minutes) and rapid progression of symptoms
- life threatening airway and/or breathing difficulties and/or circulation problems (e.g. alteration in heart rate, sudden drop in blood pressure, feeling of weakness)
- changes to the skin e.g. flushing, urticaria (an itchy, red, swollen skin eruption showing markings like nettle rash or hives), angioedema (swelling or puffing of the deeper layers of skin and/or soft tissues, often lips, mouth, face etc.) Note: skin changes on their own are not a sign of an anaphylactic reaction, and in some cases don't occur at all.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment and it starts to work within seconds.

Adrenaline should be administered by an injection into the muscle.

Action of adrenaline:

- It opens up the airways
- It stops swelling
- It raises the blood pressure

Adrenaline must be administered with the minimum of delay as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once the symptoms have become severe.

ACTION:

- Stay with the child and call for help. **DO NOT MOVE CHILD OR LEAVE UNATTENDED**
- Remove trigger if possible (e.g. Insect stinger)
- Lie child flat (with or without legs elevated) – A sitting position may make breathing easier
- **USE ADRENALINE WITHOUT DELAY** and note time given. (inject at upper, outer thigh
- through clothing if necessary)
- **CALL 999** and state **ANAPHYLAXIS**
- If no improvement after 5 minutes, administer second adrenaline auto-injector
- If no signs of life commence CPR
- Phone parent/carer as soon as possible

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

4. Supply, storage and care of medication

There should be an anaphylaxis kit which is kept safely, not locked away and accessible to all staff. Medication should be stored in a waterproof zipper pouch bag and clearly labelled with the pupil's name and a photograph.

The pupil's medication storage bag should contain:

- adrenaline injectors e.g. EpiPen® or Jext® (two of the same type being prescribed)
- an up-to-date allergy action plan
- antihistamine as tablets or syrup (if included on plan)

- spoon if required
- asthma inhaler (if included on plan).

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 Nurse will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant adrenaline auto-injectors their child is prescribed, to make sure they can get replacement devices in good time.

Storage

AAIs (adrenaline auto-injectors) should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor. The sharps bin is kept in the medical room.

5. 'Spare' AAIs in school

The School has purchased spare AAI devices for emergency use in children who are risk of anaphylaxis, but their own devices are not available or not working.

These are stored in a transparent rigid box, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and accessible and known to all staff.

The School holds 4 spare pens which are kept in the following locations:

- Long hall (on the shelf in the store room)
- No.69 office (in the cupboard facing the door)

The School Nurse is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

Written parental permission for use of the spare AAIs is included in the pupil's Allergy Action Plan.

If anaphylaxis is suspected in an undiagnosed individual call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

6. Staff Training

All staff will complete online anaphylaxis awareness training at the start of every new academic year. Training is also available on an ad-hoc basis for any new members of staff.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. 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
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance
- Associated conditions e.g. asthma
- Managing allergy action plans and ensuring these are up to date

7. Inclusion and safeguarding

The School is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

8. Catering

Our catering team provides lunch menus to parents/carers via firefly located: Resources> parent area> lunch menu. Here you will find our 4 week lunch menu that changes every term. The lunch menu will label any foods that have any potential allergens. See list below:

- celery **CE**
- cereals containing gluten - including wheat, rye, barley and oats **G**
- crustaceans - including prawns, crab and lobster **Cr**
- eggs **E**
- fish **F**
- lupin **L**
- milk **Mk**
- molluscs - including squid, mussels, cockles, whelks and snails **Mo**
- mustard **Mu**
- nuts **N**
- peanuts **P**
- sesame seeds **Se**

- soya beans **So**
- sulphur dioxide or sulphites at levels above 10mg per kilogram or per litre **Su**

Students with allergies in early years will have a lunchmat which will have their name and allergy which be used at lunchtimes. In the nursery department children have yellow plates as well as lunchmats, to reduce the risk of students coming into contact with their specific allergen.

Appendix 1

This child has the following allergies:

Name: _____

DOB: _____

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

(if vomited, can repeat dose)

- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

- | | | |
|---|--|---|
| A AIRWAY | B BREATHING | C CONSCIOUSNESS |
| <ul style="list-style-type: none"> • Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue | <ul style="list-style-type: none"> • Difficult or noisy breathing • Wheeze or persistent cough | <ul style="list-style-type: none"> • Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious |

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised** (if breathing is difficult, allow child to sit)
 
 - 2 Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: mg)
 
 - 3 Dial 999 for ambulance and say ANAPHYLAXIS ('ANA-FIL-AX-IS')**

- *** IF IN DOUBT, GIVE ADRENALINE ***

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further adrenaline dose using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name: _____



2) Name: _____



Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools

Signed: _____

Print name: _____

Date: _____

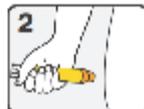
For more information about managing anaphylaxis in schools and 'spare' back-up adrenaline autoinjectors, visit: sparepenschools.uk

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How to give EpiPen®



1 PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



2 Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



3 PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the luggage hold. This action plan and authorisation to travel with emergency medications has been prepared by:

sign & print name: _____

Hospital/Clinic: _____



Date: _____