



**Broomfield
House School**

ALLERGY AND ANAPHYLAXIS POLICY

This Policy, which applies to the whole school including the Early Years Foundation Stage (EYFS), is available upon request (which can be made available in large print or other accessible format if required) from the School Office.

The Head of School and The Administration Manager are the staff members responsible for coordinating staff anaphylaxis training and the upkeep of the *school's allergy and anaphylaxis* policy.

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Related documents:

- Anti-Bullying Policy: Parents and Pupils Information Sheets, Anti-Bullying Code, What to do if you are Worried
- Positive Behaviour Management Policy (including Sanctions, Rewards and Exclusions and the School Values
- Safeguarding and Child Protection Policy
- First Aid and Administration of Medicine Policies;
- Single Equalities Policy

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 Broomfield House 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. Roles and Responsibilities

I. Parent responsibilities

- On entry to the school, it is the parent's responsibility to inform the School's Head of Admissions of any allergies. This information should include previous severe allergic reactions, history of anaphylaxis and details of all prescribed medication. This information is provided to the school via the Pupil Information Form (PIF).
- If a child has an Adrenaline Auto-Injector (AAI) such as EpiPen or Jext, is at risk of a severe allergic reaction, a Health Care Plan must be drawn up, so that Broomfield staff are fully informed about how to take care of the child in the event of a reaction. A blank copy will be provided to parents, who must complete it before the child starts at Broomfield.
- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) 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. GP/allergy specialist. This will be attached to the child's Health Care Plan.
- 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.

II. Staff Responsibilities

- All staff will complete anaphylaxis training. Training is provided for all staff annually and on an ad-hoc basis for any new members of staff.
- Staff must be aware of the pupils in the school 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 they carry the medication for all pupils with medical conditions, including allergies. Pupils without their required medication will not be able to attend the trip.
- The School's Front of House Administrator will ensure that the up to date Health Care Plan and 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's Front of House Administrator will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The School's Front of House Administrator keeps a register of pupils who have been prescribed an AAI and a record of use of any AAI(s) and emergency treatment given.

III. 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. Health Care Plan and Allergy Action Plan

- Every child with a severe allergy requiring an AAI to be held in school will have a Health Care Plan (HCP) to which the child's Allergy Action Plan (AAP) is attached.
- Children with other serious health issues (non-allergy related) will also have an HCP and all children with an HCP will appear on the FAST List, showing children with conditions that may require immediate action.
- A child's Health Care Plan will give details of the condition, symptoms to watch for, medicines to be administered (and any other medication administered at home so an ambulance crew could be advised) and details of what action is required in the event of an emergency. It will also contain details of any GP or hospital consultant whose care the child is under.
- The school will also require signed consent forms so that staff can administer medicine, assist a child to use an inhaler (for asthmatic conditions) or to administer an AAI. Consent forms to allow staff to use a school inhaler or AAI in the absence of the child's own equipment are also required.
- Broomfield House School recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plan to ensure continuity. This is a national plan that has been agreed by the BSACI, the Anaphylaxis Campaign and Allergy UK.
- It is the parent/carer's responsibility to complete the Health Care Plan, with help from a healthcare professional (e.g. GP/Allergy Specialist) as needed and provide this to the school along with the AAP as necessary.

4. 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:

1. **sudden onset** (a reaction can start within minutes) and **rapid progression of symptoms**
2. **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)
3. **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** (intramuscular injection)

What does adrenaline do?

- 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. EpiPen- hold in situ for 3 seconds, Jext for 10 seconds)
- CALL 999 and state ANAPHYLAXIS
- If no improvement after 5 minutes, administer second adrenaline auto-injector (AAI)
- 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. Any AAI's used must be given to the ambulance crew.

5. Supply, storage and care of medication

All pupils with severe allergies, at risk of anaphylaxis must have a medical box which is kept safely in the First Aid cupboard in the school office, not locked away and accessible to all staff.

The pupil's medical box should contain:

- adrenaline injectors (two if possible) i.e. EpiPen® or Jext® (two of the same type being prescribed)
- Health Care Plan and an up-to-date Allergy Action Plan if needed
- 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's Front of House Administrator 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 AAI's their child is prescribed, to make sure they can get replacement devices in good time.

Older children and medication

Older children should, whenever possible, assume complete responsibility for their emergency kit under the responsibility of their parents. However, symptoms of anaphylaxis can come on very suddenly, so school staff need to be prepared to administer medication if the young person cannot. AAI devices are held in the school office, not by the children themselves.

Storage

AAI's should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

AAI's are single use only and must be disposed of as sharps. Used AAI's should be given to ambulance paramedics on arrival.

6. School Adrenaline Auto Injectors in School

Broomfield House School has purchased spare adrenaline auto-injector (AAI) devices for emergency use in children who are at risk of anaphylaxis, but where their own devices are not available or not working (e.g. because they are out of date).

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

The School's spare AAI's are kept in the First Aid cupboard in the school office.

The School's Front of House Administrator is responsible for checking the spare medication is in date on a twice termly basis and to replace as needed.

Written parental permission for use of the School AAI's is obtained from parents of pupils with an AAI.

If anaphylaxis is suspected in an **undiagnosed individual** the emergency services are called and told of a suspected case of ANAPHYLAXIS. Staff will always follow advice from them as to whether administration of the school AAI is appropriate.

7. Staff Training

The Head of School and the Administration Manager are the staff members responsible for coordinating all staff anaphylaxis training and the upkeep of the school's anaphylaxis policy. They will organise for a practical anaphylaxis training session at the start of every new academic year which all staff are required to attend.

Online 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.
- Staff are aware of the health needs of children in their class/lesson through information provided on detailed class lists and in ISAMS (School Management Information System).
- Associated conditions e.g. asthma
- Managing Health Care and Allergy Action Plans and ensuring these are up to date
- A practical session using trainer devices (these can be obtained from the manufacturers' websites www.epipen.co.uk and www.jext.co.uk)

8. Inclusion and safeguarding

Broomfield House School is committed to ensuring that all children with medical conditions in terms of both physical and mental health, including allergies, 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.

9. Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the *Top 14* allergens must be available for all food products.

The school menu is posted on the school website on the Friday afternoon prior to the week beginning on the following Monday. Common allergens (wheat/dairy) are highlighted.

The School's Front of House Administrator will inform the Catering Team of pupils with food allergies. The School maintains a list of pupils with dietary requirements including those with allergies, together with their photographs. Our Catering Company, Holroyd Howe, also require parents to complete and return a form for their children, detailing any allergies, intolerances and other dietary issues.

The Front of House Administrator prepares lanyards for each child with food allergies and issues. These are held in the dining hall and the supervising staff assist the children to put their lanyards on. These are shown to the kitchen serving team so no prohibited foods are served. The lanyards are removed and hung on the pegs before a child leaves the dining room.

Parents/carers of children with allergies are encouraged to meet with the Catering Team to discuss their child's needs. Plated meals can be requested to prevent any cross contamination of foodstuffs.

The school adheres to the following Department of Health's guidance recommendations:

- Parents can speak directly to the catering manager if they need any information about the suitability of food items for their child(ren).
- Pupils are encouraged to check with catering staff, before selecting their lunch choice.
- Catering staff must be aware of food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the School Chef.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Foods containing nuts must not be brought in to school.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fairs, assemblies, cultural events) must be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

10. School Trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that they have the medical boxes for all pupils with medical conditions, including allergies. Pupils without their required medication will not be able to attend the trip. All the activities on the school trip will be risk assessed to see if they pose a threat to pupils with allergies and alternative activities planned if necessary to ensure inclusion. Overnight school trips may be possible with careful planning and a meeting between parents and the trip leader should be arranged. Staff at the venue for an overnight school trip should be briefed about any participating children with allergies in good time, so they can make appropriate arrangements with the venue, if necessary.

11. Sporting Trips/Fixtures

Children with allergies should have every opportunity to attend sports trips to other schools. The school will ensure that the PE teacher and accompanying staff are fully aware of any needs. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering AAIs will accompany the team. If the host school cannot cater for any child's allergies Broomfield will arrange for the child to take pre-packed food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will expect their co-operation with any special arrangements required.

12. Allergy Awareness

Broomfield House School supports the approach advocated by The Anaphylaxis Campaign and Allergy UK and are a nut free school. However, we do not support a blanket ban on any other particular allergen. This is because nuts are only one of many allergens that could affect pupils and no school could guarantee a truly allergen-free environment for a child living with a food allergy. Instead, we advocate a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, staff and pupils learn to be aware of what allergies are, the importance of avoiding allergens, the signs and symptoms and how to deal with allergic reactions. Broomfield's policies and procedures are in place to minimise risk.

13. Risk Assessment

Broomfield House School will conduct a risk assessment in relation to new pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping all children with allergies safe in school.

14. Useful Links

Anaphylaxis Campaign- <https://www.anaphylaxis.org.uk>

- AllergyWise training for schools - <https://www.anaphylaxis.org.uk/informationtraining/allergywise-training/for-schools/>
- AllergyWise training for Healthcare Professionals <https://www.anaphylaxis.org.uk/information-training/allergywise-training/forhealthcare-professionals/>
- Allergy UK - <https://www.allergyuk.org>
- Whole school allergy and awareness management (Allergy UK) <https://www.allergyuk.org/schools/whole-school-allergy-awarenessandmanagement> Spare Pens in Schools - <http://www.sparepensinschools.uk>

Official guidance relating to supporting pupils with medical needs in schools:

<http://medicalconditionsatschool.org.uk/documents/Legal-Situation-in-Schools.pdf>

Education for Health <http://www.educationforhealth.org>

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016)

<https://www.nice.org.uk/guidance/qs118>

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020)

<https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834>

Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf