

Forres Sandle Manor (Non-Academic) Policy

Policy Title	Allergy and Anaphylaxis Policy
Policy Lead (Appointment (& Initials))	School Nurse
Date of Last Review	January 2022
Date of Next Review	July 2022

ALLERGY AND ANAPHYLAXIS

Forres Sandle Manor is committed to a whole school approach to health care and management of those members of the school community suffering from specific allergies.

We are a nut free school, although we cannot fully guarantee a completely free allergen environment, but we aim to minimise the risk of exposure, encourage self-responsibility and plan for an effective response to possible emergencies.

Forres Sandle Manor recognises that a number of pupils and staff may suffer from potential life threatening allergies to certain foods or toxins from insects. The school seeks all members of the school to fully support maintaining a minimised risk environment whilst also concentrating on ensuring effective medical response to potential anaphylactic episodes.

The common causes of allergies relevant here are nuts (in particular peanuts), sesame, dairy products, eggs, fish and seafood, kiwi fruit, wasps, bees and ants. An allergy to nuts is the most high risk allergy, and as such demands more rigorous controls.

The school is also aware of the stresses imposed on all those who have responsibility for having to deal with an anaphylactic reaction in children. To this end, the provision of procedures and systems to manage such stress effectively are also included in this policy.

DEFINITIONS

Allergy: A condition in which the body has an exaggerated response to a substance ie. food. Also known as hypersensitivity.

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

Anaphylaxis: Anaphylaxis or anaphylactic shock is a sudden, severe and potentially life threatening allergic reaction.

Epi Pen/Jext Pen/Emerade Pen: Brand name for syringe style device containing the drug adrenaline (adrenaline pen) 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.

Anaphylaxis Health Care Plan: A detailed document outlining an individual pupil's condition, treatment and action plan for location of adrenaline pen.

Management System: A record system managed by the Head Matron which contains individual pupils' medical care plans and the members of staff who need to be trained and informed of these plans.

KEY STRATEGIES

The school needs clear procedures and responsibilities that need to be followed to meet the needs of these children.

- The full involvement of a pupil, their parent, the School Nurse, the Head Matron and, in the case of a boarder, the Head of Boarding in establishing an individual care plan.
- Ensuring effective communication of the child's needs to all teachers and other staff.
- Ensuring staff are fully aware of triggers and the First Aid procedure to be followed in case of an emergency.

Parents, children and staff are requested to give careful thought to any food they bring into school, especially nuts, to ensure there is no risk to any members of the community who suffer allergies.

NUT RELATED ASPECTS

If the school is aware of a child who suffers a nut allergy, the kitchen staff must be made aware of the risk minimisation and requested to eliminate nuts and food items with nuts as ingredients from meals. This does not extend to those labelled 'may contain traces of nuts'.

Children are encouraged to self-manage their allergy.

DAIRY, EGG AND OTHER FOOD RELATED ASPECTS

Children with these allergies are managed by the school in conjunction with the kitchen staff and in consultation with parents, on a case by case basis.

INSECT RELATED ASPECTS

Diligent management of wasp, bee and ants nests on school grounds and proximity. This must include the effective system of staff reporting to management and a system of timely response to eradicating nests. Education of staff and pupils to report any above normal presence of wasps, bees or ants in all areas of the school.

MANAGEMENT AND RESPONSIBILITY

See Appendix 1 for a flow chart of the recognition and management of an allergic reaction / anaphylaxis. The school will work closely with the pupil and their parents to ensure adequate care is made. An individual health care plan will be written by the School Nurse alongside the parents and a copy kept in the pupil's medical file.

The school must ensure they have all the medical information they require. Each year an update to the child's social and medical form is required to enable us to keep up to date with any new information.

The school will ensure that adrenaline pens are placed in the staff room, kitchen and the surgery for easy access. These must NOT be locked away as they need to be readily available. Older children may be asked to carry their epi pen with them. A discussion will take place between the child, parents and the School Nurse. These will be checked regularly by the School Nurse to ensure they are in date. In the case of a day child the Parent will be responsible for replacing an adrenaline pen. In the case of a Boarder, this responsibility lies with the School Nurse to liaise with parents or Doctors surgery to replace them.

If a child requires food which cannot be purchased by the school, Parents or Matrons will provide this.

The School Nurse provides training for adrenaline pen use and management of anaphylaxis.

If a child is leaving the school site for an activity the staff taking the trip will be fully briefed and the child's adrenaline pen will be sent on the school trip. The accompanying staff must be trained by the School Nurse in Anaphylaxis and how to administer an epipen. Food will need to be ordered for that child through the kitchen and any outside providers will need to be monitored in order to reduce the risk of allergens.

When a child goes on a sporting activity off-site, the Matrons' department will call the school where the child is playing to make them aware of the child's allergy and, where necessary, the school will be asked to provide the appropriate food. If this is not possible, we will send appropriate food with the child.

A list of children with allergies is displayed in the Staff room and staff will be informed immediately of any new developments.

THE CATERING DEPARTMENT

The Catering Department will be aware of all pupils and staff who have such food allergies.

A form is sent out to parents for completion. Parents will then be invited in to discuss catering requirements with the Catering Manager and the Head Matron so that all necessary information is gained (see appendix 1 which also lists all potential food allergens).

The kitchens have a list of all pupils and staff who have allergies. They also have a photo board with the picture of the child and their allergy. These come under three categories:

Red for severe allergy

Orange for allergic or intolerant

Green for religious beliefs

The kitchen will also be responsible for the clear labelling of food stuffs that may contain allergies i.e. nuts, dairy etc. They must also ensure they use authorised suppliers.

All staff members who work with a child who has an epi pen need to be trained in how to use it by the School Nurse and to be signed off as competent in case of emergency. The competency form can be found in the Appendices of the Administration of Medication Policy. This training needs to be completed annually by all staff so the School Nurse can give any relevant updates. This can be done in a group.

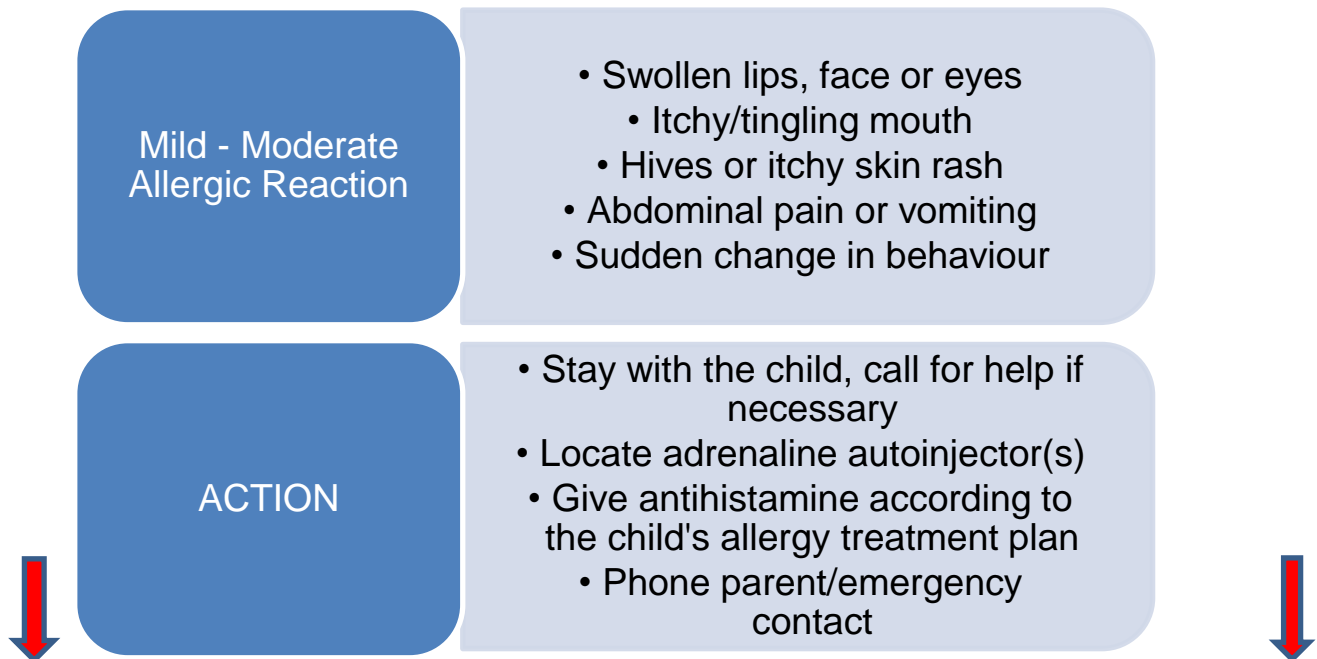
If an epipen is administered, an ambulance must ALWAYS be called, even if the child now seems well.

Other relevant policies:

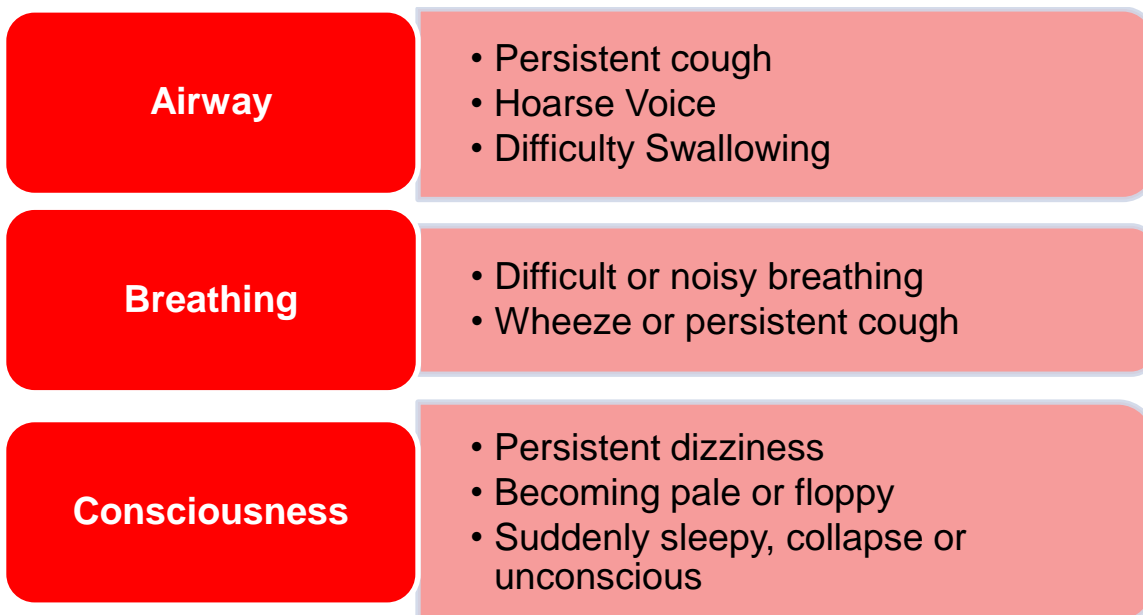
- The Administration of Medication Policy
- First Aid Policy

Appendix 1

Recognition and Management of an Allergic Reaction / Anaphylaxis



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



IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised (if breathing is difficult, allow child to sit)
2. **USE ADRENALINE AUTOINJECTOR WITHOUT DELAY**
3. Dial 999 to request ambulance and say ANAPHYLAXIS

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

After giving adrenaline:

1. Stay with the child until the ambulance arrives, do NOT stand the 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 dose** of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.