

# GREENFIELD PRIMARY SCHOOL AND NURSERY

## ALLERGY AND ANAPHYLAXIS MANAGEMENT POLICY AND PROCEDURES

### 1. OVERVIEW

1.1 Greenfield Primary School is committed to a whole school approach to the health care and management of those members of the school community suffering from specific allergies. 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.

#### INTENT

1.2 The school is committed to proactive risk allergy management through:

- The encouragement of self-responsibility and learned avoidance strategies amongst children suffering from allergies.
- Provision of a staff awareness programme on anaphylaxis.
- The establishment and documentation of a comprehensive management plan where needed.
- The establishment of specific risk exposure minimisation practices and strategies wherever required.
- Close liaison with parents of children who suffer allergies.
- This management approach is congruent with contemporary specialist medical advice, and the school believes educating children to self-manage their condition is a skill attuned to their 'real world' situation.

### 2. RATIONALE

2.1 The school recognises that a number of community members (pupils and staff) may suffer from potentially life threatening allergies to certain foods or toxins from insects. The School seeks parent, staff and pupil support towards maintaining a minimised risk environment, whilst also concentrating on ensuring effective medical response to potential anaphylactic episodes. The intent of this policy is to minimise the risk of any child suffering allergy-induced anaphylaxis whilst at School or attending any school related activity, and to ensure staff are properly prepared to manage such emergency situations should they arise.

2.2 The common causes of allergies relevant to this policy are nuts (in particular peanuts and cashews). The allergy to nuts is the most common high risk allergy, and as such demands more rigorous controls than the controls for other allergies such as dairy products and eggs.

2.3 The School is also aware of the stresses imposed on parents, guardians and teachers, with the potential for anaphylactic reaction in children for whom they have a responsibility. To this end, the provision of procedures and systems to manage such stress effectively is also an aim of this policy.

2.4 The child and family have a right to confidentiality. However, the benefits of an open management policy may be in the child's best interest. As with any other medical condition, privacy and the need for prompt and effective care are to be balanced with sensitivity.

2.5 The underlying principles of this Policy include: -

- The pro-active establishment of effective risk management practices to minimise exposure to known trigger foods.
- To ensure that relevant staff are trained in the recognition of anaphylaxis and education to ensure an effective emergency response to any allergic reaction situation.
- To treat an allergic reaction should one occur.
- To ensure that the pupil develops in the normal way and that they are not stigmatised or made to feel different.

### 3. DEFINITIONS

- **Adrenalin Auto Injector (AAI)** – A special device for injecting adrenaline in the event of an anaphylactic reaction to an allergen
- **Allergy** - A condition in which the body has an exaggerated response to a substance (e.g. food or drug), 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 to food, stings, bites, or medicines.

- **Emerade** - an adrenaline auto-injector used for the emergency treatment of severe, acute, allergic reactions (anaphylaxis) to foods, medicines, insect stings, bites or other allergens.
- **EpiPen** – Brand name for syringe style device containing the drug adrenaline which is ready for immediate intramuscular administration.
- **Health Care Plan** – A document outlining an individual student’s condition, treatment, and action plan for location of AAI.
- **Jext** - is a brand of adrenaline (epinephrine) auto-injectors. It's a device that contains adrenaline that's designed to be easy to inject in emergencies.
- **Management System** – A record system managed by the person in charge which describes the individual student’s medical care plans and the particular members of staff who will need to be trained and informed of these plans.
- **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.

## **IMPLEMENTATION**

### **4. KEY STRATEGIES**

#### **4.1 General Aspects**

- The school has clear procedures and responsibilities to be followed by staff in meeting the needs of a child with an allergy.
- Parents, staff and the child are involved in establishing the care plan.
- The medical needs of the child are effectively communicated to all relevant teachers, support staff and kitchen staff.
- Relevant staff have been trained in anaphylaxis management, including awareness of triggers and first aid procedures to be followed in the event of an emergency.
- Parents of children with packed lunches will be requested to give careful thought to eliminating food that may be of risk to those who suffer from such allergies, this is to include food brought in for snacks at break times.

#### **4.2 Nut Related Aspects**

- The school cook has been made aware of the medical needs of the child and requested to eliminate nuts and food items with nuts as ingredients from meals. This does not extend to those foods labelled “may contain traces of nuts”. They have their own code of practice for children with allergies, which will be followed and amended for each child.
- Children are encouraged to self-manage their allergy.

### **5. RESPONSIBILITIES**

#### **5.1 Parental Responsibility:**

- Providing ongoing and accurate and current medical information in writing to the school. This is to include the completion of the **Pupil’s Health Care Plan** (see Appendix 1) and initial information sheet (Appendix 2). The school will seek updated information at the commencement of each calendar year, to which parents are required to respond. Furthermore, should a child develop a condition during a year, or have a change in condition the parents must advise the school of the fact, and details to be clarified accordingly in the individual health plan.
- Providing written advice from a doctor, which explains the child’s allergy, defines the allergy triggers and reaction, and any required medication, including completion of an **action plan** with supporting photographic or other evidence.
- Providing 2 x AAIs and/or other necessary medication, eg Piriton and/or inhaler, including monitoring their use by dates and replacing medication if necessary.
- Providing appropriate foods to be consumed by the child if necessary.
- To ensure the medication provided is in date, replaced as necessary i.e on change of dose or expiry date.
- To ensure it is collected at the end of each academic year and replaced on the first day of the new academic year.
- All medication has the original pharmacy label attached stating the pupil’s name, date of birth and dose.

#### **5.2 The School Responsibility:**

- All school staff have a duty of care to ensure children are safe and healthy in the school environment and this duty of care extend to administering medicines and taking action in an emergency.
- Ensuring the school receives medical documentation regarding the child’s allergy.
- Ensuring there is an effective system to ensure the medical information is regularly updated.
- Children who bring snacks from home for break time are instructed to only bring fruit as outlined in the school’s Healthy Eating Policy. Classroom staff must monitor this and ensure that this is adhered to.
- Pupils are taught never to share their food/snacks with other children. This is controlled by teachers, support staff, Middy Supervisors, kitchen staff, and any other adults supervising children at lunchtimes and break times.

- Ensuring that where children with known allergies are participating in off-site visits, the risk assessment and safety management plans for those off-site visits include the Pupil's Health Care Plan. The child is to have access to their Adrenaline Auto injector at all times and their Piriton, or other prescribed medication, to be included in the First Aid kit taken. Where consumption of food provided by the venue being visited may occur, their staff must be alerted to the allergy prior to the visit.
- Ensure that any planned class/school activity which might involve food products, e.g. cookery, science, DT, Reward Days, celebration days such as street parties, etc. do not use any products which contain or may contain traces of nuts. All packaging must be read prior to use.
- Ensuring all staff are made aware of the child's condition, including supply staff.
- Ensuring relevant staff are trained in recognising and responding to symptoms of nut allergy including the administering of AAI and management of anaphylaxis.
- All staff have been informed that the AAI, Piriton and prescribed allergy medications are stored in a cool place in the child's classroom, easily accessible to staff, with an Emergency Care Flow diagram in the school office, and in all rooms/ areas used by a child with a prescribed AAI.
- The School Nurse will be asked to train relevant staff, at least annually.
- Key staff have undertaken to administer the medication in the unlikely event of the child having an allergic reaction.

School will hold emergency Jext AAIs (both 150mcg and 300mcg) for use should the AAIs prescribed for named children on individual health care plans fail. These may also be used ONLY when instructed by medical professionals in an emergency situation when 999 has been called, for children who present with symptoms of anaphylaxis but do not have an individual health care plan.

### 5.3 Catering Staff are responsible for:

- Using only authorised suppliers and being the controlling/point and contact for all purchases of food stuffs for school catering.
- Ensuring that the Local Authority who supplies all foods are aware of the medical needs of the child.
- Ensuring supplies of food stuffs are nut free or labelled "may contain nuts".
- Being aware of pupils and staff who have such food allergies.
- Clear labelling of items of food stuffs that may contain nuts.

## 6. MINIMISED NUT ENVIRONMENT

- School is to promote the food allergy information through future Admission Packs.
- Discussion with the children in the class which has a child suffering an allergy.
- Staff awareness through H&S Induction.
- Notices in and around the catering areas and in risk assessments:
  - No Peanuts or cashews;
  - No foods with peanut or nut derivative or ingredient (e.g. Nutella, Peanut Butter).

## 7. EDUCATIONAL AND OFF-SITE VISITS

- The Trip Leader will check with any food provider and ensure 'safe' food is provided, or that an effective control is in place to minimise risk of exposure.
- Where a pupil is prescribed an AAI the Trip Leader will ensure they or another supervising staff member is trained in the use of the prescribed AAI, and capable of performing any possible required medical treatment as outlined in the Pupil's Health Care Plan.
- The Trip Leader will ensure the Pupil has their AAI on the visit, and will be responsible for its security and that the Piriton/medication is included in the First Aid kit.
- If in doubt over the risk of a pupil with an allergy taking part on an education visit the Trip Leader will seek advice from the parent or School Nurse.

## 8. ALLERGIC REACTION

### 8.1 As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Action:

- Keep the child where they are, call for help and do not leave them unattended.  
LIE CHILD FLAT WITH LEGS RAISED – they can be propped up if struggling to breathe but this should be for as short a Time as possible  
USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY and note the time given. AAIs should be given into the muscle in The outer thigh. Specific instructions vary by brand- always follow the instructions for that particular device  
CALL 999 and state ANAPHYLAXIS (ana-fil-axis).  
If no improvement after 5 minutes, administer second AAI.  
If no signs of life commence CPR.

Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a Chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop. All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

- 8.1 In the event of the child showing physical symptoms for which there is no alternative explanation, the child's condition will be immediately reported to the Headteacher. On receipt of this information, the staff will attend to the child's treatment. The Headteacher will arrange for the emergency services to be contacted immediately if the symptoms are severe, if the symptoms are mild or moderate the parents will be notified immediately. The staff will assess the child's condition and administer the appropriate medication in line with the perceived symptoms and following closely the child's care plan and instructions given during training. If symptoms occur it is important that staff remain calm and reassure the child. See Appendix 3 – Emergency Care Flow Diagram. A member of staff trained in anaphylaxis and first aid will need to accompany the child to hospital in the event that school is unable to make contact the parents/family or that they will meet the ambulance at the hospital. All medication will be handed to the ambulance crew following their assessment of the situation. Parents must replace any used medication.
- 8.2 The administration of medication is safe and even if it is given through misdiagnosis it will do the child no harm. Staff, who may not be medically qualified or First Aid trained, but who have undertaken AAI training will administer medication to the best of their ability based upon the information they have received, the circumstances at the time and following the agreed protocol.

## 9. DETAILS OF SYMPTOMS:

### Mild to moderate symptoms

- Red blotchy rash/flushed
- Tingling/itchy/burning sensation in mouth
- Tingling/burning sensation in lips
- Nausea or abdominal pain
- Swelling of lips
- Swelling of eyes
- Swelling of face

### More serious symptoms

- Swelling in throat, tongue or upper airways
- Difficulty breathing or breathing very fast
- Difficulty swallowing, tightness in your throat or hoarse voice
- Wheezing cough or noisy breathing
- Pale, clammy skin Feeling faint, dizzy or fainting
- Behaviour change, less responsive and/or confused
- Blue, grey or pale skin, lips or tongue – if you have brown or black skin, this may be easier to see on the palms of your hands or soles of your feet
- Loss of consciousness
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## 10. SUPPLY, STORAGE AND CARE OF MEDICATION

There should be an anaphylaxis kit which is kept safely, not locked away, and accessible to all staff in the classroom used by the child prescribed the AAI. Their anaphylaxis kit will accompany the child around school e.g. break times, diner hall, PE lessons etc. and will always be returned to the classroom when the child returns there.

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's

Medication storage container should contain:

- Two AAIs i.e. EpiPen® or Jext® or Emerade®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).
- AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes

## 11 AGREEMENT AND CONCLUSION

11.1 The school and parents will hold a copy of this Policy and Procedures. A copy will be sent to the GP and School Nurse for information, with a request to be kept up to date on future changes to the treatment regime. Any necessary revisions will be subject for further discussions between the school and the child's parents.

**IMPACT**

This policy has ensured that where a child has a food allergy or intolerance, they have been appropriately supported and cared for. It has ensured that the school has done all that it reasonably can to give all pupils including those with a known medical condition full access to the education provided.

Children and adults in this school have been kept safe but on the rare occasion when they have needed first aid treatment, the school has seen that appropriate treatment has been given by members of staff with appropriate levels of training and knowledge of first aid. Where medical and emergency treatment has been needed, medical help has been sought quickly. All staff have carried out their duty of care professionally at all times and parents have been kept fully informed if their child has needed first aid treatment.

Link

[Guidance on the use of adrenaline auto-injectors in schools](#)

Name of Pupil:.....

Date of Birth:.....

**AGREED AND SIGNED:**

On behalf of the school:

.....School Nurse.....date

.....Headteacher.....date

On behalf of the GP:

.....Position.....date

GP's stamp:



The person with parental responsibility:

.....Parent.....date

# Greenfield Primary School Health Care Plan

## Severe allergies

<b>Name of Pupil</b>					
<b>Class</b>		<b>Year</b>		<b>Class Teacher</b>	
<b>Date of Birth</b>					
<b>Full Home address</b>					
<b>Medical diagnosis/condition</b>					

### Contact Information

#### Family Contact 1

#### Family Contact 2

<b>Name</b>				<b>Name</b>			
<b>Relationship to child</b>				<b>Relationship to child</b>			
<b>Tel No.( mobile)</b>				<b>Tel No. (mobile)</b>			
(home)				(home)			
(work)				(work)			

#### Family Doctor

<b>Name</b>	
<b>Address</b>	
<b>Phone number</b>	

#### Clinic/Hospital Contact

<b>Name</b>	
<b>Address</b>	
<b>Phone number</b>	

#### Details of Medication

<b>Medication</b>	<b>Dose</b>	<b>Comment from parent/doctor</b>
<b>Antihistamine –if used</b> (.....)		
<b>Inhaler – if used</b> (.....)		
<b>AAI eg EpiPen</b>		

## Parental Authorisation

I wish my child to have the medication/care detailed in this care plan and I accept that the emergency services will be summoned as required.

Signature of Parent/carer		Date	
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## Head Teacher's Authorisation

I agree to this plan being administered in school. The medication will be administered by staff that have been made aware of the procedure to follow and who have received training in the administration of the required medication.

Name of Head Teacher			
Signature		Date	

## Approval and authorisation of family doctor

Name of Doctor			
Signature		Date	

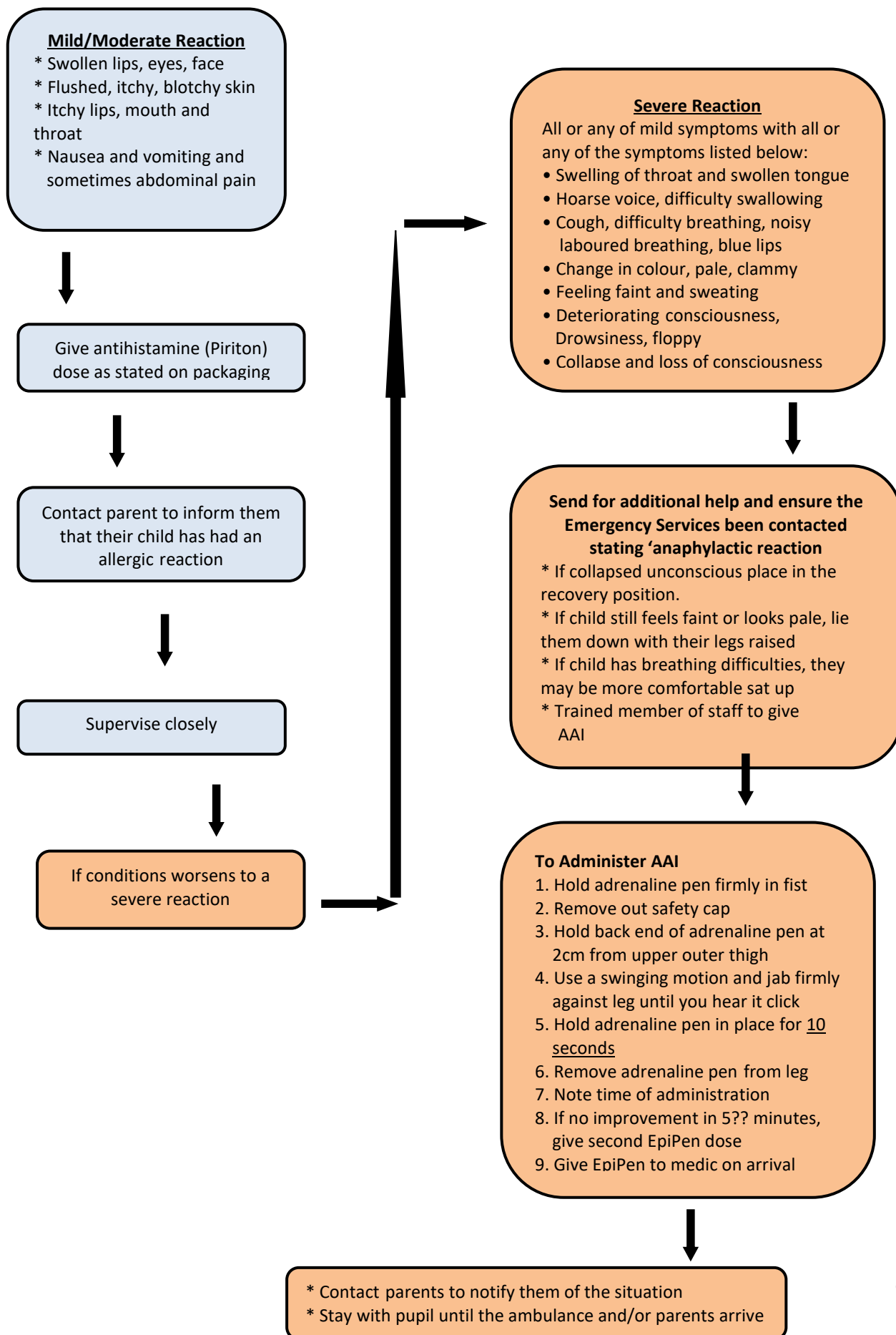
INFORMATION RE NUT ALLERGY/ANAPHYLAXIS

Name of Pupil	
Please give detailed list of allergy, eg cashews, peanuts, coconut etc.	
Please give details of triggers, for example, only reaction if eat nuts.	
Please give known details of symptoms:  Both mild -  And Severe -	
Does the AAI need to be carried on the pupil at all times? If not, please give details.	
Can the pupil eat items that state "may contain traces of nuts"?	
What is the best number to contact parent on in an emergency?	

Signed ..... (Parent)

Print Name..... Date .....

**IN THE EVENT THAT THE CHILD SHOWS ANY PHYSICAL SYMPTOMS FOR WHICH THERE IS NO ALTERNATIVE EXPLANATION, REPORT HER CONDITION IMMEDIATELY TO THE HEADTEACHER**



## Allergy and Anaphylaxis Policy and Procedures

Version	Date	Amended by	Comments
1	October 2012	Sarrah Bentham, SBM, Anne Colley, First Aider & Mike Wood, Headteacher	Reviewed and Amended
2	July 2014	Full Governing Body	Reviewed and Ratified
3	December 2015	Full Governing Body	Reviewed and Ratified
4	November 2017	Mike Wood, Headteacher	Reviewed
5	January 2018	Full Governing Body	Reviewed and Ratified
6	January 2020	Mike Wood, Headteacher	Reviewed
7	October 2020	Mike Wood, Headteacher	Reviewed
8	October 2020	Full Governing Body	Reviewed and Ratified
9	September 2023	Anne Colley, First Aid Lead and Mike Wood, Headteacher	Reviewed and amended
10	December 2024	Full Governing Body	Reviewed and Ratified