Name of Policy:	**Allergy Safety Policy** **(for the whole school including EYFS)**
GHS Policy Number:	80
ISI Regulation:	
Linked Policies:	Supporting Pupils with Medical Conditions First Aid Health and Safety Induction Risk Assessment Safeguarding
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1. Introduction

The Purpose of this policy sets out how Garden House School will identify children, staff and visitors with an allergy whilst at school or attending any school related activity and how the school will minimise the risks of exposure to known allergens. It is also to ensure that those with allergies are not disadvantaged in any way whilst taking part in school life.

An allergy is a medical condition in which there is a reaction of the body's immune system to substances that are usually harmless such as food, insect stings, contact allergens and airborne allergens. The reaction can cause minor symptoms such as itching, sneezing or rashes but some individuals are at risk of a serious and potentially fatal allergic reaction called anaphylaxis, affecting the whole body and in particular the Airway, Breathing and Circulation (ABC symptoms).

This policy is written in conjunction with the schools' Supporting Pupils with Medical Conditions Policy.

2. Forms of Allergy

Common allergic conditions include:

Hay Fever (Allergic Rhinitis) which are triggered by allergens that can be carried in the air, such as pollens, house dust mite, animal fur/feathers, or mould. Symptoms include sneezing, a runny or stuffed nose and itchy or watery eyes.

Skin allergies (eczema, contact dermatitis, hives) caused by contact with allergens including house dust mites, pollen and substances like nickel, latex and some chemicals. Symptoms include itching, hives and dry, flaky skin. Reactions can be delayed.

Food allergy which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis which effect the Airway, Breathing and Circulation (ABC).

Asthma in children is usually triggered by airborne allergens such as dust mite or pollen.

Allergic conditions in children can also include allergy to insect stings (e.g. bee, wasp) and medicines.

The severity of reactions to an allergy can be mild local reaction to a serious life-threatening reaction like anaphylaxis.

The school will consider arrangements to support children with allergic conditions. If specific arrangements need to be put in place, they should be recorded through an Individual Health Care Plan.

3. What Can Cause Anaphylaxis?

Common allergens that can trigger anaphylaxis are:

- Foods – e.g., peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish, sesame and soya
- Insect stings – e.g., bee, wasps
- Medications – e.g., antibiotics, pain medications such as ibuprofen
- Latex – e.g., rubber gloves, balloons, swimming caps

A number of factors may influence the severity of an allergic reaction and can include minor illness such as colds, asthma and in the case of food the amount which is eaten.

The time from allergen exposure to severe life-threatening anaphylaxis and cardio-respiratory arrest varies, depending on the allergen:

- Food – Symptoms can begin immediately but could take up to 30 plus minutes to occur. In rarer cases delayed onset can be hours later However, some severe reactions can occur within minutes, while others can occur over 1-2 hours after eating.
- Severe reactions to insect stings are often faster, occurring within 10-15 minutes

4. Roles and Responsibilities

4.1 Parents Responsibility

- It is the parents' responsibility to inform the school at the point of admission of any allergies. This must be in writing. If a child who is already attending school develops an allergy the parents must inform the Head of First Aid in writing and this can be by email.
- Parents must supply a copy of their child's **Allergy Action Plan** to the school. The Allergy Action Plan is developed in collaboration with the child's healthcare professional.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary. This includes adrenaline auto-injectors (AAI's).
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan must be kept up to date.

4.2 Heads

- The Heads ensure that the Individual Health Care Plans (IHCP) are drawn up at least annually for the start of the new academic year for all children with an allergy that require an IHCP.
- The Heads co-ordinate a meeting to discuss the pupil's health care needs and ymay delegate to the Head of First Aid to arrange the meeting but overall responsibility remains with the Head Teacher.

4.3 Head of First Aid and Health & Safety Co-ordinator

- For all new children starting at GHS, the Head of Admissions will inform the Head of First Aid and the relevant Head of any children with allergies.
- The Head of First Aid will ensure that an up-to-date Allergy Action Plan is received by the parents. This is particularly important for children who have allergies that may cause a severe reaction such as anaphylaxis.
- The Head of First Aid will liaise with the relevant Head, Health and Safety Co-ordinator and parents to ensure an (IHCP) is in place.
- The Head of First Aid will ensure that a copy of the up-to-date Allergy Action Plan is kept with the child's medication (adrenaline auto-injector bag).
- The Health & Safety Co-ordinator will write up the (IHCP) following any meetings and information provided and liaise with the Head, Head of First Aid and parent to finalise the (IHCP). The (IHCP) is then shared with relevant staff.
- Provide a copy of the up-to-date Allergy Action Plan to the Health & Safety Co-ordinator who is responsible for adding this to the (IHCP).
- The Head of First Aid keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and checks that the (AAI'S) are in date. This is completed termly. A record of use of any AAI's and emergency treatment given is recorded in Evolve.
- Provide up to date medical conditions information, which includes allergies to all staff at the start of each new term and as and when there is a change during the term.

4.4 Staff Responsibilities

- All staff complete anaphylaxis, allergy and asthma training which is renewed annually. New staff complete anaphylaxis training as part of the induction process.

- Staff must read the medical conditions information, which includes allergies that is provided by the Head of First Aid.
- Staff must be aware of the children in their care who have known allergies. An allergic reaction could occur at any time, not only at mealtimes. Any food related activities must be supervised with due caution.
- Staff leading school trips will ensure that all relevant emergency supplies are taken. Trip leaders will check that all children who require medication for their allergies have these with them before leaving on any school trip this includes sport fixtures. No child is permitted to leave on a trip without their emergency medication.
- The Form teacher should also check that the child in their class who holds adrenaline auto-injectors has them each day on arrival at school. No child can be in school without their prescribed medication.

4.5 Pupil Responsibility

- Children 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.
- Children who are trained and confident to administer their own AAI's will be encouraged to take responsibility for carrying them at all times.

5. Allergy Action Plans

An Allergy Action Plan must be issued by a healthcare professional for children with known allergy to food or insect stings or any other allergens that can cause anaphylaxis. Children with asthma should be provided an Asthma Action Plan from a healthcare professional.

These Action Plans should be attached to the child's Individual Healthcare Plan. The plans include medical and parental consent for schools to administer medicines such as adrenaline in the event of an allergic reaction or the emergency reliever inhaler in the event of an asthma attack. The school in addition also has their own consent form for the school's emergency adrenaline auto-injector and emergency reliever inhaler.

It is recommended using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans.

It is the parent's responsibility to complete the allergy action plan with the child's healthcare professional and provide this to the school. Whenever an updated Action Plan becomes available, the child's Individual Healthcare Plan should be reviewed to incorporate this.

6. Recognition and Management of an Allergic Reaction/Anaphylaxis

Signs and symptoms include:

Mild-moderate allergic reaction:

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

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

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

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

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 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 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.

7. Supply, Storage and Care of Medication

A child must always have two in date adrenaline auto-injectors on them at all times which are kept in a clearly identifiable bag which has the child's name. Depending on the child's level of understanding and competence the child should be encouraged to take responsibility for and carry them. For younger children or those not ready to take responsibility for their own medication, staff must ensure that the child's anaphylaxis kit is always kept with the child.

The medication should be stored in a suitable container for example a Medpac bag or similar and is clearly labelled with the child's name. The bag should contain the following:

- Two in date AAIs
- 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 an Allergy Action Plan or an Asthma Action Plan).

It is the parent's responsibility to ensure that adrenaline auto-injectors (AAI's) and any other medication is in date. It is the parents' responsibility to ensure the Adrenaline Auto-Injectors and/or asthma reliever are brought to school each day (and are in date) in their identifiable bag. The Head of First Aid will check on a termly basis all AAI's and record the check and send a reminder to parents if medication is approaching expiry.

Adrenaline auto-injectors should be kept at room temperature, protected from direct sunlight and temperature extremes.

Adrenaline auto-injectors are single use and must be disposed of by either handing over a used AAI to the paramedic on arrival or disposing of in a pre-ordered sharps bin. The Sharps bin is kept in the school office.

8. Spare Adrenaline Auto-Injectors in School

Garden House School has purchased two spare AAIs for emergency use in children who are at risk of anaphylaxis, and their own devices are not available or are not working, e.g., because they are out of date.

The school's two spare AAIs are stored in the school office in a container, clearly labelled 'Emergency Anaphylaxis Adrenaline Pens', kept safely, not locked away and accessible and known to all staff.

The Head of First Aid 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 child's allergy action plan. Garden House School in addition has a school consent form for parents to sign.

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

9. Staff Training

All staff complete online Allergy Awareness training and understanding asthma annually. For new staff joining the school, this training is included in the induction process. The school exceeds the required number of staff who hold a first aid certificate. A practical session using trainer devices is held at the start of the academic year with an online video demonstration during the health and safety briefing.

10. Inclusion and Safeguarding

Garden House 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.

11. Catering

For EYFS please also refer to the Food and Nutrition Policy.

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 available for parents via the newsletter.

The Head of First Aid will inform the Catering Manager of children with food allergies. This will be provided in a report format from the school's management information system.

Garden House School has the following procedures in place to ensure catering staff identify children with food allergies.

- A list of children with photographs and food allergies are provided to the Catering Manager by the Head of First Aid.
- This is provided in a report format from the school's management information system.
- The Head of First Aid is responsible for keeping the management information system up to date and providing updated lists to the Catering Manager.
- Any information provided by parents to the school in relation to food allergies must be in writing to the Head of First Aid. If another staff member and this includes catering staff receive information from parents regarding a child's food allergy either by word or in writing this must always be forwarded to the Head of First Aid.
- If information is given by word, then the Head of First Aid must follow this up with the parents to confirm in writing and update the school's management information system and provide the information to the Catering Manager and Form Teacher.
- If required parents can meet with the Catering Manager and Bursar/Head of First Aid to discuss their child's needs.
- A child with a food allergy is provided with a place mat which contains their photo and list of food allergies, and this is placed on the dining table where the child is sitting. Teaching staff on lunch duty oversee the placemats and ensure the correct food is provided.
- The child with a food allergy is also provided a food allergy bracelet which they wear at all times.
- The child should be taught to also check with catering staff, before selecting their lunch choice.
- There is always a staff member on duty who has full Paediatric First Aid training (12hrs) when supervising the serving of food for the EYFS.
  Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. School staff who supervise children in the Early

Years when they are eating or prepare or handle food for the Early Years must complete the Food Hygiene and Safety training.

Reducing the risk of allergen exposure in children with food allergy includes the following:

- Bottles, other drinks and lunch boxes provided by parents for children with food allergies should be clearly labelled with the name of the child for whom they are intended.
- Food should not be given to primary school age food-allergic children without parental engagement and permission, e.g. celebration treats. Permission should be sought in advance to ensure inclusion and safety for children with allergies.
- Use of food in crafts, cooking classes, science experiments and special events, e.g., fetes etc. needs to be considered and may need to be risk assessed depending on the allergies of particular children and their age and alternatives used where needed.
- Food containers used in arts/crafts can also be contaminated with food, use alternative materials where possible. If essential to the activity then ensure that all materials used are free from any allergens that might pose a risk for a specific child.
- When planning out of school activities such as sporting events, excursions and residentials, early thought must be given about catering requirements for the child with food allergies including emergency planning.

12. Allergy Awareness and Nut Bans

Garden House School is a nut free school and asks all staff and parents to check food labels before bringing food into the school. As nuts are only one of many allergens the school advocates for a culture of allergy awareness and education. A whole school awareness of allergies is a good approach, as it ensures that school staff, children and parents are aware of what allergies are, the importance of avoiding the child's allergens, the signs and symptoms, how to deal with an allergic reaction and to ensure policies and procedures are in place to minimise risk.

13. Useful Links

BSACI Allergy Action Plans – Epi-Pens

BSACI Allergy Action Plans - Jext

Anaphylaxis UK

Allergy UK

Guidance on the Use of Adrenaline Auto Injectors in Schools