

Reflections Anaphylaxis Policy

This policy applies equally to all pupils across the school, including pupils of EYFS.

Monitoring and Review	
This policy will be subject to continuous monitoring, refinement, and audit by the Headteacher. The Headteacher undertakes an annual review of this policy and of the efficiency with which the related duties have been discharged, by no later than one year from the date shown below, or earlier if changes in legislation, regulatory requirements or best practice guidelines so require.	
Policy reviewed and ratified by the governing body	Feb 2022
Next review date	Feb 2023

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.

Sarah Wood is the named staff member responsible for coordinating staff anaphylaxis training.

Contents

1. Introduction
2. Roles and Responsibilities
3. Allergy Action Plans
4. Emergency treatment and management of anaphylaxis
5. Supply, storage and care of medication
6. 'Spare' adrenaline auto injectors in school
7. Staff Training
8. Inclusion and safeguarding
9. Catering
10. School trips
11. Allergy awareness
12. Risk Assessment
13. Managing Allergies and Dietary Requirements at Reflections
14. Useful Links

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 sting, 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 Reflections 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 the Head of Nursery of any allergies by completing the Supporting Diaries Form. 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 ([BSACI plans](#) preferred) to the Nursery and 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.
- 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 or off-site learning at the Beach and Forest 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.

- The Head of Nursery will ensure that the up-to-date Allergy Action Plan and the child's Healthcare plan is kept with the pupil's medication which is carried by the child's educator in a care pack pouch worn around the waist. This is to ensure that it is with the child at all times. It is the parent's responsibility to ensure all medication is in date however Sarah Wood will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- Sarah Wood 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

- Older 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.
- Pupils who are trained and confident to administer their own auto-injectors will be encouraged to take responsibility for carrying them on their person at all times but in most cases it will be carried by the educator/teacher.

3. Allergy Action Plans

Allergy action plans are designed to function as Individual Healthcare Plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector.

At Reflections we recommend 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 allergy action plan with help from a healthcare professional (e.g. GP/ Allergy Specialist) and provide this to the school.

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:

- **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** (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)
- 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.

5. Supply, Storage and Care of Medication

For younger children or those assessed as not ready to take responsibility for their

own 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 rigid box and clearly labelled with the pupil's name and a photograph.

The pupil's medication storage box should contain:

- adrenaline injectors i.e. 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 Sarah Wood 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 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 main office.

6. 'Spare' adrenaline auto injectors in school

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

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

Reflections holds 2 spare pens which are kept in the following location/s:-

The Main Office- Westerfields House

The Staff Toilet Medical Cabinet in Tudor Court

Sarah Wood 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.

7. Staff Training

Sarah Wood is the named staff member responsible for co-ordinating all staff anaphylaxis 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 Knowing who is responsible for what
- Associated conditions e.g. asthma
- Managing 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

Reflections 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.

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 available for parents to view on Tapestry and on the website with all ingredients listed and allergens highlighted.

The Head of Nursery will inform the Chef and Kitchen Staff of pupils with food allergies so they can keep their whole setting photographic dietary board and information up to date. It is the kitchen's team responsibility to keep this board up

to date. Each section in the school and nursery have a dietary board and dietary red file and it is the section lead and the deputy section lead's responsibility to keep this information up to date. In the school, it is the responsibility of Gloria Barrera-Gomez and Faye Mugridge.

Parents/carers are encouraged to meet with the Head of Nursery and the Chef to discuss their child's needs.

The school adheres to the following [Department of Health guidance](#) recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen/tuck shop, parents should check the appropriateness of foods by speaking directly to the catering manager.
- The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- 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. 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 Catering Manager.
- 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 are now allowed to be brought into school.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to 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 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.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Any overnight school trips (for our eldest children) may be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided

by the venue).

Sporting Excursions

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. 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 adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

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

11. Allergy awareness

Reflections supports the approach advocated by The Anaphylaxis Campaign and Allergy UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. 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 food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education. At Reflections we are currently a Nut and Sesame Free Setting.

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

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13. Risk Assessment

Reflections will conduct a detailed risk assessment to help identify any gaps in our

systems and processes for keeping allergic children safe for all new joining pupils with allergies and any pupils newly diagnosed.

14. Managing Allergies and Dietary Requirements at Reflections

All families are required to complete a Supporting Dietary Form during the registration process, and they are asked to update this annually or sooner if required. Any information regarding a child's allergy or dietary requirement is updated onto First Steps and placed on the child's nursery/school file.

Information relating to allergy and dietary requirements is discussed with the Section Lead and Deputy Section Leads, the parents and Head of Nursery before the child starts. A Healthcare Plan and Risk Assessment (only for those children who require an adrenaline auto-injector) is written to support the management of the child's allergy.

In every Section of the nursery and the school, there is a Red Dietary Folder which contains:

- A copy of every child's Supporting Dietary Form
- A photo dietary chart that clearly displays any child in the section and their dietary/ allergy information
- The current Reflections Menu and allergen content list/chart
- Updated copy of the Staff Training Record
- Copies of Healthcare Plans
- For those children who require an adrenaline auto-injector, a Risk Assessment will also be copied to this file as well as the child's Allergy Action Plan.

In addition, displayed in each section, is a large whiteboard that displays a photograph of the child and detail of their allergy/dietary requirement. On the whiteboard is a daily cross reference checklist to help the Educators manage mealtimes.

It is the responsibility of all staff to ensure that they review the menu at mealtimes and cross reference the menu against the information provided from the kitchen on the allergen list/charts and the information they hold about each child in the section's Red Dietary File and on the section's Dietary Board.

It is important that a culture of 'it's everybody's responsibility' is at the heart of managing dietary and allergies here at Reflections. Therefore, supporting one another and asking questions if unsure is important and encouraged. The Section Lead and Deputy Section Lead should facilitate a culture within their section of supporting their team and supporting the management of mealtimes, so all children are fully supervised and receive the correct dietary meal.

Before 10am each morning, a member of staff from each of the sections is required to provide the kitchen with their confirmed register of children for the day. The kitchen will use their 'setting dietary board' exhibited in the kitchen which displays photos and dietary detail about all the children at Reflections with an allergy and dietary requirement. This enables the Chef and his kitchen team to plan and prepare the meals accordingly for each mealtime.

The kitchen will prepare any special dietary meals and serve the meal in a different coloured bowl according to the child's allergy/dietary requirement:

White Plates/ Bowls – no dietary requirements

Green Plates/ Bowls – vegetarian or vegan

Blue Plates/Bowls – Intolerance/preference

Red Plates/ Bowls – Severe allergy that requires an EpiPen

If bowls are not available staff must inform the Head of Nursery or Headteacher immediately.

The child's name is written on the side of the bowl to clearly state who the meal is for. For our process to be robust, anyone involved in serving is to refer to the dietary board to cross check for accuracy. Professional conversations and a second opinion if unsure are encouraged.

All staff must ensure that all food and drink given to children has been checked to ensure all ingredients comply with individual children's nutrition and health requirements. For example, nuts/lactose may be present in baby cereal. Particular attention must be paid to children eating nearby each other so that they are not able to access food from another child's plate or bowl.

To ensure the health and safety of children with severe allergies, Reflections currently operates a '**no nuts and sesame seeds**' policy. This applies to staff, parents, and children to the nursery. This means that nuts should not be brought onto the nursery premises at any time by any individual. Staff should also not eat nuts (or any food which contains nuts) during their lunch/breaks or prior their shift.

Babies under one year, should only be fed food that has already been safely given at home with no reaction; parents should provide an updated list on a regular basis.

For specific dietary needs a stock of 'safe' foods including sugar-based foods (diabetic children/staff), will be kept, and stored in a clear marked container.

If a child has a reaction staff should remain calm and a Qualified First Aider, member of Nursery Management or the Headteacher called for immediately. They must then proceed to follow the requirements as laid out by the child's Individual Healthcare Plan or by the parent/guardian. A member of the Nursery Management or Headteacher will contact the parent/guardian immediately to inform them.

If the child requires further medical attention staff must take the child's details with them and in any event write a full incident report. The Head of Nursery must also report the incident to the Headteacher.

Children's 'Piriton' medicine will be always kept on the premises. Before any dosage is administered, parents must have signed the Permission Form for the

administration of Piriton when joining the nursery/school. Therefore, the child's file needs to be checked before administering Piriton. Piriton must only be administered to children over the age of 12 months (unless prescribed by a GP).

Particular consideration must be given to resources used in the children's rooms – this includes paint and playdough (check the contents especially for traces of substances which compromise the health and safety of the children's requirements in the room).

15. Useful Links

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

- AllergyWise training for schools - <https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-schools/>
- AllergyWise training for Healthcare Professionals <https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-healthcare-professionals/>

Allergy UK - <https://www.allergyuk.org>

- Whole school allergy and awareness management (Allergy UK) <https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement>

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

