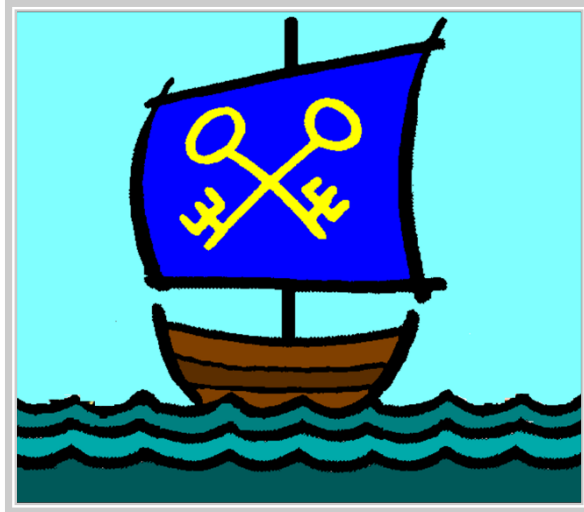


**ST PETER'S CATHOLIC PRIMARY SCHOOL**  
**SHOREHAM**



**SCHOOL ANAPHYLAXIS POLICY**

Approved by Governors: July 2022

## **School Anaphylaxis Policy**

### **Purpose**

To minimize 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 recognize and manage severe allergic reactions should they arise.

### **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 generalized or systemic hypersensitivity reaction.*

This is characterized 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 St Peter's Catholic Primary School will support pupils with allergies, to ensure they are safe and not disadvantaged in any way whilst taking part in school life.

### **Roles and Responsibilities**

#### **Parent Responsibilities**

- On entry to the school, it is the parent's responsibility to inform the school office of any allergies. 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 to the 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, i.e. school nurse, GP or 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 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 all pupils with medical conditions, including allergies, have their medication available. Pupils unable to produce their required medication will not be able to attend the visit.
- Head's PA will ensure that the up to date 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 Head's PA will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- Head's PA keeps a record of pupils who have been prescribed an AAI and a record of use of any AAIs and emergency treatment given.

### **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.

### 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.

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional and provide this to the school.

### 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 three 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 (i.e. alteration in heart rate, sudden drop in blood pressure, feeling of weakness)
- Changes to the skin, i.e. flushing, urticarial (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 (i.e. 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.

### **Supply, Storage and Care of Medication**

Children's AAI's are kept safely, not locked away and accessible to all staff. One pen is kept in the school office (cupboard is marked "Epipens in Cupboard") and the other pen is kept in the child's classroom. The medication is clearly labelled with the pupil's name.

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up to date and clearly labelled. However, the Head's PA 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 – AAI should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal – AAI are single use only and must be disposed of as sharps. Used AAI can be given to ambulance paramedics on arrival at the school.

### Staff Training

The Head's PA is the named staff member responsible for coordinating all staff anaphylaxis training and the upkeep of the school's anaphylaxis policy.

The school nurse will conduct a practical anaphylaxis training session 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 AAI) 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, i.e. allergen avoidance, knowing who is responsible for what
- Associated conditions, i.e. asthma
- Managing allergy action plans and ensuring these are up to date
- A practical session using trainer devices

### Inclusion and Safeguarding

St Peter's Catholic Primary 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.

### 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 the school website at [www.stpeterscatholicprimary.co.uk](http://www.stpeterscatholicprimary.co.uk) Details of ingredients and allergens are available from the hot school meals provider Chartwells – [www.chartwells.co.uk/primaries](http://www.chartwells.co.uk/primaries) Email : [enquiries@chartwells.co.uk](mailto:enquiries@chartwells.co.uk) or phone 0800 917 6808

The Head's PA will liaise with parents/Chartwells Team Leader and Chartwells Special diets department regarding pupils with food allergies/intolerances.

Pupils with allergies, food intolerances etc will be given a lanyard with their name and details of the special diet relevant to them, which they are required to wear when they go in to the school hall for lunch.

The school adheres to the following Department of Health guidance recommendations –

- Bottles, other drinks and lunch boxes provided by parents for all pupils, and especially those with food allergies, should be clearly labelled with the name of the child for whom they are intended.
- 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.
- Food should not be given to primary school age children without parental engagement and permission (i.e. birthday, food treats etc)
- Foods containing nuts are discouraged from being brought in to school.
- Use of food in crafts, cooking classes, science experiments and special events (i.e. Christmas and Summer fayres etc) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

### School Visits

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that medication for all pupils with medical conditions, including allergies is taken on the visit. Pupils without the required medication will not be able to attend the trip

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

Overnight school trips may be possible with careful planning and a meeting for parents with the lead member of staff planning the trip will be arranged. Staff at the venue for an overnight school trip will 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 is 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.

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.

### Allergy Awareness

St Peter's Catholic Primary School 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.

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

### Nut Allergy Awareness

We ask that all members of the school community support the school in the following ways

–

- Parents and carers are requested NOT to send food to school that contains nuts. This includes all types of nuts, peanut butter, Nutella, cereal/chocolate bars and any other food containing nuts.
- Staff will be alert to any obvious signs of nuts being brought in, but they will not inspect all food brought in to school.
- Children that DO bring in food that does contain nuts or nut products will be asked to eat that food well away from any child or adult with a nut allergy and to wash their hands and face thoroughly before going to play.
- If any actual nuts are found, they will be bagged up and sent home and this child will be asked to eat lunch away from other children and to wash their hands and face thoroughly before going out to play.
- Children are always asked NOT to share food.
- Children will be encouraged to wash hands before eating.
- The school dinner providers will ensure all cooked food is nut-free.

### Risk assessment

St Peter's Catholic Primary School 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.

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