



Stockingford
Nursery School

Allergy and Anaphylaxis Policy

Signed 

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1. Introduction

An allergy is a reaction of 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 serious, life-threatening allergic reaction. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

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 are not limited to):-
Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how Stockingford Nursery School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

The purpose of this Policy is to minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.

Links with other policies:

- Health and Safety
- Supporting Pupils with Medical Conditions
- Medication Policy
- Safer Food

2. Role and responsibilities

Parent/carer Responsibilities

- On entry to the school, it is the parent's/carers's responsibility to inform Reception staff/ Key Person of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents/carers are to supply a copy of their child's Allergy Action Plan ([BSACI plans](#) preferred) to 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. Health Visitor/GP/Allergy Specialist.

- Parents/carers are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents/carers 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 through Anaphylaxis UK or National College. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff (regular or supply 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.
- Lead Teacher will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's/carer's responsibility to ensure all medication is in date however the Lead Teacher or delegated First Aider will check medication kept at school on a termly basis, and send a reminder to parents if medication is approaching expiry. Medical tracker is also used to share alerts when medication is due to expire to support communication.
- Headteacher keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- Headteacher/Lead Teacher ensures that any reaction or near misses is recorded and reported internally or in accordance with RIDDOR.

Pupil Responsibilities

- Pupils (where able due to age/ developmental level) 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.

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.

British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by school. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. The allergy action plans are designed to function as an Individual Healthcare Plan.

4. Emergency Treatment and Management of Anaphylaxis

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth

- swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more severe reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

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.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

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. AAls should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the 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.

5. Supply, storage and care of medication

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept in the same teaching zone as them and not locked away and **accessible to all staff**.

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 AAls i.e. EpiPen® or Jext®
- An up-to-date Allergy Action Plan
- Antihistamine medication (if included on allergy action plan)

- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents/carers to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the Lead Teacher will check medication kept at school on a termly basis, and send a reminder to parents/carers if medication is approaching expiry.

Parents/carers can subscribe to expiry alerts for the relevant AAls their child is prescribed, to make sure they can get replacement devices in good time.

Storage

AAls should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

AAls are single use only and must be disposed of as sharps. Used AAls 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 appropriately by the School Business Manager. The sharps bin is kept in the school office.

6. 'Spare' adrenaline auto-injectors in school

School has purchased spare **AAls for emergency use in children who are risk of anaphylaxis**, if their own devices are not available or not working (e.g. because they are out of date) or are experiencing anaphylaxis for the first time.

These will be stored in the Headteachers cupboard clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff**.

The Headteacher 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 AAls is included in the pupil's Allergy Action Plan and will be sought from parents/carers by the Headteacher.

7. Staff Training

The named staff members responsible for coordinating staff anaphylaxis training and the upkeep of the school's Anaphylaxis Policy are:

Katherine King - Headteacher

Sara Ward - School Business Manager

All nursery-based staff will complete allergy and anaphylaxis training² annually, and on an ad-hoc basis during induction of new 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 AAls) 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
- Managing Allergy Action Plans and ensuring these are up to date

Stockingford Nursery School ensures that staff undertake 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

Stockingford Nursery 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.

9. Catering

All food businesses 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 Lead Teacher and Headteacher will keep staff updated with information about pupils with food allergies.

The Headteacher keeps a file with information relating to allergies/ Health Care Plans. Information about children with medical/ dietary needs are displayed in all classes with the child's photograph

Parents/carers are encouraged to meet with the Headteacher 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.
- 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 Headteacher.
- Food should not be given to nursery food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- 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.

Most parents/carers 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.

10. Allergy awareness and nut bans

Stockingford Nursery School supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. Anaphylaxis UK would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools because of a false sense of security and challenges to enforce. 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 a food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

Stockingford Nursery School adopt a 'whole school awareness of allergies' as a more robust approach, because 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 minimise risk.

11. Risk Assessment

Stockingford Nursery School will conduct a detailed Individual Risk Assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe. The Risk Assessment may identify zones that may be nut or allergy product free to protect individuals if required. This information will be communicated to staff members and families.

School and Individual Risk Assessments can be downloaded for free from:
<https://www.anaphylaxis.org.uk/downloads-form/safer-schools-download/>.

12. Useful Links

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

- Safer Schools Programme - <https://www.anaphylaxis.org.uk/education/safer-schools-programme/>
- AllergyWise for Schools online training - <https://www.allergywise.org.uk/p/allergywise-for-schools1>

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

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

BSACI Allergy Action Plans - <https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>

Spare Pens in Schools - <http://www.sparepensinschools.uk>

Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Health Guidance on the use of adrenaline auto-injectors in schools - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

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>

At Stockingford Nursery School we strongly recommend that all staff complete allergy and anaphylaxis training to ensure that any member of staff can react quickly and accurately

when a child has a reaction. When the training is limited to one or only a few members of staff, children with allergies are left in a potentially life-threatening situation if that member of staff is absent or deployed elsewhere.