

Allergy Awareness and Management at Sidestrand Hall School Policy

This policy is designed to be read alongside the school's wider medical conditions policy as required by the Supporting Pupils at School with Medical Conditions statutory guidance.

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1. Introduction

Sidestrand Hall School recognises that a number of community members (pupils, parents, visitors and staff) may suffer from potentially life-threatening allergies or intolerances to certain foods.

Sidestrand Hall School is committed to a whole school approach to the care and management of those members of the school community. The School's position is not to guarantee a completely allergen free environment, rather to minimise the risk of exposure by hazard identification, instruction and information. It is also important that the School has robust plans for an effective response to possible emergencies. This policy has been created to ensure compliance under The Food Information Regulations 2014. Please also refer to Appendix 1.

Sidestrand Hall School is committed to proactive risk allergy and intolerance management through:

- The encouragement of individual responsibility and learned avoidance strategies amongst those suffering from allergies and intolerances.

- The establishment and documentation of a comprehensive management plan for menu planning, food labelling, stores and stock ordering and customer awareness of food produced on site.
- Provision of a staff awareness programme on environmental and food allergies and food intolerances, possible symptoms (anaphylaxis) and recognition and treatment.

The intent of this policy is to minimise the risk of any person suffering allergy-induced anaphylaxis, or food intolerance whilst at Sidestrand Hall School or attending any school related activity. The policy sets out guidance for staff to ensure they are properly prepared to manage such emergency situations should they arise.

2. Allergies and Anaphylaxis

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.

If someone has an allergy, it's because their body is reacting to a substance that should be harmless; this substance is known as an allergen. If they taste, eat, swallow, inhale or touch an allergen, their immune system sees it as a threat. When a person who is susceptible to allergies is exposed to an allergen for the first time, their immune system creates antibodies that prepare to fight against it. This means their body now has a sensitivity to the allergen. The next time they're exposed to the allergen, it will trigger an allergic reaction. Someone who has asthma is more likely to have allergies. And someone who already has allergies AND asthma is more at risk of having a severe reaction.

Allergic reactions usually happen very quickly - normally within just a few minutes of being exposed to an allergen - and they can be mild, moderate or severe. Mild and moderate allergic reactions usually affect only one part of the body. Common symptoms of a mild or moderate allergic reaction include:

- Sneezing,
- Vomiting,
- Difficulty talking,
- Stomach ache,
- Red, raised,
- Itchy rash
- Swelling of the face (especially the lips and eyelids)
- An itchy, runny or blocked nose and itchy, red, or watering eyes.

The way a child reacts to an allergen can change over time. Even if they've only had a mild or moderate reaction in the past, it does not mean they will react the same way next time. They are always at risk of having a severe reaction. Even a small amount of exposure to an allergen can trigger a severe reaction.

Around 50% of children in the UK have allergies. The most common things that children are allergic to are: Insect bites and stings, food, pollen, animals, dust mites and mould. Medication, latex and exercise can also be allergens. They are less common, but can still cause a severe allergic reaction. Sometimes, an allergen can't be found or identified. A child may have an allergic reaction and you may not know what's caused it. It shouldn't be assumed that two children who react to the same allergen will react in the same way. This is not the case. For example, two children can both be allergic to strawberries. One of them may only get a stomach ache, but the other one may start vomiting and experience face swelling, or worse. It's vital that you're aware of any known allergens that cause a child in your care to have a reaction. You should also be aware of how severe the child's reaction usually is.

Food and Insect bites and stings are the most common causes of allergic reactions. Around one in 100 people will have an allergic reaction to a wasp or bee sting. The reaction will normally happen within 30 minutes. A small number of these will have a severe reaction. Wasp and bee stings are the most common insect allergens, but any insect bite or sting can trigger an allergic reaction – even something as minor as an ant bite.

A child could be allergic to any type of food, but there are a number of commonly known food allergens. Milk and eggs tend to be the most common food allergens for children. However, many of them outgrow this allergy between the ages of 3 and 5. Other common food allergens for children include: Peanuts, Tree nuts, Soy, Gluten, Fruit, Wheat and fish and shellfish. If a child in your care has a food allergy, you need to know what foods they should avoid.

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

Sidestrand Hall 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 allergies. They advocate instead for schools to adopt a culture of allergy awareness and education.

A whole school awareness of allergies approach ensures teachers, pupils and all other staff are 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.

3. Role and Responsibilities

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform reception staff 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 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. School nurse/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 and allergy awareness 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 offsite educational visits will complete an allergy risk assessment when planning the school visit. They will have a copy of the student's allergy plan and IHCP. They will ensure they carry all relevant emergency supplies. Visit 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. (See section on Educational Visits)
- The Senior teacher leading on medical conditions will ensure that the up to date Allergy Action Plan is kept with the pupil's medication. A copy of the student's Allergy Plan and IHCP will be uploaded to the student's page on Scholar Pack .
- It is the parent's responsibility to ensure all medication is in date however the class teacher/ form tutor will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The Senior Teacher for Medical Conditions keeps a register of pupils who have been prescribed an AAI and a record of use of any AAI(s) and emergency treatment given. A central record for all staff to view is kept on the school's shared Google Drive in the Medical file.
- A central list of all students' allergies and intolerances is kept on the drive. This is checked and updated termly by the Senior Teacher for Medical Needs. Staff are responsible for knowing who is on the list.
- All staff will follow the Department of Health Allergy Awareness Guidelines (Appendix 1)

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.
- 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. Where a student is too young or deemed unable to carry their own AAI a trained member of staff will take responsibility for ensuring that it is safe and close by.

4. Allergy Action Plans and IHCPs

Allergy action plans are designed to function alongside the pupil's Individual Healthcare Plans (IHCPs) for children with anaphylaxis or allergies. It provides medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline autoinjector.

Sidestrand Hall School recommends 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/School Nurse/Allergy Specialist) and provide this to the School.

An Individual Healthcare Plan (IHCP) is a document that contains information about a child's health. It will be drawn up by their parents/carers and the school, in some cases it will be approved by their doctor or the school nurse.

The IHCP contains:

- an up-to-date photo of the child
- The child's personal details
- Family, health care, and school staff contact details
- A list of the child's allergens
- A list of their medication and when they need to take it
- Day-to-day management of their allergies
- What to do in an emergency such as a severe allergic reaction (or Anaphylaxis)
- Any educational, social or emotional support that the child needs
- The dos and don'ts with educational visits and sporting activities
- Written permission from parents or guardians allowing staff to administer medication if it's required.

The IHCP is reviewed once a year, and updated whenever there's a change to the child's needs or circumstances. Staff can view a copy either on the pupil's Scholar Pack page or in the IHCP file on the Google Drive or in the pupil's student file held by the reception office.

5. Emergency Treatment and Management of Anaphylaxis

An anaphylactic reaction is a medical emergency and should be treated as one. 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.

Therefore, any staff member trained in administering AAI should do so as soon as the first signs of anaphylaxis occur.

Anaphylaxis Emergency Procedure (Appendix 2)

ACTION:

- Stay with the child and call for help. Channel 9 for a First Aider.

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.

Ask a member of staff to collect the defibrillator

Contact SLT(Main House Office) and The Reception office to inform that a 999 call has been made.

- Phone parent/carer as soon as possible

Have the pupil's empty AAI, IHCP, AAP at hand for the emergency services.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

Afterwards, the member of staff who administered the AAI alongside the first aider must complete the school's ancillary database and inform the Senior Teacher for Medical Needs. The Senior Teacher will email the following persons to inform them of the reaction and 999 call:

- Headteacher
- Deputy Head
- Head of Care
- School Business Manager
- The kitchen staff (if food related)
- Designated Teacher for LAC (if relevant)
- Relevant Pastoral Lead
- The class team
- Medication HLTA
- First aiders

Risk assessments and the pupil's documentation will be relooked at with parents

following the hospital visit.

6. Supply, Storage and Care of Medication

Where it is deemed appropriate pupils throughout Key Stages 3-5 will be encouraged to take responsibility for and to carry their own adrenaline injectors on them at all times (in a suitable bag/ container labelled clearly with their name). However, symptoms of anaphylaxis can come on very suddenly, so school staff need to be prepared to administer medication if the young person cannot.

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®
- 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 the class teacher/ form tutor will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

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

Pupils will take their AAI kits with them on school transport. It is the parents' responsibility to ensure that transport staff know that their child has an allergy and an emergency kit. School staff will ensure the pupil has it with them when leaving the classroom and where a child is too young or unable to care for their own kit a member of staff will pass it to the taxi passenger assistant or driver.

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 Sharps bin. The Sharps bin is kept in the Medical room near the Reception Office.

7. 'Spare' Adrenaline Auto Injectors in School

Sidestrand Hall School has purchased spare adrenaline auto-injector (AAI) devices for emergency use in children who are at 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 red colour rigid box, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and accessible and known to all staff.

Sidestrand Hall School holds 2 spare pens which are kept in the following location/s:-
Reception Office
Main House Office

The Senior Teacher for Medical Conditions 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.

8. Staff Training

The School's Business Manager and PA to the Headteacher are the named staff members responsible for coordinating all staff anaphylaxis training and the upkeep of the school's anaphylaxis policy. The Senior Teacher for Medical Needs holds a record of trained staff.

The School Nurse will conduct a practical anaphylaxis training session at the start of every new academic year.

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)

9. Inclusion and Safeguarding

Sidestrand Hall 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.

In order to ensure all students with an allergy or an intolerance are kept safe from contact with an identified allergen or potential contamination Sidestrand Hall School staff, parents, pupils and visitors adhere to the Department of Health guidance recommendations (Appendix 1).

10. Catering

Sidestrand Hall School follows the Food Information Regulations 2014.

The school menu is available for parents to view in advance on the school website at sidestrandhall.org.uk. A list of all ingredients and potential allergens used in the menu cycle can be obtained from the kitchen on request. Parents/carers are encouraged to meet with the Senior Teacher for Medical Needs to discuss their child's needs.

A list of pupils with food allergies and intolerances is given to the kitchen staff at the beginning of each academic year and each time that it is updated.

The common causes of allergies and intolerances relevant to this policy are the 14 major food allergens:

- Cereals containing **Gluten**
- **Celery** including stalks, leaves, seeds and celeriac in salads
- **Crustaceans**, (prawns, crab, lobster, scampi, shrimp paste)
- **Eggs** - also food glazed with egg
- **Fish** - some salad dressings, relishes, fish sauce, some soy and Worcester sauces
- **Soya** (tofu, bean curd, soya flour)
- **Milk** - also food glazed with milk
- **Nuts**, (almonds, hazelnuts, walnuts, pecan nuts, Brazil nuts, pistachio, cashew and macadamia (Queensland) nuts, nut oils, marzipan)
- **Peanuts** - sauces, cakes, desserts, ground nut oil, peanut flour
- **Mustard** - liquid mustard, mustard powder, mustard seeds
- **Sesame Seeds** - bread, bread sticks, tahini, houmous, sesame oil
- **Sulphur dioxide/Sulphites** (dried fruit, fruit juice drinks, wine, beer)
- **Lupin**, seeds and flour, in some bread and pastries
- **Molluscs**, (mussels, whelks, oyster sauce, land snails and squid).

Posters showing this information are displayed in the food preparation areas.

The allergy to nuts and peanuts is the most common high-risk allergy and, as such, demands more rigorous controls. However, it is important to ensure that all allergies and intolerances are treated equally as the effect to the individual can be both life-threatening and uncomfortable, if suffered.

Note: the above list is documented in The Food Information Regulations 2014, however it is known that additional food groups could cause allergies or reactions (for example Kiwi Fruit/ Melon, Strawberries). Therefore, it is important that kitchen staff are made aware of any individual's dietary needs.

Sidestrand Hall School respects that all pupils are entitled to a school meal and may want to eat what their friends are eating with their friends. Catering staff ensure that the eating environments are clear of cross contamination of allergens prior to the pupils sitting down to lunch. Sidestrand Hall School has a strict no sharing of food rule. This is to prevent pupils eating foods which are potentially contaminated or are unchecked by parents.

11. Educational Visits

Staff leading educational visits will ensure they carry all relevant information and emergency supplies. This includes: a copy of the pupil's IHCP, a member of staff who is trained to use an auto-injector and the pupil's medication – which must be stored correctly and be easily accessible for all staff and the child. Pupils unable to produce their required medication will not be able to attend the excursion.

All of the activities on the visit, including the environment, will be risk assessed for potential threats to allergic pupils. Where it is deemed unsafe alternative activities will be planned to ensure inclusion. Staff will prepare for things that take place outside of the normal school day, such as exposure to different allergens, the child using more medication, and possibly needing help during the night. Packed lunches and any other food and drink items are prepared carefully following the Department of Health Allergy Awareness Guidance.

During the visit pupils with allergies will be very closely monitored to ensure their safety, avoiding allergens and preventing an allergic reaction. They will also be very closely observed for early symptoms of a reaction as a measure of good practice and potential unforeseen allergens.

Overnight school visits will be carefully planned. The visit leader will have a meeting with parents at the planning stage in order that the IHCP and the visit environment and activities can be thoroughly discussed. Staff at the venue for an overnight visit will be briefed early on that a pupil with an allergy is attending and what accommodations need to be made in order to keep the pupil safe and included. If the venue is providing food during the visit a list of meals with ingredients will be given to the parents to check during the planning stage.

Sporting Excursions

The excursion leader will ensure that the sporting venue, coaches and staff supporting the visit are fully aware that a pupil with a specific allergy will be on the visit. A member of staff trained in administering adrenaline will accompany the team.

A risk assessment will be carried out during the planning stages of the visit.

12. Risk Assessment

Sidestrand Hall School keeps a central record of pupils with known allergies. This record helps to inform the risk assessment to identify any gaps in our systems and processes for keeping allergic children safe. This includes identifying how many first aiders and spare AAls to have on site and where they should be kept.

For all new pupils with severe allergies or Anaphylaxis and any pupils newly diagnosed during the school year the Senior Teacher for Medical conditions and the class teacher will meet with parents to complete a more in depth risk assessment (Appendix 4). This risk assessment is a thorough document which scrutinises the practical aspects of teaching a child with a severe allergy/ anaphylaxis.

Educational visit leaders also carry out thorough risk assessments during the planning phase.

All pupils with a severe allergy/anaphylaxis will have this identified on their Risk Management Plan.

13. Allergy Awareness - Practice in School

It is primarily the responsibility of parents/guardians to teach their child to manage their allergies and care for their equipment. However, it is important for all children to be educated about allergies and anaphylaxis and suitable risk minimisation strategies (e.g. washing hands after eating, not sharing food.). At Sidestrand Hall School we endeavour to educate our pupils using Allergy Wise lessons throughout our PSHE curriculum. In addition to this, allergies and safe practices such as washing hands/surfaces to prevent cross contamination will be taught in lessons such as food technology , science and independent living.

In food preparation areas including the staff room, food technology room, common rooms and main kitchen there are posters displaying the 14 allergens in schools, Allergy Wise and Anaphylaxis awareness and How to save an allergy suffers life.

The Classroom Environment

When a child/ young person with allergies starts at Sidestrand Hall School a risk assessment is carried out to identify potential allergic triggers in the classroom. This will include looking at the environment and materials used in lessons.

Common things that staff will consider include:

- Class pets,
- Dusty classrooms,
- Open windows and pollen,
- Art and craft lessons that use play dough, paint and glue (for example),
- Chemicals in science lessons,
- Anything children could bring into school that can trigger allergic reactions.

Good practice is for parents or guardians to be involved in the risk assessment and a discussion with class staff about how their child can be included in all activities. Changes may need to be made so the child can participate safely.

Food Technology

When planning their food technology recipes for the term teachers will amend recipes that include allergens of any students in their groups.

Staff will ensure that:

- Recipes are thought out carefully,
- The cooking area is cleaned thoroughly before and after use,
- Risks of a child being exposed to their allergens by cross-contamination are greatly reduced.
- Using different utensils for different foods,
- Washing their hands in-between handling different foods,
- Wearing aprons when working with different foods,
- Storing all foods separately,
- Disposing of waste correctly.
- All pupils wash their hands before and after the lesson.
- Pupils with food allergies must be monitored closely

Outdoor Lessons

At Sidestrand Hall School, we have an extensive site with areas of woodland and grass. The site is readily used throughout the year for outdoor learning, gardening and sports. Staff working with pupils with allergies are extra vigilant due to the increased risk of potential unforeseen encounters with allergens.

Pupils with allergies - particularly those who also have asthma - are monitored very closely during playtime, sports, PE and swimming lessons. As they're at a higher risk of

exercise-induced anaphylaxis. A member of staff working with the pupil/group will ensure that medication is close by at all times and is prepared to act in an emergency.

Charity Events

If the School hosts any coffee mornings or cake sales for charity it is important that no food poses a risk to the consumer. Where products are not made on site by the pupils or kitchen appropriate signage should be in place. This will state the following: *'This item was not produced at Sidestrand Hall School, therefore we cannot guarantee that it **does not** contain nuts or any other allergens'*.

All products should be plated separately, and stored as such (wrapped where possible) to prevent cross contamination to other items for sale. It should be left to the discretion of the adult buying the food that they accept the risk that allergens may be present. Pupils with allergens should be guided to an area of the sale where the produce is allergen free.

Links with other policies

Supporting Children with Medical Conditions

Educational Visits

First Aid

Appendix 1

Department of Health 2014 Allergy Awareness Guidelines:

- Sharing food, containers and utensils should not be allowed. This is especially important if food and utensils (e.g. lunchboxes and drink bottles) are brought from home.
- Bottles, lunchboxes, other utensils and other drinks provided by parents should be clearly labelled with the name of the child for whom they are intended.
- Eating areas and utensils should be thoroughly cleaned with warm soapy water. Utensils should be put through a dishwasher cycle if appropriate, to remove traces of potential allergens.
- Children and staff should be encouraged to wash their hands before and after meal times.
- Bench tops should be wiped down before and after meal times.
- For some children it may be necessary to have food and drinks checked by parents. For severely allergic children it may be preferable to have parents provide meals prepared at home.
- Food should only be avoided following recommendation by the child's medical specialist and the provision of documentation supporting this recommendation.
- Food preparation staff should be instructed about necessary measures to prevent cross-contamination during handling, preparation and serving of food.
- Ongoing training and education for educators about food allergy management, anaphylaxis and use of adrenaline injectors should be available.
- Materials such as cow's milk cartons, egg cartons and cereal and other food boxes should be clean and free from contamination before using for art and craft activities.
- Educators should be made aware of the risk to an identified child of using allergenic foods in cooking activities (e.g. baking cakes, frying eggs).
- Use of food in crafts, cooking classes and special activities may need to be restricted depending on the allergies of particular children. Often, an appropriate alternative ingredient can be substituted (e.g. wheat-free flour for playdough or cooking).

Implementation of practical strategies to avoid exposure to medically confirmed allergens

Strategies should be put in place to reduce the risk of exposure to allergens. This is at the discretion of the centre.

This should include measures such as:

- having a separate pantry shelf for low allergy ingredients (e.g. wheat free flour)
- preparing low allergen meals first
- eliminating particular ingredients as required
- using clean/separate utensils and preparation surfaces
- having separate margarine/spreads for wheat free children (to reduce crumb contamination when spreading bread)
- having a separate toaster for wheat free/gluten free toast
- communicating with parents that the centre is caring for or educating a child with an allergy and request that the food which triggers the reaction is not brought into the centre.

Appendix 2

Anaphylaxis Emergency Procedure

Call a first aider.

Any trained member of staff should administer the AAI in an emergency situation.

When symptoms are those of anaphylactic shock the position of the pupil is very important because anaphylactic shock involves a fall in blood pressure.

- If the patient is feeling faint or weak, looking pale, or beginning to go floppy, lay them down with their legs raised. **They should not stand up.**
- If there are also signs of vomiting, lay them on their side to avoid choking.
 - If they are having difficulty breathing caused by asthma symptoms and/or by swelling of the airways, they are likely to feel more comfortable sitting up.

If a pupil is showing even **one** symptom of anaphylaxis:

- Administer the Auto-Injector, if they cannot do it themselves

To use the auto-injector:

- Remove the needle shield
- Press the needle into the middle of the child's upper thigh
- Hold it there for the recommended number of seconds (3, 5 or 10 depending on the brand of auto-injector)
- You may need to massage the injection site afterwards (again depending on the brand of auto-injector)

Ask other staff to assist, particularly with making phone calls. **DO NOT LEAVE THE PUPIL ALONE** One person must take charge and ensure that the following is undertaken:

Call 999 and inform them that

- That the child is having an anaphylactic reaction
- That they've taken medication, how much and at what time
- Your position of authority and your exact location

Call SLT (or the Main House Office) and Reception to let them know there has been a medical emergency and 999 has been called.

Have the pupils empty AAI, AAP and IHCP at hand to give to the emergency services.

Call the pupil's parents

Appendix 3 Anaphylaxis

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.

Appendix 4



Sidestrand Hall School - Severe Allergy and Anaphylaxis Risk Assessment

This form should be completed by the setting in liaison with the parents and the child, if appropriate. It should be shared with everyone who has contact with the child/young person.

Child/Young person:	Date of Birth:
Class:	Teacher/Tutor:
House:	Pastoral Lead:
Name and role of other professionals involved in this Risk Assessment (i.e. Specialist Nurse or School Nurse):	
Date of Assessment:	Reassessment due:
<p>I give permission for this to be shared with anyone who needs this information to keep the child/young person safe:</p> <p>Signatures:</p> <p>Head teacher: _____ Date _____</p> <p>Parents _____ Date _____</p> <p>Young person _____ Date _____</p>	
<p>What is this child/young person allergic to?</p> <p>Under which conditions is the allergy? Ingestion <input type="checkbox"/> Direct contact <input type="checkbox"/> Indirect contact <input type="checkbox"/></p>	

Does this child already have an Individual Healthcare Plan? YES <input type="checkbox"/> NO <input type="checkbox"/>
Summary of current medical evidence seen as part of the risk assessment (copies attached)
Describe the container the medication is kept in:
Outcome of Risk Assessment
Is an Individual Health Care Plan required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Key Questions - Please consider the activities below and insert any considerations that need to be put in place to enable the pupil to take part.
Crayons/painting:
Creative activities, i.e. craft paste/glue, pasta
Science type activity: i.e. bird feeders, planting seeds, food
Musical instrument sharing (cross contamination issue):
Cooking (food prep area and ingredients):
Meal time: kitchen prepared food (is allergy information available): sandwiches:
Snacks (is allergy information available):
Drinks:
Celebrations: e.g. Birthday, Easter:
Hand washing (secondary school how accessible is this for the child):
Indoor play/PE (AAIs to be with the child/YP):
Outdoor play/PE (AAIs to be with the child/YP):
School field (AAIs to be with the child/YP):
Forest school/outdoor learning/ gardening (AAIs to be with the child/YP):

Offsite trips (are staff who accompany trip trained to use AAI):
Does the child/YP know when they are having a reaction?
What signs are there that the child/YP is having a reaction?
What action needs to be taken?
If the medication is stored in one secure place are there any occasions when this will not be close enough if required? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes state when and how this can be adjusted:
If the child is old enough – can the medication be carried by them throughout the day? Yes <input type="checkbox"/> No <input type="checkbox"/> If No state reason:
How many EpiPens are required in the setting?
How many staff need are required to be trained to meet this child/YP's need?
What is the location of the backup AAI?
Is a generic AAI available in school?

