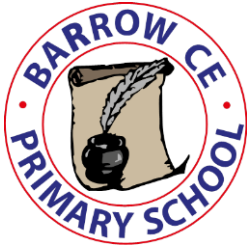


BARROW CE PRIMARY SCHOOL



ALLERGENS POLICY

Autumn 2024

Glossary of terms

1 Allergy Action Plan

These plans have been designed to facilitate first aid treatment of anaphylaxis, to be delivered by people without any special medical training nor equipment apart from access to an adrenaline auto-injector (AAI). The plans are medical documents, and should be completed by a child's health professional (and not by parents or teachers). The plans are now designed to function as Individual Healthcare Plans for children with food allergies.

2. Individual Healthcare Plan

These plans are drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school nurse, specialist or children's community nurse or paediatrician, who can

best advise on the particular healthcare needs of a child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child

manage their specific condition and overcome any potential barriers to getting the most from their education.

3. Emergency response plan

An Emergency Response Plan describes exactly what to do and who to contact in the event of an emergency, such as a child having an allergic reaction.

Government Legislation

Schools have a legal duty to support pupils with medical conditions, including allergy. Schools must adhere to legislation and statutory guidance on caring for

pupils with medical conditions, including the administration of allergy medication and adrenaline auto-injectors (AAIs).

The Allergens Policy should be read in conjunction with S. 8 of our Health & Safety Policy on first aid.

ALLERGIES

Allergy is the response of the body's immune system to normally harmless substances such as foods, pollen and house dust mites. Whilst these substances (allergens) may not cause any problems in most people, in allergic individuals their immune system identifies them as a 'threat' and produces an inappropriate response. This can be relatively minor, such as localised itching, but it can be much more severe causing anaphylaxis which can lead to upper respiratory obstruction and collapse. Common triggers are nuts and other foods, venom (bee and wasp stings), drugs, latex and hair dye. Symptoms often appear quickly and the 'first line' emergency treatment for anaphylaxis is adrenaline which is administered with an Adrenaline Auto-Injector (AAI).

5-8% of children in the UK live with a food allergy¹ Around 5-8% of children in the UK live with a food allergy, and most school classrooms will have at least one allergic pupil. These people are at risk of anaphylaxis, a potentially life-threatening reaction which requires an immediate emergency response. 20% of severe allergic reactions to food happen whilst a child is at school, and these reactions can occur in children with no prior history of food allergy. It is essential that staff recognise the signs of allergic reaction and are able to manage this. In order to keep pupils with allergy safe, schools should have a clear and consistent policy on managing allergies at school. Schools should take a whole-school approach which involves all members of the school, including teaching staff, caterers, pupils and parents to ensure that the needs of the allergic pupils are met. in the event of an allergic reaction. Regular communication with parents is vital. It is important that allergic pupils are not stigmatised or discriminated against in any way at school due to their allergy. For example, they should not be separated at mealtimes or excluded from class activities (unless this has been specified in the pupil's Allergy Plan). Drawing attention to the allergy in this way could result in allergy bullying by other pupils, so inclusivity and overall awareness amongst pupils is vital.

Emergency management of anaphylaxis

(ABC) and involving family/carers

Write an emergency response plan that describes exactly what to do and who to contact in the event that a child has an allergic reaction. The BSACI Allergy Action Plans include this information and are recommended for this purpose.

You should work with parents to develop this plan. This should include First Aid procedures for the administering of adrenaline and Identifying activities which may put the child at risk - for example food-based and outdoor activities.

Symptoms of anaphylaxis include one or more of the below:

Airway:

- Swollen tongue
- Difficulty swallowing/speaking
- Throat tightness
- Change in voice (hoarse or croaky sounds)

Breathing:

- Difficult or noisy breathing
- Chest tightness
- Persistent cough
- Wheeze (whistling noise due to a narrowed airway)

Circulation:

- Feeling dizzy or faint
- Collapse
- Babies and young children may suddenly become floppy and pale
- Loss of consciousness (unresponsive)

Action to be taken

- Give adrenaline – WITHOUT DELAY- if an AAI is available
- Call an ambulance (999) and tell the operator it is anaphylaxis
- Position is important -lie the person flat (or sit them up if having breathing problems)
- Avoid standing or moving someone having anaphylaxis

- Stay with the person until medical help arrives
- If symptoms do not improve within five minutes of a first dose of adrenaline, give a second dose using another AAI
- A person who has a severe allergic reaction and/ or is given adrenaline should always be taken to hospital for further observation and treatment
- Sometimes anaphylaxis symptoms can re-occur after the first episode has been treated and appeared to have settled.

This is called biphasic anaphylaxis

AAI PENS (Adrenaline auto injector): Spare Pens n Schools

Since 2017, schools have been legally able to directly purchase AAI from a pharmaceutical supplier, such as a local pharmacy, without a prescription. Guidance from the UK Departments of Health (and equivalent guidance for the Devolved Nations) provide further details.

www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools

A supplier e.g. pharmacy, will need a request signed by the principal or head teacher (ideally on appropriate headed paper) stating: • The name of the school for which the product is required; • The purpose for which that product is required, and • The total quantity required.

Allergy Action Plans

Allergy Action Plans have been designed to facilitate first aid treatment of anaphylaxis, by either the food-allergic person or someone else (e.g. parent, teacher, friend) without any special medical training nor equipment apart from access to an AAI. They have been developed following an extensive consultation period with health professionals, support organisations, parents of food-Allergic children and teachers, through the BSACI.

The plans are medical documents, and should be completed by a child's health professional (and not by parents or teachers). Although parents should be involved.

The plans can either be printed out and completed by hand, or completed and signed by the healthcare professional online.

Health Plans are available from the School Office.

Dated: Autumn 2024

Date of Review: Autumn 2027