



Allergy Policy

1. SUPPORT FOR PUPILS

School staff have a professional duty to safeguard the health and safety of pupils. This does not imply a duty upon them to administer medication. However, staff may voluntarily undertake this responsibility and receive training enabling them to do so. The Headteacher will arrange for the whole teaching/non-teaching staff, including SMSA's, in the school to be briefed in the procedures of dealing with anaphylactic and asthmatic emergencies, including First Aid procedures and the recovery position.

This instruction will be undertaken by the attached school nurse, will be repeated at the beginning of each academic year and provided to all new staff on arrival. Teachers who have children in their class with allergies may need further training/ familiarisation of children in their care, and will need to communicate with the child's family and welfare staff regularly.

Children at the risk of severe allergic reactions are not ill in the usual sense but are normal children in every respect – except that if they come into contact with a certain food or substance they may become very unwell. It is very important that these children are allowed to develop in the normal way and are not stigmatised or made to feel different (also refer to Equal Opportunities Policy and Inclusion Policy).

2. SETTING UP A PROTOCOL

This school believes it is essential to draw up an individual Protocol for any child with a severe allergy (the Protocol involves a Food Allergy Action Plan (FAAP) for children with Anaphylaxis (which will also be shared with the catering contractors and an Asthma Action Plan for children with Asthma).

This Protocol is agreed by the parents, the school, the treating doctor and the educational authority. The Protocol forms an agreement that the best possible support is in place for both the child and the school staff (see for FAAP Appendix 1 & Appendix 2 for Asthma Action Procedures). The Protocol deals with the following:

- Anaphylaxis/Asthma
- Medication
- Food/Environment management
- Emergency procedures
- Precautionary measures
- Consent and agreement

A copy of each child's Protocol will be held by the school in the welfare room, the kitchen where the allergy is food related and in the classroom and check regularly with the parent and any health professional responsible for the individual child.

3. SCHOOL ORGANISATION

Copies of an up to date photograph, along with the record of the child's allergy and procedures for emergency treatment, should be posted up in the welfare room, the staffroom and the Headteacher's office. (See Health, Safety & Welfare Policy). Every class will have a copy of the medical needs of pupils in the class along with a copy of any protocols set up for individual pupils, which must be displayed on the teacher's notice board. Both the SMSA's and Learning Support Assistants who are attached to these classes need to be fully aware of the children in their own care in other classes at lunchtimes and playtimes respectively and of the emergency procedures, should any child have a severe reaction. The SMSA's will keep a record with them

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at lunchtime. These records should be checked/ updated as necessary, every half term, including changes to emergency contact details eg. Change of carer/telephone number.

4. SUPPLY TEACHERS

All supply teachers who replace the regular class teacher will be required to familiarise themselves with the protocol and sign posted to the pupil in their care. On arrival at the school they will initially be provided with verbal information by the Headteacher/ Deputy Headteacher/ Year Group Leader or admin staff in the form of the names of children with allergies that they will be teaching and where further information can be found in the classroom.

5. PROCEDURES

The school has clear procedures in place for emergency treatment of children with severe allergies (see Procedures Appendix 1).

6. TYPES OF ALLERGY

Anaphylaxis is an acute, severe allergic reaction needing immediate medical attention. It occurs within seconds or minutes of exposure to a certain food or substance, but may on rare occasions happen after a few hours. Common triggers include peanuts, tree nuts, ground nuts, eggs, cow's milk, shellfish, certain drugs such as penicillin, latex and the venom of stinging insects such as bees, wasps or hornets.

Some people associate anaphylaxis with any acute allergic symptoms from an itchy rash in the mouth to total collapse. However, other symptoms of an allergic reaction may also be life threatening. Blood pressure can fall dramatically and the patient can lose consciousness; there may be swelling in the throat restricting air supply, or severe asthma.

Any symptoms affecting the breathing are serious.

Anaphylactic shock is a life-threatening situation and may lead to death.

Even where mild symptoms are present the child should be watched carefully as it may be the start of a more serious reaction.

7. TREATMENT

The treatment for any severe allergic reaction is an injection of adrenaline (also called epinephrine) delivered into the muscle in the side of the thigh. The adrenaline injections that are most commonly prescribed are; the EpiPen and Ana pen. These devices are pre-loaded and simple to administer (see Appendix 3). Only in extremely rare cases will the child react adversely to the treatment as adrenaline is a well understood safe drug,

8. STORAGE OF CHILDRENS MEDICINES

All medicines will be stored in the welfare room. Children who are identified as severely allergic have their medicines stored in airtight containers clearly labelled with a photograph included. These will be stored in a safe but easily accessible place and their location will be made known to all concerned; the children themselves, the parents, Headteacher, teaching/non-teaching staff, welfare and school nurse.

Children with asthma need to have their inhaler stored safely in the welfare first aid cupboard and clearly labelled, with a photograph included. On school trips the welfare will be responsible for carry and administering the medication. Carrying EpiPens will be agreed between the welfare / Headteacher / Parents as the situation requires.

9. SCHOOL TRIPS

All children using any medication i.e. EpiPens, Asthma Pumps, cough medicines, antibiotics etc will be the responsibility of the welfare or a trained first aider on that day. The named children will travel to and from the location of the visit, in the same coach as the Welfare or First Aider. The Welfare/First Aider is responsible for the administration of the medication under the supervision of the teacher in charge. In the nursery the administration of medication is the responsibility of the NNEB under the supervision of the teacher in charge.

10. MEDICINES (GENERAL)

Because of the danger from medicines and tablets, no medicines should be sent into school unless parents think there is a special case to be made for their child; or their child is on regular necessary medication for any of the above conditions. If a child has regular medication administered in school, we must have a letter from the parent/doctor giving precise instructions. Parents will also be asked to fill in a School medical Form giving all the necessary information. **Very strict records are kept regarding medicines which need to be clearly marked with the child's name and class, date and expiry date of medication.**

11. RESTRICTIONS ON FOOD

We have a number of children who have serious nut allergies. It is very important that we keep them safe and so the children in the child's class will be told that they may not bring peanut butter sandwiches, nut yogurts or similar desserts into school for their lunch. The school has to take this action because the allergies are life threatening for some children. This matter is discussed with the all the children and parents in the class concerned.

Birthday Treats.

When it is a child's birthday children bring sweets in to share on their birthday. A lovely gesture, encouraging the children to share, however so many sweets/chocolates have nuts or traces of nuts in them that it presents a risk for some children. As part of our Healthy Schools work and because we do not want to stop children doing something that is kind and it is so nice to celebrate their birthdays, we encourage parents to buy a book or small game for the class instead of sending in sweets. A label is put in the book or on the game to say that it has been given to the class to celebrate the child's birthday.

If the number of children in the school with food allergies continues to increase the school will have to take further action and become a '**Nut Free Zone**'.

12. GOVERNMENT GUIDANCE

The DFEE together with the DOH provides comprehensive guidance for school staff in their documents. "Supporting pupils with medical needs". This helps schools to manage medication in schools and contains guidance on specific information about anaphylaxis and its management.

13. LA GUIDELINES

The LA provides a staff indemnity for any school staff who agrees to administer medication to a child in school, given the full agreement of parents and school. The LA full indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment, have been provided with adequate training, and are following LEA's guidelines. The indemnity would cover the consequences that might arise where an incorrect dose is inadvertently given or where the administration of the dose is overlooked.

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Signed: R. K. Mahil-Pooni

Date: September 2016

Date ratified by the Governing Body: 12th October 2016.

Next review date: September 2019