



Coton Green
Primary School

ALLERGY AND ANAPHYLAXIS POLICY

POLICY STATEMENT

Coton Green Primary School recognises the potentially serious consequences that may occur for children with allergies. These allergies may include a condition known as anaphylaxis. Anaphylaxis is a severe, potentially life-threatening allergic reaction brought on by exposure to certain foods or other substances. The foods most likely to cause allergic reactions are peanuts, tree nuts (walnuts, almonds, hazelnuts, Brazil nuts, pecans, cashews, pistachio nuts, pine nuts, macadamia nuts etc), dairy products, eggs, soy, wheat, fish and shell fish. Although most food allergies produce symptoms that are uncomfortable, pupils with allergies to the above listed foods can also suffer more serious consequences. Non-food items such as latex and bee stings can also bring about a life-threatening reaction. Coton Green Primary School has created this policy to reduce the likelihood of severe allergic reactions of pupils with known allergies while at school.

RESPONSIBILITY

We live in a world that is contaminated with potential allergens; therefore, anaphylactic children must learn to avoid specific triggers. Parents are responsible to educate their child about managing their allergy at school, including, but not limited to, identifying “safe foods” by reviewing the weekly lunch menu together.

Creating an environment that reduces the risk to severely allergic or anaphylactic children requires the co-operation and understanding of all members of the Coton Green Primary School, including teachers, teaching assistants, lunch time supervisors, children and parents. In relevant literature sent home to parents we request that **NO NUT PRODUCTS ARE ALLOWED IN SCHOOL AT ANYTIME**. As with other policies, staff, parents and children are expected to comply.

Coton Green Primary School works alongside our caterers to provide food in the dining hall that all students may enjoy. If parents are uncertain about possible exposure to allergy-causing foods, or, in the case of a pupil with multiple or unusual allergies, the family may be required to provide lunch and snacks for their children.

It is the responsibility of the relevant members of staff to ensure that the emergency medication kits, containing Epi-pens, relevant medical information, emergency treatments and contact details, is taken on all school trips.

IDENTIFICATION OF CHILDREN AT RISK

- It is the responsibility of the Parent and/or Guardian to inform the school that his or her child has allergies or is anaphylactic or potentially anaphylactic. This must be listed on the registration form and they must verbally notify the class teacher.
- School, with the support of external agencies where appropriate, will work with parents to implement a care plan to ensure that the allergies, needs and treatment of an individual pupil are known.
- All staff shall be aware of these children. An individual health and care plan, agreed by parents, will be in place for children with allergies and these will be available in pupil records folders. While the information pertaining to a pupil's allergies will be shared with all staff, details will be kept as confidential as possible.
- The Parent must complete the Consent for Emergency Administration of an Epi-pen form annually.
- On the child's admission to the school, the relevant teacher will discuss the child's allergies with the parent.
- All staff will receive annual training on allergy awareness administered by the "Medical Needs in School Team". This will include training on the administration of emergency medication (e.g. Epi-pen).

AVAILABILITY AND LOCATION OF EPI-PENS

The Epi-pen is an auto-injector containing epinephrine (adrenaline). This medication is a stimulant used to treat severe allergic reactions. It may also be used to treat severe allergic reactions that affect breathing.

Parents of an anaphylactic child must provide an Epi-pen to be left at school. The parent must promptly replace the Epi-pen when the expiry date is reached. The expiry date of the Epi-pen will be recorded on the alert card.

As our children are often too young to carry their own Epi-pen, the Epi-pens will be stored in a suitable location. They will be clearly labelled with the child's name, class and expiry date. All staff, and the pupil, will be made aware of its location.

- School staff are trained annually, and are ready, at all times, to administer the Epi-pen.
- Children who are no longer allergic, or no longer require an Epi-pen, must present a letter of explanation from their doctor or allergist so their name may be removed from the school's allergy list.
- If the Epi-pen has expired, the parent will be required to supply another one by the next day.
- The parent must sign Consent for Emergency Administration of an Epi-pen form. All staff will receive a virtual or face to face demonstration of Epi-pen administration by the "Medical Needs in School Team" as required.

SYMPTOMS OF AN ALLERGIC REACTION

Symptoms of an allergic reaction (as defined by NHS 31/10/2022) include:

- a runny nose or sneezing
- pain or tenderness around your cheeks, eyes or forehead
- coughing, wheezing or breathlessness
- itchy skin or a raised rash ([hives](#))
- diarrhoea
- feeling or being sick
- swollen eyes, lips, mouth or throat

Treatments for allergies include:

- trying to avoid the thing you're allergic to whenever possible
- medicines for mild allergic reactions like [antihistamines](#), [steroid tablets](#) and [steroid creams](#)
- emergency medicines called adrenaline auto-injectors, such as an EpiPen, for severe allergic reactions
- desensitisation (immunotherapy) for severe allergic reactions – this involves carefully exposing you to the thing you're allergic to over time, so your body gradually gets used to it and does not react so badly (this should only be done by a medical professional)

Symptoms of a Severe Allergic Reaction (Anaphylaxis) (as defined by the NHS 31/10/2022)

- feeling [lightheaded or faint](#)
- [breathing difficulties](#) – such as fast, shallow breathing
- wheezing
- a fast heartbeat
- clammy skin
- [confusion](#) and anxiety
- collapsing or losing consciousness

Other symptoms may include:

- An itchy, raised rash (hives)
- Feeling sick or being sick
- Stomach Pain
- Swelling of the mouth, especially the tongue
- Swelling of the throat
- hoarse voice
- feeling of throat closing
- feeling of choking
- Swelling of the airways- difficulty in breathing

- tight chest
- bark-like cough
- Drop in blood pressure- pallor
- floppiness
- collapse
- loss of consciousness

Anaphylaxis is a medical emergency that requires immediate treatment.

WHAT TO DO IF SOMEONE HAS ANAPHYLAXIS

Anaphylaxis is a medical emergency. It can be very serious if not treated quickly.

If someone has symptoms of anaphylaxis:

1. **Use an adrenaline auto-injector if the person has one** – but make sure you know how to use it correctly first.
2. **Call 999 for an ambulance immediately (even if they start to feel better)** – mention that you think the person has anaphylaxis.
3. **Remove any trigger if possible** – for example, carefully remove any stinger stuck in the skin.
4. **Lie the person down and raise their legs** – unless they're having breathing difficulties and need to sit up to help them breathe. If they're pregnant, lie them down on their left side.
5. **Give another injection after 5 minutes** if the symptoms do not improve and a second auto-injector is available.

EMERGENCY TREATMENT

All staff are trained, as follows, in the management of an anaphylactic emergency:

1. There are no contraindications or hesitation to use an Epi-pen for a potentially life-threatening allergic reaction. Time of administration is noted.
2. The teacher stays with the affected child.
3. The paramedic ambulance is called immediately.
4. The parents are contacted immediately after the 999 call is completed. If the parent is not available, the other emergency contacts on the registration form will be phoned.
5. Regardless of the degree of reaction or response to the Epi-pen, the child is taken to the hospital. An assigned member of staff **MUST** go with them if the parent is not present at the time of the ambulance departure.
6. The assigned member of staff will stay with the child at the hospital until the parent arrives. The Epi-pen that was administered will be taken to the hospital by the assigned member of staff.
7. The teacher will file a serious incident report.

Teachers, Teaching Assistants and the Governing Body, will review this policy as necessary. All staff are trained on an annual basis, which includes a review of anaphylactic reactions and Epi-pen administration.

TRIGGERS OF ANAPHYLAXIS

Anaphylaxis is the result of the immune system, the body's natural defence system, overreacting to a trigger.

This is often something you're allergic to, but not always.

Common anaphylaxis triggers include:

- foods – including nuts, milk, fish, shellfish, eggs and some fruits
- medicines – including some antibiotics and non-steroidal anti-inflammatory drugs (NSAIDs) like aspirin
- insect stings – particularly wasp and bee stings
- general anaesthetic
 - contrast agents – dyes used in some medical tests to help certain areas of your body show up better on scans
 - latex – a type of rubber found in some rubber gloves and condoms

In some cases, there's no obvious trigger. This is known as idiopathic anaphylaxis.

PREVENTING ANAPHYLAXIS

If you have a serious allergy or have experienced anaphylaxis before, it's important to try to prevent future episodes.

The following can help reduce your risk:

- identify any triggers – you may be referred to an allergy clinic for [allergy tests](#) to check for anything that could trigger anaphylaxis
- avoid triggers whenever possible – for example, be careful when food shopping or eating out if you have a [food allergy](#)
- carry 2 in-date adrenaline auto-injectors at all times – give yourself an injection whenever you think you may be experiencing anaphylaxis, even if you're not completely sure.

COMMON TRIGGER FACTORS ARE:

- exercise
- exertion
- colds and viral infections
- sudden changes in temperature such as damp, cold air
- stress/anxiety

- pollen/mould spores
- chemicals (including cleaning products and toiletries)
- house dust mite
- smoking (passive and active)
- animal dander e.g. cats, hamsters

TREATING AN ASTHMA ATTACK

We recognise that in any asthma attack the child should have immediate access to their reliever inhaler. Mild asthma attacks should not interrupt a child's participation in school activities. As soon as they feel better, they can return to normal activities.

In the event of an attack staff will:

- stay calm and reassure the child

Staff will help the child to:

- breathe slowly.
- sit upright or lean forward.
- loosen tight clothing.
- help the child to use their reliever inhaler (if necessary) taking one puff of the reliever inhaler (usually blue) every 30 to 60 seconds, up to 10 puffs (NHS guidance 31/10/2022)
- help the child to repeat the use of the reliever inhaler (as required) until symptoms are relieved.
- stay with child until attack is over.
- if the child requires repeat medication within four hours allow them to do so, but always notify parents/guardians and advise the child is reviewed by their G.P./Practice Nurse the same day.
- always inform parents/guardians if a child has needed to use their reliever inhaler excessively at school.

In the event of a severe asthma attack staff will always call for an ambulance if:

- there is no significant improvement in the child's condition 5-10 minutes after using their reliever inhaler.
- the child is distressed and gasping or struggling for breath.
- the child cannot complete a sentence.
- the child is showing signs of fatigue or exhaustion.
- the child is pale, sweaty and may be blue around the lips.
- the child is exhibiting a reduced level of consciousness.
- there are ANY doubts about the child's condition.

Whilst waiting for the ambulance to arrive school staff will:

- Stay calm and reassure the child.

- Encourage the child to continue to take puffs of their (blue) inhaler as needed until symptoms resolve.
- Alternatively, if a spacer is available, give up to ten puffs into the spacer, one puff at a time every 30 to 60 seconds (NHS guidance 31/10/2022), shaking the inhaler between each puff.
- Contact the child's parents/guardians.

SAFETY AND STORAGE OF ASTHMA INHALERS

- The medication used for the relief of asthma is kept safely in school.
- If too much of the reliever medication is taken, the worst that will happen is that the child may feel very shaky – this will wear off after a short time.
- If a non-asthmatic child uses a reliever inhaler they will not harm themselves
- Where appropriate pupils should be responsible for their own inhalers, which should be clearly marked with the child's name.
- Once in school, Early Years and Key Stage 1 inhalers will be stored accessibly in the classroom (children should know where they are stored). Where possible in Key Stage 2 children will be responsible for their own inhalers.

IT IS ESSENTIAL THAT INHALERS ARE EASILY ACCESSIBLE WHEN REQUIRED