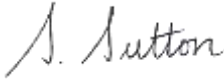





## ARCHBISHOP OF YORK'S CE JUNIOR SCHOOL

### Allergen Policy

Date Adopted <b>March 2022</b>	Headteacher	Signature 
Date for review <b>March 2023</b>	<b>Fiona Phillips</b> Chair of Governor	Signature 

## 1.0 GENERAL STATEMENT OF INTENT

This policy is concerned with a whole school approach to the health care and management of those members of our community suffering from specific allergies. It should be read in conjunction with the School's Supporting Pupils with Medical Conditions Policy (Ref. No. PC\_2.7)

We are aware that our children may suffer from food, bee/ wasp sting, animal or nut allergies and we believe that all allergies should be taken seriously and dealt with in a professional and appropriate way. Our position is not to guarantee a completely allergen free environment, rather: to minimise the risk of exposure, encourage self-responsibility, and plan for effective response to possible emergencies. We are committed to no food and drink sharing.

Parents/carers are asked to provide details of allergies in the child's School Admissions Forms, which are submitted before starting school.

## 2.0 GENERAL AIMS

The intent of this policy is to minimize the risk of any child suffering allergy-induced anaphylaxis whilst at school. An allergic reaction to nuts is the most common high risk allergy, and as such demands more rigorous controls throughout the policy.

The underlying principles of this policy include;

- The establishment of effective risk management practices to minimise the child, staff, family member and visitor exposure to known trigger foods and insects.
- Staff training and education to ensure effective emergency response to any allergic reaction situation.

This policy applies to all members of the school community:

School Staff  
Parents / carers  
Volunteers  
Supply staff  
Children  
Pupils

## 3.0 DEFINITIONS

**Allergy** - A condition in which the body has an exaggerated response to a substance (e.g. food and drug) also known as hypersensitivity.

**Allergen** - A normally harmless substance that triggers an allergic reaction in the immune system of a susceptible person.

**Anaphylaxis** - Anaphylaxis, or anaphylactic shock, is a sudden, severe and potentially life-threatening allergic reaction to food, stings, bites, or medicines.

**Epinephrine Auto Injector** –a syringe style device containing the drug Adrenalin, which is ready for immediate inter-muscular administration. (Epipen is a brand name).

**Minimized Risk Environment**- An environment where risk management practices (e.g. Risk assessment forms) have minimised the risk of (allergen) exposure.

**Health Care Plan** - A detailed document outlining an individual child's condition treatment, and action plan for location of Epinephrine Auto Injector.

## **4.0 PROCEDURES AND RESPONSIBILITIES FOR ALLERGY MANAGEMENT**

### **4.1 General**

- a) The involvement of parents/care givers and staff in establishing individual Health Care Plans.
- b) The establishment and maintenance of practices for effectively communicating a child's healthcare plan to all relevant staff.
- c) Staff training in anaphylaxis management, including awareness of triggers and first aid procedures to be followed in the event of an emergency.
- d) Age appropriate education of the children with severe food allergies.

### **4.2 Medical Information**

- a) The school will seek updated information via medical form at the commencement of each calendar year.
- b) Furthermore, any change in a child's medical condition during the year must be reported to the school.
- c) For children with an allergic condition, the school requires parents/care givers to provide written advice from a doctor (GP), which explains the condition, defines the allergy triggers and any required medication.
- d) The Headteacher will ensure that a Health Care Plan is established and updated for each child with a known allergy.
- e) All members of staff are required to review and familiarise themselves with the medical information.
- f) Where children with known allergies are participating in school excursions, the risk assessments must include this information.

### **4.3 Medical Information - Epinephrine Auto Injectors**

Where Epinephrine Auto Injectors (Adrenalin) are required in the Health Care Plan:

- a) Parents/care givers are responsible for the provision and timely replacement of the Epinephrine Auto Injectors.
- b) The Epinephrine Auto Injectors are located securely in relevant locations approved by the Headteacher.
- c) Epinephrine Auto Injectors will be located so that all adults involved with the child know where they are at all times

## **4.0 PROCEDURES AND RESPONSIBILITIES FOR ALLERGY MANAGEMENT - continued**

### **4.4 The Role of Parents / Carers**

Parents/carers are responsible for providing, in writing, on-going accurate and current medical information to the school.

Parents/carers are to send a letter and meet with the school to confirm and detail the nature of the allergy; including:

- a) The allergen (the substance the child is allergic to)
- b) The nature of the allergic reaction (from rash, breathing problems to anaphylactic shock)
- c) What to do in case of allergic reaction, including any medication to be used and how it is to be used.
- d) Control measures – such as how the child can be prevented from getting into contact with the allergen.
- e) If a child has an allergy requiring an Epinephrine Auto Injector a Health Care Plan must be completed and signed by the parents/care givers.
- f) It is the responsibility of the parents/care givers to provide the school with up to date medication / equipment clearly labelled in the original packaging.
- g) In the case of life saving medication like Epinephrine Auto Injectors the child will not be allowed to attend without it.
- h) Parents/carers are also required to provide up to date emergency contact information.
- i) Snacks and lunches brought into school are provided by each child's Parent/care giver.
- j) It is their responsibility to ensure that the contents are safe for the child to consume.
- k) Parents/carers should liaise with Staff about appropriateness of snacks and any food-related activities (e.g. cooking)

### **4.5 The Role of Staff**

Staff are responsible for familiarising themselves with the policy and to adhere to health & safety regulations regarding food and drink.

- a) If a child's School Admissions Form states that they have an allergy then a Health Care Plan will be written. A risk assessment will be carried out and any actions identified to be put in place. The Assessment will be stored with the child's Health Care Plan.
- b) Upon determining that a child attending school has a severe allergy, a team meeting will be set up as soon as possible where all staff concerned attend to update knowledge and awareness of child's needs.
- c) All staff who come into contact with the child will be made aware of what treatment/medication is required by the Headteacher or Inclusion Team and where any medication is stored.
- d) All staff are to promote hand washing before and after eating.
- e) Snack time foods are monitored by staff to ensure as far as possible they are peanut and nut free plus allergen for that child. All staff should know the procedures at snack and lunch time to ensure the safety of children with allergies.
- f) However staff cannot guarantee that foods will not contain traces of nuts.
- g) All tables are cleaned with an approved solution.
- h) Children are not permitted to share food.
- i) We provide specific Epinephrine Auto Injector use training.
- j) We may ask parents/care givers for a list of food products and food derivatives the child must not come into contact with.

- k) Emergency medication should be easily accessible, especially at times of high risk.
- l) Staff should liaise with parents/care givers about snacks and any food-related activities

#### **4.6 Actions in the event of a child suffering an allergic reaction**

- a) We will delegate someone to contact the child's parents/carers.
- b) If a child becomes distressed or symptoms become more serious telephone 999.
- c) Keep calm, make the child feel comfortable and give the child space.
- d) If medication is available it will be administered as per training and in conjunction with the Supporting Children with Medical Conditions Policy.
- e) If parents/care givers have not arrived by the time ambulance arrives, a member of staff will accompany the child to hospital.
- f) If a child is taken to hospital by car, two members of staff will accompany them

#### **4.7 Role of other parents / carers**

- a) Provide up to date and complete information on the School's Admission Form before their child starts at the School.
- b) Inform the School Office straight away should their child develop an allergy after starting at the School.
- c) Complete and return a School's Allergy Action Plan (see Appendix 1) if the child has been prescribed an Epinephrine Auto Injector.
- d) Complete an Allergy Form supplied by the school's catering provider (NYCC SD2) when asked to do so. The School Cook completes and returns this completed form on a daily basis to NYCC.
- e) Snacks and lunches brought into the school by other parents/carers should be peanut and nut free wherever possible. The school will ensure that parents/carers are regularly reminded and will monitor the contents of lunchboxes and snack

#### **4.8 Catering**

NYCC Catering, are informed of children with allergies by the School Office. The company has their own policy for food allergies and special menus appropriate to different allergies. The menu appropriate to their child's allergy is sent to parents / carers by the School Cook. Parents / carers may make an appointment to meet with the School Cook to discuss their child's allergy and needs. They are encouraged to do so when their child has complex allergies.

# Appendix 1 – ALLERGY ACTION PLAN

This child has the following allergies:

Name:

DOB:

Photo

**Mild/moderate reaction:**

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

**Action to take:**

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:**

(if vomited, can repeat dose)

- Phone parent/emergency contact




**● Watch for signs of ANAPHYLAXIS**  
(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

<p><b>A AIRWAY</b></p> <ul style="list-style-type: none"> <li>Persistent cough</li> <li>Hoarse voice</li> <li>Difficulty swallowing</li> <li>Swollen tongue</li> </ul>	<p><b>B BREATHING</b></p> <ul style="list-style-type: none"> <li>Difficult or noisy breathing</li> <li>Wheeze or persistent cough</li> </ul>	<p><b>C CONSCIOUSNESS</b></p> <ul style="list-style-type: none"> <li>Persistent dizziness</li> <li>Pale or floppy</li> <li>Suddenly sleepy</li> <li>Collapse/unconscious</li> </ul>
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**IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:**

- 1** Lie child flat with legs raised (if breathing is difficult, allow child to sit)

- 2** Use Adrenaline autoinjector without delay (eg. EpiPen®) (Dose:  mg)
- 3** Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

**\*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\***


**AFTER GIVING ADRENALINE:**

- Stay with child until ambulance arrives, **do NOT stand child up**
- Commence CPR if there are no signs of life
- Phone parent/emergency contact
- If no improvement **after 5 minutes**, give a further adrenaline dose using a second autoinjectable device, if available.


You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

**Emergency contact details:**

1) Name:



2) Name:



**Parental consent:** I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: .....

Print name: .....

Date: .....

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors visit

**How to give EpiPen®**

-  PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"
-  Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"
-  PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds. Remove EpiPen.

**Additional instructions:**

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the luggage hold. This action plan and authorisation to travel with emergency medications has been prepared by:

Sign & print name:

Hospital/Clinic: