



Pupil Anaphylaxis/Allergy Policy

This policy is concerned with the whole school approach to the health care and management of members of the School community suffering from serious specific allergies. The School's position is not to guarantee a completely allergen free environment; rather, to minimise the risk of exposure, encourage self-responsibility, plan for effective response to possible emergencies and become an 'allergy aware' environment. The School recognises that a number of community members suffer from potentially life threatening allergies to certain foods (nuts, nut related food etc.). **We recognise that the allergy to Nuts /Sesame is the most common high risk allergy.**

The intent of this policy is to minimise the risk of any child suffering allergy induced anaphylaxis whilst at school or attending any school related activity, and to ensure staff are properly prepared to manage such emergency situations should they arise.

Definitions

Allergy	A condition in which the body has an exaggerated response to a substance (e.g. food or 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.
EpiPen	Brand name for syringe style device containing the drug Adrenalin which is ready for immediate inter-muscular administration.
Health Management Plan	A detailed document outlining an individual students' condition, treatment, and action plan for location of EpiPen.

The school's key guidelines are to:

- Identify the student with the food allergy in the school
- Have the written emergency action plan detailed within an individual 'Health Management Plan' for managing an anaphylactic reaction – as provided by the guardian of the pupil.
- To implement this general rule: **if there is a child within a class that has a nut/sesame allergy, no sesame/nuts or nut products should be put into lunchboxes for any child in that class.** If a child brings in an obvious nut related product such as nuts or peanut butter, they will be asked not to open or eat it.

The general principles of the preventive plan include the following:

- Avoidance to allergens followed at home should be applied to the classroom (these should be detailed by the parent in the child's Health Management Plan)



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- There is a 'no share food' policy school wide
- Where food is consumed, the following must be in place:
 - hand washing
 - no food sharing
 - routine cleaning of surfaces where food is consumed to avoid cross contamination
- Every student with life-threatening allergies must have a medically prescribed epipen in the school. The epipen needs to be accessible for quick access within several minutes of a reaction and kept in a secure but unlocked location. In NTMK ETNS children's epipens are currently stored in the 'pupil medicine only' fridge in the Staffroom for central access.

The School is committed to proactive risk allergy management through:

- the encouragement of self-responsibility and learned avoidance strategies amongst students suffering allergies
- provision of a staff education / training programme on anaphylaxis.
- the establishment of specific risk exposure minimisation practices and strategies wherever required within the School operations
- close liaison with parents of students who suffer allergies

School's Responsibility:

- Follow the procedures laid out in this policy
- Understand the causes, symptoms and treatment of anaphylaxis (Appendix 1). Be able to recognise symptoms, know what to do in an emergency, be prepared to handle an allergic reaction.
- Be aware of the students in their care who are at risk from such reactions
- Review and be aware of health records and the 'Health Management Plan' submitted by parents. Keep this Health Management Plan within easy access at all times and within the child's school file.

It is extremely important that staff follow the 'Health Management Plan' procedure to the letter, administer the epipen if prescribed in any situation where symptoms show the need; rather than not, as the most it will do is increase the heartrate, but what it will definitely do is buy time. The adrenaline simply gives time to get to hospital where treatment can be given to save life. Staff must also follow the instructions on the epipen to the letter, if it says to hold in for 10 seconds, do it etc.)

- Ensure that members of staff are properly and annually trained in administering the epipen to a child in their care.



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- Review policy, procedure and individual 'Health Management Plan' after a reaction has occurred
- Implement a 'No food share policy' in every classroom school wide.
- Know where each child's epipen is kept (children's medicine only fridge in the staffroom)
- If food rewards are used, they cannot be a 'may contain nuts' product. Teachers should however avoid the use of food treats in class or as rewards, as these may contain hidden allergens. Instead, no- food rewards are recommended.
- Ensure that tables and surfaces are wiped down regularly and that students wash their hands before and after handling food.
- Be aware that students are at most risk when:
 - Their routine is broken
 - At yard or during eating times
 - On school tours
 - Immediate access to medical services is not available
 - Staff changes occur (sub teacher etc)
 - Participating in activities involving food
- Become familiar with the concept of "hidden" nut ingredients, not only in foods but also in non-food items that may be used in classroom projects in arts and crafts, maths and science. Reading the ingredient labels of foods, as well as other items such as bird feeders and pet feed, becomes an additional responsibility of the class teacher.
- Children are encouraged to eat out of their lunchbox and to wash their hands before and after eating to avoid cross contamination.
- If a child brings a potential allergen to school (egg, nuts, kiwi etc), the following will happen in a classroom where there is a child with an allergy to that item: ○ Nuts and nut products cannot be opened or eaten in the classroom.
 - If a child brings a 'may contain nuts' product, fish, egg, or kiwi to school, they may eat their lunch at a specific 'allergy table'. The table must be cleaned and the children must wash their hands afterwards.
 - Parents will be encouraged however, not to put these items (may contain nuts, kiwis, eggs or fish) into lunch boxes.

Every Family's Responsibility

- Not to send their child to school with:
 - packets of nuts
 - peanut butter or almond butter etc
 - Nutella or any other similar hazelnut spreads
 - products containing nuts (snack bars etc)
 - Pesto
- Be allergy aware



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- Teach their children to eat out of their lunchbox
- Support the school in the implementation of this policy

Child with Allergy's Family's Responsibility:

- Notify the school of the child's allergies on diagnosis or enrolment. Provide the Principal with an immediate update if there is a change to their child's condition.
- Provide written medical documentation, instructions and medications as directed by a physician, using the 'Health Management Plan' so that staff will know how to react should their child have an allergic reaction.
- Provide properly labelled medications (normally an epipen and anti histamines) and replace medications after use or upon expiration.
- Supply alternative food options for their child when needed, e.g. on Pancake Tuesday - (the school will give advanced notice of events such as these)
- Support the school in the implementation of this policy
- Educate the child in self-management of their food allergy including:
 - Safe and unsafe foods to eat
 - Strategies for avoiding exposure to unsafe foods
 - Symptoms of allergic reactions
 - How and when to tell an adult they may be having an allergy related problem
 - How to read food labels (age appropriate)
- Provide emergency contact information and inform the school if this information changes.
- Review procedure with the school staff, child's doctor and the child (if age appropriate) after a reaction has occurred.

Child with Allergies Responsibility

- Should not trade food with others – no share policy
- Should not eat anything with unknown ingredients or known to contain an allergen
- Should notify an adult immediately if they eat something they believe may have contained the food to which they are allergic
- Should notify an adult immediately if they feel they are beginning to get an allergic reaction

Procedure during a severe allergic reaction:

Incidents of severe allergic reactions will be responded to according to each child's individual Health Management Plan. If a child with an unknown allergy has a severe reaction, the school will call emergency services and follow the directions given.



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Raising Student & Parent Awareness:

It is important to work with the whole school community to better understand how to provide a safe and supportive environment for all students, including the student with severe allergies. Peer support and understanding is important for the student at risk of anaphylaxis. The following key messages should be given to children:

- Take allergic reactions seriously – serious allergies are no joke
- Don't share your food with your classmates
- Not everyone has allergies – discuss common symptoms
- Wash your hands before and after eating
- Know what your friends are allergic to
- If a schoolmate or teacher becomes sick, get help immediately
- Be respectful to all school friends

Parents will be made aware of this policy through newsletter updates. Parents in a class where there is a child with allergies will be informed about foods that should not be brought to school via a letter (Appendix 1).

Review Management strategies:

If a student has experienced an anaphylactic shock:

- The child's epipen must be replaced
- The school together with parents will review the Health Management Plan (the child's doctor's input would be very valuable at this time).
- Appropriate steps must be taken to reassure parents, these may include:
 - Taking further steps to reduce the child's exposure to allergens
 - Closer monitoring of student by staff
 - Having the student carry his/her epipen at all times
 - Training updates for staff

This policy was ratified by the board of Management on _____. It will be reviewed in _____.



APPENDIX 1:

Symptoms of anaphylaxis: Anaphylaxis usually develops suddenly and gets worse very quickly.

The symptoms include:

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

There may also be other [allergy symptoms](#), including an itchy, raised rash ([hives](#)); feeling or being sick; swelling ([angioedema](#)) or [stomach pain](#).

<i>Mild to moderate allergic reaction signs and symptoms may include one or more of the following</i>	<i>Severe Allergic Reaction Signs and symptoms may include one or more of the following</i>
<ul style="list-style-type: none"> - Swelling of eyes and face - Swelling of lips, face, tongue - Tingling of the mouth - Tightening of chest - Difficulty breathing, wheezing or persistent cough - Hives, welts or body redness - Flushing and/or swelling of the face, lips, eyes - Anxiety 	<ul style="list-style-type: none"> - Difficulty talking and/or hoarse voice - Difficult/noisy breathing - Swelling of the tongue - Swelling or tightness in the throat, difficulty swallowing - Confusion - Pale and floppy (young children) - Shortness of breath, repetitive coughing and or wheezing - Chest tightness - Faint, rapid pulse, low blood pressure - Loss of consciousness and/or collapse - Vomiting, abdominal pain (for insect sting)



What to do if someone has anaphylaxis- Parental consent to:

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

If someone has symptoms of anaphylaxis, you should:

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. **Call Parents/Guardians**
3. **Remove any trigger if possible** – for example, carefully remove any stinger stuck in the skin. * If allergic to wasps etc.
4. **Lie the person down flat** – unless they're unconscious or having breathing difficulties.
5. **Give another injection after 5 to 15 minutes** if the symptoms do not improve and a second auto-injector is available.

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 etc. In some cases, there's no obvious trigger. This is known as idiopathic anaphylaxis.
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- ALL STAFF please review - <https://www.epipen.co.uk/en-gb/patients/your-epipen/how-to-use-your-epipen>