Allergy and Asthma Management Policy

Partnership Learning

Oxlow Bridge School

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Allergy and Asthma Management Policy

This policy is designed to be annexed to the school's wider "Medication Policy" as required by the DfE Guidance for "Supporting pupils at school with medical conditions" 2015

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1. Purpose

The purpose of this policy is to minimise the risk of any pupils or adults suffering a serious allergic reaction whilst at school or attending any school-related activity.
To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.

2. Introduction

Allergies

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to):-
Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how Oxlow Bridge School will support pupils and adults with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

Asthma

Asthma is a common long-term medical condition which affects the airways. During an asthma attack, the airways become inflamed, making it difficult to breathe. Asthma symptoms can vary from mild to severe and may be triggered by respiratory infections, exercise, allergens, weather changes, smoke, pollution, stress or anxiety.

Oxlow Bridge School recognises that poorly controlled asthma can significantly affect health, wellbeing, attendance and ability to participate fully in school life. The school is committed to supporting pupils and adults with asthma and ensuring that staff are able to recognise symptoms of deteriorating asthma and respond appropriately in an emergency.

The school acknowledges that asthma can increase the risk associated with severe allergic

reactions and anaphylaxis. Therefore, pupils with both asthma and allergies will have their needs clearly identified within their Medical Care Plan.

3. Roles and Responsibilities

The named staff members responsible for are:-

Headteacher Responsibilities

- monitor, co-ordinate and arrange all staff anaphylaxis training
- update the school's Allergy Management Policy
- ensure that spare EpiPens / Adrenaline Auto Injectors (AAI) are available for use in school and clearly labelled

Parent Responsibilities

- On entry to the school, all pupils have an admission meeting which includes the specialist school nursing team. It is the parent's responsibility to inform the nursing team of any allergies or asthma diagnosis at this meeting and to submit this information to the pupil services officer on their admission form. This information should include all previous serious allergic reactions, history of anaphylaxis or asthma and details of all prescribed medication.
- Where necessary, parents are to supply a copy of their child's Allergy or Asthma Action Plan to school. If they do not currently have an Allergy or Asthma Action Plan this should be developed as soon as possible in collaboration with the specialist school nursing team.
- Parents are responsible for ensuring any required medication is supplied, in date with a prescription label and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy or Asthma management. The associated care plans will then be updated accordingly.

Staff Responsibilities

- All staff will complete anaphylaxis and asthma training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff must be aware of the pupils in their care who have known allergies or asthma and be familiar with their associated medical care plan
- Any food-related activities must be supervised with due caution.
- staff leading offsite activities will ensure they carry all relevant emergency supplies. This will be identified in the activity risk assessment. Trip leaders will check that all pupils with medical conditions, including allergies or asthma, have their medication in a named medical bag. If the required medication is not available, pupils will not be able to take part in the offsite activity.
- Staff will ensure that the up-to-date Medical Care Plan is kept with the pupil's medication in the locked medical cabinet within the classroom.
- It is the parent's responsibility to ensure all medication in in date however the class team will keep a medication expiry list on the class wall and send a reminder to parents if medication is approaching expiry.
- a record of use of any AAI(s) and emergency treatment given will be added to each pupil's medical recording sheet

- Contact parents following any significant anaphylaxis or Asthma episode requiring emergency medication.
- Any staff who have asthma or allergies will make sure that the headteacher is aware
- Any staff who have auto injectors/asthma inhalers will make school aware of this

4. Medical Care Plans

Allergies

Medical Care Plans are designed to function as individual healthcare plans for children. For pupils with an allergy, a medical (allergy) care plan will be written specifically for this.

The Medical (Allergy) Care Plan will be written by the specialist school nursing team, in conjunction with advice from the parents and any other relevant healthcare professionals (GP/Allergy Specialists within the hospital).

Once the plan has been written and agreed by all parties, it will be approved and signed by the parents, nursing team and the school.

The Medical (Allergy) Care Plan will provide details of any known allergies, any known symptoms of an allergic reaction and a clear action plan of steps to take following an allergic reaction.

Parental consent will be provided for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto- injector.

Asthma

Where a pupil has asthma, details of their condition will be included within their Medical Care Plan.

The plan will include:

- Known asthma triggers.
- Signs of worsening asthma.
- Details of prescribed medication and dosage.
- Instructions for administering reliever medication.
- Emergency procedures.
- Contact details for parents and healthcare professionals where appropriate.

Medical Care Plans will be reviewed annually and sooner if there are any significant changes to the pupil's condition or treatment.

5. Emergency treatment and management of anaphylaxis

What to look for:
Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If someone has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered **without delay**. Action:

- Keep the individual where they are, call for help and do not leave them unattended.
- **LIE INDIVIDUAL FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis).**
- If an additional member of staff has not yet informed the school nurse or a member of the leadership team – this is the point to alert them
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer (emergency contact for adults) as soon as possible. Pupil services officer will support with this

If the individual has also been prescribed a salbutamol inhaler and is experiencing difficulty breathing, they may be given 10 puffs of the inhaler after the AAI has been administered. For pupils, this will be clearly outlined on their Medical (Allergy) Care Plan.

Whilst you are waiting for the ambulance, keep the individual where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

For pupils with known allergies, the above actions and information should be clearly outlined in their Medical (Allergy) Care Plan

6. Emergency treatment and management of Asthma Attacks

Signs of an Asthma Attack

Symptoms may include:

- Persistent coughing.
- Wheezing.
- Breathlessness.
- Chest tightness.
- Increased distress, anxiety or agitation.
- Pale or blue lips.
- Reduced responsiveness.

Action

If a pupil is experiencing an asthma attack:

1. Ask a colleague to get and check the pupil's Asthma Care Plan
2. Keep the pupil calm and reassure them.
3. Sit the pupil upright.
4. Help them to use their reliever inhaler (usually blue salbutamol inhaler).
5. Give one puff at a time through a spacer if available, encouraging four breaths after each puff.
6. Administer up to 10 puffs as required.
7. If symptoms do not improve, call **999**.
8. Continue administering one puff every 30-60 seconds up to a total of 10 puffs while awaiting emergency services.
9. Contact parents/carers as soon as possible.
10. Record the incident in the pupil's medical records.

Call 999 immediately if:

- Breathing becomes increasingly difficult.
- Lips or skin become blue or grey.
- The pupil becomes unconscious.
- There is no improvement after 10 puffs of their reliever inhaler.
- The pupil does not have their own inhaler available.

Any advice written on an Asthma care plan will have been written with a specific pupil's needs and presentation in mind. If the advice within the Asthma Care plan differs from the actions listed above, the care plan will be followed.

7. Emergency treatment and management of anaphylaxis

Pupils

At Oxlow Bridge, it is recognised that the level of understanding and competence of pupils is unlikely to allow them to take responsibility for always carrying their own AAI on them. Their individual Medical (Allergy) Care Plan will identify how any AAIs are kept near for them at all times. All staff supporting the child will know where these are kept.

They will be kept safely, in the medication cabinets, which can be found in the classrooms, above the sink. When a student is transitioning to another room within the school, the AAI should be taken with them in a medication bag.

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- AAI i.e. EpiPen® or Jext® or Emerade®
- An up-to-date Medical (Allergy) Care Plan
- Antihistamine as tablets or syrup (if included on Medical (Allergy) Care Plan)
- Spoon if required
- Asthma inhaler (if included on Medical (Allergy) Care Plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the class team will keep a checklist of expiry dates for medication kept at school and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

Storage

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. The

sharps bin is kept in the nurses office.

Adults

Adults with a known allergy and risk of anaphylaxis are responsible for ensuring that they have their own prescribed AAI(s) available in the workplace. These should be stored in a designated, secure and accessible locked medication cupboard, clearly labelled with the individual's name. Any additional medication prescribed as part of their allergy management should also be stored alongside their AAI(s), together with an up-to-date Allergy Care Plan.

It is the responsibility of the individual to ensure that their medication is in date and that replacement medication is obtained when required. They must also ensure that relevant colleagues, including those who may be working alongside them, are aware of their allergy, know where their medication is stored and understand what action to take in the event of an allergic reaction or anaphylaxis. This information should include how to recognise the signs of anaphylaxis and how to access and administer their AAI in an emergency.

8. Asthma Medication and Storage

Asthma medication supplied by parents should:

- Be clearly labelled with the pupil's name.
- Be stored according to school medication procedures.
- Remain readily accessible in an emergency.
- Accompany pupils at all times including, during trips, off-site activities and movement around the school where required.

Where prescribed, spacers should be stored with inhalers.

The school will maintain a record of medication expiry dates and notify parents when replacements are required.

9. 'Spare' adrenaline auto-injectors in school

Oxlow Bridge School has purchased spare **AAIs for emergency use in individuals who are risk of anaphylaxis,** but their own devices are not available or not working (e.g. because they are out of date).

There are 2 AAIs, one junior and one adult dose

These are kept in a labelled cabinet in the SLT / AHT office and are marked with a large Green Label.

The pupil services officer is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

Written parental permission for use of the spare AAIs is included in the pupil's Medical

(Allergy) Care Plan.

If anaphylaxis is suspected **in an undiagnosed individual** call the emergency services and state you suspect ANAPHYLAXIS (ana-fil-axis). Follow advice from them as to whether administration of the spare AAI is appropriate.

10. Staff Training

The named staff members (at least 2) responsible for co-ordinating staff anaphylaxis and asthma training and the upkeep of the school's anaphylaxis and asthma policy are:-

Candice Hubbard-Webb – Headteacher

Nilima Khatun/Fatma Salahi – Admin and Pupil Services Officer

- keeping training records in date and booking additional training where required

All staff will complete anaphylaxis and asthma training at the start of every new academic year. This training will be delivered by the specialist school nursing team.

Training is also available on an ad-hoc basis for any new members of staff, or where re-freshers are required.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date
- Recognition of asthma symptoms.
- Management of asthma attacks.
- Correct use of inhalers and spacers.
- Understanding the relationship between asthma and anaphylaxis.
- Emergency procedures and record keeping.

A practical session using trainer devices (these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk and www.emerade-bausch.co.uk)

11. Inclusion and safeguarding

Oxlow Bridge School is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in

school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

12. Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The school menu is provided by 'Olive Dining' and is available for parents to view in weekly/fortnightly/monthly in advance with all ingredients listed and allergens highlighted. This is sent out to all those who request it and discussions had with parents for pupils with known allergens.

The Pupil services officer will inform Olive Dining of pupils with food allergies when the pupil information admission forms are submitted or updated.

(Food orders are placed individually for each pupil. Catering staff have daily name stickers for each pupil with allergies and food texture requirements. The pupil services officer alerts them to any changes as these are shared by parents/dieticians or Speech and Language Therapists)

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- Where food is provided by the school as part of the curriculum, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Such sessions need to be carefully considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.
- Food should not be given to primary school-age children, with known allergies, without parental engagement and permission (e.g. birthday parties, food treats).

13. School trips and off site activities

Staff leading school trips and off-site activities will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies and asthma, have their medication, Medical Care Plan and any required emergency equipment in a labelled medication bag. Pupils who do not have access to their required medication will not be able to attend the off-site activity.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

14. Allergy awareness and nut bans

Nuts and nut based products are not to be brought onto the school premises. Where nuts (or nut based products) are accidentally brought on-site by staff, these should be handed directly to the headteacher who will store them safely away from all students until that staff member is going home, where they will be safely returned.

Where nuts (or nut based products) are accidentally brought on-site by pupils, these should be handed directly to the headteacher who will store them safely away from pupils. In each instance, the family should be contacted and reminded that the school is a nut-free space and the importance and severity of this rule. The family should then come and collect the product from the headteacher in person. This product **will not** be sent home with the pupils on school transport.

Oxlow Bridge are aware that nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. We therefore advocate a culture of allergy awareness and education.

A 'whole school awareness of allergies' ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

15. Risk Assessment

Oxlow Bridge School will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

16. Useful Links

Anaphylaxis UK - https://www.anaphylaxis.org.uk/

Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer-schools-programme/

AllergyWise for Schools online training - https://www.allergywise.org.uk/p/allergywise-for-schools1

Allergy UK - https://www.allergyuk.org

Resources for managing allergies at school - https://www.allergyuk.org/living-with- an-allergy/at-school/

BSACI Allergy Action Plans - https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/

Spare Pens in Schools - http://www.sparepensinschools.uk

Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Health Guidance on the use of adrenaline auto-injectors in schools - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) https://www.nice.org.uk/guidance/qs118

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834