Allergy & Anaphylaxis Policy

POLICY APPROVAL

Approval Required	Indicate with a tick (✓)		**Annual Review Required**	Indicate with a tick (✓)	
	Yes ✓	No		Yes ✓	No
Approval Panel	Loren Janes				
Approved by	Name: Loren Janes		Signature:	Date: November 25	
Policy Review Date	November 26				
Policy Writer/s:	Charlotte Manford				

Scope

This policy is to protect pupils, staff and visitors consuming food to which they are allergic or intolerant of when on business premises.

Policy Statement:

All staff at Futures Changing Ltd will be made aware of learners 'allergies by the centre manager. Information is printed and available on each individual leaner file. The parents/carers and stakeholder are required to inform staff of their learners' allergies and how to deal with them appropriately. Staff are given training periodically on the signs and symptoms of allergic reactions, this will be refreshed as a minimum when learners disclose allergies.

Forms to support this policy are attached at the end of this document.

Policy

This policy details the responsibilities and procedures for allergies across all business operations. The policy covers food and drink provided on the premises. We recognise the growing trend in food allergies and the need to provide a consistent and coordinated approach to protect our stakeholders.
The centre cannot guarantee a food allergen free environment but will work to minimise the risk by hazard identification, risk management, communication, and instruction.

An allergen emergency action plan has been developed to allow an effective response.

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
Food Allergen	A specified food or foods to which elicit an immune response in an individual
Anaphylaxis -	Anaphylaxis or anaphylactic shock, is a sudden, severe, and potentially life-threatening allergic reaction to a trigger such as food
Adrenaline Auto-injector - (AAI)	A syringe device containing the drug adrenaline. A prescribed drug for sufferers ready for immediate intra-muscular injection. Common brands Include Epipen, Jext and Emerade
Special Diet	A menu provided by the school catering manager that caters for a food allergy or food intolerance. This is provided on request from a parent or carer accompanied by medical evidence of the food related condition
Preference Diet	A vegetarian, vegan or pescatarian diet, requested by a parent or carer which avoids consumption of specific foods and is not related to a medical condition
Nut Aware	The defined status of a school wishing to confirm to parents the school's awareness of this allergic condition
Health care plan	A detailed personalised document outlining an individual's medical risk assessment and emergency needs

Vulnerable pupils	Pupils whose circumstances may prevent or delay medical advice being made available to support their dietary needs

Allergens

The common causes of allergies relevant to this policy are the 14 major food allergens Listed in Food Information Regulations and required to be controlled in commercial food operations:

- **Cereals** containing Gluten
- **Celery** including stalks, leaves, seeds, and celeriac in salads
- **Crustaceans**, (prawns, crab, lobster, scampi, shrimp paste)
- **Eggs** – also food glazed with egg
- **Fish** – some salad dressings, relishes, fish sauce, some soy and Worcester sauces
- **Soya** (tofu, bean curd, soya flour)
- **Milk** – also food glazed with milk
- **Nuts**, (almonds, hazelnuts, walnuts, pecan nuts, brazil nuts, pistachio, cashew and macadamia nut, nut oils, marzipan
- **Peanuts** – sauces, cakes, desserts, ground nut oil, peanut flour
- **Mustard** – liquid mustard, mustard powder, mustard seeds
- **Sesame Seeds** – bread, bread sticks, tahini, houmous, sesame oil
- **Sulphur dioxide/Sulphites** (dried fruit, fruit juice drinks, wine, beer)
- **Lupin**, seeds, and flour, in some breads and pastries
- **Molluscs**, (mussels, whelks, oyster sauce, land snails and squid)

These allergens are listed in food information law and are specifically managed through this policy.

In addition, any food allergen impacting on a learner or staff member confirmed by a medical practitioner will be managed.

Food Provided

This policy applies to all food as follows:

- Breakfast club
- Break/Tuck
- Staff room food
- Centre outings
- Events and celebrations

Food use shall be determined by the significance of allergen responses in cohorts, and this will be communicated to all relevant staff. Parents and learners will be advised in writing on foods which are not acceptable in school in line with allergen status of other learners or staff.

It is recognised that food brought from home by learners and visitors to the centre may contain nuts or other allergens, that cannot be fully control. Therefore, we will not designate a free from status. Food should not be shared by learners where there is a food allergen concern, and this rule will be communicated through the induction curriculum where information is confirmed.

Food inclusive events will include a review of allergen needs and setting of clear allergen controls prior to the event

Responsibilities

Managing Director/ Lead First Aider

- To implement and maintain this policy
- To ensure all staff are appropriately trained in allergen awareness and control in relation to their roles
- To lead any investigation into an allergen/anaphylaxis incident, document the outcomes and oversee improvements necessary to prevent a recurrence
- To support vulnerable learners
- Ensure all learners and staff have provided information to confirm their allergen status
- Ensure parents carers have provided medical confirmation or evidence of ongoing investigation into the allergy status of learners and affected staff have provided similar evidence of their allergen status
- Ensure vulnerable learners are identified and their needs are appropriately managed
- Ensure clear lines of communication between relevant staff to ensure a consistent approach to managing allergens
- Issue information to relevant parties in respect of learners, staff, visitors, and others on site in respect of allergic conditions
- Co-ordinate an emergency response in the event of an anaphylaxis incident
- Maintain records of allergy incidents communications and actions

Tutors

Know all learners and staff relevant under their supervision/management who have food allergies and understand their specific needs

- Know and manage the location and storage of Adrenaline auto injectors (if applicable).
- Ensure all learners are aware of allergen risks.

Event Leader

- Check the allergen health status of all learners and staff who are taking part in the activity/event
- Plan for the event/activity to be inclusive for those attending
- Include allergen management as part of the trip risk assessment
- Nominate a member of the staff team to take responsibility for allergy management throughout the trip if applicable.
- Carry spare Adrenaline auto injectors must be carried for all pupils and staff attending if applicable.
- Develop an emergency plan for an anaphylaxis incident including details of hospitals local to the event if applicable.
- Any allergen incidents must be recorded, and the information passed to the Managing Director on return to centre or as soon as possible after the event when it is safe to do so.

Events

- Where cake sales, coffee mornings or similar food inclusive events are held, allergen information must be provided on prepacked products or be available for unwrapped product at the point of sale
- Separate display plates and utensils must be used to avoid cross contamination
- Staff or volunteers manning such stalls must be aware of allergen controls

Medical Information

- Parents, carers, staff, including and volunteers are responsible for providing in writing current food

allergy information in line with procedures verifying this with medical information and updating this as requirements change. Please see Template A at the end of this document.

- Consent will be obtained from parents, carers, and allergic staff team members to allow staff to administer Adrenaline auto injectors in an emergency situation. Records of any administration of medicines must be recorded on the individual medication form and passed to the Managing Director who will keep a central record of all medicines administered.

Supply, storage, care, and disposal of Adrenaline Auto Injectors'

- AAI's supply, storage, care, and disposal should follow guidance on the use of auto injectors in schools from the Department of Health
- Individual Adrenaline auto injectors must be held by the relevant individual or in a labelled container where they can be immediately accessed in the event of any emergency. This will be in the Centre Manager Office.
- Spare Adrenaline auto injectors will be held in centre. At least one additional Adrenaline auto injector will be held for each allergy identified pupil/staff member. The Adrenaline auto injectors should be provided by the parent or carer of the pupil or the member of staff to ensure the correct dosage is administered. All medications will be labelled with full names.
- The centre manager will check availability condition and shelf life of Adrenaline auto injectors once each half term and after any emergency incident.

Training

All staff will be trained in food allergens relevant to their role:

- Key staff – Managing and use of Adrenaline Auto Injectors and dealing with an anaphylaxis incident.
- All training should be updated every 3 years as a minimum

Record Keeping

- All allergy and health information must be managed in line with data protection rules
- All staff allergen training must be recorded
- Anaphylaxis incidents must be investigated by the Managing Director
- Feedback from any incident must be shared with relevant staff to promote improved practice
- Procedures and protocols must be updated to reflect any learning from incidents

Emergency Procedure – Anaphylaxis Protocol

Information
All staff must make themselves aware of the First Aid Policy. This outlines Anaphylaxis and the recognition and treatment that should be followed.

Anaphylaxis is a severe and potentially life-threatening allergic reaction at the extreme end of the allergic spectrum. Anaphylaxis may occur within minutes of exposure to the allergen, although sometimes it can take hours. It can be life-threatening if not treated quickly with adrenaline.

Any allergic reaction, including Anaphylaxis, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it perceives as a threat. Anaphylaxis can be accompanied by shock (known as anaphylactic shock) this is a most extreme form of an allergic reaction.

Common food triggers of anaphylaxis include:

- Peanuts and tree nuts – peanut and tree nut allergy frequently cause severe reactions

- Other foods as listed on page 4
- Seeds, nuts, citrus fruits, kiwi, and coconut not specifically covered in this policy

Anaphylaxis has a wide range of symptoms. Any of the following may present, although most people with anaphylaxis would not necessarily experience all of these:

- Generalised flushing of the skin anywhere on the body.
- Nettle rash (hives) anywhere on the body.
- Difficulty in swallowing or speaking.
- Swelling of tongue/throat and mouth.
- Alteration in heart rate.
- Severe asthma symptoms.
- Abdominal pain, nausea, and vomiting.
- Sudden feeling of weakness (due to a drop in blood pressure).
- Collapse and unconsciousness.

Procedure:

Information regarding allergies identified on or before induction must be recorded within central files. If the learner is 16 or below, parents or carers must complete the Form A attached available at the end of this policy.

- The centre manager must carry out a full Allergy Risk Assessment Procedure with the learner prior to the child starting at the setting. The information must then be shared with all staff. An audit trail should be available to confirm this communication.
- if a learner has an allergic reaction to food, a bee sting, plant etc., a First Aid trained member of staff will administer the appropriate treatment and stakeholders' partners and parents will be notified.
- A sick learner is important; therefore, every effort should be made to ensure safety.
- If the allergic reaction is severe a member of staff will summon an ambulance immediately. DO NOT attempt to transport the sick/injured learner in your own vehicle.
- Whilst waiting for the ambulance, contact the stakeholder, carer, parent and/or partner and arrange to meet them at the hospital.
- A senior member of staff must accompany the learner and collect together registration forms, relevant medication sheets, medication to take with them.
- Staff should remain calm at all times; learners who witness an allergic reaction/accident may well be affected by it and may need lots of reassurance.

Emergency Action Procedure

Ask other members of staff to support, particularly with making phone calls, one person must take charge and ensure that the following is undertaken:

- Ring (9) 999 immediately to summon an ambulance

- Contact the Managing Director – state what has happened so that they can assess the situation. Please note that these staff may not be able to attend immediately, and there should be no delay in using the person's medication.

- Locate the nearest first aider to come and assist.

- Use the person's individual adrenaline device or the one located in the area for their use, check it is age appropriate and in date before use.

- Contact the child's parents or carers or the adult's next of kin.
- Ensure the office is aware that an ambulance is coming onto site.
- Stay in the immediate area to assist staff and/or direct the emergency services.
- Where a parent/carer cannot attend by the time the ambulance leaves a member of staff must accompany a child to hospital.
- Ensure that incident forms are filled out if applicable.

Support the person affected as follows:

- One person to call an ambulance, a qualified first aider to support the individual, a nominated person to manage the situation.

Emergency Call Procedure

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number

2. your name

3. your location as follows [insert school/setting address]

4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code

5. provide the exact location of the patient within the school setting

6. provide the name of the child and a brief description of their symptoms

7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

8. put a completed copy of this form by the phone

Signs of an Allergic Reaction

Mild-moderate allergic reaction:

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

ACTION

- Stay with the person, call for help if necessary.
- Locate adrenaline auto injector(s)
- Give antihistamine according to the child's allergy treatment plan.
- Phone parent/emergency contact

Watch out for signs of ANAPHYLAXIS

(life-threatening allergic reaction):

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficulty or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapsed, unconscious

IF **ANY** ONE (or more) of these signs are present:



1. Lie the flat person with legs raised:
   (if breathing is difficult, allow the child to sit)
2. **Use Adrenaline autoinjector* <u>without delay</u>**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS

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

<u>After giving Adrenaline</u>:

1. Stay with person until the ambulance arrives.
2. Commence CPR if there are no signs of life.
3. Phone parent/emergency contact.
4. If there is no improvement after **5 minutes, give a further dose** of adrenaline using another autoinjector device, if available

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has** SUDDEN BREATHING DIFFICULTY (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present

Needle punctures and sharps injury

Blood-borne infections may be transmitted to employees who injure themselves with needles, broken glass etc. For this reason, great care must be taken in the collection and disposal of this type of material. For the safety and well-being of the employees,

ALL NEEDLES, BROKEN GLASS, ETC, SHOULD BE TREATED AS CONTAMINATED.

If a needle is found the local authority must be contacted to deal with its disposal.

Needle Stick and Sharps Procedure

If you pierce or puncture your skin with a used needle, follow this first aid advice immediately:

- encourage the wound to bleed, ideally by holding it under running water
- wash the wound using running water and plenty of soap

- do not scrub the wound while you're washing it
- do not suck the wound
- dry the wound and cover it with a waterproof plaster or dressing

Further Resources

Supporting pupils at school with medical conditions

What to do in an emergency | Anaphylaxis UK

https://www.anaphylaxis.org.uk/education/about-safer-schools-programme/

Template A: individual healthcare plan

Name of learning setting	
Learner name	
Days attended	
Date of birth	
Learner's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency *(state if different for off-site activities)*

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Template B: parental agreement for setting to administer medicine

The setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Days attended	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____

Template C: record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Days attended	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Template D: record of medicine administered to all children

Name of school/setting	

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

Template E: staff training record – administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Template F: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent/Carer

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Loren Janes

Managing Director