



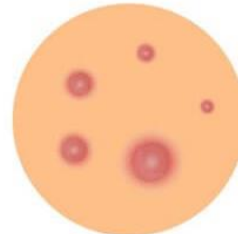
Kenmore Park Infant & Nursery School



SNEEZING



LABORED BREATHING



RASH



RUNNY NOSE



EDEMA



COUGH



REDNESS



LACRIMATION



HEADACHE

Allergy Policy



Kenmore Park Infant & Nursery School

Allergy Policy

This policy has been written with reference to:

- Anaphylaxis Campaign - <http://www.anaphylaxis.org.uk/>
- It should be read in conjunction with the school's *Asthma Policy*, the *Supporting Pupils with Medical Conditions Policy* & the *Equal Opportunities Policy*
- DfE 'Allergy guidance for schools.

Meeting the needs of the children

Kenmore Park Infant and Nursery School is a rights respecting school. We will seek to meet the needs of children with allergies in school through carefully considering their needs; being aware of and minimising possible triggers; ensuring their safety through good communication with parents and children and through systems ensuring effective record keeping and sharing of necessary information. **(CRC Article 19: a right to be cared for and protected)**

We will respect the children's rights to experience a full range of experiences and access to the full curriculum through keeping them safe. We will not unnecessarily exclude children from activities that are an important part of school life, e.g. trips, whilst considering the child's safety as paramount. **(CRC Article 18: a right to be thought about)**

Children at risk of severe allergic reactions are not ill in the usual sense but are normal children in every respect – except that if they come into contact with a certain food or substance they may become very unwell. It is very important that these children are allowed to develop in the normal way and are not stigmatised or made to feel different.

No school could ever guarantee a completely allergen-free environment but we will seek to minimise the risk of exposure, encourage children to be responsible for their condition and to plan effective responses to possible emergencies.

The School is committed to proactive risk allergy management through:

- The encouragement of self-responsibility and learned avoidance strategies amongst children suffering from allergies.
- Provision of yearly training for staff on allergy and anaphylaxis – through the school nursing service
- The establishment and documentation of a comprehensive management plan (Individual Health Care Plan – IHCP) where required.
- The establishment of specific risk exposure minimisation practices and strategies wherever required
- Close liaison with parents of children who suffer allergies.

Parents are asked to provide details of health needs and allergies in their child's enrolment form and in induction meetings with staff.

Aim

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.



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The underlying principles of this policy include:

- The establishment of effective risk management practices to minimise the student, staff, parent 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 / Guardians
- Volunteers
- Supply staff
- Students

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 adrenaline which is ready for immediate intramuscular administration.
- **Minimised Risk Environment** - An environment where risk management practices have minimised the risk of (allergen) exposure to a reasonable level. Not an allergen free environment.
- **Individual Health Care Plan** – A detailed document outlining an individual student's condition, treatment, and action plan for location of EpiPen.
- **Management System** – A record system managed by a designated person which describes the individual student medical care plans and the particular members of staff who will need to be trained and informed of these plans.

Setting up a protocol

This school believes it is essential to draw up an individual Protocol for any child with a severe allergy. The protocol is noted in the child's **Individual Health Care Plan** (Appendix 3) and relates to action to be taken should a severe reaction occur will be communicated to staff through use of e.g. the school's format of Emergency Protocol see **Appendix 2**. Typically, the information from this will be taken from a **Food Allergy and Anaphylaxis Emergency Care Plan as devised by Food Allergy Research and Education (FARE)/Allergy Action Plan devised by bsaci**. Examples can be found in **Appendix 1**.

This will be in addition to completing other documents in-line with the Supporting Pupils with Medical Needs Policy – the **Individual Health Care Plan** (IHCP) and the **Parental agreement for setting to administer medicine** form

This Protocol is agreed by the parents, the school and the treating doctor. If there are any questions/concerns from any party, the school will contact the School Nurse to request



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clarification. The Protocol forms an agreement that the best possible support is in place for both the child and the school staff.

The Protocol deals with the following:

- Anaphylaxis/Asthma
- Medication
- Food/Environment management
- Emergency procedures
- Precautionary measures
- Consent and agreement

A copy of each child's Action Plan (Emergency Protocol) will be held by the school in the welfare room, in the staffroom, in the classroom and by school's caterers and by the Head Teacher and Deputy Head Teacher.

Copies in the classroom will be placed in the Class Medical Folder as well as on the teacher's board. The child's name will be added to the list of Children with Medical Conditions list and the allergy list which is saved in Shared staff (T drive). It is the class teacher's and support staff's responsibility to ensure that Supply Teachers are aware of where the information is located. Lunchtime Leaders will have access to the information in a file held by the Head Lunchtime Leader.

Medical Information (Epipens)

Where Epipens (Adrenalin) are required in the Health Care Plan:

- Parents/ guardians are responsible for the provision and timely replacement of the Epipens.
 - Epipens and any other medication or equipment the child requires will be placed in a red medical equipment bag along with the IHCP and Emergency Protocol.
 - Children whose allergies are severe enough to require Epipens are likely to require at least 2 in school – both of which will be placed in the medical equipment bag.
 - The medical equipment bag will accompany the child wherever they go in school and will be handed to staff on playground duty.
 - Typically when children are in Nursery or Reception, adults will convey the medical equipment bag around school.
 - In Y1 and Y2, the school will encourage children to take more responsibility in-line with their age and stage of development and may require children to carry their medical equipment bag short distances around school before handing it an adult.

Parents' role:

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

Parents must share information detailing the nature of the allergy; including:

- The allergen (the substance the child is allergic to)
- The nature of the allergic reaction (from rash, breathing problems to anaphylactic shock)



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- What to do in case of allergic reaction, including any medication to be used and how it is to be used.
- Control measures – such as how the child can be prevented from coming into contact with the allergen.
- If a child has an allergy requiring an Epipen, a Health Care Plan must be completed and signed by the parents as this would signify a likelihood of ‘serious illness, hospitalisation or death.’
- Children whose allergies do not require an Epipen will have their allergy noted on the ‘Children with medical conditions register’ but will not require an IHCP
- It is the responsibility of the Parent to provide the school with up to date medication / equipment clearly labelled in a suitable container.
- In the case of life saving medication like Epipens the child will not be allowed to attend without it.
- Parents are also required to provide up to date emergency contact information.
- Snacks and lunches brought into school are provided by each child’s parent.
- It is the parents’ responsibility to ensure that the contents are safe for the child to consume.

Staff's role:

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

- If a child’s Enrolment Form states that they have an allergy which is likely to result in ‘serious illness, hospitalisation or death’ then an Individual Health Care Plan is needed. It must be in place before the child starts attending sessions. The Individual Health Care Plan must consider likely risks and identified actions put in place.
- Upon determining that a child attending school has a severe allergy, a meeting will be set up as soon as possible where staff concerned attend to update knowledge and awareness of the child’s needs.
- All staff who come into contact with the child will be made aware of what treatment/medication is required by the Head Teacher/Deputy Head Teacher/Welfare Staff and where any medication or the child’s medical equipment bag is stored is shared.
- All staff are to promote hand washing/the use of hand gel before eating.
- Snack time snacks are monitored by staff
- However, staff cannot guarantee that foods will not contain traces of allergens including nuts.
- Children are not permitted to share food.
- As part of the staff first aid course, Epipen use and storage has been discussed.
- We may ask the parent for a list of food products and food derivatives the child must not come into contact with.
- Emergency medication should be easily accessible, especially at times of high risk (e.g. lunch).
- Staff should liaise with parents about snacks and any food-related activities at least one week in advance.

*****THERE SHOULD BE NO AD-HOC FOOD-RELATED ACTIVITIES*****



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School staff will not hand out party bags provided by parents but will instead suggest that the parent hands them out outside the relevant classroom at the end of the day.

Actions in the event of a child suffering an allergic reaction:

- If a child becomes distressed or symptoms become more serious telephone 999
- Keep calm, make the child feel comfortable and give the child space.
- If medication is available, it will be administered as per training and in conjunction with the protocols outlined in the child's action plan/emergency protocol.
- Parents will be contacted.
- If parents have not arrived by the time ambulance arrives, a member of staff will accompany the child to hospital.

Role of other parents

- Snacks and lunches brought to the school by other parents should be peanut and nut free.
- The school will ensure that parents are regularly reminded and will monitor the contents of lunchboxes whenever possible.
- The school will not give out party bags but parents are welcome to pass them out to the parents of children in the playground at the end of the day.

Storage of children's medicines

Children whose allergies require an EpiPen will have a medical equipment bag storing all their medications and protocols.

Children with more minor allergies will have their medication stored in the welfare room. These will be stored in a safe but easily accessible place and their location will be made known to all concerned; the children themselves, the parents, Headteacher, teaching/non-teaching staff.

On school trips, the Class Teachers will be responsible for informing the Welfare Staff in advance of the trip that the children will require medication. Children with severe allergies will always be in a group with a trained First-aider who will be responsible for carrying and administering the medication.

School Trips

All children using any medication i.e. EpiPens, Asthma Pumps, antibiotics etc will be the responsibility of trained first aider on the day of the trip. The named children will travel to and from the location of the visit, in the same coach as the Welfare or First Aider. The Welfare/First Aider is responsible for the administration of the medication under the supervision of the teacher in charge.

Restrictions on food

Given the prevalence of serious nut allergies, children may not bring food items containing nuts into school. The school has to take this action because the allergies are life threatening for some children. This information will be communicated regularly to parents in the School News Letter.



Kenmore Park Infant & Nursery School

Date: September 2023

Date ratified by the Governing Body: 6th December 2023

To be reviewed: September 2024

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Allergy Action Plan - for any child who may require an EpiPen- available to download
at: <http://www.bsaci.org/about/download-paediatric-allergy-action-plans?EID=21244807&CID=4385428>

RCPCH
Royal College of Paediatrics and Child Health
Leading the way in children's health

Allergy Action Plan

bsaci
improving allergy care

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:

Photo

Emergency contact details:

1)

2)

Child's Weight: Kg

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 child, call for help if necessary
- Give antihistamine:
- Contact parent/carer (if vomited, can repeat dose)

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

AIRWAY: Persistent cough, hoarse voice, difficulty swallowing, swollen tongue

BREATHING: Difficult or noisy breathing, wheeze or persistent cough

CONSCIOUSNESS: Persistent dizziness / pale or floppy suddenly sleepy, collapse, unconscious

If ANY ONE of these signs are present:

1. Lie child flat. If breathing is difficult, allow to sit
2. Give EpiPen® or EpiPen® Junior
3. Dial 999 for an ambulance* and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

If in doubt, give EpiPen®

After giving EpiPen:

1. Stay with child, contact parent/carer
2. Commence CPR if there are no signs of life
3. If no improvement after 5 minutes, give a further EpiPen® or alternative adrenaline autoinjector 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.

How to give EpiPen®

1
Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP

2
SWING AND PUSH ORANGE TIP against outer thigh (with or without clothing) until a click is heard

3
HOLD FIRMLY in place for 10 seconds

4
REMOVE EpiPen®. Massage injection site for 10 seconds

Keep your EpiPen device(s) at room temperature, do not refrigerate.
 For more information and to register for a free reminder alert service, go to www.epipen.co.uk
 Produced in conjunction with:

©The British Society for Allergy & Clinical Immunology
www.bsaci.org Approved Oct 2013

Additional instructions:
 If wheezy, give 10 puffs salbutamol (blue inhaler) via spacer and dial 999

This is a medical document that can only be completed by the patient's treating health professional and cannot be altered without their permission.
 This plan has been prepared by:
 Hospital/Clinic:

Date:



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Appendix 2 - KPINS own Emergency Protocol



Kenmore Park Infant & Nursery School



Name: _____

Emergency Protocol DOB: XX/XX/XXXX Year: X

Class: _____ Last updated: XX/XX/XX

Issues: **Severe allergies** –

XX

XX



<p>Allergies: NB medication, especially <u>Epipen</u> & Asthma Inhaler and Spacer should be carried in red 'Medical Equipment bag'</p>	
<p>Symptoms: mild to moderate</p>	<p>Symptoms severe</p>
<p>(NB watch for severe symptoms)</p> <ul style="list-style-type: none"> • Swollen lips, face or eyes • Itchy/tingling mouth • Hives or welts • Abdominal pain or vomiting • Sudden change in behaviour 	<ul style="list-style-type: none"> • Difficulty/noisy breathing • Swelling of tongue • Swelling/tightness in the throat • Difficulty talking and /or hoarse voice • Wheeze or persistent cough • Loss of consciousness and/or collapse • Pale and floppy (young children)
<p>Action: mild to moderate reaction</p>	<p>Action: severe reaction</p>
<ul style="list-style-type: none"> • Stay with child and monitor • Give <u>piriton</u> – 2mg=5ml • Call parents Mrs Sandhya Gupta (Mother) – 07887387565/ Mr Rakesh Gupta (Father) 07791554518 	<ul style="list-style-type: none"> • Give intramuscular epinephrine (<u>epipen</u>) • Call ambulance 999 • Give <u>piraton</u>: 2mg=5ml • Stay with child • Repeat epinephrine dose: 0.15mg at 5 mins if no improvement. • Wait 10 minutes and monitor. If symptoms persist, give epi-pen and dial 999
<p>Asthma</p>	
<ul style="list-style-type: none"> • can't talk or walk easily • is breathing hard and fast or 'breathing from his tummy' • is coughing/wheezing a lot • is not responding to reliever (blue) inhaler <p>Ensure he SITS UP DON'T LIE DOWN</p> <p>Ensure he has 2 puff from blue reliever inhaler counting 5 slow breaths every puff.</p> <p>If no improvement, give one puff per minute up to 10 minutes of blue inhaler counting 5 slow breaths for each puff.</p> <p>If symptoms do not improve in 5-10 minutes/he is too breathless to talk/his lips are blue/if you are in any doubt, call an ambulance.</p>	



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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

Allergy
Trigger:
Symptoms:
Treatments:

Cough/wheeze
Trigger:
Symptoms:
Treatments:

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

Medication:
Dose:
When to be taken:

Action to be taken if a child refuses to take medicine/carry out a necessary procedure

Daily care requirements

E.g. Monitor
NB – it is an expectation that parents will share any information which may pertain to a child's health e.g. sharing with the class teacher and welfare assistants that a child with asthma/an inhaler is suffering with a cold

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



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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*)

Welfare staff

Plan developed with

Staff training needed/undertaken – who, what, when

Details of Special Educational Needs – if applicable

Area of need:

Support provided:

Form copied to

Class teacher; TA; DHT; HT; Head Lunchtime Leader; parents

Form saved in Teachers Only in: Medical Conditions e.g. 2020-2021

Parent/Carers' Agreement:

- I confirm that the information held within this IHCP (and emergency protocol sheet if the child has one) is accurate.

- I agree to the school providing my child with the medication mentioned within.



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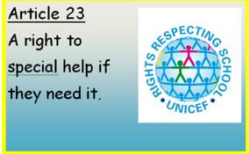
- I agree to update the school as an when any changes to my child's condition occurs and if my child receives new medication, I will inform the school as soon as this is the case and will provide the new medication.
- I understand that this is a working document which will typically be updated annually – though if any changes are required prior to this time, I will contact the school.
- If my child requires an inhaler, I agree to provide the school with an inhaler and spacer at the earliest opportunity.
- If my child requires an inhaler, I confirm that **I am/am not** happy for my child to be given the school's emergency inhaler and spacer should circumstances require it.
- If my child requires an auto-injector, I confirm that **I am/am not** happy for my child to receive one of the school's auto-injectors in the school's emergency medical kit should circumstances require it.
- I understand my child's name and image will appear on a class list which will be shared with the year group and other members of staff within the school who may be required to administer my child's medication or who needs to be aware of their condition.

Name _____ Signed _____ Date _____



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Parental agreement for setting to administer medicine



The school/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	Kenmore Park Infant & Nursery School
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
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]



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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 _____