

Allergy Policy

Allergy is a hypersensitivity to a foreign substance that is normally harmless, but which produces an immune response reaction in some people. This can be a minor response such as localised itching or a severe response known as anaphylaxis or anaphylactic shock. Anaphylaxis is potentially life threatening, often explosive in onset with symptoms ranging from mild flushing to upper respiratory obstruction and collapse. It occurs when the allergen enters the bloodstream, causing the release of chemicals throughout the body to protect it from the foreign substance. Common triggers of an anaphylactic reaction are nuts and other foods including shellfish, sesame seeds and kiwi, insect stings or bites, drugs, latex, detergents/perfumes, blood products and sometimes exercise. Anaphylaxis causes approximately 20 deaths per year in the UK.

The School takes a serious approach to the risk of anaphylaxis. This policy outlines the responsibilities expected of those within the school community.

I. Preparedness

I.1 Parent Responsibilities

- On entry to the School, parents should inform the School Nurse via the medical questionnaire of any history of allergy, highlighting previous severe allergic reactions, and any history of anaphylaxis.
- Parents will be sent an Allergy Health Care Plan for completion and a copy of the Highgate School Allergy Policy. They must sign to say they understand and are happy with the care it stipulates.
- Parents are responsible for ensuring any required medication (Epipens or other adrenalin injectors, inhalers and any specific antihistamine – Piriton is always kept on site) is supplied, in date and replaced as necessary.
- Where food allergy is a major concern, the nurse will arrange for the parent to meet with the Catering Manager to make a plan to reduce potential exposure.
- If an episode of anaphylaxis occurs outside school, the School Nurse must be informed. Parents are requested to keep the School Nurse up to date with any changes in allergy management with regards to clinic summaries or re-testing and new food challenges.

I.2 Pupil responsibilities

- Pupils of any age must be familiar with what their allergies are and the symptoms they may have that would indicate a reaction is happening
- Pupils who are trained to administer their own auto-injector should be encouraged to carry it on their person.
- All senior school pupils must carry their own injector and be competent to use them.

1.3 The responsibilities of the School Nurse

- Once aware of an allergy the School Nurse should ensure the parent and pupil complete an allergy care plan and that sufficient emergency supplies are kept on site.
- A meeting should take place between the School Nurse, parents and pupil, preferable prior to entry to the School, so they can discuss the plan and the individual pupil needs in school. The Catering Manager should also be involved if the allergy is a food allergy.
- Spare adrenaline pens should be kept at an appointed place clearly marked with each pupil's name and also any other medication that might be used such as a spare inhaler and antihistamine. A copy of their care plan is also available at this location
- The School Nurse will maintain an up to date allergy list on the intranet for all staff access. In addition, the allergy will be highlighted on the pupil's electronic file and photo lists will be on display in each staff common room in all three schools and in the dining room.
- Care plans are available on each pupil's electronic file, detailing the action to be taken in an emergency.
- All pupils will be assessed for their competence of managing their allergies and emergency medication and training will be given where necessary.

1.3 Individual Staff Responsibilities

- All staff must attend, or complete on-line, annual training for anaphylactic emergency response and basic life support.
- Staff must be aware at all times of the pupils in their care (regular or cover classes) who have known allergies and must supervise any food-related activities with due caution. All leaders of school trips must ensure they are competent to act in case of anaphylaxis prior to the trip departure and ensure they carry all relevant emergency supplies. This includes educational visits and 'away' sport fixtures.

1.4 Wider School Community Responsibilities

Please note that the School is not a nut-free environment as we believe this can lead to a false sense of security and we prefer that pupils and staff remain vigilant at all times. Our aim is to keep the school as a controlled allergy zone.

- The catering department is aware of all individual pupil allergies and provides clear labelling to all food served in the Dining Hall at all times.
- Clear labelling applies to all food zones including the Senior School tuck areas, Mallinson Sport Centre vending machine and class or charity bake sales.
- Parents are informed of the clear labelling policy for any food that they wish to send in to school either for their child's personal consumption or for others consumption in sharing situations such as charity bake sales.
- Parents are requested not to allow their child to bring in foodstuffs containing nuts to reduce the risk of cross-contamination. Reminders will be sent to parents at peak times of risk such as Christmas and Easter.
- Pupil awareness of allergies is raised at assemblies and within the classroom setting.

- Training is provided for all staff on a regular basis and on an ad-hoc basis for any new members of staff.
- Adrenalin pen instructions are on clear display in classrooms and around the school.
- Litter control is kept to a high standard in order to reduce risk of any accidental cross-contamination.

2. Action to be taken in an emergency

2.1 Symptoms of mild allergic reactions

- Rash
- Vomiting
- Abdominal cramps
- Localised tingling sensation
- Localised inflammation.

2.2 Treatment

The priority should be removal of the allergen. Remove stings or environmental causes. Wash with water where appropriate. For ingested allergens, rinse mouth thoroughly with water and spit out. Never induce vomiting. Call the school nurse if pupil is on school site. Use of antihistamines via syrup or tablet is effective for mild reactions and is recommended as the first step in any reaction.

3. Management of an Anaphylactic Episode

3.1 Symptoms of severe allergic reaction

- Swelling of the throat and mouth
- Difficulty in swallowing or speaking
- Difficulty in breathing due to severe asthma or throat swelling
- Hives anywhere on the body
- Generalised flushing of the skin
- Abdominal cramps, nausea and vomiting
- Sudden feeling of weakness, faintness caused by sudden drop in blood pressure
- Collapse and unconsciousness

If symptoms occur **in an undiagnosed individual** call the emergency services and while waiting for their arrival remove the allergen where possible and stay with the casualty to reassure them. Call the school nurse who will advise on the telephone and arrive as soon as possible.

- If the casualty is conscious and breathing - place in a sitting position, leaning forward
- If the casualty is unconscious and breathing – place in the Recovery Position.
- If the casualty stops breathing resuscitation should be carried out while awaiting the Emergency Services. CPR should be given at a ratio of 30 compressions to 2 breaths.

When symptoms of anaphylaxis are seen **in a known sufferer**:

- Remove the allergen where possible i.e. a sting or any remains of food in the mouth (and rinse mouth).
- Stay with and reassure the casualty.
- Send for the School Nurse or another member of staff to come with the emergency medication from the central location (School Office or behind serving counter in Dining Hall if on site) and the Health Care Plan.
- Follow the instructions given on the treatment plan. It is most likely that it will advise you to give an anti-histamine such as Piriton or Cetirizine first, and then if symptoms don't improve or if the casualty displays breathing difficulties, to administer the Epipen containing Adrenaline. Follow the dosage instruction on the label for the oral antihistamine.
- For those pupils who have been prescribed an inhaler as a part of their allergy regime, **or for any pupils with an allergic reaction showing respiratory symptoms**, administer 2 puffs of the salbutamol (Ventolin) inhaler kept in the emergency anaphylaxis kit. Administration through a volumatic or aero-chamber device is best but if no spacer is used the pupil should hold their breath as long as possible (ideally 5- 10 seconds) after inhalation. If the respiratory symptoms are severe and the casualty cannot use good technique to take the inhaler, **a spacer device must be used**. Salbutamol can be repeated up to 10 puffs giving 2 puffs every 2 minutes. This can be continued after the Epipen has been given if necessary (up to a maximum of 10 puffs in total). See below for how to use a spacer device.
- **If at any time the casualty exhibits difficulty in breathing or respiratory symptoms that worsen after giving the oral antihistamine, difficulty in swallowing or speaking, or if there are signs of becoming weak or collapse, administer the Epipen immediately.**
- You can help the casualty to administer the Epipen or administer it yourself. Remember to give the adrenaline pen sooner rather than waiting if you are concerned. Adrenalin will do no harm but may save a life if given appropriately. Follow the instructions below for using an Epipen.
- Whenever an Epipen is used, an ambulance must be called stating an anaphylactic episode. This is very important as the effect of the adrenalin may only be temporary.
- Stay with the casualty and observe the response to the Epipen until Emergency Services arrive.
- While waiting for their arrival, place the casualty who is conscious and breathing in a sitting position, leaning forward to aid breathing, and the casualty who is unconscious and breathing in the Recovery Position.
- Be prepared to resuscitate if necessary (think about clearing immediate area). If the casualty stops breathing, resuscitation should be carried out while awaiting the Emergency Services. CPR should be given at a ratio of 30 compressions to 2 rescue breaths and the defibrillator machine brought with haste from either main reception in the Charter Building or the Mallinson Sport Centre reception.
- Inform the parents at a suitable moment when the situation is under control and clear information can be given.
- Make sure the used Epipen and the Health Care Plan go with the casualty to Hospital.

- A member of staff will need to accompany the pupil to hospital and stay until parents arrive.

3.2 Location of Emergency Anaphylaxis Kits

- Senior School Office
- Junior School Staff room
- Pre-Prep Office
- First Aid cabinet behind serving counter in Dining Hall
- Mills Centre Reception
- Mallinson Sport Centre Reception
- SS Medical centre
- Bishopswood Road Medical Centre

3.3 Instructions for using a volumatic or an aero-chamber device (spacers)

- A spacer device is to be used whenever available as it gives the best effect. It is particularly useful when a casualty is unable to coordinate inhalation with releasing the medication due to breathlessness or age.
- Shake the inhaler and then insert it into one end of the spacer and attach a face mask to the mouthpiece at the other end if required. If the pupil can make a good seal over the mouthpiece with their own lips, a mask is not required. If a face mask is used it should be placed over the nose and mouth of the pupil and held firmly to create a good seal.
- Release one puff of reliever into the chamber. The medication is held in the chamber until the pupil releases it through breathing in and out of the mouthpiece. If a good seal is in place the valve near the mouthpiece will click.
- Ensure the valve clicks 10 times on a larger volumatic device and 6 times on a smaller aero-chamber device to administer the medication from the chamber.
- Repeat to administer the second puff.

3.4 Instructions for giving an EPIPEN

The EpiPen is pre-loaded and single-use only.

- Remove the safety cap
- Hold the pen in the fist
- With the tip of the pen at right angles to the casualty's thigh, jab it into the outer part of the thigh from approximately 10 cm distance. This can be done through clothing. Do NOT waste time removing clothing.
- As you jab the EpiPen firmly into the thigh (don't worry – you can't do any harm), a spring activated plunger will be released which pushes the needle hidden inside the EpiPen into the thigh muscle and administers a dose of adrenaline over the following 10 seconds. You will hear a click as the EpiPen is activated.
- **Hold in place for 10 seconds – it is a metered dose that is released slowly**
- Remove the pen and massage the area for a further 10 seconds.

Do not be surprised to find that most of the liquid (about 90%) remains in the EpiPen after use. Be advised that it cannot be reused. The time at which the EpiPen was administered should be noted on the pen and then taken with the casualty to hospital.

If symptoms are still present 15 minutes after the first injection, a second injection may be necessary. If at any moment after the first injection the condition of the pupil deteriorates, give a second injection regardless of the amount of time that has lapsed.

Following any anaphylactic episode, all staff involved will meet and discuss what occurred, offer support to each other, and look at how the Health Care Plan worked and take action to improve the planning if necessary.