

ARDCRONEY NATIONAL SCHOOL

NUT SAFE AND ALLERGY AWARENESS POLICY

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This Policy Document has been prepared to help ensure a safe school environment for pupils at risk of anaphylaxis.

1. Rationale for Developing a Nut Safe and Allergy Awareness Policy

The Board of Management has a duty of care to take all reasonable steps to keep pupils, staff and members of the wider school community safe at school. There are a number of pupils in the school who are at risk from anaphylaxis and accordingly we are adopting a Nut Safe and Allergy Awareness Policy (the Policy). The main elements of the Policy are as follows:

- Identifications of risks
- Elimination and minimisation of risks
- Effective response to emergencies

It cannot be reinforced enough the danger that even small amounts of an allergen pose to pupils at risk from anaphylaxis. Most severe allergic reactions are the result of ingestion but other reactions can be triggered by touching surfaces, such as books or toys, if these surfaces have previously been used by someone who has eaten nut products. Nuts and seeds are part of a healthy diet for those without chronic allergy, but due to the serious health implications **we ask all parents not to provide pupils with school snacks which include nuts/sesame seeds or products made from these.**

2. What is Anaphylaxis?

Anaphylaxis is a **severe** and **sudden** allergic reaction which occurs when a person is exposed to an allergen to which they are sensitive. The causes of allergic reaction can include food such as nuts, seafood, eggs, wheat and other triggers, such as insect stings and drugs but, on rare occasions, there may be no obvious cause.

3. Successful Implementation

To ensure the successful implementation of the Policy, the support and co-operation of the whole school community is required, namely:

- The Board of Management;
- Teaching and support staff;
- Parents / Guardians of all pupils
- The pupils themselves

By working together, the whole school community can help to ensure the following steps are taken:

- Pupils at risk of anaphylaxis are identified by parents/guardians during the enrolment process or as soon as they are diagnosed.
- Establish a register of pupils with diagnosed anaphylactic conditions as well as staff who have received appropriate training and delegate a staff member to maintain this **Anaphylactic Conditions Register**.
- Identify staff members who have day to day responsibility for pupils with severe allergies and provide accredited anaphylaxis management training for these staff members.
- Ensure that all teaching and supervisory staff are familiar with the signs and symptoms of anaphylaxis and the appropriate response procedures.
- Minimise the risk for pupils by reviewing class activities, supplies and materials to ensure that, so far as is reasonably practicable, they are allergen free.
- The school community is reminded regularly that the entire school (including staffroom) is a nut and sesame seed free environment.
- Teachers to discuss with parents/guardians the pupil's allergy and specific individual needs to inform their **Anaphylaxis Emergency Response Plan**.
- Parents/guardians provide teachers with safe treats/snacks for their child as an alternative during class parties and other activities involving food.
- Parents/guardians to approve the sharing of information regarding the pupil's health condition with staff and relevant school volunteers.
- Ensure that a copy of each pupil's **Anaphylaxis Emergency Response Plan** is maintained in appropriate locations throughout the school.
- Ensure that parents/guardians supply the school with two fully equipped and medically prescribed **Anaphylaxis Emergency Kits** for each diagnosed pupil.
- Designate a safe, central location where one of the pupil's **Anaphylaxis Emergency Kits** is to be stored in the school (Teacher's Desk) and designate a safe, accessible, location within

the pupil's classroom where his/her second **Anaphylaxis Emergency Kit** is to be located and ensure staff are aware of these locations.

- Establish emergency procedures to be followed if an anaphylactic reaction occurs within the classroom, playground, other area of the school or at off-site school related activities.
- Ensure substitute personnel or others involved in the supervision of pupils with severe allergies are aware of the needs and emergency procedures for pupils.
- Include allergy awareness as part of the SPHE programme.

4. Bullying and Anaphylaxis

Unfortunately approximately a third of pupils with severe food allergies experience some form of teasing, bullying, exclusion or harassment related to their allergy. Bullying can include physical and verbal incidents.

The warning signs are similar to other forms of bullying: the pupil may appear sad, upset, withdrawn and anxious or say that he/she doesn't want to go to school. There may be changes in eating habits, such as an untouched lunchbox. Parents should inform teachers immediately if an incident occurs. The incident will be investigated and dealt with in accordance with the schools anti-bullying policy.

5. Signs and Symptoms of Anaphylaxis

The signs and symptoms of anaphylaxis **usually occur within the first 20 minutes** of exposure to an allergen, but in some cases reaction **can be delayed by up to two hours or more**. Rapid onset and development of potentially life-threatening clinical effects are characteristic of anaphylaxis. Each **Anaphylaxis Emergency Response Plan** will provide specific information related to individual health conditions. The following are typical signs and symptoms of allergic reactions.



Figure 1 – Typical Signs and Symptoms of Allergic Reactions

6. Identification of Risks

When the school is informed that a pupil is at risk of anaphylaxis the first steps will be:

- to identify the pupil's allergens or trigger substances
- to consider situations where there may be an increased risk to the pupil.

Allergens or Trigger Substances

An allergic reaction to nuts, most especially peanuts, is the most common cause of anaphylaxis and, as such, demands more rigorous risk avoidance controls.

Below is a list of the most common allergens which may need to be considered under this Policy:

- Peanuts, Tree Nuts, Insect Stings, Shellfish, Fish, Certain Medications (e.g. penicillin), Eggs,
- Cow's Milk, Latex, Soy, Sesame (Often in combination with peanuts), Wheat, Seeds, Coconut

Situations where there may be increased risk to pupils

The risks to pupils at risk of anaphylaxis may be increased when there are changes to any of:

- *The School Routine:*
E.g. Anaphylaxis trained teacher out sick. Substitute must be made aware of risks and know which members of staff to go to in event of emergency
- *The Pupil's Environment:*
E.g. School tours, sporting events. Off-site risks must be assessed, e.g. food provision, ensuring Anaphylaxis Emergency Kit accompanies pupil
- *The Pupil's Health:*
E.g. Should sensitivity to a new allergen be identified for a pupil, ensure all parties are informed

7. Elimination and Minimisation of Risks

To minimise the risk of anaphylaxis occurring, the following seven key principles in developing a Nut Safe and Allergy Aware Environment have to be considered.

- Requiring all parents/guardians to inform the school in writing about known acute allergic conditions of their child or any new health information for their child, such as diagnosed changes to allergic triggers.
- Obtaining appropriate information relevant to these known high risk allergies.
- Establishing effective risk management practices to reduce and minimise, so far as is reasonably practicable, exposure to known allergens and triggers.
- Identifying situations where there may be an increased risk to pupils, such as changes to the school routine (substitute teachers) or environment (school tours or excursions).
- Training and educating staff to ensure effective emergency responses to any allergic reaction situation.
- Promoting age appropriate student education on allergy awareness and self-responsibility.
- Regular reviewing and monitoring of all Healthcare Management plans.

The school recognises that given the variety of possible allergens, banning products alone does not safeguard the school community from environmental risks with confidence, but the following allergen avoidance controls may reduce the risk of exposure:

Food

- We **ask parents/guardians and staff** to ensure that products containing **nuts and sesame seeds** are not brought into school
- All pupils are discouraged from sharing food brought into school, including treats for end of term parties
- No fundraisers involving cakes/buns/biscuits will be held in the school
- Birthday cakes/buns/biscuits are not allowed in the classroom
- Pupils at risk of anaphylaxis should be encouraged to wash their hands before eating.

Equipment and Contaminated materials

- Pupils with allergies should never share musical instruments such as recorders or tin whistles
- Pupils with allergies should not share sports water bottles

Wasp and Bee Stings

- Take special care outdoors and wear shoes at all times
- Make sure any food or drink brought outside is covered and kept in sight

Exercise Induced Anaphylaxis

- Parents/guardians of pupil's diagnosed with exercise-induced anaphylaxis must have an input into which activities are acceptable and which are not.

School Trips and Sports Fixtures

- Relevant staff are informed of pupils' allergies and an appropriately trained member of staff will be present
- All pupil's emergency medication in their **Anaphylaxis Emergency Kit** will be brought by the supervising teacher on all school trips.
- Prior to commencement of games supervisory staff are aware of the location and contents of **Anaphylaxis Emergency Kit**.

8. Effective Response to Emergencies

Each pupil at risk of anaphylaxis requires one of their own **Anaphylaxis Emergency Kit** to be stored in their class room and their second Anaphylaxis Emergency Kit to be stored in an easily accessible central location in the school.

Each pupil's two **Anaphylaxis Emergency Kits** should contain:

- Two personal adrenaline auto-injectors (e.g. EpiPen or Anapen) to administer as required
- Their personal inhaler, antihistamines or other prescribed medication
- Their personal **Anaphylaxis Emergency Response Plan**
- A pencil and blank sheet of blank paper to write down the exact time of administration of adrenaline for medical staff
- Medical Staff/Ambulance emergency contact details
- Parent/guardian emergency contact details

Accessibility of each Anaphylaxis Emergency Kit:

The **Anaphylaxis Emergency Kits** should always be accessible – **never** in a locked room or cupboard. Manufacturer's storage guideline should be followed.

Parents/Guardians are required to:

- Provide each of the pupil's two **Anaphylaxis Emergency Kits** in separate containers.
- Each kit must be kept in a place where it can be clearly seen and accessed by a trained staff member (one in the pupil's classroom and one in a central location in the school)
- When going outdoors for PE or other activities, the pupil's **Anaphylaxis Emergency Kit** should be kept close at hand at all times.
- Parents/Guardians are responsible for checking expiry dates of all medication and should replace them as necessary. The ideal time to do this is at the end of each term.
- Parents/Guardians must also ensure, with their doctor, that the dose prescribed is adequate.
- Depending on the pupil's age, they may be responsible for their own injectors. This means carrying adrenaline on their person and being confident in knowing when to use it.

Anaphylaxis Emergency Response Plan and Procedures

The pupil's **Anaphylaxis Emergency Plan** forms an important part of the school's risk management plan and will enable any situation to be managed promptly and efficiently. All staff should be familiar with this plan and the procedures to be followed in the event of an emergency.

WHAT TO DO IN AN EMERGENCY

If a pupil at risk of anaphylaxis shows any possible symptoms of a reaction the following is a general guide for what action to take. For children with identified anaphylaxis causing allergies staff should follow the child's individual Anaphylaxis Emergency Plan:

The trained member of staff should: Assess the situation

- Administer appropriate medication in line with perceived symptoms
- If symptoms suggest it is a severe reaction, the trained member of staff should give the pupil their Adrenaline auto-injector into the outer aspect of their thigh
- Send for the immediate support of another staff member(s)
- Make safe the used Adrenaline auto-injector by putting it in a rigid container to give to the ambulance crew
- Note the time the adrenaline was given in case a second dose is required and to inform emergency medical staff of the time of administration

The support staff member should: Call for an ambulance and state

- The name and age of the pupil
- That the pupil is thought to be suffering from anaphylaxis and that adrenaline has been administered
- The cause or trigger (if known)
- The name, address and telephone number of the school
- Call the pupil's parents.

If there is no improvement after 5 minutes the trained member of staff should:

- Give the second Adrenaline auto-injector and continue to assess the pupil's condition
- Position the pupil in the most suitable position according to their symptoms

The teacher should request the other staff member to remove other pupils from the area of treatment and supervise them.

When to administer adrenaline

Follow the directions on the pupil's **Anaphylaxis Emergency Response Plan**. If the pupil shows **any** of the signs or symptoms shown in Figure 1 in relation to Severe Allergic Reaction adrenaline should be given without delay:

Once the injection is given, signs of improvement should be seen fairly rapidly. If there is no improvement or symptoms are getting worse, a second injection should be administered after 5 minutes. That is why it is imperative to have two injections available. When adrenaline has been given, an ambulance must be called and the pupil taken to hospital.

Recovery positions

When symptoms suggest anaphylactic shock, the pupil will need to be placed in a suitable recovery position. As the symptoms can vary from person to person the following points should be observed:

- Due to a drop in blood pressure, the pupil may be feeling faint or weak, look pale or begin to go floppy. In this instance, lay them down with their legs raised.
- They should not stand up
- If there is vomiting lay them on their side to avoid choking
- If they are having difficulty breathing caused by asthma symptoms and/or by swelling of the airways, they are likely to feel more comfortable sitting up. However, keep their legs raised, if possible
- Pupils who are wheezing can also be given up to 10 puffs of their reliever inhaler.

Should I Give the Adrenaline or Not?

If there is any doubt about whether to give Adrenaline or not, the medical consensus is **GIVE IT**. In a scenario where anaphylaxis is possible, a student is better off receiving adrenaline (even if in retrospect it wasn't required) than not. Allergy doctors agree it is wiser to over react than to under react. Most pupils tolerate the effects of adrenaline very well even if they are not having a serious allergic reaction.

After the Emergency

Carry out a debriefing session with all members of staff involved
Parents/Guardians are responsible for replacing any used medication