



Greystones CNS -Nut Safe and Allergy Awareness Policy

Overview

This policy is concerned with a whole school approach to the health care management of those members of the school community suffering from specific chronic allergies that could give rise to an acute reaction, known as 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. Given the growing prevalence of individuals with chronic allergies in our school community, including pupils who have acute allergies to certain foods (in particular nuts) and triggers such as insect stings and drugs, we have decided to adopt a Nut Safe and Allergy Awareness Policy. This policy involves:

- identifying the risks of anaphylaxis
- minimising the risk of occurrence through management controls
- planning for an effective response to emergencies

The success of this policy requires the co-operation of the entire school community

1. Roles and Responsibilities of the Board of Management

The role of the Board of Management is to work with the whole school community to identify and minimise the risks at school for pupils diagnosed with anaphylaxis. The Board is also responsible for ensuring that the school has emergency procedures, equipment and trained staff in place to respond to an episode of anaphylaxis. In order to develop an **Anaphylaxis Risk Management Plan** the Board of Management will:

- Ensure 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.
- 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 staff are familiar with the signs and symptoms of anaphylaxis and the appropriate response procedures.
- Arrange and attend meetings with the pupil (if appropriate), the pupil's parents/guardians, teacher(s) and other staff members who have primary responsibility for the pupil at the start of the school year or when the pupil is newly diagnosed.
- Discuss with parents/guardians the pupil's allergy and specific individual needs to inform their **Care Plan**. This will include each pupil's specific **Anaphylaxis Emergency Response Plan**.
- Request that parents/guardians approve the sharing of information regarding the pupil's health condition with staff and relevant school volunteers.
- Ensure that parents/guardians supply the school with 2 x fully equipped and medically prescribed **Anaphylaxis Emergency Kits** for each diagnosed pupil. (One for child's class and one for central

location)

- Discuss the role and responsibilities of parents/guardians outlined in **Section 4** of this Nut Safe and Allergy Aware Policy with the pupil's parents/guardians.
- Consult with the staff, the parents/guardians, the pupil(s) and the wider school community to develop an **Anaphylaxis Risk Management Plan**.
- Ensure that a copy of each pupil's **Care Plan** is placed in appropriate locations with due thought to confidentiality throughout the school, to alert all staff to the pupil's health condition and appropriate emergency response.
- Designate a safe, central location where one of the pupil's **Anaphylaxis Emergency Kits** is to be stored in the school (Staffroom) and designate a safe, accessible, location within the pupil's classroom where his/her second **Anaphylaxis Emergency Kit** is to be located. Adrenaline auto-injectors, such as the EpiPen, which will be included in each of the 2 **Anaphylaxis Emergency Kits**, must always be easily accessible and stored in accordance with the manufacturers' recommendations.
- Inform staff where each of the **Anaphylaxis Emergency Kits** for every registered pupil is stored.
- 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 all staff members are aware of and recognise pupils who are at risk of anaphylaxis and are familiar with emergency procedures.
- Arrange anaphylaxis training for staff members with responsibility for pupils who have severe allergies.
- Ensure substitute personnel or others involved in the supervision of pupils with severe allergies are aware of the needs and emergency procedures for pupils.
- Maintain a register of staff who have undertaken both accredited and practical training in the use of the adrenaline auto-injectors, such as the EpiPen.
- Support and facilitate ongoing communication between parents/guardians of pupils with allergies and school staff.
- Support the **Care Plan** agreed by the school and the pupil's parents/guardians.
- Include allergy awareness as part of the SPHE programme.
- Picture of each child with allergy profile in staff room.

2. Responsibilities of Teachers

As the class teachers will have primary responsibility for the day to care of any pupils with an anaphylactic condition it is important that they:

- Participate in the school meeting with the parents/guardians.
- Work with the school team and the parents/guardians to develop a written **Care Plan**, including the specific **Anaphylaxis Emergency Plan** for the pupil.
- Review the materials in the Anaphylaxis section of this policy to learn more about severe allergies and anaphylaxis.
- Attend accredited anaphylaxis management training in order to be prepared to recognise and respond to the signs and symptoms of anaphylaxis and know what to do in an emergency.
- Be aware of allergic triggers that may cause a pupil to experience an anaphylactic reaction and minimise the risk for the pupil by reviewing class activities, supplies and materials to ensure that, so far as is reasonably practicable, they are allergen free.
- Treat the pupil with allergies the same as other students.
- Never give food/treats to children other than those provided by parents.
- Discourage pupils from sharing lunches or trading snacks.
- Reinforce hand washing before eating.
- Discuss activities involving food with parents/guardians before they take place and arrange for the provision by the parents/guardians of alternative options for edible treats on special occasions.
- Provide information for substitute teachers, and communicate the day-to-day needs of the pupil with allergies and the **Anaphylaxis Emergency Plan**.
- Ensure that the pupil's **Anaphylaxis Emergency Kit** is readily accessible.
- Ensure the pupil's **Anaphylaxis Emergency Kit** and a mobile phone is taken on all outings and trips off the school premises.
- Maintain effective communication with parents/guardians, including informing them if their child has become unwell at school.

- Provide a supportive environment for the pupil to manage their allergy effectively and safely at school.
- **Remind all children never to share food with peers as per Healthy Eating Policy.**

3. Responsibilities of the parents/guardians of a pupil with severe allergies

- Inform the Board of Management, the school principal and their child's teacher that their child has a severe allergy as soon as possible.
- Attend and participate in the school meeting to develop a written **Care Plan** to meet their child's healthcare needs.
- Provide accurate emergency contact details and develop an **Anaphylaxis Emergency Plan** for their child with the school.
- Inform school staff of any changes in their child's health management needs, as soon as possible.
- Provide the school with **two (2)** fully equipped and medically prescribed and labelled **Anaphylaxis Emergency Kits**, each containing two adrenaline auto injectors.
- Ensure that none of the contents of the two **Anaphylaxis Emergency Kits** has exceeded the relevant expiry date, and replace them as necessary. The ideal time to do this is at the end of each term.
- Ensure with their doctor that the Adrenaline injector dose prescribed for each of the 4 auto injectors in the two **Anaphylaxis Emergency Kits** is adequate. (The school understands that the dose usually increases from .15mg to .3mg at around 8-10 years of age.)
- Remind their child to never share food with peers.
- Educate their child to wash their hands before eating.

4. Responsibilities of pupil with food allergies

We ask each pupil with a food allergy to be proactive in the care and management of their food allergies and reactions, and in particular (where age appropriate):

- Not to exchange food with others.
- Only eat food that is labelled with ingredients and to read the label or check the content of a product with the teacher before eating.
- Be aware of other people eating around them and always to wash their hands before eating in case of contamination.
- To know where their two **Anaphylaxis Emergency Kits** are kept in the school.
- To tell their friends of their allergies, so they know if an emergency should arise.
- If they have a Medic Alert talisman, to wear it at all times.
- Notify their teacher or an adult immediately if they eat something they believe may contain the food to which they are allergic.
- To notify their teacher or an adult immediately if they believe they are having a reaction, even if the cause is unknown.

5. Parents of non-allergic children

We have a number of children at school who have food allergies, but would remind all parents of the danger that even small amounts of an allergen pose to these children. Most severe allergic reactions are the result of ingestion but other reactions can be triggered by touching surfaces, such as computer keyboards, books or a piano, 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 we would appreciate that pupils eat such snacks at home rather than bring them into school. **Therefore we would ask all parents not to provide pupils with school snacks which include nuts/sesame seeds or products made from these.**

In relation to other allergies we would ask that if one of these allergies is active in your child's class that you do not send these foods to school.

Allergies Active other than Nuts

Ms Darcy's Class

Pulses

6. Bullying and Anaphylaxis

About 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 should be investigated and dealt with in accordance with the school's anti-bullying policy.

Anaphylaxis Risk Management Plan

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.

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 Healthcare Plan** will provide specific information related to individual health conditions. The following are typical signs and symptoms of allergic reactions

Mild to Moderate Allergic Reaction

Signs and symptoms may include one or more of the following:

- tingling of the mouth
- hives, welts or body rednesses
- flushing and/or swelling of the face, lips, eyes
- anxiety
- vomiting, abdominal pain (except in insect sting allergy where vomiting and/or abdominal pain indicate an anaphylactic reaction)

Severe Allergic Reaction

Signs and symptoms may include one or more of the following

- difficulty talking and/or hoarse voice
- difficult/noisy breathing
- swelling of the tongue
- Swelling or tightness in the throat, difficulty swallowing
- confusion
- pale and floppy (young children)
- shortness of breath, repetitive coughing and or wheezing
- chest tightness
- faint, rapid pulse, low blood pressure
- loss of consciousness and/or collapse
- vomiting, abdominal pain (for insect sting)

1. Identifying the 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 provide anaphylaxis training to school staff
- to consider situations where there may be an increased risk to the pupil.



Peanuts



Tree Nuts



Insect Stings



Shellfish



Fish



Certain Medication



Eggs



Cow's Milk



Latex

Other potential allergens may include soy, sesame, wheat, seeds and coconut.

Anaphylaxis Training for Staff to reduce risk

The school recognises that the level of risk of pupils being exposed to a potential allergen **is reduced** if staff:

- understand the pupil's condition
- are able to assess potential risks to the pupil during school based activities
- are trained to recognise the signs and symptoms of anaphylaxis
- are capable of administering any emergency medication required.

It is important that class teachers who have day to day responsibility for pupils diagnosed with anaphylaxis are both confident and competent to deal with any emergency situation which might arise.

Staff will be provided with practical training in the use of the adrenaline auto-injectors, such as the EpiPen, during the 2017-18 school year. This training will cover Cardiac First Responder (CFR). All parents have discussed with relevant staff how to administer education as advised by Public Health Nurse.

Situations where there may be increased risk to pupils

The risks to pupils with anaphylaxis may **be increased** when there are changes to:

- the school routine
- the pupil's environment
- the pupil's health.

Changes to pupil's health

Where there are changes to information about the pupil's health (e.g. new allergic trigger) this will need to be communicated to the school and the risks reassessed

Changes to the school routine

Pupils with anaphylaxis should always be under the supervision of a teacher or other designated person who has

- completed anaphylaxis training
- can recognise the signs and symptoms of a reaction
- can follow the emergency plan, if required.

Identified pupils should never be left alone when complaining of feeling unwell.

Changes to the school environment (tours, excursions or sporting events)

When participating in events outside of the school environment supervising staff must give careful consideration to:

- the risk assessment of the environment and the activities to be undertaken
- the location of the event or activity and its distance from an ambulance or medical doctor
- requesting parent/guardian approval of the location, activities and any food being provided
- requesting parent/ guardian assistance in the supervision of the event or activity
- informing staff on site of the risk of anaphylaxis and known allergens
- ensuring staff helping with the activity are trained in anaphylaxis management
- ensure that a member of the supervision team knows when and how to administer required emergency medication
- have an **Anaphylaxis Emergency Kit for each identified pupil** available, but stored out of direct sunlight
- ensure that a mobile with emergency contact numbers is available and that there is signal coverage at the event location

2. Minimising the Risk of Occurrence

To minimise the risk of anaphylaxis occurring, Greystones CNS is committed to applying seven key principles in developing a Nut Safe and Allergy Aware Environment. They are:

- 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 medical 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 Care 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 to ensure that products containing nuts and seeds are not brought into school
- All pupils are not permitted to share food brought into school, including treats for end of term parties
- Birthday cakes/buns/biscuits are not allowed in the classroom
- Caretaking staff should pay particular attention to the cleaning of identified eating areas
- Pupils at risk of anaphylaxis should be encouraged to wash their hands before eating

Equipment and Contaminated materials

- If there is a pupil with severe allergies in your class, do not use containers or boxes that may have been in contact with their particular allergen during lessons (e.g. *cereal boxes (low risk) and egg cartons (high risk)* for craft or technology)
- Students with allergies should never share musical instruments such as recorders or tin whistles
- Students 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

- Pupil allergies are highlighted to the teacher at the beginning of the year.
- Relevant staff are informed of pupils' medical condition.
- A teacher is present at all sessions led by non-staff members (GAA, Rugby).
- All pupil's emergency medication in their **Anaphylaxis Emergency Kit** will be brought by the class/supervising teacher on all school trips.

Develop an Anaphylaxis Healthcare Plan

To ensure that pupils at risk of anaphylaxis are given every opportunity to participate in the full range of school activities and to inform curriculum planning, potential risks in the pupil's school routine and environment will be assessed using the *Anaphylaxis Healthcare Plan*. The Care Plan is an essential part of the school's risk minimisation management. The Healthcare Plan assists staff and others involved with identified pupils to plan for emergency situations and minimise risks associated with the student's condition, their equipment and medication requirements.

3. Planning for Effective Response

Each pupil diagnosed to be 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. **Injectable Adrenaline** is prescribed by doctors to individuals who have an increased risk of anaphylaxis. If appropriate and if agreed with the pupil's parents/guardians some pupils (such as those in 5th or 6th class) who are at risk of anaphylaxis may carry their own two adrenaline injectors. The pupil (depending on their age) and their teacher or other carer should be trained in how to use them.

Treatment involves intramuscular adrenaline i.e. an injection of adrenaline into the muscle.

Pupils may be prescribed one of two types of adrenaline injectors, either the EpiPen or Anapen. Both injectors are pre-measured and contain a single dose.

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

- Two personal adrenaline auto-injectors (EpiPen or Anapen) to administer if required
- Their personal inhaler, antihistamines or other prescribed medication if relevant
- Their personal **Care Plan, which will include their written Anaphylaxis Emergency Plan**
- Protocol in case of reaction
- Parent/guardian emergency contact details

Accessibility of each Anaphylaxis Emergency Kit:

The Adrenaline injectors in each of the two **Anaphylaxis Emergency Kits** should always be accessible – **never** in a locked room or cupboard. Injectors are normally stored at room temperature out of direct sunlight and away from radiators. Manufacturer's storage guideline should be followed. Parents are required to:

- provide each of the pupil's two **Anaphylaxis Emergency Kits** in a separate container such as a plastic box with a lid or a specially designed container.
- Mark the outside of the container clearly with the pupil's name, a green cross indicating its medical content and possibly a photograph of the pupil.
- 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 Response 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.

Delays in giving emergency medication or contacting emergency services can result in serious and rapid deterioration in an anaphylactic pupil's condition, therefore the priority actions are to treat the pupil immediately and phone emergency services

WHAT TO DO IN AN EMERGENCY

If a student with allergies shows any possible symptoms of a reaction, immediately seek help from a member of staff trained in anaphylaxis emergency procedures. Ensure all members of staff know who is trained.

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

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

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

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

- the name and age of the pupil
- that you believe them 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

Request the assistance of another 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 Plan**. If the pupil shows **any** of the following symptoms then it suggests a serious allergic reaction is developing and adrenaline should be given without delay:

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Loss of consciousness and/or collapse
- Pale and floppy
- Wheeze or persistent cough
- Condition steadily worsening

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 best practice 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 beginning 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
- Students 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

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.

Anaphylactic Conditions Register A record system managed by a designated staff member which describes the individual pupil's medical care plans and the particular members of staff who have received accredited Anaphylaxis training. The ACR will also document members of staff who have received practical training in responding to the signs and symptoms of anaphylaxis.

Care Plan – A detailed document, completed by the parents/guardians of a pupil with a diagnosed anaphylactic condition and the school Principal, which outlines the pupil's specific allergic condition and the agreed individual emergency response.

Anaphylaxis Emergency Response Plan: The appropriate emergency response, for an anaphylactic reaction agreed by the parents/guardians and the school Principal.

Anaphylaxis Risk Management Plan: The whole school approach to risk identification, minimisation and response in the case of severe allergic reactions causing anaphylaxis.

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.

Principal: Date:	Parent/Guardian: Date:
Annual review date:	