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## 1. Aims and Objectives

This procedure outlines Windlesham House School's approach to allergy management, including how the whole-school community works to reduce the risk of an allergic reaction happening and the procedures in place to respond if one does.

This policy applies to all staff, pupils, parents and visitors to the school (including EYFS) and should be read alongside the First Aid & Healthcare Policy and Medical Handbook

## 2. What is an Allergy?

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

### 3. Definitions

**Anaphylaxis:** Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

**Allergen:** A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by law to be highlighted on pre-packed food. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

**Adrenaline Auto-Injector (AAIs):** Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle.

**Individual Healthcare Plan:** A detailed document outlining an individual pupil's condition, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. All pupils with an allergy should have an Individual Healthcare Plan

### 4. Roles and Responsibilities

Windlesham House School takes a whole-school approach to allergy management.

#### 4.1 All staff

All school staff, to include teaching staff, support staff, domestic staff, occasional staff (for example sports coaches, music teachers and those running breakfast and afterschool clubs) are responsible for:

- Championing and practising allergy awareness across the school
- Understanding and putting into practice the Allergy and Anaphylaxis Procedure and related procedures, and asking for support if needed
- Being aware of pupils with allergies and what they are allergic to
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate.
- Ensuring pupils always have access to their medication or carrying it on their behalf
- Being able to recognise and respond to an allergic reaction, including anaphylaxis
- Undertake annual training
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times
- Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy.

## **4.2 All parents**

All parents and carers (whether their child has an allergy or not) are responsible for:

- Being aware of and understanding the school's Allergy and Anaphylaxis Procedure and considering the safety and wellbeing of pupils with allergies
- Providing the Head Nurse, Kate Hooper, with up to date information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hayfever, rhinitis or eczema
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example for fundraising events
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice
- Encouraging their child to be allergy aware

## **4.3 Parents of children with allergies**

In addition to point 4.2, the parents and carers of children with allergies should:

- Work with the school to fill out an Individual Healthcare Plan
- If applicable, provide the school or their child with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, i.e.. spoon or syringe), inhalers or creams
- Ensure medication is in-date and replaced at the appropriate time
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too
- Provide the school with an up-to-date photograph of their child
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring e.g.. not eating the food they are allergic to.

## **4.4 All pupils**

All pupils at the school should:

- Be allergy aware
- Understand the risks allergens might pose to their peers
- Learn how they can support their peers and be alert to allergy-related bullying.
- Older pupils will learn how to recognise and respond to an allergic reaction and to support their peers and staff in case of an emergency

## **4.5 Pupils with allergies**

In addition to point 4.4, pupils with allergies are responsible for:

- Knowing what their allergies are and how to mitigate personal risk (although it is noted this may not be possible with pre prep age children)
- Avoiding their allergen as best as they can
- Understand that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction
- Understand how and when to use their adrenaline auto-injector
- Talking to a member of staff if they are concerned by any school processes or systems related to their allergy
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies
- Pupils permitted to leave the school site (e.g. boarders visiting friends at a weekend) should know what to do if they have an allergic reaction off school premises. This should include how to treat themselves and raise the alarm to get help.

## **5. Information and Documentation**

### **5.1 Identification of Pupils with an Allergy**

The school has robust procedures in place to identify pupils with food allergies

- Parents/guardians are asked to provide details of their child's allergies on their Enrolment Form, which is submitted before starting school
- At the start of each term parents are reminded to update the medical team as soon as they are informed of any changes to their child's allergies at any time throughout the year, including any hospital reviews with no changes to care. Doctor letters must be given to the medical centre to store on the child's file.
- A child cannot attend the school for trial days or their first day if their medical forms have not been completed. If these forms have not been completed in advance, they must be completed onsite when the child arrives and reviewed by the medical centre and catering team before the parent/guardian can leave the child.

### **5.2 Staff Awareness of Pupils with an Allergy**

- The school has a register of pupils who have a diagnosed allergy.
- Care plans are provided for each child who requires an AAI or antihistamine if they come into contact with a food allergen.
- Information is passed onto the head chef in the catering team and is available to staff on the pupil database Isams.
- Each pupil with an allergy has an allergy card stored at the entrance to the dining hall. This contains a photo of the pupil and the allergies they have.
- Photos of pupils with allergies are also displayed for staff within the medical centre, boarding houses, staff resources room and the cookery room.
- All Teachers and Teaching Assistants, Midday Supervisors and other key staff must ensure that they are aware of any children with allergies in the classes that they have contact with and must review and familiarise themselves with the medical information for these children.
- Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments e.g. food tech, science experiments, bring animals into school. Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity.

## **6. Management of Allergies**

### **6.1 Medication**

Pupils prescribed with adrenaline pens will have easy access to two, in-date pens at all times which are stored in the medical centre in named storage pouches and accessible at all times. Spot checks will be made to ensure adrenaline pens are where they should be and in date

The school has three spare adrenaline pens too be used in accordance with government guidance. They are a single brand, are clearly signposted and distributed around the site in the:

- Medical Centre
- Boys Dorm sick bay
- Dining Hall Kitchen.

If medication has been prescribed, this will be administered as per training and in line with the school's Administering of Medicine policy. If the child becomes distressed or their symptoms become more serious an ambulance will be called.

Staff will endeavour to keep calm, make the child feel comfortable and ensure staff from the medical centre or SLT are present. If an ambulance is called and arrives before the parent/carer has arrived, or if a boarding pupil, a member of Staff will accompany the child to hospital.

## **6.2 School Trips/Off Site Activities including Sports Fixtures**

When children with known allergies are participating in school excursions or other activities away from the school site, the risk assessments must include consideration of allergies.

Staff are responsible for liaising with the medical centre to identify any child going off site whom has an allergy. No child with a prescribed adrenaline pen will be able to go on a school trip or sporting fixture without two of their own pens

Adrenaline pens will be kept close to the pupils at all times eg. not stored in the hold of the coach when travelling or left in changing rooms

Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction

For sporting fixtures the medical centre will alert the relevant school of any allergies or food preferences

## **6.3 Food handling and snacks**

All staff are to encourage all children to wash their hands before and after eating.

Boarding staff should monitor any snacks/tuck that children bring in from home to ensure that they do not contain peanuts, nuts or other known allergens. (We cannot, however, guarantee that foods do not contain traces of nuts.) Parents will also be reminded of this if they are to send in birthday cakes from home for example.

Staff should consult with parents/carers in advance about the suitability of any planned food-related activities (e.g. snacks, food sample sessions, cooking).

## **6.4 Food brought into school**

We have pupils with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food. Due to some existing pupils having an extreme allergy to nuts, we try to restrict nuts as much as possible on the site and check all foods coming into the kitchen.

## **6.5 Birthday Cakes**

It is possible for parents to send cakes that say 'may contain nuts' but NOT cakes (or anything else) that have 'nuts' listed in their ingredients. We would be grateful if parents could be mindful of children who may not be able to have nuts and perhaps send in something as a treat that they know they can eat e.g. a nut free cup cake or small bag of sweets (which would also be suitable for gluten free, dairy free etc.).

Cakes and treats must only be given to the pupils by staff who are aware of the allergies in each class.

## **6.6 WACA**

The registration forms for WACA include medical requirements including any allergy information. All staff are made aware of this and all staff are first aid trained. Any prescribed medications are collected from the medical centre at the start of the week and kept in the sports office for the weeks programme of activities.

In advance of each week of WACA, an email is sent to the parents/guardians of all children attending to advise them that we are a nut free site so snacks and packed lunches must not contain nuts.

Each day the staff are vigilant for any products that may contain nuts and as part of the daily health and safety briefing to children the staff remind them that they should have no products containing nuts and if they are unsure to check with a member of staff.

## **7. Catering in school**

The school is committed to providing a safe meal for all students, including those with food allergies.

- Due diligence is carried out with regard to allergen management when appointing catering staff
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training
- Anyone preparing food for pupils with allergies will follow good hygiene practices, food safety and allergen management procedures
- The catering team will endeavour to get to know the pupils with allergies and what their allergies are supported by all school staff.
- Food containing the main 14 allergens (see Allergens definition) will be clearly identified for pupils, staff and visitors to see. Other ingredient information will be available on request.
- Food packaged to go will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging.
- Where changes are made to the ingredients this will be communicated to pupils with dietary needs by the catering staff
- Foods with Precautionary Allergen Labelling or "May Contain" labelling will not be given to pupils with a related allergy.
- The school will avoid purchasing any foods which have nuts as an ingredient including products sold in the tuck shop
- Pupils will wash their hands before and after eating
- Sharing, swapping or throwing food is not allowed

## **8. Food preferences**

The school and catering department acknowledge the important connection between a healthy diet and a pupil's ability to learn effectively. We also acknowledge that we can play a key role in supporting the wider community to adopt a positive attitude to a healthy lifestyle.

To ensure that staff are giving consistent messages about food and health, giving pupils the information, they need to make healthy choices and promote health awareness. The catering team ensure that food provision reflects the ethical requirements of staff and pupils e.g. religious, ethnic, vegetarian, vegan, parental preferences.

The school are committed to providing a safe environment for students who wish to fast during part of, or for all of, the month of Ramadan. The school will further develop the understanding of different faiths represented in the school population, and will encourage a greater knowledge of Ramadan amongst all staff members and students.

**RAMADAN** – Ramadan is the ninth month in the Islamic calendar, and it consists of a 29–30 day period of fasting. Those who fast during Ramadan are not allowed any food or water between sunrise and sunset.

**HEALTH AND SAFETY** Parents/carers will inform the school if their child is going to participate in fasting. No oral medication can be taken by a person who is fasting: however, in an emergency the school will administer any medicine that is deemed necessary, in accordance with the School's Administering Medicine Policy.

If there are concerns about any students who are fasting, the school has an overriding safeguarding duty and will apply judgement and common sense on a case by case basis.

If any members of staff notice signs of dehydration or exhaustion in any students who are fasting, then the student will be advised, by a teacher, to terminate the fast immediately by drinking some water. They will be reassured that in this situation, Islamic rulings allow them to break their fast and make it up later.

Students who are fasting are able to partake in some physical activities, as long as they are not putting themselves at risk or danger. Students will not do strenuous exercise as they will be at high risk of headaches, tiredness and drowsiness, due to dehydration. The school will consider the possible impact fasting and late night prayers during Ramadan may have on Muslim students within the boarding houses.

The school will provide any students fasting with a supervised, quiet space to rest during their lunch hour within the retreat in the medical centre.

## **9. Insect Stings**

Pupils with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and when possible keep arms and legs covered.
- Avoid wearing strong perfumes or cosmetics
- Keep food and drink covered

The school grounds team will monitor the grounds for wasp or bee nests. Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.

## **10. Animals**

Precautions to limit the risk of an allergic reaction to animals include:

- A pupil with a known animal allergy should avoid the animal they are allergic to
- If an animal comes on site a risk assessment will be done prior to the visit
- Areas visited by animals will be cleaned thoroughly
- Anyone in contact with an animal will wash their hands after contact
- If an animal lives on site, for example in a Boarding House, parents will be made aware and consideration and adaptations will be made
- School trips that include visits to animals will be carefully risk assessed

## 11. Allergic Rhinitis/ Hayfever

Common symptoms of allergic rhinitis are similar to a cold. Common allergies include pollen, house dust mites, animals, mould, wood dust, flour and latex. The medical centre will administer antihistamine to pupils where required and report this to the parents of the pupil concerned. If symptoms persist then parents will be advised to refer to the child's GP. In the case of boarders, children will be referred to the GP used by the school.

## 12. Inclusion and Mental Health

Allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety and depression and are more susceptible to bullying.

- No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip.
- Pupils with allergies may require additional pastoral support including regular check-ins from their Tutor etc
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives
- Bullying related to allergy will be treated in line with the school's anti-bullying policy

## 13. Responding to an Allergic Reaction / Anaphylaxis

(See appendix on recognising and responding to an allergic reaction)

- If a pupil has an allergic reaction they will be treated in accordance with their care plan,
- If anaphylaxis is suspected adrenaline will be administered without delay, lying the pupil down with their legs raised as described in the Appendix. They will be treated where they are and medication brought to them.
- A pupil's own prescribed medication will be used to treat allergic reactions if immediately available.
- This will be administered by the pupil themselves [if age appropriate] or by a member of staff. Ideally the member of staff will be trained, but in an emergency **anyone** will administer adrenaline.
- If the pupil's own adrenaline pen is not available or misfires, then a spare adrenaline pen will be used.
- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or Allergy Action Plan, a member of staff will ensure they are lying down with their legs raised, call 999 and explain anaphylaxis is suspected. They will inform the operator that spare adrenaline pens are available and follow instructions from the operator. The MHRA says that in exceptional circumstances, a spare adrenaline pen can be administered to **anyone** for the purposes of saving their life.
- The pupil will not be moved until a medical professional/ paramedic has arrived, even if they are feeling better.
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff will accompany the pupil in an ambulance and stay until a parent or guardian arrives.

## 14. Asthma

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions. (See Medical Handbook for further details).



## Appendix 1 - Managing Allergic Reactions

### ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen.

Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

### MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

Response:

- Stay with pupil
- Call for help
- Locate adrenaline pens
- Give antihistamine
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil

### SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called ANAPHYLAXIS.

Anaphylaxis is uncommon, and children experiencing it almost always fully recover. In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.

### RESPONDING TO ANAPHYLAXIS

#### SYMPTOMS OF ANAPHYLAXIS

A – Airway	B – Breathing	C - Circulation
Persistent cough Hoarse voice Difficulty swallowing Swollen Tongue	Difficult or noisy breathing Wheeze or cough	Persistent dizziness Pale or floppy Sleepy Collapse or unconscious

**IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE.**

**DELIVERING ADRENALINE**

1. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
3. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
5. Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
6. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
7. Call the pupil's emergency contact.
8. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
9. Start CPR if necessary.
10. Hand over used devices to paramedics and remember to get replacements.