Time Out Club
Allergy Policy

1. Introduction

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty with breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens. It is possible to develop an allergy to a substance eg nuts, latex, penicillin, over time, even if previous exposure to the allergen did not result in an allergic or anaphylactic reaction.

Common UK Allergens include (but are not limited to):
Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how Time Out Club will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in the Club.

2. Role and responsibilities

Parent Responsibilities

- On registration with Time Out Club, it is the parent's responsibility to inform the Club of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication. This should be done via the Medical Form on our software system, iPAL.
- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to the Club. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep Time Out Club up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

- All staff will complete anaphylaxis and allergen training via our training platform, Flick Learning. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- An index with photos of all children with medical needs will be maintained by management and kept inside the Time Out first aid cupboard, always accessible to all staff. This index will be included in new staff inductions and referenced each school term in staff meetings.
- Staff must be aware of the children at the Club who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- The Club Manager will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication in individual containers in the First Aid cupboard.
- It is the parent's responsibility to ensure all medication is in date, however the Club manager will check medication kept at Time Out Club on a termly basis and send a reminder to parents if medication is approaching expiry.
- The Club Manager keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI). A record of use of any AAI(s) and emergency treatment will be made on iPAL.

3. Allergy Action Plans

Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline autoinjector. It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the Club.

4. Emergency Treatment and Management of Anaphylaxis

What to look for:
Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Action:

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis).**
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

5. <u>Supply, storage and care of medication</u>

Medication is stored in the wall-mounted first aid cupboard in the Time Out Room, clearly labelled with the pupil's name and accessible to all staff. The pupil's medication storage container should contain:

- AAI i.e. EpiPen® or Jext® or Emerade®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the Club Manager will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

Storage
AAIs are stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal
AAIs are single use only and must be disposed of as sharps. Used AAIs must be given to ambulance paramedics on arrival.

6. Staff Training

The named staff members responsible for co-ordinating staff anaphylaxis training and the upkeep of the Club's anaphylaxis policy are Diane Fensome and Anna Read.

All staff will complete anaphylaxis and allergen training on Flick Learning at the start of every new academic year. Training is also available on an ad-hoc basis for any new members of staff.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date
- A practical session using trainer devices (these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk and www.emerade-bausch.co.uk)

7. Inclusion and safeguarding

Time Out Club is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported so that they can fully enjoy their time at the Club.

8. Catering

All food businesses must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The Club Manager and all staff are aware of children with food allergies.

Parents/carers can meet with the Club Manager to discuss their child's needs if necessary.

Children are not allowed to bring any food into the Club at any time.

The Club adheres to the following Department of Health guidance recommendations:

- Where food is provided by the Club, staff are educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. Time Out has a separate toaster for gluten-free food preparation.
- Food is not given to primary school age food-allergic children without parental engagement and permission. Specific consent will be required for food from external providers (e.g. pizza delivery at Club parties).
- Use of food in crafts is carefully considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

9. Allergy awareness and nut bans

Time Out Club, and Manland Primary School where it operates, are nut-free. Staff are aware that nuts are only one of many allergens that could affect pupils, and no club could guarantee a truly allergen free environment for a child living with food allergy.

10. Risk Assessment

Time Out Club will conduct an individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

11. Useful Links

Anaphylaxis UK - https://www.anaphylaxis.org.uk/

Safer Schools Programme - https://www.anaphylaxis.org.uk/education/saferschools-programme/

AllergyWise for Schools online training - https://www.allergywise.org.uk/p/allergywise-for-schools1

Allergy UK - https://www.allergyuk.org

Resources for managing allergies at school - https://www.allergyuk.org/living-withan-allergy/at-school/

BSACI Allergy Action Plans - https://www.bsaci.org/professionalresources/resources/paediatric-allergy-action-plans/

Spare Pens in Schools - http://www.sparepensinschools.uk

Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Health Guidance on the use of adrenaline auto-injectors in schools - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) https://www.nice.org.uk/guidance/qs118

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834