



# BERKHAMPSTEAD SCHOOL

## **Accident, First Aid and Medical Conditions Policy**

Many children and staff will at some time become unwell at school, have a condition that requires medication or have an accident that requires First Aid. Our school is an inclusive community that supports the pupils to be healthy, stay safe and be prepared for moving onto their next school. This policy outlines the procedure concerning :

1. **Reporting of Injuries, Diseases and Dangerous Occurrences**
2. **First Aid Procedures**
3. **The Administration of Medicines**
4. **Supporting pupils with medical conditions**

### **1. Reporting of Injuries, Diseases and Dangerous Occurrences**

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) require that employers report all fatal and specified major injuries, any injuries that result in the inability of an employee to work more than 3 days, or any injury which results in a person being admitted to hospital for more than 24 hours. The regulations relate to any employee or other person within the school or engaged upon an activity arranged by the school.

Under the requirements of the Regulations, where someone dies or suffers a specified major injury or condition, or there is a dangerous occurrence, as defined in the Regulations, the school has to notify the Health and Safety Executive (HSE) immediately by the quickest practicable means. In practice, compliance with either of these provisions will normally mean a telephone call to the Incident Contact Centre (ICC) on 0845-300-9923 during normal office hours. The ICC operator will complete a report form over the phone and a copy will be sent to the school.

A schedule of injuries and conditions which are required to be reported is as follows:

### **Reportable Major Injuries**

- fracture other than to fingers, thumbs or toes
- amputation
- dislocation of shoulder, hip, knee or spine
- loss of sight (temporary or permanent)
- chemical or hot metal burn to the eye or any penetrating injury to the eye
- injury resulting from an electric shock or electrical burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours
- any incident leading to hypothermia, heat induced illness or unconsciousness or requiring resuscitation or requiring admittance to hospital for more than 24 hours
- unconsciousness caused by asphyxia or exposure to harmful substances or biological agent
- acute illness requiring medical treatment or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin
- acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.

### **Reportable Over-Three-Day Injuries**

If there is an accident connected with work (including an act of physical violence) and an employee, or a self-employed person working at the school, suffers an over-three-day injury it must be reported to the enforcing authority within ten days.

An over-three-day injury is one which is not “major” but results in the injured person being away from work or unable to do the full range of their normal duties for more than three days.

### **Reportable Dangerous Occurrences (near misses)**

- collapse, overturning or failure of load-bearing parts of lifts and lifting equipment
- explosion, collapse or bursting of any closed vessel or associated pipe work
- electrical short circuit or overload causing fire or explosion
- any unintentional explosion, misfire, failure of demolition to cause the intended collapse, projection of material beyond a site boundary, injury caused by an explosion
- accidental release of a biological agent likely to cause severe human illness
- collapse or partial collapse of a scaffold over five metres high, or erected near water where there could be a risk of drowning after a fall
- dangerous occurrence at a well (other than a water well)
- when a dangerous substance being conveyed by road is involved in a fire or released
- unintended collapse of any building or structure under construction, alteration or demolition where over five tonnes of material falls, including a wall or floor in a place of work, any false work

- explosion or fire causing suspension of normal work for over 24 hours
- sudden, uncontrolled release in a building of 100kg or more of flammable liquid, 10kg of flammable liquid above its boiling point, 10kg or more of flammable gas or 500kg of these substances if the release is in the open air
- accidental release of any substances which may damage health.

### **Reportable Diseases include**

- poisonings
- skin diseases such as occupational dermatitis, skin cancer, chrome ulcer, oil folliculitis/acne
- lung diseases including occupational asthma, farmer's lung, asbestosis, mesothelioma, pneumoconiosis
- infections such as leptospirosis, hepatitis, anthrax, legionellosis, tuberculosis and tetanus
- other conditions such as occupational cancer, certain musculoskeletal disorders and hand-arm vibration syndrome.

### **Reporting an Incident**

Detailed guidance is available at [www.hse.gov.uk](http://www.hse.gov.uk). The approved forms (see appendices) to be used for making reports under the requirement of the regulations are:

- **Form F2508**, to be used for reporting deaths, injuries and dangerous occurrences
- **Form F2508A**, to be used for reporting cases of disease and attached to the above.

The report form will be completed by the Bursar who shall then, with the endorsement of the Chairman of Governors, forward it to the Health and Safety Governor.

All accidents involving members of staff, contractors on site, etc are to be recorded in the Accident Report Form, located in the School Office or any staff room. It is a requirement under the Social Security Act of 1975, that all minor, major and reportable accidents of staff at work, are recorded irrespective of whether first aid treatment is given or not.

### **Report of Accident to Children**

Relatively serious accidents involving children are to be recorded on the Accident Record Form for Children (Green) located in the Office or staff rooms. Incidents covered by this form are those which require medical attention inside the school or if the child is sent home. These forms are kept in a file in the office and reviewed by the Estates Manager. The Estates Manager will decide if further investigation is required and by whom that investigation shall be carried out.

In Early Years and Pre-Prep, parents are informed of any injuries requiring treatment and an Accident Record Form is signed by the parent. Wristbands are put on children's wrist to warn parents that the child was given a green accident form in school which needs to be signed off by the parent on collection of their child. The wristband will be put on the child's wrist after they have been treated as a reminder for the end of the day. They are made of paper so can be cut off when the child gets home.

In Prep, minor injuries do not warrant an Accident Record Form. More serious injuries are recorded on the green form which is signed off by the parent in the same way as for Pre-Prep.

Parents are always advised of incidents concerning head injuries and will be issued with a green form and head bump note.

### **Report of Major Accident to Children/Non-Employees**

All major accidents, reportable diseases and dangerous occurrences, are also to be recorded on the Accident Record Form. The Accident Record Form should be attached to the completed copy of Form F2508 or F2508A, as appropriate, and submitted to the Bursar who will send the information to the governors. Copies of both forms should be retained by the school.

### **Report of Violent, Abusive or Threatening Behaviour**

An employee is required to report any act of violence, abusive or threatening behaviour arising out of or in connection with work and directed towards him/her by any person – including children, students, colleagues, members of the public, etc to the Executive Head or Head of School, who will decide on the appropriate course of action.

### **Monitoring and Review**

An analysis of the Accident Report Forms will be undertaken at regular intervals by the Estates Manager and considered by both the school management and Board of Governors for further consideration.

## **2. First Aid Procedures**

The Health and Safety (First Aid) Regulations 1981 (SI 1981 No. 917) state “an employer shall provide, or ensure that there is provided, such number of suitable persons as is adequate and appropriate in the circumstances for rendering first aid to his employees if they are injured or become ill at work”.

The school will ensure that these regulations are adhered to and that all our staff feel confident in knowing what to do in an emergency. Parents will be contacted if medical assistance is thought necessary. However, should no parent be available, medical assistance will be sought by the school and the child will be accompanied to the doctor / hospital by a member of staff.

The school seeks to ensure that as many staff as possible have received training on a first aid course recognized by the Health and Safety Executive for work places and all staff are offered an on-line Basic First Aid for Appointed Persons course. In addition, the DFE guidance on First Aid in School and Early Years specifies that “at least one person who has a current paediatric first aid certificate must be on the premises at all times when children are present. There must be a least one person on outings who has a current paediatric first aid certificate. These requirements apply to all children up to the age of 5. Pre-Prep and Reception staff are trained as appropriate.

Our EY paediatric first aiders are:

Mrs Jenna Gargan  
Mrs Amy Moore  
Mrs Mel Main  
Miss Rose Baker  
Miss Stephanie Wootton  
Miss Gemma Baker  
Mrs Bhavna Amlani  
Mrs Lydia Stoa  
Miss Jessica Griffiths  
Mrs Naomi Books-Hughes  
Mrs Jackie Addis

It is important that all staff are made aware of who the first aiders are in their area, in order that a first aider can respond in the event of an accident.

**A First Aider should be summoned immediately in the case of a minor accident. Use the First Aid box located nearest to the accident.**

**In the event of a serious accident, call 999 and summon an ambulance. In the case of injury to a pupil their parent / guardian (or other appropriate adult) should be contacted too. If the pupil is taken to hospital, he/she should be accompanied by an appropriate adult, or a member of staff if no one else is available.**

### **Administering First Aid**

The School office is staffed during term-time from Monday to Friday between 8:00am and 4:30pm. While the School office staff are normally available to deal with any First Aid required, occasionally other staff may be required to assist with minor injuries, if they have completed a Basic First Aid for Appointed Persons Course.

### **First Aid Equipment**

In addition to the comprehensive facilities found in the First Aid Room, First Aid equipment is also available from:

Kindergarten - Cloakroom  
Reception – outside Staff Room  
Pre-Prep – Year 2 Cloakroom, outside Science Lab  
Prep – Staff room  
Kitchen  
All minibuses  
Estates van

There are widely distributed posters around the school showing the location of First Aid kits. The First Aid kits are checked regularly by the Office staff.

Games staff have their own First Aid Kits to take to matches. First Aid Kits for use on outings are available.

Each First Aid Kit will contain sufficient quantities of suitable First Aid material and nothing else and will be appropriate to the area it serves e.g. vomit bags which may be added for school trips and outings. Contents of the box will be replenished as soon as possible after use in order to ensure an adequate supply of all materials. Anyone using supplies, therefore, should notify the Office immediately.

A defibrillator has been installed at the entrance of the Pre-Prep building. Electrodes for adult and children are included. The Estates Manager is required to confirm monthly to the Ambulance Authority that the defibrillator is in full working order.

### **3. The Administration of Medicines**

The office staff at Berkhamstead School care for all pupils, meeting their medical requirements, as necessary. All staff complete an on-line First Aid Appointed Persons Course.

The Office is staffed during term-time from Monday to Friday between 8:00am and 4:30pm. Office staff ensure care for the pupil as a whole, maintaining confidentiality, but also keeping parents and the school informed when appropriate.

All parents are requested to complete, before entry, a comprehensive Medical Information Form for their child, detailing past and current medical conditions and allergies.

Medical and health records are kept securely in pupils' files. If pupils are ill during the day, they are taken to the Office.

#### **Procedure for Pupil to be Sent Home**

If the Office or teaching staff believe that the pupil is not well enough to be at school, he/she will:

- ring the parents and arrange for the child to be taken home
- if necessary a bed is available in the First Aid Room which is located in the Pre-Prep building to allow the pupil to rest if it is not possible for him/her to be collected.

#### **Hygiene and Infection Control**

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. If any area of the school is infected with body fluids, the area is cordoned off by a notice or tape, if appropriate, until it can be deep cleaned. Notices are available from the staff rooms. The Estates Manager should be called.

#### **Guidelines for the Administration of Medication**

Before the administration of any medicines, the school should have been given clear and precise instructions from parents on the Medication Form and medicine containers should have the dosage and pupil's name clearly marked on them. If in doubt, the parent must be contacted prior to administration. Medication Forms can be obtained from the School Office.

The above also applies to the use of asthma inhalers and medication for anaphylaxis (see separate section below).

Medicine is delivered to the office by the child's parent and the Medication Form is completed. The medicine may be administered by the School Office staff or the teaching team.

### **Procedure to be followed when Administering Medication**

- Confirm the identity of the pupil by asking him/her to tell you his name
- Check that the medicine to be administered has the correct name of the pupil on it
- Carefully read the instructions on the prescribed medicine and written instructions from the parent
- Administer medicine as instructed
- Sign the Medication Form and state the time and the amount of medicine given.

Always check whether the medicine should be kept at room temperature or in the fridge. It is the responsibility of the pupil to remember to come for his/her medicine at the correct time; however, members of staff will assist in this. The school will ensure that medication is stored safely. Children with medical conditions know where it is stored.

It is the responsibility of the parent to collect the medicine at the end of the school day and, for medicines which are kept at school i.e. inhalers and Epipens, that these are still within the expiry date.

### **Disposal of Medicines**

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. Parents are asked to collect all medication at the end of the term and provide in date medication for the next term. The school aims to store medication that is in date and labelled in its original container where possible. Needles and other sharps are disposed of in sharps boxes and collected and disposed of in line with local procedures.

### **Common Medical Conditions**

The guidelines on the following pages set out the procedures to be followed in the event of a pupil suffering from Asthma or Anaphylaxis. Further information will be provided on other medical conditions, including diabetes.

### **Record Keeping**

- When a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their Pupil Information form. Parents are required to update the School Office of any changes.
- All parents/carers of children with asthma are consequently sent a School Asthma Card to complete. Parents are asked to return them to school. The School Asthma Cards are held with the Emergency Asthma Kits. From this information, the school keeps its asthma register, which is available to all staff. This will include information about the dose, triggers and where the inhaler and spacer are to be stored.

- The school uses an Individual Health Care Plan (IHP) to record and support individual pupil needs around their medical condition. These are developed with parents, school staff and relevant healthcare professional eg diabetes nurse.
- IHP's are kept centrally and reviewed regularly and follows GDPR regulations.
- Parents are required to update the School Asthma Cards annually or at any point that their child's medication or dose changes during the year.
- Medical conditions are recorded on iSAMS/CPOMS and teachers informed.
- The school office will contact parents when an inhaler is about to expire and again once it has expired if it is not replaced.
- The school meets with parents and relevant healthcare staff where appropriate prior to residential trips to discuss and make a plan for any extra requirements needed for that child.
- The school keeps a record of all medication administered.

## **Asthma Policy**

### **Introduction**

Berkhamstead School positively welcomes all pupils with asthma. We recognise that asthma is a widespread, serious but controllable condition affecting many pupils at the school. We encourage pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, their employers and pupils. Supply teachers, new staff and trainees are also made aware of the policy.

### **Aims**

The school aims to:

- recognise that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma
- ensure that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out-of-hours school activities
- recognise that pupils with asthma need immediate access to reliever inhalers at all times
- keep a record of all pupils with asthma and the medicines they take
- ensure that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma
- ensure that pupils understand asthma and its triggers
- ensure that all staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in an asthma attack
- understand that pupils with asthma may experience bullying and has procedures in place to prevent this
- work in partnership with all interested parties including the school's governing body, all school staff, parents/carers, employers of school staff, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

### **Asthma Medicine**

- Immediate access to reliever medicines is essential. Children with asthma always have access to an inhaler. Pupils who experience frequent attacks of asthma



are encouraged to carry their reliever inhaler and spacer as soon as the parent/carer, doctor or asthma nurse and class teacher agree they are mature enough. Parents are asked to name and label all inhalers. Inhalers and spacers for specific children are kept in the First Aid Room, Early Years and Prep First Aid Cabinet.

- School staff administer asthma medicines to younger pupils. School staff will let pupils take their own inhalers with spacers when they need to.
- School staff are trained in the correct administration of inhalers and spacers.

### **Exercise and activity – PE and Games**

- Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma.
- Pupils with asthma are encouraged to participate fully in all PE lessons.
- Teachers ensure pupils are thoroughly warmed up and down before and after the lesson to prevent asthma attacks. If a pupil needs to use their inhaler and spacer during a lesson they will be encouraged to do so.
- Pupils with asthma will not be forced to take part in activity if they feel unwell. They will also not be excluded from activities that they wish to take part in if their asthma is well controlled.
- If a pupil has asthma symptoms while exercising, allow them to stop, take their reliever inhaler and, as soon as they feel better, allow them to return to activity. (Most pupils with asthma should wait at least 5 minutes).
- Classroom teachers follow the same principles as described above for games and activities involving physical activity.
- All children requiring an inhaler and spacer must take it to a Games/PE lesson with them. Teachers will check that pupils have them and that they are brought back into school and returned to the office if this is where they are stored.
- Only children who need their inhaler frequently take it to offsite games sessions. If necessary, a child having an asthma attack can use an emergency inhaler (kept in the First Aid bags).

### **Asthma Attacks**

- All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack.
- Staff are appropriately trained to recognise an asthma attack.
- In the event of an asthma attack the school follows the procedure outlined by Asthma UK in its School Asthma Pack.
- **If there are no signs of improvement in a child suffering from an attack an ambulance will be called without delay**

### **Staff Roles and Responsibilities**

All school staff have a responsibility to:

- understand the school asthma policy
- know which pupils they come into contact with have asthma
- know what to do in an asthma attack and follow emergency procedures
- allow pupils with asthma immediate access to their reliever inhaler
- tell parents/carers if their child has had an asthma attack

- tell parents/carers if their child is using more reliever inhaler than they usually would
- ensure pupils who frequently suffer from asthma take their medicines with them when they go on a school trip or out of the classroom
- liaise with parents/carers and special educational needs coordinators or Learning Support & Special Educational Needs Department if a child is falling behind with their work because of their asthma.

### **Pupil Roles and Responsibilities**

Pupils have a responsibility to:

- Treat other pupils with and without asthma equally
- Ensure a member of staff is called when another pupil has an asthma attack
- Tell an adult when they are not feeling well
- Treat asthma medicines with respect
- Know how to gain access to their medicine in an emergency
- Know how to take their own asthma medicines

### **Parents' Roles and Responsibilities**

Parents and carers have a responsibility to:

- Tell the school if their child has asthma
- Ensure the school has a complete and up-to-date school asthma card for their child
- Inform the school about any medicines their child requires during school hours
- Inform the school of any medicines the child requires while taking part in visits, outings or field trips and other out-of-school activities such as school team sports and complete the required paperwork
- Tell the school about any changes to their child's medicines by updating the School Asthma Card
- Inform the school of any changes to their child's asthma (for example, if their symptoms are getting worse or they are sleeping badly due to their asthma) by updating the School Asthma Card
- Ensure the child's reliever inhaler and spacer is labelled with their child's name
- Keep their child at home if they are not well enough to attend school
- Ensure their child has regular asthma reviews with their doctor or asthma nurse (every 6 to 12 months)
- Ensure their child has a written personal asthma action plan to help them manage their child's condition
- Ensure that asthma medicine is "in date".

### **Use of Emergency Inhalers**

The school holds 11 salbutamol inhalers which are distributed around school for use in an emergency at school or on a trip. These kits are checked on a termly basis by the School Office. These will only be given to children who have written parental permission for them to use the emergency inhaler. They will only be given to children who are already diagnosed with asthma and prescribed an inhaler. They will only be used if the child does not have

their own inhaler or it is faulty or empty. (See Guidance on the Use of Emergency Salbutamol Inhalers in Schools, March 2015).

## **HOW TO RECOGNISE AN ASTHMA ATTACK**

The signs of an asthma attack are

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

## **CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD**

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

## **WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK**

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at **ANYTIME** before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE**

If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

## **Anaphylaxis Protocol and Epipen Policy**

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to certain substances to which one is sensitive e.g. nuts, latex or wasp stings. The reaction may be mild, disappearing without treatment, or it may become severe and life threatening.

### **Mild symptoms**

- Headache
- Itching
- Feeling unwell.

### **More severe symptoms**

- Red, itching areas on skin (urticaria)
- Weakness
- Dizziness
- Vomiting
- Hoarseness and difficulty breathing
- Rapid, weak pulse and falling blood pressure
- Swelling of the face, neck and lips (angio-oedema)
- Loss of consciousness.

### **Procedure for Dealing with Mild Anaphylaxis**

- Assess the symptoms and observe the pupil
- Take him/her to a quiet area to observe
- Sit / lie in a position that is comfortable to him/her
- He/she should be given some Piriton tablets / syrup depending on his/her age and level of anaphylaxis
- Observe his colour, mental awareness, respirations and pulse
- Note any rash to see if it is becoming worse
- Record all observations to hand to Emergency Staff if required
- Contact parents and inform them of the situation
- The pupil should be observed in the office for as long as the office staff feels he/she is at risk of developing further symptoms. If he/she recovers, the parent should be advised to make an appointment with the GP at the first available opportunity.

### **Procedure for the Management of Severe Anaphylaxis**

- Having assessed the patient, lie him/her down on a flat surface in the recovery position
- Ascertain if he/she has an Epipen / Anapen. If so, follow the procedure for administering the injection
- An Epipen / Anapen is an injection which is pre-loaded with adrenalin (the drug of choice for anaphylaxis). It should be administered in the outer side of the thigh, midway between knee and hip (if necessary, through the clothing). The administration of this medication is safe and, even if it is given through misdiagnosis, it will do no harm
- Following the emergency treatment, dial 999 for an ambulance (if a second person is present, the call will be made earlier). Ensure that someone is at the gate to direct the ambulance
- Ensure that parents have been notified
- Maintain constant observation of the patient at all times. All observations must be recorded.
- If the pupil has not improved after 5 to 10 minutes, a second Epipen / Anapen can be safely administered
- External cardiac massage and artificial respiration may have to be commenced if total collapse ensues.

## **Epipen Policy**

The school office will, to the best of their ability, ensure that all staff are kept informed of any pupil who may suffer from Anaphylaxis. Updates are given annually or, if needs be, more frequently, on the Medical Information Sheet. Regular education and training will be given to all members of staff regarding the administration of the Epipen. Epipens / Anapens will be kept in staff rooms next to the First Aid boxes. Access to this room is always available. Parents are responsible for ensuring that Epipens / Anapens are kept within their expiry date. If a pupil attends a school trip or match tea, two Epipens / Anapens must go with him/her.

## **Allergy Policy**

At Berkhamstead School, we are aware that children may have allergies which can cause allergic reactions. We will follow this policy to ensure, where possible, allergic reactions are prevented, and staff are fully aware of how to support a child who may be having an allergic reaction. Information passed on through parents from the registration form regarding allergic reactions and allergies must be shared with all staff in the school.

Childhood allergy is now a recognised problem for children and parents across the country. It is now accepted that allergies have the potential to be a debilitating condition. 50% of children in the UK have allergies, and for those affected this can mean a daily battle of trying to keep symptoms under control.

## **Allergies**

This is when the body has a reaction to a protein (e.g. foods, insect stings, pollens) or other substance (e.g. antibiotic). These substances are called allergens, and for most people they are harmless. Common things that children are allergic to include: food (e.g. peanuts, tree nuts, milk, eggs, wheat and fish), pollens from tree and grasses, house dust mite and insect stings.

- Allergic symptoms can affect the nose, throat, ears, eyes, airways, digestion and skin in mild, moderate or severe form. Symptoms of allergy affect many children on a daily basis, and the impact these symptoms have on a child's general health and well-being can go largely unnoticed until they have been suffering with the problem for some time.
- The consequences of suffering with one, or several, of these symptoms every day can cause a child to struggle with their schooling and other general abilities. Concentration levels can be reduced from lack of sleep, or simply from dealing with the symptoms.
- When a child first shows signs of allergy it is not always clear what has caused the symptoms, or even if they have had an allergic reaction, since some allergic symptoms can be similar to other common childhood conditions. However, if the allergic reaction is severe, or if the symptoms continue to re-occur, it is important that their symptoms are investigated. The most important fact to remember is that if a child does develop an allergy, with early diagnosis and treatment of this condition, it will be easier to manage the symptoms and help minimise their effects on the child's daily life.

## **Pollen and Hay fever**

The prevalence of hay fever in the UK is one of the highest rates worldwide. The typical symptoms of frequent sneezing, runny and itchy nose and eyes are often considered to be

trivial, but has many impacts on the individual in many ways, including a decrease in the quality of life. If uncontrolled it can develop into asthma. Some pollen can be in the air in all months of the year and fungal spores can be abundant in the summer and autumn. Summer is the worst time of the year for most hay fever sufferers. Grass pollen is by far the most important allergenic pollen in the UK, affecting about 95% of people with pollen allergy. A person could be allergic to one, several or many types of pollen and spores. However, whatever the trigger, the allergic reaction and the potential resulting symptoms are basically the same.

## **Food Allergy and Food Intolerance**

- **A food allergy** is a reproducible adverse reaction to a particular food which involves the immune system. Reactions can range from relatively mild, such as skin irritation, through to the most severe form of reaction that may cause anaphylaxis. Approximately 5-8% of children have a food allergy (FSA 2006). Food allergies occur when the body's immune system acts against a protein within a food known as the allergen. Antibodies are produced as part of this response and a complex chain of events leads to the release of histamine. This causes symptoms such as eczema, asthma, rashes, rhinitis, conjunctivitis, and in its most severe form, life threatening anaphylaxis. Symptoms are often seen within minutes to hours after exposure to the allergen.

- **A food intolerance** does not involve the immune system and is rarely life threatening. Reactions tend to occur hours or days after ingesting the culprit food. The reaction is due to an inability to properly digest a food. The most common childhood food intolerance is lactose intolerance, where the body doesn't produce enough lactase (the enzyme that breaks down lactose), the sugar found in milk. The majority of cases of lactose intolerance are 'secondary', meaning that the intolerance has arisen due to another infection, usually rotavirus or some form of gastroenteritis which has damaged the gut lining. Symptoms of food intolerance vary enormously but include nausea and vomiting, diarrhoea, abdominal pain, skin irritation and changes to the mucus linings of the nose and throat.

- **Food allergy or intolerance?** In 2008 the Food Standards Agency commissioned the University of Portsmouth to investigate the prevalence of childhood food allergies. The findings suggested that parents are too quick to blame food allergies for every rash, tummy upset and change in behaviour they see in children. The study of over 800 babies found that over one third of parents said their baby was allergic or intolerant to one or more foods. After monitoring the children until they were three, the actual number of children with food allergies was just 60 – suggesting some had grown out of their allergies, which is common, but also that many parents were mistaken in their diagnosis. In reality, the number of children with true food allergies sits at about 5–8 per cent of the under-fives population. In 2010 the UK's first guidelines for the diagnosis and management of food allergies in children were drafted by the National Institute for Clinical Excellence (NICE). NICE stresses that high street allergy testing is not valid as a diagnosis of food allergy. The only recognised, evidence-based allergy tests are a RAST (radioallergosorbent test) blood test and skin prick testing. NICE states that inaccurate diagnosis can put children at risk of nutritional deficiency through inadequate dietary intakes when foods are excluded unnecessarily.

## **Anaphylaxis**

The most common cause is eating a food to which you're allergic. Peanuts and tree nuts (such as almonds, Brazil nuts, hazelnuts and walnuts) are the foods most likely to provoke a reaction. Anaphylaxis can also be triggered by fish, shellfish, eggs and cow's milk. Even eating a tiny amount of a particular food can cause anaphylaxis. Allergy from bee and wasp stings can cause anaphylaxis too, as can allergy to latex rubber and drugs such as antibiotics. Certain anaphylaxis-prone individuals are unable to identify any obvious trigger. The anaphylaxis can occur for no apparent reason and is called idiopathic anaphylaxis.

## **Symptoms of anaphylaxis**

The initial reaction is swelling and itching of the area the allergen has entered. So food initially causes swelling and itching of the mouth and throat, while a wasp sting will cause intense itching and swelling around the sting. A generalised reaction rapidly follows within minutes and a raised itchy rash spread over the whole body. The face and soft tissues begin to swell, and breathing becomes difficult as the throat closes. The person becomes very agitated – people describe a 'feeling of impending doom' - and their blood pressure begins to drop. At this point the victim collapses and loses consciousness. Children tend to develop wheezing and fatal airway obstruction. Food-allergic children with coexistent asthma have a higher anaphylaxis risk. In anaphylaxis, the symptoms develop within a few minutes of contact with the allergen, so immediate treatment is essential.

## **Anaphylaxis treatments**

Anaphylaxis requires emergency treatment because the symptoms of respiratory obstruction and shock develop so quickly. An injection of adrenaline must be given to raise blood pressure, relieve breathing difficulties and reduce swelling. As long as this is done promptly, people normally recover quickly, but anyone who's had anaphylaxis should go to hospital for observation regardless. They may need further treatment - such as antihistamines, corticosteroids and, occasionally, oxygen and intravenous therapy - when the adrenaline wears off.

## **Aims**

We aim to:

- Make sure we know which children suffer from an allergy
- Display this information in all areas food is prepared and served
- Formulate Allergy Care Plans for children with severe allergies
- Make sure our staff are made aware of the potential hazards from the use of severe allergens such as nuts and nut products
- Provide alternative food items for children with food allergies
- Clearly label food containing allergens
- Be aware of accidentally transferring food from one dish to another via cooking equipment or cooking media
- Obtain information from catering suppliers as to whether ingredients or flavourings used in their products contain allergens
- Provide staff training in dealing with allergies and first aid

## Procedures

- Staff will find out if the child has any allergies before the child starts school.
- Parents will be advised that we need a letter from their doctor or dietitian to confirm the child's allergy and to give us information about:
  - ✓ How to prevent exposure to allergens
  - ✓ How to recognize the symptoms of allergic reaction
  - ✓ How to treat the allergic reaction
  - ✓ If the child requires any specialist nutrition products
- The confirmation letter must be in place before the child can be left unaccompanied in school. We will not diagnose allergies ourselves or eliminate foods from a child's diet without medical advice.
- The key person will complete an Allergy Care Plan with the parent prior to the child starting the school. The information will then be shared with all staff
- The School will liaise with the medical nursing service if relevant training is needed (e.g. epi-pen use – see also Medication policy) and to draw up a Health Care Plan (to be appended to the Allergy Care Plan)
- Parents will be asked to arrange for Berkhamstead School to have appropriate medication (if necessary) on site
- We will ensure there is proper storage of medication and equipment.
- We will provide, wherever possible, alternative nutritious food substitutes in the case of a food allergy. If the substitute is difficult to source, we will ask the parent to provide the substitute or ask their dietitian for an alternative brand.
- The food will be clearly labelled and stored
- A list of children with food allergies will be posted in any food preparation or serving area (care will be given to confidentiality issues).
- If helpful, the School will liaise with the dietitian to ensure that children with multiple food allergies, and staying for meals, have a nutritious and varied diet.
- Staff will refer to the food allergies list and ensure that children with food allergies avoid contact with food that may cause an allergic reaction.
- The list will be updated each half term by the office. Staff must inform the office of any new information on or before the first Friday in each half term
- Allergy Care Plans and medication will be taken on educational visits.
- Staff will promptly take proper steps outlined in the Allergy Care Plan if a reaction occurs in school.
- If we ever notice unusual symptoms such as a rash or vomiting after eating, or symptoms identified in the allergy care plan, swelling of the child's mouth or face, breathing difficulties during or after eating, or if a child has an allergic reaction to a bee sting, plant etc; a First Aid trained member of staff will administer the appropriate treatment and parents will be informed.
- If this treatment requires specialist treatment, e.g. an epi-pen, then at least two members of staff will receive specific medical training to be able to administer the treatment to the child
- If the allergic reaction is severe, a member of staff will summon an ambulance immediately. DO NOT attempt to transport the sick/injured child in your own vehicle
- Whilst waiting for the ambulance, contact the emergency contact and arrange to meet them at the hospital. A sick child needs family; therefore every effort should be made to contact a family member as soon as possible



- A senior member of staff will accompany the child and collect together registration forms, relevant medication sheets, medication and child's comforter
- Staff will remain calm at all times; children who witness an allergic reaction may well be affected by it and will need lots of cuddles and reassurance.

### **Allergy Care Plans**

- An Allergy Care Plan will be provided for all children with allergies. The School will liaise with health care providers if relevant training and a Health Care Plan is needed (e.g. for epi-pen use)
- The Key person will review the Allergy Care Plan each term and update if necessary
- The Allergy Care Plan will detail how the child's allergies will be managed on a day-to-day basis and what to do in the event of an allergic reaction. The Allergy Care Plan will give information about the allergy, with a clear description of what the child is allergic to and an outline of what symptoms the child shows when having an allergic reaction.
- If the child needs regular treatment during the day to keep symptoms in check - such as eye drops during the hay fever season, or cream for atopic eczema, then the plan should state how often the treatment should be given and who will be responsible for giving it.
- Berkhamstead School will refer to the letter from the child's GP or dietitian, which should state the treatment prescribed for the child. This will be kept with the Allergy Care Plan so that it can be referred to at any time.

### **Reintroducing foods to diet**

If a parent would like to try re-introducing a food into their child's diet, where the child was previously thought to have an allergy, then the parent must try this at home and have success over several occasions before asking the school to re-introduce the food. Such request from the school must be in writing before we will re-introduce it at school.

### **Nut Ban**

At Berkhamstead School, we have chosen to remove nuts from menus and ask that nuts are not brought into the teaching areas in school premises or on school educational visits. Young children are not yet mature enough to be responsible for managing their condition by avoiding allergens, and so by limiting their availability at school, this may reduce the number of allergy related incidents. We will, however, make parents/carers aware that this approach may induce a false sense of security for those children with a nut allergy, and does not teach children avoidance strategies for outside of school where they may come in contact with nuts. We will make parents/carers aware that there is no absolute guarantee that a nut ban will ensure there are no nuts in the teaching areas on school premises.

### **Equal Opportunity**

We will actively promote an awareness of allergies across the school. Staff will differentiate school activities, including food related activities, through resources, support or expectation to meet the needs of the individual children.

### **Staff CPD opportunities**

We want to ensure that all staff feel confident and comfortable to support children with allergies. We will do this by providing:

- Staff training opportunities in planning meetings, staff meetings, INSET days
- Relevant books, handouts and early years professional magazines to borrow

### **Responsibility, management and coordination**

- The Bursar, the Day Nursery Managers and members of the SMT have overall responsibility for the implementation of this policy in conjunction with staff with first aid training, which in the case of our school is all our staff members.
- Please note that all staff are expected to take responsibility for the maintenance of their key child's additional resources

### **The 'Big 14' Allergens**

- Celery (including stalks, leaves, seeds and roots)
- Gluten (as well as bread, this will also include batter, breadcrumbs, cakes, couscous and pasta)
- Crustaceans (crabs, lobsters, scampi, prawns)
- Eggs (including mayonnaise, cakes, quiche)
- Fish (often found in salad dressings, sauces and on pizzas)
- Lupin (a flower sometimes used in bread)
- Milk (including butter, cheese, cream and yogurt)
- Molluscs (including mussels and squid)
- Mustard (often found in breads, curries, marinades and salad dressings)
- Nuts (not to be confused with peanuts which are a legume and grow underground)
- Peanuts (often used in biscuits, cakes and curries)
- Sesame seeds (used to dust hamburger buns, and found in humus)
- Soya (found in bean curd, edamame beans, miso paste and sometimes even in ice cream)
- Sulphur dioxide / sulphites (an ingredient often used with dried fruit such as raisins dried apricots and prunes)

### **Medical Conditions**

Our school provides all pupils with medical conditions the same opportunities as others at school. We understand that certain medical conditions are potentially life-threatening especially if poorly managed or misunderstood.

All staff receive training on the impact that medical conditions can have on pupils in our school. Particularly staff members are given responsibility as a first port of call to children with particular medical conditions such as diabetes. The school makes sure that there are enough staff trained to cover any absences or other circumstances. The school will ensure that a trained member of staff is available to accompany a pupil with a medical condition on an offsite visit, such as a trip or sports match and for residential trips.

The school will advise parents immediately if there are any issues, including misuse of medication and parents are advised to let school know if the child's needs change. Children with particular conditions, such as diabetes carry their emergency equipment and medication with them at all times.

The school makes sure that the needs of pupils with medical conditions are considered so that they can take part in activities including sport and residential trips. All appropriate medications, food and equipment are taken to games sessions and matches. Staff are aware of potential social problems that pupils may experience and use assemblies and CWB lessons to help to promote a positive environment. Staff are aware that more frequent absences, lack of concentration and tiredness may be due to a pupil's medical conditions. Pupils are not penalised for absence due to medical conditions. If a child with a medical condition is finding the curriculum challenging, Learning Support will be made aware. Pupils are taught through CWB lessons, assemblies and trips to SkillZone what to do in the event of an emergency. All trips are risk assessed and reviewed by the Head of School.

Berkhampstead works in partnership with all relevant parties, including (the pupil) where appropriate to make sure that this policy is carried out effectively. This policy is regularly reviewed, updated and evaluated and is read by all staff and governors.