

Greenwich House Independent School

Food Allergies and Acute Allergic Reactions

This policy refers to the Department for Education's Allergy guidance for schools ("the Guidance") which is available on the following link:-

[Allergy guidance for schools - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Greenwich House Independent School, Kindergarten and Creche ("Greenwich House") recognizes that acute allergic reactions are potentially deadly, that their onset is often swift and unremitting, and, that the known or suspected allergies must be taken with the utmost seriousness. The health of people inflicted by acute allergic reactions can be left severely impaired. Brain damage has, on occasions, permanently destroyed their quality of life and in the most severe cases death has very suddenly taken the lives of babies and adults alike.

As a provider of child care, Greenwich House recognizes its duties to do all it can to prevent known allergic reactions from occurring and to control (through medication or other means and according to parental/medical guidance) the extremes of potential reactions.

Not all allergic reactions are violent or life threatening at first. Many can start and remain as minor rashes, sickness, or other innocuous reactions that either go undiagnosed or untreated. They have however, on occasions, a tendency to increase in seriousness over time. For example, a child or adult can be stung by a wasp and have nothing more than what would be considered a normal reaction to this event e.g. a small, sore swelling. However, if over a period of time, this person is stung again and then again, in some cases but not by any means in all cases, the reaction increases in intensity with each sting to the point when a severe anaphylactic reaction occurs. Such anaphylactic reaction can cause death if treatment and expertise is not at hand. Other acute allergic reactions occur without prior incidences of a reaction and can be very frightening to witness. Medical help should be sought immediately.

Most allergic reactions however are known and it is vital that we arm ourselves with the required knowledge to either prevent them or deal with them.

This policy document and its associated routines and practices is designed to alleviate many of the possible hazards to children or staff who are a part of Greenwich House School, Kindergarten and Crèche.

Allergies to Foods

Allergies to foods tend to be specific to certain groups of food. The 14 most common allergens are identified by the Food Standards Agency as:

celery, cereals containing gluten (such as barley and oats), **crustaceans** (such as prawns, crabs and lobsters), **eggs, fish, lupin, milk, molluscs** (such as mussels and oysters), **mustard, peanuts, sesame, soybeans, sulphur dioxide and sulphites** (if they are at a concentration of more than ten parts per million) and **tree nuts** (such as almonds, hazelnuts, walnuts, brazil nuts, cashews, pecans, pistachios and macadamia nuts).

It is important to note, for example, that it is not just milk itself that can cause a problem, but also foods or food products containing milk that can cause an allergic reaction i.e. Cheese, cheese spreads, milk shakes, ice creams made with milk, milk jellies, etc.

Obviously, someone maybe allergic to other allergens and procedures are in place to indemnify the known allergies of staff and children at Greenwich House.

The staff should therefore adopt the routines described in this policy to prevent exposure to potentially dangerous food groups.

Staffing Issues

The member of staff responsible for briefing all staff involved in caring and feeding a child with an identified food allergy is:-

- In the case of the pre-school departments (Kindergarten and Crèche) Mrs. M. Morley.
- In the case of the School, Mrs. A Brindle will assume this responsibility.
- In the absence of Mrs. Morley, the responsibility falls on Mrs E Brindle. Mrs E Brindle will be informed of this additional responsibility on these occasions.
- In the absence of the above, a qualified carer will assume this responsibility and will be informed of this.
- In the case of the School, Mrs. K Brown will assume this responsibility. If both Mrs. A. Brindle and Mrs. K. Brown are absent, a person nominated by one of them will assume the responsibility.

The Role of the School Cook and Kitchen

The School Cook should refer daily to the Pupil/staff allergies record which will be posted and updated as necessary in a prominent place. All menus are displayed saying please inform the school cook or Mrs Brindle if there are any concerns regarding food ingredients for the week.

The food allergy record will provide the following information:-

1. The name of the child/member of staff concerned.
2. The type of allergy i.e. Lactose allergy.
3. The types of food/s which must not be given.
4. The type of foods to be used as substitutes.
5. The child's/ member of staff's doctor and telephone number.
6. The telephone number and location of the nearest Hospital with an Accident an Emergency Department (normally Louth County Hospital).
7. Medicines/treatments to be given in an emergency, e.g. Antihistamine pills/epi-pens, etc.

In the absence of the School Cook, anyone acting in the capacity of Temporary Cook should be made aware of the need to refer to the Pupil/Staff Allergies Record referred to above.

Dealing with a severe reaction

The Guidance refers to the NHS guidance on food allergies (see link - [Food allergy - NHS \(www.nhs.uk\)](http://www.nhs.uk)) and contains information on symptoms and treatment including more detailed advice on the treatment of anaphylactic reactions (see link - [Anaphylaxis - Treatment - NHS \(www.nhs.uk\)](http://www.nhs.uk)). This advice is provided in the Annexe to this policy.

Additional emergency advice is provided by Anaphylaxis Campaign (see link - [Emergency Instructions- Anaphylaxis/Severe Allergic Reaction](http://www.anaphylaxis.org.uk)).

The Guidance points out that most reactions are less severe – see the following link regarding symptoms - [Allergies - Symptoms - NHS \(www.nhs.uk\)](http://www.nhs.uk). This link is also provided in the Annexe to this policy.

NB If you feel that you are inadequately trained to use an epi-pen or other prescribed equipment, please tell the school management who will arrange training at the earliest opportunity.

School Records

On entry each parent/guardian must fill in a profile of their child's needs, including any pre existing medical conditions. **This includes all allergies, however mild.** Staff with responsibility for inducting children into the School/Kindergarten or Crèche should SPECIFICALLY ASK IF THIS CHILD HAS ANY ALLERGIES, which should then be recorded on the child's records and the Pupil/staff Allergies record immediately. Spend sufficient time with each new client or member of staff to fully understand the nature of the allergy and what action is necessary on our part should an incident occur at Greenwich House.

Staff suspecting an allergic reaction should report them to a senior member of staff and take fast and positive action according to the standing instructions in the Pupil/Staff Allergies Record. The School Head teacher or her nominated representative should be alerted.

A letter should be provided by the parent/s of any child with an allergy, specifying its nature, which foods/items should be avoided, which foods are to act as alternatives/substitutes, treatments/medicines taken and the name, address and telephone number of the family doctor.

These letters should be kept in the school in a place accessible to all staff at all times. The location of such information **should be made known to all including supply staff who are particularly vulnerable to the lack of such knowledge.**

All staff should also ask where this book is kept and note its location. The book will be called Children/Staff Allergies Action Record. - check

Feeding

Baby Bottle containers should be marked with a notice stating:

**Be allergy alert – Is this Milk/Food safe for this particular child
Check the Pupil/Staff Allergy record now.**

Fridge Doors and other food storage should also be similarly posted.

Special Foods

Special foods provided for individual babies/children should be clearly labeled with the child's name. They should never be used for other children.

Parents should be contacted immediately if the child is left without its special food.

Never attempt to substitute other foods/products without obtaining parental permission.

Record the date and time of the telephone conversation and the action recommended by the parent.

Crèche and Kindergarten Rooms

All the above rooms should have a copy of the Pupil/Staff Allergies Chart referred to in the section concerned with the Role of the Cook/kitchen assistant.

School

Similar staff/pupil Allergy Records should be available upstairs in the School.

..... Head Teacher

Date: revised 2006, reviewed 2010, reviewed 2012, reviewed 2015, reviewed August 2017, reviewed August 2018, reviewed May 21, reviewed September 2021

ANNEXE – Symptoms and Treatment of Anaphylaxis

Symptoms-Allergies Contents

1. [Overview](#)
2. **Symptoms**
3. [Diagnosis](#)
4. [Treatment](#)
5. [Prevention](#)

Symptoms of an allergic reaction usually develop within a few minutes of being exposed to something you're allergic to, although occasionally they can develop gradually over a few hours.

Although allergic reactions can be a nuisance and hamper your normal activities, most are mild.

Very occasionally, a severe reaction called [anaphylaxis](#) can occur.

Main allergy symptoms

Common symptoms of an allergic reaction include:

- sneezing and an itchy, runny or blocked nose ([allergic rhinitis](#))
- itchy, red, watering eyes ([conjunctivitis](#))
- wheezing, chest tightness, [shortness of breath](#) and a [cough](#)
- a raised, itchy, red rash ([hives](#))
- [swollen lips, tongue, eyes or face](#)
- [tummy pain](#), feeling sick, [vomiting](#) or [diarrhoea](#)
- dry, red and cracked skin



Itchy, red, watering eyes

Credit:



Raised, itchy, red rash (hives)

Credit:

The symptoms vary depending on what you're allergic to and how you come into contact with it.

For example, you may have a runny nose if exposed to pollen, develop a rash if you have a skin allergy, or feel sick if you eat something you're allergic to.

See your GP if you or your child might have had an allergic reaction to something. They can help determine whether the symptoms are caused by an allergy or another condition.

Read more about [diagnosing allergies](#).

Severe allergic reaction (anaphylaxis)

In rare cases, an allergy can lead to a severe allergic reaction, called anaphylaxis or anaphylactic shock, which can be life threatening.

This affects the whole body and usually develops within minutes of exposure to something you're allergic to.

Signs of anaphylaxis include any of the symptoms above, as well as:

- swelling of the throat and mouth
- difficulty breathing
- [lightheadedness](#)
- confusion
- [blue skin or lips](#)
- collapsing and losing consciousness

Anaphylaxis is a medical emergency that requires immediate treatment.

Read more about [anaphylaxis](#) for information about what to do if it occurs.

Contents

1. [Overview](#)
2. **Treatment**
3. [Prevention](#)

Anaphylaxis is a medical emergency that requires immediate treatment.

What to do

If someone has [symptoms of anaphylaxis](#), you should:

1. **use an adrenaline auto-injector if the person has one** – but make sure you know how to use it correctly first
2. **call 999 for an ambulance immediately (even if they start to feel better)** – mention that you think the person has anaphylaxis
3. **remove any trigger if possible** – for example, carefully remove any stinger stuck in the skin
4. **lie the person down flat** – unless they're unconscious, pregnant or having breathing difficulties
5. **give another injection after 5-15 minutes** if the symptoms do not improve and a second auto-injector is available

If you're having an anaphylactic reaction, you can follow these steps yourself if you feel able to.

Adrenaline auto-injectors

People with potentially serious allergies are often prescribed adrenaline auto-injectors to carry at all times. These can help stop an anaphylactic reaction becoming life threatening.

They should be used as soon as a serious reaction is suspected, either by the person experiencing anaphylaxis or someone helping them.

Make sure you're aware how to use your type of auto-injector correctly. And, carry 2 of them with you at all times.

There are 3 main types of adrenaline auto-injector, which are used in slightly different ways.

These are:

- EpiPen – [find out how to use an EpiPen](#)
- Jext – [find out how to use Jext](#)
- Emerade – [find out how to use Emerade](#)

Instructions are also included on the side of each injector if you forget how to use it or someone else needs to give you the injection.

Positioning and resuscitation

Someone experiencing anaphylaxis should be placed in a comfortable position.

- **most people should lie flat**
- **pregnant women should lie on their left side** to avoid putting too much pressure on the large vein that leads to the heart
- **people having trouble breathing should sit up** to help make breathing easier
- **people who are unconscious should be placed in the [recovery position](#)** to ensure the airway remains open and clear – place them on their side, making sure they're supported by one leg and one arm, and open their airway by lifting their chin
- **avoid a sudden change to an upright posture such as standing or sitting up** – this can cause a dangerous fall in blood pressure

If the person's breathing or heart stops, [cardiopulmonary resuscitation \(CPR\)](#) should be performed immediately.

In hospital

You will need to go to hospital for observation – usually for 6-12 hours – as the symptoms can occasionally return during this period.

While in hospital:

- an oxygen mask may be used to help breathing
- fluids may be given directly into a vein to help increase blood pressure
- additional medicines such as [antihistamines](#) and [steroids](#) may be used to help relieve symptoms
- [blood tests](#) may be carried out to confirm anaphylaxis

You should be able to go home when the symptoms are under control and it's thought they will not return quickly. This will usually be after a few hours, but may be longer if the reaction was severe.

You may be asked to take antihistamines (an anti-allergy medicine) and steroid tablets for a few days after leaving hospital to help stop your symptoms returning.

You will also probably be asked to attend a follow-up appointment with an allergy specialist so you can be given advice about [how you can avoid further episodes of anaphylaxis](#).

Adrenaline auto-injectors may be provided for emergency use between leaving hospital and attending the follow-up appointment.