Policy Area:	Allergy and Allergic Reactions Policy		
Date:	September 2016	**Policy code:**	A5
Last reviewed:	January 2023	**Reviewed by:**	Abigail Eynon
Next review:	January 2024	*(For all review dates see end of document)*	

At Cardiff Montessori we are aware that children can have allergies which may cause allergic reactions. We will follow this policy to ensure allergic reactions are minimised or, where possible, prevented and staff are fully aware of how to support a child who may be having an allergic reaction. Staff will be made aware of the signs and symptoms of a possible allergic reaction in case of an unknown or first reaction in a child.

What is an allergic reaction?

An allergic reaction happens when the body's immune system over-reacts to contact with normally harmless substances. An allergic person's immune system treats certain substances as threats and releases substances such as histamines to defend the body against them. The release of histamine can cause the body to produce a range of mild to severe symptoms. An allergic response can develop after touching, swallowing, tasting, eating or breathing-in a particular substance.

What causes an allergic reaction?

Foods

For example: nuts (especially peanuts) , fish and shellfish, eggs and milk.

Most allergic reactions to food occur immediately after swallowing, although some can occur up to several hours afterwards. Food allergies are more common in families who have other allergic conditions such as asthma, eczema and hay fever. Rarely, people have an allergic reaction to fruit, vegetables and legumes. Legumes include pulses, beans, peas and lentils. Peanuts are also part of the legume family.

Insect stings

Reaction to an insect sting is immediate (within 30 minutes).

Natural rubber latex

Some common sources of latex are: balloons, rubber bands, carpet backing, furniture filling, medical or dental items such as catheters, gloves, disposable items.

Medicines

Medication rarely causes a severe allergic reaction in children

How to avoid contact with allergens?

The most important way to manage a child at risk of allergic reactions is to avoid the substances they are allergic to. As soon as the child is able to understand and take part, it is important to involve them in avoiding the allergic substance.

<u>Food</u>

When a food allergy has been identified, it is essential that the child does not eat even a tiny quantity of the food that they are allergic to (unless advised differently by the allergy clinic). An allergic reaction may also happen even if they touch that particular food.

<u>Insect stings</u>

Here are some steps to help prevent putting children known to be allergic to stings at risk from getting stung:

- Avoid dressing the child in shiny or brightly coloured clothing.
- Ensure the child wears shoes when outside.
- Avoid eating food outside.
- Avoid drinks in cans when there are wasps around. Boxed drinks with straws may be safer.
- When outside, avoid open rubbish bins and keep food covered.
- Use insect repellents.

<u>Latex</u>

A severe allergic reaction is most likely to occur when latex has come into contact with mucous membranes (such as the mouth, eyes or ears) or directly with tissue (during surgery). It is important to ensure children with latex allergies are not put in contact with latex in any way.

How to recognise an allergic reaction?

Despite avoiding the substances that can cause allergic responses, accidents do happen. In an allergic reaction, any of the following symptoms may occur in any order and they may quickly progress from mild to severe. A child may only have had mild symptoms, but it is important to be aware of the severe ones too.

Mild/moderate symptoms

• tingling, itching or burning sensation in the mouth (an useful initial warning that child has eaten food they are allergic to) • rapid development of nettle rash/wheals/hives (urticaria) • intense itching • swelling, particularly of the face • feeling hot or very chilled • rising anxiety/feeling scared • pale or flushed • abdominal (tummy) pain • nausea and/or vomiting

Severe (known as anaphylaxis)

• Difficulty in breathing. Either noisy or unusual wheezy breathing, hoarseness, croupy or choking cough. Breathing difficulties are due to swelling inside the throat and airway. • Decreased level of consciousness, faint, floppy, very pale, blue lips, unresponsive. This is due to a drop in blood pressure. • Collapse.

Milder reactions are much more common. Anaphylaxis, the most severe type of allergic reaction, is uncommon. It can be life threatening but is very rarely fatal in children. Most reactions occur quickly after ingestion or contact with the allergen, but some can occur up to a few hours later. There can also be a second phase of the reaction when symptoms reoccur. It is important to keep an eye on the child for about 6-8 hours following the first reaction.

Ensuring appropriate documentation and dissemination of information:

- Information will be passed on by parents from the registration form regarding allergic reactions and allergies and must be shared with all staff in the school. The administrator will update class registers accordingly before any student is admitted into a class.

- **Lead teachers are responsible for ensuring they have checked and disseminated this information to their team before a child is admitted into their class. The afterschool activity class providers and breakfast club leads are responsible for ensuring they have checked and disseminated this information to their team before a child is admitted into the respective clubs.**

- **Lead teachers, breakfast club lead and afterschool club leads** are each responsible for ensuring an up to date allergy list is displayed somewhere all staff in their respective team / club can access and know where this is and when to check it.

- An allergy register will be kept in the lunch areas and food prep areas. As well as in the fire evacuation/outing bags. **The CMS administrator** is responsible for ensuring an up to date list is provided to Lead Teachers for this use. The administrator communicates any changes made to the lists and keeps the list updated.

- **Lead teachers must carry out a full Allergy Risk Assessment** (see next page) **with the parent prior to the child starting in the school.** The information must then be shared with all staff in the class.

An Allergy Risk Assessment includes taking into account:

- All food prepared for a child with a specific allergy will be prepared in an area where there is no chance of contamination and served on equipment that has not been in contact with this specific food type, e.g. nuts
- The Director and lead teacher and parents will work together to ensure a child with specific food allergies receives no food at school that may harm them. This may include designing an appropriate menu or substituting specific meals on the current snack menu.
- Seating will be monitored for children with allergies. Where deemed appropriate staff will sit with children who have allergies and where age/stage appropriate staff will discuss food allergies and the potential risks
- If a child is identified as requiring specific actions, e.g. use of an EpiPen, then at least two members of staff working directly with the child will receive specific medical training to be able to administer the treatment to the individual child

Action to be taken in the event of an allergic reaction:

- If a child has an allergic reaction to food, a bee or wasp sting, plant etc. a first aid trained member of staff will act quickly and administer the required treatment, if appropriate. Parents must be informed and it must be recorded in the incident book
- If the allergic reaction is severe a member of staff will summon an ambulance immediately. We WILL NOT attempt to transport the sick/injured child in our own vehicles
- Whilst waiting for the ambulance, we will contact the parent/carer and arrange to meet them at the hospital
- The most appropriate member of staff must accompany the child and collect together registration forms, relevant medication sheets and medication
- Staff must remain calm at all times; children who witness an allergic reaction may well be affected by it and may need lots reassurance
- All incidents will be recorded, shared and signed by parents at the earliest opportunity
- Staff may also require support following the accident.

First aid with mild/moderate symptoms

1. The child/young person should be watched carefully, the parent contacted and with their permission given some oral antihistamine such as chlorphenamine (Piriton) or cetirizine (Piriteze or Zirtek), depending on the age of the child. Cetirizine is recommended for children over 1 year old, as it is a non-sedating antihistamine, which is longer acting and does not usually cause drowsiness. These antihistamines can be in syrup or tablet form. If the child is known to have allergies they should have a plan in place regarding what to do in these circumstances.

2. It is important to stay with the child and continue to monitor the allergic reaction to make sure it is getting better, not worse. In most cases the parent that has been called should come to collect the child.

First aid with severe symptoms

1. Stay with the child – do not leave them alone.
2. If the symptoms do become severe, you need to dial 999 and ask for an ambulance with a paramedic crew. A member of staff should call the parents immediately after. If the child has an epi-pen this should be administered in accordance with their allergy action plan. Give the auto-injector used to the ambulance crew when they arrive,
3. If the child is having breathing difficulties, keep them sitting, supported upright. Treat any wheeziness with the child's inhaler (if they have been prescribed one), such as salbutamol (Ventolin).
4. If they appear to be fainting then lie them flat with their legs raised. If the child completely loses consciousness, then they should be laid down on their side.
5. Stay with the child, keeping them calm and comforted until help arrives

Other relevant policies: Accident and first aid, infection control, health and safety, medication policy, food hygiene, managing risk.

Review of policy dates:

Date of review	**Reviewed by**	**Notes**
08/2017	Esma Izzidien	
08/2018	Esma Izzidien	
01/2019	Esma Izzidien	
01/2020	Esma Izzidien	
01/2021	Esma Izzidien	No significant changes
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