



PROSPECT HOUSE
SCHOOL

MISSING CHILD PROCEDURE

OCTOBER 2020

ALLERGIES POLICY

This policy is one of a number of Prospect House policies concerned with health and safety. Please also see First Aid Policy, Health & Safety Policy, Risk Assessment Policy and Educational Visits Policy.

This policy applies to all staff and pupils, including pupils in the EYFS. It reflects the requirements in Section 3 – The Safeguarding and Welfare Requirements - of the Statutory Framework for the Early Years Foundation Stage 2021. <https://www.gov.uk/government/publications/early-years-foundation-stage-framework-2>

It also reflects the guidance in 'Allergy guidance for schools' 2022.

<https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools>

1. Anaphylaxis Policy

1.1 All medical forms are checked on an annual basis at the start of the September term (or on admission if a child joins the school part way through an academic year). A record of all children who are known to suffer from anaphylactic shock is kept by the school and displayed in appropriate locations. It is also displayed on the medical register on Faculty, which all staff have access to. It is the responsibility of all teaching, lunch, office and peripatetic staff to make themselves aware of any child who is at risk of suffering anaphylactic shock and to be aware of the procedure to follow in the event of a child showing symptoms.

1.2 Epipens and other medication of known anaphylaxis sufferers must be readily available, at all times, in case of emergencies. For children in the Lower School, there should be one pen kept in the classroom and a second pen kept in the office. They must be clearly labelled with the name of the child. All children in the Upper School, who move around the building, are required to carry their epipen with them as they go to different locations in and out of the building. Staff **must** ensure that on occasions when children leave the school premises, e.g. sport, field trips, visits etc, the appropriate medication is taken.

1.3 Prevention of anaphylactic shock

1.3.1 In order to minimise exposure to triggers of anaphylactic shock(e.g. nuts / egg / wasp or bee stings), staff must be vigilant when:

Cooking

Supervising lunch

Taking children on outings

End of term parties are taking place

Washing hands: it can take only a trace on a sufferer's lips to produce an allergic reaction.

1.3.2 Any child known to have allergies to food products should have his or her own 'safe' bag of treats in school. These can be used to give the child a treat should birthday cake or other foodstuffs be brought into the classroom. Class teachers should ask parents to provide these.

1.3.3 Prospect House School has a strict 'no nuts' policy – however staff should still be vigilant, as parents can forget and may include items such as peanut butter in snacks.

1.3.4 **In the event of anaphylactic shock the following protocol should be observed:**

1.3.5 For known cases of children who are allergic to nuts/eggs/wasp/bee stings:

- **At first signs which may include itchy skin/swelling to tongue/runny nose/ eyes, the member of staff must take the child to the office.**
- **Office staff will notify the head, or a member of the SLT, immediately.**
- **If the child's face or lips begin to swell or there is any sign of breathing difficulty DO NOT DELAY – ADMINISTER THE EPIPEN according to training given. This is in the upper quadrant of the thigh or buttock. The pen must be depressed into the skin for at least 10 seconds.**
- **Call 999**, telling the ambulance service that you have a child in anaphylactic shock. This is the responsibility of a) office, or b) staff in attendance – either way, ensure the call has been made.
- After calling 999, then contact parents/emergency numbers and let them know what has happened and to which hospital the child has been taken (if known).
- A member of staff must accompany the child to hospital if the parent has not arrived.
- If the ambulance is delayed in arriving and there has been no improvement after 10 minutes, then administer a second EpiPen.

1.3.6 All incidents of anaphylactic shock must be recorded in the Accident Book.

1.4 Asthma Policy

1.4.1 The check of the medical forms should also reveal those children prone to asthma attacks.

1.4.2 Inhalers belonging to known asthmatics must be supplied to the school by his or her parents. Such an inhaler must be readily available, at all times, in case of emergency. Inhalers are kept in each school's office. All children in the Upper School are required to carry a bag containing their medical equipment. The supervision of these at breaktimes is coordinated by the member of staff allocated for duty, whilst the overall coordination of this process is managed by a member of the PE staff. All inhalers must be clearly labelled with the child's name and dosage and upon receipt of an inhaler from a parent, the office staff should check the inhaler is marked prominently with the child's name and that a completed and signed Administration of Medicines form is on file. Inhalers must be taken to games (in the first aid box) and also on school outings. On residential trips **two** inhalers should be taken, one to be kept in the child's bag and one to be carried by the child's teacher or group leader.

1.4.3 In the event of a **minor attack**, the child should be accompanied to the office by a member of staff or the office staff asked to collect the child. In this event the following symptoms will occur:

The child:

- Will be able to continue with the task in hand
- Can still concentrate
- Does not disturb school activities
- Recognises that he/she is having an attack and may start own treatment, i.e. blue reliever inhaler
- Gets better quickly

1.4.4 In the event of a **severe attack**, the following symptoms will be evident:

- Treatment for minor attack does not work

- Child distressed, unable to talk
- Breathing fast > 40/min
- Coughing and wheezing
- Fast heart rate > 120/min
- Blue lips

Do not delay: Dial 999 and say that it is an emergency – child with severe asthma attack

- Call the child's parents
- At the same time, stay calm and reassure- assure the child
- Keep child in upright position (do not allow the child to lie down, as this restricts breathing further). The child may feel more comfortable sitting with arms resting over the back of a chair
- Stay with the child until the ambulance arrives
- If the parent has not arrived, a member of staff must accompany child in ambulance to A&E

1.4.5 NB Such an attack is a frightening experience for the child, so try to stay calm to prevent panic in the child increasing and thus making the situation worse.

All incidents should be recorded in the Accident Book.

2. Kitchen and catering

2.1 The school chefs are given detailed information about children and staff with specific allergies or dietary requirements and for such children adapt the daily menu accordingly. Allergen notification at the point of serving is in place.

