Allergy Policy

Purpose

This policy aims to minimise the risk of any child suffering a serious allergic reaction whilst at Berkshire Music Trust Centres or attending any BMT related activity including teaching in schools. It aims to ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.

Policy

1. Introduction and Core Principles

In line with Benedict's Law, we are committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols.

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

Anaphylactic reactions usually begin within minutes of being in contact with the allergen i.e. eating a trigger food, though can occur several hours later (i.e. allergy to Mammalian meat). Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases there could be a dramatic fall in blood pressure leading to collapse.

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20–30-minute window of opportunity during which steps can be taken to prevent death – therefore giving emergency adrenaline immediately and calling Emergency Services (999) is crucial. Anaphylaxis always requires an emergency response.

Anaphylaxis can occur without any other signs (such as a skin rash) being present. Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing. Giving adrenaline in this context is very safe and may be lifesaving.

The most common causes of "whole body" allergic reactions – including anaphylaxis – are:

- foods (e.g. peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish and sesame);
- insect stings (e.g. bee, wasp);
- medication (e.g. antibiotics, pain medicines such as ibuprofen);
- latex (e.g. rubber gloves, balloons, swimming caps).

Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. Students who have a skin reaction need monitoring for at least an hour.

This policy sets out how Berkshire Music Trust will support children with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in organisation life.

2. Role and responsibilities for activity in SCHOOLs

Berkshire Music Trust Responsibilities:

- Berkshire Music Trust (BMT) will safely and securely hold information on allergies for students directly registered with the organisation, as described below.
- All BMT teaching staff will complete anaphylaxis training. Training is provided for teaching staff on a yearly basis.
- Staff must be aware of the children in their care who have known allergies as an allergic reaction could occur at any time and not just at mealtimes.
- Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents and organisation staff. However, symptoms of anaphylaxis can come on very suddenly, so BMT staff will be prepared to administer medication if the young person cannot.

Parent/Carer Responsibilities:

- On registering with Berkshire Music Trust, it is the parent's responsibility to inform the organisation of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to Berkshire Music Trust. 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. GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the organisation up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.
- It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, and the child should always have their medication with them.

School Responsibilities:

- For activity contracted by the school (e.g. In2Music, small group teaching, co-curricular activities) the school is responsible for making BMT staff aware of the children in their care who have known allergies.
- Schools should ensure that the up-to-date Allergy Action Plan is kept with the child's medication.
- The school should keep a register of children who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- Children who are old enough to take responsibility for their own medication must bring their medication with them to all Berkshire Music Trust lessons.
- For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept within 5 minutes of them, not locked away and accessible to all staff. BMT staff must be made aware of the location of this kit, and of the identity of the named lead for allergies.
- Schools are able to purchase spare AAIs for emergency use in children who are at risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date) or are experiencing anaphylaxis for the first time. The legislation that allows this only applies to schools, however, when BMT operates in a school, then with the school's agreement the spare AAIs may be made accessible to our teachers for use after calling 999 and saying that spare AAIs are available.

- AAIs are single use only and must be disposed of as sharps. Disposable of used AAIs is the responsibility of the school.

3. Roles and Responsibilities for activity at BMT Music Centres

For BMT-run Music Centre activity, including rehearsals, ensembles, lessons, events and other activities delivered outside the school day, parents/carers and BMT share responsibility for ensuring that children and young people with allergies are supported safely and appropriately.

The Human Medicines (Amendment) Regulations 2017 permit "spare" adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy. BMT holds spare adrenaline devices for use in emergency situations at each of its Music Centres. These are not a replacement for a student's own adrenaline device. Students prescribed adrenaline are expected to have their own adrenaline devices with them at music centres for use in an emergency.

Parent/Carer Responsibilities

- Parents/carers must inform BMT at the point of registration, or as soon as possible afterwards, if their child has any known allergies, a history of anaphylaxis, asthma linked to allergy or has been prescribed an adrenaline auto-injector (AAI) or other emergency medication.
- Parents/carers must provide BMT with an up-to-date Allergy Action Plan, (BSACI plans preferred), and update BMT promptly if the plan, medication, dosage, triggers or emergency arrangements change.
- Parents/carers are responsible for ensuring that any required medication, including AAIs, antihistamines or inhalers, is supplied, in date, clearly labelled with the child's name, and brought to every Music Centre session or event.
- Children and young people who are old enough and able to manage their own medication should keep it with them at all times during Music Centre activity. Where a child is not ready to take responsibility for their medication, parents/carers must agree suitable arrangements with BMT in advance.
- Parents/carers should ensure that their child understands, as far as is appropriate for their age and needs, what they are allergic to, how to reduce risk, and when to seek help from BMT staff.
- Parents/carers must provide an emergency contact number who can be reached if required.

BMT Responsibilities for Music Centres

- BMT will request and securely hold allergy information for children and young people registered for Music Centre activity and will make relevant information available to staff who need it in order to keep the child safe.
- BMT will ensure that Music Centre staff are given appropriate information about children and young people with known allergies, including the location of medication where this has been agreed with parents/carers.
- BMT staff will take reasonable steps to reduce foreseeable risk during Music Centre activity, including considering allergy information when planning rehearsals, breaks, performances, trips or events.
- BMT staff will not routinely administer medication unless this is required in an emergency or has been agreed as part of the child's individual arrangements. In the event of suspected anaphylaxis, staff will follow the child's Allergy Action Plan, administer the AAI where available and appropriate, and call 999.

- BMT will record any allergic reaction, use of medication, near miss or emergency response during Music Centre activity and will inform parents/carers as soon as possible.
- BMT will review arrangements following any significant allergy-related incident or near miss and will update procedures where required.

4. Teacher Responsibilities

Teachers will have access to a report within SpeedAdmin that provides details of any known allergies and relevant medical information for their students. This report should be reviewed regularly, and teachers must familiarise themselves with any associated Allergy Action Plans.

Teachers will not provide any food items to students due to the risk of allergies.

During Music Centre activities, teachers should also check in with the relevant parent or student to confirm that any required medication is available and being carried as appropriate. These simple checks help ensure a safe environment for everyone.

5. Staff Training

BMT has a whole school awareness approach, because it ensures all staff and students are aware of what allergies are, the importance of avoiding the individuals' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure procedures are in place to minimise risk of exposure.

The named staff members responsible for coordinating staff anaphylaxis training and the upkeep of the organisation's anaphylaxis policy are the Facilities Manager and the CEO.

All staff will complete Anaphylaxis training annually, and on an ad-hoc basis during the induction of new staff.

6. Trips/tours/excursions

Staff leading trips will ensure they carry all relevant emergency supplies including spare AAI's. Trip leaders will check that all children with medical conditions, including allergies, carry their medication. Children unable to produce their required medication will not be able to attend the excursion.

All the activities on the trip will be risk assessed to see if they pose a threat to allergic children and alternative activities planned to ensure inclusion. Food allergies are treated cautiously and students with known allergies highlighted to the venue providing the food.

7. Management of AAI's

The Facilities Manager is responsible for checking that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis. They will secure replacements one month before the current adrenaline device expires

Adrenaline devices that are used will be disposed of in a sharps box or given to the paramedic. Adrenaline devices that are out of date or where the adrenaline has degraded will be taken to a pharmacy to be disposed of.

8. Emergency Treatment and Management of Anaphylaxis

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen. If symptoms do not come on quickly, the child must be monitored for a delayed reaction. Additionally, they should not exercise for the remainder of the day unless medical advice has been sought and permission given.

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

9. Safeguarding:

BMT recognises that a safeguarding referral may be needed if an incident highlighted concern that the child or young person might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child or young person's medical condition is not provided to a school, college or setting, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

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