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Allergy management at school policy

Model policy template			
Date of last review:	Jan-26	Date of next review:	Jan-27
Author:	Policy & Projects Mgr	Owner:	Exec Directors of Education
Type of policy:	Trust-wide	Approval:	Education Standards Committee
Local Governance Committee Approval following personalisation			
Date of last review:		Date of next review	

Contents

1. Introduction 1
2. Allergy awareness 2
3. Roles and responsibilities 2
4. Allergy Actions Plans 3
5. Supply, storage and care of medication 4
7. Staff training 5
8. Inclusion and safeguarding 5
9. Catering 5
10. School trips 6
11. Risk Assessment 6
12. Links to other policies 6
Appendix 1 - Guidance on the emergency treatment and management of anaphylaxis 7

1. Introduction

An allergy is a reaction in the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis.

Anaphylaxis is a severe allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes often include foods, insect stings or drugs.

Anaphylaxis is characterized by rapidly developing life-threatening airway/breathing/circulatory problems usually associated with skin or mucosal changes.

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to): peanuts, tree nuts, sesame, milk, egg, fish, latex, insect venom, pollen and animal dander.

This policy sets out how the school will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

Appendix 1 contains guidance on the emergency treatment and management of anaphylaxis.

2. Allergy awareness

The school supports the approach advocated by The Anaphylaxis Campaign and Allergy UK which argues against a blanket ban on any particular allergen in any establishment, including in schools. This is not to diminish the real danger to life posed by, for example, nuts being brought into an environment where people are severely allergic to them, but because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen-free environment for a child living with an allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs and symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

3. Roles and responsibilities

3.1 Parents

- On a pupil's entry to the school, it is the parent's responsibility to inform the school of any known or suspected allergies. This information should include all previous severe allergic reactions, history of any anaphylaxis and details of all prescribed medication
- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans are preferred) to school. 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. School Nurse/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 school up to date with any changes in allergy management. The Allergy Action Plan will be kept up to date accordingly.

3.2 Headteacher

The Headteacher (or their delegate) will ensure that:

- Anaphylaxis awareness training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff
- Staff are aware of the children in their care who have known allergies
- Children with known allergies have an up to date Allergy Action Plan and a register of all children who have a prescribed Adrenaline Auto-Injector
- Medication kept at school is checked on a termly basis for expiry dates

3.3 Staff

- All staff will complete anaphylaxis awareness training.
- Staff must be aware of the children in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any activities involving potential exposure to known allergens must be supervised with due caution
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion
- The First Aider/SENCO will ensure that the up to date Allergy Action Plan is kept with the pupil's medication
- It is the parent's responsibility to ensure all medication is in date, however, the First Aider/SENCO will check medication at school on a termly basis and send a reminder to parents if medication is approaching expiry
- The First Aider/SENCO keeps a register of pupils who have been prescribed an Adrenaline Auto-Injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

3.4 Pupils

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction
- Pupils who are trained and confident to administer their own auto-injectors will be encouraged to take responsibility for carrying them on their person at all times.

4. Allergy Actions Plans

Allergy action plans are designed to function as an Individual Healthcare Plan for children with allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector.

The school recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plan to ensure continuity. This is a national plan that has been agreed by the BSACI, the Anaphylaxis Campaign and Allergy UK.

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

5. Supply, storage and care of medication

5.1 Adrenaline Auto-Injectors (AAIs) – e.g. Epi-pen, Jext

Older children and teenagers should, whenever possible and with the agreement of their parents, assume complete responsibility for their emergency kit under the responsibility of their parents, in preparation for managing their health and welfare into adult life. At around 11 years+ pupils will therefore be encouraged to take responsibility for and to carry their own **two** AAIs (of the same make/brand) on them at all times in a suitable labelled bag/container, together with a copy of their Allergy Action Plan and the instruction leaflet specific to the make/brand of AAIs carried. However, symptoms of anaphylaxis can come on **very suddenly**, so school staff need to be prepared to administer medication if the young person cannot.

For younger children or those assessed as not ready to take responsibility for their own medication there should be a personalised anaphylaxis kit which is kept safely and in line with the child's Allergy Action Plan, not locked away, and **accessible to all staff**. Again, the kit should include two AAIs of the same make/brand, together with corresponding instruction leaflet, and a copy of the child's Allergy Action Plan.

It is the responsibility of the child or young person's parents to ensure that the anaphylaxis kit is up to date and clearly labelled, however the SENCO/First Aider will check medication kept at school on a termly basis (3 times per year) and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant adrenaline auto-injectors their child is prescribed, to make sure they can get replacement devices in good time.

Storage

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs should be given to ambulance paramedics on arrival; if not, they must be disposed of in a pre-ordered sharps bin, obtained from and disposed of by a clinical waste contractor/specialist collection service.

5.2 All other allergy-related medication

All other medication referenced in the Allergy Action Plan should be stored in a rigid box and clearly labelled with the pupil's name and a photograph.

The pupil's medication storage box must contain the pupil's up to date Allergy Action Plan together with any medications referenced therein, such as::

- The pupil's own AAIs when/if not carried by or on behalf of the pupil
- Antihistamine as tablets or syrup (with a spoon or syringe for-type applicator, as appropriate)
- Asthma inhaler (if included on plan).

7. Staff training

All staff will complete allergy awareness training as a minimum. Additionally, specific members of staff will be fully trained to use AAI devices and all staff will be kept informed of the identities of those who have received that training, so that they know who to send for if required.

The Headteacher (or their delegate) is responsible for coordinating all staff training and the upkeep of this policy.

A practical anaphylaxis training session will be conducted at the start of every new academic year. Training is also available on an ad-hoc basis for any new members of staff.

8. Inclusion and safeguarding

The school is committed to ensuring that all children with medical conditions, including allergies, are properly supported in school so that they can play a full and active role in school life, remain health and achieve their academic potential.

9. Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The school menu is available for parents to view in advance with all ingredients listed and allergens highlighted on the school website

The school will inform the catering manager of pupils with known food allergies by providing the relevant paperwork form the parents/carers. Parents/carers are encouraged to meet with the catering manager to discuss their child's needs.

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended
- If food is purchased from the school canteen, parents should check the appropriateness of the food by checking the information available on the school website (as above) or by speaking directly to the school catering manager
- The pupil should also be supported by parents and staff to check with catering staff before purchasing food or selecting their lunch choice, so as to prepare for managing their allergies independently beyond school
- Where food (including drink) is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross-contamination during the handling, preparation, serving and consumption of food. Examples include: preparing food for children with allergies first; careful cleaning (using warm soapy water) of any areas and utensils which may contain traces of the allergen
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday cakes, Christmas parties, food treats)
- Staff, parents and pupils are specifically asked, and routinely reminded, not to bring nuts or any food containing nuts into school
- Use of food or other allergens known to affect pupils in the school in crafts, cooking classes, science experiments and special events etc (e.g. assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

10. School trips

Staff leading school trips will ensure that they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication, or that it is carried on their behalf if appropriate. Pupils unable to produce their required medication will not be able to attend the excursion.
All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion. Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their cooperation with any special arrangements required.

Overnight school trips may well be possible with careful planning, including a meeting for parents with the lead member of staff planning the trip. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate safeguards and/or adjustments (eg regarding food, if provided by the venue) to be out in place.

Where there is a known risk of anaphylaxis, a member of staff trained in administering adrenaline will accompany the trip.

11. Risk Assessment

The school will conduct a detailed risk assessment, updated annually as part of the child or young persons allergy action plan, or more recently where circumstances change, to help identify any gaps in our systems and processes for keeping allergic children safe for all new joining pupils with allergies and any pupils newly diagnosed. A template risk assessment is included at appendix 2.

12. Links to other policies

This policy should be read in conjunction with the following policies:

- First aid policy
- Supporting pupils with medical conditions policy.

Appendix 1 - Guidance on the emergency treatment and management of anaphylaxis

What to look for

- Swelling of the mouth or throat
- Difficulty swallowing or speaking
- Difficulty breathing
- Sudden collapse/unconsciousness
- Hives/rash anywhere on the body
- Abdominal pain, nausea, vomiting
- Sudden feeling of weakness
- Strong feelings of impending doom

Anaphylaxis is likely if all of the following 3 things happen:

- **Sudden onset** (a reaction can start within minutes) and **rapid progression of symptoms**
- **Life threatening airway and/or breathing difficulties** and/or **circulation problems** (e.g. alteration in heart rate, sudden drop in blood pressure, feeling of weakness)
- **Changes to the skin** e.g. flushing, urticaria (an itchy, red, swollen skin eruption showing markings like nettle rash or hives), angioedema (swelling or puffing of the deeper layers of skin and/or soft tissues, often lips, mouth, face etc). Note: skin changes on their own are not a sign of an anaphylactic reaction, and in some cases don't occur at all.

If the pupil has been **exposed to something they are known to be allergic to**, then it is more likely to be an anaphylactic reaction.

Action

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment and starts to work within seconds. Adrenaline should be administered by an **injection into the muscle** (intramuscular injection).

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

Adrenaline must be administered with the **minimum of delay** as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once the symptoms have become severe.

ACTION:

- Stay with the child and call for help. **Do not move the child or leave unattended**
- Remove the trigger if possible (e.g. insect stinger)

- Lie child flat (with or without legs elevated – a sitting position may make breathing easier
- **USE ADRENALINE WITHOUT DELAY** and note the time given (inject at upper, outer thigh – through clothing if necessary)
- **Call 999** and state **ANAPHYLAXIS**
- If no improvement after 5 minutes, administer second adrenaline auto-injector
- If no signs of life commence CPR

Phone parent/carer as soon as possible

Appendix 2 – Anaphylaxis Risk Assessment

This form should be completed by the setting in liaison with the parents and the child, if appropriate. It should be shared with everyone who has contact with the child/young person.

Child/Young person:	Date of Birth:
Setting/School: Phase: Primary/Secondary:	Key Worker/Teacher/Tutor:
Name and role of other professionals involved in this Risk Assessment (i.e. Specialist Nurse or School Nurse):	
Date of Assessment:	Reassessment due:
I give permission for this to be shared with anyone who needs this information to keep the child/young person safe: **Signatures:** Lead teacher/SENCO: Date Parents Date Young person Date	
What is this child allergic to? Under which conditions is the allergy? Ingestion ☐ Direct contact ☐ Indirect contact ☐ Does this child already have an Individual Healthcare Plan which contains an Allergy Action Plan? YES ☐ NO ☐	
Summary of current medical evidence seen as part of the risk assessment (copies attached)	

Describe the container the medication is kept in:
Outcome of Risk Assessment **Is an individual health care plan required? YES ☐ NO ☐**
Key Questions - Please consider the activities below and insert any considerations that need to be put in place to enable the child to take part.
Art materials (e.g paints/crayons/pastels):
Creative activities, i.e. craft paste/glue, pasta
Science type activity: i.e. bird feeders, planting seeds, food
Musical instrument sharing (cross contamination issue):
Cooking (food prep area and ingredients):
Meal time: kitchen prepared food (is allergy information available): sandwiches:
Snacks (is allergy information available):
Drinks:
Celebrations: e.g. Birthday, Easter:
Hand washing (secondary school how accessible is this for the child):
Indoor play/PE (AAIs to be with the child):
Outdoor play/PE (AAIs to be with the child):
School field (AAIs to be with the child):
Forest school (AAIs to be with the child):
Offsite trips (are staff who accompany trip trained to use AAI):
Does the child know when they are having a reaction?
What signs are there that the child is having a reaction?

What action needs to be taken?
If the medication is stored in one secure place are there any occasions when this will not be close enough if required? Yes ☐ No ☐ If Yes state when and how this can be adjusted:
If the child is old enough – can the medication be carried by them throughout the day? Yes ☐ No ☐ If No state reason and explain how medication will be kept available if needed:
How many Adrenalin Auto-Injectors (AAIs e.g. Epi-pens) are required in the setting?
How many staff need to be trained to meet this child's need?
Is a spare AAI available in school? YES ☐ NO ☐ If YES, has the parents' consent been obtained for its use for this child in the event the child's own AAI is unavailable or cannot be used? YES ☐ NO ☐
What is the location of the spare AAI?