



# Allergy Policy

Version Control

Version	Date	Author	Changes made:
0.1	11.02.25	Compliance Education	New Policy

# Trust Prayer

*Heavenly Father,*

*Let peace, friendship and love grow in our schools.*

*Send the Holy Spirit to give excellence to our learning,*

*love to our actions and joy to our worship.*

*Guide us to help others, so we may*

*Learn, Love and Achieve*

*Together with Jesus*

*Amen*

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## 1. Introduction

An allergy is a reaction of 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 serious reaction called anaphylaxis.

**Anaphylaxis** is a serious, life-threatening 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 can include foods, insect stings, and drugs.

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

## 2. Role and responsibilities

### ***Parent Responsibilities***

- On entry to the school, it is the parent's responsibility to inform school of any allergies.
- Parents are to supply a copy of their child's Allergy Action Plan 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.
- Parents are responsible for ensuring any required medication is supplied, in date, labelled and replaced as necessary.
- Parents must keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

### ***Staff Responsibilities***

- All relevant school staff, those involved in food preparation of any kind (including snack, breakfasts club, extended provision, school meals (WBC) handling and food related activities) and staff who have colleagues with a known allergy: will regularly complete reading of Pupil Awareness File (records individual and class details) and annually complete anaphylaxis (Epi pen) training and basic food hygiene level 2 training.
- Staff must be aware of the pupils in their care who **have known allergies** as an allergic reaction could occur at any time and not just at mealtimes. Staff must familiarise themselves with their **school's Allergy Register contained in the Pupil Awareness File**. (Those with responsibility for medical needs must keep this up to date and inform staff promptly of any updates).
- Staff must ensure that any food-related activities are supervised with due caution and have conferred with the Pupil Awareness File.

- Staff leading school trips will ensure they carry all relevant emergency supplies and medication for pupils.
- When a child enters school if the child has a medical condition or allergy, intolerance or special dietary requirements the school records will be updated and circulated to all staff in the following manner:
  - a) **MIS System – Iris**
  - b) **Pupil Awareness** - main file housed in school office for all to see and sign off. Staff sign off annually unless there are changes in between. Any visitors to school that are working with the children ie: agency/sports coaches etc. Review and sign off before accessing the classes. Copies of pupil awareness are available in each class, Wrap around and school kitchen.
  - c) **Kitchen** – copies of pupil awareness, pen portraits are provided for the kitchen and an WBC AL1 form that WBC kitchen staff sign off.
  - d) **Staff briefing** – weekly communication
- It is the parent's responsibility to ensure all medication are in date, school staff will check medication kept at school on a regular basis and send a reminder to parents if medication is approaching expiry date.
- **On the last day of term in July, all medication is returned to parents** with blank paperwork ready for the next academic year.
- First day of term, medication is returned to school, dates etc check. All medication handed in / held in school a medicine and/or inhaler form is completed – refer to First Aid and Medical policy for the appendix form.
- When school staff administer medicine, creams/lotions and inhalers this is checked and recorded by a member of staff and another staff also checks and counter signs.
- It is the staff members' responsibility to inform the School Business Manager of their own allergies, intolerances, medical conditions and share their allergy action plan on commencement of their employment. The same procedure for pupil awareness file is completed (staff section) so colleagues are aware.

### ***Pupil Responsibilities***

- Pupils are encouraged to have a good awareness of their condition and comply with their personal Allergy Action Plan and possible symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.

### **3. Allergy Action Plans**

Allergy action plans are designed to function as individual healthcare plans 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.

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional and provide this to the school.

### **4. Emergency Treatment and Management of Anaphylaxis**

#### ***What to look for:***

Symptoms usually come quickly, within minutes of exposure to the allergen.

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 pupil 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 a 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 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. AAls 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**.
- If there is no improvement after five minutes, administer a second AAl.
- 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 pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

## **5. Supply, storage and care of medication**

For pupils with an allergy action plan requiring an EpiPen there should be an anaphylaxis kit which is kept safe, not locked away and **accessible to all staff**.

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two Adrenaline auto injectors (AAI) i.e. EpiPen® or Jext® or Emerade®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

**It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date** and clearly labelled, however the member of the Medical Team with responsibility for medical needs will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAI's their child is prescribed, to make sure they can get replacement devices in good time.

### **Storage**

**AAI's** should be stored at room temperature, protected from direct sunlight and temperature extremes.

### **Disposal**

**AAI's** are single use only and must be disposed of as sharps. Used AAI's should be given to ambulance paramedics on arrival if relevant or disposed of in the sharps bin.

## **6. Staff Training**

The School Medical Team are responsible for coordinating staff anaphylaxis training. All staff complete reading of Pupil Awareness file and complete annual anaphylaxis training. Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAI's) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date

The use of epi-pens is covered in first aid training provided to staff.

## **7. Inclusion and safeguarding**

We are 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 healthy 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 on the school website. Listed ingredients, highlighted allergens is available from our school kitchen. Any menu changes are communicated to parents as soon as is practically possible.

The school staff update the pupil awareness file of which the school kitchen has a carbon copy housed in the kitchen. The kitchen also have a WBC AL1 form completed for each child with an allergy, intolerance or specific food requirement. All kitchen staff are aware of this procedure and the kitchen supervisor signs off the AL1. Kitchen staff are aware of the children and any new or temporary kitchen staff would be supported with this by school staff and expected to read the pupil awareness file before commencing work.

Parents/carers of children with diagnosed complicated food allergies are encouraged to meet with the SBM and school kitchen prior to admission.

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

- Encourage parents to label bottles and lunch boxes for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- We are a Nut Free school, this is promoted via a notice in the school entrance and is detailed in the weekly newsletter which is published to all families.
- If a child brings their own snack / lunch we request this is nut free.
- Pupils should be taught to also check with catering staff and their teacher when/if selecting their lunch choice.
- Where food is provided by the school, staff are educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
- School Lunch – All children with dietary needs are served first prior to rest of class/school and are served on a plate that has a red edge on the plate / bowl and also drinks served in a red cup. Other children with no requirements are served with plain white plate or blue edge.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats). If children bring in sweets/cake etc as a birthday treat for their friends, they are not allowed to consume in school.
- For school trips, fairs, special celebrations, school staff follow the procedure of serving



allergy children first again using the red cutlery.

- For school fairs, MacMillian cake events, ice cream sales etc. We have a specific allergen table, separate from the other cake stalls. All allergen products in this area, supplier labelling is checked before serving and gloves used and changed in between serving the allergen children/adults.
- We are inclusive and always try to ensure at these events that children with specific food needs are catered for and will source prior to the event and ensure we have items to accommodate their need.

## **10. School trips**

Staff leading school trips will ensure they carry all relevant emergency supplies and medication for pupils. Pupils without their required medication will not be able to attend.

All the activities on the school trip will be risk assessed to see if they pose a threat to pupils with allergies and alternative activities planned to ensure inclusion.

Staff at the venue for an overnight school trip should be briefed early on that a child with allergies is attending and will need appropriate food (if provided by the venue).

## **Sporting Excursions**

Children with allergies will have equal opportunity to attend sports excursions. The school will ensure that the P.E. teachers are fully aware of the situation. The school/site being visited will be notified that a pupil has an allergy when arranging the fixture/event. A member of staff trained in administering adrenaline will accompany the team.

## **11. Allergy awareness and being Nut Aware**

We support the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any allergen in any establishment, including in schools. This is 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 food 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 & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

To minimise the risk, we are a nut free school and advertise accordingly, we discourage nut products or products 'which may contain nuts' on the school site.