



Pupils Allergy Policy

Approved via Governorhub

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1. Aims

This policy aims to:

- Set out our school's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s guidance on allergies in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools and the following legislation.

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

3. Roles and responsibilities

We take a whole-school approach to allergy awareness.

3.1 Allergy lead

The nominated allergy lead is Kirsty White, SENCo.

They're responsible for:

- Promoting and maintaining allergy awareness across our school community
- Recording and collating allergy and special dietary information for all relevant pupils
- The Schools Allergy Code and Checklist (Appendix 1) can be used for assurance purposes
- Ensuring:
 - All allergy information is up to date and readily available to relevant members of staff
 - All pupils with allergies have an allergy action plan completed by a medical professional
 - All staff receive an appropriate level of allergy training
 - All staff are aware of the school's policy and procedures regarding allergies
 - Relevant staff are aware of what activities need an allergy risk assessment
 - Keeping stock of the school's adrenaline auto-injectors (AAIs)
 - Regularly reviewing and updating the allergy policy

3.2 School administrative staff

- Co-ordinating the paperwork and information from families
- Co-ordinating medication with families
- Checking spare AAIs are in date
- Ensuring that system records are up to date

3.3 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Being aware of specific pupils with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies

3.4 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis in writing
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication including any dosage changes, including inhalers, antihistamine etc., and making sure these are in date and replaced in a timely manner. All school medication needs to be clearly named
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition
- Parents/carers are required to provide up to date emergency contact information

3.5 Pupils with allergies

These pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their adrenaline auto-injector
- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose
- Ensure that they know where their medication/AAI's/ inhalers are at all times.

3.6 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Pupils will not share their food

Older pupils might also be expected to support their peers and staff in the case of an emergency

4. Assessing risk

The teachers will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires an **assistance dog or an animal as part of an educational experience**.

5. Managing risk

5.1 Hygiene procedures

- Pupils are reminded to wash their hands before and after eating
- Sharing of food is not allowed
- Pupils have their own named water bottles

5.2 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff/wrap-around care staff receive appropriate training and are able to identify pupils with allergies
- School menus are available for parents/carers to view with ingredients clearly labelled
- Where changes are made to school menus, the school caterer will make sure these continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Catering staff/wrap-around care staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

5.3 Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts (including Nutella)
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If a pupil brings these foods into school, the food will be confiscated and given to the parent at the end of the day.

All hygiene process are followed at all times, see 5.1-5.2.

5.4 Insect bites/stings

Parents/carers are informed of the brand of antihistamine cream that the school is currently using (this is shared in the newsletter). Parents are asked to inform the school if they do not wish for their child to receive this treatment.

If children are stung, antihistamine cream will be administered if skin is not broken but an ice pack will be given if the skin is broken.

This will be recorded on medical tracker and an email is sent home. If a reaction occurs, a phone call home will be made.

When outdoors:

- Shoes should always be worn
- Food and drink should be covered where possible

5.5 Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

5.6 Support for mental health

Teachers will ensure that the wellbeing and inclusion of pupils with allergies are taken into account.

Pupils with allergies will have additional support when required through:

- Pastoral care
- Regular check-ins with their [class teacher/form tutor/etc.]

5.7 Events and school trips

- For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part
- The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training
- Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips (see section 7.5).

6. Procedures for handling an allergic reaction

6.1 Register of pupils with AAls

- All children at risk of anaphylaxis should have an Allergy Action Plan which describes exactly what to do and who to contact in the event that they have an allergic reaction.

- The school maintains a register of pupils who have been prescribed AAI(s) or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis. The register includes:
 - Known allergens and risk factors for anaphylaxis
 - Whether a pupil has been prescribed AAI(s) (and if so, what type and dose) and the accompanying medication for their condition (eg inhaler or antihistamine prior to AAI)
 - A photograph of each pupil to allow a visual check to be made
 - The register is kept [the staff room, the medical room, wrap-around care room, school kitchen and the main office] and can be checked quickly by any member of staff as part of initiating an emergency response

6.2 Allergic reaction procedures

- As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately
- Staff are trained in the administration of AAI(s) to minimise delays in pupil's receiving adrenaline in an emergency
- If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following either the pupil's Allergy Action Plan or Allergy/Chronic Condition Health Care Plan where appropriate (Appendix 2)
- If an AAI needs to be administered, a member of staff will use the pupil's own AAI. If they have a second AAI, this would be administered as required
- If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures

[Follow these steps if you think you or someone you're with is having an anaphylactic reaction:

1. Use an adrenaline auto-injector (such as an EpiPen) if you have one – instructions are included on the side of the injector.
2. Call 999 for an ambulance and say that you think you're having an anaphylactic reaction. Call parent/carer.
3. Lie down – you can raise your legs, and if you're struggling to breathe, raise your shoulders or sit up slowly (if you're pregnant, lie on your left side).
4. If you have been stung by an insect, try to remove the sting if it's still in the skin.
5. If your symptoms have not improved after 5 minutes, use a 2nd adrenaline auto-injector.

Do not stand or walk at any time, even if they feel better.]

- If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance

- If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed

7. Adrenaline auto-injectors (AAIs)

7.1 Purchasing of spare AAIs

The allergy lead/operations manager are responsible for buying AAIs and ensuring they are stored according to the guidance.

- School currently use Kitt Medical for the spare AAIs
- Kitt Medical supply online training to all staff
- Due to the contract undertaken, new pens are sent for the kit
- The kit contains 4 Jext pens. 2x 300mcg and 2 x 150mcg

7.2 Storage (of both spare and prescribed AAIs)

The allergy lead/operations manager will make sure all AAIs are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children
- **Not** locked away, but accessible and available for use at all times
- **Not** located more than 5 minutes away from where they may be needed

Spare AAIs will be kept separate from any pupil's own prescribed AAI, and clearly labelled to avoid confusion.

7.3 Maintenance (of spare AAIs)

Kirsty White and Nicola Bradshaw/Nicola Rippon are responsible for checking monthly that:

- The AAIs are present and in date
- Replacement AAIs are obtained when the expiry date is near

7.4 Disposal

AAIs can only be used once. Once a AAI has been used, it will be disposed of in line with the manufacturer's instructions.

7.5 Use of AAIs off school premises

- Pupils at risk of anaphylaxis will have their AAI looked after by their group lead who will keep it near the child at all times on school trips and off-site events

7.6 Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAIs
- Instructions for the use of AAIs

- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A list of pupils to whom the AAI can be administered
- A record of when AAI's have been administered

8. Training

- The school is committed to training all staff in allergy response. This includes:
 - How to reduce and prevent the risk of allergic reactions
 - How to spot the signs of allergic reactions (including anaphylaxis)
 - The importance of acting quickly in the case of anaphylaxis
 - Where AAI's are kept on the school site, and how to access them
 - How to administer AAI's
 - The wellbeing and inclusion implications of allergies

Training will be carried out annually by the allergy lead or relevant service.

9. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy

Appendix 1



Schools Allergy Code

Allergic disease is the most common chronic condition in childhood. An allergic reaction occurs when a person's immune system is triggered by a substance that is usually considered harmless. Whilst most allergic reactions are mild, some can be very serious and cause anaphylaxis which is a life-threatening medical emergency.

The Code is not a set of rules and regulations but it is a guide to best practice in achieving a whole school approach to allergy safety and inclusion. It has been drawn up by the Benedict Blythe Foundation and The Allergy Team, with the backing of leading allergy clinicians and the Independent Schools' Bursars Association.

All schools are encouraged to use the Schools Allergy Code to ensure good allergy management in their setting. The Code and its accompanying Checklist are free resources.

Principles of good practice

1. **Take every allergy seriously** – allergic reactions are unpredictable and every child with a diagnosed allergy should be included in the measures outlined in the Code.
2. **Every child matters** – allergies are as unique as the children who have them. It is crucial that an individualised approach is adopted to implementing the Code, working with families and children to understand their experiences.
3. **Prioritise safety and inclusion over the 'status quo'** – responding to the needs of children with allergy can require finding new ways of doing things, with schools prioritising safety and inclusion every time.

Code guidance

1. **Take a whole-school approach**

Every member of the school community should understand allergy and their responsibility for reducing risk, from pupils and parents to staff members. Allergy management is not just the responsibility of the catering and medical team.

 - 1.1 Build the knowledge and skills of all staff through targeted training and education. This will include understanding risk reduction and the importance of inclusion, as well as first aid response to allergic reaction.
 - 1.2 Weave allergy awareness into classroom activities, for example lessons on nutrition and PSHE.



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2. Communicate clearly

Give people information about the school's approach to allergy clearly and frequently.

- 2.1 Establish an Allergy and Anaphylaxis Policy which is written in plain English and accessible. The policy should be published online and communicated to all staff and relevant members of the school community, including parents. This should be a dynamic document that is frequently reviewed and updated.
- 2.2 Ensure open communication with parents, teachers, support staff and caterers about the individual needs of children, based on co-created Individual Healthcare Plans (IHPs) for all children with allergy.

3. Have clear governance and risk management

Create an awareness of allergy risk across all activities and processes.

- 3.1 Ensure clear governance structures and clearly defined roles and responsibilities including a Designated Allergy Lead.
- 3.2 Make sure allergy policies and procedures are regularly reviewed and reported on by Designated Allergy Lead.
- 3.3 Allergy should form a part of every risk assessment.

4. Readiness to respond

Have systems, processes, and medication in place for emergencies.

- 4.1 Ensure that pupils prescribed with adrenaline pens have two in-date devices accessible at all times.
- 4.2 Hold spare adrenaline pens and make sure everyone knows where they are.
- 4.3 Establish annual risk reduction and anaphylaxis training for all staff.
- 4.4 Publish an Anaphylaxis Emergency Response Plan which enables staff to respond confidently and immediately to an allergic reaction.
- 4.5 Rehearse the Anaphylaxis Emergency Response plan.

Schools Allergy Register

To join the Schools Allergy Register of those observing the Code and to display a trust mark, schools must be assessed by The Allergy Team. Schools that do this will be supported throughout the process and receive free access to The Allergy Team's allergy and anaphylaxis training for staff.



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Schools Allergy Code Checklist

- | | |
|---------------------------------------|---|
| Whole school approach | <ul style="list-style-type: none">☐ Annual training for all staff delivered, recorded and any refreshers scheduled (Reminder: training must include reducing risk to help prevent allergic reactions, emergency response and supporting wellbeing and inclusion of pupils with allergies)☐ School-wide allergy awareness programme (for example assemblies, PHSE content, staff sessions, communication with all parents and pupils) |
| Clear communication | <ul style="list-style-type: none">☐ Comprehensive Allergy and Anaphylaxis Policy in place☐ Allergy and Anaphylaxis Policy made available and clearly signposted e.g. on website☐ Date set to review Allergy and Anaphylaxis Policy☐ Individual Healthcare Plans created for all pupils and shared as appropriate |
| Governance and risk management | <ul style="list-style-type: none">☐ Clear governance structure agreed and communicated☐ Defined staff roles agreed, including Designated Allergy Lead☐ Review process for policies and procedures agreed☐ Risk assessments include section on allergy management |
| Readiness to respond | <ul style="list-style-type: none">☐ Clear policy implemented for adrenaline pen storage and/or carrying☐ System in place to record expiry date of adrenaline pens☐ Spare pens located appropriately around the school☐ Emergency Response Plan written and circulated to all staff☐ Rehearsal of Emergency Response Plan scheduled☐ Annual anaphylaxis drill planned and scheduled |



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Appendix 2

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

(If vomited, can repeat dose)

- Phone parent/emergency contact

● Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING

- Difficult or noisy breathing
- Wheeze or persistent cough

C CONSCIOUSNESS

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised (if breathing is difficult, allow child to sit)



- 2 Use Adrenaline autoinjector **without delay** (eg. EpiPen®) (Dose: mg)

- 3 Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

*** IF IN DOUBT, GIVE ADRENALINE ***

AFTER GIVING ADRENALINE:

- 1 Stay with child until ambulance arrives, do **NOT** stand child up
- 2 Commence CPR if there are no signs of life
- 3 Phone parent/emergency contact
- 4 If no improvement **after 5 minutes**, give a further adrenaline dose using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name:



2) Name:



Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI in schools.

Signed:

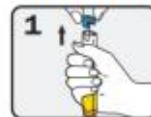
Print name:

Date:

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

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How to give EpiPen®



PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. This action plan and authorisation to travel with emergency medications has been prepared by:

Sign & print name:

Hospital/Clinic:



Date:



Health Care Plan - Allergy/chronic condition

Pupil Name	
Date of Birth	
Medical diagnosis/condition	
Plan written by	
Date of plan	
Review Date	

Family Contact Information

Name	
Phone number	
Name	
Phone number	

Health Contact

Name	
Phone number	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

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