Allergy and Anaphylaxis Policy for Schools and Early Years Settings

This Policy is based on the Department for Education approved model policies for Early Years providers and Schools and incorporates sector specific guidance. The policy must be tailored to each organisation and information needing to be personalised is indicated in highlighted text. The term "setting/school" refers to nurseries, pre-schools, childminders and schools.

The aim of this Policy is to minimise the risk of any pupil suffering a serious allergic reaction whilst at school/nursery or attending any school/nursery related activity. To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.

This Policy is designed to align with the Bowhill Primary School Supporting Students with Medical Conditions and Administration of Medicine Policy. This Policy has been produced in alignment with BSACI, Allergy UK and Anaphylaxis UK advice.

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:

Helen Eustace - SENCO
Anna Lopez - Headteacher

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1. Introduction

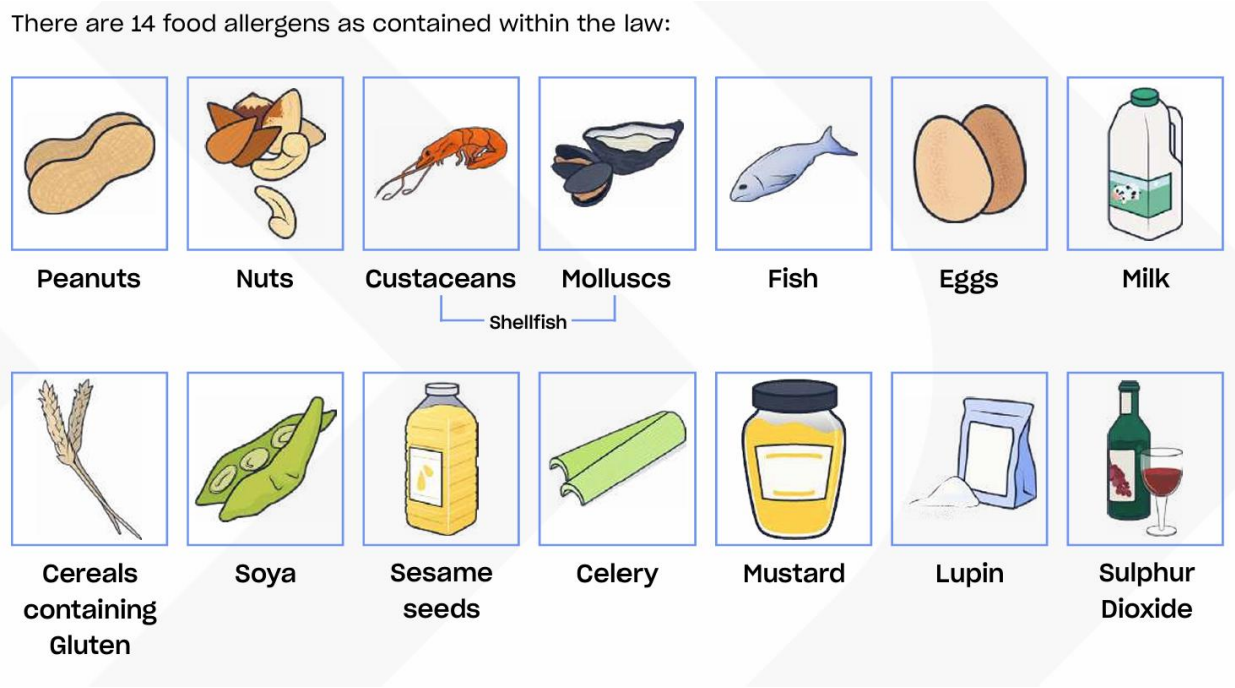
An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. 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.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

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 **Bowhill Primary School** will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school/nursery life.

2. Roles and responsibilities

Parent Responsibilities

- On entry to the school/nursery, it is the parent's responsibility to inform **the school office** 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 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/nursery up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- The Senior Leadership Team have responsibilities for adding an allergy emergency alert on Arbor and to develop an individual risk assessment and management plan (RAMP) specific to the school context.
- Staff (regular or cover classes) 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. Any food-related activities must be supervised with due caution.
- Through PSHE and the wider curriculum, staff help pupils develop an understanding of allergies, the importance of allergy awareness, and how their actions can help keep others safe.
- 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.
- For Early Years settings - Children must not leave the setting without staff carrying the child's medication.
- Pupils unable to produce their required medication will not be able to attend the excursion.
- **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 in date however the School **SENCO** will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- **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.
- **SENCO** ensures that any reaction or near misses is recorded and reported internally or in accordance with RIDDOR.

Pupil Responsibilities

- 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 AAIs will be encouraged to take responsibility for carrying them on their person at all times.
- For Early Years settings - Children are encouraged to learn about their allergies and be taught to ask an adult 'is this safe for me?'
- For Early Years settings - Children should be taught to let an adult know if they are feeling unwell.

3. Allergy Action Plans

Allergy Action Plans are designed to function as individual healthcare plans for children with food 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.

British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by school. These are a national plan that has been

agreed by the BSACI, Anaphylaxis UK and Allergy UK. Allergy Action Plans are designed to function as an individual healthcare plan.

4. Emergency Treatment and Management of Anaphylaxis

What to look for:

Symptoms usually come on 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. **In younger children, anaphylaxis almost always involves skin reactions. In addition to swelling of the face, lips, tongue and eyes, hands and feet may also swell. The child may experience diarrhoea and they may display sudden behaviour changes such as inconsolable crying, become clingy and refuse food.** The child 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 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 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 pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.

5. Supply, storage and care of medication

Depending on their level of understanding and competence will be encouraged to take responsibility for and to carry their own **two** AAIs on them at all times in a suitable bag/container. **All staff to be aware of what this container will look like. SENCO will make all staff aware.**

For Primary and Early Years settings - children or those not ready to take responsibility for their own medication should have an anaphylaxis kit which is kept within 5 minutes of them, not locked away and this should be **accessible to all staff at all times.**

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 AAIs i.e. EpiPen® or Jext®
- 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 **SENCO** 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 AAIs their child is prescribed, to make sure they can get replacement devices in good time.

Older children and medication
Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on **very suddenly**, so school staff need to be prepared to administer medication if the young person cannot.

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 can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a **specialist collection service.** The sharps bin is kept in the **medical** room.

6. 'Spare' adrenaline auto-injectors in school

Bowhill Primary School/nursery has purchased spare **AAIs for emergency use in children who are**

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.

Most schools are required to hold two pairs of "spare" AAIs, so that a pair of "spare" AAIs are available within five minutes of wherever they may be needed.
Schools that operate across more than one site should ensure there are spare AAIs of the appropriate dosage on each site as required.

School type	**AAIs for children under age 6 years** (150 micrograms) e.g. EpiPen Junior, Jext 150	**AAIs for individuals over 6 years of age** (300 micrograms) e.g. EpiPen, Jext 300
Nursey school	One pair of "spare" AAIs	n/a
Primary school	One pair of "spare" AAIs	One pair of "spare" AAIs
Secondary school	n/a	One or two pairs of "spare" AAIs

These are stored in **the glass box in the medical room** clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff at all times.**

Bowhill Primary School holds **four** spare pens which are kept in the following location:

Medical Room

The **SENCO** is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

AAIs are available in different doses and devices. Schools may wish to purchase the brand most commonly prescribed to its pupils (to reduce confusion and assist with training). Guidance from the Department of Health to schools recommends:

For children under age 6 years:	**For children aged 6-12 years:**	**For teenagers aged 12+ years:**
Epipen Junior (0.15mg) **or** Emerade 150 microgram **or** Jext 150 microgram	Epipen (0.3 milligrams) **or** Emerade 300 microgram **or** Jext 300 microgram	Epipen (0.3 milligrams) **or** Emerade 300 microgram **or** Emerade 500 microgram **or** Jext 300 microgram

Written parental permission for use of the spare AAIs is included in the pupil's allergy action plan.

The legislation does not cover providers who are independent, or charity run and these providers are currently unable to purchase spare AAIs for emergency use.

7. Staff Training

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school/nursery's anaphylaxis policy are:

Helen Eustace- SENCO
Anna Lopez - Headteacher

All staff will complete iAM/AllergyWise® allergy and anaphylaxis training annually, and on an ad-hoc basis during induction of new staff.

Training includes:

- Knowing the common allergens and triggers of allergies
- 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 AAIs) 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

8. Inclusion and safeguarding

Bowhill Primary School is committed to ensuring that students with allergies have appropriate care, support and full access to education, including PE, school trips and residential visits. The Headteacher is responsible for ensuring that staff are trained, confident and supported before taking responsibility for students with allergies. The Trust's insurance policy covers liability relating to the administration of medication. The school recognises its duties under the Equality Act 2010 and will make reasonable adjustments to ensure students with allergies can play a full and active role in school/nursery life, remain healthy, achieve their academic potential/development milestones and are not disadvantaged.

9. Food/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's menu is available for parents to view **half termly** in advance with all ingredients listed and allergens highlighted on the menu.

The **SENCO** will inform the **Catering Manager** of pupils with food allergies.

A photographic list of children will be provided in the medical room and to the kitchen.

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/tuck shop, parents should check the appropriateness of foods by speaking directly to the catering manager.
- The pupil should be taught to also check with catering staff before purchasing food or selecting their lunch choice.
- Where food is provided by the school/nursery, staff should be 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. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- Food should not be given to primary school-age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).

- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, 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 they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Children whose parents/carers have been 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.

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Sporting Excursions

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

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 co-operation with any special arrangements required.

11. Allergy awareness and nut bans

Bowhill Primary School/nursery supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular 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/nursery 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.

Risk assessments may determine that a section of the provision needs to be kept free of a particular allergen. In this instance, when the child has left that area of the provision or the child's allergies change, the risk assessment must be reviewed, and restrictions lifted.

12. Risk Assessment

Bowhill Primary School will conduct a detailed individual risk assessment for all new joining pupils with allergies and any newly diagnosed pupils, to help identify any gaps in our systems and processes for keeping allergic children safe.

School/nursery and individual risk assessments can be downloaded for free from: https://www.anaphylaxis.org.uk/downloads-form/safer-schools-download/.

13. Policy Review

This policy will be formally reviewed by the ELAT Board of Trustees at least every **two years**, or sooner if national guidance changes or significant incidents indicate earlier review is necessary.

Updates or amendments will be communicated promptly to all staff and incorporated into school-specific procedures.

14. Auditing and Compliance

Each school will carry out annual audits of:

- medication storage and stock
- consent forms
- record-keeping systems
- compliance with IHCP requirements

Any areas for improvement will be addressed through training, procedural changes, or updates to the school's internal documentation.

15. Continuous Improvement

Lessons learned from any medical incidents will be used to strengthen training, practice and policies.

16. Useful Links

Anaphylaxis UK - https://www.anaphylaxis.org.uk/

- Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer- schools-programme/
- AllergyWise for Schools online training - https://www.allergywise.org.uk/p/allergywise-for-schools1

Allergy UK - https://www.allergyuk.org

- Whole school allergy and awareness management - https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement

BSACI Allergy Action Plans - https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/

Spare Pens in Schools - http://www.sparepensinschools.uk

Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Health Guidance on the use of adrenaline auto-injectors in schools - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) https://www.nice.org.uk/guidance/qs118

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834

Policy Information	
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