

East-the-Water School Allergy Policy

FGB Approved May 24

Next Review May 26

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 an allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion in school
- Promote and maintain allergy awareness among the school community

Legislation and guidance

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

Roles and responsibilities

We take a whole-school approach to allergy awareness.

Allergy lead

The nominated allergy leads are Deana Smith and Julie Servaes. They are responsible for:

- Promoting and maintaining allergy awareness across our school community
- Recording and collating allergy and special dietary information for all relevant pupils (NB - although the allergy lead has ultimate responsibility, the information collected is delegated to administrative staff who have a duty of care to pass the information on)
- Ensuring:
 - All allergy information is up to date and readily available to relevant members of staff
 - All staff are aware of the school's policy and procedures regarding allergies
- Regularly reviewing and updating the allergy policy

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, carrying out a risk assessment when required
- Ensuring the wellbeing and inclusion of pupils with allergies

Designated members of staff

In addition to the responsibilities of teaching and support staff, 'designated members of staff' will be responsible for helping to administer Adrenaline auto-injectors (henceforth known as **AAIs**). These are members of staff who have volunteered and been trained to help pupils with AAIs in an emergency. The designated members of staff are the first aiders in school.

Parents

Parents 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
- If required, providing their child with 2 in-date AAIs and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Carefully considering the food they provide to their children 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

Pupils with allergies

When able, 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 (relevant to age and maturity)

Anaphylaxis is a severe and often sudden allergic reaction.

It can occur when a susceptible person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and progress rapidly, but can occur up to 2-3 hours later. It is potentially life threatening and always requires an immediate emergency response.

What can cause anaphylaxis?

Common allergens that can trigger anaphylaxis are:

- foods (e.g. peanuts, tree nuts, milk/dairy foods, egg, wheat, fish/seafood, kiwi fruit, sesame and soya)
- insect stings (e.g. bee, wasp)
- medications (e.g. antibiotics, pain relief such as ibuprofen)
- latex (e.g. rubber gloves, balloons, swimming caps).

The severity of an allergic reaction can be influenced by a number of factors including minor illness (like a cold), asthma, and, in the case of food, the amount eaten. It is very unusual for someone with food allergies to experience anaphylaxis without actually eating the food: contact skin reactions to an allergen are very unlikely to trigger anaphylaxis.

The time from allergen exposure to severe life-threatening anaphylaxis and cardio-respiratory arrest varies, depending on the allergen:

Food: While symptoms can begin immediately, severe symptoms often take 30+ minutes to occur. However, some severe reactions can occur within minutes, while others can occur over 1-2 hours after eating. Severe reactions to dairy foods are often delayed, and may mimic a severe asthma attack without any other symptoms (e.g. skin rash) being present.

Severe reactions to insect stings are often faster, occurring within 10-15 minutes.

Why does anaphylaxis occur?

An allergic reaction occurs because the body's immune system reacts inappropriately to a substance that it wrongly perceives as a threat. The reaction is due to an interaction between the substance ("allergen") and an antibody called Immunoglobulin E (IgE). This results in the release of chemicals such as histamine which cause the allergic reaction. In the skin, this causes an itchy rash, swelling and flushing. Many children (not just those with asthma) can develop breathing problems, similar to an asthma attack. The throat can tighten, causing swallowing difficulties and a high pitched sound (stridor) when breathing in and raise the blood pressure.

In severe cases, the allergic reaction can progress within minutes into a life-threatening reaction. Administration of adrenaline can be lifesaving, although severe reactions can require much more than a single dose of adrenaline. It is therefore vital to contact 999 as early as possible. Delays in giving adrenaline are a common finding in fatal reactions. Adrenaline should therefore be administered immediately, at the first signs of anaphylaxis. Adrenaline acts quickly to open up the airways, stop swelling and raise the blood pressure.

Procedures for handling an allergic reaction

Register of pupils with AAls

➤ The school maintains a register of pupils who have been prescribed AAls or where a doctor has provided a written plan recommending AAls to be used in the event of anaphylaxis. These children will have an Allergy Action Plan/Individual Health Care Plan written by their GP. This Plan will include:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)
- Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI which may be different to the personal AAI prescribed for the pupil
- A photograph of each pupil to allow a visual check to be made (this will require parental consent)

Current Guidance from the Medicines and HealthCare Products Regulatory Agency (MHRA) is that anyone prescribed an AAI should carry 2 of the device at all times. Parents will be encouraged to provide 2 that are left in school.

- The register and allergy/health care plan is kept in an easily accessible location in every classroom and can be checked quickly by any member of staff as part of initiating an emergency response
- The school office, the first aider at lunchtime and Mrs Smith also has copies of the register & allergy/health care plans
- Prescribed AAI kits for pupils are located in the pupil's classroom in a safe and suitably central location to which staff have access at all times, but is out of the reach and sight of children

Allergic reaction procedures

- As part of the whole-school awareness approach to allergies, all staff are have updated on the school's allergic reaction procedure, and are able to recognise the signs of anaphylaxis and respond appropriately
- Designated members of staff are trained in the administration of AAls – these are trained first aiders

If a pupil has a severe allergic reaction (anaphylaxis) and the child has an AAI in school, the staff member will follow the pupil's Allergy Action/Health Care Plan, administer the AAI without delay and call 999 and then parents.

NOTE: in the presence of ANY of the severe symptoms listed in the red box under Appendix 1 (poster is also displayed in class, staffroom and school office), it is vital that the AAI is administered regardless of what other symptoms or signs may be present.

A trained first aider will administer the pupil's own AAI. The school also holds a register of children prescribed and whose parents have consented to the use of emergency AAIs and this list is kept with the emergency AAIs in the school office. This information is also detailed on the child's Allergy Action Plan/Health care Plan.

If the pupil's condition deteriorates and a second dose of adrenaline is administered after making the initial 999 call, make a second 999 call to confirm that an ambulance has been dispatched

If having a severe allergic reaction, the pupil whether they have an AAI or not should:

- stay where they are, lying flat with legs raised to help blood flow back to the heart and vital organs.
- If struggling to breathe, they may need to be propped up, but this should be for as short a time as possible.
- Avoid any sudden change in posture. They must not stand up, or sit in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.
- If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent 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 informed during the school day by phone

Assessing risk

The school will conduct a risk assessment for any relevant pupil on the allergy list if it is deemed they may react to/ be at risk of anaphylaxis in:

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

Reducing the risk of allergen exposure in children with food allergy

Bottles, other drinks and lunch boxes provided by parents for children with food allergies should be clearly labelled with the name of the child for whom they are intended

Food should not be given to food-allergic children in primary schools without parental engagement and permission (e.g. birthday parties, food treats)

Catering

Norse provides the catering in school and they are committed to providing safe food options to meet the dietary needs of pupils with allergies.

The school administrative staff will update Norse and the allergy leads about pupils on entry to school with allergies.

Adrenaline auto-injectors (AAIs)

Purchasing of spare AAIs

The allergy leads are responsible for buying AAIs and ensuring they are stored according to the guidance following the Department of Health and Social Care's Guidance on using [emergency adrenaline auto-injectors in schools](#).

School will seek to purchase these if and when we have a pupil/s who require AAIs. Currently this is not required.

Storage (of both spare and prescribed AAIs)

The allergy lead 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.

Disposal

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

Use of AAIs off school premises

- Pupils at risk of anaphylaxis who are able to administer their own AAIs should carry their own AAI with them on school trips and off-site events
- A member of staff trained to administer AAIs in an emergency should be present on school trips and off-site events
- Staff to ensure in advance that pupils have 2x AAIs for emergency use on school trips and off-site events

Training

The school is committed to training all staff in allergy response. There are numerous First Aiders located throughout the school and this is part of their first aid training. All classes also display a poster to raise awareness of anaphylaxis

Links to other policies

This policy links to the following policy:

- Policy for supporting students with medical conditions and for the administration of medicine

APPENDIX 1 – Recognition & Management of an allergic reaction/anaphylaxis

Recognition and management of an allergic reaction/anaphylaxis 1

Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

Mild-moderate allergic reaction:

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

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



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

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised:
(if breathing is difficult, allow child to sit)   
2. **Use Adrenaline autoinjector* without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS

***** 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 dose** of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

APPENDIX 2 copy found under:

<https://www.bsaci.org/wp-content/uploads/2024/02/BSACI-AllergyActionPlan-2018-EpiPen-form.pdf>

BSACI
Improving Allergy Care
through education, training and research

ALLERGY ACTION PLAN

RCPCI
Royal College of
Paediatric and Child Health
Leading the way in Children's Health

anaphylaxis UK
AllergyUK

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 AAIs in schools.

Signed:

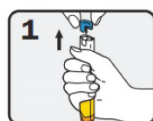
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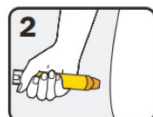
For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

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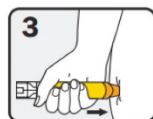
How to give EpiPen®



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: