

# Allergy Policy

Barford Primary School



Responsibility: Head teacher

Date: December 2024

Review date: September 2025

**This policy is part of the school's wider medical policy as required by the Supporting Pupils in schools with medical conditions statutory guidance**

**Purpose** To minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.

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

Kaylee Whorrie	School Business Manager and Allergy Lead
Elizabeth Harrison	Deputy Headteacher and Inclusion Lead ( including medicines in school)
Joanne Davies	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 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.

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

## **2. Role and responsibilities**

### **Parent Responsibilities**

- On entry to the school, it is the parent's responsibility to inform school via the school admissions form of any allergies. This form is then passed to SENDCO before a date is allocated for the new child to start. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication. SENDCO will send out an administration of medication form.
- 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 up to date with any changes in allergy management in writing. 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.
- Staff must be aware of the pupils 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 food-related activities must be supervised with due caution.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will plan in advance and 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.
- SENDCO 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 Lead First Aider 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. School will record the incident using the BCC school safety team using the near miss/ accident reporting procedures. School MUST call an ambulance and the used (AAI) must be taken away by the ambulance crew.

### **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.

### **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 autoinjector. The spare pen is kept in the SMT office in a locked cupboard.

Barford Primary School recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK 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.

#### 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. 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 up 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 (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 reoccur after treatment.

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

Teachers will take responsibility for the children's AAIs at all times They will be stored in a suitable container in the identified cupboard

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

- One AAIs i.e. EpiPen® or Jext® or Emerade® (if a second one is available, two can be held by the school)
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included medical form)
- Spoon if required
- Asthma inhaler (if included on medical form).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the Lead First Aider will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

### **Storage**

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes. They will be kept in a locked cupboard in each classroom with a medical sign on the outside.

### **Disposal**

AAIs are single use only and must be disposed of as sharps. Used AAIs to be given to ambulance paramedics on arrival.

## **6. 'Spare' adrenaline auto-injectors in school**

Barford Primary School 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).

These are stored in an orange anaphylaxis rescue kit in the SMT room. It is clearly labelled 'Emergency.'

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

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

If anaphylaxis is suspected **in an undiagnosed individual** call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

## **7. Staff Training**

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

- ***Kaylee Whorrie School Business Manager and Allergy Lead***
- ***Elizabeth Harrison Deputy Headteacher and Inclusion Lead ( including medicines in school)***

Whole school training for asthma and anaphylaxis held in the autumn term on an annual basis and delivered by the NHS nursing team.

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 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
- A practical session using trainer devices (these can be obtained from the manufacturers' websites: [www.epipen.co.uk](http://www.epipen.co.uk) and [www.jext.co.uk](http://www.jext.co.uk) and [www.emerade-bausch.co.uk](http://www.emerade-bausch.co.uk))

## **8. Inclusion and safeguarding**

Barford Primary School is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, 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 website advance with all ingredients listed and allergens highlighted on the school website at [www.barfordprimary.co.uk](http://www.barfordprimary.co.uk)

Prior to the child's first day and as part of the induction process, Elizabeth Harrison, *SENDCO*, will inform the Catering Supervisor of pupils with diagnosed food allergies and pass the form to the Allergy Lead to update BROMCOM with allergy details. These pupils will be placed on the Food Allergy Poster with an accompanying photograph of the child so that they are easily identifiable and will be sent out to all staff. Class teachers display poster inside their classroom cupboard door and kitchen -on the wall by the serving hatch.

Parents and carers are encouraged to meet with the Catering Supervisor to discuss their child's needs.

## **10. Organisation of children with allergies in the school dinner hall and nursery**

All children with a diagnosed allergy will wear a purple lanyard with their name, class and allergy type. The children are served first and use a purple tray for their food. It is the Catering Supervisor's responsibility that all kitchen staff follow the school policy for dealing with children with allergies.

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, 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.

## **11. School trips**

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check at the initial trip planning stages, that all pupils with medical conditions, including allergies, have the appropriate medication close to them looked after by the named class teacher. Where parents are unable to produce their required medication, children will not be able to attend the excursion.

All the activities on the school trip will be risk assessed (by the trip lead) 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 will be arranged. Staff at the venue for an overnight school trip will be briefed (by the trip lead) 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 by the trip lead, that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the group. 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**

Barford Primary School adopts a 'whole school awareness of allergies' 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. At the present time the school requests that parents, carers, pupils and staff **do not** bring nuts or nut-based products into the school.

## 12. Risk Assessment

Barford Primary School will conduct a detailed individual Risk Assessment for all new joining pupils with allergies (including nut allergies) and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping children with allergies safe. See Barford Allergy Risk Assessment Template appendix 1.

## 13. Useful Links

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

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

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

- Resources for managing allergies at school - <https://www.allergyuk.org/living-with-an-allergy/at-school/>

BSACI Allergy Action Plans - <https://www.bsaci.org/professionalresources/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](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](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>

14. **Links with other policies**

- First Aid policy
- Health and Safety policy

## Appendix 1 – Barford Allergy Risk Assessment

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

Child/Young Person Name:	Date of Birth:
Setting/School:	Key Worker/Teacher/Tutor:
Phase: Primary/Secondary:	
Name and role of other professionals involved in this Risk Assessment (i.e. Specialist Nurse or School Nurse):	
Date of Assessment:	Reassessment due (this would usually be annually, unless there is an incident, at which point the risk assessment should be reviewed):
<p><b>I give permission for this to be shared with anyone who needs this information to keep the child/young person safe:</b></p> <p><b>Signatures:</b></p> <p>Setting Manager/Head teacher: <span style="float: right;">Date</span></p> <p>Parents/Carers <span style="float: right;">Date</span></p> <p>Child/Young Person <span style="float: right;">Date</span></p>	
<p>What is this child/young person allergic to?</p> <p>Allergen exposure risks to be considered                      Ingestion <input type="checkbox"/>      Direct contact <input type="checkbox"/>      Indirect contact <input type="checkbox"/></p>	

Does this child already have an Allergy Action Plan or an Individual Healthcare Plan? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is the child prescribed adrenaline auto-injectors (AAIs)? YES <input type="checkbox"/> NO <input type="checkbox"/>
Summary of current medical evidence seen as part of the risk assessment (copies attached)
Key Questions - Please consider the activities below and insert any considerations than need to be put in place to enable the child to take part.
<b>Activities</b>
Crayons/painting:
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): packed lunches:
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?):
<b>Allergy Management</b>
Does the child know when they are having an allergic reaction?
What signs are there that the child is having an allergic reaction?
What action needs to be taken if the child has an allergic reaction?
If the medication is stored in one secure place are there any occasions when this will not be within 5 minutes reach if required? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes state when and how this can be adjusted:
If the child is trained and confident can the medication be carried by them throughout the day? Yes <input type="checkbox"/> No <input type="checkbox"/> If No state reason:
Does the child have two of their own prescribed AAIs?
How many staff need to be trained to meet this child's need?
Are there backup spare AAIs available and where are they located?
<b>Outcome of Risk Assessment</b>
<b>New Allergy Action Plan/Individual Healthcare Plan required?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Existing Allergy Action Plan/Individual Healthcare Plan to be updated?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>