Allergy and Anaphylaxis Policy

Author/s	Emma Collopy - Headteacher
Review Frequency	Annually
Date approved by governors	Headteacher
Date of next review	1st September 2027
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.
Links with other policies	First Aid Policy

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

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Contents

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 **Park View 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 reception staff of any allergies. This information will be passed onto the SENDCo and further information collected which 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 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.
- 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.

- 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. Pupils unable to produce their required medication will not be able to attend the excursion.
- All pupils with a diagnosed allergy requiring management in school will have an Individual Healthcare Plan (IHP) developed in partnership with parents/carers and relevant healthcare professionals.
- The IHP will incorporate the pupil's Allergy Action Plan and will be reviewed at least annually, whenever medication changes, following an allergic reaction, or whenever the pupil's needs change.
- 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 is in date however the SENCO will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- School SENCO will keep 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.
- The school maintains an up-to-date Allergy Register containing details of all pupils with diagnosed allergies and prescribed adrenaline auto-injectors. This register is reviewed termly and is accessible to relevant staff. Information is shared appropriately with teaching staff, support staff, lunchtime staff, supply staff and trip leaders.
- SENCO ensures that any reaction or near misses is recorded and reported internally or in accordance with RIDDOR.
- Following any allergic reaction, anaphylactic episode, use of an adrenaline auto-injector, or significant near miss, the school will undertake a review of the circumstances to identify lessons learned and implement any necessary changes to practice, training, risk assessments or individual healthcare arrangements.
- The governing body will review the Allergy and Anaphylaxis Policy annually and receive reports regarding allergy incidents, training compliance and the effectiveness of allergy management arrangements.

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.

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. The 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 severe 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 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. 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 re-occur after treatment.

5. Supply, storage and care of medication

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept within 5 minutes of them, not locked away and **accessible to all staff.**

Medication will be stored in the evacuation bags in their classroom, hanging on the back of their evacuation door and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- One 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 School 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 will be given to ambulance paramedics on arrival. Expired AAIs will be returned to parents for disposal.

6. 'Spare' adrenaline auto-injectors in school

Park View 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) or are experiencing anaphylaxis for the first time.

These are stored in the school office in the first aid box behind the door, the year 6 classroom in a cupboard in the kitchen labelled Epi-Pen, in the Reception classroom on the left above the sink and a lower dose for Nursery children in the Nursery kitchen on top of the first aid box all clearly labelled 'Emergency Anaphylaxis Adrenaline Pen' (Epi-Pen), kept safely, not locked away and **accessible and known to all staff.**

Park View Primary School holds **4** spare pens which are kept in the following location/s:-

Year 6 building in the cupboard in the kitchen
In the reception classroom on the left above the kitchen
Nursery kitchen on top of the first aid box
In the main office in the first aid box behind the door

The School SENCO *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 AAIs is included in the pupil's allergy action plan.

7. Staff Training

The named staff members below are responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are: -

Emma Collopy
Rachel McClean
Joanne Anderson

All staff will complete AllergyWise® allergy and anaphylaxis training[2] annually, and on an ad-hoc basis during induction of new staff.

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

8. Inclusion and safeguarding

Park View 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.

The school recognises that children with allergies may experience anxiety, isolation or bullying relating to their condition. Any bullying or discriminatory behaviour connected to a pupil's allergy will be addressed in accordance with the school's Behaviour and Anti-Bullying Policies.

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's menu is available for parents to view in advance with all ingredients listed and allergens highlighted on the organisation website at https://www.parkviewprimary.com/School-Dinners/

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

This will be in the form of a list of children with their photographs that include their specific allergies. The school's SENCO, with support from the office manager, is responsible for keeping this up to date as children leave and start at the school.

Parents/carers are encouraged to meet with the Catering Manager and Cook 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, 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. Pupils 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

Park View Primary School supports the approach advocated by Anaphylaxis UK towards 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 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.

12. Risk Assessment

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

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

Appendix A: Management of Anaphylaxis

Park View Primary School Procedure Epi Pens

Anaphylaxis Park View Primary School Procedure.

Rational

Following the introduction of Benedicts Law all schools are advised to have an emergency epi-pen and Parents will be informed that emergency adrenaline auto-injectors are held in school and may be administered in a life-threatening emergency.

This is not just for children who have an epi pen, as 30% of cases involve children who have no history of previous reactions. The more common reaction is to bee stings.

There are different brands of epi pen but they are all adrenalin. There are different doses based on the weight of the child. It is recommended that children in N have 150 mcg dose and children R to Y6 have 300 mcg dose.

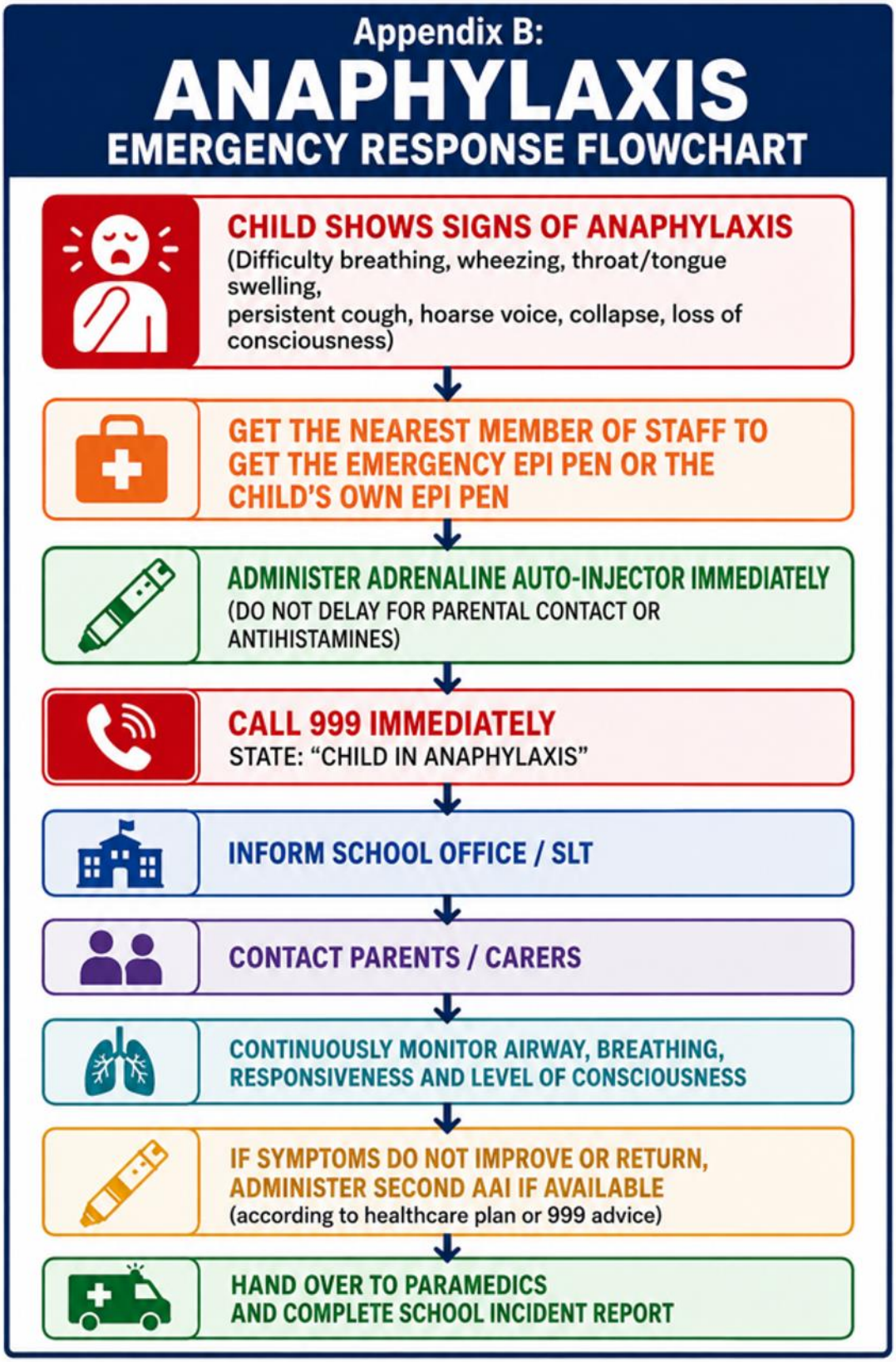
The guidance is clear that every child with an Epi pen must know where it is stored and it is accessible to them, Epi pens are not to be locked in cupboards or boxes.

Procedure

1. School have bought 3 emergency epi pens 300mcg and store 1 in Reception on the shelf above the sink in the classroom on the left, 1 in the office in the Grey Medical Cabinet for OOSC, KS1 and KS2 except for Y6, the front yards. In Y6 the pen will stored in the drawer in the kitchen for Y6 and the KS 2 playgrounds.
2. There will be a 150mcg epi pen for children in Nursery, this will be stored in the Nursery Kitchen above the first aid box. (All clearly labelled Epi Pens)
3. Emergency AAIs may be administered to pupils displaying symptoms of anaphylaxis, including pupils without a previous diagnosis of severe allergy, where trained staff consider this necessary to preserve life while awaiting emergency medical assistance.
4. If a child has symptoms of anaphylaxis then an epi pen will be administered, wherever possible this will be the one prescribed to them. If the child does not have an Epi pen administer the emergency adrenaline auto-injector without delay if symptoms indicate anaphylaxis.
5. Following administration of any adrenaline auto-injector, an ambulance must always be called, even if symptoms improve (this is in line with guidance)
6. Where a child has anti histamines and the care plan says to administer, school will give antihistamines and follow the individual guidance in the care plan.
7. All prescribed epi pens will be stored in the evacuation bags back of the evacuation doors with all other meds.
8. These will be taken on all trips and when classes are going to the field.

9. The guidance states that there is no longer a shortage of epi pens, school will encourage parents to send in 2 pens to school if this is the case 1 pens will be kept by OOSC.
10. If parents are only prescribed 2 pens school will keep 1 as this will reduce the risk of a child being in school without an epi pen.
11. All staff have completed the Allergy and anaphylaxis training and will be able to administer the pen in an emergency, a first aider should be advised asap to monitor breathing and take appropriate action.
12. The major risk that has been identified is that children could access the pens, the action to reduce this risk would be to teach children about medicine safety and ensure that children are not in classes unsupervised. For children in younger classes pens will be kept out of reach.

Appendix B: Anaphylaxis Emergency Response Flowchart



Important: Anaphylaxis can occur in children with no previously diagnosed allergy. If staff reasonably suspect anaphylaxis, adrenaline should be administered immediately and emergency services called. Delaying treatment can be life-threatening.