Allergy and Anaphylaxis Policy

Low Ash Primary School

Approved by:	The Governing Body	**Date**
Last reviewed on:		
Next review due by:	Autumn term 2027	

The main purpose of this policy is 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 coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:

Emma Turley

Beth Medhurst

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

ROLES AND RESPONSIBILITIES

Parent Responsibilities

- ✓ On admission, it is the parent's responsibility to inform the school 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 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 and the relevant forms completed in school.
- ✓ 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 and relevant risk assessments.
- ✓ Staff leading school trips will ensure they carry all relevant emergency supplies for known allergies and any regular medication for a child taking part in the trip.
- ✓ The allergy lead will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication alongside the individual health plan as appropriate.
- ✓ It is the parent's responsibility to ensure all medication is in date however the allergy lead will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

- ✓ The school keeps a register of pupils who have been prescribed an adrenaline autoinjector (AAI) and a record of use of any AAI(s) and emergency treatment given through the KITT MEDICAL online portal.
- ✓ The allergy lead ensures that any reaction or near misses are 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.

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.

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 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. 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 reoccur after treatment.

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 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 school 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.
AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.
The children with AAI's will have the medication in a clearly labelled zip wallet and will be stored in the class first aid bag.
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 specialist collection service. The sharps bin is kept in both first aid rooms.

SPARE ADRENALINE AUTO INJECTORS IN SCHOOL
Low Ash Primary School has purchased spare AAIs for emergency use in children who are risk of anaphylaxis, or if 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 Anaphylaxis Kitt** purchased from Kitt Medical clearly wall mounted in dinner hall and accessible and known to all staff.
The allergy lead 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.

STAFF TRAINING
The named Allergy Lead is responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy is Emma Turley.

All staff will complete allergy and anaphylaxis training annually, and on an ad-hoc basis during the 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

The Anaphylaxis Kitt also has a trainer a Jext Trainer to allow staff to familiarise and practice administration.

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 on a 3 week Rota in advance with all ingredients listed and allergens highlighted on the organisation website on the school website.

The canteen is informed of children in school with allergies as these children wear a clearly labelled allergy badge which has their name, picture and what they are allergic to on.

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).
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.

Low Ash Primary School are a nut free school and work on 'whole school awareness of allergies' 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.

VISITORS IN SCOOL

All visitors are expected to follow the guidelines provided by the school and sign a visitor declaration upon arrival at the school (Appendix 1).

Appendix 1

ALLERGY AND ANAPHYLAXIS – Visitor Safety Briefing

Welcome

Low Ash Primary School has pupils with allergies, including some who may be at risk of anaphylaxis, a severe and potentially life-threatening allergic reaction. Allergy management forms part of the school's safeguarding, health and safety, and medical needs arrangements. All visitors are expected to follow this guidance whilst on site.

What Visitors Must Do: Please…

☐ Follow instructions provided by school staff regarding allergy management.

☐ Avoid bringing food, sweets, treats or rewards for pupils unless agreed in advance.

☐ Inform school staff before using food, animals, plants, chemicals, sensory materials, art materials or other substances that may present an allergy risk.

☐ Follow any instructions relating to specific pupils where these are necessary to keep children safe.

☐ Report any concerns about allergy risks immediately to a member of staff.

If You Are Working Directly with Pupils: Where necessary to keep a child safe, school staff may provide information about relevant allergy risks.

Visitors must:

- Treat this information as confidential.
- Follow any control measures explained by the school.
- Seek clarification if unsure about any requirement.
- Take reasonable care not to expose pupils to known allergens.

Emergency Response: If a pupil shows signs of an allergic reaction:

1. Notify a member of school staff immediately.
2. Follow staff instructions.
3. Call 999 if instructed to do so.
4. Never leave a child experiencing a suspected severe allergic reaction unattended.
5. Treat suspected anaphylaxis as a medical emergency.

Possible Signs of Anaphylaxis

- Difficulty breathing
- Wheezing
- Persistent coughing
- Swelling of the lips, tongue or throat
- Hoarse voice or difficulty speaking
- Dizziness or collapse
- Becoming unconscious
- Rapid deterioration in condition

Medication: The school maintains arrangements for pupils who require emergency medication. Visitors should not administer or access pupil medication unless specifically requested and directed by authorised school staff during an emergency.

Reporting Concerns: Please immediately report:

- An allergic reaction or suspected allergic reaction.
- A near miss involving allergens.
- Unsafe storage or handling of allergens.
- Any concern that may place a pupil at risk.

Visitor Declaration

I have read and understood the school's Allergy and Anaphylaxis Visitor Briefing and agree to comply with school procedures whilst on site.

Name: _____

Organisation: _____
Date: _____
Signature: _____

Local Authority & BCFT Staff visitors:
All visiting professionals are expected to comply with the host school's allergy and anaphylaxis arrangements, avoid introducing known allergen risks, and seek immediate assistance if they become aware of a suspected allergic reaction or anaphylaxis.