Woolpit Primary Academy

NURTURE • RESILIENCE • INSPIRATION • RESPECT

Allergy Policy

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Reviewed By	Head teacher and LGB
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Signature	Emma Jones
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Our vision:

Our core values are; Nurture, Resilience, Respect, Inspiration, which are at the heart of all we do. This is to ensure children leave Woolpit Primary Academy with a love of learning, as resilient individuals who are prepared for their futures. Our nurturing approach will ensure all pupils grow into well-rounded individuals with healthy minds. Children will leave our primary school as respectful members of the community; inspired to learn and motivated to achieve.

Our School Rules:

Be Ready, **Be Respectful**, **Be Safe**

These three core rules run through every aspect of our school. The rules mean different things in different contexts such as the school hall, the playground, the classroom. Children spend time at the beginning of each term talking about what they mean in the different contexts. The School Rules are presented clearly and, in a child friendly way in every classroom as well as public areas around the school. They are shared with the wider school community and on the school website.

Contents

1. Aims

The 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; and to ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.

This policy:

- Sets out our school's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Makes clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Outlines how our school will promote and maintain allergy awareness among the school community.

2. Legislation and guidance

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

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019.

3. 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. Most people will, however, 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.

4. Roles and responsibilities

We take a whole-school approach to allergy awareness. Every member of the school community should understand allergies and their responsibility for reducing risk. This includes pupils and parents as well as staff members.

4.1 Allergy lead

The nominated allergy lead is Emma Jones, headteacher.

They are responsible for:

- Promoting and maintaining allergy awareness across our school community
- The recording and collating of allergy and special dietary information for all relevant pupils. (Although the allergy lead has ultimate responsibility, the information collection itself may be delegated to administrative staff.)

- Ensuring that:
    - All allergy information is up to date and readily available to all members of staff
    - All pupils with allergies have an allergy action plan completed by a medical professional
    - All staff receive an appropriate level of allergy training
    - All staff are aware of the school's policy and procedures regarding allergies
    - Relevant staff are aware of what activities need an allergy risk assessment
- Monitoring of the school's adrenaline auto-injectors (AAIs)
- Regularly reviewing and updating the allergy policy.

4.2 Office Manager – Sarah Brown.

The office manager is responsible for:

- Co-ordinating the paperwork and information from families
- Co-ordinating medication with families
- Checking spare AAIs are in date
- Any other appropriate tasks delegated by the allergy lead.

4.3 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
- Ensuring the wellbeing and inclusion of pupils with allergies.

4.4 Parents/carers

Parents/carers are expected to be aware of our school's allergy policy.

Parents/carers of children <u>with</u> allergies are responsible for:

- On entry to the school, or when an allergy is first identified, providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis.
- Supplying 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.GP/allergy specialist.
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner.
- Updating the school on any changes to their child's condition and/or allergy management. The Allergy Action Plan will be kept updated accordingly.

Parents/carers of children <u>without</u> allergies are responsible for:

- Carefully considering the food they provide to their child 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.

4.5 Pupils with allergies

These pupils are responsible for:

- Being aware of their allergens and the risks they pose. They 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.
- In a way that is appropriate for the child, understanding how and when to use their adrenaline auto-injector.

4.6 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers.

Older pupils might also be expected to support their peers and staff in the case of an emergency.

5. Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

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

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

6. Managing risk

6.1 Hygiene procedures

To prevent contamination in school:

- Pupils are reminded to wash their hands before and after eating
- Sharing of food is not allowed
- Pupils have their own named water bottles.

6.2 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training from the catering provider
- Catering staff can identify pupils will allergies through allergy posters provided by school with pupils' pictures.
- School menus are available for parents/carers to view with ingredients clearly labelled.
- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils.
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA).
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination.
- Parents/carers can meet with the catering manager to discuss their child's needs.

6.3 Food restrictions

It is impractical to enforce an allergen-free school. Our approach of 'whole school awareness of allergies' 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. We would, however, like to encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If a pupil brings these foods into school, they may be asked to eat them away from others to minimise the risk.

6.4 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered.

6.5 Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals.

6.6 Support for mental health

Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy.

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher.

6.7 Events and school trips

- For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part
- The school will plan accordingly for all events and school trips and arrange for the staff members involved to be aware of pupils' allergies and to have received relevant training.
- Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips.
- 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 (if necessary) 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).

7. Procedures for handling an allergic reaction

7.1 Register of pupils with AAIs

The school maintains a register of pupils who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register includes:

- 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).

The register is kept in the first aid folder in the office and can be checked quickly by any member of staff as part of initiating an emergency response. Allowing all pupils to keep their AAIs with them will reduce delays and allows for confirmation of consent without the need to check the register.

7.2 Allergic reaction procedures

- As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately
- Staff are trained in the administration of AAIs to minimise delays in pupils receiving adrenaline in an emergency
- If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan
- If an AAI needs to be administered, a member of staff will use the pupil's own AAI, or if it is not available, a school one
- If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures (see Annex A).

A school AAI device will be used instead of the pupil's own AAI device if:

- Medical authorisation and written parental consent have been provided, or
- The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered).

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer 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/carers informed.

8. Adrenaline auto-injectors (AAIs)

8.1 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 which is out of the 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.

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely, 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® or Emerade®
- 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 allergy lead 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.

Storage

AAIs should be stored in line with manufacturer's guidelines,

8.2 Maintenance (of spare AAIs)

Emma Jones and Sarah Brown are responsible for checking monthly that:

- The AAIs are present and in date
- Replacement AAIs are obtained when the expiry date is near.

8.3 Disposal

AAIs can only be used once. Once a AAI has been used, it will be disposed of in line with the manufacturer's instructions (for example, in a sharps bin for collection by the local council).

8.4 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
- The use of spare AAIs for emergency use on school trips and off-site events will be recorded in the Risk assessment for the school visit/trip.

9. Training

The school is committed to training all staff in allergy response. This includes:

- How to reduce and prevent the risk of allergic reactions
- How to spot the signs of allergic reactions (including anaphylaxis)
- The importance of acting quickly in the case of anaphylaxis
- Where AAIs are kept on the school site, and how to access them
- How to administer AAIs
- The wellbeing and inclusion implications of allergies

Training will be carried out annually by the allergy lead. Training will also be provided on an ad-hoc basis for any new members of staff.

10. Risk assessment

The allergy lead, parent/carer and relevant school staff will work collaboratively to produce 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 children with allergies safe.

11. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- School food policy

Annex A

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. 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.