



Allergy management at school policy

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1. Introduction

An allergy is a reaction to 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 severe 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 often include foods, insect stings or drugs.

Anaphylaxis is characterized by rapidly developing life-threatening airway/breathing/circulatory problems usually associated with skin or mucosal changes.

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 not limited to): peanuts, tree nuts, sesame, milk, egg, fish, latex, insect venom, pollen and animal dander.

This policy sets out how the 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. Roles and responsibilities

2.1 Parents

- On entry to the school, it is the parent's responsibility to inform the school of any allergies. This information should include all previous severe 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](#) are 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 up to date accordingly.

2.2 Headteacher

The Headteacher (or their delegate) will ensure that:

- Anaphylaxis training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff
- Staff are aware of the children in their care who have known allergies
- Children with known allergies have an up to date Allergy Action Plan and a register of all children who have a prescribed Adrenaline Auto-Injector
- Medication kept at school is checked on a termly basis for expiry dates

2.3 Staff

- All staff will complete anaphylaxis training.
- Staff must be aware of the children 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 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
- The First Aider/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 First Aider/SENCO will check medication at school on a termly basis and send a reminder to parents if medication is approaching expiry
- The First Aider/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.

2.4 Pupils

- 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 auto-injectors will be encouraged to take responsibility for carrying them on their person at all times.

3. Allergy Actions Plans

Allergy action plans are designed to function as an Individual Healthcare Plan 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.

The school recommends using the [British Society of Allergy and Clinical Immunology \(BSACI\) Allergy Action Plan](#) to ensure continuity. This is a national plan that has been agreed by the BSACI, the Anaphylaxis Campaign 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

4.1 What to look for

- Swelling of the mouth or throat
- Difficulty swallowing or speaking
- Difficulty breathing
- Sudden collapse/unconsciousness
- Hives/rash anywhere on the body
- Abdominal pain, nausea, vomiting
- Sudden feeling of weakness
- Strong feelings of impending doom

Anaphylaxis is likely if all of the following 3 things happen:

- **Sudden onset** (a reaction can start within minutes) and **rapid progression of symptoms**
- **Life threatening airway and/or breathing difficulties** and/or **circulation problems** (e.g. alteration in heart rate, sudden drop in blood pressure, feeling of weakness)
- **Changes to the skin** e.g. flushing, urticaria (an itchy, red, swollen skin eruption showing markings like nettle rash or hives), angioedema (swelling or puffing of the deeper layers of skin and/or soft tissues, often lips, mouth, face etc). Note: skin changes on their own are not a sign of an anaphylactic reaction, and in some cases don't occur at all.

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.

4.2 Action

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly.

Adrenaline is the mainstay of treatment and starts to work within seconds. Adrenaline should be administered by an **injection into the muscle** (intramuscular injection).

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

Adrenaline must be administered with the **minimum of delay** as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once the symptoms have become severe.

ACTION:

- Stay with the child and call for help. **Do not move the child or leave unattended**
- Remove the trigger if possible (e.g. insect stinger)
- Lie child flat (with or without legs elevated – a sitting position may make breathing easier)
- **USE ADRENALINE WITHOUT DELAY** and note the time given (inject at upper, outer thigh – through clothing if necessary)
- **Call 999** and state **ANAPHYLAXIS**
- If no improvement after 5 minutes, administer second adrenaline auto-injector
- If no signs of life commence CPR
- Phone parent/carer as soon as possible

5. Supply, storage and care of medication

At around 11 years+ pupils will be encouraged to take responsibility for and to carry their own two adrenaline injectors on them at all times (in a suitable bag/container).

For younger children or those assessed as not ready to take responsibility for their own medication their should be an anaphylaxis kit which is kept safely, not locked away, and **accessible to all staff**.

Medication should be stored in a rigid box and clearly labelled with the pupil's name and a photograph.

The pupil's medication storage box should contain:

- Adrenaline injectors i.e. EpiPen or Jext (two of the same type being prescribed)
- An up to date allergy action plan
- Antihistamine as tablets or syrup (if included on plan)
- Spoon if required
- Asthma inhaler (if included on 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 SENCO/First Aider 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 adrenaline auto-injectors 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 complete responsibility for their emergency kit under the responsibility 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 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 by a clinical waste contractor/specialist collection service.

6. Spare adrenaline auto injectors in school – include if applicable

The school has purchased spare **adrenaline auto-injector (AAI) devices for emergency use in children who are at 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 a 'KITT MEDICAL' box outside the office, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff**.

Kitt Medical automatically replace the medication when used or when out of date.

Written parental permission for use of the spare AAIs is included in the pupil's Allergy Action Plan.

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

7. Staff training

All first aiders are responsible for coordinating all staff anaphylaxis training and the upkeep of this policy.

Kitt Medical, the providers of the school kit, will provide on-line training. Training is also available on an ad-hoc basis for any new members of staff.

8. Inclusion and safeguarding

The 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 health 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 with all ingredients listed and allergens highlighted on the school website.

The school will inform the catering manager of pupils with food allergies. The system in place for this is: Inform Chartwells, fill out their paperwork, keep a list with photography the catering bench.

Parents/carers are encouraged to meet with the catering manager 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, parents should check the appropriateness of the food by speaking directly to the school catering manager
- The pupil should also be taught to 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 allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday cakes, Christmas parties, food treats)
- Food containing nuts are discouraged from being brought into school
- Use of food in crafts, cooking classes, science experiments and special events (e.g. 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 that 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 may 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).

A member of staff trained in administering adrenaline will accompany the trip.

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 cooperation with any special arrangements required.

11. Allergy awareness

The school supports the approach advocated by The Anaphylaxis Campaign and Allergy UK towards nut bans/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 and symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

12. Risk Assessment

The school will conduct a detailed risk assessment to help identify any gaps in our systems and processes for keeping allergic children safe for all new joining pupils with allergies and any pupils newly diagnosed. A template risk assessment is included at appendix 1.

Appendix 1 - Anaphylaxis Risk Assessment

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

Child/Young person:	Date of Birth:
Setting/School: Phase: Primary/Secondary:	Key Worker/Teacher/Tutor:
Name and role of other professionals involved in this Risk Assessment (i.e. Specialist Nurse or School Nurse):	
Date of Assessment:	Reassessment due:
I give permission for this to be shared with anyone who needs this information to keep the child/young person safe:	
Signatures:	
Lead teacher/SENCO:	Date
Parents	Date
Young person	Date
What is this child allergic to?	
Under which conditions is the allergy? Ingestion <input type="checkbox"/> Direct contact <input type="checkbox"/> Indirect contact <input type="checkbox"/>	
Does this child already have an Individual Healthcare Plan? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Summary of current medical evidence seen as part of the risk assessment (copies attached)	
Describe the container the medication is kept in:	

Outcome of Risk Assessment		
Is an individual health care plan required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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.		
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): sandwiches:		
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):		
Does the child know when they are having a reaction?		
What signs are there that the child is having a reaction?		
What action needs to be taken?		
If the medication is stored in one secure place are there any occasions when this will not be close enough if required? Yes <input type="checkbox"/> No <input type="checkbox"/>		

If Yes state when and how this can be adjusted:
If the child is old enough – can the medication be carried by them throughout the day? Yes <input type="checkbox"/> No <input type="checkbox"/> If No state reason:
How many EpiPens are required in the setting?
How many staff need to be trained to meet this child's need?
What is the location of the backup AAI?
Is a generic AAI available in school?