

## Pupil Allergy and Anaphylaxis policy



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**Last reviewed on:**

**Next review due by:**

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### 1. Aims

This policy aims to:

On Track Education Northampton strives to ensure the safety and wellbeing of all members of the school community. For this reason, this policy is to be adhered to by all staff members, parents and pupils, with the intention of minimising the risk of anaphylaxis occurring whilst at school.

In order to effectively implement this policy and ensure the necessary control measures are in place, parents are responsible for working alongside the school in identifying allergens and potential risks, in order to ensure the health and safety of their children.

The school does not guarantee a completely allergen-free environment; however, this policy will be utilised to minimise the risk of exposure to allergens, encourage self-responsibility, and plan for an effective response to possible emergencies.

### 2. Legislation and guidance

This policy is based on the Department for Education'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](#)

› The Children and Families Act 2014

› The Human Medicines (Amendment) Regulations 2017

### **3. Roles and responsibilities**

We take a whole-school approach to allergy awareness.

#### **3.1 Allergy lead**

The nominated allergy lead is Sally O'Connor.

They're responsible for:

- › Promoting and maintaining allergy awareness across our school community
- › Recording and collating allergy and special dietary information for all relevant pupils (although the allergy lead has ultimate responsibility, the information collection itself is delegated to the family liaison officer / admin staff
- › Ensuring:
  - All allergy information is up to date and readily available to relevant members of staff
  - All pupils with allergies have an allergy action plan completed by a medical professional
  - All pupils with allergies have an individual health care plan
  - 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
- › Keeping stock of the school's adrenaline auto-injectors (AAIs)
- › Regularly reviewing and updating the allergy policy
- › Ensuring there is an Anaphylaxis Drill once a year.

#### **3.2 Allergy team**

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

#### **3.3 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 and respond to 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
- › Taking part in training and anaphylaxis drills as required (at least once a year) and to tell a manager if you have not received any in the last 12 months

### **3.4 Designated members of staff**

In addition to the responsibilities of teaching and support staff, 'designated members of staff' will also be responsible for helping to administer AAIs. These are members of staff who have volunteered and been trained to help pupils with AAIs in an emergency. The designated members of staff are:

- Sally O'Connor
- Lucy Byatt
- Jayne O'Connor
- Claire Dunk
- Samantha Beirne

### **3.5 Parents of children without allergies**

Parents are responsible for:

- Being aware of our school's allergy policy which will be readily available on our website
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis. They should also inform the school of any related conditions, for example asthma, hay-fever, rhinitis or eczema
- Carefully considering the food they provide to their children 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
- Updating the school on any changes to their child's condition

### **3.6 Parents of children with allergies**

- Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan
- 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.
- Ensure medication is in-date and replaced at the appropriate time
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring eg. not eating the food they are allergic to,
- Provide the school with an up-to-date photograph of their child and sign the associated permission for it to be shared appropriately as part of their allergy management.
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring eg. not eating the food they are allergic to.

### **3.7 Pupils with allergies**

These pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their adrenaline auto-injector
- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose (designated members of staff are still expected to help administer the AAI if the pupil is not able to do so)
- Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies

### **3.8 Pupils without allergies**

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Learn how they can support their peers and be alert to allergy-related bullying.

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- Older pupils will learn how to recognise and respond to an allergic reaction and to support their peers and staff in case of an emergency
- Checking the ingredients of foods brought into school and adhering to food restrictions or guidance about food being brought in
- Older pupils might also be expected to support their peers and staff in the case of an emergency.

#### **4. 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.

#### **5. Managing risk**

##### **5.1 Hygiene procedures**

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

##### **5.2 Catering**

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

- Catering staff receive appropriate training and are able to identify pupils with allergies
- School menus are available for parents 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

##### **5.3 Food restrictions**

We acknowledge that it is impractical to enforce an allergen-free school. However, we would 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, or the food may be confiscated.

##### **5.4 Insect bites/stings**

When outdoors:

- Shoes should always be worn

- › Long sleeved tops and long trousers are advised when visiting locations that are high risk for insect's activity
- › Food and drink should be covered

### **5.5 Animals**

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

### **5.6 Support for mental health**

Pupils with allergies will have additional support through:

- › Pastoral care
- › Regular check-ins with their trusted adults
- › Thrive sessions

### **5.7 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 adequate training
- › Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips (see section 7.5).

## **6. Procedures for handling an allergic reaction**

### **6.1 Register of pupils with AAIs**

This will link to 'supporting pupils with medical conditions' policy.

- › 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
  - The register is kept on the MIS and can be checked quickly by any member of staff as part of initiating an emergency response
  - Pupils will keep AAI on them for easy and quick access when needed.

### **6.2 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
- › Designated members of staff are trained in the administration of AAIs – see section 3.4
- › 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 designated member of staff member will use the pupil's own AAI, or if it is not available, a school one. It will only be administered by a designated member of staff trained in this procedure

- 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
- If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent 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 informed

## **7. Adrenaline auto-injectors (AAIs)**

### **7.1 Purchasing of spare AAIs**

The allergy lead is responsible for buying AAIs and ensuring they are stored according to the guidance.

- Where the AAIs will be sourced – Kitt Medical
- The quantity of AAIs required 2 x Kitts with 4 AAIs in both
- 2 X 300mcg Jext and 2 X 150mcg Jext (per kitt)

### **7.2 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 is out of the reach and 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.

### **7.3 Maintenance (of spare AAIs)**

Sally O'Connor will be responsible for checking online portal monthly.

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

### **7.4 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. In school Sharp bins are located in both first aid rooms.

### **7.5 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
- A member of staff trained to administer AAIs in an emergency should be present on school trips and off-site events
- Spare AAIs will be stored safely on transport in the event of a whole school trip and forest school sessions. All other off-site activities are covered by the venues Allergies response.

### **7.6 Emergency anaphylaxis kit**

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAIs
- Instructions for the use of AAIs
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors

- A list of pupils to whom the AAI can be administered
- A record of when AAIs have been administered

## 8. 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).
- Where AAIs are kept on the school site, and how to access them
- The importance of acting quickly in the case of anaphylaxis
- The wellbeing and inclusion implications of allergies

Training will be carried out annually by the allergy lead.

## 9. 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

## 10. Key terminology

**ALLERGY:** occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction

**ANAPHYLAXIS:** Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

**ALLERGEN:** A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by law to be highlighted on pre-packed food. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

**ADRENALINE AUTO-INJECTOR (AAI):** Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAIs, adrenaline pens or by the brand name EpiPen. There are three brands licensed for use in the UK: EpiPen, Jext Pen and Emerade. Emerade is currently not available as it has been recalled due to misfiring incidences.

**ALLERGY ACTION PLAN:** This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

**INDIVIDUAL HEALTHCARE PLAN:** A detailed document outlining an individual pupil's condition, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. All pupils with an allergy should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.

**RISK ASSESSMENT:** A detailed document outlining an activity, the risks it poses and any actions taken to mitigate those risk. Allergy should be included on all risk assessments for events on and off the school site.

**SPARE PENS:** From 2017 schools have been able to purchase spare adrenaline pens. These should be held as a back-up, in case pupils' own adrenaline pens are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

### **ALLERGIC REACTIONS VARY**

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen.

Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

### **MILD TO MODERATE ALLERGIC REACTIONS**

Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

Response:

- Stay with pupil
- Call for help
- Locate adrenaline pens
- Give antihistamine
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil

### **SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS**

The most serious type of reaction is called ANAPHYLAXIS. Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.

People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

This kind of reaction may include the following symptoms:

- Difficulty breathing
- Feeling faint
- Reduced level of consciousness
- Lips turning blue
- Collapsing
- Becoming unresponsive