Britannia Education Trust
Pupil Allergy Policy

Approved by:	Linda-May Bingham	**Date:** 28/03/2024
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Contents

1. Aims

This policy aims to:

- Set out our trust's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Promote and maintain allergy awareness among the school community
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- To minimise the risk of any pupil suffering a severe allergic reaction whilst at school or attending any school related activity.
- To ensure staff are properly prepared to recognise and manage severe allergic reactions should they arise.

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

3. Roles and responsibilities

We take a whole-school approach to allergy awareness.

3.1 Allergy lead

The nominated allergy lead is the trust's Medical Needs Leader – currently this is Judith Ferreira, SENCO. The named governor for allergy awareness is Helen Fernandes.

The allergy lead is 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 may be delegated to the administrative staff and class teachers)
- 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 (AAP) completed by a medical professional
    - ☐ A copy of the AAP is kept with the pupil's medication
    - ☐ Any use of AAIs or emergency treatment is recorded
    - ☐ 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) and checking they are in date
- Contributing to a regular review of the allergy policy
- Coordinating the paperwork and information from families on Medical Tracker
- Coordinating medication with families

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 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
- Recording any administration of medicine on Medical Tracker and notifying parents through the app

3.4 Designated members of staff

These are members of staff who have been trained to help pupils with AAIs in an emergency. The designated members of staff are all those who have received paediatric first aid training or specific AAI training. The names of those individuals are on Medical Tracker, the digital BET Training log and also displayed in our main school offices.

3.5 Parents

Parents are responsible for:

- Being aware of our school's allergy policy
- Providing the school with up-to-date details of their child's medical needs (confirmed by a medical professional), dietary requirements, and any history of allergies, reactions and anaphylaxis

- 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
- 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 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)
- 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)
- Wearing their lanyard at lunchtime and showing it to catering staff

3.7 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Acting responsibly around pupils with allergies, especially when eating

4. Assessing risk

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

- Lessons involving handling and/or eating food
- Science experiments involving food
- Crafts using food packaging
- Off-site events and educational visits
- Any other activities involving animals or food, such as animal handling experiences, visitors with guide dogs

5. Managing risk

5.1 Hygiene procedures

- Pupils are reminded to wash their hands or use hand sanitiser 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.

- It is made clear to the catering provider that all catering staff should receive appropriate training and be able to provide suitable meals for pupils with allergies
- School menus with details of all allergens are available to parents on request
- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils
- There is a system in place to ensure catering staff can identify pupils with allergies. This includes individual lanyards listing the allergies for each child and an identification list with photos of children with allergies posted in the school kitchen
- 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

Britannia Education Trust 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 and 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
- 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
- Pupils with animal allergies will not interact with animals
- Follow allergy safety precautions for example when handling chickens newly hatched from eggs

5.6 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 available to them if required through:

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

5.7 Events and Educational Visits

For events, including ones that take place outside of the school, no pupils with allergies will be excluded from taking part.

Staff leading school visits will ensure they carry all relevant emergency supplies. Pupils unable to produce their required medication may not be able to attend the excursion. All the activities on the school visit will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight residentials 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).

6. Procedures for handling an allergic reaction

6.1 Register of pupils with AAIs

The school maintains a register on Medical Tracker 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:

- ☐ A pupil's 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, (including implied parental consent 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 Medical Tracker, in the staff rooms and in the school kitchens (with a photograph of the child) and can be checked quickly by any member of staff as part of initiating an emergency response

AAIs are kept in locations close to the dining halls and class teachers are responsible for collecting these and taking them to the class for activities involving food.

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
- All staff members are shown how to administer an AAI. Paediatric trained members of staff have received additional training

- Note that any member of school staff can legally administer an Adrenaline Auto-Injector (AAI) in an emergency to save a life, even without formal medical training.
- If a pupil has an allergic reaction, a 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, administer the school AAI and proceed with the school's 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

Emergency Treatment and Management of Anaphylaxis

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

..... **(If vomited, can repeat dose)**

- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY
- **Persistent cough**
- **Hoarse voice**
- **Difficulty swallowing**
- **Swollen tongue**

B BREATHING
- **Difficult or noisy breathing**
- **Wheeze or persistent cough**

C CONSCIOUSNESS
- **Persistent dizziness**
- **Pale or floppy**
- **Suddenly sleepy**
- **Collapse/unconscious**

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie child flat with legs raised** (if breathing is difficult, allow child to sit)

2. **Use Adrenaline autoinjector <u>without delay</u>** (eg. Emerade®) (Dose: . . mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do <u>NOT</u> stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjectilable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

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.

Adrenaline should be administered by an injection into the muscle (intramuscular injection). It opens up the airways, stops swelling and 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 CHILD OR LEAVE UNATTENDED
- Remove 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 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
- All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

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.

- AAIs will be sourced from the local pharmacy or Mangal Pharmacy for Schools
- The quantity of AAIs required is 4: two normal Epipens (0.3mg adrenaline for people above 25kg) and two Epipens Junior (0.15mg adrenaline for children below 25kg)

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

  BVPS - in a labelled cupboard in the main office

  RWPS - in a labelled cupboard in the kitchen next to the main office
- **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.

  BVPS - in a labelled cupboard in the main office

  RWPS - in a labelled cupboard in the kitchen next to the main office

7.3 Maintenance (of spare AAIs)

The allergy lead and main office staff are responsible for checking monthly that:

- 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 an AAI has been used, it will be handed to the paramedics in attendance for safe disposal or deposited in a sharps bin.

7.5 Use of AAIs off school premises

- A member of staff will carry the AAI for any pupils at risk of anaphylaxis on educational visits and off-site events
- A member of staff trained to administer AAIs in an emergency should be present on educational visits and off-site events

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 record of when AAIs have been administered (on Medical Trackers)

8. Training

The trust is committed to training all staff in allergy response. The medical needs coordinator will organise a practical anaphylaxis training session annually. All staff will complete anaphylaxis awareness training annually. Training is also available on an ad-hoc basis for any new members of staff.

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 including how to administer an AAI
- The wellbeing and inclusion implications of allergies

Training will be carried out at least 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