Walton Priory Middle School

School Allergy Policy

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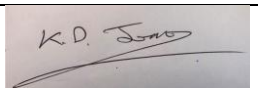
Approved by	Full Governors	**Signed**	

Contents

Statement of intent p3

Equalities statement p3

Context p3

Principles p4

Allergy management checklist p4

Practical steps p5

Individual Healthcare Plans and Allergy Action Plans p9

Supply, storage and care of medication p10

Reducing the risk of allergen exposure in children with food allergy p11

Allergy awareness and nut bans p12

Risk assessment p13

Trips, visits and off-site sporting activities p13

Training p13

Wellbeing and bullying p15

Serious incidents and Near Misses p15

Information sharing p16

Staff and visitors with allergy p16

Appendix I – Emergency Treatment and Management of Anaphylaxis

Appendix II - Epipen AAI and Jext AAI Instructions

Appendix III- Information on Allergies and Top 14 Allergens

Statement of intent

This School is committed to promoting a whole school approach to health care, welfare and wellbeing and the safe management of those members of our school community who live with specific allergies. We believe that all allergies should be taken seriously and dealt with in a professional and appropriate way. By our actions we will work proactively to:

- minimise the risk of exposure within the school setting
- encourage self-responsibility
- learn avoidance strategies
- have robust plans for an effective response to possible emergencies
- ensure inclusivity for all pupils

Equalities statement

Our school is clear about the need to actively support pupils with medical conditions to participate in school life.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely in all aspects of school life.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

Context

Allergy is a medical condition in which the body's immune system has an abnormal reaction to normally harmless substances such as food, insect stings, contact allergens and airborne allergens.

Allergy includes multiple conditions (food allergy, eczema, hay fever, others) which can co-exist

Anaphylaxis is a potentially fatal reaction affecting the Airway/Breathing/Circulation ("ABC"). Many individuals with allergies to food or insect stings are at risk of anaphylaxis.

Asthma is a lung disease caused by inflammation and tightening of the airways, it is frequently associated with allergy and anaphylaxis, because exposure to allergens can provoke an asthma attack, a potentially life-threatening condition.

Intolerance to foods or an ingredient that the body is unable to digest is different to allergy and does not cause a serious allergic reaction. It can cause long term health problems if not avoided. Common food intolerances include lactose and gluten. Coeliac disease is intolerance to gluten, found in rye, barley and wheat.

It is essential that schools take steps to reduce the risk of individuals being exposed to their known allergens, in order to reduce the risk of a reaction. Around one in five children and young people with allergy have their first allergic reaction while in their school, college or early years setting. Therefore, it is not sufficient only to organise allergy safety measures around children with known allergy. All staff in schools must be able to recognise anaphylaxis and know how to treat it. Schools

must have robust emergency response plans. This should include being able to administer adrenaline while awaiting the arrival of emergency services.

Schools have a legal duty to support pupils with medical conditions, including allergy.

Principles

- To comply with all relevant environmental legislation, regulations and requirements.
- To encourage proactive steps to keep pupils safe.
- To ensure pupils from diverse backgrounds, ethnicities or different cultural heritages are not disadvantaged when dealing with allergies and food labelling.
- To work with the catering provider to establish a robust process and documentation for menu planning, food labelling, storing, avoidance of cross-contamination, stock ordering of food/drink used at the school.
- To provide an effective staff awareness programme on food allergies and intolerances, possible symptoms (anaphylaxis) recognition and actions to take.
- To develop a pupil awareness programme through PHSE and other curriculum areas.

Allergy management checklist

The following steps have been taken at Walton Priory Middle School:

- All children who require it have an Individual Healthcare Plan
- The school has purchased spare pens
- Each child will have a completed and signed Allergy and/or Asthma Action Plan
- All school staff been trained in allergy and anaphylaxis
- The school allergy policy includes where and how to store AAIs
- There is a schedule to check the expiry dates on spare AAIs and each child's AAI
- The allergy policy covers catering for children with allergies
- The allergy policy includes pupil allergy awareness
- The school has completed an allergy risk assessment
- The allergy policy includes the risk assessment of extra curricula activities
- The allergy policy covers safeguarding children with allergies, including bullying

Practical steps (see also Appx I and Appx II)

In order to put these principles into practice we will:

Governors

Ensure the school has a strategic vision for the management of allergy risk assessment and emergency procedures

- A named Governor oversees the policy, in this school this is the Chair of the Finance & Premises Committee.
- Delegate the day-to-day responsibility for the effective delivery of this Policy to the Headteacher and Deputy Headteacher
- Ensure the school's arrangements to identify and safeguard the wellbeing of pupils, because of their own or someone else's allergy, are robust and effective
- Ensure that the school provides appropriate training, information, instruction, induction and supervision on a regular basis to enable everyone to stay safe regarding allergies and their management. It is good practice to log all training and attendees.
- Ensure adequate resources for managing allergies are available
- Ensure appropriate material is available on the school website for parent/carers highlighting how the school is managing pupils with allergies
- Monitor the effectiveness of this Policy to ensure it remains fit for purpose

Headteacher/ Deputy Headteacher

Provide, as far as practicable, a safe and healthy environment in which people at risk of allergic reaction and anaphylaxis can participate equally in all aspects of school life and are not subject to bullying because of their condition

- Ensure all visitors, volunteers, work experience students, sub-contractors are made aware of the school's commitment to allergy management as part of Safeguarding
- Ensure the curriculum contains age-appropriate content so all pupils can learn about allergies and how everyone can support those who have them
- Create links at strategic level with healthcare professionals and catering providers and ensure at operational level that links are robust
- Ensure that up-to-date allergy information for pupils is accessible to catering teams.
- Ensure there is a workable School Emergency Plan in place that is known by all staff
- Ensure the school sends a copy of the medical details it holds for the pupil to parents/carers for review and update at the end of each school year. Seek updated medical information at the commencement of each calendar year and for any pupil joining in year
- Where the pupil has an Individual Healthcare Plan (IHP), ensure the involvement of healthcare and welfare professionals, teaching and catering staff, parents/carers and the pupil in establishing IHPs.

- Encourage parents/carers to provide Allergy Action Plans (AAPs) completed and signed by a healthcare professional that can be kept with their medication with copies made available for all staff to access and help the school support the pupil

- Ensure effective communication of individual pupil medical needs to all staff and that they know how and where to check for updated information.
- Ensure there are enough trained staff to meet the statutory requirements and assessed needs, allowing for staff absences away from the school premises
- Ensure First Aid staff training includes anaphylaxis management, including awareness of triggers, anaphylaxis and first aid emergency procedures
- Ensure an adequate risk assessment is undertaken prior to any school trips, excursions or off-site extra curricula activities for pupils who have allergies
- Ensure records of pupils medically prescribed an AAI and its use are kept correctly
- Ensure pupil documentation and in date medication is kept correctly and safely
- Ensure best practice in the labelling of foodstuffs and their contents
- Report to the Board of Governors regarding the management of allergies within the school
- Ensure the efficacy of arrangements in school by holding practice anaphylaxis emergency drills

Members of Staff responsible for medical needs:

- Follow all legal requirements, recommended best practice and whole school procedures pertaining to allergies within the school context
- Report to the Headteacher/Deputy Headteacher regarding pupils with allergies
- Lead on the training of staff regarding allergy medical needs and their identification and management
- Work closely with in-house and sub-contracted catering manager in assisting in the support of pupils with known allergies (including meeting with parents/carers where requested) to discuss any special requirements
- Monitor where there is a school 'tuck shop' or home baked items are brought into school
- Liaise with parents/carers of pupils with known declared allergies to produce a risk assessment for their child that includes sharing of information, allergy management, risk minimisation and emergency actions.
- Contact parents/carers with the appropriate forms to request health information for all new starters.
- Wherever possible use an Allergy Action Plan (AAP) for pupils with recognised allergies and keep it with their medication. Ensure copies of the AAP are available for all staff to access.
- If an additional written IHP is not required, ensure that the AAP is viewed and treated with the same level of seriousness.
- Ensure all copies of the AAP/IHP located around the school and/or on IT systems are identical if an updated version is received.
- Where an AAP has not been received for a pupil with recognised allergies, or if the medication

information is not clear, liaise with GP/school nursing team, to obtain an up to date copy and/ or clarification.

- Ensure medication is stored in a rigid box and clearly labelled with the pupil's name and a photograph (older students should carry their AAIs and medication with them)
- Be trained in the use of an Adrenaline Auto-Injector (AAI) and be competent in performing any possible required prescribed medical treatment as outlined in the pupil's IHP and/or AAP
- Ensure that any other staff involved with those pupils requiring the use of an AAI are also adequately trained and competent
- Ensure all school trips, excursions or off-site extra curricula activities for pupils/students are pre-checked so that 'safe' food is provided or that an effective control is in place to minimise risk of exposure for pupils with allergies
- Ensure the school has an audited spare supply of in date AAIs that are kept in a safe space at room temperature that is accessible, secure but not locked away and all staff are aware of the location
- Monitor the use of all AAIs to ensure they are within the expiry date including those brought into the school by pupils or external sources and are of the correct dosage
- Arrange for the correct disposal of out-of-date AAIs
- Where anaphylaxis is suspected in an undiagnosed individual, call the emergency services and state ANAPHYLAXIS is suspected, then follow their advice as to whether administration of a spare AAI is appropriate
- Record all emergency uses of AAIs or reports of suspected emergencies
- Ensure that, if a pupil notifies school that they are no longer allergic to a food, this information is checked prior to updating records and the IHP (if applicable).

All Staff

- Follow as directed all the requirements of the school, including all legal requirements, recommended best practice and whole school procedures pertaining to allergies within the school context
- Complete appropriate anaphylaxis training annually and upon appointment and be confident and prepared to respond to an allergy emergency
- Raise awareness about allergies and anaphylaxis amongst their pupils in the classroom and around school, especially in dining areas
- Encourage self-responsibility and learned avoidance strategies amongst pupils living with allergies
- Help all pupils understand which foods are safe for those with allergies and how they can support other pupils with specific dietary needs to stay safe
- Highlight the need for anti-bullying of pupils with the condition
- Be aware of the pupils in their care (including regular cover classes) who have known allergies

as an allergic reaction could occur at any time, not just at breaks or mealtimes

- Any food-related activities must be supervised with due caution whilst following best practice for storing, preparing, cooking and serving food
- Any staff leading on a school trip must check that all pupils with medical conditions, including allergies, are carrying their medication
- Staff leading a school trip, excursion or off-site extra curricula activity must ensure they carry all relevant emergency supplies with them
- Inform the school of any allergy they themselves have.

Parents/Carers

- Notify the school of their child's allergies.
- Inform the school of any changes as soon as known
- Talk with your child about allergy self-management, including what foods are safe and unsafe, how to read food labels, strategies for avoiding allergens, how to spot symptoms of allergy, how and when to tell an adult if experiencing an allergic reaction.
- Provide an Allergy Action Plan completed by a healthcare professional that can be kept with their medication and help the school support the pupil/student
- Contribute to the provision of an IHP in partnership with the school, and relevant healthcare professional, where required.
- Provide any other written medical documentation, instructions and medications as directed by a health professional.
- If you require it, meet with the Catering Manager to discuss any specific requirements relating to your child's allergy (information from these meetings will be recorded by the Catering Manager)
- Complete the Edwards and Ward special diets registration form if one is required
- Be aware of the school Allergy Policy and any arrangements for managing children with allergies and at risk of anaphylaxis
- Communicate regularly with the school to support our ability to keep our children safe and act immediately in the event of an allergic reaction
- Provide appropriate in date medication (two AAIs) of the correct dosage and register their AAIs on the manufacturer's websites to receive text alerts for expiry dates
- Encourage your child to carry their medication with them at all times, including travelling to and from school.
- Providing appropriate foods to be consumed by the child if necessary
- Replace medications after use or upon expiry
- Review the Policy and procedures with the school's Deputy Headteacher and Lead First Aider,

the pupil's doctor and the pupil (if age appropriate) after a reaction has occurred

Pupil with allergies (as age appropriate)

- Have a good awareness of their allergy and support the knowledge of peers in helping keep them safe
- Be proactive in the care and management of their food allergies and reactions and medication
- Be sure not to exchange food with others and take care to avoid any foods which may cause an allergic reaction
- Read food labelling but, if unsure, avoid the food
- Avoid eating anything with unknown ingredients
- Know where their medication is kept and (if age appropriate and confident enough to administer their own auto-injectors) take responsibility for carrying AAIs on their person at all times
- As soon as they suspect they are experiencing signs of allergic reaction, tell an adult.

Individual Healthcare Plans and Allergy Action Plans

Pupils should have an Individual Healthcare Plan (IHP) if:

- they have an allergy which has a functional impact on them in their school, college or setting;
- they are at risk of harm as a result of their allergy and
- they require arrangements which are additional to or different from those made generally.

The IHP will set out the additional and/or different arrangements that will be in place in the school, for supporting the pupil with their medical condition or allergy, including in emergency situations. This includes pupils whose allergies require flexibility and "reasonable adjustments", as well as those who require medication (either proactively or in an emergency situation).

Where pupils have an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, the IHP should refer to or attach it. Whenever an updated Action Plan becomes available, the pupil's Individual Healthcare Plan will be reviewed to incorporate it.

All IHPS and Allergy/Asthma Action plans are stored on the secure staff shared drive. Information is also stored on the School's MIS system, Arbor.

Supply, storage and care of medication

Prescribed adrenaline

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own two AAIs on them at all times (in a suitable bag/container). This is to ensure rapid access to their devices at all times. This includes in the lunch area, playground and sports fields or when on visits or trips.

For younger pupils or those not ready to take responsibility for their own medication, there will an anaphylaxis kit which is kept safely in the first aid room, not locked away and accessible to all staff.

Medication is 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 pupils's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the lead 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 AAIs 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 responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on very suddenly, so school staff are prepared to administer medication if the pupil 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 are obtained from and disposed of by a clinical waste contractor.

The sharps bin is kept in the First Aid room.

Spare AAIs

The School has spare Adrenaline Auto-Injectors (AAIs) for pupils at risk of anaphylaxis. It remains vital that families have their own prescribed AAIs for their child. If the pupil has their own prescribed adrenaline device these should be used first. The spares are stored in the first aid room and are clearly marked and accessible. Spare devices are always stored in pairs in case a second one is necessary. No pupil should be more than five minutes away from their adrenaline device.

The School publishes a register detailing the AAIs on site with expiry dates. The first aider will check this on a monthly basis. This information is available to all staff. Information is also recorded on our management information system, Arbor.

Using Spare AAIs in an emergency situation without prior consent

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used in an emergency. Whilst it is good practice to obtain consent anyone may take reasonable action to save a life without checking without prior consent has been given, in order to avoid delays in treatment.

Reducing the risk of allergen exposure in children with food allergy

School meals and packed lunches

The School uses an external catering company, Edwards & Ward, provided by Entrust. Staff working in the kitchen are not employed by the School but rather act as contractors.

Where a pupil requires reasonable adjustments relating to food, these should be captured through an IHP.

All 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 including pre packed food.

The school menu with all ingredients listed and allergens highlighted is available for parents to view on the school website at: www.waltonpriory.staffs.sch.uk.

The First Aider and Catering Manager will liaise to ensure that they are both aware of pupils with food allergies. Information will be provided on the School's MIS system, the school's shared drive and a hard copy available in the kitchen.

The School also distributes a link to parents for them to register their child's requirement for a special diet with Edwards and Ward/Entrust.

Parents/carers are encouraged to meet with the Catering Manager to discuss their child's needs if required.

The school adheres to the following Department of Health guidance recommendations:

- If food is purchased from the school canteen, parents should check the appropriateness of foods by speaking directly to the catering manager.
- The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school catering company, kitchen 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 pupils with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- 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.

Wider School Food

- Food should not be given to food-allergic children without parental engagement and permission (e.g. birthday parties, food treats). When staff are aware that food is likely to be provided they should always check the allergies list beforehand and the relevant pupil risk assessment.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, 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.
- In arts/craft, an appropriate alternative ingredient can be substituted (e.g. wheat-free flour for play dough or cooking). Food containers such as egg cartons and yoghurt pots can be contaminated, the school will consider substitute containers where possible.
- When planning out-of-school activities such as sporting events, excursions (e.g. restaurants and food processing plants), school outings or camps, think early about the catering requirements of the food-allergic child and emergency planning (including access to emergency medication and medical care). See also Trips and Visits.

Allergy awareness and nut bans

The School supports the approach advocated by many allergy charities towards nut bans/nut free schools. This is because nuts are only one of many allergens that could affect pupils, and we can not guarantee a truly allergen free environment for a child living with food allergy. We advocate instead for the school to adopt a culture of allergy awareness and education.

A ‘whole school awareness of allergies’ is our 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 & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

The School will however continue to ask all staff and parents to not bring foods into school which contain nuts or traces of nuts.

Risk assessment

The School will conduct 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 allergic children safe.

All pupil risk assessments are available on the shared drive and are accessible to all school staff.

Staff planning any activity should consider the risk of exposure to allergens, for example in any social activity, outdoor activity, crafts, science, musical or cooking activities, or where activities involve animals.

Trips, visits and off-site sporting activities

All off site trips and visits are covered by risk assessments. Specific risk assessments to manage the risks of exposure to allergens will be conducted for any pupil with an allergy taking part in a trip, visit or sporting activity off the premises. Pupils at risk of anaphylaxis should have their own adrenaline devices with them, and there should be staff trained to administer adrenaline in an emergency.

The School has an Educational Visits Co-ordinator who ensures that all necessary H&S requirements are in place ahead of any off site activity.

The School will ensure that spare AAIs are taken on a trip or visit, the school has sufficient spares to ensure that this will not lead to a lack of spare devices in school.

Training

Training under this guidance should be understood as allergy awareness and emergency response training. It should not be read as replacing any separate clinical governance, competency or delegation arrangements that may be needed where a pupil requires individual healthcare support beyond school-level allergy safety arrangements.

Staff will be trained in allergy awareness and emergency response, at least annually.

Training will be delivered by the National College and/or Midlands Partnership University NHS Foundation Trust.

All staff present during times when pupils are scheduled to be on site will receive allergy awareness training. This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It includes catering staff and others who may oversee pupils at breakfast or after school clubs. It is not intended to include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

New staff will receive training as part of their induction programme. The School has received assurance from its suppliers of agency cover staff, peripatetic music teachers and staff running after school clubs that they have all received allergy awareness training.

Allergy awareness training should ensure all staff:

- Have an awareness of allergy, the risks it poses,
- how allergic reactions can occur and how to manage it;
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist;
- Understand the difference between food allergy, coeliac disease and food intolerance;
- Know where to find information on allergy triggers;
- Can identify the range of symptoms of allergic reactions;
- Understand and can recognise anaphylaxis;
- Know how to respond in an emergency, including:

  calling emergency services and informing parents;

  how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).

  training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices);
- Understand the impact allergy can have on pupil's wellbeing
- Understand the school allergy safety policy;
- Know how to check whether an individual is on the record of those with known allergy and how to use an Allergy or Asthma Action Plan;
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens;
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a "near miss").

Training under this guidance should be understood as allergy awareness and emergency response training. It should not be read as replacing any separate clinical governance, competency or delegation arrangements that may be needed where a pupil requires individual healthcare support beyond school-level allergy safety arrangements.

Wellbeing and bullying

The School will provide support to any pupil who may become anxious on account of their allergy. Support will be provided via the usual pupil support mechanisms but also the school will:

- raise awareness of allergies through PHSE and/or tutor time sessions
- engage with new starters with known allergy
- allow new starters to meet kitchen staff
- identify allergy champion roles for staff and pupils who can act as a point of contact and provide support

The School has a behaviour policy in place that includes measures to prevent all forms of bullying among pupils. Schools must, under Section 100 of the Children and Families Act 2014, aim to ensure that all children with medical conditions, 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 healthy and achieve their academic potential.

Serious Incidents and Near Misses

All serious incidents and near misses will be recorded and reported using the accident book and on-line accident reporting system. All parents/carers will be informed as soon as possible. In addition, it may also be necessary to share the report with other agencies for example, to the local authority, HSE or healthcare professional.

Serious incidents and “near misses” should be used as a prompt to learn lessons. Part of the response should be to consider whether the arrangements in place were appropriate or whether changes might be needed to the allergy safety policy and/or to the Individual Healthcare Plan.

The School will approach serious incidents and near misses in a “no blame” spirit of seeking to learn lessons so that pupils are better protected in the future.

Not all serious incidents and “near misses” will result in an immediate emergency situation. In some cases, the impact may be delayed. The consequences might not become apparent until the pupil is back at home – and in some cases might not be seen for several days. It is therefore important that incident reporting is not limited to staff in the school, college or setting. The pupil, their parents or others (for example healthcare professionals) may be the ones to identify that there has been an incident.

An incident or “near miss” will have an impact not only on the individual and their family but also those involved in responding and any pupil or staff who may have witnessed it. The School will take time to review the incident with the parties involved and with the staff involved. Care will always be taken to respect the privacy of the pupil involved.

Information Sharing

The School has a data protection policy available on it's website.

A pupil's health information is considered special category data under UK GDPR, which means it is highly sensitive and has additional legal protections. Schools have a lawful basis to hold, use and share a pupil's special category health data when this is necessary, but it should always be done in a controlled and respectful way, because unnecessary sharing can reduce pupil's confidence in practitioners and can be embarrassing for pupils who may not want to be singled out.

The School has an allergy register detailing all pupils with an allergy with key information, this is available for all staff on the secure shared drive. Information is also stored on the School's MIS system, Arbor.

The Allergy Safety policy will be published on the school website. All staff are made aware of and understand the policy, as part of annual allergy awareness training.

Staff and Visitors with allergy

The measures intended to keep children safe will be equally relevant to adults. Staff are asked to disclose details of any medical condition at appointment, or other time and whether they carry medication. An individual risk assessment will be produced.

Reception staff (or staff hosting a visitor) will ask visitors if they have an allergy that they should be aware of, especially if they are likely to be served food.

Responding to an allergic reaction and anaphylaxis

For emergency treatment and management of anaphylaxis see Appendix 1 and 2.

Mild to moderate allergic reactions which do <u>not</u> involve the **A**irway/**B**reathing/**C**irculation can be treated with oral antihistamines. In this case staff will telephone their parent or emergency contact to tell them about the reaction. The pupil will not be left unattended. The pupil may not need to be sent home or require urgent medical attention. The pupil will be observed in a safe place for at least 60 minutes after reaction, as mild reactions can sometimes develop into anaphylaxis.

Appendix I – 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 pupil where they are, call for help and do not leave them unattended.
- LIE PUPIL 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). Provide the school's postcode ST15 0AL
- If no improvement after 5 minutes, administer second AAI in the other thigh. Make a second call to 999 to confirm that an ambulance has been dispatched.

- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the pupil 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.

Appendix II - Epipen AAI and Jext AAI Instructions

ANAPHYLAXIS

HOW TO USE EPIPEN AAIS

If you think someone is have an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Remove the blue safety cap

Grasp the EpiPen in your dominant hand and remove the blue safety cap by pulling straight up. Remember: Blue to the Sky, Orange to the Thigh!

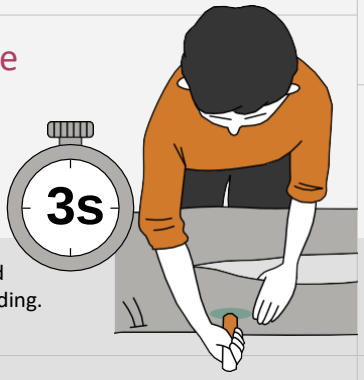


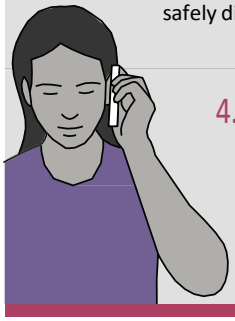
2. Position the orange tip

Hold the EpiPen at 90°, approximately 10cm away from the leg, with the orange tip pointing towards the outer thigh.

3. Administer the EpiPen AAI

Jab the EpiPen firmly into the outer thigh at a right angle. Hold firmly for 3 seconds, before removing and safely discarding.





4. Once the EpiPen AAI has been administered call 999

Ask for an ambulance and say "ana-fill-axis".

5. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, with legs raised if possible.

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side .

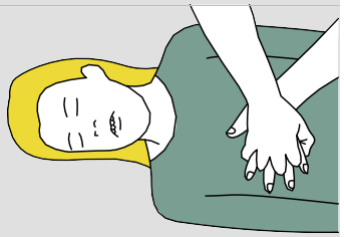


6. If there are no signs of improvement after 5 minutes, use a second EpiPen AAI

The person should remain still and lying down until the ambulance arrives. Don't try to get up, even if you start to feel better.

7. Start CPR

If there are no signs of life, start CPR immediately until help arrives.



For more information on EpiPen AAIs >>

Sign up to the free expiry alert service and receive reminders by text or email when your EpiPen is about to expire >>

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

Empower • Include • Protect
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Registered charity England & Wales (1181098) Scotland (SC051610). Based on BSACI and 2023 MHRA guidance. Source: EpiPen.

Appendix II - Epipen AAI and Jext AAI Instructions

ANAPHYLAXIS

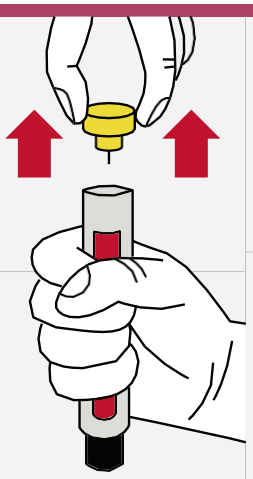
HOW TO USE JEXT AAIS

If you think someone is have an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Hold the Jext AAI in the hand you write with

Hold with your thumb closest to the yellow cap. Pull off the yellow cap with your other hand.



2. Place the black injector tip against the outer thigh

Hold the injector at a right angles (approx. 90°) to the thigh.

3. Push the black tip as hard as you can into the outer thigh

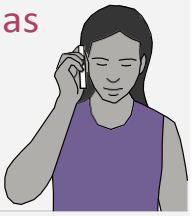
Wait until you hear a 'click' confirming the injection has started, then keep it pushed in. Hold the injector firmly in place against the thigh for 10 seconds (a slow count to 10) then remove. The black tip will extend automatically and hide the needle.



4. Massage the injection area for 10 seconds

5. Once the Jext AAI has been administered call 999

Ask for an ambulance and say "ana-fill-axis".



6. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, with legs raised if possible.

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.

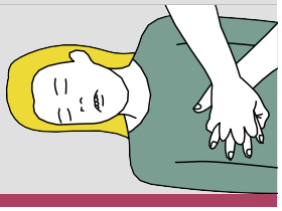


7. If there are no signs of improvement after 5 minutes, use a second Jext AAI

The person should remain still and lying down until the ambulance arrives. Don't try to get up, even if you start to feel better.

8. Start CPR

If there are no signs of life, start CPR immediately until help arrives.



For more information on Jext AAIs >>

Sign up to the free expiry alert service and receive reminders by text or email when your Jext AAi is about to expire >>

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Appendix III - Information on Allergens

The most common causes of food allergies relevant to this Policy are the fourteen food allergens:



However it is possible that any food has the potential to cause an allergic reaction. Contact with any food or materials containing a pupil's allergen has the potential to cause an allergic reaction for that child. Latex, chemicals, medicines, grasses, pollen, weeds, trees, insect venom and animal dander (shedded flakes of skin) can also cause allergic reactions.