

# Allergy Policy



## All Souls

CHURCH OF ENGLAND PRIMARY SCHOOL  
Foley Street, London W1W 7JJ

**Date of Policy:** January 2023

**Date of next Review:** December 2024 – to be update in accordance with new guidance.

**Committee:** Well Being

<b>Policy written by:</b>	<b>Alix Ascough Headteacher in collaboration with Tracey Cooley Health and Safety/Medicines Lead</b>
<b>Purpose</b>	To minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.
<b>Links with other policies</b>	<b>Medicines and First Aid Pupils with Medical Needs</b>

The named staff members (at least 2) responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are: -

Alix Ascough  
Tracey Cooley

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## 1. Introduction

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected, often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure.

Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing and Circulation).

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 are not limited to): -

Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how All Souls CE 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. Role and responsibilities

### Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform school staff of any allergies. This information should be shared during the parent/school admin meeting with the school's Deputy Headteacher. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. GP/allergy specialist.
- 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 updated accordingly.

### Staff Responsibilities

- All staff will complete anaphylaxis training. Training is provided for all staff on a bi-annual basis and on an ad-hoc basis for any new members of staff.
- Staff must be aware of the pupils 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 school 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 School Medicine's Lead will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The School Medicine's Lead 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.

### Pupil Responsibilities

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

## 3. Allergy action plans

Allergy action plans are designed to function as individual healthcare plans 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.

All Souls CE School recommends using the British Society of Allergy and Clinical Immunology (BSACI Allergy Action Plans) to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK 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/ /Allergy Specialist) and provide this to the school.

## 4. Day to day procedures

### Food restrictions

Whilst All Souls School follows the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. At present the following foods remain restricted in school:

- Nuts packaged or loose
- Peanut butter or chocolate spread containing nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut based sauces such as satay

Staff members, if bringing in restricted food, should only do so in sealed containers and eat it within the staffroom and if no other staff members have a known allergy.

If pupils have brought in restricted food they will be either sat away from others while they eat it or if this is not possible we will call the parents and request an alternative is provided.

School menus will be available to parents ahead of time so that pupils and parents will have warning if a meal could contain a potential allergen.

### Hygiene Procedures

We follow a number of hygiene measures to prevent contamination:

- Pupils are asked to wash their hand before eating.
- Pupils bring their own water bottles to prevent the sharing of water.
- The school seeks reassurance that catering staff follow proper hygiene and allergy procedures.

### Lunchtime Procedures

Children with known allergies will be issued a lanyard to wear in the lunch hall. This is to alert catering staff to children with known allergies. Children are to be taught to take responsibility for wearing their lanyard. However, this is to be overseen by the Senior Mid-Day Assistant, who will support younger children where necessary.

A list of children with known allergies will also be kept in the lunch hall. This list contains children's names, their photograph and the list of their known allergens.

This list is reviewed and updated termly by the school's Medical Lead and Senior Lunchtime Supervisor.

## 5. Emergency Treatment and Management of Anaphylaxis

### What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body.
- a tingling or itchy feeling in the mouth.
- swelling of lips, face or eyes.
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

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

**Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

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

**As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Action:**

- Keep the child where they are, call for help and do not leave them unattended.

- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAI's should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- **CALL 999** and state **ANAPHYLAXIS (ana-fil-axis)**.
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

## 6. Supply, storage and care of medication

Children's anaphylaxis kits are kept safely in the classroom's red medical box, these are never locked away and are **accessible to all staff**. Medical boxes are taken with children at lunchtime and break times. They are also taken with children to lessons that take place outside of the classroom i.e. PE.

Medication should be stored in a clear zip lock bag and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two AAIs i.e. EpiPen® or Jext® or Emerade®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan). *This is an asthma inhaler prescribed for allergies only.*

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the school's Medicine's Lead will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

## Storage

AAIs should be stored 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 will be given to ambulance paramedics on arrival

## 7. 'Spare' adrenaline auto-injectors in school

All Souls School is purchasing spare **AAIs for emergency use in children who are risk of anaphylaxis**, but their own devices are not available or not working (e.g. because they are out of date).

These will be stored in the red medical box in the Headteacher's office clearly labelled 'Emergency Anaphylaxis Adrenaline Pen'. They will not be locked away and **accessible and known to all staff**.

The school's Medical Lead is responsible for checking the spare medication is in date on a termly basis and to replace as needed.

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 you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

## 8. Staff Training

The named staff members (at least 2) responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are: -

Alix Ascough (Headteacher)

Tracey Cooley (Medicine's Lead)

All staff will complete anaphylaxis training bi-annually. Training is also available on an ad-hoc basis for any new members of staff.

Training includes:

- Knowing the common allergens and triggers of allergy.
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services.



- Administering emergency treatment (including AAI's) in the event of anaphylaxis – knowing how and when to administer the medication/device.
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what.
- Managing allergy action plans and ensuring these are up to date.
- A practical session using trainer devices (these can be obtained from the manufacturers' websites: [www.epipen.co.uk](http://www.epipen.co.uk) and [www.jext.co.uk](http://www.jext.co.uk) and [www.emerade-bausch.co.uk](http://www.emerade-bausch.co.uk)).

## 9. Inclusion and safeguarding

All Souls CE 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 healthy and achieve their academic potential.

## 10. 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 (see Appendix A)

The school menu is available for parents to view in advance with all ingredients listed and allergens highlighted on the school website at [www.allsoulsprimary.co.uk](http://www.allsoulsprimary.co.uk)

The school's administrator will inform the Catering Manager/Cook of pupils with food allergies.

The school's Catering Manager will contact parents individually to discuss their child's allergies and how they can be catered for.

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.
- Older pupils should be taught to also check with catering staff, before 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 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.

- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- 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.

## 11. School trips

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.

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 should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

### Sporting Excursions

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

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 co-operation with any special arrangements required.

## 12. Allergy awareness and nut bans

All Souls CE School supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools and as a result we are moving towards adopting the following:

*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 & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.*

The steps towards this approach will form part of the School's Development Plan 2023-2024.

## 13. Risk Assessment

All Souls CE 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.

Template Risk Assessment Example

## 14. Communication of the Policy

This policy will be shared with all school staff, parents and other stakeholders through staff training, the school website and parent coffee mornings.

Copies of this policy will also be available to new parents as part of their induction/administration meeting.

Parents will be informed of any changes to this policy via the school's normal communication systems.

## 15. Monitoring of the Policy

This policy will be reviewed biannually by the Headteacher and the school Medicine's Lead. Any comments or changes to the policy will be reported to and reviewed by the school's Well Being Committee.

## 16. Useful Links

Anaphylaxis UK Safer Schools Programme -  
<https://www.anaphylaxis.org.uk/education/safer-schools-programme/>

AllergyWise for Schools (including certificate) online training -  
<https://www.allergywise.org.uk/p/allergywise-for-schools1>

BSACI Allergy Action Plans - <https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>

Spare Pens in Schools - <http://www.sparepensinschools.uk>

Department for Education Supporting pupils at school with medical conditions -  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf)

Department of Health Guidance on the use of adrenaline auto-injectors in schools -  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/645476/Adrenaline auto injectors in schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) <https://www.nice.org.uk/guidance/qs118>

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020)  
<https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834>