Allergy Management Policy



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Government Legislation

Under Section 100 of the Children and Families Act, schools have a legal duty to support pupils with medical conditions, including allergy. Schools must adhere to legislation and statutory guidance and guidance on caring for pupils with medical conditions, including the administration of allergy medication and Adrenaline Autoinjectors (AAIs). These allergy guidelines are designed to be included within your school's medical conditions policy. It is recommended that they should be made available on your school's website.

Policy Aims

This Policy aims to:

- minimise the risk of any pupil suffering a severe allergic reaction whilst at school or attending any school related activity.
- ensure staff are properly prepared to recognise and manage severe allergic reactions should they arise.
- link with other policies and are the named staff members responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy.

Introduction

An allergy is a reaction by the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis. Anaphylaxis is a severe systemic allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes often include foods, insect stings, or drugs.

Definitions:

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.

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

Common UK Allergens include (but not limited to): Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how Bowlish Infant School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

Allergy Awareness

Bowlish Infant School supports the approach advocated by The Anaphylaxis Campaign and Allergy UK towards nut bans/nut free schools. However, we cannot guarantee a blanket ban on any allergen within the establishment. 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. For this reason, we adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' ensures teachers, pupils and all other staff 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.

Roles and Responsibilities

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform reception any allergies. This information should include all previous severe allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. Schools nurse/GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly 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.
- Office Manager will ensure that the up-to-date Allergy Action Plan and Individual Healthcare Plans is kept with the pupil's medication. It is the parent's responsibility to ensure all medication in in date however the OM will

check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- Office Manager keeps a register of pupils who have been prescribed an 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 autoinjectors will be encouraged to take responsibility for always carrying them on their person.

Governors
- Ensure there is an effective, up-to-date Allergy Policy
- Allocate a named allergy governor
- Ensure staff are appropriately training and emergency procedures exist

Individual Healthcare Plans for Allergies

All children with an identified allergy will have an Individual Healthcare Plan. If they have known anaphylaxis, they will have an alert poster.

Staff are not expected to have clinical expertise and an Individual Healthcare Plan is not a clinical document.

A Healthcare Plan is a document completed by the parent, together with the school to describe what the school needs to know about the child, what the allergy trigger are, how to reduce risks, what medication the child is prescribed, how to administer that medication and how to respond if a reaction occurs.

Allergy Action Plan

Any child or young person whose allergy will require the school, college or early years setting to put supportive arrangements in place should have them captured through an Individual Healthcare Plan. Individual Healthcare Plans set out what needs to be done to support a specific child or young person with an allergy, how, when and by whom, including in an emergency. Individual Healthcare Plans should be developed in collaboration with the child or young person and their parents, taking account of any advice received from healthcare professionals. Where serious incidents or “near misses” occur involving a child or young person with an allergy, the incident should be recorded. It should be reported to the child or young person’s parents and the governing body alongside any statutory reporting. Following investigation, lessons should be learned from any serious incident or “near miss”, prompting a review of the relevant policies and arrangements.

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 autoinjector. Bowlish Infant School recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plan to ensure continuity.

This is a national plan that has been agreed by the BSACI, the Anaphylaxis Campaign and Allergy UK. It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

Allergy reactions

Symptoms of a mild to moderate allergic reaction (not anaphylaxis) include:

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

Mild reactions can worsen and become anaphylaxis, affecting the Airway/Breathing/Circulation ("ABC"):

- A: Airways: Swelling in the throat, tongue or upper airways (tightening in the throat, hoarse voice, difficulty swallowing)
- B: Breathing: Sudden onset wheezing, breathing difficulty, persistent cough, noisy breathing
- C: Circulation: Dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness

- Anaphylaxis reactions to food usually begin within 30 minutes of eating the trigger food but can sometimes occur 4-6 hours later (e.g. allergy to mammalian meat).
- They typically affect the breathing (A and B, i.e. mimic an asthma attack) rather than the Circulation (blood pressure). Once started, anaphylaxis reactions progress quickly.
- Investigations into fatal anaphylaxis show that there is only a 20–30-minute window of opportunity during which steps can be taken to prevent death.
- Giving emergency adrenaline immediately and calling Emergency Services (999) is essential.
- Anaphylaxis always requires an emergency response.
- Anaphylaxis can occur without any other signs (such as a skin rash) being present.
- Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing.
- Giving adrenaline in this context is very safe and may be lifesaving.

Emergency Management of Anaphylaxis

Anaphylaxis is likely if all the following 3 things happen: sudden onset (a reaction can start within minutes) and rapid progression of symptoms:

1. Life threatening airway and/or breathing difficulties
2. Circulation problems (e.g. alteration in heart rate, sudden drop in blood pressure, feeling of weakness)
3. Changes to the skin e.g. flushing, urticaria (an itchy, red, swollen skin eruption showing markings like nettle rash or hives), angioedema (swelling or puffing of the deeper layers of skin and/or soft tissues, often lips, mouth, face etc.)

*Note: skin changes on their own are not a sign of an anaphylactic reaction, and in some cases don't occur at all If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

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).

Recognise the signs of anaphylaxis

A AIRWAYS
- Tightening of the throat
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING
- Sudden wheezing
- Difficult or noisy breathing
- Persistent cough

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

If any one (or more) of these signs are present: **Don't delay**

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



② **Give adrenaline device without delay**
(use the school's spare device if needed)

Scan this dose for instructions on how to use adrenaline devices

③ **Immediately dial 999** for ambulance
and say ANAPHYLAXIS (ana-fill-axis)



After giving adrenaline:

- Stay with person until ambulance arrives, do NOT stand them up.
  - Keep them lying down, even if things seem to be getting better.
- Phone parent/emergency contact.







If no improvement after 5 minutes, give another dose of adrenaline using a second device, if available.

Commence CPR at any time if there are no signs of life 

ALWAYS GIVE ADRENALINE DEVICE FIRST if someone has **SEVERE AND SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice). **THEN SEEK MEDICAL HELP. Anaphylaxis can occur without skin symptoms**

What does adrenaline do?

- It opens the airways It stops swelling It raises the blood pressure. Adrenaline must be administered with the minimum of delay as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once the symptoms have become severe.

ACTION:

- Stay with the patient and call for help.
- DO NOT MOVE PATIENT OR LEAVE UNATTENDED. Remove trigger if possible (e.g. Insect stinger)
- Put patient in a sitting position to make breathing easier if conscious.
- USE ADRENALINE WITHOUT DELAY and note time given. (inject at upper, outer thigh - through clothing if necessary)
- CALL 999 and state ANAPHYLAXIS – use emergency poster for school information
- 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 patients must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.
- Record and report using school systems

Supply Storage and Care of Medication and Spare AAIs

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

Medication should be stored in a rigid box and clearly labelled with the pupil's name and a photograph. The pupil's medication storage box should contain: adrenaline injectors i.e. EpiPen® or Jext® (two of the same type being prescribed) an up-to-date allergy action plan antihistamine as tablets or syrup (if included on plan) spoon if required asthma inhaler (if included on plan).

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

Storage AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal AAIs are single use only and must be disposed of as sharps.

Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin.

Sharps bins to be obtained from and disposed of by a clinical waste contractor/specialist collection service/local authority (delete as appropriate). The sharps bin is kept in the room. 6. 'Spare' adrenaline auto injectors in school. 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.

Staff Training

The Headteacher is responsible for coordinating all staff anaphylaxis training and the upkeep of the school's anaphylaxis policy.

All staff will complete anaphylaxis awareness training at the start of every new academic year. 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 AAIs) 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 Associated conditions e.g. asthma Managing allergy action plans and ensuring these are up to date.

Inclusion and Safeguarding

Bowlish Infant 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.

Catering and use of food in activities

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The school menu is available for parents to view monthly with all ingredients listed and allergens highlighted via direct email.

The OM will inform the Caterers of pupils with food allergies.

Parents/carers can meet with the Catering Manager where needed to discuss their child's needs.

The school adheres to the following Department of Health guidance recommendations: Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.

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 OM.

Food should not be given to primary school age food-allergic children without parental engagement and permission. Foods containing nuts are discouraged from being brought in to school.

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 children and their age.

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.

Risk Assessment

Bowlish Infant School will conduct a detailed risk assessment to help identify any gaps in our systems and processes for keeping allergic children safe for all new joining pupils with allergies and any pupils newly diagnosed.

Equality

The Equality Act 2010 places statutory duties on schools, local authorities and other education providers, intended to prohibit discrimination and promote equality for all including those who are disabled. Under the Act, a person is disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal day-to-day activities. Case-law (Wheeldon v Marston's plc ET/1313364/2012) has established that severe allergy can fall within this definition. Seasonal rhinitis (such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

Useful Links

Anaphylaxis Campaign: https://www.anaphylaxis.org.uk
Allergy Wise training for schools: https://www.anaphylaxis.org.uk/informationtraining/allergywise-training/for-schools/
Allergy Wise training for Healthcare Professionals: https://www.anaphylaxis.org.uk/information-training/allergywise-training/forhealthcare-professionals/
Allergy UK: https://www.allergyuk.org
Whole school allergy and awareness management (Allergy UK): https://www.allergyuk.org/schools/whole-school-allergy-awarenessandmanagement
Spare Pens in Schools: http://www.sparepensinschools.uk
Official guidance relating to supporting pupils with medical needs in schools:
http://medicalconditionsatschool.org.uk/documents/Legal-Situation-in-Schools.pdf
Education for Health: http://www.educationforhealth.org
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
Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment data/file/645476/Adrenaline auto injectors in schools.pdf