

Allergy & Anaphylaxis Policy

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1. Aims

The Trust aims to treat all its students and staff fairly and with respect. The purpose of this policy is to minimise the risk of any person 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.

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

Victoria Gilham Sharkey, Katie Moss and Alex Venables.

2. 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, 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 Darwen Vale will support pupils (and staff) with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

3. Roles and Responsibilities

Parent Responsibilities

- ✓ On entry to the school, it is the parent's responsibility to inform the Medical Lead of any allergies. 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. School 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, offered on 3 dates throughout the year.
- ✓ 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.
- ✓ Medical Lead 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 Medical Lead will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- ✓ The Medical 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.

4. 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.

Darwen Vale 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/School Nurse/Allergy Specialist) and provide this to the school.

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 and storage of medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own **two** AAls on them at all times (in a suitable bag/container).

For younger children or those 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 suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two AAls 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, with spacer (if included on allergy action 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 Medical 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 AAls 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 need to be prepared to administer medication if the young person cannot.

Storage

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

Disposal

AAls are single use only and must be disposed of as sharps. Used AAls 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 medical room.

7. Spare Adrenaline auto-injectors in school

Darwen Vale has purchased 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 are stored in the medical room and clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff**.

8. 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.

The Medical Lead will inform the Catering Manager of pupils with food allergies.

Parents/carers are also encouraged to meet with the Catering Manager 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.
- If food is purchased from the school canteen/tuck shop, 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, 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.

9. 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.

10. Nut Free Approach

Our “Nut-Free” approach means that the following items should not be brought into the schools:

- ◆ Loose nuts
- ◆ Peanut butter or other nut butters
- ◆ Chocolate spreads
- ◆ Chocolate bars containing nuts
- ◆ Cereal bars
- ◆ Granola bars
- ◆ Cakes that contain nuts
- ◆ Biscuits / Cookies that contain nuts
- ◆ Peanut butter cakes
- ◆ Sauces that contain nuts, such as Satay
- ◆ Pesto
- ◆ Sesame seeds
- ◆ Coconut

Students and staff found to be deliberately or repeatedly breaching this, may incur sanction at the highest level.

Therefore, **check the packaging, ingredients and allergy information.** If this state nuts or associated items in the ingredients, or ‘traces of’, please do not bring these items into school.





