Allergy Management Policy

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Introduction

This policy should be read in conjunction with the school's Supporting Pupils with Medical Conditions Policy and reflects current Department for Education guidance and the principles of Benedict's Law. Westacre Middle School is committed to implementing a whole-school approach to allergy management, including allergy awareness, staff training, emergency preparedness, individual healthcare planning and support for pupils at risk of anaphylaxis.

The aims of this policy are to:

- Provide a safe and inclusive environment for pupils with allergies.
- Ensure staff can recognise and respond appropriately to allergic reactions and anaphylaxis.
- Promote awareness and understanding of allergies throughout the school community.
- Ensure appropriate emergency medication and procedures are always available.
- Meet the requirements of current legislation and statutory guidance relating to allergy management in schools, including the principles established through Benedict's Law.

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.

Definition: *Anaphylaxis is a severe life threatening generalised or systemic hypersensitivity reaction.*

This is characterised by rapidly developing life-threatening airway / breathing / circulatory problems usually associated with skin or mucosal changes.

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 not limited to)
Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect Venom, Pollen and Animal Dander.

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

Role and Responsibilities

Parent responsibilities

- On entry to the school, it is the parent's responsibility to inform school of any allergies. This information should include all previous severe allergic reactions, history of anaphylaxis and details of all prescribed medications.
- 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. 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.
• School Lead First Aiders 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 in in date however the School Lead First Aiders will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
• School Lead First Aiders 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.

Governing Body Responsibilities

The Governing Body will:

- Ensure arrangements are in place to support pupils with allergies and those at risk of anaphylaxis.
- Ensure enough staff receive appropriate training.
- Ensure emergency medication is available and appropriately maintained.
- Monitor implementation of this policy.
- Ensure pupils with allergies are not disadvantaged or excluded from school activities.
- Ensure suitable insurance arrangements are in place to support staff carrying out duties under this policy.

Headteacher Responsibilities

The Headteacher will:

- Ensure this policy is implemented consistently across the school.
- Ensure staff receive appropriate allergy awareness and anaphylaxis training.
- Ensure Individual Healthcare Plans and Allergy Action Plans are in place where required.
- Ensure sufficient staff are always available to respond to allergic reactions and emergencies.
- Promote an inclusive environment for pupils with allergies.
- Ensure the policy is reviewed regularly.

School Medical Lead / Lead First Aider Responsibilities

The School Lead First Aider acts as the school's nominated Allergy Lead and has responsibility for coordinating allergy management arrangements, maintaining records, monitoring training and supporting implementation of this policy.

The School Medical Lead will:

- Maintain the allergy register.
- Maintain records of trained staff.
- Monitor expiry dates of medication.

- Ensure Allergy Action Plans remain current.
- Coordinate communication with parents and healthcare professionals.
- Ensure spare AAIs are available and checked.
- Maintain records of allergy incidents and emergency medication use.

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.
Westacre Middle 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 Action Plans will be reviewed annually, or sooner if a pupil's medical condition, prescribed medication or allergy management requirements change.

Unacceptable Practice

Westacre Middle School will not:
- Prevent pupils from accessing their emergency medication.
- Assume a pupil can manage their allergy independently.
- Delay administration of adrenaline where anaphylaxis is suspected.
- Exclude pupils from educational visits, clubs, sporting activities or residential visits because of an allergy unless supported by appropriate medical advice.
- Leave a pupil experiencing an allergic reaction unattended.
- Send a pupil displaying symptoms of an allergic reaction unaccompanied to collect medication or seek help.
- Permit medication prescribed for one pupil to be routinely used by another, except in accordance with legislation governing spare AAIs.
- Penalise pupils for absences connected to their medical condition.

Emergency Treatment and Management of Anaphylaxis

What to look for:
- swelling of the mouth or throat
- difficulty swallowing or speaking
- difficulty breathing
- sudden collapse / unconsciousness
- hives, rash anywhere on the body
- abdominal pain, nausea, vomiting
- sudden feeling of weakness
- strong feelings of impending doom

Anaphylaxis is likely if all the following 3 things happen**:**

- **sudden onset** (a reaction can start within minutes) and **rapid progression of symptoms**
- **life threatening airway and/or breathing difficulties** and/or **circulation problems** (e.g. alteration in heart rate, sudden drop in blood pressure, feeling of weakness)
- **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 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)

What does adrenaline do?

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

Adrenaline must be administered with the minimum of delay as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once the symptoms have become severe.

ACTION:

- Stay with the child and call for help. **DO NOT MOVE CHILD OR LEAVE UNATTENDED**
- Remove trigger if possible (e.g. Insect stinger)
- Lie child flat (with or without legs elevated) – A sitting position may make breathing easier
- **USE ADRENALINE WITHOUT DELAY** and note time given. (inject at upper, outer thigh

- through clothing if necessary)

- CALL **999** and state **ANAPHYLAXIS**
- If no improvement after 5 minutes, administer second adrenaline auto-injector
- If no signs of life commence CPR
- Phone parent/carer as soon as possible

If in doubt, administer adrenaline and call 999 immediately. Delaying adrenaline administration presents a greater risk than administering it unnecessarily where anaphylaxis is suspected.
All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.

Following an Allergic Reaction

Following any allergic reaction requiring medical intervention:

- Parents/carers will be informed as soon as possible.
- The incident will be recorded on the school's accident/reporting systems.
- The School Medical Lead will review the circumstances of the reaction.
- Any lessons learned will be incorporated into future risk management arrangements.
- Allergy Action Plans and risk assessments will be reviewed where necessary.

Supply, storage and care of medication

For all pupils with an Allergy Action Plan, there should be an anaphylaxis kit which is kept safely, not locked away and **accessible to all staff.** This is stored in main school office. It is very important that AAIs are easily accessible and available to use in an emergency.

Medication should be stored in an appropriate container 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 School 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 adrenaline auto-injectors 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 can be given to ambulance paramedics on arrival or can be disposed of at a local hospital or pharmacy.

'Spare' adrenaline auto injectors in school
Westacre Middle School has purchased spare adrenaline auto-injectors (AAI) devices for emergency use in children who are at 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 an easily identifiable orange AAI thermal storage bag, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and accessible and known to all staff. They are kept in the main school office. The Lead First Aider is responsible for checking the spare medication is in date monthly 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.

Staff Training
All staff will complete online 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 allergies
- 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

Records of all allergy and anaphylaxis training will be maintained by the School Medical Lead and will include the date of training, attendees and training provider.

Inclusion and safeguarding
Westacre Middle 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
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 at https://www.westacre-middle-school.co.uk/catering-1/ with a list of all ingredients and allergens available on request.

The School Lead First Aider will inform the Catering Manager of pupils with food allergies. School catering staff will have a list with photographs of all pupils with allergies, which will be updated when necessary, by the School Lead First Aider.

Parents/carers are 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 pupils 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).
- 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) need to be considered and may need to be restricted/risk assessed depending on the allergies of children and their age.

Catering providers must ensure allergen information remains accurate, readily available and communicated to pupils, parents and staff as required by current food information legislation.

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. A pupil without the medication required to manage their allergy may be unable to participate in the visit until suitable arrangements have been made to ensure their safety.

Parents of children who are entitled to Free School Meals will be able to pre-order a specified packed lunch to ensure they are aware of all ingredients.

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 may be possible with careful planning and a meeting for parents with the lead members 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.

Allergy awareness

Westacre Middle School supports the approach advocated by The Anaphylaxis Campaign and Allergy UK towards allergy aware schools. They would not necessarily support a blanket ban on any 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 allergies. 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 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.

Risk Assessment

Westacre Middle 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 newly diagnosed pupils. See Appendix A for a blank version of our Risk Assessment.

Complaints

Any concerns regarding the implementation of this policy should initially be raised with the Headteacher. Where concerns cannot be resolved informally, parents/carers may pursue the matter through the school's Complaints Procedure.

Confidentiality and Information Sharing

Information relating to a pupil's allergy will be shared with all staff to ensure the pupil's safety and wellbeing. Personal medical information will be managed in accordance with data protection legislation and school procedures.

Appendix A

Allergy Risk Assessment

This form should be completed by school in liaison with the parents and the child, if appropriate. It should be shared with everyone who has contact with the child/young person.

Child/Young person:	Date of Birth:
School Name: Phase: KS2 / KS3	Teacher:
Name and role of other professionals involved in this Risk Assessment (i.e. Specialist Nurse or School Nurse):	
Date of Assessment:	Reassessment due:

I give permission for this to be shared with anyone who needs this information to keep the child/young person safe:

Signatures:

Head teacher: Date:

Parents: Date:

Pupil: Date:

What is this child allergic to?

Under which conditions is the allergy? Ingestion ☐ Direct contact ☐ Indirect contact ☐

Does this child already have an Individual Healthcare Plan? YES ☐ NO ☐

Summary of current medical evidence seen as part of the risk assessment (copies attached)

Describe the container the medication is kept in:

Outcome of Risk Assessment

Is an individual health care plan required? YES ☐ NO ☐

Key Questions - Please consider the activities below and insert any considerations that need to be put in place to enable the child to take part.

Creative activities, i.e. craft paste/glue, pasta

Science type activity: i.e. bird feeders, planting seeds, food

Musical instrument sharing (cross contamination issue):

Cooking (food prep area and ingredients):
Meal time: Kitchen prepared food (is allergy information available): Sandwiches:
Snacks (is allergy information available):
Drinks:
Celebrations: e.g. Birthday, Easter:
Hand washing (secondary school how accessible is this for the child):
Indoor play/PE (AAIs to be with the child):
Outdoor play/PE (AAIs to be with the child):
School field (AAIs to be with the child):
Forest school (AAIs to be with the child):
Offsite trips (are staff who accompany trip trained to use AAI):
Does the child know when they are having a reaction?
What signs are there that the child is having a reaction?
What action needs to be taken?
If the medication is stored in one secure place are there any occasions when this will not be close enough if required? Yes ☐ No ☐ If Yes state when and how this can be adjusted:
If the child is old enough – can the medication be carried by them throughout the day? Yes ☐ No ☐ If No State Reason:
How many Epipens are required in the school?
How many staff are required to be trained to meet this child's need?
What is the location of the backup AAI?
Is a generic AAI available in school?