Allergies and Anaphylaxis Policy

AIM: To set out the Trust policy regarding Allergies and Anaphylaxis and to provide our Headteachers with guidance to inform local school procedures.

This document replaces the SET Emergency AAIs Policy.

Note: Wymondham College has its own site-specific policy

ESSENTIAL POLICY FOR:

Heads of Schools, Qualified first aiders, Visit Leaders and Organisers, All Staff with a duty of care to pupils.

Date issued: 1 February 2022 by C Lloyd, Health and Safety Officer

Last reviewed 9 August 2023 C Lloyd Health and Safety Manager

Next review: August 2024

Revision History

Issue Date:	Version:	Comments
Feb 2022	0.1	Draft for review
Feb 2022	1.0	First issue distributed to
September 2022	2.0	Covid removed Minor amendments to parent responsibilities section 2
August 2023	3.0	Numbering added to denote subsections. New text in blue font. Red text on yellow background indicates an action required by the school. New Appendix 2

1. Introduction

Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as food or an insect sting) Reactions usually begin within minutes of exposure and progress rapidly but can occur up to 2 – 3 hours later. It is potentially life threatening and always requires immediate emergency response.

Definitions:

AAI	Adrenaline Auto Injector approved for emergency treatment of anaphylaxis
Anaphylaxis	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.
BSACI	The British Society for Allergy & Clinical Immunology

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 allergens that can trigger anaphylaxis are:

- Foods e.g. peanuts, tree nuts, sesame, milk, dairy food, egg, wheat, seafood, celery and soya, some fruits
- Insect stings e.g. bee, wasp.
- Medication e.g. antibiotics, pain relief such as Ibuprofen.
- Latex e.g. rubber gloves, balloons, swimming hats.
- Animal dander

Up to 8% of children in the UK have a food allergy however the majority of allergic reactions to food are not anaphylaxis, most reactions present with mild to moderate symptoms.

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

2. Roles and Responsibilities

2.1 Parent responsibilities

- On entry to the school, it is the parent's responsibility to inform the school of 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. School nurse/GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and in the original container with instructions.

- Parents are responsible for ensuring medication is reordered and replaced in good time prior to the expiration date.
- It is the parents' responsibility to dispose of any medication that is out of date or has been used.
- 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.

2.2 Staff Responsibilities

- All staff with a responsibility for pupil care 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 (see sections 6, 7.3 and 10 below). Trip leaders will check that all pupils with medical conditions, including allergies, have their medication with them before the coach/minibus departs. **Pupils will not be able to attend the excursion if they do not have their medication**.
- School Nurse/SENCO/First Aider or other designated staff member 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 Nurse/SENCO/First Aider or other designated staff member will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- School Nurse/SENCO/First Aider or other designated staff member keeps a register of pupils who have been prescribed an AAI and a record of use of any AAI(s) and emergency treatment given.

2.3 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 auto-injectors will been encouraged to take responsibility for always carrying them on their person.

3. Allergy Action Plans

3.1 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.

3.2 The trust recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plan templates to ensure continuity. These are national plans that have been agreed by the BSACI, the Anaphylaxis Campaign and Allergy UK. The four templates available are as follows:

- Personal plan for individuals prescribed EpiPen
- Personal plan for individuals prescribed Jext
- Personal plan for individuals prescribed Emerade
- A generic plan for individuals assessed as not needing AAI

3.3 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.

4. Emergency Treatment and Management of Anaphylaxis

4.1 What to look for:

- Generalised flushing of the skin
- Nettle rash (hives) anywhere on the body
- Sense of impending doom
- Swelling of throat and mouth
- Difficulty in swallowing or speaking
- Alteration in heart rate
- Severe asthma
- Abdominal pain, nausea, vomiting
- Sudden feeling of weakness (drop in blood pressure)
- Collapse and unconsciousness

4.2 Anaphylaxis is likely if all the following three things happen**:**

1. **sudden onset** (a reaction can start within minutes) and **rapid progression of symptoms**
2. **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)
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.

4.3 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).

4.4 What does adrenaline do?

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

4.5 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.

4.6 Use of any AAI device should be recorded. This should include:

- Where and when the REACTION took place (e.g. PE lesson, playground, classroom).
- How much medication was given, and by whom.

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

5. Supply, storage, and care of medication

5.1 (Around age 11 years +) Pupils will be encouraged to take responsibility for and to carry their own two adrenaline injectors on them at all times (in a suitable bag/ container).

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.**

5.2 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)

5.3 It is the responsibility of the child's parents/carer to ensure that their child's anaphylaxis kit is up to date and clearly labelled, however the School Nurse/SENCO/First Aider or other designated staff member 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.

5.4 Older children and medication

Older children and teenagers should, whenever possible, assume complete responsibility for their emergency kit under the responsibility 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.

5.5 Storage

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

5.6 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. The sharps bin should be kept out of reach of pupils.

6. ‘Spare’ adrenaline auto injectors in school

6.1 Trust schools are encouraged to purchase spare **adrenaline auto-injector (AAI) devices for emergency use in children who are at risk of anaphylaxis,** in the event that their own devices are not available, lost or not working. The requirement for such emergency medication should be assessed by the designated staff member/s when completing the School’s first aid needs assessment or when completing personal assessments linked to Individual Healthcare Plans. A template letter for use when purchasing spare AAI’s is provided at Appendix 1.

6.2 Spare AAI’s should be stored in a rigid box, clearly labelled ‘Emergency Anaphylaxis
Adrenaline Pen’, kept safely, not locked away and **accessible and known to all staff.**

6.3 Schools should identify the location of the spare pens within their school specific anaphylaxis policy.

6.4 The School Nurse/SENCO/First Aider or other designated staff member is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

6.5 Written parental permission for use of the spare AAIs is included in the pupil’s Allergy Action Plan.

6.6 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.

7. Staff Training

7.1 Head teacher shall appointed a named staff member and deputy to take responsibility for coordinating all staff anaphylaxis training.

7.2 School staff with responsibility for pupil care must have a basic understanding of anaphylaxis, have an awareness of symptoms, have training in giving an adrenaline auto – injector (Appendix 2), and know what to do in an event of an emergency.
In order to achieve this, training to relevant staff will include:

- how to recognise the range of signs and symptoms of an allergic reaction
- understanding the rapidity with which anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis may occur with prior mild (e.g. skin) symptoms
- the need to administer adrenaline without delay as soon as anaphylaxis occurs, before the patient might reach a state of collapse (after which it may be too late for the adrenaline to be effective)
- how to access the register
- awareness of how to access the emergency AAI kit
- ihasco online school allergies/anaphylaxis training (Refresher required every 2 years).

7.3 The emergency AAI kit should contain:

- a list of students who have been prescribed an AAI and the dose
- 2 x 300mcg adrenaline auto-injector
- 2 x 150mcg adrenaline auto-injector
- Instructions for use
- Administration records.

8. Inclusion and safeguarding

The Trust 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.

9. Catering

9.1 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.

9.2 The school menu should be available for parents to view weekly or monthly in advance with all ingredients listed and allergens highlighted on the school website.

9.3 The School Nurse/SENCO/First Aider or other designated staff member will inform the Catering Manager, Cook or Chef of pupils with known food allergies.

9.4 Every school must have a written procedure in place to be followed by those preparing and/or serving food that ensures where reasonably possible those with

food allergies are not exposed to allergens known to cause them an allergic reaction. Catering staff as a minimum should have names and photographs with details of the specific allergies to avoid for each child and this should be readily available in kitchen/serving areas either on a tablet or in hard copy.

9.5 Parents/carers are encouraged to meet with the Catering Manager, Cook or Chef to discuss their child's needs.

9.6 All trust schools will adhere 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
  - Use of colour coded equipment.

  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 not banned but pupils should be discouraged from them being brought into school if there is an identifiable risk of serious harm to an individual attending the 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.

10. School trips

10.1 Staff leading school trips will ensure they carry all relevant emergency supplies assessed as required. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication and have it with them before the trip departs. Pupils unable to produce their required medication will not be able to attend the excursion.

10.2 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.

10.3 Overnight school trips may 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).

10.4 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.

10.5 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.

11. Allergy awareness

The Trust supports the approach advocated by The Anaphylaxis Campaign and Allergy UK towards nut bans/nut free schools. They do not necessarily support a blanket ban on a 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 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.

12. Risk Assessment

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

Template Risk assessment included at Appendix 3 below.

13. Useful Links

Anaphylaxis Campaign
https://www.anaphylaxis.org.uk

AllergyWise training for schools
https://www.anaphylaxis.org.uk/informationtraining/allergywise-training/for-schools/

AllergyWise training for Healthcare Professionals
https://www.anaphylaxis.org.uk/https://www.allergywise.org.uk/p/allergywise-for-healthcare-professionalsinformation-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, March2016)
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://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools

APPENDIX 1

TEMPLATE LETTER TO LOCAL PHARMACIES FOR THE SUPPLY OF AAIs

[To be completed on headed school paper]

[Date]

We wish to purchase emergency Adrenaline Auto-injector devices for use in our school/college.

The adrenaline auto-injectors will be used in line with the manufacturer's instructions, for the emergency treatment of anaphylaxis in accordance with the Human Medicines (Amendment) Regulations 2017. This allows schools to purchase "spare" back-up adrenaline auto-injectors for the emergency treatment of anaphylaxis. (Further information can be found at www.sparepensinschools.uk).

Please supply the following devices:

Brand name*		Dose* (State milligrams or micrograms)	Quantity required
	Adrenaline auto-injector device		
	Adrenaline auto-injector device		

Signed: _____ Date: _____

Print name:

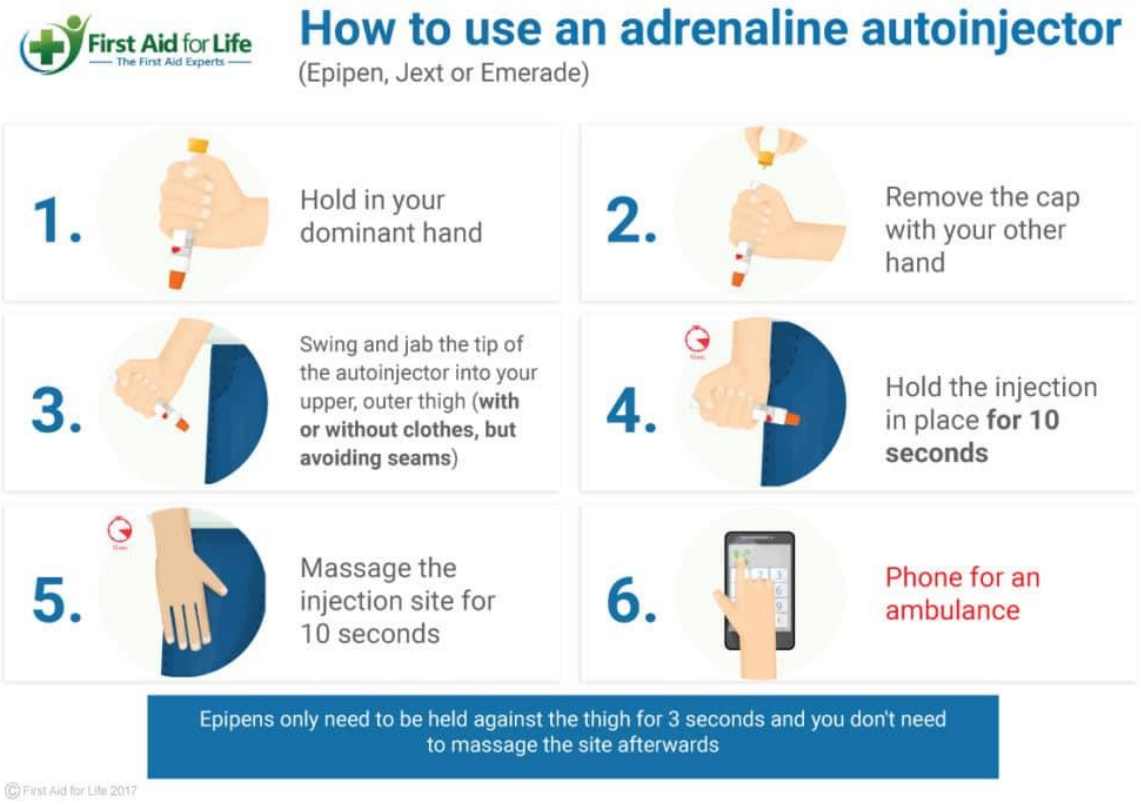
Head Teacher/Principal

*AAIs are available in different doses and devices. Schools may wish to purchase the brand most commonly prescribed to its pupils (to reduce confusion and assist with training). Guidance from the Department of Health to schools recommends:

For children aged under 6 years:	**For children aged 6-12 years:**	**For teenagers aged 12+ years:**
• EpiPen Junior (0.15mg) **or** • Emerade 150 microgram **or** • Jext 150 microgram	• EpiPen (0.3 milligrams) **or** • Emerade 300 microgram **or** • Jext 300 microgram	• EpiPen (0.3 milligrams) **or** • Emerade 300 microgram **or** • Emerade 500 microgram **or** • Jext 300 microgram

APPENDIX 2

Before using the AAI lay the person flat if possible. If breathing is difficult allow to sit but don't allow to stand or walk.



APPENDIX 3

Insert school name - Anaphylaxis Risk Assessment

This form should be completed by the setting 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:
Setting/School: Phase: Primary/Secondary:	Key Worker/Teacher/Tutor:
Name and role of other professionals involved in this Risk Assessment (i.e. Medical Specialist 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:** Setting Manager/Head teacher: Date Parents Date Young person 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 than need to be put in place to enable the child to take part.
Crayons/painting:
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):
Mealtime: kitchen prepared food (is allergy information available): sandwiches:
Snacks (is allergy information available):
Drinks:
Celebrations: e.g., Birthday, Easter:
Hand washing (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 setting?
How many staff need are required to be trained to meet this child's need?
What is the location of the backup AAI?