LEARNING AND FLOURISHING TOGETHER | PROUD TO BE PART OF PDET

Towcester C of E Primary School

Our Christian Vision

We will send the children out, as Noah did the dove (Genesis 8:8-12), having nurtured and prepared them for life. Knowing that they are valued, they can fly and take the values of the school out into the world.

'If we live by the spirit, let us also walk in the spirit.' (Galatians 5:25)

Pupil Allergy Policy

Version 1		**Date:** February 2024
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Towcester C of E Primary School

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1. Aims

This policy aims to:

- Set out our school's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

2. Legislation and guidance

This policy is based on the Department for Education's guidance on allergies in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

3. Roles and responsibilities

We take a whole-school approach to allergy awareness.

3.1 Allergy lead

The nominated allergy lead is **Mrs Clare Booth.**

They're responsible for:

- Promoting and maintaining allergy awareness across our school community
- Recording and collating allergy and special dietary information for all relevant pupils (although the allergy lead has ultimate responsibility, the information collection itself may be delegated to the administrative staff)
- Ensuring:
    - All allergy information is up to date and readily available to relevant members of staff
    - All pupils with allergies have an allergy action plan completed by a medical professional
    - All staff receive an appropriate level of allergy training
    - All staff are aware of the school's policy and procedures regarding allergies
    - Relevant staff are aware of what activities need an allergy risk assessment
- Ensuring stock of the school's adrenaline auto-injectors (AAIs)
- Regularly reviewing and updating the allergy policy

3.2 School administration team (pupil welfare)

- The school administration team (pupil welfare) is responsible for:
- Coordinating the paperwork and information from families
- Coordinating medication with families
- Updating medical information files for staff and class files
- Communicating changes of medical need or care with relevant staff
- Checking spare AAIs are in date
- Any other appropriate tasks delegated by the allergy lead

3.3 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Ensuring that AAIs are accessible and available to relevant children at all times within the school day
- Attending appropriate allergy training as required
- Being aware of specific pupils with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies
- Liaising with parents about the use of food or other potential allergens in class/school based activities.

3.4 Designated members of staff

In addition to the responsibilities of teaching and support staff, 'designated members of staff' will also be responsible for helping to administer AAIs. These are members of staff who have volunteered and been trained to help pupils with AAIs in an emergency.

Staff are trained each year in the administration of AAIs each year. A training register is kept in the school's training log. All trained staff are willing to help pupils with AAIs in an emergency.

3.5 Parents

Parents are responsible for:

- Being aware of our school's allergy policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- Providing the school with copies of updated medical plans
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Carefully considering the food they provide to their children as packed lunches and snacks, and trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition
- Ensuring that their contact details are updated in the event of any change.
- Liaising with after school (extra-curricular) clubs run by external providers

3.6 Pupils with allergies

These pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Communicating to an adult if they feel the early signs of an anaphylactic reaction
- Understanding how and when to use their adrenaline auto-injector
- Being aware of where their adrenaline auto-injector is both within the class and shared areas of the school
- (designated members of staff are still expected to help administer the AAI if the pupil is not able to do so)

3.7 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Taking an active part in Allergy Awareness lessons

- Older pupils might also be expected to support their peers and staff in the case of an emergency.

4. Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

5. Managing risk

5.1 Hygiene procedures

School measures to prevent contamination include:

- Pupils are reminded to wash their hands before and after eating
- Tables and surfaces are wiped down before food is served/eaten
- Sharing of food is not allowed
- Pupils have their own named water bottles

5.2 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- The contracted catering company staff receive appropriate training and are able to identify pupils with allergies
- School menus are available for parents to view with ingredients clearly labelled
- Where changes are made to school menus, these continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

5.3 Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage pupils and staff to be allergen- aware, avoiding certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts

- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If a pupil brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated.

Staff and pupils are encouraged to avoid foods with ingredients listed as 'May contain' allergens.

Where use of food forms part of activities, ingredients will be shared with parents of children with known allergies. Parents will be asked to give consent for the child's participation in the activity.

Where children bring in cakes, sweets or treats to celebrate birthdays or other events; these will be given out to other pupils at the end of the school day to enable parents to decide whether they are safe for their child.

5.4 Insect bites/stings

Procedures for preventing and dealing with insect bites/sting.

When outdoors:

- Shoes should always be worn
- Food and drink should be covered
- Hands should be washed

5.5 Animals

Hygiene procedures for managing allergies to animals such as dogs include:

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

5.6 Support for mental health

Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy. The following procedures are in place to support their mental health and wellbeing, and to prevent bullying.

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their [class teacher/learning mentor/family support worker.]
- Allergy Awareness training for all staff and pupils

5.7 Events and school trips

For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part.

The school will plan accordingly for all events and school trips and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training.

Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips (see section 7.5).

6. Procedures for handling an allergic reaction

6.1 Register of pupils with AAIs

Please refer to our 'supporting pupils with medical conditions' policy.

The school maintains a register of pupils who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis.

The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)
- Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI which may be different to the personal AAI prescribed for the pupil
- A photograph of each pupil (with parental consent) to allow a visual check to be made

The register is kept in the school office and also electronically on the school's shared network. Details of individual children are shared with year group staff and class teachers and can be checked quickly by any member of staff as part of an emergency response.

6.2 Allergic reaction procedures

As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately.

If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan

- If an AAI needs to be administered, a designated member of staff member will use the pupil's own AAI, or if it is not available, a school one.

If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures (see Appendices 1 and 2)

6.3 Recording use of the AAI and informing parents/carers

- In line with Supporting Pupils, 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.
  - Any person who has been given an AAI must be transferred to hospital for further monitoring.

- If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents informed.
- The pupil's parents should be contacted at the earliest opportunity.
- If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.
- The hospital discharge documentation will be sent to the pupil's GP informing them of the reaction.

7. Adrenaline auto-injectors (AAIs)

We follow the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools, covering these areas:

7.1 Purchasing of spare AAIs

The allergy lead is responsible for buying AAIs and ensuring they are stored according to the guidance.

- 3 spare AAIs will be bought each year
- The dosage required (based on Resuscitation Council UK's age-based criteria, see page 11 of the guidance)
- (See pages 11 and 12 of the guidance.)

7.2 Storage (of both spare and prescribed AAIs)

Spare AAIs will be:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in safe and suitably central locations to which all staff have access at all times, but is out of the reach and sight of children:
- Locations:
  - Key Stage 2 Building:
  - Key Stage 1 Building:
  - School Kitchen and Lunch Hall (available for lunchtimes and wraparound care)

- Spare AAIs will be accessible and available for use at all times (not locked away)
- **Not** located more than 5 minutes away from where they may be needed
- Spare AAIs will be kept separate from any pupil's own prescribed AAI, and clearly labelled to avoid confusion.

Prescribed AAIs will be:

- Provided by parents (who will check that they are 'in date')
- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in an accessible location in the class red bag along with a laminated copy of the pupil's Health Care Plan
- The class 'red bag' will be taken with the child to all activities out of the classroom.

7.3 Maintenance (of spare AAIs)

The school office team (pupil welfare) are responsible for checking monthly that:

- The AAIs are present and in date
- Replacement AAIs are obtained when the expiry date is near

7.4 Disposal

AAIs can only be used once. Once a AAI has been used, it will be disposed of in line with the manufacturer's instructions (for example, in a sharps bin for collection by the local council).

7.5 Use of AAIs off school premises

AAIs will be stored in the school red bag along with the child's Health Care Plan. This will be taken with the child on off premises activities and kept by the adult responsible for the child's group, so within constant access of the child should the need for it arise.

A member of staff trained in allergy awareness should be present on school trips and off-site events.

7.6 Emergency anaphylaxis kit

The school holds 3 emergency anaphylaxis kit. Each kit includes:

- A spare AAI
- Instructions for the use of AAIs
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors

- A list of pupils to whom the AAI can be administered (parental consent checked)
- A record of when AAIs have been administered

8. Training

The school is committed to training all staff in allergy response. Training will be carried out annually by the allergy lead.

This includes:

- How to reduce and prevent the risk of allergic reactions
- How to spot the signs of allergic reactions (including anaphylaxis)
- Where AAIs are kept on the school site, and how to access them
- The importance of acting quickly in the case of anaphylaxis
- The wellbeing and inclusion implications of allergies

Pupils also receive an annual 'allergy aware' training session from the Allergywise providers. We are a recognised Allergy Aware school.

9. Links to other policies

This policy links to the following policies and procedures:

Health and safety policy

Supporting pupils with medical conditions policy

School food policy

Appendix 1: recognition and management of an allergic reaction/anaphylaxis

Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

Mild-moderate allergic reaction:

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

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

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

2. **Use Adrenaline autoinjector* without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS

***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further dose** of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

Department of Health: Guidance on the use of adrenaline auto-injectors in schools

Appendix 2: Reducing the risk of allergen exposure in children with food allergy.

Box 1: Reducing the risk of allergen exposure in children with food allergy[7]

- Bottles, other drinks and lunch boxes provided by parents for children 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, parents should check the appropriateness of foods by speaking directly to the catering manager. The child should be taught to also check with catering staff, before purchasing.
- 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.
- Food should not be given to food-allergic children in primary schools without parental engagement and permission (e.g. birthday parties, food treats).
- Implement policies to avoid trading and sharing of food, food utensils or food containers.
- Unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary allergen labelling suggesting a risk of contamination with allergen.
- 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 depending on the allergies of particular children and their age.
- In arts/craft, an appropriate alternative ingredient can be substituted (e.g. wheat-free flour for play dough or cooking). Consider substituting non-food containers for egg cartons.
- When planning out-of-school activities such as sporting events, excursions (e.g. restaurants and food processing plants), school outings or camps, think early about the catering requirements of the food-allergic child and emergency planning (including access to emergency medication and medical care).

Treatment

While "allergy" medicines such as antihistamines can be used for mild allergic reactions, they are ineffective in severe reactions – only adrenaline is recommended for severe reactions (anaphylaxis). The adrenaline treats both the symptoms of the reaction, and also stops the reaction and the further release of chemicals causing anaphylaxis. However, severe reactions may require more than one dose of adrenaline, and children can initially improve but then deteriorate later. **It is therefore essential to always call for an ambulance to provide further medical attention, whenever anaphylaxis occurs.** The use of adrenaline as an injection into the muscle is safe and can be life-saving.

[7] Vale S, Smith J, Said M, Mullins RJ, Loh R. ASCIA guidelines for prevention of anaphylaxis in schools, pre-schools and childcare: 2015 update. J Paediatr Child Health. 2015 Oct;51(10):949-54.

Children and young people diagnosed with allergy to foods or insect stings are frequently prescribed AAI devices, to use in case of anaphylaxis. AAIs (current brands available in the UK are EpiPen®, Emerade®, Jext®) contain a single fixed dose of adrenaline, which can be administered by non-healthcare professionals such as family members, teachers and first-aid responders.

Children at risk of anaphylaxis should have their prescribed AAI(s) at school for use in an emergency. The MHRA recommends that those prescribed AAIs should carry TWO devices at all times, as some people can require more than one dose of adrenaline and the AAI device can be used wrongly or occasionally misfire.

Depending on their level of understanding and competence, **children and particularly teenagers should carry their AAI(s) on their person at all times or they should be quickly and easily accessible at all times.** If the AAI(s) are not carried by the pupil, then they should be kept in a central place in a box marked clearly with the pupil's name but **NOT** locked in a cupboard or an office where access is restricted.

It is not uncommon for schools (often primary schools) to request a pupil's AAI(s) are left in school to avoid the situation where a pupil or their family forgets to bring the AAI(s) to school each day. Where this occurs, the pupil must still have access to an AAI when travelling to and from school.

Further Information

There are a number of resources which provide information on allergies and anaphylaxis, and how they can be treated listed in section 7 together with contact details for support organisations. This guidance is not intended to be a detailed guide to the diagnosis or treatment of anaphylaxis in general. If any member of staff has reason to suspect a pupil has an allergy, they should notify the parents, so they can take their child to a doctor. Section 5 gives advice on what to do in the event of an allergic reaction.

Incorporating into existing School Policy

A school's medical conditions policy or allergy policy may already cover elements of the AAI protocol, for example ensuring appropriate support and training for teachers. Policies will likely already cover elements such as arrangements for storage, care and disposal of medication, ensuring written consent for administration or supervision of administration of medication, keeping a record of administration of medication, and informing parents in relation to children's own inhalers, and could simply be expanded to cover the emergency AAI.

Department of Health: Guidance on the use of adrenaline auto-injectors in schools

Appendix 3a: Letter template to Pharmacy to obtain an AAI (Information)

Schools must provide a written letter when ordering “spare” back-up adrenaline auto-injector devices.

A sample letter is provided below, which can be printed on the school’s headed paper and signed by the principal or head teacher at the school.

Ideally appropriate headed paper should be used, although this is not a legislative requirement.

In line with legislation, the order must state:

- the name of the school for which the adrenaline auto-injector devices are required;
- the purpose for which that devices are required; and
- the total quantity required for each device.

Appendix 3b: Letter template to Pharmacy to obtain an AAI

To be completed on headed school paper

[Date]

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

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 https://www. gov.uk/government/consultations/allowing-schools-to-hold-spare-adrenaline-auto-injectors .

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