Allergy and Anaphylaxis Policy

This policy contains the best practice advice from Charity Anaphylaxis UK and its partners.

Contents

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Purpose	To minimise the risk of anyone on site or away from site on our business or educational visits, etc. suffering a serious allergic reaction and to ensure all staff are properly prepared to recognise and manage serious allergic reactions should they arise.
Inclusion and safeguarding	We are committed to ensuring that all with medical conditions, including allergies, in terms of both physical and mental health, are properly supported so that they can play a full and active role, remain healthy and achieve their full potential.
Links with other policies	SVF H&S Policy SVF First Aid Policy

1. 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 severe reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. 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 we will support those with allergies, to ensure they are safe and are not disadvantaged in any way.

2. Role and responsibilities

Parent Responsibilities

- On entry, it is the parent's/carer's responsibility to inform both the school and catering company of any allergies. This information must include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents/Carers are to supply a copy of their child/ren's Allergy Action Plan (BSACI plans preferred) to us. If there is not an Allergy Action Plan, this must be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist.
- Parents/Carers are responsible for ensuring any required medication is supplied, in date and replaced as necessary after use or expiry.
- Parents/Carers need to keep us up to date with any changes in allergy management. The Allergy Action Plan will be updated accordingly.

Staff Responsibilities

- Staff will inform SLT and the office of any allergies. This information must include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- We will request such information from those who visit site too, for whatever purpose as part of our usual signing-in processes.
- Our staff will complete anaphylaxis training annually to a recognised standard to comply with the law. New members of staff joining during the year will also do the training.
- Staff (regular or otherwise) will be made aware of those in their care who have known allergies, as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities will be supervised with due caution.
- Those involved in Educational Visits/Sporting activities off site, etc. will be issued with and ensure they carry all relevant emergency supplies. Leaders will check that all with medical conditions, including allergies, carry their medication, or are supported with this. Those unable to produce their required medication will not be able to attend. This

will be reinforced to all prior to such events to avoid disappointment

- SLT at each school are responsible for ensuring that the up-to-date Allergy Action Plan is kept with the individual's medication

- Parents/Carers will receive regular information and reminders that it must be their responsibility to ensure all medication in in date; the kit is up-to-date and clearly labelled. The admin team will also check medication on a seasonal basis, (Autumn, Spring, Summer). If necessary, reminders will be sent to parents/carers if medication is approaching expiry.

- The Business Manager/admin team will create and keep a register of those who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

- The Business Manager will report any reaction or near miss to our Health and Safety provider and act where necessary to report externally.

Pupil and Service User Responsibilities

- All will be supported and encouraged, appropriate to age, 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.

- Adults who are trained and confident to administer their own AAIs will be encouraged to take responsibility for always carrying them on their person, subject to review of activities being undertaken.

3. Allergy Action Plans

Allergy action plans are designed to function as individual healthcare plans for those with food or other allergies, providing medical and parents/carers consent to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto- injector.

British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. The allergy action plans are designed to function as an individual healthcare plan and should only be amended in very limited circumstances and on professional advice

4. Emergency Treatment and Management of Anaphylaxis

What we will 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, and
- 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, and
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more severe 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 someone 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.

What does adrenaline do?

- It opens up the airways
- It stops swelling, and
- It raises blood pressure.

As soon as anaphylaxis is suspected, we will administer adrenaline without delay.

Action: We will

- **Keep the person where they are, call for help, ask for the nearest defibrillator to be brought to the scene, and not leave them unattended.**

- **LIE THE PERSON FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this will only be for as short a time as possible.

- **USE AN ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAIs will be given into the muscle in the outer thigh. Specific instructions vary by brand, and we will always follow the instructions on the device.

- CALL **999** and state someone is having an **ANAPHYLAXIS (ana-fil-axis) reaction, giving our postcode and what3words location**

- If there is no improvement after 5 minutes, we will administer second AAI

- If there are no signs of life we will commence CPR, deploy the defibrillator, and call parents/carers/next of kin as soon as possible, subject to liaison with the emergency services.

Whilst awaiting emergency services arrival we will continue to keep the person where they are. We will not stand them up, or sit them in a chair, even if they are feeling better. We know this could lower their blood pressure drastically, causing their heart to stop.

All persons must go to hospital for observation after anaphylaxis, even if they appear to have recovered, as a reaction can recur after treatment.

5. Supply, storage and care of medication

Depending on their level of understanding and competence, adults with allergies will be encouraged to take responsibility for and to carry their own **two** AAIs on them at all times, in a suitable bag/container.

For those not ready to take responsibility for their own medication, we will keep an anaphylaxis kit within 5 minutes of them, not locked away and **accessible to all staff.** Medication will be stored in a suitable container and clearly labelled with individual's name(s).

The medication storage container(s) should contain:

- Two AAIs i.e. EpiPen® or Jext®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required, and
- Asthma inhaler (if included on allergy action plan).

We will communicate that it is possible to subscribe to expiry alerts for the relevant AAIs, to make sure replacement devices are in place in good time.

Older children and medication

Older children and teenagers will, whenever possible and with our support, assume responsibility

for their emergency kit under the guidance of their parents/carers. However, symptoms of anaphylaxis can come on **very suddenly**, so staff need to be prepared to administer medication if someone cannot.

Storage

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

Disposal

AAIs are single use only and will be disposed of as sharps. Used AAIs will be given to ambulance paramedics on arrival so that they can be taken to the hospital to inform medical staff of the treatment already received.

6. ‘Spare’ adrenaline auto-injectors

We have purchased spare **AAIs for emergency use in emergency situations on and off site.** They will also be used when those with their own devices are not available or not working (e.g. because they are out of date) or are experiencing anaphylaxis for the first time.

These are stored in **the main school office**, clearly labelled ‘Emergency Anaphylaxis Adrenaline Pen’, kept safely, not locked away and **accessible and known to all staff.**

The Business Manager is responsible for checking whether the spare medication is in date on a monthly basis and to replace as needed or will arrange subscription to a supply and monitoring service such as; Kitt Medical.

Written parents/carers permission for use of the spare AAIs is included in allergy action plan(s).

7. Staff Training

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school’s anaphylaxis policy, records of training and refreshing, individual risk assessments, etc. are:

1. Catriona Ashley, Business Manager
2. Dean Hudd, Executive Headteacher

All our staff will complete online allergy and anaphylaxis training annually, and on arrival of new staff during the year.

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 anyone having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what,

- Managing allergy action plans and ensuring these are up to date.

Alongside this training, we undertake practical sessions, using trainer devices, noting these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk

8. Catering

All food businesses (including our 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.

Sodbury Vale Federation uses Edwards and Ward for school catering. For full details about their allergy management processes and for reporting a pupil allergy, please visit https://edwardsandward.co.uk/special-diets/

Parents/carers will inform the Catering company of those with food allergies and are responsible for keeping them up to date. Photographs will be shared but confidential to that team only, and not those visiting the space.

Parents/carers will liaise as needed with the catering company to discuss their child's needs and the company will then create a bespoke allergen menu.

We adhere to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents/carers for those with food allergies must be clearly labelled with the name of whom they are intended for.

- The pupils/service users will be taught to also check with catering staff, before purchasing food or selecting their lunch choice.

- Where food is provided by us, staff will 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 those

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 will not be given to primary school age, food-allergic children without parents/carers 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/users and their age.

9. Educational Visits, Off site sporting and other events

Relevant emergency supplies will be taken. Trip leaders will check that the relevant medication is taken for all those with medical conditions, including allergies. Those unable to produce their required medication may not be able to attend.

All the activities on the trip will be risk assessed to see if they pose a threat to those with an allergy with alternative activities planned, if necessary, to ensure inclusion.

Overnight trips should be possible with careful planning and a meeting held with the lead member of staff planning the trip. Staff at the venue for an overnight trip must be briefed on the needs, including food, whoever provides it, of those with an allergy.

Sporting Excursions

Those with an allergy should have every opportunity to attend sports trips. We will ensure that the P.E. teacher/s are fully aware of the situation. We will notify the hosts 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 location feels that they are not equipped to cater for any food-allergic child, we will arrange for alternative/their own food.

Most parents/carers are keen that their children should be included in as much as possible so we will need their co-operation with any special arrangements required.

10. Allergy awareness and nut bans

Nuts are only one of many allergens that could affect people. We cannot guarantee a truly allergen free environment for those living with food allergies. We, therefore, adopt a culture of allergy awareness and education. Our catering company do not use nuts in any of their recipes, and we regularly remind all parents/carers to avoid sending nut-based foods in their child/ren's packed lunches.

We will continue to pursue a 'whole setting awareness of allergies' approach, as it ensures teachers, pupils, service users, visitors, etc. and all other staff are aware of what allergies are,

the importance of avoiding allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

11. Risk Assessment

We will conduct an individual risk assessment/individual healthcare plan (IHCP) with and for all new joining staff/pupils/service users with allergies and anyone newly diagnosed, to help identify any gaps in our systems and processes for keeping those with an allergy safe.

12. Useful Links

- Anaphylaxis UK - https://www.anaphylaxis.org.uk/
- Safer Schools Programme –

  https://www.anaphylaxis.org.uk/education/safer-schools-programme/
- AllergyWise for Schools online training - https://www.allergywise.org.uk/p/allergywise-for-schools1
- Allergy UK - https://www.allergyuk.org
- Whole school allergy and awareness management - https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement
- BSACI Allergy Action Plans - https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/
- Spare Pens in Schools - http://www.sparepensinschools.uk

Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Health Guidance on the use of adrenaline auto-injectors in schools - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

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

Footnotes:

1 To confirm, we know that all staff need to complete allergy and anaphylaxis training to ensure that they can react quickly and accurately when someone has a reaction. When the training is limited to one or only a few members of staff, those with allergies are left in a potentially life-threatening situation if that member of staff is absent or deployed elsewhere.

2 Kitt Medical provides a CPD-Accredited training course (made in partnership with Anaphylaxis UK), the only charity in the UK supporting those with severe allergies.

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