Allergy management at school

Allergy guidelines for your school's medical conditions policy

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Glossary of terms

Allergy Action Plan

These plans have been designed to facilitate first aid treatment of anaphylaxis, to be delivered by people without any special medical training nor equipment, apart from access to adrenaline auto-injectors (AAIs). The plans are medical documents and should be completed by the child/young person's healthcare professional in partnership with parents/carers. The plans are now designed to function as Individual Healthcare Plans for children and young people at risk of anaphylaxis. Download here: BSACI Allergy Action Plans.

Individual Healthcare Plan

These plans are drawn up in partnership between the school, parents/carers, and a relevant healthcare professional, e.g. school nurse, specialist or children's community nurse or paediatrician, who can best advise on the particular healthcare needs of a child/young person. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child/young person manage their specific condition, and overcome any potential barriers to getting the most from their education. Read more about Individual Healthcare Plans here.

Where a child/young person's health issues related only to their allergy, the Allergy Action Plan can function as their Individual Healthcare Plan.

Foreword

Developing a Model Policy for Allergy at School[1]

Around 2-5% of children in the UK live with a food allergy, and most school classrooms will have at least one allergic pupil. These young people are at risk of anaphylaxis, a potentially life-threatening reaction which requires an immediate emergency response. 20% of serious allergic reactions to food happen whilst a child is at school, and these can happen in someone with no prior history of food allergy. It is essential that staff recognise the signs of an allergic reaction, and are able to manage it safely and effectively.

Anaphylaxis UK and Allergy UK have worked with the British Society for Allergy and Clinical Immunology (BSACI) and the Medical Conditions in Schools Alliance, supported by the Department for Education (DfE), to develop this **Model Policy for Allergy at School** guide. It has been designed to support schools to develop a 'Gold Standard' policy to manage children's allergies safely, so that children/young people and their parents feel reassured that a robust policy is in place. The Model Policy for Allergy at School draws on lessons learnt from Prevention of Future Deaths reports[2,3] where children have sadly died as a consequence of anaphylaxis while they are at school.

The **Policy for Allergy at School**, which includes an example of a comprehensive working policy has been reviewed by Professor Adam Fox, Paediatric Allergist at Guy's & St Thomas' Hospitals, London, Dr Paul Turner, MRC Clinician Scientist and Reader in Paediatric Allergy & Immunology at Imperial College London, and the British Society for Allergy & Clinical Immunology (BSACI).

References:

1. This guide has been developed in consultation with parents and teachers and will be reviewed to include ongoing feedback on an annual basis. Date of next review: Sept 2023
2. https://www.judiciary.uk/publications/karanbir-cheema/
3. https://www.judiciary.uk/publications/mohammad-ashraf/

Government legislation

Schools have a legal duty to support pupils with medical conditions, including allergy. Schools must adhere to legislation and statutory guidance on caring for pupils with medical conditions, including the administration of allergy medication and adrenaline auto-injectors (AAIs).

The Scottish Government's guidance on supporting children and young people with healthcare needs in schools, published in December 2017 is available from this link.

The Welsh Government's guidance on supporting learners with healthcare needs, published in March 2017 is available from this link.

The Northern Ireland Government's guidance on supporting pupils with medication needs, published in February 2008 is available from this link.

The English Government's guidance on supporting pupils at school with medical conditions, published in December 2015 is available from this link.

These allergy guidelines are designed to be included within your school's medical conditions policy. It is recommended that they should be made available on your school's website. The regulations concerning the management of medical conditions in schools varies depending on whether the school is situated in England, Wales, Scotland or Northern Ireland. The Health Conditions in Schools Alliance has published a helpful guide to these laws (please note that some of the information about Wales and Scotland has been updated since this document was published.

Health and Safety Policy

An allergy policy must be read in conjunction with the schools' Health and Safety Policy as the management of anaphylaxis is integral within the management of First Aid. Designated first aiders will need to have specific training on anaphylaxis and understand their responsibilities in this regard:

Roles and responsibilities

The **governing body** are required to develop policies to cover their own school. This should be based on a suitable and sufficient risk assessment carried out by a competent person. The governing body has general responsibility for all the school's policies, even when it is not the employer. In county and controlled schools, the governing body should follow the health and safety policies and procedures produced by the LEA as the employer. In practice, most of the day-to-day functions of managing health and safety are delegated to the head teacher.

The **head teacher** is responsible for putting the governing body's policy into practice and for developing detailed procedures. The head teacher should also make sure that parents are aware of the school's health and safety policy, including arrangements for managing children with allergies and at risk of anaphylaxis.

Teachers' conditions of employment do not include giving first aid, although any member of staff may volunteer to undertake these tasks. Teachers and other staff in charge of pupils are expected to always use their best endeavors, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency. The employer must arrange adequate and appropriate training and guidance for staff who volunteer to be first aiders/ appointed persons. The employer must ensure that there are enough trained staff to meet the statutory requirements and assessed needs, allowing for staff on annual/sick leave or off-site.

Introduction

Allergy is the response of the body's immune system to normally harmless substances. These do not cause any problems in most people, but in allergic individuals the immune system identifies them as 'allergens' and produces an inappropriate 'allergic' response. This can be relatively minor, such as localised itching, but it can also be much more serious, causing anaphylaxis which can lead to breathing problems and collapse. Common allergic triggers include nuts, cow's milk and other foods, venom (bee and wasp stings), drugs, latex and hair dye. The most common cause of anaphylaxis in children/young people are foods. Symptoms often appear quickly and the 'first line' emergency treatment for anaphylaxis is adrenaline which is administered with an adrenaline auto-injector (AAI).

2–5% **of children in the UK live with a food allergy**

Around 2-5% of children in the UK live with a food allergy, and most school classrooms will have at least one allergic pupil. These people are at risk of anaphylaxis, a potentially life-threatening reaction which requires an immediate emergency response. 20% of serious allergic reactions to food happen whilst a child is at school, and these reactions can occur in someone with no prior history of food allergy.[1] It is essential that staff recognise the signs of an allergic reaction, and are able to manage this.

In order to keep pupils with allergy safe, schools should have a clear and consistent policy on managing allergies at school. Schools should take a whole-school approach which involves all members of the school, including teaching staff, caterers, pupils and parents to ensure that the needs of the allergic pupils are met.

20% **of severe allergic reactions to food happen whilst a child is at school**

Parents need to be confident in schools' ability to keep their children safe, and be reassured that staff are sufficiently trained to act immediately in the event of an allergic reaction. Regular communication with parents is vital.

It is important that allergic pupils are not stigmatised or discriminated against in any way at school due to their allergy. For example, they should not be separated at mealtimes or excluded from class activities (unless this has been specified in the pupil's Allergy Plan). Drawing attention to the allergy in this way could result in allergy bullying by other pupils, so inclusivity and overall awareness amongst pupils is vital.

1. Muraro et al. The Management of the Allergic Child at School. Allergy 2010 June 1;65(6):681-9

Emergency management of anaphylaxis (ABC) and involving family/carers

All pupils at risk of anaphylaxis, should have an Allergy Action Plan that describes exactly what to do and who to contact in the event that they have an allergic reaction. The BSACI Allergy Action Plans include this information, and are recommended for this purpose. The plan should include First Aid procedures for the administering of adrenaline.

Identify activities which the child may be at risk - for example food-based and outdoor activities.

Symptoms of anaphylaxis include one of more of the below:

Airway:

- Swollen tongue
- Difficulty swallowing/speaking
- Throat tightness
- Change in voice (hoarse or croaky sounds)

Breathing:

- Difficult or noisy breathing
- Chest tightness
- Persistent cough
- Wheeze (whistling noise due to a narrowed airway)

Circulation:

- Feeling dizzy or faint
- Collapse
- Babies and young children may suddenly become floppy and pale
- Loss of consciousness (unresponsive)

Action to be taken

- Position is important -lie the person flat with legs raised (or sit them up if having breathing problems)
- Give adrenaline – WITHOUT DELAY – if an AAI is available
- Bring the AAI to the person having anaphylaxis, and not the other way round. Avoid standing or moving someone having anaphylaxis
- Call an ambulance (999) and tell the operator it is anaphylaxis
- Stay with the person until medical help arrives
- If symptoms do not improve within five minutes of a first dose of adrenaline, give a second dose using another AAI
- A person who has a serious allergic reaction and/ or is given adrenaline should always be taken to hospital for further observation and treatment
- Sometimes anaphylaxis symptoms can recur after the first episode has been treated. This is called a biphasic reaction.

Spare pens in schools

Since 2017, schools have been legally able to directly purchase AAI from a pharmaceutical supplier, such as a local pharmacy, without a prescription. Guidance from the Department for Health and Social Care UK Departments of Health (and equivalent guidance for the Devolved Nations) provide further details.

www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools

The BSACI Allergy action plans include a consent for parents/legal guardian to sign, authorizing the administration of AAIs in their child.

Under existing UK legislation, a school's "spare" AAI can in principle be used in the event of an emergency to save the life of someone who develops anaphylaxis unexpectedly, even when parental/guardian consent has not been obtained, for example in a child presenting for the first time with anaphylaxis due to an unrecognised allergy. Note, however, that this provision should be reserved for exceptional circumstances only, that could not have been foreseen.

A supplier e.g. pharmacy, will need a request signed by the principal or headteacher (ideally on appropriate headed paper) stating:

- The name of the school for which the product is required;
- The purpose for which that product is required, and
- The total quantity required.

A template letter which can be used for this purpose is provided in Appendix 1, and can also be downloaded at: www.sparepensinschools.uk

Please note that pharmacies are not required to provide AAIs free of charge to schools, the school must pay for them as a retail item.

The retail price is circa £35 (as of 2023) and your local pharmacy may add a small handling charge.

Allergy Action Plans

Allergy Action Plans have been designed to facilitate first aid treatment of anaphylaxis, by either the allergic person or someone else (e.g., parent, teacher, friend) without any special medical training nor equipment apart from access to an AAI. They have been developed following an extensive consultation period with health professionals, support organisations, parents of allergic children and teachers, and the British Society for Allergy & Clinical Immunology (BSACI).

Please click here to see the sample Allergy Action Plans.

The plans are medical documents, and should be completed by a child's healthcare professional, in partnership with parents/ carers.

The plans can either be printed out and completed by hand, or completed and signed by the healthcare professional and parent/carer online.

Staff allergy training

It is good practice to have two named members of staff at school responsible for coordinating allergy management including the development and upkeep of the school's allergy policy.

However, an allergic reaction can occur at any time, so all staff should be trained on what to do in the event of an allergic reaction, as a student may be under their supervision when this happens. Allergy training should be refreshed yearly (at a minimum) and new and temporary staff should be trained as soon as they join the school to ensure confidence and competence.

Acting fast is key in reducing the risk of a serious allergic reaction.

Allergy training should include a practical session (trainer AAIs are available to order through the manufacturer's website.) Training should include a basic understanding of allergic disease and its risks which include:

- Knowing the common allergens and triggers of allergy
- 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

Allergies and bullying

By law, all state schools must have a behaviour policy in place that includes measures to prevent all forms of bullying among pupils, and this is a policy decided by the school. All teachers, pupils and parents must be told what it is, and allergy bullying should be treated seriously, like any other bullying. Schools must, under Section 100 of the Children and Families Act 2014, aim to ensure that all children with medical conditions, 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.

32% **of the children surveyed reported having been bullied due to food allergy at least once**

The Department for Education has provided statutory guidance for schools and colleges on keeping children safe in education.

Please view the guidance here.

Bullying UK have provided advice for schools on bullying - Primary / Secondary

Heads Together have given information on how to adopt a whole-school approach to mental heath and wellbeing

Other useful websites include Bully Busters, Anti-Bullying Alliance, Childline and NSPCC.

BullyingUK | family lives
Part of family lives
We build better family lives together

Storage of AAIs

Students should carry two AAIs with them at all times. If the student is unable to carry AAI's/ medication/inhalers themselves (e.g. primary school-aged pupils) this medication should be stored safely but should be easily accessible in the event of an emergency and not locked away. Ensure that these are labelled for identification of the pupil e.g. with their name and photograph and Allergy Action Plan.

Ensure that students know where their medication, AAIs and inhalers are at all times.

If a pupil has anaphylaxis, and their AAI is stored away from them, then the AAI must be brought to them. They must not be told to go to the room where the AAI is stored, in order for it to be administered.

Staff should support students who demonstrate maturity and have had appropriate training to carry their own AAIs, medication and/or inhalers.

Expiry dates

- It is the parents' responsibility to ensure that the child's AAIs are within the expiry date, however it is good practice for schools to schedule their own regular checks of medication
- Parents and schools can register AAIs on the manufacturer's websites to receive text alerts for expiry dates
- Schools should return expired medication to parents for safe disposal
- Any sharp items such as AAIs should be disposed of safely using a sharps disposal box
- When the school is closed for long periods e.g. school holidays , it is possible that medication could have expired so it is essential that staff check the expiry dates of AAIs as these may need replacing
- Note that the dose of AAI varies according to the child's weight, so as the child grows, the correct dose required may change.

Catering at school

As part of school's duty to support children with medical conditions, they must be able to provide safe food options to meet dietary needs including food allergy. Catering staff must be able to identify pupils with allergy.

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. Schools can therefore identify whether a food product is safe for allergic pupils to eat.

School menus should be available for parents to view with the ingredients clearly labelled.

Handling allergens and preventing cross contamination

Ensure that catering staff keep in contact with food suppliers as ingredients may change.

Some product ingredient lists contain precautionary allergen labelling, e.g. "may contain X". Some pupils may be able to eat foods labelled as "may contain", but others may need to strictly avoid them. This information should be included on the Individual Healthcare Plan.

Anaphylaxis UK's Safer Schools Programme

Anaphylaxis UK's **Safer Schools Programme** covers everything schools need to know to help them safely manage and support pupils with serious allergies. This includes best practice resources for schools and a downloadable **allergy awareness assembly presentation**. The assembly presentation includes allergy bullying and promotes inclusion of all children.

Safer Schools Programme

Allergy awareness assembly presentation

Anaphylaxis UK's AllergyWise® for Schools

AllergyWise® for Schools is an online training course for all school staff covering common causes of allergic reactions, how to recognise and manage anaphylaxis, and provides practical tips for safely managing pupils with serious allergies.

AllergyWise® schools also have access to **lesson resource packs** with many downloadable lesson plans, presentations and activities to use with pupils, and are eligible to achieve Anaphylaxis UK's **AllergyWise® School award**!

AllergyWise® for Schools

AllergyWise® School award

Allergy UK's resources for managing allergies at school

The following resources designed by Allergy UK are aimed at school staff, parents and pupils with easy-to-understand information Factsheets and 'Top Tips' on managing allergies in school. Topics include Understanding Anxiety, Guidance for Early Years Settings, Frequently Asked Questions and more.

- Information for schools
- Information for parents
- Information for pupils
- Guidance for Early Years Settings
- Understanding Anxiety Factsheet
- Frequently Asked Questions

Working with parents

Parents/guardians know their child's allergies best and so it is vital that schools work with parents to ensure they have the most up to date knowledge of each child's allergies and medication. Parents must be encouraged to

- Provide an Allergy Action Plan signed by a healthcare professional
- Provide two in-date AAIs for their child, which should ideally be kept with the child rather than away from them.

Risk assessments

A detailed risk assessment will enable schools to identify gaps in their systems and processes for keeping allergic children safe.

Download the Wiltshire Children Trust Anaphylaxis Risk Assessment template here.

Sports activities at school

Sports activities in school

All children with allergies and who have been prescribed AAIs should take their AAIs to the sports ground / hall with them. The teachers leading the sports sessions should all be first aid trained and this must include how to manage serious allergy and anaphylaxis.

Sports activities outside schools

Children with allergies should have every opportunity to take part in out-of-school activities such as holidays, sports events hosted by other schools and educational visits.

Such activities will need careful planning and preparation, but there is no reason to exclude a child with allergies. A meeting with the child's parents /carers will be necessary to ensure that everyone is happy with the arrangements. If the child is allergic to a food, similar procedures need to be followed to those in operation at school to ensure that the child does not come into contact with the food.

If the child has been prescribed AAIs, at least one person trained in administering the device must accompany the school party. From the child's perspective, it is not advisable for a parent/ carer to accompany them on school trips. This should only happen as a last resort. It is a school's responsibility to have a member of staff present who can support the child.

Sports events

For sports events, it's advisable to ensure the PE teacher is fully aware of the situation and notifies the schools to be visited that a member of the team has an allergy when arranging the fixtures. Should another school feel they are not equipped to cater for the allergic child you could arrange (as a last resort) for the child to take their own food.

Managing insect sting allergy

Insect sting (including bee and wasp) allergy causes a lot of anxiety and needs careful management. Children need to take special care outdoors, wearing shoes at all times and making sure any food or drink is covered.

Adults supervising activities must ensure that suitable medication, including AAIs, is always on hand for the management of anaphylaxis.

Anaphylaxis UK Resources

https://www.anaphylaxis.org.uk/campaigning/making-schools-safer-project/

https://www.anaphylaxis.org.uk/schools/schools-allergywise/

https://www.anaphylaxis.org.uk/hcp/allergywise/

Allergy UK Resources

https://www.allergyuk.org/living-with-an-allergy/at-school/

Allergy management checklist

- ☐ Does the child have an Individual Healthcare Plan Page 2
- ☐ Has your school purchased spare pens? Page 7
- ☐ Does each child have a completed and signed Allergy Action Plan? Page 7
- ☐ Have ALL school staff been trained in allergy and anaphylaxis? Page 8
- ☐ Does the school allergy policy include where and how to store AAIs? Page 9
- ☐ Is there a schedule to check the expiry dates on spare AAIs and each child's AAI? Page 9
- ☐ Does the allergy policy cover catering for children with allergies? Page 9
- ☐ Does the allergy policy include pupil allergy awareness? Pages 10/11
- ☐ Has the school completed an allergy risk assessment? Page 11
- ☐ Does the allergy policy include risk assessment of extra curricula activities? Page 12
- ☐ Does the allergy policy cover safeguarding children with allergies, including bullying? Page 8

We're here to help

Allergy UK Helpline:

Providing support, advice and information for those living with allergic disease

Monday - Friday, 9am-5pm

Call: 01322 619898

Email: info@allergyuk.org

www.allergyuk.org

Anaphylaxis UK Helpline:

Creating a brighter future for people with serious allergies

Monday - Friday, 9am-5pm

Call: 01252 542029

Email: info@anaphylaxis.org.uk

www.anaphylaxis.org.uk

AllergyUK

BSACI Improving Allergy Care through education, training and research

anaphylaxis UK A brighter future for people with serious allergies

Allergy Management Policy

This template policy is designed to be incorporated into/annexed to the schools wider medical conditions policy as required by the Supporting Pupils in schools with medical conditions statutory guidance

Author/s	Ann Duffy
Review Frequency	Annually
Date approved by governors	September 2026
Date of next review	September 2027
Purpose	To minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.
Links with other policies	Supporting Pupils with Medical Conditions Policy

The named staff members (at least 2) responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-

Louise Shaw

Kate Williams

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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 serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to):-
Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

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

2. Role and responsibilities

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform office staff of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan (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 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.
- First Aider 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 First Aider will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- First Aider keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

Pupil Responsibilities

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.

3. 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.
Hulland CofE Primary School recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

4. Emergency Treatment and Management of Anaphylaxis

What to look for:
Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

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

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.
Action:

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis).**
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

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

5. Supply, storage and care of medication

Depending on their level of understanding and competence, pupils 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 younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely, not locked away and **accessible to all staff.**

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

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

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the 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 AAIs their child is prescribed, to make sure they can get replacement devices in good time.

Older children and medication
Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on **very suddenly**, so school staff need to be prepared to administer medication if the young person cannot.

Storage
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 in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a specialist collection service. The sharps bin is kept in the office.

6. 'Spare' adrenaline auto-injectors in school

Hulland CofE Primary School has purchased spare **AAIs for emergency use in children who are risk of anaphylaxis,** but their own devices are not available or not working (e.g. because they are out of date).

These are stored in a _ _ _ _ _ _ _ colour pack/container, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff.**

Hulland CofE Primary School holds 2 spare pens which are kept in the Office.

The First Aider is responsible for checking the spare medication is in date on a monthly basis 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.

7. Staff Training

The named staff members (at least 2) responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-

Louise Shaw

Kate Williams

All staff will complete online AllergyWise anaphylaxis 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 allergy
- 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
- Managing allergy action plans and ensuring these are up to date
- A practical session using trainer devices (these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk and www.emerade-bausch.co.uk)

8. Inclusion and safeguarding

Hulland CofE Primary 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.

9. 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 in weekly/fortnightly/monthly advance with all ingredients listed and allergens highlighted on the School Grid Website.

The First Aider will inform the Catering Manager of pupils with food allergies.

(Every school should have a system in place to ensure catering staff can identify pupils with allergies e.g. a list with photographs– include details here of your school system for identifying pupils and who has responsibility for keeping this up to date)

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 pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

10. School trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Sporting Excursions
Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

11. Allergy awareness and nut bans

Hulland CofE Primary School supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any 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 are 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

Hulland CofE Primary School will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

Wiltshire Children Trust - Anaphylaxis Risk Assessment Example Template

13. 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

- Resources for managing allergies at school - https://www.allergyuk.org/living-with-an-allergy/at-school/

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