

Allergy and Anaphylaxis Policy

1. Introduction

This policy outlines the School's approach to allergy management, including how the whole-school community works to reduce the risk of an allergic reaction happening and the procedures in place to respond if one does. It also sets out how we support our students with allergies to ensure their wellbeing and inclusion, as well as demonstrating commitment to being an Allergy Aware school.

Allergic disease is the most common chronic condition in childhood and a severe allergic reaction can cause risk to life but even a mild to moderate reaction or near-miss may have widespread consequences so it is vital the whole school community understands allergy, risk prevention and knows what to do in an emergency.

Having a robust Allergy and Anaphylaxis Policy ensures everyone:

- Understands their responsibility for reducing the risk of allergic reactions happening
- Is clear on procedures
- Knows how to respond appropriately if an allergic reaction occurs

This policy applies to all staff, trainee teachers, students and parents and should be read alongside the School's Safeguarding Policy and Supporting Children at School with Medical Conditions.

2. What is an allergy?

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Most allergic reactions are mild, causing minor symptoms, but some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to almost anything, but serious allergic reactions are caused most commonly by food, insect venom (such as a wasp or bee sting), latex and medication.

3. Definitions

ANAPHYLAXIS: Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

ALLERGEN: A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by law to be highlighted on pre-packed food. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

ADRENALINE AUTO-INJECTOR (AAI): A single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAI's, adrenaline pens or by the brand name EpiPen. For the purposes of this Policy we will refer to them as adrenaline pens.

ALLERGY ACTION PLAN (AAP): This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

INDIVIDUAL HEALTHCARE PLAN (IHP): A detailed document outlining an individual student's condition, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, students. All students with an allergy should have an IHP and it should be read in conjunction with their AAP.

RISK ASSESSMENT: A detailed document outlining an activity, the risks it poses and any actions taken to mitigate those risk. Allergy should be included on all risk assessments for events on and off the school site.

SPARE/EMERGENCY PENS: Schools are able to purchase spare adrenaline pens. These should be held as a back-up, in case students' own adrenaline pens are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline. Spare pens will be referred to as emergency pens in this policy.

4. Roles and responsibilities

Old Swinford Hospital takes a whole-school approach to allergy management.

4.1. Designated Allergy Lead

The School's Designated Allergy Lead is Mrs Victoria Matthews who is based in the Medical Centre and reports to the Deputy Head, Mr Andrew Coalter. Together they are responsible for:

- Ensuring the safety, inclusion and wellbeing of students with an allergy.
- Taking decisions on allergy management across the school.
- Leading on awareness, and advising on, allergy awareness across the school.
- Being the overarching point of contact for staff, students and parents with concerns or questions about allergy management.
- Ensuring allergy information is recorded, up-to-date and communicated to all staff.
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management including what activities need an allergy risk assessment.
- Ensuring staff, students and parents have a good awareness of the School's Allergy and Anaphylaxis Policy, and other related procedures.
- Reviewing the stock of the school's emergency adrenaline pens, checking the school has enough and the locations are correct, and ensuring staff know where they are.
- Keeping a record of any allergic reactions or near-misses, ensuring an investigation is held as to the cause and putting in place any learnings.
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy.
- Ensuring there is an allergy and anaphylaxis reminder and demonstration session at least once a year in CPD.

At regular intervals the Designated Allergy Lead will check procedures and report to the Senior Leadership Team (SLT).

4.2. School Medical team

The School's medical team are responsible for:

- Collecting and coordinating the paperwork, including AAP's and IHP's, and information from families, and liaising with the data manager and admissions staff for new joiners.
- Supporting the Designated Allergy Lead on how this information is disseminated to all school staff, including the catering team, occasional staff and staff who run clubs.
- Ensuring the information from families is up-to-date, and reviewed at least annually.
- Coordinating medication with families. Whilst it's the parents and carers responsibility to ensure medication is up to date, the School uses the anaphylaxis reminder service to check this so they are able to notify parents when they see the expiry date is approaching.
- Keeping an adrenaline pen register.
- Regularly checking emergency pens are where they should be, and that they are in date.
- Replacing the emergency pens when necessary.
- Providing on-site adrenaline pen training for other members of staff and students and refresher training as required e.g. before school trips.
- Any other responsibilities delegated by the Designated Allergy Lead .

4.3. All staff

All school staff, including teaching staff, trainee teachers, boarding staff, support staff, domestic staff, occasional staff (for example sports coaches, music teachers, boarding tutors and those running before and after school clubs) are responsible for:

- Raising the profile of allergy awareness across the school.
- Reading, understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures, and asking for support if needed.
- Being aware of students with allergies and what they are allergic to.
- Considering the risk to students with allergies posed by any activities and assessing whether the use of any allergen in an activity is necessary and/or appropriate.
- Ensuring students always have access to their medication and are carrying it.
- Forwarding any communication or information that comes directly to them from parents regarding allergens to the School's medical team.
- Ensuring students have their medication and AAP or IHP with them when leaving the school site for a match or a trip.
- Being able to recognise and respond to an allergic reaction, including anaphylaxis.
- Taking part in training as required and at least annually.
- Considering the safety, inclusion and wellbeing of students with allergies at all times.
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example as part of fund raising events or as part of a lesson such as food technology.
- Preventing and responding to allergy-related bullying, in line with the School's Behaviour Policy.

4.4. All parents

All parents and carers, whether their child has an allergy or not, are responsible for:

- Being aware of and understanding the School's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of students with allergies.

- Providing the school Medical Centre with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the School of any related conditions, for example asthma, hay fever, rhinitis or eczema.
- Considering and adhering to any food restrictions or guidance the School has in place when providing food, for example in packed lunches, as snacks, on trips or for fundraising events.
- Refraining from telling the School their child has an allergy or intolerance if this is a preference or dietary choice.
- Encouraging their child to be allergy aware.

4.5. Parents of children with allergies

In addition to the point above, parents and carers of children with anaphylaxis should:

- Provide an AAP and work with the School to fill out an IHP.
- If applicable, provide the school or their child with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, i.e. spoon or syringe), inhalers or creams.
- Ensure medication is in-date and replaced at the appropriate time.
- Ensure their child has access to their allergy medication, including two adrenaline pens if prescribed, on the journey to and from school.
- Update the school with any changes to their child's condition and ensure the relevant paperwork is updated too.
- Provide the school with an up-to-date photograph of their child and sign the associated permission for it to be shared appropriately as part of their allergy management. Please note that, in the legitimate interests of safeguarding the child, this information will be shared where necessary and appropriate.
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring e.g. not eating the food they are allergic to.

4.6. All students

All students at the School should:

- Be allergy aware.
- Understand the risks allergens might pose to their peers.
- Learn how they can support their peers and be alert to allergy-related bullying.

Older students will learn how to recognise and respond to an allergic reaction and to support their peers and staff in case of an emergency.

Students buying or bringing in food from home are encouraged to check the ingredients so that they can adhere to food restrictions or guidance about food being brought in or taken on trips.

4.7. Students with allergies

In addition to the point above, students with allergies are responsible for:

- Knowing what their allergies are and how to mitigate personal risk.
- Avoiding their allergen as best as they can.
- Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction.
- Carrying two adrenaline pens with them at all times. They must only use them for their intended purpose.
- Understanding how and when to use their adrenaline pen.

- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy.
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies.
- Knowing what to do if, when they are permitted to leave the school site during the school day or during boarding time, they have an allergic reaction off school premises. This should include how to treat themselves and raise the alarm to get help.

5. Information and documentation

5.1. Information collection

Parents are asked for information on medical conditions, including allergies and special dietary requirements, as part of the School's admissions process. Following admission, parents have the ability to update this information at any time via Edulink. The Medical Centre will contact all parents periodically to remind them to check and update this information.

The Designated Allergy Lead and school medical team will ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity.
- There is a clear structure in place to communicate this information to the relevant parties including for example, teaching staff, coaches, housemasters, matrons and catering staff.
- Visitors (for example at Open Days and new student events) are aware of the catering set up and if food is to be offered and plans for medication if the child is to be left without parental supervision.

5.2. Register of students with an allergy

The School has a register of students who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as students with an allergy where no adrenaline pens have been prescribed.

5.3. Individual Healthcare Plans

Each student with an allergy will have an IHP. The information on this plan should include:

- Known allergens and risk factors for allergic reactions.
- A history of their allergic reactions.
- Detail of the medication the student has been prescribed including dose, this should include adrenaline pens, antihistamine etc.
- A copy of parental consent to administer medication, including the use of emergency adrenaline pens in case of suspected anaphylaxis.
- A photograph of each student .
- A copy of their AAP.

6. Assessing risk

Allergens can crop up in unexpected places. Staff (including temporary/supply/visiting staff and trainee teachers) will consider allergies in all activity planning and include it in risk assessments.

Inclusion of students with allergies will be considered alongside safety. Students with allergies should not be excluded nor, where possible, treated differently. Staff will, where they can, adapt the activity to make it suitable to all.

7. Food including mealtimes and snacks

7.1. Catering in school

The School is committed to providing a safe meal for all students, including those with food allergies.

- Due diligence is carried out with regard to allergen management when appointing catering staff.
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training.
- Anyone preparing food for students with allergies will follow good hygiene practices, food safety and allergen management procedures.
- The School has robust procedures in place to identify students with food allergies in dining rooms including photos of these students. The catering team will endeavour to get to know the students with allergies and what their allergies are, supported by all school staff.
- The School's main dining hall has an allergen specific counter. The Swinford Court dining room does not have a specific counter however staff will still have pictures of the senior students with allergies who will be dining there.
- Students are told they must read the menus, where all allergens are documented daily and the onus will be on the child to make themselves and their allergy known.
- Food containing, or which may contain, the main 14 allergens (see Allergens definition) will be clearly identified for all to see. Other ingredient information will be available on request.
- Food packaged to go, for example on trips, will have allergen information displayed on the packaging.
- Where changes are made to the ingredients this will be communicated to students with dietary needs by via the menu's on display each day.
- Food provided at breakfast and after school in the dining room is labelled as per the mealtime provision.
- Boarding houses are allergen aware and will publicise and raise allergy awareness with their students. Items will be restricted or controlled when an allergy is known to them.

7.2. Food brought into school

- This school is an Allergen Aware school. We have students with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food.
- We try to restrict peanuts and tree nuts as much as possible on the site and check all foods coming into the kitchen.
- All food coming onto school premises for use in the School's kitchens will have been sourced and selected appropriately so that the contents are known.
- Students buying or bringing in food from home are encouraged to check the ingredients so that they can adhere to food restrictions or guidance about food being brought in or taken on trips.

7.3. Food hygiene for students

- Students should wash their hands before and after eating.
- Sharing, swapping or throwing food is not allowed.
- Water bottles and packed lunches should be clearly labelled.
- Food Tech has separate fridges, workstations and utensils for students with allergies and their items will be cleaned in the dishwasher and stored safely. Food Tech teachers have lists of all students with allergies and plan ahead, potentially changing ingredients for recipes to reduce risk.
-

8. School trips and sports fixtures

- Staff leading the trip will have a register of students with allergies with medication details.
- Allergies will be considered on the risk assessment and a catering provision put in place.
- Parents may be consulted, where necessary, if the trip requires an overnight stay.
- Staff and some students, where appropriate, accompanying the trip will be trained to recognise and respond to an allergic reaction.
- Allergens will be clearly labelled on catered packed lunches.
- A system will be in place to ensure students with an allergy to a food, whether it is in or outside the "main 14", always receive a safe meal.

9. Insect stings

Students with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and when possible keep arms and legs covered.
- Avoid wearing strong perfumes or cosmetics.
- Keep food and drink covered.

The School's maintenance staff will monitor the grounds for wasp or bee nests. Students (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.

10. Animals

It is normally the dander (flakes of skin), saliva or urine that causes a person with an animal allergy to react. Precautions to limit the risk of an allergic reaction include:

- A student with a known animal allergy avoiding the animal they are allergic to.
- If an animal comes on site a risk assessment will be done prior to the visit.
- Areas visited by animals will be cleaned thoroughly.
- Anyone in contact with an animal should wash their hands after contact.
- If an animal lives on site, for example in a Boarding House, parents will be made aware and consideration and adaptations will be made.
- School trips that include visits to animals will be carefully risk assessed.

11. Allergic rhinitis/hay fever

Parents of students with allergic rhinitis/hay fever should discuss any required precautions with the medical centre, taking note of the School's policy regarding medications on site.

12. Inclusion and mental health

Allergies can have a significant impact on mental health and wellbeing. Students may experience anxiety and depression and are more susceptible to bullying.

- No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip.
- Students with allergies may require additional pastoral support including regular check-ins from their Tutor/ House Parent etc.
- Affected students will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives.

- Bullying related to allergy will be treated in line with the School's Behaviour Policy.

13. Adrenaline pens

13.1.Storage of adrenaline pens

- Students prescribed with adrenaline pens should carry two, in-date pens at all times.
- Spot checks will be made to ensure adrenaline pens are where they should be and in date.
- Adrenaline pens must not be kept locked away.
- Adrenaline pens should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator).
- Used or out of date pens will be disposed of as sharps.

13.2.Emergency adrenaline pens

The School has a supply of emergency adrenaline pens. These are clearly sign posted. The Designated Allergy lead is responsible for:

- Deciding how many emergency pens are required.
- What dosage is required, based on the Resuscitation Council UK's age-based guidance.
- Which brand(s) to buy.
- Distribution around the site and clear signage.

13.3.Adrenaline pens on school trips and match days

- No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own pens.
- Adrenaline pens will be kept close to the students at all times i.e. not stored in the hold of the coach when travelling or left in changing rooms.
- Adrenaline pens will be protected from extreme temperatures.
- Staff accompanying the students will be aware of students with allergies and be trained to recognise and respond to an allergic reaction.

14.RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See Appendix 1 managing allergic reactions and Appendix 2 on recognising and responding to anaphylaxis.

- If a student has an allergic reaction they will be treated in accordance with their AAP. If anaphylaxis is suspected adrenaline will be administered without delay in accordance with Appendix 2.
- A student's own prescribed medication will be used to treat allergic reactions if immediately available.
- This will be administered by the student themselves, if age appropriate, or by a member of staff.
- If the student's own adrenaline pen is not available or misfires, then an emergency pen will be used.
- If anaphylaxis is suspected but the student does not have a prescribed adrenaline pen or AAP, a member of staff will manage the situation in accordance with Appendix 2.

Note: That the Medicines & Healthcare Regulations Agency says that in exceptional circumstances, an emergency adrenaline pen can be administered to **anyone** for the purposes of saving a life.

- The student should not be moved until a medical professional/paramedic has arrived, even if they are feeling better.

- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff will accompany the student in an ambulance and stay until a parent or guardian arrives.

15. TRAINING

The school is committed to training all staff annually to give them a good understanding of allergy. This includes:

- Understanding what an allergy is.
- How to reduce the risk of an allergic reaction occurring.
- How to recognise and treat an allergic reaction, including anaphylaxis.
- How the school manages allergy.
- Where adrenaline pens are kept (both prescribed pens and emergency pens) and how to access them.
- The importance of inclusion of students with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying.
- Understanding food labelling.

16. Asthma

It is vital that students with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions

17. Reporting allergic reactions

The Designated Lead will keep a record of any allergic reactions and near-misses and ensure an investigation is held as to the cause and put in place any learnings and share this with SLT and Governor as appropriate..

18. Review

This Policy will be reviewed by the Designated Allergy Lead annually or more often where there are changes to regulation or things learned from practice.

Managing Allergic Reactions

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen.

Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

Response:

- Stay with student
- Call for help
- Locate adrenaline pens
- Give antihistamine
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the student

SERIOUS ALLERGIC REACTIONS/ANAPHYLAXIS

- The most serious type of reaction is called **ANAPHYLAXIS**.
- Anaphylaxis is uncommon, and children experiencing it almost always fully recover.
- **In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.**
- People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.
- Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.

For more information and responding to a severe reaction see APPENDIX 2

Responding to Anaphylaxis

SYMPTOMS OF ANAPHYLAXIS

A	B	C
Airway	Breathing	Circulation
Persistent cough Hoarse voice Difficulty swallowing Swollen Tongue	Difficult or noisy breathing Wheeze or cough	Persistent dizziness Pale or floppy Sleepy Collapse or unconscious

IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE.

DELIVERING ADRENALINE

1. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
3. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
5. Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
6. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
7. Call the student's emergency contact.
8. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
9. Start CPR if necessary.
10. Hand over used devices to paramedics and remember to get replacements.

For more information see the Government's [Guidance for the use of adrenaline auto-injectors in schools](#).