

Allergy and Anaphylaxis Policy

Introduction

An allergy is a reaction by the body's immune system to substances that are usually harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis. Common allergens include nuts, milk, egg, fish, sesame seeds, insect venom (such as wasp or bee sting), latex and animal dander.

Allergens can be present in many aspects of school life from meal times to science lessons. Heritage aims to provide as safe an environment as is reasonably possible for pupils, staff and visitors. This policy sets out the school's measures to manage the risks of allergic reactions.

1 Purpose

The aim of this policy is to:

- Minimise the risk of any child suffering an allergic/anaphylactic reaction whilst at school;
- Establish effective risk management practices to diminish the possibility of accidental exposure to known allergens whilst recognising the risk can never be completely removed;
- Ensure effective emergency response to any allergic reaction situation.
- Set out how the school supports pupils with allergies to ensure their wellbeing and inclusion.
- Promote allergy awareness among the school community.

This policy applies to all staff, pupils, parents and visitors to the school and should be read alongside these other policies:

- Administration of Medicines Policy
- Anti-bullying Policy
- Asthma Policy
- First Aid Policy

2 Responsibilities

The school has a number of pupils who have allergies. Everyone in the community has a role in minimising the chances of an allergic reaction.

2.1 Designated Allergy Lead

The Designated Allergy Lead is the Compliance Officer. Her work is supported by the Deputy Head, Heads of School and Compliance Administrator. She reports to the Bursar and is responsible for:

- Overseeing decisions taken on allergy management across the school
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management
- Ensuring allergy information is recorded, up-to-date and communicated to all staff by the Compliance Administrator
- Ensuring all staff are suitably trained regarding allergy awareness and management
- Providing good access to the school's Allergy and Anaphylaxis Policy and other related procedures so staff, pupils and parents have a good awareness
- Ensuring the Allergy and Anaphylaxis Policy is regularly reviewed and updated

At regular intervals the Designated Allergy Lead will check procedures and report to SLT.

2.2 Compliance Administrator

- Ensure that an Individual Medical Information Form is established for each child with a known allergy and seek updated information from parents at the commencement of each academic year.
- Ensure that there is an effective system to regularly update and disseminate medical information to staff and others as appropriate regarding individual students.
- To update Individual Medical Information Forms as required during the academic year, inform staff of changes, and to make them available to all staff via Google Drive and the school Intranet.
- To summarise medical information, including allergies, on the Class Information Registers (which are primarily used for and taken on trips) and the Pupil Medical Overview
- Coordinate medication with families. Whilst it is the parents and carers responsibility to ensure medication is up to date, the Compliance Administrator will have a system in place to check this and notify parents when they see the expiry date is approaching
- Organise / provide regular training to staff at INSET days
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- Regularly review and update the Allergy and Anaphylaxis Policy

2.3 Admissions Officer

- Ensure that a Pupil Information Form, which captures medical / allergy information, is completed for any prospective pupils prior to an Assessment Visit and this information is communicated to relevant parties.

2.4 All Staff Responsibility

- Staff are responsible for familiarising themselves with pupil medical information and staying up to date with any changes.
- Ensure that emergency medication is easily accessible at all times
- Break and lunchtime to be well supervised to help ensure the safety of children with allergies.
- Consider the risk to pupils with allergies posed by any activities and consider allergies in all activity planning and include it in risk assessments.
- Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, activities will be adapted.
- Allergy awareness is discussed in PSHE lessons and Science lessons relating to nutrition, healthy eating and food labelling.
- Prevent and respond to allergy-related bullying, in line with the school's anti-bullying policy.

2.5 Family's Responsibility

- Provide ongoing, accurate and current medical information in writing to the school. This should explain the condition, define the allergy triggers and detail any required medication e.g. antihistamine, salbutamol inhaler, adrenaline auto-injector and include written advice from a doctor (where available)
- To report to the school any change in a child's medical condition during the year.
- Where necessary, provide the school with a minimum of two Adrenaline Auto Injectors (AAIs) as part of their child's Allergy Kit at the start of the academic year or as soon as an allergy is diagnosed during the school year. All medicines must be labelled, in-date, in the original packaging as dispensed by the pharmacist and include the instructions for administration, dosage and storage.
- Ensure that the school has an appropriate amount of medication in school and that any unused or expired medication is collected and/or replaced.
- Ensure that the contents of lunches and snacks brought to school are safe for the child to consume.
- Ensure that asthma, where diagnosed, is well controlled, because asthma can exacerbate allergic reactions.
- Liaise with staff about appropriateness of any activities which may need to be avoided or flagged up as 'high risk' (e.g. cooking).
- Provide up to date emergency contact information and inform the school of any changes.
- Educate their child in self-management of their allergy

2.6 Pupil's Responsibility (with allergies)

- Be aware of their allergens and the risks they pose.
- Avoid their allergen(s) as best they can to mitigate personal risk.
- Notify an adult immediately if they eat something they believe may contain the food they are allergic to.
- Notify an adult immediately if they believe they are having an allergic reaction, even if the cause is unknown.
- If applicable, understand how and when to use their adrenaline auto-injector and, if age appropriate, to carry two adrenaline auto-injectors with them at all times.

2.7 Pupil's Responsibility (without allergies)

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

2.8 School Community Responsibility

- If the school notifies the wider community that it is necessary to do so, ensure that any food brought into school should be nut free wherever possible.
- Water bottles and packed lunches should be clearly labelled with the name of the child.
- Ensure food brought into school (i.e. birthday treats, items for cake sales) is clearly labelled with the ingredients.

3 Register of Pupils with an Allergy

The school has a central Allergy Register of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as pupils with an allergy where no adrenaline pens have been prescribed. The Allergy Register is easily accessible to all staff on Google Drive.

4 Assessing Risk

The school will conduct an individual risk assessment for any pupil whose specific needs put them at higher risk (such as anaphylaxis) and / or their needs create additional risks that are not covered by existing generic risk assessments. The decision to create an individual risk assessment will be taken on a case-by-case basis.

5 Managing Risk

5.1 Hygiene Procedures

- Infant/Junior pupils are reminded to wash their hands before and after eating.
- Infant/Junior pupils should not exchange food with other children.
- Senior pupils should be allergy aware, understand the risks allergens pose to themselves/peers and know how to mitigate personal risk.
- Water bottles and pack lunches should be clearly labelled with the pupil's name.

5.2 Insect bites / stings

Pupils 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
- Avoid leaving food and drink uncovered

The Site Manager is responsible for ensuring the grounds are monitored for wasp or bee nests. Pupils (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.

5.3 Animals

It is normally the dander that causes a person with an animal allergy to react.

Precautions to limit the risk of an allergic reaction include:

- A pupil with a known animal allergy should avoid 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 will wash their hands after contact

- School trips that include visits to animals will be carefully risk assessed.

5.4 Inclusion and Mental Health

Allergies can have a significant impact on mental health and wellbeing. Pupils 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 because of their allergy, whether on the school premises or a school trip. Occasionally, alternative arrangements may be put in place if agreed with parents in advance.
- Pupils with allergies may require additional pastoral support from their Class Teacher / Tutor.
- Bullying related to allergy will be treated in line with the school's Anti-bullying Policy.

6 School Trips

- Staff leading the trip will have a register of pupils with allergies with medication details
- Ensure that where pupils with known allergies are participating in a school trip, the risk assessment for the trip includes pupils' relevant medical information and any risk management strategies.
- Parents, of pupils with known allergies, may be consulted if considered necessary
- Staff accompanying the trip will be trained to recognise and respond to an allergic reaction
- A pupil's Allergy Kit (including adrenaline pens) will be accessible at all times e.g. not stored in the hold of the coach when travelling
- Adrenaline pens will be protected from extreme temperatures (do not store above 25C or refrigerate / freeze).
- No child prescribed an adrenaline pen will be able to go on a school trip without two AAls.
- Parents / Carers of Infant / Junior pupils prescribed AAls are required to provide an Allergy Kit (including 2 x AAls) to be kept in school. Class teachers will carry Allergy Kits with the class first aid bag on all trips.
- Trip Leaders for senior school trips will check pupils prescribed AAls have their Allergy Kit (including 2 x AAls) with them before leaving.

7 Pupil Adrenaline Pens

- Pupils prescribed with adrenaline pens must have 2 x adrenaline pens in school at all times as part of their Allergy Kit. It is the responsibility of the child's parents to ensure their medication is in-date and clearly labelled.
- Parents / Carers of Infant / Junior pupils prescribed adrenaline pens should provide an Allergy Kit (including 2 x adrenaline pens) to be kept at school. Class teachers will store Allergy Kits with the class first aid bag and ensure they are easily accessible at all times during the school day.
- Senior pupils prescribed adrenaline pens, in agreement with Parents / Carers, should bring their Allergy Kits (including 2 x adrenaline pens) with them to school every day and keep them easily accessible at all times during the school day.
- Should Parents/Carers wish to provide a 'spare' allergy kit for their child they may do so. These will be stored in the School Office.
- Adrenaline pens should be stored at room temperature, protected from direct sunlight and temperature extremes (do not store above 25C or refrigerate/freeze)

8 Responding to an Allergic Reaction / Anaphylaxis

See Appendix 1 on recognising and responding to an allergic reaction

- If a pupil has an allergic reaction they will be treated in accordance with their Individual Medical Information Form.
- A pupil's own prescribed medication will be used to treat allergic reactions if immediately available. The pupil will be treated where they are and medication brought to them.
- Adrenaline will be administered by the pupil themselves (if age appropriate) or by a member of staff (into the middle of the outer thigh, upper leg) without delay as soon as anaphylaxis is suspected. Ideally the member of staff will be trained, but in an emergency anyone will administer adrenaline.
- After 5 minutes, if symptoms have not improved, a second dose will be administered using the second adrenaline pen. This is administered into the other leg.

- The pupil will not be moved until a medical professional / paramedic has arrived, even if they are feeling better.
- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen, a member of staff will ensure they are lying down with their legs raised, call **999**, explain that anaphylaxis is suspected and follow instructions given by the call handler.
- 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 pupil and stay until a parent or guardian arrives.

9 Staff Training

The school will ensure all staff receive appropriate annual training, relevant to their level of responsibility.

ALL Staff will be trained in:

- understanding what an allergy is;
- how to reduce the risk of an allergic reaction occurring;
- how to recognise and treat the symptoms of an allergic reaction and anaphylaxis;
- steps to be taken in the event a pupil experiences an allergic reaction;
- where adrenaline pens are kept and how to access them;
- the importance of inclusion of pupils with allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying;
- understanding food labelling;
- who the designated members of staff (who have received adrenaline auto-injector training) are.

In addition, Designated members of staff, who have received Adrenaline Auto Injectors (AAIs) training (See Appendix 2) will be trained in:

- recognising allergic reactions and anaphylaxis;
- responding appropriately to a request for help from another member of staff;
- recognising when emergency action is necessary;
- administration of an adrenaline auto-injector;
- differences in AAI designs to ensure all devices can be used with confidence in an emergency
- basic life support resuscitation.

Authorised by	Jason Fletcher
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Appendix 1: Allergy Emergency Response Plan

	Symptoms of allergic reaction	Action to take
Mild /Moderate Reaction:	<ul style="list-style-type: none"> ● Swollen lips, face or eyes ● Itchy/tingling mouth ● Runny nose ● Hives or itchy skin rash ● Difficulty breathing ● Sudden change in behaviour 	<ul style="list-style-type: none"> ● Alert a duty first aider without delay ● Give antihistamine (if prescribed and where prior parental written consent has been given) and/or; ● Contact parent or carer; ● If symptoms worsen CALL 999
Severe Reaction / Suspected Anaphylaxis	<ul style="list-style-type: none"> ● Swelling of throat, mouth, eyelids or face ● Marked difficulty in breathing or choking (a feeling of closing up of the throat) ● Wheeziness ● Difficulty in swallowing and speaking ● Sudden feeling of weakness and dizziness (drop in blood pressure) ● Skin pale ● Sense of impending doom ● Collapse and unconsciousness ● Areas of hives anywhere on the body or generalised flushing of the skin ● abdominal cramps, nausea and vomiting 	<ul style="list-style-type: none"> ● <u>ADMINISTER THE PUPIL'S ADRENALINE PEN (AAI) IMMEDIATELY</u> (middle of outer thigh, upper leg). If in doubt, use. Don't delay. Note the time the injection was given. ● <u>CALL 999 FOR AN AMBULANCE</u> and report anaphylaxis. ● Lie child flat and raise their legs (if breathing is difficult, allow them to sit, but don't change position suddenly. Child should lie down again as soon as they are able. Child must continue to lie down even if they start to feel better. ● Monitor pupil's condition and observe for ABC: <ul style="list-style-type: none"> ○ Airway ○ Breathing ○ Circulation - if absent CPR may be required. ● A second dose of adrenaline Auto Injector (AAI) may be required after 5 minutes if the condition has not improved or if there is deterioration after initial improvement. Note time injection given. NB: Use the opposite thigh for the second dose. ● Other medicines such as antihistamines and inhalers can be given as necessary. ● Ensure that used Adrenaline Auto Injectors (AAIs) are kept in a sealed rigid container and taken to A&E to show staff what has been used.

Appendix 2: Staff trained to administer AAI

Surname	First Name	Course Attended	Date Attended	Expiry Date
Atkinson	Bethany	Anaphylaxis Auto Injector	6-Jan-25	5-Jan-28
Atkinson	Pete	Anaphylaxis Auto Injector	6-Jan-25	5-Jan-28
Austin	Stephanie	Anaphylaxis Auto Injector	6-Jan-25	5-Jan-28
Burden	Isobel	Anaphylaxis Auto Injector	6-Jan-25	5-Jan-28
Burden	Jonathan	Anaphylaxis Auto Injector	6-Jan-25	5-Jan-28
Cage	Helen	Anaphylaxis Auto Injector	6-Jan-25	5-Jan-28
Carter	Megan	Anaphylaxis Auto Injector	6-Jan-25	5-Jan-28
Carter	Jean	Anaphylaxis Auto Injector	6-Jan-25	5-Jan-28
Eastwood	Jemma	Anaphylaxis Auto Injector	6-Jan-25	5-Jan-28
Fleck	Jenny	Anaphylaxis Auto Injector	6-Jan-25	5-Jan-28
Fox	Matthew	Anaphylaxis Auto Injector	6-Jan-25	5-Jan-28
Grief	Hannah	Anaphylaxis Auto Injector	6-Jan-25	5-Jan-28
Grove	Elizabeth	Anaphylaxis Auto Injector	6-Jan-25	5-Jan-28
Hayward	Rebecca	Anaphylaxis Auto Injector	6-Jan-25	5-Jan-28
Irwin	Lisa	Anaphylaxis Auto Injector	6-Jan-25	5-Jan-28
Lam	Howai	Anaphylaxis Auto Injector	6-Jan-25	5-Jan-28
Lawless	Catherine	Anaphylaxis Auto Injector	6-Jan-25	5-Jan-28
Lowe	Meg	Anaphylaxis Auto Injector	6-Jan-25	5-Jan-28
Mercer	Bev	Anaphylaxis Auto Injector	6-Jan-25	5-Jan-28
Mercer	Sarah	Anaphylaxis Auto Injector	6-Jan-25	5-Jan-28
Mortimer	Edward	Anaphylaxis Auto Injector	6-Jan-25	5-Jan-28
Parkinson	Laura	Anaphylaxis Auto Injector	6-Jan-25	5-Jan-28
Robertson	Emma	Anaphylaxis Auto Injector	6-Jan-25	5-Jan-28
Scarlata	Bettina	Anaphylaxis Auto Injector	6-Jan-25	5-Jan-28
Watkins	Jeni	Anaphylaxis Auto Injector	6-Jan-25	5-Jan-28
Wayman	Jon	Anaphylaxis Auto Injector	6-Jan-25	5-Jan-28
Young	Caroline	Anaphylaxis Auto Injector	6-Jan-25	5-Jan-28