

Pye Bank CE Primary School

'Learning Together, Learning to be Together, Sharing God's Love'



Allergies and Anaphylaxis Policy 2024-25



THE
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SHEFFIELD
ACADEMIES
TRUST

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1. Vision

“Learning together, learning to be together, sharing God’s love”

‘We love, because God first loved us.’ 1 John 4:19

Our vision is to embody the Christian value of **‘love’**, putting the uniqueness and diversity of our children, our staff, our families and our community at the heart of all we do. This is driven by our belief in the value of every individual as an equal, uniquely made in the image of God and loved by him.

With a focus on excellence and equality, we strive for all children to flourish academically and personally through **‘learning together’, ‘learning to be together’, and ‘sharing God’s Love’**, addressing all disadvantage and enabling them to make a positive contribution to each other, the life of the school and the wider world, now and in the future.

This policy was created with our vision at its heart.

2. Aims

This policy aims to:

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

3. Legislation and guidance

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

- [The Food Information Regulations 2014](#)
- [The Food Information \(Amendment\) \(England\) Regulations 2019](#)

4. Roles and responsibilities

We take a whole-school approach to allergy awareness.

3.1 Allergy lead

The nominated allergy leads are Stephanie Stacey (Deputy Headteacher/SENDSCO) and Deborah Maskrey (Strategic Led for Pastoral and Safeguarding)

They're responsible for:

- Promoting and maintaining allergy awareness across our school community
- Recording and collating allergy and special dietary information for all relevant pupils
- Ensuring:
 - All allergy information is up to date and readily available to relevant members of staff
 - All pupils with allergies have an allergy action plan completed by a medical professional
 - All pupils with allergies have an Individual Care Plan
 - All staff receive an appropriate level of allergy training
 - All staff are aware of the school's policy and procedures regarding allergies
 - Relevant staff are aware of what activities need an allergy risk assessment
- Keeping stock of the school's adrenaline auto-injectors (AAIs)
- Regularly reviewing and updating the allergy policy
- Coordinating the paperwork and information from families
- Coordinating medication with families
- Checking spare AAIs are in date

3.3 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Being aware of specific pupils with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning

- Ensuring the wellbeing and inclusion of pupils with allergies

3.5 Parents

Parents are responsible for:

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

3.6 Pupils with allergies

These pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their adrenaline auto-injector
- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose (designated members of staff are still expected to help administer the AAI if the pupil is not able to do so)

3.7 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers

5. Assessing risk

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

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

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

6. Managing risk

6.1 Hygiene procedures

- Pupils are reminded to wash their hands before and after eating
- Sharing of food is not allowed

- Pupils have their own named water bottles

6.2 Catering

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

- 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 updated termly by the Business Manager and Catering Manager in line with the regulations above. Menus are available for parents/carers to view in advance on the school website and is sent weekly on ClassDojo. Ingredients are listed and allergens highlighted on the school website.
- The Business Manager informs the Catering Manager of pupils with food allergies. They are given a list with photographs and they meet the children so they are easily identifiable. The system is reviewed regularly.
- A list with photographs is displayed in the kitchen so that all lunchtime and kitchen staff are able to easily identify the pupils.
- Pupils with allergies are supplied with pink lunch bands, and pink plates to ensure that they are easily identifiable.
- School is fully aware of its responsibilities in line with Natasha's Law which came into effect in October 2021: we will only use pre-packed food which clearly displays the following information on the packaging: Name of the food and full ingredients list, with allergenic ingredients emphasised (for example in bold, italics or a different colour)
- The school adheres to the following [Department of Health guidance](#) recommendations:
 - Bottles, other drinks and lunch boxes provided by parent/carers 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, parent/carers 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).
 - Foods containing nuts are discouraged from being brought in to school.
 - 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.
- Lunch-time supervisors need to be vigilant, discourage food sharing but also try not to isolate the allergic child.
- Lunch-time supervisors should encourage hand washing after lunch to prevent contamination.

6.3 Food restrictions

- Pye Bank CE Primary School supports the approach advocated by The Anaphylaxis Campaign and Allergy 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 viewed by Anaphylaxis UK as a much better approach, as it ensures teachers, pupils and all other staff aware of what allergies are, the importance of avoiding the pupils' allergens, the signs and symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.
- We update parents/carers in school of the need to minimize risk and the part they can play. Families are asked to avoid sending ANY nuts or tree nuts or products with nuts in them for packed lunches or snacks.
- Tree nuts are mostly: Brazil nuts, cashews, chestnuts, filberts, hazelnuts, hickory nuts, macadamia nuts, pecans, pine nuts, pistachios, and walnuts. While peanuts are actually considered a legume.
- Allergy awareness lessons lead to children understanding the rule of no sharing of food or passing of food between their friends in the dinner hall.

6.4 Insect bites/stings

When outdoors:

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

6.5 Animals

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

6.6 Support for mental health

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher

6.7 Events and school trips

- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that medication for all pupils with medical conditions, including allergies, is carried by an adult. Pupils unable to produce their required medication will not be able to attend the excursion. This will be a clear part of the school visits planning checklist.
- 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 may 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).

6.8 Sporting Excursions

- Children with allergies 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.

7. Procedures for handling an allergic reaction

7.1 Register of pupils with AAI

- The school maintains a register of pupils who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register includes:
 - Known allergens and risk factors for anaphylaxis
 - Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)
 - Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI which may be different to the personal AAI prescribed for the pupil
 - A photograph of each pupil to allow a visual check to be made
- The register is kept electronically on Arbor and also displayed in the Main Office, the Staff Room and the Kitchen. Individual Class registers are displayed on the inside of the First Aid Cupboard in each classroom. These can be checked quickly by any member of staff as part of initiating an emergency response.

7.2 Allergic reaction procedures

- As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately
- Designated members of staff are trained in the administration of AAIs – see section 7
- If a pupil has an anaphylaxis allergic reaction, the staff member will initiate the school's anaphylaxis emergency response procedure (appendix 1), following the pupil's allergy action plan
 - If an AAI needs to be administered, a designated member of staff member will use the pupil's own AAI, or if it is not available, a school one. It will only be administered by a designated member of staff trained in this procedure
- If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's anaphylaxis response plan (appendix 1)
- If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance
- If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents informed

8. Adrenaline auto-injectors (AAIs)

8.1 Purchasing of spare AAIs

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

- Pye Bank CE Primary School purchases spare **adrenaline auto-injector (AAI) devices 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 the main office a clear rigid box, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff**.
- The office staff are 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 AAI is included in the pupil's Allergy Action Plan.
- If anaphylaxis is suspected **in an undiagnosed individual** school will call the emergency services and state we suspect ANAPHYLAXIS. We then follow advice from them as to whether administration of the spare AAI is appropriate.

8.2 Storage (of both spare and prescribed AAIs)

- The allergy lead will make sure all AAIs are:
 - Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
 - Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children. Where pupils have their own prescribe AAI, this is stored in their individual storage box, which has a pink lid. This is kept in the class First Aid cupboard.
 - **Not** locked away, but accessible and available for use at all times
 - **Not** located more than 5 minutes away from where they may be
 - Spare AAIs are kept separate from any pupil's own prescribed AAI, and clearly labelled to avoid confusion.
 - As outlined above, it is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the allergy leads will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The pupil's medication storage box should contain:
 - Adrenaline injectors i.e. EpiPen® or Jext® or Emerade® (two of the same type being prescribed)
 - An up-to-date allergy action plan
 - Antihistamine as tablets or syrup (if included on plan)
 - Spoon if required
 - Asthma inhaler (if included on plan).
- Parents/carers can subscribe to expiry alerts for the relevant adrenaline auto-injectors their child is prescribed, to make sure they can get replacement devices in good time

8.3 Maintenance (of spare AAIs)

The allergy leads are responsible for checking monthly that (they may delegate this to admin staff):

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

8.4 Disposal

AAIs can only be used once. Once a AAI has been used, it will be disposed of in line with the manufacturer's instructions

8.5 Use of AAIs off school premises

- Pupils at risk of anaphylaxis who are able to administer their own AAIs should carry their own AAI with them on school trips and off-site events
- A member of staff trained to administer AAIs in an emergency should be present on school trips and off-site events

8.6 Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAIs
- Instructions for the use of AAIs
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A list of pupils to whom the AAI can be administered
- A record of when AAIs have been administered

9. Training

- Stephanie Lee and Deborah Maskrey are the named staff member responsible for co-ordinating all staff anaphylaxis training and the upkeep of the school's anaphylaxis policy. They do this in collaboration with Rhea Kurcewicz, Headteacher.
- Staff will have a practical anaphylaxis training session at the start of each new academic year.
- All staff will complete online anaphylaxis awareness training at the start of every new academic year. Training is also available on an ad-hoc basis for any new members of staff.
<https://allergywise2.teachable.com/courses/enrolled/1400718>
- 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
 - Associated conditions e.g. asthma
 - 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)

10. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- School food policy

11. Appendices

1. Anaphylaxis Emergency Response Procedure

PYE BANK CE PRIMARY SCHOOL

Anaphylaxis Emergency Response Procedure

What to look for:

- swelling of the mouth or throat
- difficulty swallowing or speaking
- difficulty breathing
- sudden collapse / unconsciousness
- hives, rash anywhere on the body
- abdominal pain, nausea, vomiting
- sudden feeling of weakness
- strong feelings of impending doom

Anaphylaxis is likely if all of the following 3 things happen:

1. Sudden onset (a reaction can start within minutes) and rapid progression of symptoms
2. Life threatening airway and/or breathing difficulties and/or circulation problems (e.g. alteration in heart rate, sudden drop in blood pressure, feeling of weakness)
3. Changes to the skin e.g. flushing, urticaria (an itchy, red, swollen skin eruption showing markings like nettle rash or hives), angioedema (swelling or puffing of the deeper layers of skin and/or soft tissues, often lips, mouth, face etc.) Note: skin changes on their own are not a sign of an anaphylactic reaction, and in some cases don't occur at all

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 and is treated as this. 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. Adrenaline should be administered by an injection into the muscle (intramuscular injection)

What does adrenaline do?

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

Adrenaline must be administered with the minimum of delay as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once the symptoms have become severe.


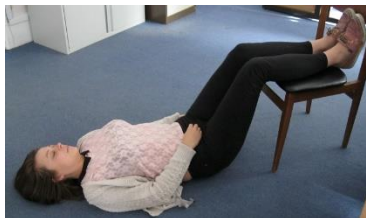
ACTION:

- ✓ Stay with the child and call for help. **DO NOT MOVE CHILD OR LEAVE UNATTENDED**
- ✓ Remove trigger if possible (e.g. Insect stinger)
- ✓ Lie child flat (with or without legs elevated) – A sitting position may make breathing easier

- ✓ USE ADRENALINE WITHOUT DELAY and note time given. (inject at upper, outer thigh - through clothing if necessary)
- ✓ CALL 999 and state ANAPHYLAXIS
- ✓ If no improvement after 5 minutes, administer second adrenaline auto-injector
- ✓ If no signs of life commence CPR
- ✓ Phone parent/carer as soon as possible

ALL PUPILS MUST GO TO HOSPITAL FOR OBSERVATION AFTER ANAPHYLAXIS EVEN IF THEY APPEAR TO HAVE RECOVERED AS A REACTION CAN REOCCUR AFTER TREATMENT.

Patient Positioning

<p>Symptoms only affecting breathing</p> <ul style="list-style-type: none"> ✓ If symptoms are only affecting the airway (breathing), the patient may be more comfortable sitting up or in a semi-recumbent position 	
<p>Symptoms of low blood pressure</p> <ul style="list-style-type: none"> ✓ If the patient is showing any signs of low blood pressure, (being cold, clammy, sweaty, dizzy or feeling weak) they should lie down with their legs raised to ensure that the heart is the lowest part of the body. (If they are also having breathing problems, they may need to be semi-recumbent with legs propped up e.g. on a cushion. You can seek advice on this from the 999 operator). It is very important that they do not sit up or stand after getting adrenaline as a sudden change of position may lower blood pressure drastically and worsen their condition, potentially fatally. 	
<p>Unconscious patient</p> <ul style="list-style-type: none"> ✓ If the patient is unconscious, they should be placed in the recovery position. 	