

Diocese of Sheffield Academies Trust

Pye Bank CE Primary School

Allergy and Anaphylaxis Policy 2022-2024



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ACADEMIES
TRUST



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1. Overview

- An allergy is a reaction by the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis.
- Anaphylaxis is a severe systemic 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 often include foods, insect stings, or drugs.

Definition: Anaphylaxis is a severe life threatening generalised or systemic hypersensitivity reaction.

- This is characterised by rapidly developing life-threatening airway / breathing / circulatory problems usually associated with skin or mucosal changes.
- 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 not limited to):-

- Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how Pye Bank CE Primary will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life. All efforts are made to ensure that a child with an allergy has the opportunity to participate in **all** school activities and are not made to feel self-conscious or excluded.

Some school staff may not imagine that they are ever likely to be with someone who might need to use their auto-injector in an emergency, or they may believe that "someone else" is responsible and will know what to do.

In reality it is important to understand that any member of staff at any time might be with a child or adult who is experiencing a severe allergic reaction, and therefore that all staff need to understand three key issues:

- 1) **Allergen avoidance:** in order to prevent children coming into contact with their allergen.
- 2) **Early recognition of symptoms:** how to spot the signs early and understand about patient positioning – which could save a child's life.
- 3) **Crisis management:** which would include using an adrenaline auto-injector (AAI) and understand about patient positioning which could save the child's life.

"A whole-school approach to allergy management equips all staff with the skills they need to not only be able to manage an emergency situation but also to ensure that they have the knowledge and understanding to create a safe and inclusive learning environment for all children "

2. Role and Responsibilities

Parent/carer responsibilities

- On entry to the school, it is the parent/carers' responsibility to inform office staff, pastoral leader or SENCO of any allergies. This information should include all previous severe allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Where a child has an adrenaline auto-injector (AAI), Parents/carers 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 between the parent/carer, school and a healthcare professional

- Parents/carers are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents/carers are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.
- Parents/carers advise on or provide some snacks for special occasions in school so something is always available for a child with an allergy.

School and staff Responsibilities

- All staff will complete anaphylaxis training using the Anaphylaxis UK online training and training to use an adrenaline auto-injector (AAI). Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- When school is informed that a child has an allergy, the SENDCO, Pastoral Leader and/or office staff meet with the parents/carers and write an individual care plan. For children who are identified as at risk of anaphylaxis the school works with parents/carers to create a medication storage kit (See section 5).
- 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 risk assessed by the class teacher, who checks the Care Plan/Allergy Action plan so that they are aware of any relevant allergens being used. Alternative ingredients or activities will be planned. All food-related activities are supervised with due caution. Food is not brought in by staff or children for events or as treats in class. Any items of this nature are provided by school.
- Staff leading school trips will risk assess the activities taking place and whether they could pose a risk for children with allergens. If risks are identified they take appropriate action to ensure the risk is minimized and do so in collaboration with the Headteacher. **They ensure they carry all relevant emergency supplies.** Trip leaders will check that all pupils with medical conditions, including allergies, adults carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- The SENDCO/Pastoral Leader will ensure that the up-to-date Allergy Action Plan and Individual Care Plan is kept with the pupil's medication and ensure that the medication is accessible at all times.
- It is the parents'/carers' responsibility to ensure all medication is in date, however the office staff and SENDCO/Pastoral Leader will check medication kept at school on a termly basis and send a reminder to parents/carers if medication is approaching expiry.
- If staff are carrying out any cooking or food tasting activity this is risk assessed and a discussion takes place with the Office Manager regarding the purchasing of food items. For cooking activity, these activities and ingredients are fully NUT FREE. All ingredients are checked thoroughly by the staff member involved and the office manager/SENDCO/Pastoral Leader.
- The Office Manager and SENDCO/Pastoral Leader keep a register of pupils who have been prescribed an AAI and a record of use of any AAI(s) and emergency treatment given.
- The office staff will liaise with the parents and catering team to ensure risks are minimized at meal times.
- School will inform parents/carers of all children the importance of being 'Allergen and Nut Aware' and the aim to significantly reduce to risk of contact for children with allergies to their known allergen. Families are asked not to include nut products in lunch boxes, as this poses a significant risk to others in school who have a nut allergy. This information is updated termly.

Pupil Responsibilities

- Pupils are encouraged and supported 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 auto-injectors will be encouraged to take responsibility for carrying them on their person at all times, where appropriate.
- Pupils are supported to understand the risk factors and how to avoid these. They take responsibility for these choices.

3. Allergy Action Plans

- Allergy action plans are designed to function alongside or in place of Individual Care 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 (AAI) when required.

- Pye Bank CE Primary use the plans provided by British Society of Allergy and Clinical Immunology ([BSACI Allergy Action Plan](#)) to ensure continuity. This is a national plan that has been agreed by the BSACI, the Anaphylaxis Campaign 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. If this is not in place the school will collaborate with the family and professionals and will discuss whether an individual care plan is also needed.

4. Emergency Treatment and Management of Anaphylaxis

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> <p>✓ If symptoms are only affecting the airway (breathing), the patient may be more comfortable sitting up or in a semi-recumbent position</p>	 A photograph showing a person in a white shirt assisting a patient into a semi-recumbent position. The patient is sitting up, leaning back against the person's chest, with their legs extended forward.
<p>Symptoms of low blood pressure</p> <p>✓ 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>	 A photograph showing a patient lying on their back on a blue mat on the floor. Their legs are raised and supported by a wooden chair, demonstrating the correct positioning for low blood pressure.
<p>Unconscious patient</p> <p>✓ If the patient is unconscious, they should be placed in the recovery position.</p>	 A photograph showing a person in a white shirt placing a patient into the recovery position. The patient is lying on their side on a blue mat, with their head tilted back and their airway open.

5. Supply, storage and care of medication

Children are encouraged to take as much responsibility as possible in managing their condition. However, children below 11 years are not usually assessed as ready to take full responsibility for their own medication.

There must therefore be an anaphylaxis kit (Medical Storage Box) in school which is kept safely, not locked away and accessible to all staff. Parents/carers are responsible for the box in law but school works closely with the parent to ensure a labelled medication storage box is in place at all times. Medication should be stored in a rigid box and clearly labelled with the pupil's name and a photograph.

The pupil's medication storage box should contain:

1. Adrenaline injectors i.e. EpiPen® or Jext® or Emerade® (two of the same type being prescribed)
2. An up-to-date allergy action plan
3. Antihistamine as tablets or syrup (if included on plan)

4. Spoon if required
5. Asthma inhaler (if included on plan).

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 office staff and/or the SENDCO/Pastoral Leader will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

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.

Storage

- AAls are stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

- AAls are single use only and must be disposed of as sharps.
- Used AAls can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin.
- The sharps bin is kept in the main office.

6. 'Spare' adrenaline auto injectors in school

- 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 AAls 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.

7. Staff Training

Stephanie Lee and Deborah Maskrey is 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 AAls) 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)

8. Inclusion and safeguarding

Pye Bank CE 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 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.

10. 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).

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

- 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.

12. Risk Assessment

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

13. Useful Links

- Anaphylaxis Campaign- <https://www.anaphylaxis.org.uk>

- AllergyWise training for schools - <https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-schools/>
- AllergyWise training for Healthcare Professionals <https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-healthcare-professionals/>
- Allergy UK - <https://www.allergyuk.org>
- Whole school allergy and awareness management (Allergy UK) <https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement>
- Spare Pens in Schools - <http://www.sparepensinschools.uk>
- Official guidance relating to supporting pupils with medical needs in schools: <http://medicalconditionsatschool.org.uk/documents/Legal-Situation-in-Schools.pdf>
- Education for Health <http://www.educationforhealth.org>
- 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>
- Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf