# Allergy Management at School Policy

## St John's Catholic Comprehensive School

***Excellence for All***

***Service to Others***

***Inspired by Christ***

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| **Author:** | Medical Care Plan Co-ordinators | **Owner:** | Associate Headteacher |
| **Approval:** | Full Governing Body Panel | | |

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# 1. Introduction

An allergy is a reaction in 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 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.

Anaphylaxis is characterized 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 are not limited to): peanuts, tree nuts, sesame, milk, egg, fish, latex, insect venom, pollen and animal dander.

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

Appendix 1 contains guidance on the emergency treatment and management of anaphylaxis.

# 2. Allergy awareness

The school supports the approach advocated by The Anaphylaxis Campaign and Allergy UK which argues against a blanket ban on any particular allergen in any establishment, including in schools. This is not to diminish the real danger to life posed by, for example, nuts being

brought into an environment where people are severely allergic to them, but 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 an allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs and symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

# 3. Roles and responsibilities

## 3.1 Parents/Carers

- On a pupil's entry to the school, it is the parent's responsibility to inform the school of any known or suspected allergies. This information should include all previous severe allergic reactions, history of any anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans are preferred) to school. If they do not currently have an Allergy Action Plan, this should be developed as soon as possible in collaboration with a healthcare professional e.g.; GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept up to date accordingly.
- The school will check the adrenaline auto-injectors (AAIs) supplied by parents/carers. If there is a concern in relation to the medication, e.g.; insufficient dosage, no 'back up' supply, out of date, etc, the parent/carer will be contacted and they will be asked to remedy the situation. A letter will be sent to the parent/carer to confirm what medication is required; this letter will include a disclaimer that the school will not be held responsible in the event that the medication issue impacts on their child's care.

## 3.2 Headteacher

The Headteacher (or the Associate Headteacher in the absence of the Headteacher) will ensure that:

- Anaphylaxis awareness training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff are aware of the children in their care who have known allergies.
- Children with known allergies have an up-to-date Allergy Action Plan, which forms part of a dedicated Medical Care Plan and a register of all children who have a prescribed Adrenaline Auto-Injector.
- Medication kept at school is checked on a termly basis for expiry dates.

## 3.3 Staff

- All staff will complete anaphylaxis awareness training.
- Staff must be aware of the children 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

activities involving potential exposure to known allergens must be supervised with due caution.

- The Medical Care Plan Co-ordinators share an email with all staff to summarise the pupil's medical condition when new medical information is received and/or when a new Medical Care Plan is put in place.
- All staff can access a copy of the full Medical Care Plan via the pupil's individual record on SIMS or in the Medical Care Plan folder on the Staff Admin R Drive. In addition, a paper copy of the Care Plan is retained in the school's Medical Room.
- A central record of pupils' medical needs is maintained by the Medical Care Plan Co-ordinators and this is shared regularly with all staff, additionally, this record is readily available to all staff to view via the STJ Staff Dashboard.
- In school, pupils with allergies are defined as having a 'Category A' illness. For such pupils, a flag appears on the class register within SIMS, to alert the teacher to the potentially serious medical condition. In addition, the Medical Care Plans for pupils with allergies are checked and approved by a member of the Senior Leadership Team.
- All staff are aware that for any food and/or drink items available outside of Sodexo, e.g.; charity sales, rewards events, teacher treats and food technology lessons, etc, our pupil planner includes an acknowledgement for parents/carers to read and sign, stating that pupils are responsible for being aware of and self-managing any allergy condition they may have or develop.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- The Medical Care Plan Co-ordinators will ensure that the up-to-date Allergy Action Plan is kept with the pupil's Medical Care Plan and medication.
- It is the parent's responsibility to ensure all medication is in date, however, the Medical Care Plan Co-ordinators will check medication at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The Medical Care Plan Co-ordinators keep a register of pupils who have been prescribed an Adrenaline Auto-Injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

## 3.4 Pupils

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

# 4. Allergy Actions Plans

Allergy action plans are designed to function as an Individual Healthcare Plan for children with 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.

The school recommends using the 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/Allergy Specialist) and provide this to the school.

# 5. Supply, storage and care of medication

## 5.1 Adrenaline Auto-Injectors (AAIs) – e.g. Epi-pen, Jext

Older children and teenagers should, whenever possible and with the agreement of their parents, assume complete responsibility for their emergency kit under the responsibility of their parents, in preparation for managing their health and welfare into adult life. At around 11 years+ pupils will therefore be encouraged to take responsibility for and to carry their own **two** AAIs (of the same make/brand) on them at all times in a suitable labelled bag/container, together with a copy of their Allergy Action Plan and the instruction leaflet specific to the make/brand of AAIs carried. However, symptoms of anaphylaxis can come on **very suddenly**, so school staff need to be prepared to administer medication if the young person cannot.

For younger children or those assessed as not ready to take responsibility for their own medication there should be a personalised anaphylaxis kit which is kept safely and in line with the child's Allergy Action Plan, not locked away, and **accessible to all staff**. Again, the kit should include two AAIs of the same make/brand, together with corresponding instruction leaflet, and a copy of the child's Allergy Action Plan.

It is the responsibility of the child or young person's parents/carers to ensure that the anaphylaxis kit is up to date and clearly labelled with their child's name and year group. In addition, the Medical Care Plan Co-ordinators will check medication kept at school on a termly basis (3 times per year) and send a reminder to parents if medication is approaching expiry.

Parents 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

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Medical Care plans for those pupils who have a medical condition are held in alphabetical order, in separate year group folders, in our Medical Room. These Medical Care Plan folders are located on the shelf on the righthand side as you enter the Medical Room – the folders are yellow in colour.

For any pupil who has an allergy condition and who has been prescribed an AAI, a copy of their Medical Care Plan is also held in a separate **BLUE FOLDER**, clearly labelled as follows:

'Medical Care Plans for Students who Carry Adrenaline Auto Injectors (Epi Pens)'.

This dedicated AAI **BLUE FOLDER** is located on the righthand side shelf in the Medical Room, alongside the yellow folders detailed above.

Pupil medication is also located in the school's Medical Room. Our Medical Room is positioned within our access-controlled Reception area. The Medical Room does have a key code lock, however, during the school day the door is kept unlocked to allow access to any member of staff who may need to access the Medical Care Plans and/or pupil medication.

When the school is closed, our Kier Facilities Services site team have access to clean the Medical Room by using the key code. A prominent sign is displayed on the door to advise

that the Kier F.S. Team can be summoned to unlock the door outside of school opening times, by using the walkie-talkie radio held in Reception.

**Disposal**

AAIs are single use only and must be disposed of as sharps. Used AAIs should be given to ambulance paramedics on arrival; if not, they must be disposed of in a pre-ordered sharps bin, obtained from and disposed of by a clinical waste contractor/specialist collection service.

### 5.2 All other allergy-related medication

All other medication referenced in the Allergy Action Plan is stored in a transparent wallet, clearly labelled with the pupil's name, and includes a copy of their Medical Care plan which includes a photograph, and a copy of the Allergy Action Plan.

The pupil's medication storage wallet must contain the pupil's up to date Allergy Action Plan together with any medications referenced therein, such as:

- The pupil's own AAIs when/if not carried by or on behalf of the pupil
- Antihistamine as tablets or syrup (with a spoon or syringe for-type applicator, as appropriate)
- Asthma inhaler (if included on plan).

Such medication is stored in a metal filing cabinet held within the Medical Room. There are two filing cabinets which store the medication in surname alphabetical order, each drawer is clearly labelled. The drawers are unlocked to allow swift access.

## 6. Spare adrenaline auto injectors (AAIs) in school

The school has purchased spare **AAI devices for emergency use in children who are at risk of anaphylaxis**, but whose own devices are not available or not useable (e.g.; because they are out of date or cloudy), where written parental permission for use of the spare AAIs is included in the pupil's Allergy Action Plan.

**NB:** If anaphylaxis is suspected **in an undiagnosed individual** call the emergency services and state that you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

The spare AAIs are kept within clear wallets, held in in a separate **PURPLE FOLDER,** clearly labelled as follows:

'School's Spare Auto Injectors (Epi Pens)'

On the inside of the **PURPLE FOLDER**, there are clear instructions relating to emergency procedures and how to administer the auto injectors. Also included, is an alphabetical list of pupils, their AAI dosage and parental consent information and forms where the parent/carer agrees to emergency use of our school's spare AAIs.

The Medical Care Plan Co-ordinators are responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

# 7. Staff training

All staff will complete allergy awareness training as a minimum. Additionally, specific members of staff will be fully trained to use AAI devices and all staff will be kept informed of the identities of those who have received that training, so that they know who to send for if required.

The Headteacher (or the Associate Headteacher in the absence of the Headteacher) is responsible for coordinating all staff training and the upkeep of this policy.

A practical anaphylaxis training session will be conducted at the start of every new academic year. Training is also available on an ad-hoc basis for any new members of staff.

Information posters to show the symptoms of anaphylaxis and the emergency first aid action required are displayed in appropriate areas of the school.

# 8. Inclusion and safeguarding

The school is committed to ensuring that all children with medical conditions, including allergies, are properly supported in school so that they can play a full and active role in school life, remain health 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.

At St John's our pupil catering provision is managed by Kier Facilities Services. The chosen catering provider of Kier Facilities Services is Sodexo.

The school will liaise with the Sodexo catering manager in relation to pupils with known food allergies and/or intolerances as follows:

- Sodexo have their own food allergy/intolerance data collection forms. These forms are shared with the parents/carers of affected pupils by the school, on behalf of Sodexo.
- Once full details of the allergy/intolerance has been collected, information is shared between the school and Sodexo, to ensure that both parties are fully aware of the pupil's health condition.
- Pupils who have a food allergy/intolerance are highlighted on the Sodexo till point - the pupil's name, photograph and details of the allergy/intolerance are displayed.

Parents/carers are encouraged to speak to the school's Medical Care Plan Co-ordinators to discuss their child's needs. If further clarity is required in relation to food allergens and/or ingredients, the Medical Care Plan Co-ordinator will liaise with the Sodexo catering manager and update the parent/carer accordingly.

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents/carers for pupils with food allergies should be clearly labelled by the parent/carer with the name of the child for whom they are intended.
- If food is purchased from the school canteen, it is the pupil's responsibility to check the appropriateness of the food by checking the allergen information displayed at each of the three Sodexo servery points in school.

- The pupil should also be supported by parents and staff to check with Sodexo catering staff before purchasing food or selecting their lunch choice, so as to prepare for managing their allergies independently beyond school.
- Where food (including drink) 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, serving and consumption of food. Examples include: preparing food for children with allergies first; careful cleaning (using warm soapy water) of any areas and utensils which may contain traces of the allergen.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g.; birthday cakes, Christmas parties, food treats).
- Use of food or other allergens known to affect pupils in the school in crafts, cooking classes, science experiments and special events etc (e.g.; assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

# 10. School trips

Staff leading school trips will ensure that they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication, or that it is carried on their behalf if appropriate. Pupils unable to produce their required medication will not be able to attend the excursion.
All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion. 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 cooperation with any special arrangements required.

Overnight school trips may well be possible with careful planning. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate safeguards and/or adjustments (e.g.; regarding food, if provided by the venue) to be put in place.

Where there is a known risk of anaphylaxis, a member of staff trained in administering adrenaline will accompany the trip.

# 11. Risk Assessment

The school will conduct a detailed risk assessment, updated annually as part of the child or young person's allergy action plan, or more recently where circumstances change, 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. A template risk assessment is included at appendix 2.

# 12. Links to other policies

This policy should be read in conjunction with the following policies:

- First Aid Policy
- Supporting Pupils at School with Medical Conditions Policy

# Appendix 1 - Guidance on the 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:

- **Sudden onset** (a reaction can start within minutes) and **rapid progression of symptoms.**
- **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).
- **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.

## Action

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment and 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 the child or leave unattended.**
- Remove the 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 the 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.

## Appendix 2 – Anaphylaxis Risk Assessment

This form should be completed by the setting in liaison with the parents and the child, if appropriate. It should be shared with everyone who has contact with the child/young person.

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| Pupil: | Date of Birth: |
| School: | Year Group: |
| Name and role of other professionals involved in this Risk Assessment (i.e.; Medical Care Plan Co-ordinators or Specialist Nurse): | |
| Date of Assessment: | Reassessment due: |
| **I give permission for this to be shared with anyone who needs this information to keep the child/young person safe:**<br>**Signatures:**<br>Medical Care Plan Co-ordinators: Date<br><br>Parent/Carer: Date<br><br>Pupil: Date | |
| What is this child allergic to?<br><br>Under which conditions is the allergy? Ingestion ☐ Direct contact ☐ Indirect contact ☐<br><br>Does this child already have an Individual Healthcare Plan which contains an Allergy Action Plan? YES ☐ NO ☐ | |
| Summary of current medical evidence seen as part of the risk assessment (copies attached) | |

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| Describe the container the medication is kept in: |
| **Outcome of Risk Assessment**<br>**Is an individual health care plan required? YES ☐ NO ☐** |
| Key Questions - Please consider the activities below and insert any considerations that need to be put in place to enable the child to take part. |
| Art materials (e.g.; paints/crayons/pastels): |
| Creative activities, i.e.; craft paste/glue, pasta |
| Science type activity: i.e.; bird feeders, planting seeds, food |
| Musical instrument sharing (cross contamination issue): |
| Cooking (food prep area and ingredients): |
| Meal time:<br>kitchen prepared food (is allergy information available):<br>sandwiches: |
| Snacks (is allergy information available): |
| Drinks: |
| Celebrations: e.g.; Birthday, Easter: |
| Hand washing (secondary school how accessible is this for the child): |
| Indoor play/PE (AAIs to be with the child): |
| Outdoor play/PE (AAIs to be with the child): |
| School field (AAIs to be with the child): |
| Forest school (AAIs to be with the child): |
| Offsite trips (are staff who accompany trip trained to use AAI): |
| |
| Does the child know when they are having a reaction? |
| What signs are there that the child is having a reaction? |
| What action needs to be taken? |

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| If the medication is stored in one secure place are there any occasions when this will not be close enough if required? Yes ☐ No ☐<br>If Yes state when and how this can be adjusted: |
| If the child is old enough – can the medication be carried by them throughout the day? Yes ☐ No ☐<br>If No state reason and explain how medication will be kept available if needed: |
| How many Adrenalin Auto-Injectors (AAIs e.g. Epi-pens) are required in the setting? |
| How many staff need to be trained to meet this child's need? |
| Is a spare AAI available in school? YES ☐ NO ☐<br>If YES, has the parents' consent been obtained for its use for this child in the event the child's own AAI is unavailable or cannot be used?<br>YES ☐ NO ☐ |
| What is the location of the spare AAI? |