# School Allergy Policy

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| Lead responsibility: | Headteacher |
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| The named staff members (at least 2) responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are: | Claire Morris<br>Catriona Oakley<br>Nikki Rodick |

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## 1. Purpose

To minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.

## 2. Statement of intent

This School is committed to promoting a whole school approach to health care, welfare and wellbeing and the safe management of those members of our school community who live with specific allergies. We believe that all allergies should be taken seriously and dealt with in a professional and appropriate way. By our actions we will work proactively to:

- minimise the risk of exposure within the school setting
- encourage self-responsibility

• learn avoidance strategies

• have robust plans for an effective response to possible emergencies

• ensure inclusivity for all pupils

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

## 3. Equalities statement

Our school is clear about the need to actively support pupils with medical conditions to participate in school life.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely in all aspects of school life.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

## 4. Introduction

Food allergies are increasing in both developed and developing countries, especially in children and the severity and complexity of food allergy is also increasing. Food allergy can be fatal and an appropriate diagnosis is essential in parallel with the need for clear food labelling worldwide.

Around 5-8% of children in the UK live with a food allergy and most school classrooms will have at least one allergic pupil. These young people are at risk of anaphylaxis, a potentially life-threatening reaction which requires an immediate emergency response. 20% of severe allergic reactions to food happen whilst a child is at school and these reactions can occur in children with no prior history of food allergy. It is essential that staff recognise the signs of an allergic reaction, symptoms and are able to manage it safely and effectively.

An allergy is a reaction of 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 serious reaction called anaphylaxis.

Anaphylaxis is a serious, life threatening 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 can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

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.

## 5. Government Legislation

Schools have a legal duty to support pupils with medical conditions, including allergy. Schools must adhere to legislation and statutory guidance on caring for pupils with medical conditions, including the administration of allergy medication and adrenaline auto-injectors (AAIs) as detailed in Benedict's Law coming into force September 2026.

These allergy guidelines are designed to be included within your school's medical conditions policy as required by the Supporting Pupils in schools with medical conditions statutory guidance. It is recommended that they should be made available on your school's website.

## 6. Principles

- To comply with all relevant environmental legislation, regulations and requirements.
- To encourage proactive steps to keep pupil/students safe.
- To ensure pupils/students from diverse backgrounds, ethnicities or different cultural heritages are not disadvantaged when dealing with allergies and food labelling.
- To work with the catering provider/team to establish a robust process and documentation for menu planning, food labelling, storing, avoidance of cross-contamination, stock ordering of food/drink used at the school.
- To provide an effective staff awareness programme on food allergies and intolerances, possible symptoms (anaphylaxis) recognition and actions to take.
- To develop a pupil awareness programme through PHSE and other curriculum areas.

In order to put these principles into practice we will:

## 7. Roles & Responsibilities

The **governing body** are required to develop policies to cover their own school. This should be based on a suitable and sufficient risk assessment carried out by a competent person. The governing body has general responsibility for all the school's policies, even when it is not the employer. In county and controlled schools, the governing body should follow the health and safety policies and procedures produced by the LEA as the employer. In practice, most of the day-to-day functions of managing health and safety are delegated to the head teacher.

- Ensure the school has a strategic vision for the management of allergy risk assessment and emergency procedures.
- Delegate the day-to-day responsibility for the effective delivery of this Policy to the Headteacher.
- Ensure the school's arrangements to identify and safeguard the wellbeing of pupils, because of their own or someone else's allergy, are robust and effective.
- Ensure that the school provides appropriate training, information, instruction, induction and supervision on a regular basis to enable everyone to stay safe regarding allergies and their management. It is good practice to log all training and attendees.
- Ensure adequate resources for managing allergies are available.
- Ensure appropriate material is available on the school website for parent/carers highlighting how the school is managing pupils/students with allergies.
- Monitor the effectiveness of this Policy to ensure it remains fit for purpose.

The **head teacher** is responsible for putting the governing body's policy into practice and for developing detailed procedures. The head teacher should also make sure that parents are

aware of the school's health and safety policy, including arrangements for managing children with allergies and at risk of anaphylaxis.

- Provide, as far as practicable, a safe and healthy environment in which people at risk of allergic reaction and anaphylaxis can participate equally in all aspects of school life and are not subject to bullying because of their condition.
- Ensure all visitors, volunteers, work experience students, sub-contractors are made aware of the school's commitment to allergy management as part of Safeguarding.
- Ensure the curriculum contains age-appropriate content so all pupils/students can learn about allergies and how everyone can support those who have them.
- Create links at strategic level with healthcare professionals and catering providers and ensure at operational level that links are robust.
- Ensure that up-to-date allergy information for pupils/students is accessible to catering teams.
- Ensure there is a workable School Emergency Plan in place that is known by all staff.
- Ensure the school sends a copy of the medical details it holds for the child to parents/carers for review and update at the end of each school year. Seek updated medical information at the commencement of each calendar year and for any pupil/student joining in year.
- Where the pupil/student has an Individual Healthcare Plan (IHP), ensure the involvement of healthcare and welfare professionals, teaching and catering staff, parents/carers and the pupil/student in establishing IHPs.
- Encourage parents/carers to provide Allergy Action Plans (AAPs) completed and signed by a healthcare professional that can be kept with their medication with copies made available for all staff to access and help the school support the pupil/student.
- Ensure effective communication of individual pupil medical needs to all staff and that they know how and where to check for updated information.
- Ensure there are enough trained staff to meet the statutory requirements and assessed needs, allowing for staff absences away from the school premises.
- Ensure First Aid staff training includes anaphylaxis management, including awareness of triggers, anaphylaxis and first aid emergency procedures.
- Ensure an adequate risk assessment is undertaken prior to any school trips, excursions or offsite extra curricula activities for pupils/students who have allergies.
- Ensure records of pupils/students medically prescribed an AAI and its use are kept correctly.
- Ensure pupil/student documentation and in date medication is kept correctly and safely.
- Ensure best practice in the labelling of foodstuffs and their contents.
- Report to the Board of Governors/Trustees regarding the management of allergies within the school.

**Teachers' & staff** conditions of employment do not include giving first aid, although any member of staff may volunteer to undertake these tasks. Teachers and other staff in charge of pupils are expected to always use their best endeavours, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents might be expected to act towards their children. **In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency**. The employer must arrange adequate and appropriate training and guidance for staff who volunteer to be first aiders/ appointed persons. The employer must ensure that there are enough trained staff to meet the statutory requirements and assessed needs, allowing for staff on annual/sick leave or off-site.

**Member(s) of Staff responsible for medical needs**

- Follow all legal requirements, recommended best practice and whole school procedures pertaining to allergies within the school context.
- Report to the Head/Principal regarding pupils/student with allergies.
- Lead on the training of staff regarding allergy medical needs and their identification and management.
- Work closely with in-house and sub-contracted Catering Managers and Chef Managers in assisting in the support of pupils/students with known allergies (including meeting with parents/carers where requested) to discuss any special requirements.
- Monitor where there is a school 'tuck shop' or home baked items are brought into school.
- Liaise with parents/carers of pupils/students with known declared allergies to produce a risk assessment for their child that includes sharing of information, allergy management, risk minimisation and emergency actions.
- Wherever possible use an AAP for pupils with recognised allergies and keep it with their medication. Ensure copies of the AAP are available for all staff to access.
- If an additional written IHP is not required, ensure that the AAP is viewed and treated with the same level of seriousness.
- Ensure all copies of the AAP/IHP located around the school and/or on IT systems are identical if an updated version is received.
- Where an AAP has not been received for a pupil with recognised allergies, or if the medication information is not clear, liaise with GP/school nursing team, to obtain an up-to-date copy and/or clarification.
- Ensure medication is stored in a rigid box and clearly labelled with the pupils/student's name and a photograph (older students should carry their AAIs and medication with them).
- Be trained in the use of an Adrenaline Auto-Injector (AAI) and be competent in performing any possible required prescribed medical treatment as outlined in the pupil/student's IHP and/or AAP.
- Ensure that any other staff involved with those pupils/students requiring the use of an AAI are also adequately trained and competent.
- Ensure all school trips, excursions or off-site extra curricula activities for pupils/students are pre-checked so that 'safe' food is provided or that an effective control is in place to minimise risk of exposure for pupils with allergies.
- Ensure the school has an audited spare supply of in date AAIs that are kept in a safe space at room temperature that is accessible, secure but not locked away and all staff are aware of the location.
- Monitor the use of all AAIs to ensure they are within the expiry date including those brought into the school by pupils/students or external sources and are of the correct dosage.
- Arrange for the correct disposal of out-of-date AAIs.
- Where anaphylaxis is suspected in an undiagnosed individual, call the emergency services and state ANAPHYLAXIS is suspected, then follow their advice as to whether administration of a spare AAI is appropriate.
- Record all emergency uses of AAIs or reports of suspected emergencies.
- Ensure that, if a pupil/student notifies school that they are no longer allergic to a food, this information is checked prior to updating records and the IHP (if applicable).

**All Staff**

- Follow as directed all the requirements of the school, including all legal requirements, recommended best practice and whole school procedures pertaining to allergies within the school context.
- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff and be confident to respond to an allergy emergency.
- 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 breaks or mealtimes. Any food-related activities must be supervised with due caution.
- Any food-related activities must be supervised with due caution whilst following best practice for storing, preparing, cooking and serving food.
- Any staff leading on a school trip must check that all pupils/students with medical conditions, including allergies, are carrying their medication (those unable to produce their required medication would not be able to attend the excursion).
- 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.
- School Administrator will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication in in date however the School Asthma & Anaphylaxis Lead/School Admin will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- School Asthma & Anaphylaxis Lead/School Admin (delete or substitute as appropriate) keeps 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.
- Raise awareness about allergies and anaphylaxis amongst their pupils/students in the classroom and around school, especially in dining areas.
- Encourage self-responsibility and learned avoidance strategies amongst pupils/students living with allergies.
- Help all pupils/students understand which foods are safe for those with allergies and how they can support other pupils/students with specific dietary needs to stay safe.
- Highlight the need for anti-bullying of pupils/students with the condition.

**Parents/Carers**

- Notify the school of the pupil/student's allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) completed by a healthcare professional, that can be kept with their medication and help the school support the pupil/student.
- 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. School nurse/GP/allergy specialist.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.
- Provide appropriate in date medication (two AAIs) of the correct dosage and register their AAIs on the manufacturer's websites to receive text alerts for expiry dates.

- Ensuring any required medication is replaced as necessary (after use or upon expiry).
- Talk with your child about allergy self-management, including what foods are safe and unsafe, how to read food labels, strategies for avoiding allergens, how to spot symptoms of allergy, how and when to tell an adult if experiencing an allergic reaction.
- Contribute to the provision of an IHP in partnership with the school, and relevant healthcare professional, where required.
- Provide any other written medical documentation, instructions and medications as directed by a health professional.
- If you require it, meet with the Catering/Chef Manager to discuss any specific requirements relating to your child's allergy (information from these meetings will be recorded by the Catering/Chef Manager).
- Be aware of the school Allergy Policy and any arrangements for managing children with allergies and at risk of anaphylaxis.
- Communicate regularly with the school to support our ability to keep our children safe and act immediately in the event of an allergic reaction.
- Providing appropriate foods to be consumed by the child if necessary.
- Review the Policy and procedures with the school's Head/Principal and/or Member of Staff responsible for medical needs, the pupil/student's doctor and the pupil (if age appropriate) after a reaction has occurred.

**Pupil/Students with allergies (as age appropriate)**

- 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 AAIs will be encouraged to take responsibility for carrying them on their person at all times.
- Have a good awareness of their allergy and support the knowledge of peers in helping keep them safe.
- Be proactive in the care and management of their food allergies and reactions and medication.
- Be sure not to exchange food with others and take care to avoid any foods which may cause an allergic reaction.
- Read food labelling but, if unsure, avoid the food.
- Avoid eating anything with unknown ingredients.
- Know where their medication is kept.
- As soon as they suspect they are experiencing signs of allergic reaction, tell an adult.

## 8. Supply, storage and care of medication

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely, not locked away and accessible to all staff.

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two AAIs i.e. EpiPen® or Jext®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the Asthma & Anaphylaxis Lead/School Admin will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

**Older children and medication**

Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on **very suddenly**, so school staff need to be prepared to administer medication if the young person cannot.

**Storage**

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

**Disposal**

AAIs are single use only and must be disposed of as sharps. Used AAIs will be given to ambulance paramedics on arrival.

**Spare adrenaline auto-injectors in school (AAIs)**

The school has purchased spare **AAIs 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 a zipped bag/container, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff**.

Each school (Chirbury, Norbury, Stiperstones) holds 1 spare pen which is kept in the following location/s:

Chirbury - Medical Cupboard in the Pastoral Room
Norbury – Cupboard in Staff Room
Stiperstones – Main Office

Signs are in place in all schools for locations of medications.

The Asthma & Anaphylaxis Lead/ School Admin is 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 AAIs is included in the pupil's allergy action plan.

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

the spare AAI is appropriate.

Schools can now legally purchase and store spare Adrenaline Auto-Injectors (AAIs For children at risk of anaphylaxis). Immediate access to an AAI can be life-saving. While it's vital that families have their own prescribed AAIs for their child, having spare AAIs at school adds an extra layer of reassurance for everyone involved. It's a step towards creating a safer and more inclusive environment for children managing severe allergies.

Under existing UK legislation, a school's "spare" AAI can in principle be used in the event of an emergency to save the life of someone who develops anaphylaxis unexpectedly, even when parental/guardian consent has not been obtained, for example in a child presenting for the first time with anaphylaxis due to an unrecognised allergy. Note, however, that this provision should be reserved for exceptional circumstances only, that could not have been foreseen.

A supplier e.g. pharmacy, will need a request signed by the principal or headteacher (ideally on appropriate headed paper) stating:
• The name of the school for which the product is required;
• The purpose for which that product is required, and
• The total quantity required.

A template letter which can be used for this purpose is provided in Appendix 1, and can also be downloaded at: **www.sparepensinschools.uk**

Please note that pharmacies are not required to provide AAIs free of charge to schools, the school must pay for them as a retail item.

## 9. Allergy Action Plans

Allergy action plans are designed to function as individual healthcare 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 autoinjector.

The School recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK 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.

The BSACI Allergy action plans include a consent for parents/legal guardian to sign, authorizing the administration of AAIs in their child **Paediatric Action Plans - BSACI.**

## 10. Emergency Treatment and Management of Anaphylaxis

This allergy policy must be read in conjunction with the schools' Health and Safety Policy as the management of anaphylaxis is integral within the management of First Aid. Designated first aiders will need to have specific training on anaphylaxis and understand their responsibilities in this regard. Those who are not the designated first aiders must still follow training provided and

act in the best interest of the pupil – Refer to Section 7 Roles & Responsibilities – Teachers and staff.

**What to look for**:

Symptoms usually come on quickly, within minutes of exposure to the allergen.
Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

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.

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.

What does adrenaline do?

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

**As soon as anaphylaxis is suspected, adrenaline must be administered without delay.**
**Action:**

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis).**
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

**11. 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 available for parents to view in termly advance with all ingredients listed and allergens highlighted on the school website at:

https://www.norbury.shropshire.sch.uk/School-Dinners/

The School Administrator will inform the Catering Manager/Cook/Chef of pupils with food allergies on a daily basis.

(Every school should have a system in place to ensure catering staff can identify pupils with allergies e.g. a list with photographs– include details here of your school system for identifying pupils and who has responsibility for keeping this up to date)

Parents/carers are encouraged to meet with the Admin Staff who will liaise with the Catering Manager/Cook/Chef to discuss their child's needs.

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

- Bottles, other drinks and lunch boxes provided by parents 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, parents 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).
- 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.

**Allergy awareness and nut bans**

The School supports the approach advocated by many allergy charities 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 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 & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

### 12. Risk Assessment

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

**Wiltshire Children Trust - Anaphylaxis Risk Assessment Example Template.**

### 13. Staff Training

The named staff members (at least 2) responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-

Claire Morris
Catriona Oakley
Nikki Rodick

All staff will complete online anaphylaxis training at the start of every new academic year. Training is also available on an ad-hoc basis for any new members of staff.

Allergy training should include a practical session (trainer AAIs are available to order through the manufacturer's website.) Training should include a basic understanding of allergic disease and its risks which include:

- 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: **https://www.epipen.co.uk/** and **https://jext.co.uk/**and **www.emerade-bausch.co.uk**)

### 14. Allergies Inclusion, Bullying & Safeguarding

The 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.

By law, all state schools must have a behaviour policy in place that includes measures to prevent all forms of bullying among pupils, and this is a policy decided by the school. All teachers, pupils and parents must be told what it is, and allergy bullying should be treated seriously, like any other bullying. Schools must, under Section 100 of the Children and Families Act 2014, aim to ensure that all children with medical conditions, 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.

The Department for Education has provided statutory guidance for schools and colleges on keeping children safe in education. **Please view the guidance here**.

Other useful websites include:

- **NSPCC**
- **National Bullying Helpline**
- **Family Lives**
- **Kidscape**
- **Young Minds**
- **Childline**
- **Bully Busters**

### 15. School trips

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. 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 should 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).

### 16. 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.

### 17. Allergy management checklist

- Does the child have an Individual Healthcare Plan
- Has your school purchased spare pens?
- Does each child have a completed and signed Allergy Action Plan?

- Have ALL school staff been trained in allergy and anaphylaxis?
- Does the school allergy policy include where and how to store AAIs?
- Is there a schedule to check the expiry dates on spare AAIs and each child's AAI?
- Does the allergy policy cover catering for children with allergies?
- Does the allergy policy include pupil allergy awareness?
- Has the school completed an allergy risk assessment?
- Does the allergy policy include risk assessment of extra curricula activities?
- Does the allergy policy cover safeguarding children with allergies, including bullying?

## 18. Reporting incidents of Anaphylaxis (RIDDOR)

All allergic reactions need recording and reporting using the school's own internal systems. As well as written records it is best practice to verbally alert the person in charge of medical conditions in the school. This is so that the circumstances that enabled the reaction to happen can be identified and changed to prevent future occurrences. In the same way, it is important to record and report near misses too.

Some reactions, particularly those that cause anaphylaxis, require reporting to the Health and Safety Executive under RIDDOR. A reaction needs reporting when all three of the following apply:

- The incident was work-related
- They result in an injury
- The person is taken directly from the scene of the accident to hospital for treatment to that injury

An injury is defined as anything 'needing treatment' and 'treatment' includes further medication or observation.

Work-related means:

- How the work was carried out, including how the work was organised, supervised or performed by an employer or any of their employees, or by a self-employed person.
- Substances or equipment used in connection with the workplace
- Work processes carried out there
- The condition of the workplace where the accident happened

Examples where the incident IS work related, and therefore reportable are:

- A child has an allergy to eggs. Her school has been made aware of this and a relevant care plan is in place. While at school she is given a meal containing eggs by a new employee. The employee has not been made aware of the care plan or trained. The child had anaphylaxis.
- A child has an allergy to milk. The school has been made aware of this and a relevant care plan is in place. Milk was spilt on the table in the classroom which was wiped up. The cloth was then used to wipe another table without it being washed out first. The child later sat at the table, got milk on their hands which were placed in the mouth. The staff member had not received suitable training.

Schools must inform the health and safety team of any serious allergic reaction via ERP, who if deemed appropriate, will submit the RIDDOR report to the HSE.

## 19. Glossary of terms

**Allergy Action Plan**

These plans have been designed to facilitate first aid treatment of anaphylaxis, to be delivered by people without any special medical training nor equipment, apart from access to adrenaline autoinjectors (AAIs). The plans are medical documents and should be completed by the child/young person's healthcare professional in partnership with parents/carers. The plans are now designed to function as Individual Healthcare Plans for children and young people at risk of anaphylaxis.
Download here: **Paediatric Action Plans - BSACI**

**Individual Healthcare Plan**

These plans are drawn up in partnership between the school, parents/carers, and a relevant healthcare professional, e.g. school nurse, specialist or children's community nurse or paediatrician, who can best advise on the particular healthcare needs of a child/young person. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child/young person manage their specific condition and overcome any potential barriers to getting the most from their education. **Read more about Individual Healthcare Plans here**.

Where a child/young person's health issues related only to their allergy, the Allergy Action Plan can function as their Individual Healthcare Plan.

20. **Useful Links – Providing free resources including templates, posters, lesson plans, Q&A's and plenty more**

**Three main charities;**

- **Anaphylaxis UK | Supporting people with serious allergies | Anaphylaxis UK**
- **The Allergy Team**
- **Natasha's Foundation** (Allergy School)
  Schools can sign up to the **free webinar** for New DfE allergy guidance: Learn what the draft guidance means for your school.

  They will be running webinars on the following dates and times:
- Tuesday 16 June (3:45- 4:15pm)
- Tuesday 7 July (9:30 - 10am)
- Tuesday 14 July (3:45-4:15pm)
- Monday 14 September (3:45 - 4:15pm)
- Tuesday 29 September (9:30 - 10am)

- BSACI Allergy Action Plans - Paediatric Action Plans - BSACI (British Society for Allergy and Clinical Immunology) Including Templates

- **Free training in partnership with the Natasha Foundation is available through High speed training;**
  Free Allergy Training For Schools | City & Guilds Assured

- For expert insight & information please watch the YouTube webinar (Hosted by a headteacher)
  IOSH The Safety Gap: Managing Anaphylaxis in Education

Allergy UK - https://www.allergyuk.org

Resources for managing allergies at school - https://www.allergyuk.org/living-withan-allergy/at-school/

BSACI Allergy Action Plans - Paediatric Action Plans - BSACI
(British Society for Allergy and Clinical Immunology) Including Templates

Spare Pens in Schools - Home - Spare Pens in Schools

Department for Education Supporting pupils at school with medical conditions:
Supporting pupils at school with medical conditions

Department of Health Guidance on the use of adrenaline auto-injectors in schools -
Guidance on the use of adrenaline auto-injectors in schools

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) Overview | Food allergy | Quality standards | NICE

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence)
Overview | Anaphylaxis: assessment and referral after emergency treatment | Guidance | NICE