Allergy and Anaphylaxis Policy

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Educate Together Academy Trust Allergy and Anaphylaxis Policy.

Contents

Statement of intent

Educate Together Academy Trust strives to ensure the safety and wellbeing of all members of the school community. For this reason, this policy is to be adhered to by all staff members, parents and pupils, with the intention of minimising the risk of anaphylaxis occurring whilst at school.

To effectively implement this policy and ensure the necessary control measures are in place, parents are responsible for working alongside the school in identifying allergens and potential risks, to ensure the health and safety of their children.

The school does not guarantee a completely allergen-free environment; however, this policy will be utilised to minimise the risk of exposure to allergens, encourage self-responsibility, and plan for an effective response to possible emergencies.

1. Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- Department of Health 'Guidance on the use of adrenaline auto-injectors in schools'
- DfE 'Supporting children and young people with medical conditions and allergies'
- DfE 'Allergy guidance for schools'

2. Definitions

For the purpose of this policy:

Allergy – is a condition in which the body has an exaggerated response to a substance. This is also known as hypersensitivity.

Allergen – is a normally harmless substance that triggers an allergic reaction for a susceptible person.

Allergic reaction – is the body's reaction to an allergen and can be identified by, but not limited to, the following symptoms:

- Hives
- Generalised flushing of the skin
- Itching and tingling of the skin
- Tingling in and around the mouth
- Burning sensation in the mouth
- Swelling of the throat, mouth or face
- Feeling wheezy
- Abdominal pain
- Rising anxiety
- Nausea and vomiting
- Alterations in heart rate
- Feeling of weakness

Anaphylaxis – is also referred to as anaphylactic shock, which is a sudden, severe and potentially life-threatening allergic reaction. This kind of reaction may include the following symptoms:

- Persistent cough
- Throat tightness
- Change in voice, e.g. hoarse or croaky sounds
- Wheeze (whistling noise due to a narrowed airway)
- Difficulty swallowing/speaking
- Swollen tongue
- Difficult or noisy breathing
- Chest tightness
- Feeling dizzy or faint
- Suddenly becoming sleepy, unconscious or collapsing
- For infants and younger pupils, becoming pale or floppy

3. Roles and responsibilities

The **Board of Trustees** are responsible for:

- Ensuring that policies, plans, and procedures are in place to support pupils with allergies and those who are at risk of anaphylaxis and that these arrangements are sufficient to meet statutory responsibilities and minimise risks.
- Ensuring that the school's approach to allergies and anaphylaxis focusses on, and accounts for, the needs of each individual pupil.
- Ensuring that staff are properly trained to provide the support that pupils need, and that they receive allergy and anaphylaxis training at least annually.
- Monitoring the effectiveness of this policy and reviewing it on an **annual** basis, after a near miss (or breach of policy), and after any incident where a pupil experiences an allergic reaction.

The **headteacher** is responsible for:

- The development, implementation and monitoring of this policy and related policies.
- Ensuring that parents are informed of their responsibilities in relation to their child's allergies.
- Ensuring that all relevant risk assessments, e.g. to do with food preparation, have been carried out and controls to mitigate risks are implemented.

- Ensuring that all staff who come into contact with children are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis.
- Ensuring that all staff members are provided with training regarding allergic reactions and anaphylaxis, including how to recognise and treat anaphylaxis the necessary precautions and how to respond.
- Ensuring that catering staff are aware of pupils' allergies and act in accordance with the school's policies regarding food and hygiene, including this policy. • Ensure there is a method in place for checking (and recording) the expiry dates and condition of the spare AAIs.

Ensuring that all contractors and external food providers working on the school site understand and comply with this policy, and that appropriate risk assessments and evidence of relevant staff training are obtained before work commences, where applicable.

The school administrator is responsible for:

- Ensuring that there are effective processes in place for medical information to be regularly updated and disseminated to relevant staff members, including supply and temporary staff.
- Seeking up to date medical information about each pupil via a medical form sent to parents on an annual basis, including information regarding any allergies.
- Contacting parents for required medical documentation regarding a pupil's allergy.

All staff members are responsible for:

- Attending relevant training regarding allergens and anaphylaxis.
- Being familiar with and implementing pupils' individual healthcare plans (IHPs) as appropriate.
- Responding immediately and appropriately in the event of a medical emergency.
- Reinforcing effective hygiene practices, including those in relation to the management of food.
- Monitoring all food supplied to pupils by both the school and parents.
- Ensuring that pupils do not share food and drink to prevent accidental contact with an allergen.

The **Chef** is responsible for:

- Monitoring the food allergen log and allergen tracking information for completeness.

- Reporting any non-conforming food labelling to the supplier, where necessary.
- Ensuring the practices of kitchen staff comply with food allergen labelling laws and that training is regularly reviewed and updated.
- Recording incidents of non-conformity, either in allergen labelling, use of ingredients or safe staff practice, in an **allergen incident log**. This will be shared with the headteacher who will record as a near miss.
- Acting on entries to the allergen incident log and ensuring the risks of recurrence are minimised.

Catering staff are responsible for:

- Ensuring they are fully aware of the rules surrounding allergens, the processes for food preparation in line with this policy, and the processes for identifying pupils with specific dietary requirements.
- Ensuring they are fully aware of whether each item of food served contains any of the 14 main allergens, as is a legal obligation, and making sure this information is readily available for those who may need it.
- Ensuring that the required food labelling is complete, correct, clearly legible, and is either printed on the food packaging or attached via a secure label.
- Reporting to the chef if food labelling fails to comply with the law.

All parents are responsible for:

- Notifying the school of their child's allergens, the nature of the allergic reaction, what medication to administer, specified control measures and what can be done to prevent the occurrence of an allergic reaction.
- Keeping the school up to date with their child's medical information.
- Providing written consent for the use of a spare AAI on the IHP.
- Providing the school with written medical documentation, including instructions for administering medication as directed by the child's doctor.
- Raising any concerns they may have about the management of their child's allergies with the classroom teacher.

All **pupils** are responsible for:

- Ensuring that they do not exchange food with other pupils.
- Avoiding food which they know they are allergic to, as well as any food with unknown ingredients.
- Notifying a member of staff immediately in the event they believe they are having an allergic reaction, even if the cause is unknown, or have come into contact with an allergen.

4. Food allergies

Parents will provide the school with a written list of any foods that their child may have an adverse reaction to, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required. Information regarding all pupils' food allergies will be collected, this will be passed on to the school's catering service.

When making changes to menus or substituting food products, the school will ensure that pupils' special dietary needs continue to be met by:

- Checking any product changes with all food suppliers
- Asking caterers to read labels and product information before use
- Using the ETAT allergen matrix to list the ingredients in all meals.
- Ensuring allergen ingredients remain identifiable.

Catering staff will have a full list of allergens and will avoid using them within the menu where possible.

Where meals include allergens or traces of allergens, menus will be clearly highlighted/labelled in line with this policy, to denote the allergens of which consumers should be aware.

The school will ensure that there are always dairy- and gluten-free options available for pupils with allergies and intolerances.

Learning activities which involve the use of food, such as food technology lessons, will be planned in accordance with pupils' IHPs, considering any known allergies of the pupils involved.

Where activities or events are organised by external providers or fall outside the direct control of the school, the organiser must ensure that allergy risks are assessed and managed in accordance with relevant legislation and guidance. The organiser must provide the school with a copy of the risk assessment, including details of allergy management and emergency procedures, in sufficient time for the school to review the arrangements and confirm that appropriate measures are in place to safeguard participating pupils with allergies.

5. Food allergen labelling

The school will adhere to allergen labelling rules for pre-packed food goods, in line with the Food Information (Amendment) (England) Regulations 2019, also known as Natasha's Law.

The school will ensure that all food is labelled accurately, that food is never labelled as being 'free from' an ingredient unless staff are certain that there are no traces of that ingredient in the product, and that all labelling is checked before being offered for consumption.

The relevant staff, e.g. catering staff, will be trained prior to storing, handling, preparing, cooking and/or serving food to ensure they are aware of their legal obligations. Training will be reviewed on an **annual** basis, following a near miss or allergy incident or as soon as there are any revisions to related guidance or legislation.

Food labelling

Food goods classed as 'pre-packed for direct sale' (PPDS) will clearly display the following information on the packaging:

- The name of the food
- The full ingredients list, with ingredients that are allergens emphasised, e.g. in bold, italics, or a different colour.

The school will ensure that allergen traceability information is readily available by ensuring the chefs follow recipes that include full allergen information, supported by an allergen matrix and clearly labelled menus. Any supplier substitutions are documented in a substitutions log and compliance with this is monitored through internal audits and verified during inspections by Environmental Health Officer.

Declared allergens

The following allergens will be declared and listed on all PPDS foods in a clearly legible format:

- Cereals containing gluten and wheat, e.g. spelt, rye and barley
- Crustaceans, e.g. crabs, prawns, lobsters
- Nuts, including almonds, hazelnuts, walnuts, cashews, pecan nuts, Brazil nuts and pistachio nuts
- Celery

- Eggs
- Fish
- Peanuts
- Soybeans
- Milk
- Mustard
- Sesame seeds
- Sulphur dioxide and sulphites at concentrations of more than 10mg/kg or 10mg/L in terms of total sulphur dioxide
- Lupin
- Molluscs, e.g. mussels, oysters, squid, snails

The above list will apply to foods prepared on site, e.g. sandwiches, salad pots and cakes, that have been pre-packed prior to them being offered for consumption.

Catering staff will be vigilant when ensuring that all PPDS foods have the correct labelling in a clearly legible format, and that this is either printed on the packaging itself or on an attached label. Food goods with incorrect or incomplete labelling will be removed from the product line, disposed of safely and no longer offered for consumption.

Any abnormalities in labelling will be reported to the chef immediately, who will then contact the relevant supplier where necessary.

The chef will be responsible for monitoring food ingredients, packaging and labelling **daily** and will contact the supplier immediately in the event of any anomalies.

Changes to ingredients and food packaging

The school will ensure that communication with suppliers is robust and any changes to ingredients and/or food packaging are clearly communicated to catering staff and other relevant members of staff.

Following any changes to ingredients and/or food packaging, all associated documentation will be reviewed and updated as soon as possible.

6. Animal allergies

Pupils with known allergies to specific animals will have restricted access to those that may trigger a response.

In the event of an animal on the school site, staff members will be made aware of any pupils to whom this may pose a risk and will be responsible for ensuring that the pupil does not come into contact with the specified allergen.

The school will ensure that any pupil or staff member who comes into contact with the animal washes their hands thoroughly to minimise the risk of spreading allergens.

7. Seasonal allergies

The term 'seasonal allergies' refers to common outdoor allergies, including hay fever and insect bites.

Precautions regarding the prevention of seasonal allergies include ensuring that grass within the school premises is not mown whilst pupils are outside. Pupils with severe seasonal allergies will be provided with an indoor supervised space to spend their break and lunchtimes in, avoiding contact with outside allergens.

Staff members will monitor pollen counts, making professional judgement as to whether the pupil should stay indoors.

Pupils will be encouraged to wash their hands after playing outside.

Pupils with known seasonal allergies are encouraged to bring an additional set of clothing to school to change into after playing outside, with the aim of reducing contact with outdoor allergens, such as pollen.

8. Insect allergies

Staff members will be diligent in the management of wasp, bee and ant nests on school grounds and in the school's nearby proximity, reporting any concerns to the caretaker.

The headteacher is responsible for ensuring the appropriate removal of wasp, bee and ant nests on and around the school premises.

Where a pupil with a known allergy is stung or bitten by an insect, medical attention will be given immediately.

While this policy identifies some of the most common allergies, we recognise that other allergies may also pose a significant risk and should be managed appropriately in accordance with this policy.

9. Adrenaline auto-injectors (AAIs)

Pupils who suffer from severe allergic reactions may be prescribed an AAI for use in the event of an emergency.

Under the Human Medicines (Amendment) Regulations 2017, the school may purchase adrenaline auto-injector (AAI) devices without a prescription for emergency use. A school's spare AAI may be administered to a pupil who is experiencing anaphylaxis in accordance with Section 17 of the Human Medicines Regulations. This includes situations where the pupil's own prescribed AAI is unavailable, is not working, or where the spare AAI can be administered more quickly than the pupil's own device in an emergency. The school will purchase spare AAIs from a pharmaceutical supplier, such as the local pharmacy or approved supplier.

Where possible, the school will hold a single brand of adrenaline auto-injector (AAI) as its spare emergency device, provided the appropriate dose is available. The brand of AAI prescribed to individual pupils should not determine the brand of spare AAI held by the school. Using a single brand, where practicable, helps reduce the risk of administration errors, simplifies staff training, and avoids unnecessary complexity or delays when administering adrenaline in an emergency.

The school will ensure that spare adrenaline auto-injectors (AAIs) of the appropriate dosage are available, taking account of the ages of pupils at risk of anaphylaxis. In line with current national guidance, this will normally include 150 microgram devices for pupils under 6 years of age and 300 microgram devices for pupils aged 6–12 years.

Spare AAIs are stored as part of an emergency anaphylaxis kit, which includes the following:

- One or more AAIs (relevant doses as listed above)
- Instructions on how to use the device(s)
- Instructions on the storage of the device(s)
- Manufacturer's information

- A checklist of injectors, identified by the batch number and expiry date, alongside records of monthly checks
- A note of the arrangements for replacing the injectors
- An administration record

Spare AAIs can be found at the following locations:

- Name of location
- Name of location
- Name of location

All staff have access to AAI devices, but these are out of reach and inaccessible to pupils – AAI devices are not locked away where access is restricted.

All spare AAI devices will be clearly labelled to avoid confusion with any device prescribed to a named pupil.

In line with manufacturer's guidelines, all AAI devices are stored at room temperature in line with manufacturer's guidelines, protected from direct sunlight and extreme temperature.

The following roles are responsible for maintaining the emergency anaphylaxis kit(s):

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The above roles will conduct a **monthly** check of the emergency anaphylaxis kit(s) to ensure that:

- Spare AAI devices are present and have not expired.
- Replacement AAIs are obtained when expiry dates are approaching.

The headteacher is responsible for overseeing the protocol for the use of spare AAIs, its monitoring and implementation, and for maintaining the Register of AAIs.

Any used or expired AAIs are disposed of after use in accordance with manufacturer's instructions.

Used AAIs may also be given to paramedics upon arrival, in the event of anaphylaxis, in accordance with this policy.

A sharps bin is utilised where used or expired AAIs are disposed of on the school premises.

Where any AAIs are used, the following information will be recorded on the AAI Record:

- Where and when the reaction took place
- How much medication was given and by whom

10. Access to spare AAIs

A spare AAI can be administered as a substitute for a pupil's own prescribed AAI, if this cannot be administered correctly, without delay.

In an emergency, a spare adrenaline auto-injector (AAI) may be administered to any pupil who is suspected of experiencing anaphylaxis where this is clinically indicated. This includes unexpected occurrences where a pupil has not previously been identified as being at risk of anaphylaxis or where written parental consent is not available. Wherever possible, the school will follow the pupil's Individual Allergy Action Plan (IAAP) or other medical information; however, the immediate treatment of suspected anaphylaxis must not be delayed if adrenaline is required to preserve life.

Consent will be obtained as part of the introduction or development of a pupil's IHP.

If consent has been given to administer a spare AAI to a pupil, this will be recorded on their IHP & separate Allergy Action Plan.

Parents are required to provide consent **annually** to ensure the school's records remain accurate and up to date. However, parents also have an *ongoing* responsibility to notify the school **immediately** of any significant changes to their child's allergy diagnosis, prescribed medication, Individual Allergy Action Plan (IAAP), emergency treatment, or any other information that may affect the management of their child's allergy. Parents should not wait until the annual consent renewal to provide updated information.

Parents may withdraw their consent for the routine use of a spare adrenaline auto-injector (AAI) by notifying the school in writing. The school will record this

decision and discuss the implications with the parents to ensure they understand the arrangements in place for managing their child's allergy.

However, where a pupil is suspected of experiencing anaphylaxis or another life-threatening allergic reaction, the school has a legal duty of care to act in the pupil's best interests. In such emergency circumstances, the absence or withdrawal of parental consent will not prevent staff from administering adrenaline where it is reasonably believed to be necessary to preserve life, in accordance with relevant legislation, common law, safeguarding responsibilities, and current statutory guidance. Any decision to withdraw consent and the discussions held with parents will be appropriately documented.

11. School trips

The headteacher will ensure a risk assessment is conducted for each school trip to address pupils with known allergies attending. All activities on the school trip will be risk assessed to see if they pose a threat to any pupils with allergies and alternative activities will be planned where necessary to ensure the pupils are included.

The school will speak to the parents of pupils with allergies where appropriate to ensure their co-operation with any special arrangements required for the trip.

A designated adult will be available to support the pupil at all times during a school trip.

If the pupil has been prescribed an AAI, at least one adult trained in administering the device will attend the trip. The pupil's medication will be taken on the trip and stored securely.

A member of staff will be assigned responsibility for ensuring that the pupil's medication is carried at all times throughout the trip.

A risk assessment will be undertaken to determine if other AAIs will need to be taken on the trip.

Where the venue or site being visited cannot be assured that appropriate food can be provided to cater for pupils' allergies, the pupils will take their own food, or the school will provide a suitable packed lunch.

12. Medical attention and required support

Once a pupil's allergies have been identified, a meeting will be set up between the pupil's parents, the relevant classroom teacher and any other relevant staff members, in which the pupil's allergies will be discussed and a plan of appropriate action/support will be developed and recorded on the IHP/Allergy Action Plan.

Parents will provide the school with any necessary medication, ensuring that this is clearly labelled with the pupil's name, class, expiration date and clear instructions for administering it.

Any specified support which the pupil may require will be outlined in their IHP/Allergy Action Plan.

All staff members providing support to a pupil with a known medical condition, including those in relation to allergens, will be familiar with the pupil's IHP/Allergy Action Plan.

The headteacher is responsible for working alongside relevant governor, staff members and parents in order to develop IHPs for pupils with allergies, ensuring that any necessary support is provided and the required documentation is completed, including risk assessments being undertaken.

The headteacher has overall responsibility for ensuring that IHPs are implemented, monitored and communicated to the relevant members of the school community.

13. Staff training

All staff will be trained in how to recognise the signs and symptoms of anaphylaxis, how to administer an AAI, and the sequence of events to follow when doing so.

In accordance with the Supporting children and young people with medical conditions and allergies, staff will receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

The school will arrange training where a pupil in the school has been diagnosed as being at risk of anaphylaxis.

The relevant staff, e.g. catering staff, will be trained on how to identify and monitor the correct food labelling and how to manage the removal and disposal of PPDS foods that do not meet the requirements set out in Natasha's Law.

The relevant members of staff will be trained on how to consistently and accurately trace allergen-containing food routes through the school, from supplier delivery to consumption.

All Staff members will be taught to:

- Recognise the range of signs and symptoms of severe allergic reactions.
- Respond appropriately to a request for help from another member of staff.
- Recognise when emergency action is necessary.
- Administer AAIs according to the manufacturer's instructions.
- Make appropriate records of allergic reactions.

All staff members will:

- Be trained to recognise the range of signs and symptoms of an allergic reaction.
- Understand how quickly anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis can occur with prior mild to moderate symptoms.
- Understand that AAIs should be administered without delay as soon as anaphylaxis occurs.
- Understand how to access AAIs.
- Understand who the designated members of staff are, and how to access their help.
- Understand that it may be necessary for staff other than designated staff members to administer AAIs, e.g. in the event of a delay in response from the designated staff members, or a life-threatening situation.
- Be aware of how to administer an AAI should it be necessary.
- Be aware of the provisions of this policy.

14. Mild to moderate allergic reaction

Mild to moderate symptoms of an allergic reaction include the following:

- Swollen lips, face or eyes
- Itchy/tingling mouth

- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

If any of the above symptoms occur in a pupil, the nearest adult will stay with the pupil and refer to their IHP to determine appropriate next steps.

The pupil's parents will be contacted immediately if a pupil suffers a mild to moderate allergic reaction, and if any medication has been administered.

In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.

For mild to moderate allergy symptoms, the pupil's IHP will be followed, and the pupil will be monitored closely to ensure the reaction does not progress into anaphylaxis.

Should the reaction progress into anaphylaxis, the school will act in accordance with this policy. Where the pupil is required to go to the hospital, an ambulance will be called.

15. Managing anaphylaxis

In the event of anaphylaxis, the nearest adult will lay the pupil flat on the floor and try to ensure the pupil suffering an allergic reaction remains as still as possible; if the pupil is feeling weak, dizzy, appears pale and is sweating their legs will be raised. The staff member will call for help and the emergency services contacted immediately. The staff member will administer an AAI to the pupil.

A member of staff will stay with the pupil until the emergency services arrive – the pupil will remain lying flat and still. If the pupil's condition deteriorates after initially contacting the emergency services, a second call will be made to ensure an ambulance has been dispatched.

The headteacher will be contacted immediately, as well as a suitably trained individual, such as a first aider.

If the pupil stops breathing, a suitably trained member of staff will administer CPR.

If there is no improvement after five minutes, a further dose of adrenaline will be administered using another AAI, if available.

If a pupil who has not been prescribed an adrenaline auto-injector (AAI), or who has not previously been identified as being at risk of anaphylaxis, is suspected of experiencing anaphylaxis, staff must treat the situation as a medical emergency. Adrenaline should be administered at the earliest opportunity if anaphylaxis is suspected and a spare AAI is available. Treatment must not be delayed while contacting emergency services or awaiting clinical advice. Emergency services (999) must be called immediately after the AAI has been administered, or simultaneously where sufficient staff are available, and the school must follow the emergency procedures set out in this policy.

The administrator will contact the pupil's parents as soon as is possible.

Upon arrival of the emergency services, the following information will be provided:

- Any known allergens the pupil has
- The possible causes of the reaction, e.g. certain food
- The time the AAI was administered – including the time of the second dose, if this was administered

Any used AAIs will be given to paramedics.

Staff members will ensure that the pupil is given plenty of space, moving other pupils to a different room where necessary.

Staff members will remain calm, ensuring that the pupil feels comfortable and is appropriately supported.

A member of staff will accompany the pupil to hospital in the absence of their parents.

If a pupil is taken to hospital by ambulance, a member of staff will accompany them.

Following the occurrence of a near-miss, allergic reaction, the headteacher, will review the adequacy of the school's response and will consider the need for any additional support, training or other corrective action.

16. Monitoring and review

The headteacher is responsible for reviewing this policy **annually** or earlier is near miss or incident occurs.

The effectiveness of this policy will be monitored and evaluated by all members of staff. Any concerns will be reported to the headteacher immediately.

Following each allergic reaction, the school will undertake a review of the incident to identify any learning and determine whether improvements are required. Appropriate debriefing and support will be offered to the pupil, any other children affected or witnessing the incident, and the staff members involved. Relevant staff will be informed of any learning arising from the incident. Where appropriate, the pupil's Individual Healthcare Plan (IHP), Individual Allergy Action Plan (IAAP), risk assessments and this policy will be reviewed and updated to reflect any changes in practice or clinical advice.