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Potterspury Lodge School

Allergy and Anaphylaxis Policy

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Allergy and Anaphylaxis Policy

1. AIMS AND OBJECTIVES

This policy outlines the School's approach to allergy management, including how the whole-school community works to reduce the risk of an allergic reaction happening and the procedures in place to respond if one does. It also sets out how we support our pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an Allergy Aware School.

2. DEFINITIONS

ALLERGY: Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

ALLERGEN: A normally harmless substance that, for some, triggers an allergic reaction.

You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc.), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by law to be highlighted on pre-packed food. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

ANAPHYLAXIS: Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

ADRENALINE AUTO-INJECTOR: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAIs, EpiPens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this policy, they are referred to as EpiPens.

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

INDIVIDUAL HEALTHCARE PLAN: A detailed document outlining an individual pupil's condition, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. All pupils with an allergy should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.

RISK ASSESSMENT: A detailed document outlining an activity, the risks it poses and any actions taken to mitigate those risks. Allergies should be included on all risk assessments for events on and off the school site.

SPARE PENS: The School holds spare EpiPens which are held as a back-up, in case pupils' prescribed EpiPens are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

3. ROLES AND RESPONSIBILITIES

Potterspury Lodge School takes a whole-school approach to allergy management.

3.1 Designated Allergy Lead

The Designated Allergy Leads are those staff holding in date 3-day first aid certification at the school. They are overseen by the Head Teacher J Amps, and the Office Manager E Burns and are responsible for:

Ensuring the safety, inclusion and wellbeing of pupils and staff with an allergy;
Taking decisions on allergy management across the school;
Championing and practising allergy awareness across the school;
Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management; ensuring allergy information is recorded, up-to-date and communicated to all staff;
Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment);
Ensuring staff, pupils and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures;
Reviewing the stock of the school's spare pens (check the school has enough and the locations are correct) and ensuring staff know where they are;
Keep a record of any allergic reactions or near-misses and ensure an investigation is held as to the cause and put in place any learnings;
Regularly reviewing and updating the Allergy and Anaphylaxis Policy;
At regular intervals the Designated Allergy Lead will check procedures and report to the SLT.

3.2 The Admissions Officer and SENDCo are responsible for:

Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families, liaising with office staff for information on new joiners;

Support the Designated Allergy Lead on how this information is disseminated to all school staff, including the Catering Team, occasional staff and staff running special events.

3.3 Communication
There is a clear structure in place to communicate this information to the relevant parties Visitors (for example) are aware of the catering set up and if food is to be offered and that plans for medication are provided if the child is to be left without parental supervision

3.4 All staff
All school staff includes teaching staff, support staff, site and catering staff, occasional staff and future volunteers (e.g., sports coaches, music teachers and invigilators) are responsible for championing and practising allergy awareness across the school

Understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures, and asking for support if needed

Being aware of pupils (and staff, when necessary) with allergies and what they are allergic to, considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in an activity is necessary and/or appropriate

Ensuring pupils always have access to their medication, which depending on their age, can involve them carrying it on their own behalf

Being able to recognise and respond to an allergic reaction, including anaphylaxis

Taking part in training as required and to tell a manager if you have not received any in the last 12 months

Considering the safety, inclusion and wellbeing of pupils with allergies at all times

Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy

3.5 All Parents and Carers
All parents and carers (whether their child has an allergy or not) are responsible for:

Being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies

Providing the school with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema

Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events

Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice

Encouraging their child to be allergy aware

Parents of children with allergies
In addition to point 3.5, the parents and carers of children with allergies should:

Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan

If applicable, provide the school or their child with two labelled EpiPens and any other medication, for example antihistamine (with a dispenser, i.e., spoon or syringe), inhalers or creams

Ensure medication is in-date and replaced at the appropriate time

Update school with any changes to their child's condition and ensure the relevant paperwork is updated at the same time

Give permission to the school to share appropriately a photograph of their child as part of their allergy management.

Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring e.g., not eating the food they are allergic to.

3.6 All pupils
As appropriate to their age, all pupils at the school should:

Be allergy aware
Understand the risks allergens might pose to their peers
Learn how they can support their peers and be alert to allergy-related bullying
Older pupils will learn how to recognise and respond to an allergic reaction and to support their peers and staff in case of an emergency
Consider and adhere to any food restrictions or guidance the school has in place when buying snacks outside of school or bringing in food from home

3.7 Pupils with allergies
In addition to point 3.6, pupils with allergies are responsible for:

Knowing what their allergies are and how to mitigate personal risk (although the school recognises that this will depend on age and may not be appropriate with very young children)
Avoiding their allergen as best as they can,understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction

If age-appropriate, to carry two EpiPens with them at all times. They must only use them for their intended purpose

Understand how and when to use their EpiPen

Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy

Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies

INFORMATION AND DOCUMENTATION
Register of pupils with an allergy

The school has a register of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed EpiPens, as well as pupils with an allergy where no EpiPens have been prescribed. This is held on the pupil profile sheets and on SchoolPod.

4. Individual Healthcare Plans
Each pupil with an allergy has an Individual Healthcare Plan. The information on this plan includes:
Known allergens and risk factors for allergic reactions
A history of their allergic reactions
Detail of the medication the pupil has been prescribed including dose, this should include EpiPens, antihistamine
A copy of parental consent to administer medication, including the use of spare EpiPens in case of suspected anaphylaxis
A photograph of each pupil
A copy of their Allergy Action Plan.

5. ASSESSING RISK
Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

Classroom activities, for example crafts using food packaging, science experiments where allergens are present, food tech or cooking

Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk.

Running activities or clubs where they might hand out snacks or food “treats”. Ensure safe food is provided or consider an alternative non-food treat for all pupils.

Planning special events, such as cultural days and celebrations

Running day and residential trips where there is the potential for food items to be bought or for other children to bring food with them. Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, staff should adapt the activity to be inclusive.

6. FOOD, INCLUDING MEALTIMES & SNACKS
Catering in school
The school is committed to providing a safe meal for all students, staff and visitors, including those with food allergies.

Due diligence is carried out with regard to allergen management when appointing catering staff. All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training

Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures

The catering team will endeavour to get to know the pupils with allergies and what their

allergies are, supported by school staff

The catering team will endeavour to provide varied meal options to students and staff with allergies.

The school has robust procedures in place to identify pupils with food allergies. For Primary School and secondary children, there is a visual check from the Form Teacher who is familiar with the pupils who have allergies. The school chef also performs visual checks/ Photos of pupils with allergies are also available in the catering facility of pupils with allergies

Food containing the main 14 allergens (see allergens definition) will be clearly identified for pupils, staff and visitors to see if used

Other ingredient information will be available on request
Food packaged to go will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging

Where changes are made to the ingredients this will be communicated to pupils with dietary needs by the school chef

The school is "nut-aware" and the catering department avoid food with nuts as an ingredient
Any food provided through the reward shop, follows the same procedures and the products will follow the food restrictions in terms of nuts

Food brought into school
The school's policy is that any food brought into school or taken on school trips or sports fixtures should follow the guidelines set out above. This includes birthday cakes, other food brought into school as snacks or gifts (e.g. at Christmas) and for any fundraisers

6.1 Food bans or restrictions
It is not possible for the school to ban an allergen completely from the school site. We prefer to remind everyone to be allergy aware and to remain vigilant.

The school is an Allergen Aware School. The school encourages a considered approach to bringing in food. The school tries to restrict peanuts and tree nuts as much as possible on the site and checks all foods coming into the kitchen.

All food coming onto school premises or taken on a school trip should be checked to ensure peanuts and tree nuts are not an ingredient in another product. Please check the label on all foods brought in. Common foods that contain these goods as an ingredient include: packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces

6.2 Food hygiene for pupils
Pupils will wash their hands before and after eating. Hand sanitiser is available at school.
Sharing, swapping or throwing food is not allowed
Water bottles and packed lunches are monitored by staff

7. SCHOOL TRIPS AND SPORTS FIXTURES
Staff leading the trip will have a register of pupils with allergies with medication details. They should also be aware of any members of staff with allergies who are accompanying the trip.
Allergies will be considered on the risk assessment and catering provision put in place
Parents may be consulted if considered necessary, or if the trip requires an overnight stay
Staff (and some pupils, if appropriate) accompanying the trip will be trained to recognise and respond to an allergic reaction

Allergens will be clearly labelled on catered packed lunches.

See EpiPens section for school trips

8. INSECT STINGS
Those with a known insect venom allergy should:
Avoid walking around in bare feet or sandals when outside and, where possible, keep arms and legs covered.
Avoid wearing strong perfumes or cosmetics
Keep food and drink covered
The school staff will monitor the grounds for wasp or bee nests. Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.

9. ANIMALS
It is normally the dander that causes a person with an animal allergy to react.
Precautions to limit the risk of an allergic reaction include:

A pupil with a known animal allergy should avoid the animal they are allergic to
If an animal comes on site, a risk assessment will be done prior to the visit
Areas visited by animals will be cleaned thoroughly
Anyone in contact with an animal will wash their hands after contact
School trips that include visits to animals will be carefully risk assessed

10. ALLERGIC RHINITIS/ HAY FEVER
Hay fever, also known as allergic rhinitis, is an allergic reaction that occurs when the immune system overreacts to allergens present in the air.
Seasonal allergic rhinitis occurs during specific times of the year and is associated with seasonal allergens such as pollen. This is usually worse between March and September when the pollen count is at its highest.

Perennial allergic rhinitis refers to year-round symptoms regardless of the season. Common triggers are house dust mites, mould spores and pet dander.

Medication for allergic rhinitis including antihistamines and nasal steroids can be very effective when used correctly. Pupils are requested to take their medication before coming to School.

11. INCLUSION AND MENTAL HEALTH
Allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety and depression and are more susceptible to bullying.

No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip.

12. Pupils with allergies may require additional pastoral support including regular check-ins from their form tutor

Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives

Bullying related to allergies will be treated in line with the school's anti-bullying policy

12.1 EPIPENS
See the government guidance on EpiPens in Schools.

12.2 Storage of EpiPens
Pupils prescribed with EpiPens will have easy access to two, in-date pens at all times through the school's reception and office staff who have direct access to the first aid room.

Spot checks will be made to ensure EpiPens are where they should be and in date
EpiPens are kept in the school's first aid room.

EpiPens are stored at moderate temperatures, not in direct sunlight or above a heat source (for example a radiator) Used or out of date pens will be disposed of as sharps

13. Pupil having or suspected as having an allergic reaction

If a pupil has an allergic reaction, they will be treated in accordance with their Allergy Action Plan and a member of staff will instigate the school's Emergency Response Plan as set out in the First Aid Policy.

If anaphylaxis is suspected, adrenaline will be administered without delay, lying the pupil down with their legs raised as described in the Appendix. They will be treated where they are and medication brought to them.

A pupil's own prescribed medication will be used to treat allergic reactions if immediately available.

This will be administered by the pupil themselves, if age appropriate, or by a member of staff.

Ideally the member of staff will be trained, but in an emergency, anyone will administer adrenaline.

If the pupil's own EpiPen is not available or misfires, then a spare pen will be used.

If anaphylaxis is suspected but the pupil does not have a prescribed EpiPen or Allergy Action Plan, a member of staff will ensure they are lying down with their legs raised, call 999 and explain anaphylaxis is suspected. They will inform the operator that spare pens are available and follow instructions from the operator. The MHRA says that in exceptional circumstances, a spare EpiPen can be administered to anyone for the purposes of saving their life.

If, after 5 minutes, there is no improvement, a second EpiPen will be used and the person administering the pen will ask for the emergency services to be called to tell them they have done so.
The pupil will not be moved until a medical professional/ paramedic has arrived, even if they are feeling better.

Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff will accompany the pupil in an ambulance and stay until a parent or guardian arrives.

14. TRAINING

The School is committed to training all staff annually to give them a good understanding of allergies.

This includes:
Understanding what an allergy is
How to reduce the risk of an allergic reaction occurring
How to recognise and treat an allergic reaction, including anaphylaxis
How the school manages allergy, for example Emergency Response Plan, documentation, communication etc
Where EpiPens are kept (both prescribed pens and spare pens) and how to access them
Which designated members of staff (First Aiders) have been trained in the administration of EpiPens and can assist in an emergency
The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying
Understanding food labelling

15. ASTHMA

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions. Pupils with asthma are encouraged to carry their own inhaler at all times.

16. REPORTING ALLERGIC REACTIONS

The school will log allergic reaction incidents and near-misses in line with the Accident Reporting Policy.

Appendix

APPENDIX
MANAGING ALLERGIC REACTIONS

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations. You cannot assume someone will react the same way twice, even to the same allergen.

Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

Response:

- Stay with pupil
- Call for help
- Locate Epipens
- Give antihistamine
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**. Anaphylaxis is uncommon, and children experiencing it almost always fully recover. Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.

In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

APPENDIX
RESPONDING TO ANAPHYLAXIS

SYMPTOMS OF ANAPHYLAXIS

A – Airway

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen Tongue

B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

C - Circulation

- Persistent dizziness
- Pale or floppy
- Sleepy
- Collapse or unconscious

DELIVERING ADRENALINE

1. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
3. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
5. Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
6. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
7. Call the pupil's emergency contact.
8. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
9. Start CPR if necessary.
10. Hand over used devices to paramedics and remember to get replacements.

For more information see the Government's Guidance for the use of adrenaline auto-injectors in schools.

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