

Annan School

Allergy and Anaphylaxis Policy

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ALLERGY AND ANAPHYLAXIS POLICY

Introduction

Annan School is committed to ensuring that pupils with allergies are fully included in school life and protected from avoidable harm. This policy outlines procedures to identify, manage, and respond to allergies and anaphylaxis in line with national guidance.”

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 severe reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. 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).

Common UK Allergens include (but are not limited to: Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander).

Role and responsibilities

Parent Responsibilities

On entry to the school, it is the parent’s responsibility to inform Admissions of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.

Parents should supply a copy of their child’s Allergy Action Plan. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional.

It is the parent’s responsibility to ensure all medication is in date however the named person will check medication on a termly basis and send a reminder to parents if medication is approaching expiry. 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.

Staff Responsibilities

Before a child is admitted to the school, the named person must obtain information about any food allergies that the child has. This information must be shared with all staff involved in the preparing and handling of food.

All staff (regular or cover) must be aware of the children in their care who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with considerable caution.

The school must ensure that all staff are aware of the symptoms and treatments for allergies and anaphylaxis, the differences between allergies and intolerances and that children can develop allergies at any time.

EYFS ONLY - Children must always be within sight and hearing of a member of staff whilst eating. Where possible, staff should sit facing children whilst they eat so they can prevent food sharing and be aware of any unexpected allergic reactions.

At each mealtime and snack time class teachers must be clear about who is responsible for checking that the food being provided meets all the requirements for each child.

Staff leading trips will ensure that all relevant medication is taken.

The named person will ensure that the up-to-date Allergy Action Plan is kept with the child’s medication. The named person keeps a register of children who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

The school will ensure that all staff working in EYFS and as many other staff as possible in the rest of the school will complete anaphylaxis training as part of the Paediatric First Aid Certificate.

All staff are responsible for ensuring that any reaction or near miss is recorded and reported to the Principal who will report the reaction or near miss in accordance with RIDDOR when necessary. After any reaction or near miss, a debrief will be carried out and practice adjusted if necessary.

Pupil Responsibilities

Children in the Early Years are encouraged to learn about their allergies and are taught to ask an adult 'is this safe for me?' They should also be taught to let an adult know if they are feeling unwell.

Pupils in Infants and Juniors 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 in Infants and Juniors who are trained and confident to administer their own AAI's will be encouraged to take responsibility for carrying them on their person at all times.

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 auto-injector.

Emergency Treatment and Management of Anaphylaxis

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 severe reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. In younger children, anaphylaxis almost always involves skin reactions. In addition to swelling of the face, lips, tongue and eyes, hands and feet may also swell. The child may experience diarrhoea, and they may display sudden behaviour changes such as inconsolable crying, become clingy and refuse food. 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 treatment that works rapidly is needed. **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.

Treatment:

- 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. AAI's 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**.
- 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 secondary reaction can occur after treatment.

Supply, storage and care of medication

Depending on their level of understanding and competence, older pupils will be encouraged to take responsibility for and to carry their own two AAI's on them at all times in a suitable bag/container. Parents are responsible for providing an identifiable and clearly labelled bag/container for this.

For younger children (including those in the Early Years) or those not ready to take responsibility for their own medication, a named adult should be responsible for any emergency medication. The anaphylaxis kit must be accessible within 5 minutes, unlocked, and available 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 AAI's i.e. EpiPen
- 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).

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

See Medicines and Medical Conditions Policy

Older children and medication

Older children 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

AAI's should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

AAI's are single use only and must be disposed of as sharps. Used AAI's can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin.

'Spare' adrenaline auto-injectors in school

Currently Annan School does not hold any spare AAI's. However if we obtain one in the future we will gain written parental permission to use the spare AAI on their child. This would be included in the pupil's allergy action plan.

Staff Training

The named staff members responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are: Paula Fisher and Ania Smith.

Training should 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
- Managing allergy action plans and ensuring these are up to date

Catering

School caterers follow the Food Information Regulations 2014 ensuring that allergen information relating to the 'Top 14' allergens must be available for all food products served in school.

The school's menu is available for parents to view weekly in advance. Allergens for the menus are emailed to parents normally termly.

The named person will inform the Caterers of pupils with food allergies. As a small school the staff know the children and can ensure they eat appropriate food. Teachers also eat with the children.

Where children have more complex allergies, parents/carers are encouraged to meet with the Caterers to discuss their child's needs.

If the child's allergies make catering for their child too high risk the child will be permitted to bring their own packed lunch.

Other precautions not previously referred to in this policy:

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.

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.

Use of food in crafts, cooking classes, science experiments and special events needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age. Food should not be given to food-allergic children without parental engagement and permission.

School Trips

Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils without the required medication will not be able to attend the trip.

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.

Residential 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).

Allergy awareness and nut bans

We support the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. This does not 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.

Annan School has a 'whole school awareness of allergies' approach, to ensure 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. To minimise risk we do operate a Nut Aware approach and ask parents not to send in food which contains nuts.

Risk Assessment

The School will conduct a detailed individual risk assessment for all new joining pupils with serious allergies and any pupils newly diagnosed. Risk assessments may determine that a section of the school needs to be kept free of a particular allergen. In this instance, when the child has left that area of the school or the child's allergies change, the risk assessment will be reviewed, and restrictions lifted.

School and individual risk assessments can be downloaded for free from:
<https://www.anaphylaxis.org.uk/downloads-form/safer-schools-download/>.

Monitoring and review

This policy is monitored by the Proprietors and staff of the school and will be reviewed for changes in procedures and statutory guidelines in accordance with the school's policy review guidelines or following any allergic reaction requiring emergency treatment.

Appendix

Useful Links

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

Safer Schools Programme - <https://www.anaphylaxis.org.uk/education/safer-schools-programme/>

AllergyWise for Schools online training -
<https://www.allergywise.org.uk/p/allergywise-for-schools1>

Best Practice Guide - <file:///C:/Users/annan/Desktop/Allergy-allergen%20policy/Anaphylaxis-UK-Allergy-in-schools-Best-Practice-Guide.pdf>

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

Whole school allergy and awareness management -
<https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement>

BSACI Allergy Action Plans - <https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>

Spare Pens in Schools - <http://www.sparepensinschools.uk>

Department for Education Supporting pupils at school with medical conditions -
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Health Guidance on the use of adrenaline auto-injectors in schools -
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline auto injectors in schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016)
<https://www.nice.org.uk/guidance/qs118>

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) <https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834>