Allergy Awareness and Anaphylaxis Policy

1. Purpose

This policy has been created as a result of the introduction of Benedict's Law and the DfE Guidance on allergy awareness in schools [1]. It establishes procedures to safeguard pupils with allergies and anaphylaxis and support inclusion.

2. Roles and Responsibilities

The Headteacher ensures that the policy is implemented and the governors monitor compliance. Our allergy lead is Mrs Karen Smith.
Parents must be aware of our policy and notify the school of any allergies, information from professionals and updates regarding any changes. Parents will provide appropriate medication for their child, eg 2 AAIs, and work with the school to develop care plans.
Staff complete annual training, respond to emergencies and record incidents.
Pupils are responsible for understanding their allergy and what might affect this; they carry their medication when participating in any activities outside of the classroom. Pupils without allergies will be educated about allergens and the risk they pose.

3. Identification of Pupils

Allergies are recorded on SIMS by the school secretary. Plans are shared with the class teacher. All staff are to be mindful of allergies when planning activities in order to mitigate any anxieties in those who have allergies. Incidents of bullying linked to allergies will be dealt with in line with our antibullying policy.

The school maintains a register of pupils who have been prescribed. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)
- Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the pupil
- A photograph of each pupil to allow a visual check to be made

The register is kept in the school office, kitchen and child's own classroom and can be checked quickly by any member of staff as part of initiating an emergency response

4. Identification of visitors

Office staff, as part of sign in procedures, are to ask visitors if they have any allergies we should be aware of and whether they have any Adrenaline Auto-Injector (AAI) with them in case of emergency.

5. Identification of staff

Staff are to advise the school of any allergies as part of their induction process or as a result of any significant change. The school office will update this information and make all staff aware - including by updating the photo display in the staffroom.

6. Allergy Action Plans

Every pupil at risk of anaphylaxis will have an up-to-date BSACI Allergy Action Plan provided by the family to the school from their linked medical professional. These should be reviewed at least annually or as a result of significant change.

7. Emergency Procedures
Recognise airway, breathing and circulation symptoms and signs of anaphylaxis. Administer adrenaline immediately (located in the school office/ or with the child where they are prescribed their own), call 999, contact parents and transfer to hospital. The breakdown is as follows:

- **Airway** (A): swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing)
- **Breathing** (B): sudden onset wheezing, breathing difficulty, noisy breathing
- **Circulation** (C): dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness

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[1] https://www.gov.uk/government/publications/allergy-safety-in-schools

8. Medication and Storage
Two AAIs should be available where prescribed to an individual – both should be brought into school daily. Medication must be labelled and readily accessible; this could be on the child at all times depending on the care plan provided by the parent.

9. Spare Adrenaline Auto-Injectors
Spare AAIs are kept in the medical room. The school will maintain emergency AAIs and monitor expiry dates.

10. Training
Whole staff annual training plus induction training for new staff is provided and recorded.

11. Catering and Food Safety
Catering providers identify allergens, prevent cross contamination (in line with company protocols and current food safety standards) and communicate menu information to the school office who will share allergen aware menus as appropriate. The catering company's policy relating to allergies is shared with the school.

12. Visits and Sporting Activities
Risk assessments will clearly identify risks and control factors relating to allergies. Risk assessments will be shared with all relevant staff and parents of children with allergies. Pupils will carry their medication at all times.

13. Inclusion and Anti-Bullying
Allergy-related bullying will be addressed our anti bullying policy and will be recorded on CPOMS.

14. Care Plans
Individual care plans will be completed on admission and reviewed with parents as a result of significant changes or incidents.

15. Monitoring and Review
Incidents and near misses will be logged, reviewed as part of our safeguarding practice and reported to governors.

Appendices

Appendix A – Allergy Lead Responsibilities

1. Promoting and maintaining allergy awareness across our school community (policy, training and updates)

2. Recording and collating allergy and special dietary information for all relevant pupils (although the allergy lead has ultimate responsibility, the information collection itself is delegated to administrative staff)

3. Ensuring that all pupils with allergies have an individual care plan and that this is shared with staff

4. Ensuring that all relevant activities are risk assessed, clearly recording risks and control measures

5. Ensuring that there are sufficient spare in-date AAIs and that they are readily available

6. Reviewing the policies and any incidents with senior leaders as required

7. Liaising with outside agencies as required, eg the school nursing team

Appendix B – Allergy Risk Assessment

Activity	Potential Risk	Control Measures
Classrooms	Food-based learning, science experiments, craft materials, sensory play, latex products or shared equipment.	Check materials before lessons, substitute higher-risk products where possible, encourage handwashing and clean surfaces before and after activities.
Dining halls and catering	Cross-contamination, incorrect allergen information, food sharing between pupils or mistakes during food service.	Verify ingredients before serving meals, separate allergen-containing foods where appropriate, train catering staff, supervise younger pupils, enforce 'nut-free' policy and prevent food sharing.
Educational visits	Unknown ingredients, unfamiliar catering arrangements, delayed access to emergency treatment or medication being forgotten.	Contact venues in advance, discuss dietary requirements, child carries emergency medication at all times, ensure trained staff accompany pupil and know the nearest emergency medical facilities.
Outdoor Activities	Insect stings, pollen, mould, exercise-induced allergic reactions or food consumed outdoors.	Identify seasonal risks, shoes worn at all times, child carries emergency medication at all times and brief supervising staff before activities begin.
Visitors and external providers	Bringing food onto site or running activities involving allergens without understanding individual pupil needs.	Inform visitors of relevant restrictions, brief external providers before activities begin and ensure they know how to summon assistance in an emergency.

Appendix C – Allergic reaction procedures

As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately. Staff are trained in the administration of AAIs to minimise delays in pupil's receiving adrenaline in an emergency

ACTION

1. Staff will follow the guidance in the child's care plan, or us the Allergy Emergency card if there is no care plan.

2. Use the pupil's own AAI, or a spare if a personal AAI is not available

3. If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and parents informed

4. If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives

ALLERGY EMERGENCY CARD

IF YOU ARE WITH A STUDENT WHO IS SHOWING SIGNS OF A SEVERE ALLERGIC REACTION, TAKE THESE STEPS NOW:

1. **LIE THE CHILD FLAT WITH LEGS RAISED – DO NOT MOVE THEM**

2. **IF THE STUDENT IS SHOWING SIGNS OF ANAPHYLAXIS AND AN AAI IS AVAILABLE, USE IT NOW IN THE UPPER THIGH**
   (AAI - adrenaline pen / EpiPen / Jext Pen)

3. If you are alone in the classroom, **give the duplicate of this card to a student** and ask them to hand it to the first adult they see. **You must stay with the child.** If you are alone, shout for help from where you are.

4. If you are able, **call 999**, but **do not leave the student**. Say 'Emergency - child in anaphylaxis' (AN + UH + FI + LAK + SIS)

5. After 5 minutes, give 2nd AAI in the **other leg**, if child not improved

6. **If the student shows no signs of life – COMMENCE CPR IMMEDIATELY**

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Responsibility

Resilience

Respect

Reflection