Sharples School allergy management policy

Author: Sarah Wilcock

Review annually
Date approved by R&A Committee:

Date of next review: May 2027

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

The named members of staff are responsible for co- ordinating staff anaphylaxis training and the upkeep of the schools allergy management policy are :-

Sarah Wilcock - EHCW (policy)
Emma Bullivant - PA to Headteacher (policy)
Admin - All Admin Staff (logging staff training compliance)
SLT - Mrs J. Thomas
Governor - Mr A Babariya

Contents

1. Introduction

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

2. Roles and responsibilities

Parent Responsibilities

• On entry to the school, it is the parent's responsibility to inform the school via the school forms for admissions of any allergies. It is the parent's responsibility to notify school via the MCAS app of any new allergies that are identified after entry. 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) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional. The Education Healthcare Worker will develop a healthcare plan for students without an Allergy Action Plan but an Allergy Action Plan must be put into place.

• Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.

• 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

• 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.

• 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 mealtimes. Any food-related activities must be supervised with due caution.

• 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.
• The Education HealthcareWorker 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 is in date however theEducation Healthcare Worker will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
• The Education Healthcare Worker 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. The allergy register is on the school shared drive and accessible to all staff.

Pupil Responsibilities
• 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, this should be in a blazer pocket or school bag.

3. 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.Sharples 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 and provide this to the school. (see appendix 1 Jext, appendix 2 epi pen)

4. 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:
4 • 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 a 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.

5. Supply, storage and care of medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own two AAIs on them at all times (in a suitable bag/container).

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.

Spare medication can be stored in U55 the medical room in school. This will be clearly labelled and recorded on the medication logs.

The pupil's medication storage container should contain:

• Two AAIs i.e. EpiPen® or Jext® or Emerade®
• 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 Education Healthcare Worker 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 can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. There is a sharps bin located in U55 that is obtained and disposed of by a clinical waste contractor through Sharples School.

6. "Spare" adrenaline autoinjectors in school

Sharples School has purchased spare AAIs for emergency use in children who are at 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 green container, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and accessible and known to all staff.
Sharples School holds four spare pens which are kept in the following locations:-
Hill Cot House Reception
Health Hub Reception
The Education Healthcare Worker 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 or student healthcare plan (If no action plan is in place). 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.

7. Staff Training

The named staff members responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-
Sarah Wilcock (Education Healthcare Worker & First Aid Lead)
Emma Bullivant (PA to the Headteacher)
School Admin will ensure all training logs are up to date and all staff have accessed training.
All staff will complete in house training on an annual basis, training is also available via the national college, links to training for staff to access in addition are on the shared drive.
Training is also available on an ad-hoc basis for any new members of staff.
Training includes:
• 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

• A practical session using trainer devices (these are available in U55)

8. Inclusion and safeguarding

Sharples 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.

9. 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 on the school website. The school canteen has an allergen list alongside ingredients in the canteen.
When a parent/carer notifies school that their child has an allergen this is inputted into the Bromcom data system in school. Each pupil has a lanyard which once scanned in the canteen, to purchase food or drink, shows the staff if the pupil has any allergens and what food they are able to purchase. The lanyard is linked to Bromcom, once data is inputted this may not be real time so the Education Healthcare Worker will inform the School canteen as soon as they are aware.
Parents/carers are encouraged to meet with the Canteen staff/ to discuss their child's needs.
The school adheres to the following Department of Health guidance recommendations:
• If food is purchased from the school canteen/tuck shop, pupils will only be able to purchase food containing none of the allergens listed on Bromcom linked to their lanyard.
• 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.
• 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.

10. School trips

Staff leading school trips will ensure they carry all relevant emergency supplies.The Education Healthcare Worker will produce a list to the trip lead of pupils with allergies, known triggers and medication taken. 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. A member of staff trained in administering adrenaline will accompany the pupils.
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).
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.

11. Allergy awareness and nut bans

Sharples School supports the approach advocated by Anaphylaxis UK 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

Sharples 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 pupils with allergies safe.

Appendix 1

BSACI ALLERGY ACTION PLAN

RCPCH anaphylaxis UK AllergyUK

This child has the following allergies:

Name: .....

DOB: .....

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:** ..... **(If vomited, can repeat dose)**
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms. ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue	• Difficult or noisy breathing • Wheeze or persistent cough	• Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie child flat with legs raised** (if breathing is difficult, allow child to sit)

2. **Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: . . mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ('ANA-FIL-AX-IS')

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

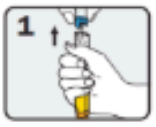
Signed: .....

Print name: .....

Date: .....

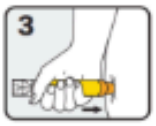
For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit:
sparepensinschools.uk

How to give EpiPen®



PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"

Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and authorisation to travel with emergency medications has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....

..... **Date:** .....

Appendix 2

ALLERGY ACTION PLAN

Name.....

Known Allergens.....

Emergency Contact details..... .....

Mild/Moderate Reaction

- Hives (raised, red itchy rash)
- Itchy/tingling lips, mouth or tongue
- Swollen lips, face, or eyelids
- Abdominal pain or vomiting

Action to take

- **Take** _____ **non-sedating antihistamine(s)**
- Take a second dose if you have vomited, or are no better after 30 minutes
- Be prepared to use your adrenaline auto-injector.

How to give JEXT®

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider that you might be having anaphylaxis if you develop **SUDDEN BREATHING DIFFICULTY**

A AIRWAY	B BREATHING	C CIRCULATION
• Swelling in throat, tongue or upper airway • Difficulty in swallowing	• Sudden onset wheezing • Breathing difficulty • Noisy breathing	• Dizziness, feeling faint • Sudden sleepiness, tiredness, confusion • Pale clammy skin • Loss of consciousness

IF YOU HAVE ANY OF THESE SIGNS OF ANAPHYLAXIS:

1. **Lie flat with your legs raised** (if breathing is difficult, you may sit up)

2. Use your Adrenaline auto-injector without delay (eg. Jext®)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

AFTER GIVING ADRENALINE:

1. Stay lying flat or sitting up until ambulance arrives, **do NOT stand up.**
2. If you are no better **after 5 minutes, give yourself a further adrenaline dose** using a second auto-injectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

- Always carry your adrenaline auto-injector(s) with you
- Check the expiry date regularly on your adrenaline auto-injectors
- Practise how to use your pen with a trainer device
- Download the JEXT® app

This medical document can only be completed by a suitably trained healthcare professional. It should not be edited after completion. A new document should be completed if changes are needed, and only with a trained healthcare professional's recommendation. During travel, adrenaline auto-injector devices must be carried in hand luggage or on the person, and **NOT** in the luggage hold.

This action plan and authorisation to travel with emergency medications has been prepared by:

Sign & print name

.....

Hospital/Clinic

.....

Contact details ..... Date.....