



Allergies Policy

Allergies Policy

1 Introduction

- 1.1 Oakfield School is aware that pupils and staff may have allergies which can cause allergic reactions and childhood allergies are now a recognized problem for pupils and parents/carers in the UK.
- 1.2 This policy will ensure, where possible, allergic reactions are prevented, and staff are fully aware of how to support pupils and staff who may be having an allergic reaction. Medical information received from parents/carers from the initial admission process regarding allergic reactions and allergies must be shared with all school staff. A designated First Aider will be responsible for updating the school's medical information half-term or as required.
- 1.3 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, and sometimes causes a much more serious reaction called Anaphylaxis.
- 1.4 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.
- 1.5 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).
- 1.6 It is possible to be allergic to anything which contains a protein, however most people will react to a small group of potent allergens.
- 1.7 Commonly known UK allergens include (but are not limited to):
 - Peanuts
 - Tree Nuts
 - Sesame
 - Milk
 - Egg
 - Fish
 - Latex
 - Insect Venom
 - Pollen
 - Animal Dander

2 Legal

- 2.1 It is a legal requirement for all (The Food Information Regulations 2014) food businesses to provide information about allergenic ingredients used in food sold or provided by them.
- 2.2 Natasha's Law came into force in October 2021. The Food Standards Agency provides technical guidance for industry to help ensure that businesses, including schools of all sizes, can prepare and adapt to these standards.
- 2.3 The Children and Families Act 2014, Section 100, places a statutory duty on governing bodies of maintained schools, academies, and pupil referral units to plan at school to support pupils with medical conditions.
- 2.4 This policy should be read in conjunction with the following policies and guidance:
 - Managing Medications Policy
 - First Aid Policy
 - Department of Health: Guidance on the use of adrenaline auto-injectors in schools

3 Role & Responsibilities

- 3.1 **Parent/carers responsibilities:**
 - Upon admission to the school, it is the parents/carers responsibility to inform the designated member of staff to complete the induction process of any allergies. This information should include all previous allergic reactions, the history of anaphylaxis and details of all prescribed medications.
 - Parents/carers are to supply a copy of their child's Allergy Action Plan to the school. BSACI (British Society for Allergy & Clinical Immunology) plans are preferred.
 - If they do not currently have an Allergy Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. School Nurse, GP, or Allergy specialist.
 - Parents/carers are responsible for ensuring any required medication is supplied, in date and replaced, as necessary.

- Parents/carers are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

3.2 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 and 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 educational visits (including ALP, Outdoor Education and PLC) will ensure they carry all relevant emergency supplies. Group leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication **will not be allowed to attend the offsite visit**.
- A designated First Aider 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, the designated First Aider will check medication kept at school on a termly basis and email a reminder to parents/carers if medication is approaching expiry.
- A designated First Aider keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI and emergency treatment given.

3.3 Pupil responsibilities:

- Pupils are encouraged to have a good awareness of their symptoms and to let a member of staff know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own AAI will be encouraged to take responsibility for always carrying them on their person.

4 Allergy Action Plan

- ### 4.1
- Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parent/carer consent for schools to administer medicines in the event

of an allergic reaction, including consent to administer a spare adrenaline auto-injector.

- 4.2 Oakfield 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.
- 4.3 It is the parents/carers' responsibility to complete the allergy action plan with help from a healthcare professional (e.g., GP, School Nurse, or allergy specialist) and provide this to the school.

5 Emergency Treatment and Management of Anaphylaxis

- 5.1 Symptoms usually come on quickly, within minutes of exposure to the allergen.
- 5.2 Mild to moderate allergic reaction symptoms may include:
- A red raised rash (known as hives or urticaria) anywhere on the body
 - A tingling or itch feeling in the mouth
 - Swelling of lips, face, or eyes
 - Stomach pain or vomiting
- 5.3 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.
- 5.4 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.
- 5.5 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.
- 5.6 Anaphylaxis can develop very rapidly, so treatment is needed that works rapidly. Adrenaline is the mainstay of treatment, and it starts to work within seconds.

5.7 What does Adrenaline do?

- It opens the airways
- It stops swelling
- It raises blood pressure

5.8 **As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Here is the action to take:**

- Keep the child where they are, call for help and do not leave them unattended.
- **Lie the child flat with their legs raised** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **Use an AAI without delay** and note the time administered. AAI 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-fill-axis)**
- If there is no improvement after 5 minutes, administer a second AAI.
- If no signs of life commence CPR.
- Call parents/carers as soon as possible.

5.9 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.

5.10 All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.

6 Supply, Storage and Care of Medication

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

6.2 For younger children or those not ready to take responsibility for their medication, there should be an anaphylaxis kit which is kept safely, not locked away and accessible to staff.

6.3 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, AAls, i.e., EpiPen or Jext or Emerade
- An up-to-date Allergy Action Plan
- Antihistamine as tablets or syrup (if included on the Allergy Action Plan)
- Spoon if required
- Asthma inhaler (if included in the Allergy Action Plan)

- 6.4 It is the responsibility of the child's parents/carers to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the designated First Aider will check medication kept at school on termly basis and send a reminder to parents/carers if medication is approaching expiry.
- 6.5 Parents/carers can subscribe to expiry alerts for the relevant AAls their child is prescribed to, to make sure they can get replacement devices in good time.

6.6 Older children and medication

- 6.6.1 Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents/carers. However, symptoms of anaphylaxis can come on very suddenly, so staff need to be prepared to administer medication if the young person cannot.

6.7 Storage

- 6.7.1 AAls should be stored at room temperature, protected from direct sunlight and temperature extremes.

6.8 Disposal

- 6.8.1 AAls are single use only and must be disposed of as sharps. Used AAls can be given to the ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor. The sharps bin is kept in the school's Medical Room.

7 Staff Training

- 7.1 A designated member of the SSLT and Multi-Agency Team are responsible for coordinating staff anaphylaxis training and the upkeep of the school's Allergies Policy.
- 7.2 All staff will complete training at the start of every new academic year.

8 Inclusion and Safeguarding

- 8.1 Oakfield School is committed to ensuring that all pupils 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

- 9.1 All food businesses (including school caterers) must follow Food Information 2014 which states that the allergen information relating to the **'Top 14' allergens** must be available for all food products.
- Celery
 - Cereals containing gluten (such as Wheat, Rye, Barley, and Oats)
 - Crustaceans (such as Prawns, Crabs and Lobsters)
 - Eggs
 - Fish
 - Lupin
 - Milk
 - Molluscs (such as mussels and oysters)
 - Mustard
 - Peanuts
 - Sesame
 - Soybeans
 - Sulphur Dioxide
 - Sulphites
- 9.2 The school menu is available for parents/carers to view weekly on the school website **with all ingredients listed and allergens highlighted.**
- 9.3 The designated First Aider will inform the school's catering provider of pupils with food allergies.
- 9.4 The school adheres to the following Department of Health guidance recommendations:
- Bottles, other drinks, and packed lunches provided by parents/carers for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
 - If food is purchased from the school, parents/carers should check the appropriateness of food by speaking with the school.
 - The pupil should be encouraged to check with staff before choosing their school lunch daily.
 - 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 pupils 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 school.

- Food should not be given to primary school age food-allergic pupils without parent/carer engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking lessons, science experiments and special events (e.g. celebrations, hubs, or theme days) need to be considered and may need to be restricted/risk assessed depending on the allergies of pupils and their age.

10 Educational Visits (Including ALP, Outdoor Education/Creative ALP, and PLC)

- 10.1 Staff leading educational visits (Including ALP, Outdoor Education/Creative ALP and PLC) will ensure that they have all relevant emergency supplies. Staff leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce the required medication will not be able to attend the visit.
- 10.2 All the activities on the educational visit will be risk assessed to see if they pose a threat to allergic pupils, and alternative activities planned to ensure inclusion.
- 10.3 Overnight visits should be possible with careful planning and a meeting for parents/carers with the staff leading/planning the visit should be arranged. Staff at the venue for an overnight visit should be briefed prior to the visit that an allergic pupil is attending and will need appropriate food (if provided by the venue).

11 Sporting Excursions

- 11.1 Pupils with allergies should have every opportunity to attend sports trips to other schools/venues. The school will ensure that staff are fully aware of the situation. When arranging the fixture, the school/venue being visited will be notified that a member of the team has an allergy. A member of staff trained in administering adrenaline will accompany the team. If another school/venue feels that they are not equipped to cater for any food-allergic pupil, the school will arrange for the pupil to take alternative food.

- 11.2 Most parents/carers are keen that their child should be included in the full life of the school where possible, and the school will need their cooperation with any special arrangements required.

12 Allergy Awareness and Nut Free School

- 12.1 Oakfield School supports the approach advocated by Anaphylaxis UK regarding nut bans/nut free schools. They would not necessarily support a blanket ban on any 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 allergies. They advocate instead for schools to adopt a culture of allergy awareness and education.
- 12.2 A whole school awareness of allergies is a much better approach, as it ensures that teachers, pupils, and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs, and symptoms, how to deal with allergic reactions and to ensure that policies and procedures are in place to minimise risk.

13 Risk Assessment

- 13.1 Oakfield School will conduct a detailed individual risk assessment for all new joining pupils and staff with allergies and any pupils or staff newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic pupils and staff safe.

Name: _____

DOB: _____

Mild/moderate reaction:

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

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- Give antihistamine:

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Emergency contact details:

1) Name: _____



2) Name: _____



Parental consent: I hereby authorize school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAls in schools.

Signed: _____

Print name: _____

Date: _____

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

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

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Watch for signs of ANAPHYLAXIS (a potentially life-threatening allergic reaction)

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

A AIRWAY

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

B BREATHING

- Difficult or noisy breathing
- Wheeze or persistent cough

C CONSCIOUSNESS

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

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

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



2 Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

3 In a school with "spare" back-up adrenaline autoinjectors, ADMINISTER the SPARE AUTOINJECTOR if available

4 Stay with child/young person until ambulance arrives, do NOT stand them up

5 Phone parent/emergency contact. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.

6 Commence CPR if there are no signs of life

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

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

Additional instructions:

If wheezy due to an allergic reaction, DIAL 999 and GIVE ADRENALINE using a "back-up" adrenaline autoinjector if available, then use asthma reliever (e.g. blue puffer) via spacer, if prescribed

This BSACI Action Plan for Allergic Reactions is for children and young people with mild food allergies, who need to avoid certain allergens. For children/young adults at risk of anaphylaxis and who have been prescribed an adrenaline autoinjector device, there are BSACI Action Plans which include instructions for adrenaline autoinjectors. These can be downloaded at bsaci.org

For further information, consult NICE Clinical Guidance CG116 Food allergy in children and young people at guidance.nice.org.uk/CG116

This is a medical document to be completed by a 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. The healthcare professional named below confirms that there are no medical contraindications to the above-named child being administered an adrenaline autoinjector by school staff in an emergency. This plan has been prepared by:

Sign & print name: _____

Hospital/Clinic: _____



Date: _____

Name: _____

DOB: _____

Mild/moderate reaction:

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

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- Give antihistamine:

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

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

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- Swollen tongue

B BREATHING

- Difficult or noisy breathing
- Wheeze or persistent cough

C CONSCIOUSNESS

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

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

- 1 Lie flat with legs raised (if breathing is difficult, allow person 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/young person until ambulance arrives, do NOT stand them up. Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement after 5 minutes, give a further adrenaline dose using a second autoinjector device, if available.

Commence CPR if there are no signs of life

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 authorize school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAls in schools.

Signed: _____

Print name: _____

Date: _____

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

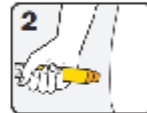
For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: sparepensinschools.uk

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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 due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed

This is a medical document to be completed by a 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 medical authorisation to carry emergency autoinjectors has been prepared by:

Sign & print name: _____

Hospital/Clinic: _____



Date: _____

Name:

DOB:

Mild/moderate reaction:

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

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- Give antihistamine:

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

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

A AIRWAY

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- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING

- Difficult or noisy breathing
- Wheeze or persistent cough

C CONSCIOUSNESS

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

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

- 1 Lie flat with legs raised (if breathing is difficult, allow person to sit)



- 2 Use Adrenaline autoinjector without delay (eg. JEXT®) (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/young person until ambulance arrives, do NOT stand them up. Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement after 5 minutes, give a further adrenaline dose using a second autoinjector device, if available.

Commence CPR if there are no signs of life

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 authorize school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAI's in schools.

Signed:

Print name:

Date:

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

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

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How to give JEXT®



1
Form fist around Jext® and PULL OFF YELLOW SAFETY CAP



2
PLACE BLACK END against outer thigh (with or without clothing)



3
PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds



4
REMOVE Jext®. Massage injection site for 10 seconds

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed.

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Sign & print name:

Hospital/Clinic:



Date: