



United Learning
The best in everyone™

Dunottar School

Food Allergen Policy

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1. Introduction

This policy demonstrates the school's commitment to reducing the risk to pupils and staff with food allergies, intolerances, coeliac disease and wider food hypersensitivities.

Throughout this policy, we aim to highlight the procedures the school will follow to ensure that catering and school activities are provided safely and that all staff are appropriately trained and able to deal with situations where pupils experience adverse reactions to food, including anaphylaxis.

The school aims to foster an environment of allergen awareness. Pupils are encouraged to understand food allergies, coeliac disease and food intolerances and develop an empathetic approach towards their peers. Time is allocated within the curriculum to allow for this.

The school also strongly welcomes and encourages open communication between staff, parents/ carers and all other relevant medical professionals as we work towards providing the best care possible for pupils with food allergies and hypersensitivities.

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.

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

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

Allergic disease is the most common chronic condition in childhood. On average, one or two children in every class of 30 will have a food allergy so it's vital the whole school community understands allergy, risk prevention and knows what to do in an emergency.

A severe allergic reaction can cause risk to life but even a mild to moderate reaction or near-miss can have widespread consequences.

Having a robust Food Allergen Policy ensures everyone:

- is clear on procedures
- understands their responsibility for reducing the risk of allergic reactions happening
- knows how to respond appropriately if an allergic reaction occurs

The policy is a dynamic document and should be regularly reviewed and monitored by the School's Senior Management Team and its Governors. Schools will have a strong and effective management team in place in order to implement this policy.

This Food Allergen Policy must be publicly available and clearly communicated to all pupils, school staff and parents.

1.1 Definitions

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

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, see 1.1 for more information.

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 AAls, adrenaline pens 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 we will refer to them as Adrenaline Pens.

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.

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

SPARE PENS: Schools are able to purchase spare adrenaline pens. These should be held as a back-up, in case pupils' prescribed adrenaline pens are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

MHRA: The Medicines and Healthcare products Regulatory Agency regulates medicines, medical devices and blood components for transfusion in the UK. MHRA is an executive agency, sponsored by the Department of Health and Social Care.

1.1 The 14 Food Allergens:

There are **14** food allergens as contained within the law:

Peanuts

Nuts

Crustaceans (Shellfish)

Molluscs (Shellfish)

Fish

Eggs

Milk

Cereals containing Gluten

Soya

Sesame Seeds

Celery

Mustard

Lupin

Sulphur Dioxide

The school will ensure that any food served is correctly labelled, highlighting the presence of the 14 food allergens. Details of this are found in the 'catering' section of the policy.

The adverse reactions which pupils may suffer can range from mild to severe, with the most severe being anaphylaxis. Symptoms occur when the body reacts to ingredients that are usually harmless and can cause minor issues such as itching, sneezing or skin rashes or more severe ones such as anaphylaxis.

In the case of anaphylaxis, the airways can be compromised, along with the heart rhythm and blood pressure. Details of how to deal with anaphylaxis are also detailed in this policy.

Food hypersensitivity is a blanket term for an adverse reaction to food. This could be due to a food allergy, food intolerance or an autoimmune disease such as coeliac disease.

2. Background information:

What is a food allergy?	<ul style="list-style-type: none">○ An adverse reaction by the body's immune system to a specific food ingredient.○ An allergic reaction can occur even after eating just a trace of the ingredient and can be life-threatening.○ Symptoms of a food allergy are often mild but can be very serious.○ The most common symptoms are an itchy mouth and throat, a red rash and swelling of the face; however, allergies can present themselves in several different ways, and each child may show different symptoms.○ These are most likely to occur soon after eating the allergenic food but, in some cases, can develop hours - or even days - later.
What is food intolerance?	<ul style="list-style-type: none">○ An adverse reaction by the body to a specific food ingredient.○ It is unrelated to the immune system and, therefore, is not life-threatening.○ Instead, the body has difficulty digesting certain foods, usually when consumed in large amounts.○ Symptoms of food intolerance include bloating, stomach cramps and diarrhoea. These usually develop

	gradually within a few hours of eating the offending ingredient.
What is coeliac disease?	<ul style="list-style-type: none"> ○ Coeliac disease is an autoimmune disease that causes the body to react when gluten is consumed. ○ The villi in the small intestine are attacked and damaged by the body's immune system, meaning the body cannot absorb nutrients from food. ○ The only way to prevent symptoms of coeliac disease is to avoid consuming gluten altogether, as even trace amounts can affect the individual.
Who does it affect and how?	<ul style="list-style-type: none"> ○ Some people are born with a food allergy, whereas in others, they develop later in life. Similarly, coeliac disease can occur at any stage of life – although it is most common between the ages of 8-12 months in children and between 40-60 years old in adults. Food intolerances can develop at any age. There is no known 'cure' for food hypersensitivities - instead, they are conditions that need to be managed throughout an individual's life. ○ Allergic reactions can be life-threatening, known as anaphylaxis or anaphylactic shock. It occurs because the body's immune system has overreacted to an allergen. It can cause swelling of the airways, and the person will need immediate medical attention. ○ Severe allergies can be triggered by even trace amounts of the allergen in the food consumed. ○ If you work with food, you are legally responsible for providing correct allergen information about the ingredients in the food you handle, provide or serve.

3. Information and Documentation

3.1 Individual Healthcare Plans

Each pupil with a known nut allergy has an Individual Healthcare Plan. The information on this plan includes:

- Known allergens and risk factors for allergic reactions.
- Detail of the medication the pupil has been prescribed including dose, this should include adrenaline pens, antihistamine etc.
- A copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis.
- A photograph of each pupil.

3.2 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 craft using food packaging, science experiments where allergens are present, food tech or cooking.
- Planning special events, such as cultural days and celebrations.

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity.

4. Roles and responsibilities

4.1 Staff Responsibilities

- All staff must complete anaphylaxis training every year.
- Staff must familiarise themselves with the pupils in their care, including any food hypersensitivities which they have and how to deal with any reactions they may experience.
- Catering staff will supervise the meals for pupils with severe allergies.
- Catering staff supervising mealtimes must be aware of the ingredients in the food served. Pupils should always have options that they can enjoy safely, and those with food hypersensitivities should be able to feel included.
- Nuts should be avoided in school at all times.
- School trip leaders must inform accompanying staff of pupils with food hypersensitivities and ensure that pupils carry the required medication. This will be checked carefully on the morning of the trip, and pupils without medication must not attend the trip.
- The school will not participate in reintroducing an allergen to a pupil. Still, they may consider supporting a pupil progressing through an allergen ladder - however, written communication with a parent/carers and healthcare professional must be obtained and recorded.

School nurse:

School Nurse is responsible for:

- Collecting and coordinating the paperwork such as an Individual Healthcare Plan and information from families (this is likely to involve liaising with the Admissions Team for new joiners).
- The school nurse will be responsible for keeping records of pupil's medication and staff training, ensuring the safe storage of pupil medication and recording any incidents linked to adverse reactions.
- The school has a record of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as pupils with an allergy where no adrenaline pens have been prescribed.
- Disseminating information to all school staff, including the Catering Team, occasional staff and staff running clubs.
- Ensuring the information from families is up-to-date, and reviewed annually (at a minimum).
- Coordinating medication with families and ensuring medication is in date. Whilst it's the parents and carers responsibility to ensure medication is up to date, the School Nurse should also have systems in place to check this and notify the parents when they see the expiry date is approaching.
- Regularly checking spare pens are where they should be, and that they are in date.
- Providing on-site adrenaline pen training for other members of staff and pupils and refresher training as required e.g. before school trips.
- 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 Food Allergen Policy, and other related procedures.
- Reviewing the stock of the school's spare adrenaline 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.

Admissions Team

The admissions team is likely to be the first to learn of a pupil or visitor's allergy. They should work with the School Nurse to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity. This should be in place before a school visit, an Open Day or Taster Days if food is offered or likely to be eaten.

- There is a clear structure in place to communicate this information to the relevant parties (i.e. catering team).

All staff

All school staff, to include teaching staff, support staff, occasional staff (for example sports coaches, music teachers and those running extra curricular clubs are responsible for:

- Championing and practising allergy awareness across the school.
- Understanding and putting into practice the Food Allergen Policy and related procedures and asking for support if needed.
- Being aware of pupils 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 activity is necessary and/or appropriate.
- Ensuring pupils always have access to their medication or carrying it on their behalf.
- Being able to recognise and respond to an allergic reaction, including anaphylaxis.
- Taking part in training and anaphylaxis drills as required (at least once a year) 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.

All parents

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

- Parents/carers must provide the school with accurate and up-to-date information regarding food hypersensitivities when the pupil joins the school and throughout the time they attend.
- Parents/carers are responsible for ensuring that any required medication is in-date and provided as required.
- Parents/carers must ensure that appointments with GPs or allergy specialists are attended as required and that relevant information arising from these is passed on to the school.
- Parents/carers should provide the school with the pupil's Individual Healthcare Plan or arrange to create one as soon as possible if one doesn't already exist.
- Being aware of and understanding the school's Food Allergen Policy and considering the safety and wellbeing of pupils with allergies.
- Providing the School Nurse 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 the above, the parents and carers of children with allergies should:

- Work with the school to fill out an Individual Healthcare Plan.
- If applicable, provide the school or their child with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, ie. 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 too.
- 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 eg. not eating the food they are allergic to.

All pupils

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.
- Pupils must actively engage in learning provided regarding food allergies and hypersensitivities, regardless of whether they themselves experience hypersensitivities.
- They are encouraged to support their peers and must be kind and always understanding.

Pupils with allergies

In addition to above, pupils with allergies are responsible for:

- Pupils who carry their own AAIs are encouraged to take responsibility for carrying their own medication and, where appropriate, know how to administer medication themselves.
- Pupils with food hypersensitivities are encouraged to communicate with catering staff regarding ingredients in the meals served.
- Knowing what their allergies are and how to mitigate personal risk.
- Avoiding their allergen as best as they can.
- Understand 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 adrenaline auto-injectors with them at all times. They must only use them for their intended purpose.
- Understand how and when to use their adrenaline auto-injector.
- Talking to 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.

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity.

5. Emergency anaphylaxis response plan

5.1 Symptoms of anaphylaxis:

The symptoms of anaphylaxis can occur very quickly and become life-threatening, so it is vital to recognise when a pupil is experiencing this type of reaction.

In some cases, the symptoms may be mild to moderate and include:

- Skin rashes.
- Swelling of the mouth, lips and/or face.
- An unusual, tingling or itchy feeling in or around the mouth.
- Feeling or being sick.
- Stomach cramps.

If a pupil displays these symptoms, it is important to monitor them closely. The school nurse (or other responsible first aider) must be informed, as well as the pupil's parents.

5.2 Serious symptoms to look out for include:

- Severe swelling of the airways, often indicated by difficulty speaking or swallowing.
- Difficulty breathing, often indicated by wheezing or noisy, laboured breathing.
- Dizziness, feeling faint, tired or confused or having pale/clammy skin – this may indicate issues with circulation.

If a pupil displays these symptoms, especially if they are known to have a severe allergy and to have consumed an ingredient, they are allergic to, a swift response is vital.

This is considered a medical emergency, and the emergency anaphylaxis response plan must be followed:

- Do not move the pupil – they need to lay on the floor with feet raised.
- Immediately call for help from another member of staff.
- Use the adrenaline auto-injector without delay, noting the time. The AAI should be given into the muscle in the outer thigh. Take care to read specific instructions on the AAI.
- Call 999, stating anaphylaxis.
- After five minutes, a second AAI can be administered in the opposite thigh.
- If the pupil stops breathing, commence CPR and locate the defibrillator (one is located in the lobby of the school hall and the other is inside the entrance of the sports hall).
- Call parents/carers as soon as possible.

Do not leave the pupil unattended whilst waiting for the ambulance. Remain as calm as possible and reassure the pupil.

All pupils must go to the hospital following anaphylaxis, regardless of whether they appear to have recovered, as they require monitoring for a secondary reaction.

6. Supply, storage and care of medication

Parents/carers must ensure that any medication is provided and labelled with the child's name. They must ensure that replacement medication is sourced quickly and before the expiry dates.

Some pupils may be able to take responsibility for carrying their own medication. This may include both AAls if appropriate. In this case, the pupil and teacher must know exactly where the medication is stored to allow staff to find it quickly in case of an emergency.

Any medication which the school holds is stored safely and is accessible to all staff. For example, AAls are stored at room temperature and away from direct sunlight and medication is never locked away.

All staff are made aware, through training, of the location of the medication. This medication is stored in the emergency drug cupboard in the Health Centre. The room and the cupboard are kept unlocked at all times.

7. Storage of Adrenaline Pens

- Pupils prescribed with adrenaline pens will have easy access to two, in-date pens at all times.
- Spot checks will be made to ensure adrenaline pens are where they should be and in date.
- Adrenaline pens must not be kept locked away.
- Used or out of date pens will be returned to parents/carers as we have no sharps bin in school.

8. The storage and use of spare adrenaline auto-injectors in school

The school has purchased spare AAls, which can be administered if a pupil does not have their AAI or it is out of date.

Spare AAls are stored in the following location: Emergency Drug Cupboard in the Health Centre.

In the event that a pupil presents with symptoms of anaphylaxis but does not have their own prescribed AAI, one of the school's AAls may be used. However, advice must be obtained by emergency services first.

9. Staff Training

The names of staff members responsible for coordinating staff training and reviewing the school food allergy policy are:

Name:	Department:	Ext number
Carrie Allison	School Nurse	Ext 228

All staff will complete allergy awareness and anaphylaxis training annually. The training will cover:

- 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, documentation, communication etc
- Where adrenaline pens are kept (both prescribed pens and spare pens) and how to access them
- 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

10. Safeguarding

The school is committed to ensuring that all pupils receive the highest levels of safeguarding. We acknowledge that pupils with food allergies and hypersensitivities may require an additional layer of safeguarding, including ensuring that bullying due to food hypersensitivities does not take place.

The following steps aim to ensure that all pupils with food allergies and hypersensitivities feel safe and confident when attending school:

- All pupils will receive information linked to allergy awareness to allow them to support their peers affectively and with kindness and understanding.
- Staff will take care to ensure that they keep up-to-date information regarding pupil allergies and hypersensitivities.
- Those with allergies outside of the 14 named food allergens will be documented for all staff to be aware of.
- Staff will engage with all training provided with care and attention.
- Additional monitoring is provided at mealtimes.
- Further planning and attention are given to pupils with food allergies and hypersensitivities when attending extracurricular trips, sports events and projects, including informing any external caterers of allergies and hypersensitivities.

11. Catering

The school will operate in line with the Food Information Regulations 2014 (1169/2011) when it comes to providing allergy labelling on all food provided. Information linked to the 14 food allergens will be clearly highlighted on all food provided on site.

Pupils with allergies and food hypersensitivities will be identified through a list provided to all catering staff and supervisors, along with a picture of the pupil.

The school will also operate within guidance from the Department of Health, including adhering to the following:

- Careful measures will be in place to avoid allergenic cross-contamination, including two-step cleaning procedures and separate preparation areas.
- Parents/carers who provide packed lunches and water bottles must ensure that these items are clearly labelled with the child's name.
- Open communication is always taught and encouraged; this includes pupils communicating with catering staff and supervisors to ensure that the food they consume is suitable and safe

for them. Pupils can ask for additional reassurance if they have any concerns over a dish offered to them.

- 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 procedures in place to identify pupils with food allergies.
- The Tuck Shop and the Pelican Cafe will clearly identify any foods containing the main 14 allergens (see Allergens definition) for pupils, staff and visitors to see. The Allergen Information Folder, menus and other ingredient information will be available on request.
- Packed lunches ordered for fixtures or school trips will be accompanied by an allergy information sheet.
- Where changes are made to the ingredients this will be communicated to pupils with dietary needs.

12. Extra-curricular activities

The school is committed to ensuring that pupils with food allergies and hypersensitivities are included in extracurricular activities such as school trips and excursions.

- Staff leading the trip will have a record of pupils with allergies with medication details. They should also be aware of any members of staff with allergies who is 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 accompanying the trip will be trained to recognise and respond to an allergic reaction.
- There should be a clear system in place to ensure pupils and staff with allergies outside of the “main 14” always receive a safe meal.
- If attending Match Tea at another school, details of their dietary requirements will be sent ahead to ensure they have a safe meal.
- The trip/excursion leader will be responsible for checking food allergies and hypersensitivities for all pupils and communicating this to other staff. They will also lead additional planning and preparation, involving parents/carers/other staff within the school to ensure that the activity remains safe for the pupil.
- External venue staff - i.e., staff at a centre for an overnight stay - will have all food allergies and hypersensitivities communicated to them clearly and will be encouraged to advise on how they will cater for pupils safely ahead of the planned trip.
- In some cases, where external catering cannot provide satisfactory reassurance that they can cater for pupils with food allergies or hypersensitivities, parents/carers may be asked to provide food and drink for the pupil.

- Information on pupils with food allergies is written into all risk assessments for trips/ excursions. Additional risk assessments must be completed for food-hypersensitive pupils for activities such as sports days or lessons involving food such as food technology, baking or where food ingredients are used in creative lessons.

13. Individual Healthcare Plans

The school will where necessary complete a care plan for pupils with food allergies and hypersensitivities. These will be reviewed annually.

13.1 Adrenaline pens on school trips and match days

- No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own pens. It is the trip leader's responsibility to check they have them.
- Adrenaline pens will be kept close to the pupils at all times eg. not stored in the hold of the coach when travelling or left in changing rooms.
- Adrenaline pens will be protected from extreme temperatures.
- Staff accompanying the pupils will be aware of pupils with allergies.

13.2 Responding to an Allergic Reaction/Anaphylaxis

See appendix on recognising and responding to an allergic reaction

- If a pupil has an allergic reaction they will be treated in accordance with their Individual Healthcare Plan.
- 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 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 adrenaline pen is not available or misfires, then a spare adrenaline pen will be used.
- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or Individual Healthcare 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 adrenaline pens are available and follow instructions from the operator. The Medicines and Healthcare products Regulatory Agency (MHRA) says that in exceptional circumstances, a spare adrenaline pen can be administered to **anyone** for the purposes of saving their life.
- If, after 5 minutes, there is no improvement, use a second adrenaline pen and call the emergency services to tell them you 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. Asthma

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions.

15. Reporting Allergic Reactions

The school will log allergic reaction incidents and near-misses on ISAMS.

16. Food brought into school – guidelines for staff

The school is committed to ensuring that pupils with food allergies and hypersensitivities are properly safeguarded. Some of these allergies are severe and nuts are a particularly high risk for some of our pupils. We understand that the risk-averse nature of allergen information on food packaging can make it harder to identify appropriate items, so to ensure that pupils and colleagues remain safe, staff should ensure that they follow the below guidelines:

Food brought in for pupils

- As a general rule, we do not encourage sweet treats as rewards for pupils, but understand there may be occasions, such as at Christmas, when a teacher may wish to bring something in for their tutor group/class.
- Any food labelled as containing nuts or “may contain nuts” cannot be brought in for any pupils.
- Given the sensitivity of nut allergies for some pupils, even being around foods that have traces of nuts can be a trigger for symptoms.
- Haribo Starmix and similar are a good option should you decide you want to bring something in for pupils.

Food brought in for colleagues

- Staff often wish to celebrate their birthdays by bringing in some treats for colleagues at break time.
- However, given the risks of nuts, any treats that contain nuts must not be brought into school at all.
- Given the greater ability of adults to be able to self-regulate and take more responsibility for themselves, it is acceptable to bring in food for the staff body that is labelled “May contain nuts” (as opposed to “Contains nuts”), but as a result these foodstuffs must not be taken outside the staff room.

Gifts from pupils

- Sometimes staff are given a gift by pupils at the end of the year or Christmas that is a risk, such as chocolate that contains nuts.
- As long as these are kept in their wrappings and taken home, this is fine, however, they should not be opened and/or shared in school.

Other food brought in by pupils

- We will write to parents to remind them that they should not be bringing in food that contains or may contain nuts. However, it is clear that we cannot police every snack brought into school so there is a risk that nuts will come on site without our knowledge.
- Staff are not expected to challenge every snack they see. That said, should you see a pupil with an obvious nut-based foodstuff (e.g. Snickers bar, Peanut bar etc) please remove this from them and dispose of it safely (e.g. staff room bin)

Appendix 1 Managing Allergic Reactions



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 adrenaline pens
- 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.

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

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.

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

Appendix 2 Responding to Anaphylaxis



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

IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE.

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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