



Inspiring All to Excellence

The Fierté Multi-Academy Trust

Anaphylaxis Policy



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Purpose

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

1. Introduction

An allergy is a reaction by the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis.

Anaphylaxis is a severe systemic 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 often include foods, insect stings, or drugs.

Definition: Anaphylaxis is a severe life threatening generalised or systemic hypersensitivity reaction. (CG134 Full guideline (nice.org.uk))

This is characterised by rapidly developing life-threatening airway / breathing / circulatory problems usually associated with skin or mucosal changes.

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.

The main food allergens including those reported across the Trust include;

Nuts including Peanuts.	Tree Nuts.	Seeds.	Milk.	Milk protein.
Lactose.	Egg.	Fish.	Shellfish.	Molluscs.
Rapeseed oil.	Beans.	Legumes.	Latex.	Dust.
Insect Venom.	Pollen.	Oats.	Wheat.	Dust mites.
Mustard.	Celery.	Soybeans.	Sulphur.	Sesame.
Crustations.	Lupin.	Melon.	Mango.	Strawberries.
Banana.	Tomatoes.	Oranges.	Grapefruit.	Citrus fruit.
Kiwi.	Pineapple.	Gelatin.	Blackcurrant Squash.	Microbes in tap water.
Sauces (Red, Brown, Mayonnaise, BBQ).				

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

2. Role and Responsibilities

Parent responsibilities

- On entry to the school, it is the parent's responsibility to inform the school of any

allergies by completing the new entrant's form. This information should include all previous severe 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.
- When completing the child's allergy form the parents must state whether or not they wish their child to have any "may contain" foods.
- 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 Care 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 are encouraged not to wear any oils, shampoos, moisturisers, perfumes that contain any whole or husks from Nuts e.g. Almond, Shea and macadamia products where there is a child with a severe nut allergy in their class.
- 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. Prior to an excursion, the school will make reasonable efforts to ensure pupils requiring medication will have this available for the excursion and where necessary will communicate with pupils and parents to ensure all reasonable action has been taken to make any necessary medication available and prepared for the excursion. If a pupil is unable to produce their required medication, depending on the medication in question and the risk assessment, the pupil may not be able to attend the excursion.
- SENCO 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 /SENCO/First Aider (*delete or substitute as appropriate*) will check medication kept at school on a half termly basis and send a reminder to parents if medication is approaching expiry. The school will communicate within a reasonable timeframe with the parents to ensure the re-stocking of medication before it reaches the expiry date.
SENCO/First Aider (*delete or substitute as appropriate*) keeps a register of pupils who have been prescribed an AAI and a record of use of any AAI(s) and emergency treatment given.

Pupil Responsibilities

- Pupils are encouraged to have a good awareness of their symptoms and to let a member of the school's staff know as soon as they suspect they are having an allergic reaction.

3. Allergy Action Plan

Allergy action plans are designed to function as Individual Healthcare Plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector.

Fierté Multi-Academy Trust recommends using the British Society of Allergy and Clinical Immunology ([BSACI Allergy Action Plan](#)) to ensure continuity. This is a national plan that has been agreed by the BSACI, the Anaphylaxis Campaign 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.

4. Emergency Treatment and Management of Anaphylaxis

What to look for:

- swelling of the mouth or throat
- difficulty swallowing or speaking
- difficulty breathing
- sudden collapse / unconsciousness
- hives, rash anywhere on the body
- abdominal pain, nausea, vomiting
- sudden feeling of weakness
- strong feelings of impending doom

Anaphylaxis is likely if all of the following 3 things happen:

- **sudden onset** (a reaction can start within minutes) and **rapid progression of symptoms**
- **life threatening airway and/or breathing difficulties** and/or **circulation problems** (e.g. alteration in heart rate, sudden drop in blood pressure, feeling of weakness)
- **changes to the skin** e.g. flushing, urticaria (an itchy, red, swollen skin eruption showing markings like nettle rash or hives), angioedema (swelling or puffing of the deeper layers of skin and/or soft tissues, often lips, mouth, face etc.) Note: skin changes on their own are not a sign of an anaphylactic reaction, and in some cases, don't occur at all

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. Adrenaline should be administered by an **injection into the muscle** (intramuscular injection)

What does adrenaline do?

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

Adrenaline must be administered with the **minimum of delay** as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once the symptoms have become severe.

ACTION:

- Stay with the child and call for help. **DO NOT MOVE CHILD OR LEAVE UNATTENDED**
- Remove trigger if possible (e.g. Insect stinger)
- Lie child flat (with or without legs elevated) – A sitting position may make breathing easier
- **USE ADRENALINE WITHOUT DELAY** and note time given. (inject at upper, outer thigh - through clothing if necessary)
- **CALL 999** and state **ANAPHYLAXIS**
- If no improvement after 5 minutes, administer second adrenaline auto-injector and note time given
- If no signs of life commence CPR
- Phone parent/carer as soon as possible

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

For younger children or those assessed as 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 rigid box and clearly labelled with the pupil's name and a photograph.

Pupils should be aware of where their medicine is stored at all times and should have access to them when necessary.

The pupil's medication storage box should contain:

- adrenaline injectors i.e. EpiPen® or Jext® (two of the same type being prescribed)
- an up-to-date allergy action plan
- antihistamine as tablets or syrup (if included on plan)

- spoon if required
- asthma inhaler (if included on 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 XXXXXX will check medication kept at school on a half termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant adrenaline auto-injectors their child is prescribed, to make sure they can get replacement devices in good time.

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. Sharps bins to be obtained from and disposed of by a clinical waste contractor. The sharps bin is kept in the Medical Room or School Office

6. 'Spare' adrenaline auto injectors in school

The Academy has purchased spare **adrenaline auto-injector (AAI) devices for emergency use in children who are 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 _____ colour rigid box, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff**.

_____ Academy holds ___ spare pens which are kept in the following location/s:-

The School Nurse/SENCO/First Aider (*delete or substitute as appropriate*) 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.

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

Linda Smith, Trust Catering Manager is the named staff member responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy.

The School Nurse/External First Aid trainer/other Healthcare professional (*delete or substitute as appropriate*) will conduct a practical anaphylaxis training session on a yearly basis.

All staff will complete online anaphylaxis awareness training each year. 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 AAI's) 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
- Associated conditions e.g. asthma
- Managing allergy action plans and ensuring these are up to date
- A practical session using trainer devices (these can be obtained from the manufacturers' websites www.epipen.co.uk and www.jext.co.uk)

8. Inclusion and safeguarding

Fierte Multi Academy Trust is committed to ensuring that all children with any type of food needs and medical conditions, including allergies, 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 fortnightly in advance with all ingredients listed and allergens highlighted on the school website and on Parent Pay.

The SENCO/First Aider (*delete or substitute as appropriate*) will inform the Catering Manager and Catering Supervisor of pupils with food allergies.

Each school will have the following systems in place to ensure catering staff can identify pupils with allergies.

1. *Up to date allergen forms including a recent photograph. The forms will be updated termly by xxxxxx.*
2. *Daily Parent Pay registers that include allergen information will be provide to the kitchen daily.*
3. *A meal allocation system that includes colored bands worn by children that identify the meal ordered by parents. Children with allergens will wear a white band in addition to the coloured band.*

Parents/carers are encouraged to meet with the Trust Catering Lead to discuss their child's needs and where possible we aim to accommodate the meeting.

The Trust adheres to the following [Department of Health guidance](#) recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school, parents should check the appropriateness of foods by speaking directly to the Trust Catering Lead.
- 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. Where possible there is a separate designated area for the preparation of food for children with food allergies. Other 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 Trust Catering Lead.

- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g any food items that are not provided by the Trust).
- Foods containing nuts are excluded from all areas of the school.

Lunch Boxes and snacks

For the protection of the children in our schools no nuts will be allowed in any area at any time. This includes any food that contains Nutella® or similar, peanut butter or any other foods containing nuts. These restrictions also apply to any packed lunches and snacks that are created or sent in from home. [LINK TO LB Policy](#). The Academy cannot check all lunchboxes and items brought into school, therefore will take measures as reasonably practicable.

Products that are labelled "May contain nuts" will be accepted into schools as these pose minimal risk are labelled to protect the manufacturer.

10. Lessons including Outdoor lessons and Forest School

The use of food in lessons including crafts, cooking classes, science experiments and special events need to be authorised and procured by the Trust Catering Manager.

Staff leading outdoor lessons will ensure they carry all relevant emergency supplies and a qualified first aider will be in attendance at all times.

Consideration should be given to any children identified as having nut allergies and a risk assessment should be put in place for when children take part in Forest School activities or access areas of the outdoor area that contains trees.

Any packaging that is brought to school must not previously contained nut products, however, reused packaging for food described as may contain nuts will be accepted as these pose a minimum risk.

11. School trips including sports events and swimming

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. Prior to an excursion, the school will make reasonable efforts to ensure pupils requiring medication will have this available for the excursion and where necessary will communicate with pupils and parents to ensure all reasonable action has been taken to make any necessary medication available and prepared for the excursion. If a pupil is unable to produce their required medication, depending on the medication in question and the risk assessment, the pupil may 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 may be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged.

Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

A member of staff trained in administering adrenaline will accompany the children on the trip.

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.

With regard to the risk of allergies, the school will not be held accountable for actions of individuals who are not members of the school community.

12. Allergy awareness

Fierte Multi Academy Trust supports the approach advocated by The Anaphylaxis Campaign and Allergy 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 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 policies and procedures are in place to minimise risk.

13. Risk Assessments

Each Academy will conduct a detailed risk assessment to help identify any gaps in our systems and processes for keeping allergic children safe for all new joining pupils with allergies and any pupils newly diagnosed.

14. Confidentiality

The information collected regarding pupils and their medical requirements discussed in this policy, although should be easily accessible by those required, confidentiality should still be observed.

15. Useful Links

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

AllergyWise training for schools - <https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-schools/>

AllergyWise training for Healthcare Professionals
<https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-healthcare-professionals/>

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

Whole school allergy and awareness management (Allergy UK)

[School Allergy Awareness | Allergy UK | National Charity](#)

Spare Pens in Schools - [Spare Pens In Schools | Allergy UK | National Charity](#)

Official guidance relating to supporting pupils with medical needs in schools:
<http://medicalconditionsatschool.org.uk/documents/Legal-Situation-in-Schools.pdf>

Education for Health <http://www.educationforhealth.org>

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

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

Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017)
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline auto injectors in schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)