Dropmore Infant School

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Headteachers:	**Miss Amy Douglas** **Mrs Nicky Waugh**
Chair of Governors:	**Mrs Charlotte Hemmings**
Policy No:	**076**
Policy Title:	**Allergens Policy**
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Approved by Chair of Governors: C.Hemmings

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Contents

1. Introduction and aims

This school is committed to promoting a whole school approach to health care, welfare and wellbeing and the safe management of those members of our school community who live with specific allergies. We believe allergies should be taken seriously and dealt with in a professional and appropriate way.

This policy aims to:

- Set out our school's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s guidance on allergies in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

3 Role and responsibilities

3.1 Governors

- Ensure the school's arrangement to identify and safeguard the wellbeing of pupils, because of their own or someone else's allergy, are robust and effective.
- Ensure the school provides appropriate training and information to safeguard everyone's allergies and their management.
- Delegate the day-to-day responsibilities for the effective delivery of this policy to the Headteachers who are also the Allergy Leads
- Monitor the effectiveness of the policy to ensure it remains fit for purpose

3.2 Headteacher/s

The Headteacher/s are the Allergy Leads at the school. They should:

- Provide, as far as practical, a safe and healthy environment in which people at risk of allergic reaction and anaphylaxis can participate equally in all aspects of school life.
- Promoting and maintaining allergy awareness across the school community
- Ensure allergy and dietary information is recorded
- Ensure the allergen information is up to date and readily available to staff
- Ensure that pupils have allergy action plans
- Ensure that staff have received appropriate levels of allergy training
- Ensure that staff are aware of the school's policy and procedures regarding allergies
- Accountable of stock of the schools adrenaline auto-injectors (AAIs)
- Review and update the allergens policy

3.3 School Medical Officer

The school medical officer is Charlotte Cooper. She is responsible for:

- Co-ordinating the paperwork and information from families from our office secretary
- Co-ordinating medication with families
- Responsible for checking spare AAIs are in date and speaking to the school secretary about ordering
- Any other appropriate tasks delegated by the allergy leads/Headteachers'

3.4 School Secretary/administrator:

Is responsible for:

- Recording and updating allergy training
- Recording, logging and updating paperwork from families, alongside the Medical Officer
- Ordering new AAIs when needed
- Any other appropriate tasks delegated by the allergy leads/Headteachers

3.5 Teaching and support staff:

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Being aware of specific pupils with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies

3.6 Parent Responsibilities:

On entry to the school, it is the parent's responsibility to inform Administrative staff and/or Medical Officer of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.

In addition, 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 e.g. School nurse/GP/allergy specialist.
- responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- requested to keep the school up to date with any changes in allergy management as soon as known.
- support with construction of IHP for their child
- provide any other written medical documentation and medication
- to be aware of school allergen policy (placed on our website)
- provide appropriate in date medication for their child
- replace medications after use or on expiry

4 Assessing risk

The school will conduct a risk assessment for pupils at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

These risk assessments may part of a wider risk assessment (e.g. school trip) or individual to the child.

5 Managing risk

5.1 Hygiene procedures

- Pupils are reminded to wash their hands before and after eating
- Sharing of food is not allowed
- Pupils have their own named water bottles

5.2 Catering

- The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.
- Catering staff receive appropriate training and are able to identify pupils with allergies
- School menus are available for parents/carers to view with ingredients listed
- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils
- Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

5.3 Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If a pupil brings these foods into school, the food may be confiscated.

5.4 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

5.5 Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

5.6 Support for mental health

Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy.

Pupils with allergies will have additional support if needed through:

- Pastoral care
- Regular check-ins with teaching staff

5.7 Events and school trips

- For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part
- The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training
- Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips

6 Supply, storage and care of medication

There is a spare anaphylaxis kit which is kept safely in the school kitchen cupboard, not locked away and accessible to all staff. This kit contains spare AAIs and an inhaler.

Medication for specific pupils is stored in a suitable container and clearly labelled with the pupils name. The pupils medication storage container should contain:

- Two AAIs
- 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 on the allergy action plan)

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date, however the medical officer will check medication at school is up to date on a termly basis and send a reminder to parents if it is approaching expiry.

AAIs are stored at room temperature, protected from direct sunlight and temperature extremes.

AAIs are single use only and will be disposed of as sharps after use.

7. Procedures for handling an allergic reaction

7.1 Register of pupils with AAIs

This section links to our Managing Medicines at School Policy

We will maintain a register of pupils who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register includes:

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

The register is kept in the school kitchen and can be checked quickly by any member of staff as part of initiating an emergency response

7.2 Allergic reaction procedures

- As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately
- Staff are trained in the administration of AAIs to minimise delays in pupil's receiving adrenaline in an emergency
- If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan
    - If an AAI needs to be administered, a member of staff will use the pupil's own AAI, or if it is not available, a school one
- If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy (see appendices)
- A school AAI device will be used instead of the pupil's own AAI device if:
    - Medical authorisation and written parental consent have been provided, or
    - The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)
- If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance
- If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed

See appendices for flowcharts and procedures

8. Adrenaline auto-injectors (AAIs)

8.1 Purchasing of spare AAIs

The Allergy Leads, who are Headteachers', are responsible for ensuring AAIs are bought and are stored according to the guidance.

8.2 Storage (of both spare and prescribed AAIs)

The Allergy Leads will make sure all AAIs are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children
- **Not** locked away, but accessible and available for use at all times
- **Not** located more than 5 minutes away from where they may be needed

Spare AAIs will be kept separate from any pupil's own prescribed AAI, and clearly labelled to avoid confusion.

8.3 Maintenance (of spare AAIs)

Charlotte Cooper, the Medical Officer, is responsible for checking termly that:

- The AAIs are present and in date
- Replacement AAIs are obtained when the expiry date is near

8.4 Disposal

AAIs can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions

8.5 Use of AAIs off school premises

- Due to the age of our pupils, pupils at risk of anaphylaxis will be placed in a group with an adult who will carry their AAIs on school trips and off-site events. who are able to administer their own AAIs should carry their own AAI with them on school trips and off-site events

8.6 Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAIs
- Instructions for the use of AAIs
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors

9. Training

The school is committed to training all staff in allergy response. This includes:

- How to reduce and prevent the risk of allergic reactions

- How to spot the signs of allergic reactions (including anaphylaxis)
- The importance of acting quickly in the case of anaphylaxis
- Where AAIs are kept on the school site, and how to access them
- How to administer AAIs
- The wellbeing and inclusion implications of allergies

Training will be carried out annually and organised by the Allergy Leads/Headteachers'

10. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Medical Conditions at School policy

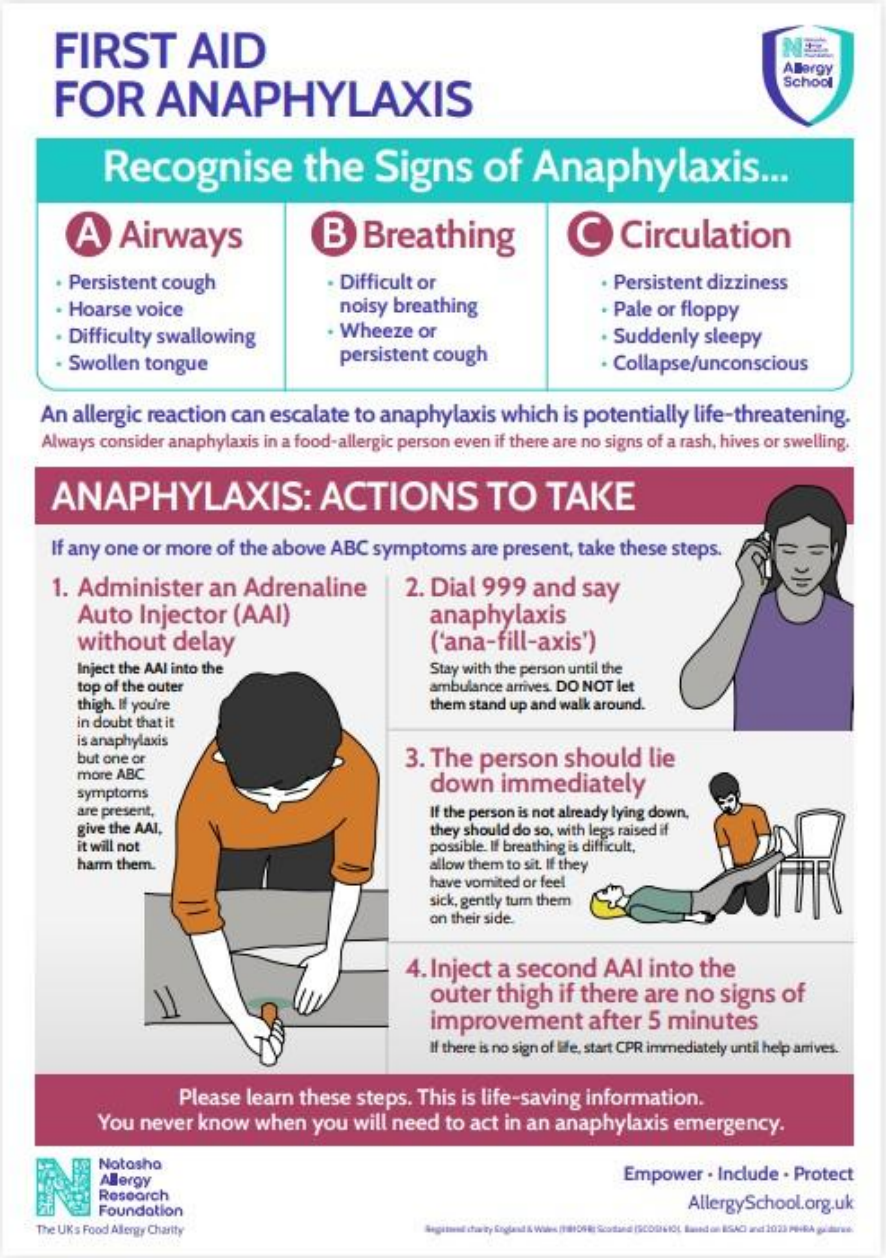
11. Equality Impact Statement

We will ensure that all children with medical conditions, 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, feel safe and reach their full potential. We will make reasonable adjustments for the inclusion of pupils with medical conditions in school trips and visits or in sporting activities. Every reasonable effort will be made to find a venue and activities that are both suitable and accessible and that enable the whole group to participate fully and be actively involved, irrespective of special educational or medical needs or protected characteristics.

12. Appendices

Appendix 1 – First Aid for Anaphylaxis

Appendix I - First Aid for Anaphylaxis poster



Appendix 2 – Instruction on how to use an Epi Pen

Appendix II - Epipen AAI and Jext AAI Instructions

ANAPHYLAXIS

HOW TO USE EPIPEN AAIS

If you think someone is have an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Remove the blue safety cap

Grasp the EpiPen in your dominant hand and remove the blue safety cap by pulling straight up. **Remember: Blue to the Sky, Orange to the Thigh!**

2. Position the orange tip

Hold the EpiPen at 90°, approximately 10cm away from the leg, with the orange tip pointing towards the outer thigh.

3. Administer the EpiPen AAI

Jab the EpiPen firmly into the outer thigh at a right angle. Hold firmly for 3 seconds, before removing and safely discarding.

4. Once the EpiPen AAI has been administered call 999

Ask for an ambulance and say **"ana-fill-axis".**

5. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, **with legs raised if possible.**

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side .

6. If there are no signs of improvement after 5 minutes, use a second EpiPen AAI

The person should remain still and lying down until the ambulance arrives. **Don't try to get up, even if you start to feel better.**

7. Start CPR

If there are no signs of life, **start CPR immediately** until help arrives.

For more information on EpiPen AAIs >>

Sign up to the free expiry alert service and receive reminders by text or email when your EpiPen is about to expire >>

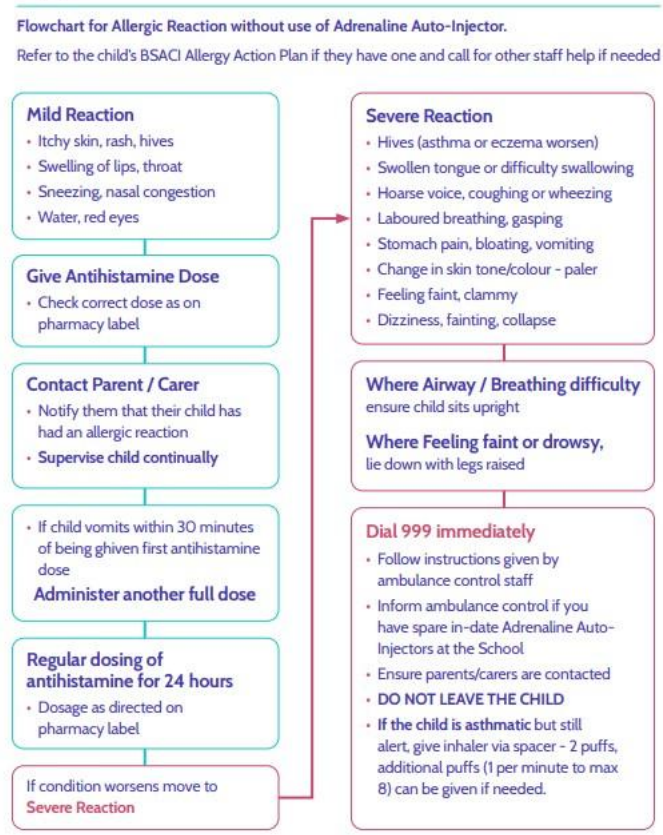
Natasha Allergy Research Foundation
The UK's Food Allergy Charity

Empower · Include · Protect
AllergySchool.org.uk

Registered charity England & Wales (1180098) Scotland (SC051603). Based on BSACI and 2023 MHRA guidance. Source: EpiPen

Appendix 3 – Flowchart for allergic reaction with an AAI

Appendix 4 – Flowchart for allergic reaction without an AAI



Appendix 5 – Top 14 Allergens Policy

Appendix 6 – Information on allergens

Information on allergies

The most common causes of food allergies relevant to this Policy are the fourteen food allergens:

- **Cereals containing Gluten**
- **Celery**
- **Crustaceans**
- **Eggs**
- **Fish**
- **Soya**
- **Milk**
- **Nuts**
- **Peanuts**
- **Mustard**
- **Sesame Seeds**
- **Sulphur dioxide/Sulphites**
- **Lupin**
- **Molluscs**

However, it is possible that any food has the potential to cause an allergic reaction. Contact with any food or materials containing a child's allergen has the potential to cause an allergic reaction for that child.

Latex, chemicals, medicines, grasses, pollen, weeds, trees, pets, insect venom and animal dander (shedded flakes of skin) can also cause allergic reactions.

Symptoms

Mild to moderate symptoms include:

- Swelling of the eyes, face and lips
- Runny or congested nose
- Raised itchy rash (hives), eczema flare, skin flushing
- Itchy mouth
- Stomach cramps, nausea, vomiting, diarrhoea

Severe symptoms include:

- Swollen tongue, hoarse voice or cry, difficulty swallowing and talking
- Chest tightness
- Breathing difficulties, persistent cough, wheeze
- Low blood pressure, feeling faint, collapse
- Pale and floppy (babies and small children)