WeST Policy for Allergy Safety at

SIR JAMES SMITH'S SCHOOL

Person(s) responsible for updating the template policy:	Director of Safeguarding
Policy type:	Trust template for local school adaptation
Approval level:	WeST Community Council
Date approved:	
Person(s) responsible for adapting template policy to local school needs	Sally Mason
Named senior leader responsible for this policy:	Jodie Hocking
Named WeST Community Council Member responsible for Allergy Safety:	Rob Benzie
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1. Introduction

Allergy is the response of the body's immune system to normally harmless substances.

These do not cause any problems in most people, but in allergic individuals the immune system identifies them as 'allergens' and produces an inappropriate 'allergic' response.

This can be relatively minor, such as localised itching, but it can also be much more serious, causing anaphylaxis which can lead to breathing problems and collapse.

Common allergic triggers include nuts, cow's milk and other foods, venom (bee and wasp stings), drugs, latex and hair dye.

The most common cause of anaphylaxis in children/young people are foods.

Symptoms often appear quickly and the 'first line' emergency treatment for anaphylaxis is adrenaline which is administered with an adrenaline auto-injector (AAI).

Around 2-5% of children in the UK live with a food allergy, and most school classrooms will have at least one allergic pupil.

These people are at risk of anaphylaxis, a potentially life-threatening reaction which requires an immediate emergency response.

20% of serious allergic reactions to food happen whilst a child is at school, and these reactions can occur in someone with no prior history of food allergy.

It is essential that staff recognise the signs of an allergic reaction, and are able to manage this.

In order to keep pupils with allergy safe, schools should have a clear and consistent policy on managing allergies at school.

School will take a whole-school approach which involves all members of the school, including teaching staff, caterers, pupils and parents to ensure that the needs of the allergic pupils are met.

Parents need to be confident in school's ability to keep their children safe, and be reassured that staff are sufficiently trained to act immediately in the event of an allergic reaction.

Regular communication with parents is vital.

It is important that allergic pupils are not stigmatised or discriminated against in any way at school due to their allergy.

For example, they will not be separated at mealtimes or excluded from class activities (unless this has been specified in the pupil's Allergy Action Plan). Drawing attention to the allergy in this way could result in allergy bullying by other pupils, so inclusivity and overall awareness amongst pupils is vital.

2. Links to other policies and practices

As the management of anaphylaxis is integral within the management of First Aid this Allergy Safety Policy must be read and implemented in conjunction with the other relevant policies including the school's:

- Health and Safety Policy
- First Aid Policy
- Supporting Pupils with Medical Conditions Policy
- Educational Trips and Visits Policy
- Safeguarding and Child Protection Policy

Designated first aiders must have specific training on anaphylaxis and understand their responsibilities in this regard.

3. Responsibilities

Those in Governance

The WeST Trust Board is required to develop policies to cover their schools, delegating this to WeST Community Councils as per the published Scheme of Delegated Authority (SoDA). Governance responsibilities operate in line with Section 3 of the Supporting Pupils with Medical Conditions Policy. Schools in WeST will develop their own Allergy Safety Policy, using this template (adapted from the Allergy UK model by the WeST Director of Safeguarding) based on a suitable and sufficient risk assessment carried out by a competent person. The local school policy will be approved by the relevant WeST Community Council.

Named WeST Community Council Committee responsible for allergy safety: Rob Benzie

Headteacher

The Headteacher is responsible for implementing this policy in practice, including the development and review of detailed procedures. Whilst they may delegate operational matters to another member of staff the over-arching responsibility for the safe implementation of this policy remains with them. This includes responsibility arrangements for managing children with allergies and at risk of anaphylaxis in all school activities. They will also ensure that that parents and pupils are aware of the school's health and safety policy (as appropriate).

Allergy Safety Lead: Sally Mason

The Allergy Safety Lead will:

- maintain the allergy/anaphylaxis register
- oversee Adrenalin Auto Injector (AAI) arrangements
- arrange staff training
- ensure effective communication with school catering
- brief trip leaders about any pupils with Allergy Safety Plans and the requirements of these

Employees

Teachers' conditions of employment do not include giving first aid, although any member of staff may volunteer to undertake these tasks. However, teachers and other staff in charge of pupils are expected to always use their best endeavours, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents might be expected to act towards their children.

The school will arrange adequate and appropriate training and guidance for staff who volunteer to be first aiders/appointed persons. The school will ensure that there are enough trained staff to meet the statutory requirements and assessed needs, allowing for staff on annual/sick leave or off-site.

All employees will receive appropriate training in Allergy Safety on induction with refresher training to be conducted at least annually (see Section 6).

Parents

Parents are responsible for:

- providing up-to-date information on their child's allergy
- providing written consent that staff may administer any medication that is required
- ensuring that school has the appropriate medication, that is of the correct dosage and delivery method and that this is within its expiry date

Pupils:

- participate in planning and self-management of their allergy where competent

Healthcare professionals:

Healthcare professionals, such as School Nurses, specialist Diabetic Nurses etc., will advise on:

- diagnosis and treatment
- IHP content
- staff training and competence
- where recorded on the school Single Central Record provide evidence of their registration with the appropriate health care regulatory body

4. Emergency management of anaphylaxis (ABC)

All pupils at risk of anaphylaxis will have an Allergy Action Plan that describes exactly what to do and who to contact should they have an allergic reaction.

The BSACI Allergy Action Plans[1] include this information and are recommended for this purpose.

The plan will:

- include First Aid procedures for the administering of adrenaline
- Identify activities which the child may be at risk - for example food-based and outdoor activities.

Symptoms of anaphylaxis include one or more of the below:

- **Airway**: Swollen tongue; Difficulty swallowing/speaking; Throat tightness; Change in voice (hoarse or croaky sounds).
- **Breathing**: Difficult or noisy breathing; Chest tightness; Persistent cough; Wheeze (whistling noise due to a narrowed airway).
- **Circulation**: Feeling dizzy or faint; Collapse; Babies and young children may suddenly become floppy and pale; Loss of consciousness (unresponsive).

Action to be taken:

- Position is important - lie the person flat with legs raised (or sit them up if having breathing problems).
- Give adrenaline – WITHOUT DELAY – if an AAI is available.
- Bring the AAI to the person having anaphylaxis, and not the other way round. Avoid standing or moving someone having anaphylaxis.
- Call an ambulance (999) and tell the operator it is anaphylaxis.
- Stay with the person until medical help arrives.
- If symptoms do not improve within five minutes of a first dose of adrenaline, give a second dose using another AAI.
- A person who has a serious allergic reaction and/or is given adrenaline should always be taken to hospital for further observation and treatment.
- Sometimes anaphylaxis symptoms can recur after the first episode has been treated. This is called a biphasic reaction.

5. Spare Auto-adrenaline Injectors (AAIs) in schools

Since 2017, schools have been legally able to directly purchase AAI from a pharmaceutical supplier, such as a local pharmacy, without a prescription. Government guidance[2] provides further details.

The BSACI Allergy Action Plans include a consent for parents/legal guardian to sign, authorising the administration of AAIs in their child.

Under existing UK legislation, a school's 'spare' AAI can in principle be used in the event of an emergency to save the life of someone who develops anaphylaxis unexpectedly, even when parental/guardian consent has not been obtained, for

[1] https://www.bsaci.org/resources/allergy-action-plans/
[2] https://assets.publishing.service.gov.uk/media/5a829e3940f0b6230269bcf4/Adrenaline_auto_injectors_in_schools.pdf

example in a child presenting for the first time with anaphylaxis due to an unrecognised allergy. However, this provision will be reserved for exceptional circumstances only, that could not have been foreseen.

6. Allergy Action Plans

Allergy Action Plans are designed to facilitate first aid treatment of anaphylaxis, by either the allergic person or someone else (e.g. parent, teacher, friend) without any special medical training nor equipment apart from access to an AAI.

The plans are medical documents, and should be completed by a child's healthcare professional, in partnership with parents/carers and school staff.

Allergy action plans are from a GP or a specific nurse, along with parents' agreement. Plans are reviewed once a year, unless things change within that time.

7. Staff allergy training

It is good practice to have two named members of staff at school responsible for coordinating allergy management including the development and upkeep of the school's allergy policy.

Sally Mason and Mel Vercoe

However, an allergic reaction can occur at any time, so all staff will be trained on what to do in the event of an allergic reaction, as a pupil may be under their supervision when this happens.

Allergy training will be refreshed yearly (at a minimum) and new and temporary staff should be trained as soon as they join the school to ensure confidence and competence.

Acting fast is key in reducing the risk of a serious allergic reaction.

Allergy training should include:

- a practical session using trainer AAIs
- a basic understanding of allergic disease and its risks which include knowing the common allergens and triggers of allergy
- spotting the signs and symptoms of an allergic reaction and anaphylaxis, including knowing when to call for emergency services
- administering emergency treatment (including AAIs) in the event of anaphylaxis knowing how and when to administer the medication/device
- measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance
- knowing who is responsible for what
- associated conditions e.g. asthma
- managing Allergy Action Plans and ensuring these are up to date.

8. Allergies and bullying

Schools must, under Section 100 of the Children and Families Act 2014, aim to 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, remain healthy and achieve their academic potential. Allergy bullying will be treated seriously, like any other bullying, according to school's Behaviour Policy and Anti-bullying Policy.

https://www.sirjamessmiths.cornwall.sch.uk/attachments/download.asp?file=141&type=pdf

https://www.sirjamessmiths.cornwall.sch.uk/attachments/download.asp?file=133&type=pdf

8. Storage and Administration of AAIs

Pupils (where able to) should carry two AAIs with them at all times.

If the pupil is unable to carry AAIs/medication/inhalers themselves (e.g. primary school-aged pupils) this medication should be stored safely but should be easily accessible in the event of an emergency **and not locked away**.

AAIs are situated in the main office, clearly labelled in a cupboard which is not locked. Each AAIs have the names of pupils and a copy of the IHCP is in a folder with instructions of use.

AAIs must be labelled for identification of the pupil e.g. with their name and photograph and Allergy Action Plan.

Staff must ensure that pupils know where their medication, AAIs and inhalers are at all times.

If a pupil has anaphylaxis, and their AAI is stored away from them, then the AAI must be brought to them.

Pupils must not be told to go to the room where the AAI is stored, in order for it to be administered.

Staff should support students who demonstrate maturity and have had appropriate training to carry their own AAIs, medication and/or inhalers.

10. Catering at school

As part of school's duty to support children with medical conditions, they must be able to provide safe food options to meet dietary needs including food allergy. 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.

Catering staff are responsible for keeping in contact with food suppliers as ingredients may change. Some product ingredient lists contain precautionary allergen labelling, e.g. 'may contain X'. Some pupils may be able to eat foods labelled as 'may contain', but others may need to strictly avoid them. This information must be included on the Individual Healthcare Plan and/or Allergy Action Plan. The Allergy Safety Lead is responsible for ensuring that catering staff have up to date and accurate information regarding the allergens pertinent to individual pupils.

Catering staff must be able to identify pupils with allergies. This is achieved by a copy of a photo of the student, along with the allergy or medical condition they have, ie Diabetes, Allergy or Intolerance.

School menus will be available for parents to view on the school website and any queries the Catering Manager will be able to help you. Allergies are pulled through onto the Canteen system, and the Catering Team have a list of students and their allergies.

11. Expiry dates

Although it is the parents' responsibility to ensure that the child's AAIs are within the expiry date it is good practice for schools to schedule their own regular checks of medication. Therefore, the Allergy Safety Lead is responsible for overseeing and recording regular checks, at least termly, on the expiry date of all AAIs etc.

It is the parents' responsibility to ensure that AAIs are replaced where the required dosage has changed, e.g. where a pupil's weight has changed as they have grown.

Expired medication will be returned to parents for safe disposal.

Any sharp items, such as AAIs, will be disposed of safely using a sharps disposal box.

12. Glossary of terms

Allergy Action Plan:
These plans have been designed to facilitate first aid treatment of anaphylaxis, to be delivered by people without any special medical training nor equipment, apart from access to adrenaline auto-injectors (AAIs). The plans are medical documents and should be completed by the child/young person's healthcare professional in partnership with parents/carers. The plans are now designed to function as Individual Healthcare Plans for children and young people at risk of anaphylaxis.

Individual Healthcare Plan:
These plans are drawn up in partnership between the school, parents/carers, and a relevant healthcare professional, e.g. school nurse, specialist or children's community nurse or paediatrician, who can best advise on the particular healthcare needs of a child/young person. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child/young person manage their specific condition, and overcome any potential barriers to getting the most from their education. Where a child/young person's health issues related only to their allergy, the Allergy Action Plan can function as their Individual Healthcare Plan.

13. Version History

Version	Date	Notes
1.0		New policy, based on Allergy UK template, to be used as the WeST template policy for adaptation at local level by all schools in WeST. Governance oversight through WeST Community Councils.