

St Barnabas Primary School with Green Lane Pre-School POLICY DOCUMENT

Title: Allergies Policy including nut and food allergy
Reference and Source Document: Model Policy Allergy UK and Anaphylaxis UK DfE statutory guidance supporting pupils at school with medical conditions <u>Supporting pupils at school with medical conditions</u>
The key purpose: Ensuring that children and adults have access to safe food options and supporting pupils and adults with the appropriate first aid where they have an allergy-related medical condition.
Lead Staff Responsibility: Headteacher
Governing Body Responsibility: Curriculum Team
Reviewing Cycle and next date: Annually. Next date Autumn 2025
Approved by Leadership Team: 1.9.25
Approved by Governing Body: 15.9.25

Inspire, Nurture and Achieve

We believe, as Jesus did, that in our happy, purposeful and welcoming **Christian school** and pre-school **all** are **valued, encouraged** and **cared for**:

- **Inspire** the school community to think and feel positively about themselves and others.
- **Nurture** each child and adult so that they grow with others in a secure and happy environment; where they enjoy a wealth of opportunity and experience a love of learning.
- A place where **achievements** are celebrated and expectations are high for all.

This is underpinned through the understanding that in Jesus, **all** are welcome and unique and have a God given purpose and place in the world. Jesus inspires us that **all** people can flourish.

Matthew 19 v14

Jesus said, "Let the children come to me, and do not hinder them,
for the kingdom of heaven belongs to such as these."

We aim to:

Inspire a positive approach to life and learning;

Value and nurture each child as an individual: developing resilience, independence, and an understanding of what they bring to the world;

Create a rich, stimulating environment where achievements are celebrated and team work and co-operation are expected;

Promote high expectations and self-confidence for each individual;

Ensure each child strives towards excellence supporting those who find learning difficult and challenging the most able children;

Develop and foster motivation for learning and enthusiasm for life;

Promote a sense of belonging and build outstanding relationships between school, home, church and the wider community.

Help every person understand their unique purpose and place in God's world.

CONTENTS

1. Background Information
2. Legislation
3. Statement of Aims
4. Definitions
5. Care Plans (IHCP- Individual health Care Plans)
6. Allergy Management Responsibilities
7. Procedures- see also Appendix 1
8. Equal Opportunities
9. Actions
10. Spare Pens (AAI) in School
11. Staff Allergy Training
12. Storage and Expiry of AAI's
13. Catering at School
14. Helpful Contacts
15. Appendix 1 Emergency management of anaphylaxis (ABC) and involving family/carers

Background information

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

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). A well known brand is EpiPen®.

20% of serious allergic reactions to food happen whilst a child is at school, and these can happen 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 it safely and effectively.

Legislation

Schools have a legal duty to support pupils with medical conditions, including allergy. Schools must adhere to legislation and statutory guidance on caring for pupils with medical conditions, including the administration of allergy medication and adrenaline auto-injectors (AAIs).

The English Government's guidance on supporting pupils at school with medical conditions, published in December 2015 is available from this link. [Supporting pupils at school with medical conditions](#)

Statement of Aims

This policy relates to all pupils at St. Barnabas CE Primary School and Green Lane Pre-School. The health care and management of our pupils and staff is taken extremely seriously in our whole school community; especially those who suffer from specific allergies.

As an education and childcare provider, we are aware that some pupils on roll have allergies, and we aim to manage these in a safe, professional and appropriate manner.

We do not guarantee to provide a completely allergen free environment but try to minimise the risk of exposure to allergens and plan for effective response to emergencies.

LA guidelines stipulate that the provider must obtain information about any dietary requirements or allergies, and we ask Parents/Carers to provide details of any known allergies on the Child Health Form which is submitted before starting at either school or pre-school.

We aim to minimise the risk of any child suffering allergy-induced anaphylaxis whilst in our care.

We have established effective risk management practices to minimise exposure of allergens to our students, staff and visitors to our premises.

We recognise that some children may have an allergic reaction for the first time whilst at school or pre-school and therefore, all school staff will be trained in allergy awareness and how to quickly identify and treat an allergic reaction.

All relevant staff have received the appropriate training to deal with the required emergency response to any allergic reactions, this includes EpiPen® training for severe reactions.

This policy should be read in conjunction with the Health and Safety Policy, the First Aid Policy and the SEND policy which also includes providing for pupils with known medical conditions, as the management of anaphylaxis is integral within the management of first aid.

Designated first aiders all have specific training on anaphylaxis and how to safely administer an AI device such as an EpiPen® and some key staff, such as the headteacher and lead first aiders in both settings have additional certified allergy training.

Definitions

- **Allergen** is a normally harmless substance which can trigger an allergic reaction in the immune system of a susceptible person.

- **Allergy** is a condition in which the body has an exaggerated response to a substance – can also be known as *Hypersensitivity*.
- **Anaphalaxis** (also known as **Anaphylactic Shock**) is a sudden, severe allergic reaction to an allergen which can be potentially life-threatening
- EpiPen® is a brand name for an Auto Injector device which is pre-loaded with Adrenaline and is ready for immediate inter-muscular administration.
- **Individual Health Care Plan (IHCP)** is a document giving details of an individual student's condition and the relevant treatment required.
- **Minimised Risk Environment** is an environment where risk management practices (ie Risk assessments) have reduced the risk of exposure to allergens.
- **SENCO** this is the Special Educational Needs Co-ordinator for the school setting.

Care Plans

- Children with specific allergies are listed with their photo in the specific First Aid areas. If an EpiPen® is prescribed to an individual this is kept in the main First Aid area within easy access of a First Aider in the event of an allergic reaction.
- The school and pre-school keep additional EpiPen®'s in the event of a child or adult without a known history of allergy needing emergency medication.
- Information about **all** children with known medical conditions is shared with all staff, so that in the event of an emergency any supervising staff member would know that the child has a serious medical condition and to seek help as a matter of urgency.

Allergy Management Responsibilities:

The Governing Body:

The governing body are required to develop policies to cover their own school. This should be based on a suitable and sufficient risk assessment carried out by a competent person.

The governing body has general responsibility for all the school's policies, even when it is not the employer. The governing body at St. Barnabas CE Primary School with Green Lane Pre-School follow health and safety policies and procedures produced by the LA as the employer.

In practice, most of the day-to-day functions of managing health and safety are delegated to the head teacher

At St. Barnabas CE Primary School with Green Lane Pre-School we have a nominated Health and Safety Governor, Safeguarding Governor and SEND Governor, who also have specific responsibilities to monitor the school's effective application of school policies.

The Headteacher:

The head teacher is responsible for putting the governing body's policy into practice and for developing detailed procedures.

The Headteacher and SENCo arrange adequate and appropriate training and guidance for staff who volunteer to be first aiders/ appointed persons and for all staff in general allergy awareness.

The Headteacher designates two named members of staff at school responsible for coordinating allergy management. This is usually the SENCo/Assistant SENCo who complete care plans with parents/carers and the named lead first aider.

The head teacher should also make sure that parents are aware of the school's health and safety policy, including arrangements for managing children with allergies and at risk of anaphylaxis.

The head teacher must ensure that there are enough trained staff to meet the statutory requirements and assessed needs, allowing for staff on sick leave or off-site or, when school is open for wraparound care, such as Breakfast Club, After School Care or Holiday Care and on off site trips and visits including residential trips.

The SENCo/Assistant SENCo:

Where school has been informed that a child has a known allergy, a meeting will then take place between the Parents/Carers and the SENCo/Assistant SENCo who will write up an Individual Health Care Plan. These must be updated annually unless there is a change in medical circumstances in which case these must be reported to the SENCO immediately.

It is the school setting's responsibility, delegated to the SENCo, to ensure that all relevant staff are aware of the pupil's IHCP.

It is the school's responsibility to ensure that all relevant staff have the appropriate training (including EpiPen® Training).

School staff including teachers and support staff:

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.

In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

It is the responsibility of the school and pre-school setting that all pupils with known allergies are written into the relevant Risk Assessment for any activity/excursion.

The wearing of a medic-alert bracelet is allowed by the school.

All staff will be informed where named and emergency additional EpiPen®'s are stored. This includes supply staff, student teachers and new employees as part of their induction training.

It is the parent and the school's responsibility to ensure that any known food allergy information is shared with all food providers; this includes for example the school meal provider, food technology teachers, any wraparound care providers or staff.

Parents and Carers:

Parents need to be confident in schools' 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 the Parents/Carers responsibility to inform the school setting of any known allergies.

Parents and Carers would always be informed as a matter of urgency if their child had an allergic reaction in school, either for the first time or as a child with a known allergy.

It is the responsibility of both parents/carers and the school settings to educate the children with severe food allergies and where possible and appropriate, their peers, in an age-appropriate manner.

Parents/Carers are responsible for the provision and timely replacement of any EpiPen®'s where these are required in the IHCP. These are kept in the relevant secure areas in each school or pre-school setting and taken on all off-site trips.

Procedures- see also Appendix 1

We require Parents/Carers to provide full details of the known allergy, and must include:

- What the allergen is
- The nature of the reaction (ie rash, breathing problems or anaphylactic shock).
- What to do in case of an allergic reaction including any prescribed medication.
- Any control measures – how we can prevent the child from being in contact with the allergen.

If a child has an allergy requiring an EpiPen® or the Risk Assessment deems it necessary an IHCP must be completed and signed by the Parent/Carer. The IHCP and Risk Assessment should be stored together in the relevant areas at each setting.

Parents/Carers are to provide up-to-date medication in a named container.

In the case of life saving medication like EpiPen® the child will not be allowed to attend any school setting without this being provided.

Parents/Carers are to provide up-to-date emergency contact details.

It is recommended that parents and carers consider whether snacks and lunches brought into school are provided by them or via the school or pre-school meals

provider. It is the responsibility of the parents/carers that the contents of all snacks/lunches brought in are safe for their child.

Parents/Carers should liaise with school staff about food activities/snacks provided by the school or school meals provider to ensure that they are safe for their child.

Staff must ensure that they are familiar with IHCP's for pupils in their care.

The Headteacher will determine if a school-wide ban on certain foods is deemed necessary after a consultation with the Parents/Carers and Health Professional. If necessary, this will be publicised to the whole school.

All staff promote handwashing before and after eating.

Snack time is monitored by staff and all staff know the procedures to ensure the safety of those children with known allergies.

All tables are cleaned with an approved solution prior to and after eating.

Children are not permitted to share food unless it is part of a pre-planned activity that has been Risk Assessed.

All relevant staff have been First Aid trained, and this includes EpiPen® use.

For children with known food allergies, we will ask the parent/carer for a full list of food products and food derivatives that the child must not come into contact with.

Emergency medication should be easily accessible by staff, especially at times of high risk.

When ordering meals, the number of children with specific allergies is noted on the order and the catering company make all necessary changes to their dishes. The food is then delivered in a safe way that the allergen free meals are not in contact with any other product.

Equal Opportunities

It is important that allergic pupils are not stigmatised or discriminated against in any way at school due to their allergy. For example, they should not be separated at mealtimes or excluded from class activities (unless this has been specified in the pupil's Allergy 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.

Actions

In the event of a child suffering an allergic reaction:

- Check to see if there is an IHCP and follow instructions.
- If there is no IHCP and the child is suffering serious symptoms ring 999 and follow advice.

- Contact Parent/Carer to advise and/or ask for advice if the child is suffering less serious symptoms. Calm the child and reassure them.

Spare Pens in School

Since 2017, schools have been legally able to directly purchase AAI from a pharmaceutical supplier, such as a local pharmacy, without a prescription.

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 example in a child presenting for the first time with anaphylaxis due to an unrecognised allergy.

Note, however, that this provision should be reserved for exceptional circumstances only, that could not have been foreseen.

A supplier e.g. pharmacy, will need a request signed by the headteacher stating:

- The name of the school for which the product is required;
- The purpose for which that product is required, and
- The total quantity required.

Please note that pharmacies are not required to provide AAI free of charge to schools, the school must pay for them as a retail item.

Both settings hold spare AAI devices for use in an emergency. These are checked regularly by the lead first aider and replaced before the expiry date.

Staff Allergy Training

An allergic reaction can occur at any time, so all staff should 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 is typically refreshed annually as part of our Safeguarding, medical and Health and Safety Training.

New and temporary staff are trained as part of their induction 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. Training should include 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. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAI) 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

Allergy training is included as part of Paediatric First Aid (PFA) or Emergency First Aid (EFA) training. Key staff, such as the Headteacher, SENCo/Assistant SENCo/lead First Aider hold additional advanced certified allergy training.

All Early Years staff hold PFA and high numbers of school-based staff hold either PFA or EFA.

All offsite trips and visits, whether local or further away and including residential trips, have at least one named First Aider on the trip at all times.

Storage and Expiry Dates of AAls

Named and spare EpiPen®'s are stored in a named secure cupboard in the staff room in school and in the kitchen at pre-school.

Individual EpiPen®'s are named in a container provided by parents/carers.

These are always taken whenever the child is off site, including for local visits within walking distance, such as to the allotment or Meadow. This includes sports events.

It is the parents' responsibility to ensure that the child's AAls are within the expiry date, however it is good practice for schools to schedule their own regular checks of medication

To support parents/carers, the named First Aider checks the dates of these at least termly and informs parents/carers if the expiry date is soon.

- Parents and schools can register AAls on the manufacturer's websites to receive text alerts for expiry dates
- Schools should return expired medication to parents for safe disposal
- Any sharp items such as AAls should be disposed of safely using a sharps disposal box
- When the school is closed for long periods e.g. school holidays, it is possible that medication could have expired so it is essential that staff check the expiry dates of AAls as these may need replacing
- Note that the dose of AAl varies according to the child's weight, so as the child grows, the correct dose required may change

Catering at School including handling allergens and preventing cross contamination

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. Catering staff must be able to identify pupils with 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. Schools can therefore identify whether a food product is safe for allergic pupils to eat.

School menus are made available for parents/carers to view, with the ingredients clearly labelled.

Our school meal providers follow the Food Information Regulations 2014. Parents/carers book meal choices on-line and are able to clearly see and select appropriate meals for their child. Parents and carers have the option of providing their own meals at both school and pre-school if preferred.

We ensure that catering staff keep in contact with food suppliers as ingredients may change.

Kitchen and serving staff are trained in food preparation, storage and serving to reduce or minimise any opportunity for cross contamination.

Children do not share food for this reason, whether provided by school or brought from home.

Managing insect sting allergy

Insect sting (including bee and wasp) allergy causes a lot of anxiety and needs careful management.

Children need to take special care outdoors, wearing shoes at all times and making sure any food or drink is covered.

Adults supervising activities must ensure that suitable medication, including AAls, is always on hand for the management of anaphylaxis.

Helpful Contacts

Allergy UK Helpline:

Providing support, advice and information for those living with allergic disease

Monday - Friday, 9am-5pm

Call: 01322 619898 Email: info@allergyuk.org www.allergyuk.org

Anaphylaxis UK Helpline:

Creating a brighter future for people with serious allergies

Monday - Friday, 9am-5pm

Call: 01252 542029 Email: info@anaphylaxis.org.uk www.anaphylaxis.org.uk

Appendix 1:

Emergency management of anaphylaxis (ABC) and involving family/carers

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

The BSACI Allergy Action Plans include this information and are recommended for this purpose. The plan should include First Aid procedures for the administering of adrenaline. [Paediatric Action Plans - BSACI](#)

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.