Petworth CofE Primary School

Allergy Policy

As a Rights Respecting School, all our policies are underpinned by the United Nations Convention on the Rights of the child.

Article 2: *The Convention applies to all children, whatever their race, religion or abilities; whatever they think or say, whatever type of family they come from.*

Article 28: *All children have the right to a primary education, which should be free.*

Reviewed:	September 2026
Next Review:	September 2027
Person Responsible:	John Galvin

Intent

The intent of this policy is 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. This policy should be read in conjunction with our Supporting Pupils with Medical conditions policy.

Mr Galvin is the named staff member responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy.

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. 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.

Common UK Allergens include (but not limited to):- Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how Petworth CofE Primary School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

Role and Responsibilities

Parent responsibilities

• On entry to the school, it is the parent's responsibility to inform reception staff/ administrator/SENCO/First Aider of any allergies. 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 prescription 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. GP/allergy specialist.

• 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 Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

• All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis (via Schoot) 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 leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies. The trip first aider will carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

• Managing medicines coordinator 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 in in date however the Managing Medicines coordinator will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

• Managing medicines coordinator 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 an adult know as soon as they suspect they are having an allergic reaction.

• Pupils who are trained and confident to administer their own auto-injectors will be encouraged to take responsibility for carrying them on their person at all times, if not they will be kept in the first aid kit within the classroom. Allergy Action Plans 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.

Petworth CofE Primary School recommends using the West Sussex protocol for a autoinjector use to ensure continuity. It is the parent/carer's responsibility to complete the protocol with help from the school's managing medicines coordinator.

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
• If no signs of life commence CPR (defibrillator located in the fish tank cupboard in the front entrance)
• 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.

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.

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 managing medicines coordinator will check medication kept at school on a 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/specialist collection service.

The sharps bin is located in the office, locked in the documents cupboard.

Spare' adrenaline auto injectors in school

Petworth CofE Primary School has 2 x Jext 150 Micrograms pens for under 6 years of age and 2 x Jext 300 Micrograms for 6 to 12 years of age.

Staff Training

Jo Collis and John Galvin are the named staff members responsible for co-ordinating all staff anaphylaxis training and the upkeep of the school's anaphylaxis policy.

All staff will complete online anaphylaxis awareness training at the start of every new academic 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 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

Inclusion and safeguarding

Petworth CofE Primary School is committed to ensuring that all children with medical conditions, including allergies, 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.

Catering

All food businesses (including school caterers) must follow the Food Information Regulations which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The Managing Medicines Coordinator will inform the kitchen staff of pupils with food allergies. Natasha's Law – food which is pre-ordered will have appropriate labelling to ensure the food is suitable for the person eating it.

Photographs and allergen details are kept securely within the kitchen area to ensure the correct needs are catered for.
The school 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.
• The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
• 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. Examples include preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
• Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
• Foods containing nuts are discouraged from being brought in to school.
• Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

School trips

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. Pupils unable to produce their required medication will 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).

Sporting Excursions

Children with allergies should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food. 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.

Allergy awareness

Petworth CofE Primary School 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 are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

Risk Assessment

Petworth CofE Primary School 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.

Complaints

Parents/carers' concerns about the support provided for their child with a medical condition should be directed, in the first instance to the designated lead for supporting pupils with medical conditions, Mrs Collis. If, for whatever reason, this does not resolve the issue they may make a formal complaint via the school's complaint procedure.

Supporting documents:

- Equality Act 2010

- SEN Code of Practice
- SEND Information Report Local Authority Local Officer Supporting Children at school with Medical Conditions –DfE April 2014
- Intimate Care Policy