

# Redbourn Primary School



---

## Allergy Management Policy

Based on the latest model policy for allergy management at school by AllergyUK v2.1.

**Date of Issue: February 2025**

**Next Review: February 2028**

---

## Contents

1. Purpose
2. Introduction
3. Allergy action plans
4. Roles and responsibilities
5. Emergency treatment and management of anaphylaxis
6. Supply, storage and care of medication
7. 'Spare' adrenaline auto-injectors in school
8. Staff training
9. Inclusion and safeguarding
10. Catering
11. School trips
12. Allergy awareness and nut bans
13. Risk assessment
14. Useful links

## 1. Purpose

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

This policy should be read alongside the Supporting Pupils with Medical Conditions Policy which can be found on our school website in addition to our whole school allergy management risk assessment and food risk assessment.

The named staff members are responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's records, reviewing of all related policies and procedures:-

- Headteacher
- SENCO
- School Business Manager

## 2. Introduction

An allergy is a reaction of 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 serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening 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 can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

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 are not limited to): Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

**This policy sets out how Redbourn Primary School will support pupils with allergies, to ensure they are safe and are not disadvantaged whilst taking part in school life. We cannot remove all allergens and cannot eliminate all risks, nonetheless we aim to reduce the risk of allergies and manage them to the extent we reasonably and proportionately can.**

## 3. 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. Children with an Allergy Action Plan, will be uploaded to Medical Tracker along with paper copies stored with their medication.

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school and review it annually via Medical Tracker.

## **4. Role and Responsibilities**

### **Parent Responsibilities**

- On entry to the school, it is the parent's responsibility to inform the school of any allergies on the admission forms provided. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan to school which will be uploaded to Medical Tracker for annual review as part of their Individual Healthcare Plan (IHP). 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.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary. A separate medication form will need to be completed for each medicine.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan and IHP will be kept updated accordingly on Medical Tracker.

### **Staff Responsibilities**

- All school staff that work with children 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 will carry all relevant emergency supplies when going to assembly and at break times. Some is stored in class hessian medical bags and in Key Stage One emergency supplies are kept in a designated area for ease of access for all.
- 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 or staff have their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- The school admin team will ensure that the up-to-date Allergy Action Plan is recorded on Medical Tracker and kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication is in date however the school admin team will check medication kept at school when received and record on Medical Tracker. Parents will receive a reminder from Medical Tracker when medication is approaching expiry.
- The school admin team keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given. This is recorded on Medical Tracker.

### **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 AAIs will be encouraged to take responsibility for carrying them on their person at all times.

## **5. Emergency Treatment and Management of Anaphylaxis**

### **What to look for**

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes

- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis, where there will be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

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.

What does adrenaline do?

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

**As soon as anaphylaxis is suspected, adrenaline must be administered without delay.**

Action:

- Keep the child where they are, call for help and do not leave them unattended.
- LIE CHILD FLAT WITH LEGS RAISED – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- CALL 999 and state ANAPHYLAXIS (ana-fil-axis).
- USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY and note the time given. AAls should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life, commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

## **6. Supply, Storage and Care of Medication**

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own two AAls on them at all times (in a suitable bag/container).

For younger children or those 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 suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two AAls i.e. EpiPen® or Jext® or Emerade®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action 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 School Administrator will check medication kept at school when received and record on Medical Tracker. Parents will receive a reminder from Medical Tracker when medication is approaching expiry.

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

### **Storage**

AAls should be stored at room temperature, protected from direct sunlight and temperature extremes.

### **Disposal**

AAls are single use only and must be disposed of as sharps. Used AAls can be given to ambulance paramedics on arrival.

## **7. 'Spare' Adrenaline Auto-injectors in School**

Redbourn Primary School has chosen not to hold an emergency salbutamol inhaler or AAI for use by pupils.

## **8. Staff Training**

The named staff members below are responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's records and procedures:-

- Emma Fenn Headteacher
- Jenny North SENCO
- Amanda Bowran School Business Manager

All staff complete AllergyWise anaphylaxis 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 AAls) 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
- 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](http://www.epipen.co.uk) and [www.jext.co.uk](http://www.jext.co.uk) and [www.emerade-bausch.co.uk](http://www.emerade-bausch.co.uk))

## **9. Inclusion and safeguarding**

Redbourn 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.

## **10. 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 provided by The Pantry is available for parents to view in advance with all ingredients listed and allergens highlighted on The Pantry's website and a copy is on the school website.

Parents order lunch for their child directly on The Pantry's website and must inform them directly if their child has any allergies or needs a special diet.

Our school has a system in place to ensure catering staff can identify pupils with allergies, we use a list with photographs. The office admin team update the photographs annually following the individual school photographs with The Pantry. The Pantry will take photographs of new children at the start of every year and when new children join the school.

Parents/carers are encouraged to meet with The Pantry Cook Manager to discuss their child's needs.

The school adheres to the following Department of Health guidance recommendations:

- Water bottles 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.
- Where food is provided by the school, staff are 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.
- Where food is provided by the school, we have a food risk assessment in place and permission must be granted in writing by parents in advance.
- Birthday sweets or treats are not given out on the school grounds.
- Use of food in crafts, cooking classes, science experiments and special events (assemblies, cultural events) needs to be considered alongside our food risk assessment and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

- If food is purchased from PTA events, parents should check the appropriateness of foods from the ingredients list provided. Food will only be provided adult-adult, unless permission granted in writing in advance.
- The PTA will have allergy awareness as a standing agenda item in their meetings.

## **11. 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 should 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 an allergy 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. Food will not be shared between children or between schools. A member of staff trained in administering adrenaline will accompany the team.

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.

## **12. Allergy Awareness and Nut Bans**

**Redbourn Primary School supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools.**

**Anaphylaxis UK do not 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. Anaphylaxis UK 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 and symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.**

**At Redbourn Primary School, nuts are not permitted as we develop our culture of allergy awareness. We have risk assessed the dangers to the young children with significant allergies and implemented a no nuts/pesto/pine nuts policy throughout the school due to the high risks involved in the consumption of nut products in food or hidden in foods.**

**The school site currently has two hazel nut trees which staff are aware of. These have been labelled and the site team regularly clear away fallen nuts. Children are educated not to touch them or put them in their mouths.**



### 13. Risk Assessment

We have a whole school food risk assessment and an allergy management risk assessment. When new children join Redbourn Primary School we will conduct an individual risk assessment for those who have severe allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe. This is usually completed in a meeting with any two of the staff below and their IHP will be recorded on Medical Tracker.

- Emma Fenn Headteacher
- Jenny North SENCO
- Amanda Bowran School Business Manager
- Lisa Orchard Office Manager
- Class Teacher

### 14. Useful Links

- Anaphylaxis UK - <https://www.anaphylaxis.org.uk/>
- Safer Schools Programme - <https://www.anaphylaxis.org.uk/education/saferschools-programme/>
- AllergyWise for Schools online training - <https://www.allergywise.org.uk/p/allergywise-for-schools1>
- Allergy UK - <https://www.allergyuk.org>
- Resources for managing allergies at school
- - <https://www.allergyuk.org/living-withan-allergy/at-school/>
- BSACI Allergy Action Plans

<https://www.bsaci.org/professionalresources/resources/paediatric-allergy-action-plans/>

Spare Pens in Schools - <http://www.sparepensinschools.uk>

Department for Education Supporting pupils at school with medical conditions - [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf)

Department of Health Guidance on the use of adrenaline auto-injectors in schools – [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)

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>