

<u>Responsible Body</u>	<u>Title of Policy</u>	
<u>Governing Body of Flyford Flavell Primary School</u>	<u>Allergies and Anaphylaxis</u>	

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Signature..... (Chair of Governors)

Print Name.....

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1. Introduction and Purpose

The purpose of this policy is to minimise the risk of any pupil experiencing a serious allergic reaction while in school or participating in school-related activities. It also ensures that staff are fully prepared to recognise and respond appropriately to allergic reactions should they occur.

An allergy is an immune system response to substances that are typically harmless. Reactions can be mild, such as itching, sneezing or skin rashes, but in some cases can develop into a severe and potentially life-threatening condition known as anaphylaxis.

Anaphylaxis is a serious reaction that usually affects the whole body, often occurring within minutes of exposure to an allergen, although it can sometimes be delayed. Common triggers include certain foods, insect stings and medications.

Healthcare professionals generally classify a reaction as anaphylaxis when it involves difficulty breathing or impacts heart function or blood pressure. These symptoms are often described using the ABC framework:

- Airway
- Breathing
- Circulation

While it is possible to be allergic to many substances, most individuals are affected by a relatively small group of common allergens. Common allergens in the UK include (but are not limited to): peanuts, tree nuts, sesame, milk, egg, fish, latex, insect venom, pollen and animal dander. This policy outlines how Flyford Flavell Primary School will support pupils with allergies, ensuring their safety and enabling them to fully participate in all aspects of school life without disadvantage.

2. Roles and Responsibilities

Parent Responsibilities

On entry to the school, parents are responsible for informing the school of any allergies their child may have. This information should include details of previous serious reactions, any history of anaphylaxis, and all prescribed medication. Parents must provide a copy of their child's Allergy Action Plan; if one is not yet in place, it should be developed as soon as possible in collaboration with a healthcare professional such as a school nurse, GP or allergy specialist. Parents are also responsible for supplying all required medication, ensuring it is in date, and replacing it when necessary. They should keep the school informed of any changes in their child's allergy management so that the Allergy Action Plan can be updated accordingly.

Staff Responsibilities

All staff receive allergy awareness training on an annual basis, with additional training provided for new staff as required. Staff, including supply staff, must be aware of pupils in their care who have known allergies, recognising that reactions can occur at any time and not only during mealtimes. Any activities involving food must be carefully supervised. Staff leading school trips will carry all relevant emergency medication and check that pupils with medical conditions, including allergies, have their required medication with them.

Flyford Flavell Primary School ensures that each pupil's up-to-date Allergy Action Plan is kept with their medication. While parents are responsible for ensuring medication is in date, a School First Aider will check medication stored on site each term and notify parents when replacements are needed. Our school office and First Aid room holds a register of pupils prescribed adrenaline auto-injectors (AAIs). Any allergic reactions and administration of an AAI will be promptly recorded in the school's medical records.

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.

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.

British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by school. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. The allergy action plans are designed to function as an individual healthcare plan.

4. Emergency Treatment and Management of Anaphylaxis

Symptoms of an allergic reaction typically develop quickly, often within minutes of exposure to the allergen. Mild to moderate symptoms may include a raised red rash (hives) anywhere on the body, a tingling or itchy sensation in the mouth, swelling of the lips, face or eyes, and abdominal pain or vomiting.

More severe symptoms are commonly described using the ABC framework:

- Airway – swelling of the throat, tongue or upper airways, which may cause a tight feeling in the throat, a hoarse voice or difficulty swallowing.
- Breathing – sudden wheezing, breathing difficulty or noisy breathing.
- Circulation – dizziness, faintness, sudden drowsiness, confusion, pale or clammy skin, or loss of consciousness.

These severe symptoms indicate anaphylaxis, a serious and life-threatening allergic reaction. In extreme cases, there may be a rapid drop in blood pressure. The individual may feel weak, unsteady, or develop a sense of impending danger, which can lead to collapse and unconsciousness. Although rare, anaphylaxis can be fatal.

If a pupil has been exposed to a known allergen, an anaphylactic reaction is more likely.

Anaphylaxis can develop rapidly, so immediate treatment is essential. Adrenaline is the first-line treatment and works within seconds.

Adrenaline works by:

- Opening the airways
- Reducing swelling
- Raising 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.
- Lay the child flat with their legs raised. If they are struggling to breathe, they may be supported in an upright position for a short period.
- Administer an adrenaline auto-injector immediately and record the time given. The injection should be given into the outer thigh, following the instructions for the specific device.
- Call 999 and clearly state that this is anaphylaxis.
- If there is no improvement after five minutes, administer a second auto-injector.
- If the child shows no signs of life, begin CPR.
- Parents or carers should be contacted 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.

5. Storage

Children's anaphylaxis kits will be kept readily accessible at all times. The kit must be located in their classroom and easily identifiable and accessible to all staff.

Medication will be stored in a suitable container, clearly labelled with the pupil's name. Each pupil's container should include two adrenaline auto-injectors (such as EpiPen® or Jext®), an up-to-date allergy action plan and any additional medication specified on the plan, such as antihistamine (tablets or syrup), a spoon if required and an asthma inhaler where appropriate.

Parents are responsible for ensuring that the anaphylaxis kit is in date and clearly labelled. A School First Aider will check all medication stored on site each term and will notify parents if any items are approaching their expiry date. Adrenaline auto-injectors will be stored at room temperature and protected from direct sunlight and extreme temperatures.

All used auto-injectors will be treated as medical sharps. They will be handed to ambulance staff on arrival or disposed of safely in a designated sharps bin, which is located in the First Aid room.

6. Spare Adrenaline Auto-injectors in School

The school holds spare adrenaline auto-injectors (AAIs) for emergency use in situations where a pupil at risk of anaphylaxis does not have their own device available, where it is not working, or where a pupil is experiencing anaphylaxis for the first time.

Flyford Flavell Primary School currently holds two spare AAIs. These are stored in the school office, on the top shelf alongside the trauma kit, in a blue bag clearly marked "emergency".

The School First Aider is responsible for checking that all spare medication is in date on a monthly basis and arranging for replacement as required.

Parental consent will be obtained in advance, to allow the use of the school's spare AAIs for pupils with known allergies, should the need arise.

In accordance with current legislation, trained staff may administer the setting's spare adrenaline auto-injector in a life-threatening emergency where anaphylaxis is suspected, including for a child not previously diagnosed with an allergy, where immediate treatment is necessary to preserve life. Emergency services will be contacted immediately.

7. Staff Training

All staff will complete allergy and anaphylaxis training on an annual basis, with additional training provided during the induction of new staff.

This training ensures that staff have a clear understanding of common allergens and triggers, and are confident in recognising the signs and symptoms of both mild allergic reactions and anaphylaxis. Emphasis is placed on the importance of early identification and knowing when to seek emergency assistance.

Staff are trained in administering emergency treatment, including the safe and effective use of adrenaline auto-injectors, with clear guidance on when and how these should be used. Training also covers practical measures to reduce the risk of allergic reactions, such as allergen avoidance. In addition, staff are supported in understanding and maintaining allergy action plans, ensuring they remain accurate and up to date.

Flyford Flavell Primary School also ensures that all staff participate in practical training sessions using trainer devices to build confidence and competence.

8. Inclusion and safeguarding

Flyford Flavell Primary School is committed to ensuring that all children with medical conditions, including allergies, are effectively supported in both their physical and emotional wellbeing. This enables them to fully participate in school life, stay healthy, and achieve their full academic potential.

9. Catering

All food providers, including school caterers, must follow the Food Information Regulations 2014, which require that information about the 'Top 14' allergens is available for all food products.

Our school meal provider ensures that all ingredients are clearly listed and allergens are highlighted on their website: <https://schoolmeals.redhencookery.co.uk/>

The school office informs the lunchtime provider of all pupils with food allergies. These allergies are clearly identified on school meal lists and pupils wear lanyards to help staff recognise those with allergies.

The school follows Department of Health guidance to support pupils with food allergies. Food and drink brought in from home should be clearly labelled with the child's name. Where food is prepared or provided by the school, staff are trained to read ingredient labels carefully and to prevent cross-contamination during food preparation and serving. This includes preparing food for pupils with allergies first and thoroughly cleaning surfaces and utensils using warm soapy water.

Food is not given to primary-aged children with allergies without prior communication with and permission from parents or carers, for example during celebrations or when treats are shared. The use of food in activities such as crafts, cooking lessons, science experiments and special events is carefully considered to ensure that it is safe and inclusive for all pupils.

10. School Trips

Staff leading school trips will ensure that all emergency medication is securely packed and available at all times.

All activities will be risk assessed to identify any potential risks to pupils with allergies, and suitable alternative activities will be provided where necessary to ensure full inclusion.

For residential trips, venue staff will be informed in advance if an allergic child is attending, so that appropriate food arrangements can be made. School staff will also support pupils during mealtimes to ensure that all food provided is safe.

11. Useful Links

Anaphylaxis UK - <https://www.anaphylaxis.org.uk/>

- Safer Schools Programme - <https://www.anaphylaxis.org.uk/education/safer-schools-programme/>

- AllergyWise for Schools online training - <https://www.allergywise.org.uk/p/allergywise-for-schools1>

Allergy UK - <https://www.allergyuk.org>

- Whole school allergy and awareness management - <https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement>

BSACI Allergy Action Plans - <https://www.bsaci.org/professional-resources/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

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

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>