'They will soar on wings like eagles …'
Isaiah 40:31

collaborate | enrich | trust | innovate | aspire | nurture

AQUILA
Diocese of Canterbury Academies Trust

Multi Academy Trust Policy

Common Trust Policy, Use as Published

Allergy and Anaphylaxis Policy

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The named staff members responsible for for coordinating staff anaphylaxis training and the implementation of this policy are :- Louise Buckland and Melissa Saffrey

Version	Date	Author	Change Description
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1. 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 severe reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. 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 Aquila schools will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life. **Section 34 of the Children's Wellbeing and Schools Act 2026** requires that LA maintained schools, academies and PRUs must have an allergy safety policy.
A named member of the senior leadership team in each school, college or early years setting should have responsibility for allergy safety, including driving the implementation of the allergy safety policy and contributing to review of the policy.
Allergy safety policies should be reviewed at least annually. Policies can be reviewed more frequently, particularly where incidents or "near misses" suggest areas for improvement. Any review should take account of any incidents and "near misses" and should seek to learn lessons from them. This is essential where incidents suggest that policies or procedures may leave individuals with allergy at risk.

Governing bodies should ensure that allergy safety policies are readily accessible to parents and staff. Policies should be published on the school, college or setting's website and be made available in hard copy on request.

2. Role and responsibilities

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform reception staff of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication. This information must be recorded promptly and accurately on Bromcom.

- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) 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. School nurse/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 and on an ad-hoc basis for any new members of staff.
- Staff named on this policy are responsible for sharing the training with all staff via the Kitt Medical portal. This training is available at all times, and there are no limits on the number of staff who complete it, nor the number of times they complete it.
- Staff (regular or cover classes) must be aware of the pupils in their care 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, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- SENCO will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication. Where the child has an individual health care plan, this must refer to the AAP or attach it. Whenever an allergy or asthma action plan is updated, the IHP should be reviewed to incorporate it.
- It is the parent's responsibility to ensure all medication in in date however the class teacher will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The school keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) on Bromcom and will record of use of any AAI(s) and emergency treatment given. Parents will also be informed promptly, by telephone, followed by a written communication.
- Any reaction or near misses is recorded on Bromcom and reported to parents or in accordance with RIDDOR.
- Ensure that the well-being of pupils with allergies is promoted, recognising that having an allergy can be a significant cause of anxiety.
- Deal robustly, in line with school policies, with any incidents of bullying related to allergies.

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.

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 the school. These are a national plan that has been agreed by

the BSACI, Anaphylaxis UK and Allergy UK. Allergy action plans are designed to function as an individual healthcare plan.
The DfE has produced a model template which can be used until an allergy action plan produced by a medical professional is provided.

4. 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 severe reaction is **anaphylaxis.** In extreme cases there could 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.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given**.** AAIs should be given into the **muscle in the outer thigh.** Specific instructions vary by brand – **always follow the instructions on the device.**
- CALL 999 and state ANAPHYLAXIS (**ana-fil-axis).**
- **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.

5. 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 AAIs 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 within 5 minutes of them, 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 AAIs i.e. EpiPen® or Jext®
- 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 class teacher 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 AAIs their child is prescribed, to make sure they can get replacement devices in good time.

Older children and medication
Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on very suddenly, so school staff need to be prepared to administer medication if the young person cannot.

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 kept securely away from any space accessed by children.

6. 'Spare' adrenaline auto-injectors in school

Aquila schools have purchased a Kitt Medical Anaphylaxis Kitt with spare AAIs for emergency use. Emergency use may include: children who are at risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date, or they may need multiple doses of adrenaline before the emergency services arrive); or they may need to be used on someone experiencing anaphylaxis for the first time.

You should never use a child's prescribed AAI on another person, as this leaves the child vulnerable.

These are stored in the school's Anaphylaxis Kitt(s) which are clearly labelled 'Emergency Allergy Medication'. These are kept safely, not locked away and are accessible and known to all staff. The school holds several keys with which they can access the medication. The school will also hold a spare key in an 'Emergency Break Glass' box in case immediate access in an emergency is required. All accessories are provided by Kitt Medical.

The named staff are responsible for checking the spare medication is in date on a monthly basis and to replace as needed. Reminder prompts are scheduled on the Kitt Medical portal.

The Headteacher is responsible for communicating to all staff members where the Anaphylaxis Kitt(s) are located.

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. In the event of an anaphylactic emergency, if the individual does not have access to their own AAI, the spare AAI should be used without delay.

Written parental permission for use of the spare AAIs is included in the pupil's allergy action plan.

7. Staff Training

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the implementation of the school's anaphylaxis policy are named on the front of this policy.

These staff members will be admins on the Kitt portal account where online training is available and which can be sent out via a variety of distribution means to all staff members.

These staff members will also ensure that the details of the adrenaline devices is promptly confirmed on the portal and check-ups on the Anaphylaxis Kitts, prompted by the portal at frequent intervals, are carried out.

It is recommended that the training be completed at least once a year (at a minimum) by all staff members.

- Additional ad-hoc training sessions will be provided for new staff or anyone requiring refresher training.
- Additional training will be delivered to classroom staff who teach a child with known allergies.
- A trainer AAI pen will be held within school which can be used for practical training alongside the online training.

Training includes:

- Knowing the common allergens and triggers of allergies
- 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
- Understanding what it is like for those individuals living with allergies

Aquila school also ensure that staff undertake a practical session using trainer devices. A Jext trainer device is included with the Kitt Medical service. Additional trainer devices can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk

8. Inclusion and safeguarding

Aquila schools are 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.

9. 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's menu is available for parents to view in advance with all ingredients listed and allergens highlighted.

The Headteacher is responsible for ensuring that a member of staff will inform the Catering Manager/Cook and fro checking that the school has a have a system in place to ensure catering staff can identify children with allergies e.g. a list with photographs**.**

Parents/carers are encouraged to meet with the catering company if they have concerns about how their child's needs are being met. For schools with in house catering, parents need to speak to the Headteacher.

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 selecting their lunch choice.
- Where food is provided by the school, including in class activities, staff must read labels for food allergens and consider 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. For further information, parents/carers are encouraged to liaise with the named staff.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- 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. The Headteacher is responsible for informing stall holders at fetes / PTFA events held on the school site of any allergies.

10. 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
Allergic children 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.

11. Allergy awareness and nut bans

Aquila schools support the approach advocated by Anaphylaxis 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.

However, where a whole school ban is needed to ensure the safety of a pupil, this will be enforced and parents informed.

12. Risk Assessment

Aquila schools will conduct a detailed individual risk assessment for all new joining
pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

School and individual risk assessments can be downloaded for free from:
https://www.anaphylaxis.org.uk/downloads-form/safer-schools-download/.

13. Information sharing

A child's health information health information is considered special category data under UK GDPR, which means it is highly sensitive and has additional legal protections. Schools have a lawful basis to hold, use and share a child's special category health data when this is necessary, but it should always be done in a controlled and respectful way, because unnecessary sharing can reduce children's confidence in practitioners and can be embarrassing for children and young people who may not want to be singled out.

14. Useful Links

Kitt Medical – **https://www.kittmedical.com/**

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**