ST JOHN PAYNE CATHOLIC SCHOOL

ALLERGY AND ANAPHYLAXIS POLICY

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Aims and Objectives

This policy outlines St John Payne Catholic School's approach to allergy management, including how the whole school community works to reduce the risk of an allergic reaction happening and the procedures in place to respond if one does. It also sets out how we support our students with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an Allergy Aware School.

This policy applies to all staff, pupils, parents and visitors to the School and should be read alongside other policies including: Safeguarding and Promoting Children's Welfare Policy, First Aid and Medical Provision Policy, Equality, Diversity and Inclusion Policy.

What is an Allergy?

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

Definitions

Anaphylaxis: Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

Allergen: A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

The most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by law to be highlighted on pre-packed food. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

Adrenaline Auto-Injector: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAIs, adrenaline pens or by the brand name EpiPen. There are three brands licensed for use in the UK: EpiPen, Jext Pen and Emerade. Emerade is currently not available as it has been recalled due to misfiring incidences. For the purposes of this Policy we will refer to them as Adrenaline Pens/AAIs.

Allergy Action Plan: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan in the event of an emergency. Within the context of this Policy it should be noted that a student's Allergy Action Plan will be provided by their own healthcare professional, not school staff.

Individual Healthcare Plan: An individual healthcare plan will be created for all students with Anaphylaxis in collaboration with parents/carers and this will be kept with an allergy action plan from the student's G.P.

Risk Assessment: A detailed document outlining an activity, the risks it poses and any actions taken to mitigate those risks. Allergy is included on all risk assessments for events on and off the school site. For any trips off site, the trip leader will take with them, or have access to the care plan and allergy action plan.

Spare Pens: The School holds spare adrenaline pens as a back-up, in case the students' own adrenaline pens are not available. These spare adrenaline pens are located at key points around the school. They can also be used to treat a person who experiences anaphylaxis, but has not been prescribed their own adrenaline.

Designated Allergy Lead

The Designated Allergy Lead is the Business Manager who reports to the Headteacher and the Lead Governor for Safeguarding/Welfare. They are responsible for:

- Ensuring the safety, inclusion and wellbeing of students with allergy.
- Taking decisions on allergy management across the school.
- Championing and practising allergy awareness across the school.

- Being the overarching point of contact for staff, students and parents with concerns or questions about allergy management.

The Allergy Lead oversees the following aspects:

- Ensuring allergy information is recorded, up-to-date and communicated to all staff
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including which activities require an allergy risk assessment to be carried out).
- Ensuring staff, students and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures.
- Reviewing the stock of the school's spare adrenaline pens (check the school has enough and the locations are correct) and ensuring staff know where they are.
- Keeping a record of any allergic reactions or near-misses and ensuring an investigation is held as to the cause and any learnings are put in place.
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy.
- Ensuring there is an Anaphylaxis 'Drill' at least once a year, covering different locations within the school setting.

The Designated Allergy Lead checks procedures and reports to the Senior Leadership Team (SLT) at regular intervals.

School First Aid

The School First Aid Staff and the Office team, are responsible for:

- Collecting and coordinating relevant paperwork (including Allergy Action Plans and Individual Healthcare Plans) and medical information from families (this involves liaising with the Admissions Team for students new to the school).
- Supporting the Designated Allergy Lead with the process of how this information is disseminated to all school staff, including the Catering Team.
- Ensuring the allergy information from families is up-to-date and reviewed annually.
- Collate and manage the Food Allergy and Intolerance Lists and share these with the Catering team when updated throughout the year.
- Coordinating medication with families. Whilst it is the parents' and carers' responsibility to ensure medication is up to date, school staff also have systems in place to check this and notify the parents when they see the expiry date is approaching.
- Keeping an adrenaline pen register to include adrenaline pens prescribed to students and spare pens, including brand, dose and expiry date. The location of spare pens is also documented.

- Regularly checking spare pens are where they should be, and that they are in date.
- Replacing the spare pens when necessary
- Providing on-site adrenaline pen training for other members of staff and students and refresher training as required, for example, before school trips.

The Admissions Team

The Admissions Team is likely to be the first to learn of a student or visiting prospective student's allergy. They work with the Designated Allergy Lead and the School First Aid to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity. This must be in place before a school visit, or Taster Day, if food is offered or likely to be eaten.
- There is a clear structure in place to communicate this information to the relevant parties (i.e. Form Tutor and the Catering Team)
- Visitors (for example at Open Days and events) are aware of the catering set up and are asked to declare any allergies, if food is to be offered as part of the event. Parents are asked to provide information on medication and allergies for their child, if the child visits the School before enrolment and is left without parental supervision as part of the visit.

All Staff

All school staff, including teaching staff, support staff, domestic staff, occasional staff (for example sports coaches, music teachers and those running afterschool clubs) are responsible for:

- Championing and practising allergy awareness across the school.
- Informing the School Office if they themselves are allergic to any allergens and carry an AAI.
- Understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures and asking for support if needed.
- Being aware of pupils with allergies and what they are allergic to.
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in the activity is necessary and/or appropriate.
- Staff members leading a school trip must ensure that they have undertaken relevant e-learning in respect of allergy awareness if the trip includes a student with allergies
- Ensuring pupils always have access to their medication. This may involve a member of staff carrying medication on behalf of the student, for example if they are too young to take this responsibility themselves.
- Being able to recognise and respond to an allergic reaction, including anaphylaxis.

- P.E. Staff, Catering Staff and School First Aid staff take part in annual training and anaphylaxis drills as required and must tell their line manager if they have not received any training in the last 12 months, in person or on-line.
- Considering the safety, inclusion and wellbeing of students with allergies at all times.
- Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy.
- Staff supervising school trips where food is served need to be especially aware of students with allergies and take appropriate measures.

All Parents

All parents and carers (whether their child has an allergy or not) are responsible for:

- Being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of students with allergies.
- Providing appropriate school staff with information about their child's medical needs, including medication, dietary requirements and allergies, history of their allergy and any previous allergic reactions or anaphylaxis. They must also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema.
- Considering and adhering to, any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events.
- Refraining from telling the school their child has an allergy or intolerance, if this is just a preference or dietary choice.
- Encouraging their child to be allergy aware.

Parents of Children with Allergies

In addition to the previous point, the parents and carers of children with allergies must:

- Work with the school to fill out an Individual Healthcare Plan and provide an accompanying completed Allergy Action Plan.
- If applicable, provide the school or their child with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, i.e. spoon or syringe), inhalers or creams with accompanying Medicine Permission form.
- Ensure medication is in-date and replaced at the appropriate time.
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too.
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring, for example not eating the food they are allergic to.

All Students
All students at the school should, in an age-appropriate way:

- Be allergy aware.
- Understand the risks allergens might pose to their peers.
- Learn how they can support their peers and be alert to allergy-related bullying.
- Learn how to recognise and respond to an allergic reaction and to support their peers and staff in case of an emergency.
- If students are bringing snacks/food into School, they must adhere to guidelines issued by the School in respect of what type of food is considered safe for allergy sufferers. Any snacks brought into School must **not** contain nuts.

Students with Allergies
In addition to the previous point and as age-appropriate, students with allergies are responsible for:

- Knowing what their allergies are and how to mitigate personal risk.
- Avoiding their allergen as best as they can.
- Understanding that they must notify a member of staff immediately if they are not feeling well or suspect they might be having an allergic reaction.
- Diagnosed students must carry two adrenaline auto-injectors with them at all times. They must only use them for their intended purpose.
- Understand how and when to use their adrenaline auto-injector.
- On school trips, students must ensure that they carry all information relating to their allergies.
- Talking to the Designated Allergy Lead or school staff if they are concerned by any school processes or systems related to their allergy.
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies.

Information and Documentation

Register of pupils with an allergy
The school has a register of students who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens.

Individual Healthcare Plans
Each student with an allergy has an Individual Healthcare Plan. The information on this plan includes:

- Known allergens and risk factors for allergic reactions
- Where available, a history of their allergic reactions

- Detail of the medication the pupil has been prescribed including dose. This must include adrenaline pens, antihistamine etc.
- Parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis.

Assessing Risk

Allergens can crop up in unexpected places. Staff will consider allergies in all activity planning and include it in risk assessments. Some examples include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food tech or cooking.
- Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk.
- Running activities or clubs where they might hand out snacks or food “treats”. Ensure safe food is provided or consider an alternative non-food treat for all students.
- Planning special events, such as cultural days and celebrations.

Inclusion of students with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity.

Food, Mealtimes and Snacks

Catering in School

The school is committed to providing a safe meal for all students, including those with food allergies.

- Due diligence is carried out with regard to allergen management when appointing catering staff.
- All catering staff and other staff preparing food receive relevant and appropriate allergen awareness training.
- Anyone preparing food for students with allergies will follow good hygiene practices, food safety and allergen management procedures.
- The catering team, receives all the necessary information from the medical team at the School on students who have allergies and what adjustments are required. This can range from staff advising students on their choice of meal, to preparing pre-plated food. Pre-plated food is wrapped and labelled, to ensure there is no cross contamination. We have a proactive approach to managing allergies amongst students and have this well documented in the catering operations manual. Information is shared between and the School on a regular basis, and ad hoc when required, for example when new students with allergies join the School.

- Food containing the main allergens (see Allergens definition) will be clearly identified for students, staff and visitors to see. Other ingredient information will be available on request.
- Food packaged to go will comply with 'Pre-packed for Direct Sale' (PPDS) legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging.
- Food provided at breakfast time, break and Lunch will follow these procedures.

Food Brought Into School

See above – heading "All Students".

Food Bans or Restrictions

- This school is an Allergen Aware school. We have students with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food.
- We do not allow any foods or snacks containing nuts to be brought on the site and the catering department check all foods coming into the kitchen.
- All School trips are risk assessed and dietary information is requested from parents and additional information provided from the medical team. This will include reference to allergies amongst trip participants.

School Trips and Sports Fixtures

- Staff leading the trip will have a register of students with allergies with medication details
- Allergies will be considered on the risk assessment and catering provision put in place
- Consult with the parents if the trip requires an overnight stay
- Staff accompanying the trip will be trained to recognise and respond to an allergic reaction
- Allergens will be clearly labelled on catered packed lunches. If the School has a student with an allergy to a food outside the "main 9" staff will be briefed on what food is safe for the student to eat.
- See Adrenaline Pens section for School Trips and Sports Fixtures

Insect Stings

Students with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and when possible keep arms and legs covered
- Avoid wearing strong perfumes or cosmetics
- Keep food and drink covered

The school's Site Team monitors the grounds for wasp or bee nests. Students (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.

Animals

It is normally the dander that causes a person with an animal allergy to react. Precautions to limit the risk of an allergic reaction include:

- A student with a known animal allergy should avoid the animal they are allergic to
- If an animal comes on site for a planned event, a risk assessment will be done prior to the visit
- Areas visited by animals will be cleaned thoroughly
- Anyone in contact with an animal will wash their hands after contact
- School trips that include visits to animals will be carefully risk assessed

Allergic Rhinitis / Hay fever

Students with pollen allergy and hay fever seek advice from their GP and pharmacies.

Inclusion and Mental Health

Allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety and depression and are more susceptible to bullying.

- Every effort will be made by the School to organise and offer only those activities and trips that are safe for all students.
- Affected students will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives.
- Bullying related to allergy will be treated in line with the school's anti-bullying policy.

Adrenaline Pens

The School manages Adrenaline Pens in School in accordance with the appropriate government guidance.

Storage of Adrenaline Pens

- Students prescribed with adrenaline pens will have easy access to two, in-date pens at all times.
- Adrenaline pens are stored (and carried by students) in accordance with information provided above under 'Roles and Responsibilities'. Spot checks will be made to ensure adrenaline pens are where they should be and in date.
- Used or out of date pens will be disposed of as sharps

Spare Adrenaline Pens

This school has 4 spare adrenaline pens (150mcg and 300 mcg) to be used in accordance with government guidance.

The spare adrenaline pens are clearly signposted and are stored in locations around the school site with easy access and labelled.

The Allergy Lead is responsible for:

- Deciding how many spare pens are required
- What dosage is required, based on the Resuscitation Council UK's age-based guidance
- Which brand(s) to buy.
- The purchasing of spare adrenaline pens which can be obtained at low cost from a local pharmacy. See government guidance referenced above.
- Distribution around the site and clear signage.

Adrenaline Pens on School Trips

- Students with a prescribed adrenaline pen will only go on a school trip with two of their own pens available to them at all times
- Adrenaline pens will be kept close to the students at all times e.g. not stored in the hold of the coach when travelling, or left in changing rooms
- Adrenaline pens will be protected from extreme temperatures
- Staff accompanying the students will be aware of students with allergies and be trained to recognise and respond to an allergic reaction
- Spare pens are taken to sporting fixtures and on trips

Responding to an Allergic Reaction / Anaphylaxis

See appendix on recognising and responding to an allergic reaction

- If a pupil has an allergic reaction they will be treated in accordance with their personal Allergy Healthcare Plan and a member of staff will instigate the School's Emergency Policy and Plan and the student's Health Care Plan. The students' Health Care Plans are available on SharePoint under Medical. The School's Allergy and Anaphylaxis Policy is available on the website under Policies.
- If anaphylaxis is suspected adrenaline will be administered without delay, lying the pupil down with their legs raised as described in the Appendix. They will be treated where they are and medication brought to them.
- Staff will administer first line medical support and will immediately inform the Main Office and the parents. The student will be taken to A&E to be checked over.

- A student's own prescribed medication will be used to treat allergic reactions if immediately available.
- This will be administered by the student themselves or by a member of staff. Ideally the member of staff will be trained, but in an emergency **anyone** will administer adrenaline, following instructions printed on the AAI.
- If the student's own adrenaline pen is not available or misfires, then a spare adrenaline pen will be used.
- If anaphylaxis is suspected but the student does not have a prescribed adrenaline pen or Allergy Action Plan, a member of staff will ensure they are lying down with their legs raised, call 999 and explain anaphylaxis is suspected. They will inform the operator that spare adrenaline pens are available and follow instructions from the operator. The MHRA says that in exceptional circumstances, a spare adrenaline pen can be administered to **anyone** for the purposes of saving their life.
- The student will not be moved until a medical professional/paramedic has arrived, even if they are feeling better.
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff will accompany the student in an ambulance and stay until a parent or guardian arrives.

Training

The school is committed to training all staff annually to give them a good understanding of allergies and anaphylaxis. This includes:

- Understanding what an allergy is
- How to reduce the risk of an allergic reaction occurring
- How to recognise and treat an allergic reaction, including anaphylaxis
- How the school manages allergy, for example emergency response, documentation, communication
- Where adrenaline pens are kept (both prescribed pens and spare pens) and how to access them
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying
- Understanding food labelling
- Taking part in an anaphylaxis drill

The school will carry out an anaphylaxis drill at least annually. This includes an exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the whole school response.

Asthma
It is vital that students with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions.

Appendices to follow:

The following information has been sourced from 'The Allergy Team' and guidance from the 'Benedicts Law' legislation. The Main Office should be contacted immediately in the event of a suspected Anaphylaxis incident.

Appendix One: Managing Allergic Reactions
Appendix Two: Responding to Anaphylaxis

Appendix One: Managing Allergic Reactions

MANAGING ALLERGIC REACTIONS

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen.

Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

Response:

- Stay with pupil
- Call for help
- Locate adrenaline pens
- Give antihistamine
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**.

Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.

Appendix Two: Responding to Anaphylaxis

RESPONDING TO ANAPHYLAXIS

SYMPTOMS OF ANAPHYLAXIS

A – Airway	B – Breathing	C - Circulation
• Persistent cough • Hoarse voice • Difficulty swallowing • Swollen Tongue	• Difficult or noisy breathing • Wheeze or cough	• Persistent dizziness • Pale or floppy • Sleepy • Collapse or unconscious

IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE.

DELIVERING ADRENALINE

1. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
3. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
5. Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
6. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
7. Call the pupil's emergency contact.
8. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
9. Start CPR if necessary.
10. Hand over used devices to paramedics and remember to get replacements.

The Main Office should be contacted immediately.