THE WICKFORD FEDERATION
GOVERNING BODY

POLICY WF17 : ALLERGY AND ANAPHYLAXIS

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1. AIMS AND OBJECTIVES

This policy outlines The Wickford Federation 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 ones 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, students, parents and visitors to the school and should be read alongside these other policies:

-The Education of Students with Medical Needs Policy

-Child Protection Policy

2. 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.

3. 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.

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 UK 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 two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this Policy we will refer to them as Epi Pens.

NHS ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan. A school overview plan (IHCP) with key information will be written aligned to this document which will be shared with staff and attached to the student's file.

DESIGNATED ALLERGY LEAD: The member of staff responsible for overseeing allergy management across the school and acting as the main point of contact for students, parents and staff.

NEFFY: Neffy (official name in the UK is EURNeffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector approved.

INDIVIDUAL HEALTHCARE PLAN (IHCP): A detailed document outlining an individual student's medical conditions, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, students. All students with an allergy should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.

RISK ASSESSMENT: A detailed document outlining an activity, the risks it poses and any actions taken to mitigate those risks. Allergy should be included on all risk assessments for events on and off the school site.

4. ROLES AND RESPONSIBILITIES

The Wickford Federation takes a whole-school approach to allergy management.

4.1 Designated Allergy Lead

The Designated Allergy Lead for Beauchamps High School is Mr J Beaumont (Assistant Headteacher). They report to Miss Matthews (Head of School) and Mr Harper (Executive Headteacher)

The Designated Allergy Lead for Wickford Primary School is (to be advised). They report to (to e advised).

The named governor for The Wickford Federation is Mrs Frost. They are responsible for:

- Ensuring the safety, inclusion and wellbeing of students and staff with an 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;
- 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 what activities need an allergy risk assessment);
- Ensuring staff, students and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures. [Consider obtaining and recording confirmation from staff that they have read and understood the policy];
- Reviewing the school's stock of spare Epi pens (check the school has an appropriate number for the setting, that they hold the correct dose, that spare Epi pens are stored appropriately) and ensuring staff know where they are;
- Keeping a record of any allergic reactions or near-misses, reporting these to the appropriate authority (e.g.under RIDDOR) where necessary and ensuring the circumstances are investigated and learnings shared;
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy; and

- Ensuring there is an anaphylaxis drill once a year.

At regular intervals the Designated Allergy Lead will check procedures and report to the SLT.

4.2 School nurse/ Healthcare team/ Medical Lead

Beauchamps High School - Ms L Sherman (Medical and Attendance Manager) supported by Mrs V Peters (First Aid Officer)

Wickford Primary School - (staff names to be advised)

is responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families (this is likely to involve liaising with the admissions team for new joiners);
- Supporting the Designated Allergy Lead with disseminating this information to all school staff, including the catering team, occasional staff and those running clubs
- Ensuring the information from families is up-to-date and reviewed annually (at a minimum)Coordinating medication with families and ensuring medication is in date. [Whilst it's the responsibility of parents/carers to ensure medication is up to date, the nursing team/medical lead should also have systems in place to check this and notify the parents/carers when they see the expiry dates are approaching in respect of medicines held by the school];
- Keeping an Epi pen register to include Epi pens prescribed to students and the school's stock of spare Epi pens, including brand, dose and expiry date. The location of spare Epi pens should also be documented;
- Regularly checking spare Epi pens are where they should be, and that they are in date;
- Replacing the spare Epi pens when necessary;
- Providing on-site Epi pen training for staff and students and refresher training as required e.g. before school trips; and
- Any other responsibilities delegated by Designated Allergy Lead.

4.3 Admissions Team

The admissions team is likely to be the first to learn of a student or visitor's allergy. They should work with the Designated Allergy Lead and school nursing team/medical lead to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity;
- There is a clear structure in place to communicate this information to the relevant parties (i.e. school nursing team, catering team);
- Parents and applicants are informed of catering arrangements during admission events; and
- Plans are made for emergency medication if the child is to be left without parental supervision.

4.4 All staff

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

- Championing and practising allergy awareness across the school;
- Reading, understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures, and asking for support if needed;
- Being aware of students (and staff, when necessary) with allergies and what they are allergic to;
- Considering the risk to students with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate;
- Ensuring students always have access to their medication or carrying it on their behalf;
- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training;
- Taking part in training and anaphylaxis drills as required (at least once a year). Whilst it is the school's responsibility to ensure staff have received annual training, if the member of staff is aware they have not received any allergy training in the last 12 months they should alert a manager;
- 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;
- Forwarding any communication or information that comes directly to them from parents regarding allergens to the School Nurse/ Healthcare Team; and
- Ensuring that students have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving school site, for a match or trip.

4.5 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 the school (by contacting Ms L Sherman (Medical and Attendance Manager)) with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should 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 a preference or dietary choice; and
- Encouraging their child to be allergy aware.

4.6 Parents of children with allergies

In addition to point 4.5, the parents and carers of children with allergies should:

- Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan;
- If applicable, provide the school or their child with two labelled Epi pens and any other medication, for example antihistamine (with a dispenser, ie. spoon or syringe), inhalers or creams;
- Ensure medication is in-date and replaced at the appropriate time;
- Ensure their child has access to their allergy medication, including two Epi pens if prescribed, on the journey to and from school;
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too;
- Provide the school associated permission for it to be shared appropriately as part of their allergy management; and
- 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 eg. not eating the food to which they are allergic.

4.7 All students

All students at the school should:

- Be allergy aware;
- Understand the risks allergens might pose to their peers and respect measures to support them;
- Learn how they can support their peers and be alert to allergy-related bullying;
- Older students will learn how to recognise an allergic reaction and support their peers and staff in case of an emergency; and
- If students are likely to be buying or bringing in food from home and are old enough to check the ingredients include a line about adhering to food restrictions or guidance about food being brought in.

All of the above should be done in an age and capability appropriate way.

4.8 Students with allergies

In addition to point 4.7, students with allergies are responsible for:

- Knowing what their allergies are and how to mitigate personal risk (this will depend on age and capability);
- Avoiding their allergen as best as they can;
- Understanding the importance of following the school specific processes of break and lunch times and how that mitigates risk;
- Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction;
- Have two 'epi pens' on site at all times (one on their person, one in medical). They must only use them for their intended purpose;

- Understanding how and when to use their 'epi pen';
- Talking to the Designated Allergy Lead or a member of first aid 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;
- Students permitted to leave the school site (during the school day) should know what to do if they have an allergic reaction off school premises (i.e. school trips/ sporting fixtures). This should include how to treat themselves and raise the alarm to get help; and
- If age and capability appropriate, ensuring they have their medication with them on the journey to and from school.

INFORMATION AND DOCUMENTATION

4.9 Register of students 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 Epi pens, as well as students with an allergy where no Epi pens have been prescribed.

4.10 Individual Healthcare Plans (IHCP)

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

- Known allergens and risk factors for allergic reactions;
- A history of their allergic reactions;
- Detail of the medication the student has been prescribed including dose, this should include Epi pens, antihistamine etc;
- A copy of parental consent to administer medication, including the use of spare Epi pens in case of suspected anaphylaxis;
- A photograph of each student.

5. ASSESSING RISK

Allergens can crop up in unexpected places. Staff (including visiting 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 lessons, cooking, art materials and moulding clays e.g. Play doh;
- 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; and
- 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. The school will ensure compliance with the Equality Act 2010.

6. FOOD, INCLUDING MEALTIMES & SNACKS

6.1 Catering in school

The Wickford Federation is committed to providing a safe meal for all students, staff and visitors, 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 will receive relevant and appropriate allergen awareness training;
- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures;
- The catering team will endeavour to get to know the students with allergies and what their allergies are, supported by school staff;
- The catering team will endeavour to provide varied meal options to students and staff with allergies;
- The school has robust procedures in place to identify students with food allergies. When students scan the biometric system or give their name, the catering system flags immediately known allergies should the food item they wish to purchase potentially contain an allergen. This information is then highlighted to the student.
- Food containing the main 14 allergens (see Allergens definition) will be clearly labelled . Other ingredient information will be available on request.
- Pre-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging;
- Where changes are made to the ingredients this will be communicated to students with dietary needs by the school;

6.2 Food brought into school

- Food items brought into school for the purpose of resale or distribution e.g charity bake sale/birthday must be shop bought
- Food prepared at home must not be distributed or consumed on site e.g. food prepared as part of homework display i.e. volcano cake for geography homework

6.3 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 try to restrict peanuts and tree nuts as much as possible on the site and check all foods coming into the kitchen; and

- All food coming onto school premises or taken on a school trip or to a match should be checked to ensure peanuts and tree nuts are not an ingredient in another product. Please check the label on all foods brought in. Common foods that contain these goods as an ingredient include: packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces.

6.4 Food hygiene for students

- Students are advised wash their hands before and after eating as part of general hygiene good practice;
- Sharing, swapping or throwing food is not allowed;
- Water bottles and packed lunches should be clearly labelled.

7. EDUCATIONAL VISITS AND SPORTS FIXTURES

- Staff leading the trip will have a register of students with allergies and details of their medication. Staff should notify the trip leader of any allergies;
- Allergies will be considered on the risk assessment and catering provision put in place;
- Parents, and students where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay;
- Staff (and some students, if appropriate) accompanying the trip will be trained to recognise and respond to an allergic reaction;
- Allergens will be clearly labelled on catered packed lunches.
- See Epi Pens section for School Trips and Sports Fixtures.

8. INSECT STINGS

Those 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; and
- Keep food and drink covered.

The school will monitor 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.

9. ANIMALS

It's normally the dander (flakes of skin) saliva or urine 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 to which they are allergic;
- If an animal comes on site 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.
- Parents/carers/visitors with service animals should notify the school in advance of their visit and intention to bring the animal on site. Official documentation should also be provided in advance where possible.

10. ALLERGIC RHINITIS/ HAY FEVER

Students are encouraged to;

- Take medication at home before coming to school
- Provide clearly labelled medication in original packaging to be kept in medical room

School has a limited supply of medication which we may contact you for permission to provide to your child in emergencies.

11. INCLUSION AND MENTAL HEALTH

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

- No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip;
- Students with allergies may require additional pastoral support including regular check-ins from their Tutor/Year Lead etc;
- Affected students will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives; and
- Bullying related to allergy will be treated in line with the school's anti-bullying policy.

12. EPI PENS

See the government guidance on Adrenaline Pens in Schools.

12.1 Storage of EPI pens

- Students prescribed with 'Epi pens' will have easy access to two, in-date pens at all times;
- Spot checks will be made to ensure 'epi pens' are where they should be and in date;
- 'Epi pens' must not be kept locked away;
- 'Epi pens' should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator); and
- Used or out of date pens will be disposed of as sharps.

12.2 Spare Epi pens

Spare Epi pens to be used in accordance with government guidance.

The locations of spare Epi pens are clearly signposted.

Beauchamps High School

- Student Reception

- Medical Room
- Main Staff Room
- Library
- Maths Office (Located between M6 and M7)
- East Dining Area
- West Dining Area
- Snack Shack
- Science Prep room (new build)

Wickford Primary School

Locations to be advised

12.3 Epi pens on off-site activities (including sporting fixtures)

- No child with a prescribed Epi pen will be able to go on a school trip without two of their own devices. It is the trip leader's responsibility to check they have them;
- Epi 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;
- Epi 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; and
- Consider whether to take spare Epi pens to off-site activities. This should be recorded as part of the risk assessment process.

13. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See appendix on recognising and responding to an allergic reaction

If a student has an allergic reaction:

- Treat the student in accordance with their Allergy Action Plan;
- Instigate the school's Emergency Response Plan;
- If anaphylaxis is suspected administer adrenaline without delay;
- Treat the student where they are. Lie them down with their legs raised and bring medication to them;
- Use student's own prescribed medication if immediately available;
- Student can administer the Epi pen themselves [if able to] or a member of staff can administer pen. Ideally the member of staff will be trained, but in an emergency, anyone can administer adrenaline;
- If the student's own Epi pen is not available or misfires, then use a spare Epi pen;
- If anaphylaxis is suspected but the student does not have a prescribed Epi pen or Allergy Action Plan, lie the student down with their legs raised, call 999 and explain anaphylaxis is suspected. Inform the operator that spare Epi pens are available and follow instructions from the operator. The MHRA says that in exceptional

circumstances, a spare Epi pen can be administered to anyone for the purposes of saving their life;

- If, after 5 minutes, there is no improvement, use a second Epi pen and call the emergency services again and inform them that a second dose of adrenaline has been given;
- Do not move the student until a medical professional/ paramedic has arrived, even if they are feeling better; and
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany them in an ambulance until a parent or guardian arrives.

14. TRAINING

14.1 The school is committed to training all staff annually to give them a good understanding of allergy.

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 Plan, documentation, communication etc;
- Where Epi pens are kept (both prescribed pens and spare pens) and how to access them;
- The importance of inclusion of students with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying;
- Understanding food labelling; and
- Taking part in an anaphylaxis drill.

14.2 The school will carry out an anaphylaxis drill once a year.

This includes:

- An exercise simulating an event where a student or member of staff has an allergic reaction and testing the whole school response.

15. ASTHMA

It is vital that students with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions. Individual students should follow their IHCP and NHS Care Plan

16. REPORTING ALLERGIC REACTIONS

The school will log allergic reaction incidents and near-misses. These will be recorded on My Concern.

Note: All data on Lettings stored in school is only shared in accordance with the school's Privacy Notice (e.g. other educational establishments, Local Authority, DfE

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

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.

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

People who have never had an allergic reaction before, or who have only had mild to moderate

RESPONDING TO ANAPHYLAXIS

SYMPTOMS OF ANAPHYLAXIS

A – Airway

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen Tongue

B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

C - Circulation

- 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 student'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.

For more information see the Government's Guidance for the use of adrenaline auto-injectors in schools.