

# Allergy Management Policy

Applies to: Whole School including EYFS

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**This school is committed to safeguarding and promoting the welfare of children and young people/vulnerable adults and expects all staff and volunteers to share this commitment.**

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## 1. AIMS AND OBJECTIVES

This policy outlines Branwood Preparatory 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 pupils 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.

## 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 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 AAI's, adrenaline pens or by the brand name EpiPen. There are three brands licensed for use in the UK: EpiPen, Jext Pen and Emerade. For the purposes of this Policy we will refer to them as Adrenaline Pens.

**ALLERGY ACTION PLAN:** This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

**INDIVIDUAL HEALTHCARE PLAN:** A detailed document outlining an individual pupil's condition, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. All pupils 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 risk. Allergy should be included on all risk assessments for events on and off the school site.

**SPARE PENS:** From 2017 schools have been able to purchase spare adrenaline pens. These should be held as a back-up, in case pupils' own adrenaline pens are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

#### **4. ROLES AND RESPONSIBILITIES**

Branwood Preparatory School takes a whole-school approach to allergy management.

##### **4.1 Designated Allergy Lead**

The Designated Allergy Lead is the Deputy Head. They report into the Headmaster and the Designated Safeguarding Governor. They are responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils 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, pupils and parents with concerns or questions about allergy management.
- Ensuring allergy information is recorded, up-to-date and communicated to all staff (the collation of this information is delegated to the secretarial team, but the Designated Allergy Lead retains ultimate responsibility).
- 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), including arranging for specialist training as required.
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy Management Policy, and other related procedures.
- Providing on-site adrenaline pen training for other members of staff and pupils and refresher training as required e.g. before school trips.
- 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.
- Keep a record of any allergic reactions or near-misses and ensure an investigation is held as to the cause and put in place any learnings.
- Regularly reviewing and updating the Allergy Management Policy.

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

## 4.2 Secretaries

The secretarial team 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 Registrar for new joiners.
- Support the Designated Allergy Lead on how this information is disseminated to all school staff, including the Catering Team, occasional staff and staff running clubs.
- Ensuring the information from families is up-to-date, and reviewed annually (as a minimum).
- Coordinating medication with families. Whilst it's the parents and carers responsibility to ensure medication is up to date, the secretarial team should 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 pupils and Spare Pens, including brand, dose and expiry date. The location of Spare Pens should also be documented.
- Regularly checking spare pens are where they should be, and that they are in date.
- Replacing the spare pens when necessary.

## 4.3 Registrar

The Registrar is likely to be the first to learn of a pupil or visitor's allergy. They should work with the Designated Allergy Lead and secretarial team to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity. This should be in place before a school visit, an open day or taster days 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. secretaries, catering team, form teacher).
- Visitors (e.g. taster days) are aware of the catering set up if food is to be offered.
- Medication plans are available if a child is to be left without parental supervision (e.g. taster days).

## 4.4 All staff

All school staff, to include teaching staff, support staff, domestic 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.
- Understanding and putting into practice the Allergy Management 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 activity is necessary and/or appropriate.
- Ensuring pupils always have access to their medication or carrying it on their behalf (e.g. for school trips).
- Being able to recognise and respond to an allergic reaction, including anaphylaxis.
- Taking part in training and telling their manager if they have not received any in the last 12 months.
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times.
- Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy.

#### **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 Management Policy and considering the safety and wellbeing of pupils with allergies.
- Providing the school secretaries 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.
- 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 adrenaline pens and any other medication, for example antihistamine (with a dispenser, i.e.. spoon or syringe), inhalers or creams.
- 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 also updated.
- Provide the school with an up-to-date photograph of their child and sign the associated permission for it to be shared appropriately as part of their allergy management.
- 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 e.g. not eating the food they are allergic to.

#### **4.7 All pupils**

All pupils at the school should:

- 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.
- Older pupils will learn how to recognise and respond to an allergic reaction and to support their peers and staff in case of an emergency.

#### **4.8 Pupils with allergies**

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

- Knowing what their allergies are and, depending on their age, how to mitigate personal risk.
- Avoiding their allergen as best as they can.

- Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction.
- Understanding how and when to use their adrenaline auto-injector.
- Depending on their age, talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy.
- Depending on their age, raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies.

## **5. INFORMATION AND DOCUMENTATION**

### **5.1 Allergy Register**

The school has a register of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as pupils with an allergy where no adrenaline pens have been prescribed.

### **5.2 Individual Healthcare Plan (IHP)**

Each pupil with an allergy has an IHP. 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 pupil has been prescribed including dose - this should include adrenaline pens, antihistamine etc.
- A copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis.
- A photograph of each pupil.
- A copy of their Allergy Action Plan.

## **6. 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 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 pupils.
- Planning special events, such as cultural days and celebrations.

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

## **7. FOOD, INCLUDING MEALTIMES & SNACKS**

### **7.1 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 will receive relevant and appropriate allergen awareness training.
- Anyone preparing food for pupils with allergies will follow good hygiene practices, food safety and allergen management procedures.
- The catering team will endeavour to get to know the pupils with allergies and what their allergies are. This will be supported by all school staff.
- The school has robust procedures in place to identify pupils with food allergies:
  - Form teachers accompany pupils to lunch to assist the catering team in identifying pupils with food allergies.
  - The catering team, in conjunction with the secretarial team, maintain a comprehensive list of pupils with allergies.
  - The catering team have copies of IHPs for all pupils with allergies – IHPs contain photographs of children which are refreshed annually.
- Packaged / wrapped food containing the main 14 allergens (see Allergens definition) will be clearly identified for pupils, staff and visitors to see. This complies with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging. Other ingredient information will be available on request.
- Weekly menus identify the main 14 allergens for each dish. Menus are posted to the school's website on a weekly basis, and are prominently displayed in various areas around school. Other ingredient information will be available on request.
- Food provided at after school club will follow these procedures.
- The catering team avoid food with nuts as an ingredient.

### **7.2 Food Brought into School**

- Form teachers take responsibility for food brought into their classes e.g. birthday cakes, class party food donations from parents etc.  
Teachers will check ingredient listings to ensure that they do not contain ingredients that a member of their cohort is allergic to.  
If homemade food is brought in, teachers will check the ingredients with the parent and enquire about potential cross contamination.
- For whole school events (e.g. Macmillan) where parents are asked to bring food donations into school, communications will request allergen information to be supplied. The event will be risk assessed to include management of allergies. Form teachers will be particularly mindful of children in their cohort who have a food allergy.

### **7.3 Food Hygiene for Pupils**

- Pupils will wash their hands before and after eating.
- Sharing, swapping or throwing food is not allowed.
- Water bottles should be clearly labelled.



## **8. SCHOOL TRIPS AND SPORTS FIXTURES**

- Visit Leaders will have a register of pupils with allergies with medication details.
- Allergies will be considered on the risk assessment and catering provision put in place.
- 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 attending an event where food is served at another school, details of their dietary requirements will be sent ahead to ensure they have a safe meal.
- See Adrenaline Pens section for further information.

## **9. INSECT STINGS**

Pupils 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 Site Manager will monitor the grounds for wasp or bee nests. Pupils (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.

## **10. 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 pupil with a known animal allergy should avoid the animal they are allergic to.
- If an animal comes onsite 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.

## **11. ALLERGIC RHINITIS (HAY FEVER)**

Allergic rhinitis usually causes cold-like symptoms, such as:

- sneezing
- itchiness
- a blocked or runny nose

These symptoms usually start soon after coming into contact with something you're allergic to.

Some people only get allergic rhinitis seasonally because they're allergic to things like tree or grass pollen. Other people get allergic rhinitis all year round.

We support our pupils with allergic rhinitis by:

- Helping them to avoid known triggers.
- Administering antihistamines with parental consent where appropriate.

## **12. 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.

- No child with allergies will be excluded from taking part in a school activity, whether on the school premises or a school trip.
- Pupils with allergies may require additional pastoral support including regular check-ins from their Form Teacher.
- Affected pupils 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.

## **13. ADRENALINE PENS**

[See the government guidance on Adrenaline Pens in Schools.](#)

### **13.1 Storage of adrenaline pens**

- Pupils prescribed with adrenaline pens will have easy access to two, in-date pens at all times.
- Adrenaline pens are stored in classroom stock cupboards in a clearly labelled container. These cupboards are unlocked while children are onsite. Each pen should be clearly labelled with the child's name and the expiry date of the pen.
- Spot checks will be made to ensure adrenaline pens are where they should be and in date.
- Adrenaline pens should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator).
- Used or out of date pens will be sent home with parents for safe disposal.
- A central register is maintained by the secretarial team to monitor expiry dates.

### **13.2 Spare pens**

When there is a child on roll who required an adrenaline pen, this school will have 2 spare adrenaline pens which will be used in accordance with government guidance.

The adrenaline pens will be clearly signposted and will be stored in the central Admin Office.

The Designated Allergy Lead is responsible for:

- Deciding how many spare pens are required.
- What dosage is required.
- Which brand(s) to buy. Schools are recommended to buy a single brand if possible to avoid confusion.
- Distribution around the site and clear signage.

### 13.3 Adrenaline pens on school trips and match days

- No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own pens.
- Adrenaline pens will be kept close to the pupils 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 pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction.
- Consideration will be given whether to take spare pens to sporting fixtures and on trips.

## 14. RESPONDING TO AN ALLERGIC REACTION AND ANAPHYLAXIS

See appendices on recognising and responding to an allergic reaction.

- If a pupil has an allergic reaction they will be treated in accordance with their Allergy Action Plan.
- If anaphylaxis is suspected adrenaline will be administered without delay, lying the pupil down with their legs raised as described in Appendix 2. They will be treated where they are and medication brought to them.
- A pupil's own prescribed medication will be used to treat allergic reactions if immediately available.
- This will be administered by the pupil themselves (if age appropriate) or by a member of staff. Ideally the member of staff will be trained, but in an emergency **anyone** will administer adrenaline.
- If the pupil's own adrenaline pen is not available or misfires, then a spare adrenaline pen will be used.
- If anaphylaxis is suspected but the pupil 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 pupil 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 pupil in an ambulance and stay until a parent or guardian arrives.

## 15. TRAINING

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 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.

If a pupil with more complex needs (e.g. severe allergy that requires an adrenaline pen) come onto roll, the Designated Allergy Lead will arrange for specialist training as required.

## **16. ASTHMA**

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions. See the asthma section of the Managing Medical Conditions Policy.



# 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.



# 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 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.