Northway Community Primary School

Allergy Management Policy

Approved by:	Kate McKenzie	**Date:** 21.8.26
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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 serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. 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.

The 14 allergens are: **celery**, **cereals containing gluten** (such as wheat, barley and oats), **crustaceans** (such as prawns, crabs and lobsters), **eggs**, **fish**, **lupin**, **milk**, **molluscs** (such as mussels and oysters), **mustard**, **peanuts**, **sesame**, **soybeans**, **sulphur dioxide** and **sulphites** (if the sulphur dioxide and sulphites are at a concentration of more than ten parts per million) and **tree nuts** (such as almonds, hazelnuts, walnuts, brazil nuts, cashews, pecans, pistachios and macadamia nuts).

This policy sets out how Northway Community Primary School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Role and Responsibilities

Parent Responsibilities

• On entry to the school, it is the parent's responsibility to inform staff of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
• Parents are to supply a copy of their child's Allergy Action Plan 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, and is in a suitable container to maintain the optimum temperature of the Epi or Jext pen.
• Parents are required 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 must be aware of the pupils in their care (regular or cover classes) 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.
• Teaching staff will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication and on display in both staffrooms, the School Office and Kitchen.
• It is the parent's responsibility to ensure all medication in in date however teaching staff will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
• The Headteacher keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
• Ensure the requirements of pupils' Individual Healthcare Plans are followed at all times.
• Report and record any allergic incidents, medication administration, or near misses in accordance with school procedures.
• Participate in annual allergy awareness training and any additional training identified through incident reviews.

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, at an age appropriate level, are trained to know where their medication is stored to keep them safe.

3. Individual Healthcare Plans (IHPs)

Northway Community Primary School will ensure that all pupils with a diagnosed allergy requiring ongoing management in school have an Individual Healthcare Plan (IHP). The IHP will be developed in partnership with parents/carers, relevant healthcare professionals and the school. The pupil will be involved in discussions where appropriate to their age and understanding.

The IHP will include:

- Details of the pupil's allergens and triggers
- Signs and symptoms of an allergic reaction
- Emergency treatment procedures
- Medication prescribed, including adrenaline auto-injectors (AAIs) and antihistamines
- Storage arrangements for medication
- Educational visit, sporting activity and extracurricular arrangements
- Emergency contact details
- Consent arrangements for administering prescribed medication and spare AAIs where appropriate.

The pupil's medical Allergy Action Plan will form part of the Individual Healthcare Plan and will be stored alongside prescribed medication.

Individual Healthcare Plans will be reviewed:

- Annually
- Following any allergic reaction requiring medical intervention
- Following any significant change to a pupil's condition or treatment
- Whenever requested by parents/carers or a healthcare professional.

The school recommends use of the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans alongside the school's Individual Healthcare Plan documentation.

4. Emergency Treatment and Management of Anaphylaxis

If an Allergy Action Plan is in place, this details the specific treatment required for that particular child.

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 serious 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

Pupils' AAIs and their prescribed medication (antihistamine) will be stored in a red bag (labelled Anaphylaxis bag).
The prescribed medication should be in a rigid protective container to prevent breakage (if included on the action plan).
The AAI should be in an insulated container to maintain the temperature of the medication. This container will be provided by school if the child does not have one.
The child's up-to-date allergy action plan should also be stored in this bag.
The bags are stored in a child's classroom unless they are a distance away from a member of staff being able to get their bag quickly, for example if they go on the school field or on a trip. In those instances a member of staff should carry the bag.
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. They require an insulated container to support this and parents are required to provide this. However, school will provide them if required.

Disposal
AAIs are single use only and must be disposed of as sharps. Used AAIs are to be given to ambulance paramedics on arrival.

6. 'Spare' Arenaline Auto-Injectors in School

Northway Community Primary School has purchased spare **AAIs for emergency use in children who are at risk of anaphylaxis**.

Northway Community Primary School holds 4 spare pens (two with 150mg dose and two 300mg dose) which are all kept in the low cupboard in the Office reception room in the Junior building. These are stored in an insulated container inside the Anaphylaxis red bag.

The Headteacher is responsible for checking the spare medication is in date. This is recorded on Medical Tracker and an alert sent when new pens need purchasing.

Written parental permission for use of the spare AAIs is detailed on the Jext Pen register.

If anaphylaxis is suspected in an **undiagnosed individual** call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

7. Staff Training

The named staff member responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy is Kate McKenzie (Headteacher).

All staff will receive allergy awareness and anaphylaxis training at least annually. New staff members, volunteers, supply staff and regular contractors will be provided with appropriate allergy information and emergency procedures before working unsupervised with pupils.
Training records will be maintained by the school and reviewed annually to ensure compliance and identify additional training needs.

Training includes:
• Knowing the common allergens and triggers of allergy
• 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
• Managing allergy action plans and ensuring these are up to date
• A practical session using trainer devices (these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk and www.emerade-bausch.co.uk)

8. Inclusion and safeguarding

Northway Community Primary School is 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 menu is available for parents to view in weekly/fortnightly/monthly advance with all ingredients listed and allergens highlighted on School Grid where parents can also book meals.
The Headteacher will inform the Cook in Charge of pupils with food allergies. The kitchen staff have access to a list with photographs of children with allergens. The Headteacher is responsible for keeping this up to date. Parents/carers are encouraged to meet with the cook to discuss their child's needs.

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.
• If food is provided from the school kitchen, parents should check the appropriateness of foods by speaking directly to the cook.
• Where food is provided by the school, staff should read labels for food allergens and instructed about 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. If necessary, teaching staff will liaise with parents/carers in advance of food being provided to pupils with allergies.
• Food should not be given to food-allergic children without parental engagement and permission.
• Use of food in crafts, cooking classes, science experiments and special events needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

Curriculum
Throughout a child's life at Northway they will participate in DT lessons which involve cooking and preparing food. Children will be educated about food allergies, at an age appropriate level and risk assessments will be completed before DT sessions take place.
School staff will engage with parents to ensure ingredients and preparation is safe for pupils with food allergies and any necessary adjustments will be recorded on a risk assessment.
Food prepared by children will be sent home labelled with the ingredients in compliance with Natasha's law.

10. School trips

Staff leading school trips will ensure they carry all relevant emergency supplies, including taking one of the school's spare AAIs with them. Trip leaders will ensure that all pupils with medical conditions, including allergies, have their required medication with them for the trip. Staff will be responsible for carrying this during the trip. 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).

11. Allergy Awareness and Management of Allergens

Northway Community Primary School supports the approach advocated by Anaphylaxis UK of being an allergy-aware school.

The school does not operate a blanket ban on specific foods or allergens because it cannot guarantee a completely allergen-free environment. Instead, the school adopts a whole-school approach to allergy awareness, risk reduction and inclusion.

The school will promote an allergy-aware culture through:

- Age-appropriate pupil education;
- Annual staff training;
- Communication with parents and carers;
- Appropriate risk assessments;
- Safe food handling procedures;
- Identification and support of pupils with allergies;
- Promotion of understanding, inclusion and respect for pupils living with allergies; and
- Regular review of school procedures and practices.

Reasonable adjustments will be made wherever possible to minimise risks whilst ensuring pupils with allergies are able to participate fully in school life.

12. Serious Incidents, Near Misses and Learning Reviews

Northway Community Primary School recognises the importance of learning from incidents and near misses in order to continually improve allergy safety.

A review will be undertaken following:

- Any administration of an adrenaline auto-injector;
- Any allergic reaction requiring emergency medical treatment;
- Any accidental allergen exposure that could reasonably have resulted in harm;

- Any significant medication error; and
- Any identified near miss.

Following an incident, the Headteacher or nominated member of staff will:

- Complete an incident report;
- Inform parents/carers as soon as possible;
- Review circumstances surrounding the incident;
- Establish whether procedures and risk assessments were followed;
- Identify and implement any corrective actions;
- Update Individual Healthcare Plans and risk assessments where required;
- Share learning points with relevant staff; and
- Retain records securely in accordance with data protection legislation.

Incident trends will be reviewed annually as part of the policy review process to support ongoing improvements in allergy safety.

13. Food Intolerances & Other Dietary Needs

Children with food intolerances or other dietary needs will be recorded in one single Dietary Needs Register. Parents can share this information by completing a Dietary Information Form. Parents are asked if they consent to their child's information and photograph to be displayed in school. If parents consent, their child's name, picture and dietary needs will be displayed in the School Kitchen and Office. Copies will also be held in the classrooms in the Orange Class Information file.

14. Procedure for Gathering and Updating Medical Information

1. Meet with parents and fill in the dietary information form on the first occasion that they raise a concern.
2. Obtain an allergy plan from a medical professional if medication is to be stored in school or add the details to the Dietary Needs Register.
3. Add a copy of a medical action plan created by a medical professional and store it electronically on TEAMS/ MEDICAL/ ALLERGIES & INTOLERANCES/ ALLERGY CARE PLANS and on Medical Tracker on the child's record.
4. Each time a plan is reviewed delete the old version.
5. In the last two weeks of the academic year, an alert will be sent by Medical Tracker for parents to confirm or update the medical information.
6. If a child, no longer has an intolerance or tests confirm they are not allergic floodfill the Dietary Needs Register in for that academic year and note that parents have suggested they are no longer intolerant/ allergic- store written confirmation from parents on their CPOMS record. They will then be removed from the Dietary Register for the following academic year.

15. Monitoring, Review and Publication

The Headteacher is responsible for ensuring that this policy:

- Is reviewed annually

- Reflects current legislation, statutory guidance and best practice
- Is communicated to staff, governors and relevant stakeholders
- Is available to parents/carers upon request
- Is published on the school website.

The effectiveness of this policy will be monitored through:

- Review of allergic incidents and near misses
- Monitoring of staff training records
- Review of Individual Healthcare Plans
- Feedback from pupils, parents and staff
- Regular audits of medication storage and record keeping.

This policy will be reviewed sooner if legislation, statutory guidance or school procedures change.

16. Useful Links

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

Safer Schools Programme - https://www.anaphylaxis.org.uk/education/saferschools-programme

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

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

Resources for managing allergies at school - https://www.allergyuk.org/living-with-an-allergy/at-school

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