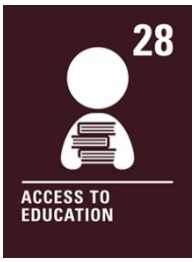
Dene House Primary School

Manor Way, Peterlee, Co. Durham. SR8 5RL. Tel (0191) 586 2937
Email address: office@denehouseprimary.co.uk
Website: www.denehouse-pri.durham.sch.uk

Allergy Management Policy



Date of last review:	September 2025
Date of next review:	Sept 2026
Lead members of staff:	Mr L Blake (Head Teacher) and Mrs Lindsey Watson (Deputy Head)

The health and safety of all children at Dene House Primary School is of the highest importance to all staff.

This policy aims to minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.

Contents

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.

Common UK Allergens include (but are not limited to):- Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how Dene House 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 reception 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 (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist.

• Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
• Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff 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.
- SENCO will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication in in date however the School SENCO will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- SENCO 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.

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.

3. Allergy Action Plans

Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline autoinjector.

Dene House Primary School recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

4. Emergency Treatment and Management of Anaphylaxis

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

• a red raised rash (known as hives or urticaria) anywhere on the body

• a tingling or itchy feeling in the mouth

• swelling of lips, face or eyes

• stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

• AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).

• BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.

• CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more 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**

There should be an anaphylaxis kit which is kept safely, not locked away and **accessible to all staff**.

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

• Two AAIs i.e. EpiPen® or Jext® or Emerade®

• An up-to-date allergy action plan

• Antihistamine as tablets or syrup (if included on allergy action plan)

• Spoon if required

• Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled.

Storage

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by KITT Medical. The sharps bin is kept in the stationary cupboard.

Dene House Primary School has a contract with KITT medical who are contracted to replace used/out of date AAIs.

6. **'Spare' adrenaline auto-injectors in school**

Dene House Primary School has purchased spare AAIs for emergency use in children who are risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date).

These are stored in a white colour pack/container, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and accessible and known to all staff. DHP School holds 4 spare pens which are kept in the following location/s:- By medical information board beside staff room.

Dene House Primary School has a contract with KITT medical who are contracted to replace used/out of date AAIs.

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

All staff will complete online AllergyWise anaphylaxis training at the start of every new academic year. Training is also available on an ad-hoc basis for any new members of staff. 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

8. Inclusion and safeguarding

Dene House 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 advance with all ingredients listed and allergens highlighted on the school website at _ _ _ _ _ _ _ _ _

The SENCO will inform the Catering Manager of pupils with food allergies.

Dene House Primary School contracts our school meals out to Chartwells and they have a system in place for all catering staff to be able to identify pupils with known allergies. Their names, allergens and photos are displayed beside the serving hatch.

Parents/carers are encouraged to meet with the Catering Manager 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.

• Where food is provided by the school, staff should be educated about how to 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. For further information, parents/carers are encouraged to liaise with the Catering Manager.

• Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).

• Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

10. **School trips**

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Sporting Excursions

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are

not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

11. Risk Assessment

Dene House Primary School will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe. 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-withan-allergy/at-school/ BSACI Allergy Action Plans - https://www.bsaci.org/professionalresources/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

12. 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-schools

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

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

BSACI Allergy Action Plans - https://www.bsaci.org/professionalresources/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

13. Roles and responsibilities

In Dene House Primary School at least one person who has a current paediatric first aid certificate will be on the premises at all times.
The school will have a sufficient number of suitably trained first aiders and an 'appointed person' to take charge of first aid arrangements.

Appointed person(s) and first aiders

The school's appointed person is responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

First aiders are trained and qualified to carry out the role and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending pupils home to recover, where necessary
- Filling in an accident report on the same day, or as soon as is reasonably practical, after an incident
- Keeping their contact details up to date

The school will display the names of first Aiders and the appointed person in relative places.

The Head Teacher

The Head Teacher is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of appointed persons and/or trained first aid staff are present in the school at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures and first aid staff
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary

Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident forms for all incidents they attend to, where a first aider/appointed person is not called
- Informing the Head Teacher or their manager of any specific health conditions or first aid needs of which they are aware

3. First Aid Procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- The first aider will also decide ***whether the injured person should be moved or placed in a recovery position***
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents
- If emergency services are called, the appointed person will contact parents immediately
- If a pupil cannot articulate the exact location of any pain then it is appropriate for first aiders to conduct a full body survey where they gently tap (not near genitals) body parts with the consent of the child.
- ***All accidents*** *will be recorded in the accident book by the first aider who attends to the injury and accident slips and first aid bands sent home to parents/carers.*

Dealing with bodily fluids – Aims:

• To administer first aid, cleaning, etc. for the individual.
• **To protect the individual and others from further risk of infection.**
• To protect the individual administering first aid, cleaning, etc.

Procedure to adopt when dealing with blood, body fluids, excreta, sputum and vomit:

- Isolate the area.

- Always use PPE. NEVER touch bodily fluids with your bare hands.
- Clean the spillage area.
- Use bucket and mop with red mark from Caretaker's room (inform Caretaker if used by leaving a note)
- Double bag all materials used and dispose of in the outside dustbin.
- Blood loss – if possible give individual cotton pad to hold against themselves whilst you put on disposable gloves.
- Always wash hands after taking disposable gloves off.

Off-site procedures

When taking pupils off the school premises, staff will ensure they always have the following:

- A mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- Parents' contact details

Risk assessments will be completed by the class Teacher prior to any educational visit that necessitates taking pupils off school premises. There will always be at least one first aider on school trips and visits.

Schools with Early Years Foundation Stage provision will always have at least one first aider with a current paediatric first aid certificate present on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

All teachers taking children out of school for a trip or residential visit are equipped with a first aid pack and will carry any medication needed for individual children.

4. First Aid Equipment

Dene House Primary has a range of First Aid equipment on site and an appropriately stocked First Aid Kit is kept in the stock cupboard. Cuts are cleaned using, running water and/ or anti-bacterial wipes as appropriate. PPE is found in the area of the first aid box and will be worn by staff when dealing with blood and any other bodily fluids.

Disposable ice packs are found in the first aid box also in the stock room and can be used to reduce the swelling for bumps and suspected strains and sprains. If ice packs are used then these are first wrapped in a paper towel/or suitable covering to prevent contact with the skin.
All medical waste is disposed of in a medical disposal unit which is kept securely in the stock cupboard.

Defibrillator
A defibrillator is housed in the corridor near the staffroom.

General
Small first aid packs are available in bags used by staff on duty at lunchtimes. All staff are permitted to administer basic first aid – grazes and bumps (not head injuries). Everything else must be handled by a member of staff trained in paediatric first aid.
The first aid equipment will be regularly checked and managed by the first aiders.

5. Record Keeping and reporting

All accidents are recorded on a minor accident form (an accident report form for staff) and these are stored in the First Aid cupboard. As much detail as possible should be supplied when reporting an

accident. All pupils who have received first aid must be given a wrist band and a copy of the accident slip must be sent home.

Any head bumps are recorded and parents are informed by a 'bumped head' wrist band AND telephone call home by school office staff. In the event of serious injury or concerns, first aiders must complete an accident/ incident report form, sending a copy to the Durham Safeguarding Children Partnership and directing the child/ adult to see a doctor or visit an accident and emergency department to seek further advice.
Medical information about a child is gathered through the data collection sheets as well as through information provided by parent or carer.

Important medical information is kept on Arbor and is accessible by all teachers. Records about those children with particular medical conditions or allergies are also kept in the office in the blue contacts file and information displayed on the medical board (with parental consent).

All emergency phone numbers are kept in the contacts file in the office and on Arbor. Each new child that starts within the school supply information regarding health issues and these are recorded on Arbor.
Food allergies are listed in the blue contacts file and displayed on the medical board so that the teachers are aware. The school cook is notified of all children with food allergies. Photographs are provided to help staff identify and therefore provide the appropriate care for specific children.
Dene House Primary School will not discriminate against pupils with medical needs.
In certain circumstances it may be necessary to have in place an Individual Health Care Plan. This will help staff identify the necessary safety measures to help support young people with medical needs and ensure that they and others, are not put at risk. These plans will be drawn up in consultation with parents and relevant health professionals.

They will include the following:-
• Details of the young person's condition
• Special requirements i.e. dietary needs, pre-activity precautions
• Any side effects of the medicines
• What constitutes an emergency
• What action to take in an emergency
• Who to contact in an emergency
• The role staff can play

Notifying Parents

Pupils who have received first aid will be given a first aid wrist band. This informs parents that their child has received first aid and will have a slip in their bag. Head injuries will also receive a slip but this will be followed up by a phone call home.

Reporting to Ofsted and child protection agencies

The Head Teacher will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident. The Head Teacher will also notify Durham Safeguarding Children Partnership of any serious accident or injury to, or the death of, a pupil while in the school's care.

Reporting to the HSE

The Head Teacher will keep a record of any staff accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).
The Head Teacher or their Health and Safety Representative will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
- Fractures, other than to fingers, thumbs and toes
- Amputations
- Any injury likely to lead to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to the brain or internal organs
- Serious burns (including scalding)
- Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
- The collapse or failure of load-bearing parts of lifts and lifting equipment
- The accidental release of a biological agent likely to cause severe human illness
- The accidental release or escape of any substance that may cause a serious injury or damage to health
- An electrical short circuit or overload causing a fire or explosion