NURTURE AMBITION EMPOWERMENT INCLUSION COLLABORATION

Robert Owen Nursery School Personal Allergies Policy

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Purpose	To minimise the risk of any child 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.

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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. 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 schools will support children with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. 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 auto-injector.

It is widely recommended that the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are used 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. Similarly, it is a staff member's responsibility to do the same if they have an allergy.

3. Medical Needs & Allergy Management: Roles and Responsibilities

- **SENCO Responsibilities**
  The SENCO holds overall strategic oversight for medical needs and allergy management across the school, ensuring statutory compliance and robust record-keeping of:

- **The Medi-Alert Book:** Maintained as the definitive central record of all children and staff with medical conditions and prescribed Adrenaline Auto-Injectors (AAIs).

- **Policy Compliance:** Monitoring that staff follow medical policies such as complete routine day-to-day medical logs (e.g. antihistamine administration) and that up-to-date Allergy Action Plans are filed alongside children's medications.

- **Emergency & Incident Logging:** Ensuring emergency services are summoned when required and formally recording any instance of AAI use alongside subsequent emergency treatment protocols.

❖ **Classroom & School Staff Responsibilities**

All staff share a **statutory duty of care** to ensure immediate, safe intervention. Responsibilities are divided into daily management, school trips and emergency response:

- **Daily Care & Monitoring:** Administering routine medication as prescribed, maintaining awareness of children's allergies in their care (including cover classes) and exercising strict supervision during food-related activities.

- **Medication Audits:** Conducting termly checks to ensure classroom-stored medications are in-date and stored alongside the child's care plan, prompting notifications to parents if expiry is approaching.

- **Emergency AAI Administration: All staff members are fully empowered and authorized** to immediately administer an emergency AAI (e.g., EpiPen) in the event of suspected anaphylaxis. **Treatment must never be delayed to wait for a first aider.**

- **Emergency Services Activation (999):** In the event of a severe reaction, staff must call 999 **immediately and without delay**. The Senior Leadership Team must then be informed immediately.

- **School Trips & Excursions:** Trip leaders or designated adults must personally hold and securely carry the child's required emergency medication (not the child). Staff must verify all medications are present prior to departure. Children without their required, in-date emergency medication will be unable to attend the visit.

- **Training:** All staff must complete mandatory anaphylaxis training annually, with ad-hoc sessions provided for new staff.

- **Allergy Action Plans:** These individualised care plans, provided by parents and healthcare professionals, **must** be kept directly alongside the child's stored emergency medication. Staff **must** actively familiarise themselves with the specific triggers, symptoms and emergency protocols detailed in the plans of all children under their care (including cover classes). In the event of an allergic reaction, the signed plan acts as immediate consent and staff must follow its step-by-step instructions without delay.

❖ **Parent/Carer and Staff with an Allergy Responsibilities**

Parents hold the primary responsibility for providing the school with the medical details and tools necessary to keep their child safe. Similarly, staff with allergies hold the primary responsibility for providing the school with the medical details and tools necessary to keep themself safe:

- **Admissions & Disclosure:** During the admissions process parents must inform office staff of all known allergies, history of anaphylaxis, serious past reactions, and details of prescribed medication during the admissions process. This will then be passed onto the SENCO and class teacher. Similarly, staff members should provide this information to a member of the senior leadership team.

- **Allergy Action Plans:** Providing a formal Allergy Action Plan developed in collaboration with a healthcare professional (GP/specialist) and updating the school immediately regarding any management changes.

- **Medication Provision:** Supplying the school with all required medications, ensuring they are well within their expiry date and promptly replacing any expired, used, or damaged medication.

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 child 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 (or adult) 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) and inform senior leaders immediately.**

- If no improvement after 5 minutes, administer a 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 children 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

Medications are stored in a clear box, clearly labelled with the child's name and DOB. It must 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).

A child's designated medical box (containing their emergency medication and Allergy Action Plan) must remain within immediate access of the child at all times, wherever they are in the building. The box must be positioned in a highly visible, easily identifiable location that is quick and easy for any adult to access in an emergency, ensuring there is zero delay in administering treatment.

At Robert Owen, this is in the medical cupboard which is available in each class.

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.

Storage

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

During heatwaves, the SENCO is responsible for overseeing medication and will check that medication is being stored at an appropriate temperature.

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.

For staff, a medical box is stored in the room the staff member works predominantly in.

6. 'Spare' adrenaline auto-injectors in school

Robert Owen has purchased spare **AAI's for emergency use with children who are at risk of anaphylaxis,** but their own devices are not available or not working (e.g. because they are out of date).

This is stored in the school office in the **blue Medical Grab Bag**, in a clear wallet, clearly labelled '**Emergency Anaphylaxis Adrenaline Pen**'. This is to be kept safely, but never locked away to ensure it is accessible and known to all staff.

The SENCO is responsible for checking, on a termly basis, whether the spare medication is in date and is being stored appropriately. The expiry date is logged on the school calendar and within this policy, to ensure it is replaced in a timely manner.

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

If anaphylaxis is suspected **in an undiagnosed child (or adult), call** the emergency services and state **you suspect anaphylaxis** and that we have **a spare adrenaline auto injector on site**. Follow their advice as to whether administration of the spare AAI is appropriate.

7. Staff Training

The named staff members (at least 2) responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:

- *Rosi Mahoney - Assistant Headteacher for Inclusion*
- *Hannah Ponting- Head of School*

All staff are required to complete online anaphylaxis awareness training via the *High Speed Training* portal, in association with Natasha's Foundation Allergy School, at the beginning of each academic year. This annual training ensures that all staff maintain up-to-date knowledge of anaphylaxis recognition and emergency response procedures.

Any staff members joining the school during the academic year **must** complete the training as part of their induction, before assuming responsibilities for children where reasonably practicable. Refresher training is also available on an ad hoc basis whenever required or when updates to guidance are introduced.

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

Robert Owen 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.

The School Office manager will inform the Catering Manager of children with food allergies.

Robert Owen has a clear system in place to ensure that staff can readily identify children with food allergies. All children with a known allergy are added to the schools' Medi Alert book. During lunch service, at least one adult from the child's class is present to ensure that they receive the correct food. This food is labeled by the caterers.

In the Early Years Foundation Stage (EYFS), it is recognised that children may try to eat other children's food, so a member of staff sits with children to supervise this.

The School Cook will maintain an up-to-date copy of the school's Medi-Alert Handbook, which contains details of children' dietary and allergy requirements. This information is shared with all catering staff working in the school kitchen to ensure that appropriate precautions are taken when preparing and serving meals. Catering staff are expected to familiarise themselves with this information and follow agreed procedures to minimise the risk of allergen exposure.

Robert Owen adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for children with food allergies should be clearly labelled with the name of the child for whom they are intended.
- Wherever age and stage appropriate, the child should be taught to have an understanding of their allergies and to check with staff before selecting their lunch choice. **However,it remains the ultimate responsibility of all school staff to know which children have allergies and to ensure children do not consume food that contains their allergens.**
- Where food is provided by the school, staff are 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 nursery 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 ensure designated adults securely carry the required emergency medications. Children without their required, **in-date** emergency medication will need this before they are able to leave for the visit. Staff **must** check that a child's medication is in school prior to the visit, to avoid situations where children are excluded from a visit.

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

11. Allergy awareness and nut bans

Robert Owen supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. This does not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect children and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, children and all other staff are aware of what allergies are, the importance

of avoiding the child's' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

12. Risk Assessments & Attendance Conditions

As a fundamental safety condition, **all children with prescribed allergies are required to have their emergency medication in school and in date whenever they are in school. If a child arrives at school without their required emergency medication, they will not be permitted to remain in class and will be required to go home until the medication is provided.** There are no exceptions to this rule, as the school cannot legally or safely fulfill its duty of care without immediate access to lifesaving medication.

13. Useful Links

- Anaphylaxis UK - https://www.anaphylaxis.org.uk/
- Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer-schools-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