Allergens Policy

Reviewed by:	**Trustees**
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1. Statement of Intent

West Norfolk Academies Trust (WNAT) is committed to promoting a whole approach to health care, welfare and wellbeing and the safe management of those members of our school community who live with specific allergies. We believe that all allergies should be taken seriously and dealt with in a professional and appropriate way.

By our actions we will work proactively to:

- minimise the risk of exposure within the school setting
- encourage self-responsibility
- learn avoidance strategies
- have robust plans for an effective response to possible emergencies
- ensure inclusivity for all students

2. Equalities Statement

WNAT schools are clear about the need to actively support students with medical conditions to participate in school life. The schools will consider what reasonable adjustments need to be made, following the completion of an Individual Healthcare Plan (IHP), Review of any Allergy Action Plan (AAP) of Risk assessment, to enable these students to participate fully and safely in all aspects of school life.

3. Introduction

Allergy is the response of the body's immune system to normally harmless substances. These do not cause any problems in most people, but in allergic individuals the immune system identifies them as 'allergens' and produces an inappropriate 'allergic' response. This can be relatively minor, such as localised itching, but it can also be much more serious, causing anaphylaxis which can lead to breathing problems and collapse.

Common allergic triggers include nuts, cow's milk and other foods, venom (bee and wasp stings), drugs, latex and hair dye. The most common cause of anaphylaxis in children/young people is foods. Symptoms often appear quickly and the 'first line' emergency treatment for anaphylaxis is adrenaline which is administered with an adrenaline auto-injector (AAI).

Around 2-5% of children in the UK live with a food allergy, and most school classrooms will have at least one allergic student. These people are at risk of anaphylaxis. 20% of serious allergic reactions to food happen whilst a child is at school, and these reactions can occur in someone with no prior history of food allergy. It is therefore essential that staff recognise the signs of an allergic reaction, and are able to manage this accordingly.

This policy is intended to provide clear and consistent information on managing allergies across the WNAT estate.

4. Principles

- To comply with all relevant legislation, regulations and requirements.
- To encourage proactive steps to keep students and staff safe.
- To ensure students from diverse backgrounds, ethnicities or different cultural heritages are not disadvantaged when dealing with allergies and food labelling.
- To work with the catering provider/team to establish a robust process and documentation for menu planning, food labelling, storing, avoidance of cross-contamination, stock ordering of food/drink used at the school. (See WNAT Food safety policy)

- To provide an effective staff awareness programme on food allergies and intolerances, possible symptoms (anaphylaxis) recognition and actions to take.
- To develop a student awareness programme through curriculum areas.

5. Responsibilities

In order to put these principles into practice we will:

5.1 Trustees

- Ensure the school has a strategic vision for the management of allergies and emergency procedures
- Ensure the day-to-day effective delivery of this Policy
- Ensure the school's arrangements to identify and safeguard the wellbeing of students with a known allergy, are robust and effective
- Ensure that the school provides appropriate training, information, instruction, induction and supervision on a regular basis to enable everyone to stay safe regarding allergies and their management.
- Ensure adequate resources for managing allergies are available
- Ensure appropriate material is available on the school website for parent/carers highlighting how the school is managing students with allergies
- Monitor the effectiveness of this Policy to ensure it remains fit for purpose

5.2 Headteacher

- Provide, as far as practicable, a safe and healthy environment in which people at risk of allergic reaction and anaphylaxis can participate equally in all aspects of school life and are not subject to bullying because of their condition
- Ensure all visitors, volunteers, work experience students, sub-contractors are made aware of the school's commitment to allergy management as part of Safeguarding requirements.
- Ensure suitable allergy awareness training is made available and that staff have access.
- Ensure the curriculum contains age-appropriate content so all students can learn about allergies and how everyone can support those who have them
- Create links at strategic level with healthcare professionals and Catering providers and ensure at operational level that links are robust
- Ensure that Individual Healthcare plans (IHP), (see Appendix A) are completed and recorded for individuals as below
    1. Those who have an allergy which has a functional impact on them in their school, college or setting
    2. Those that are at risk of harm as a result of their allergy AND
    3. Those who require arrangements which are additional to or different from those made generally
- Encourage parents/carers to provide Allergy Action Plans (AAPs) completed and signed by a healthcare professional to support the IHP
- Ensure the school sends a copy of the IHP and AAP to parents/carers for review and update at the end of each school year, seek updated medical information at the commencement of each calendar year and for any student joining in year
- Ensure effective communication of the IHP/ AAP to all staff and that they know how and where to check for updated information.
- Ensure there are enough trained staff to meet the statutory requirements and assessed needs, allowing for staff absences away from the school premises
- Ensure an adequate risk assessment is undertaken prior to any school trips, excursions or offsite extra curricula activities for students who have allergies

- Ensure records of students medically prescribed an AAI are kept correctly and staff are aware
- Ensure the school has a sufficient stock of spare AAIs and they are controlled effectively
- Ensure all incidents involving allergic reactions are recorded, including 'near misses'
- Ensure catering departments have an up-to-date list of students identified as having an allergy.
- Report to the Board of Trustees regarding the management of allergies within the school

5.3 Leadership Teams and Those Responsible for Students Medical Needs

- Follow all legal requirements, recommended best practice and whole school procedures pertaining to allergies within the school context
- Report to the Head teacher regarding students with allergies where concerns are identified, including those not diagnosed.
- Complete, review and manage Individual Healthcare Plans (IHP) as required
- Ensure all control measures identified as per the IHP are in place and that all staff are made aware as required.
- Liaise with parents/carers of students with known allergies to produce an AAP for their child that includes sharing of information, allergy management, risk minimisation and emergency actions. Where an AAP has not been received for a student with recognised allergies, or if the information is not clear, liaise with parents to obtain an up-to-date copy and/ or seek clarification.
- If provided, and wherever possible, use an AAP for students with recognised allergies and keep it with their medication. Ensure copies of the AAP are available for all staff to access.
- Ensure that the AAP is viewed and treated with the same level of seriousness as the IHP
- Ensure all copies of the IHP/AAP located around the school and/or on IT systems are identical if an updated version is received.
- Where students are not deemed old enough, mature enough or it is recorded that they should not carry their own medication, ensure medication is stored in a rigid box clearly labelled with the student's name and a photograph.
- Encourage all staff to make themselves aware of how to utilise an AAI
- Ensure all school trips, excursions or off-site extra curricula activities are Risk Assessed so that 'safe' food is provided or that an effective control is in place to minimise risk of exposure for students with allergies
- Ensure the school has an audited spare supply of in date AAIs that are kept in a safe space at room temperature that is secure but not locked away and all staff are aware of the location.
- Monitor all AAIs to ensure they are within the expiry date, including those brought into the school by students, and arrange for the correct disposal of out-of-date AAIs
- Work closely with in-house and sub-contracted Catering teams to assist in the support of students with known allergies (including meeting with parents/carers where requested) to discuss any special requirements
- Monitor allergy training records to ensure all staff complete the mandatory requirement
- Promote the recording of all incidents involving allergic reactions including 'near misses'
- Monitor occurrences where home baked items are brought into school
- Ensure that, if a student notifies school that they are no longer allergic to a food, this information is checked prior to updating records including the IHP/ AAP (if applicable) and other staff.

5.4 All Staff

- Follow as directed all the requirements of the school, including all legal requirements, recommended best practice and whole school procedures pertaining to allergies within the school context
- Complete appropriate allergy awareness training as directed
- Respond effectively to all allergy incidents
- Raise awareness about allergies and anaphylaxis amongst students in the classroom and around school, especially in dining areas
- Encourage self-responsibility and learned avoidance strategies amongst students living with allergies
- Help all students understand which foods are safe for those with allergies and how they can support others with specific dietary needs to stay safe
- Monitor and highlight all cases of bullying of students with the allergies
- Be aware of the students in their care (including regular cover classes) who have known allergies as an allergic reaction could occur at any time, not just at breaks or mealtimes
- Any food-related activities must be supervised with due caution whilst following best practice for storing, preparing, cooking and serving food
- Any staff leading on a school trip must check that all students with medical conditions, including allergies, are carrying their medication or that it is readily available (those unable to produce their required medication would not be able to attend the excursion) and that a suitable Risk assessment is in place prior to the event
- Staff leading a school trip, excursion or off-site extra curricula activity must ensure they carry all relevant emergency supplies with them

5.5 Parents/Carers

- Notify the school of the student allergies
- Inform the school of any changes as soon as known
- Talk with your child about allergy self-management, including what foods are safe and unsafe, how to read food labels, strategies for avoiding allergens, how to spot symptoms of allergy, how and when to tell an adult if experiencing an allergic reaction
- Provide an AAP completed by a healthcare professional that can be kept with their medication and help the school support the student
- Contribute to the provision of an HP in partnership with the school, and relevant healthcare professional, where required
- Provide any other written medical documentation, instructions and medications as directed by a health professional
- If you require it, meet with the Catering Manager to discuss any specific requirements relating to your child's allergy (information from these meetings will be recorded by the Catering Manager)
- Communicate regularly with the school to support keeping children safe and enabling them to act immediately in the event of an allergic reaction
- Provide appropriate in date medication (two AAIs) of the correct dosage and register their AAIs on the manufacturer's websites to receive text alerts for expiry dates
- Providing appropriate foods to be consumed by the child if necessary
- Replace medications after use or upon expiry
- Review the Policy and procedures with the school's Head teacher and/or Member of Staff responsible for medical needs, the student's doctor and the student (if age appropriate) after a reaction has occurred

5.6 Students with Allergies (as Age Appropriate)

- Have a good awareness of their allergy and support the knowledge of peers in helping keep them safe
- Be proactive in the care and management of their food allergies and reactions and medication
- Be sure not to exchange food with others and take care to avoid any foods which may cause an allergic reaction
- Read food labelling but, if unsure, avoid the food
- Avoid eating anything with unknown ingredients
- Know where their medication is kept and (if age appropriate and confident enough to administer their own auto-injectors) take responsibility for carrying AAIs on their person at all times
- As soon as they suspect they are experiencing signs of allergic reaction, tell an adult.

6. Supply, Storage and Care of Medication

Depending on their level of understanding and competence, students will be encouraged to take responsibility for and to carry their own two AAIs on them at all times (in a suitable bag/container).

For younger children or those not ready to take responsibility for their own medication these should be stored as follows:

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

- Two AAIs
- An up-to-date allergy action plan (AAP)
- 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, however the SENCO/First aid nominated person (See WNAT First Aid Policy) will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

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 and this should be recommended if not in place.

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

All AAIs, whether personal or spare, 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 a clinical waste contractor/specialist collection service.

Spare AAIs

Immediate access to an AAI can be life-saving. While it's vital that families have their own prescribed AAIs for their child, having spare AAIs at school adds an extra layer of reassurance for everyone involved. It's a step towards creating a safer and more inclusive environment for children managing severe allergies.

Spare AAI's should be clearly labelled as such, kept separate from personal AAIs and should be monitored to ensure they remain in date. They should be kept in pairs and should be accessible and delivered to the person in need in no more than 5 minutes. This may require additional storage in larger school sites.

7. Catering

As part of WNATs duty to support children with medical conditions, they must be able to provide safe food options to meet dietary needs including food allergy. Catering staff must be able to identify students with allergies.

All food businesses (including schools) 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.

Food safety including the control of allergens is provided in the WNAT food Safety Policy.

8. Sports Activities and Educational Visits

8.1 In School

All children with allergies and who have been prescribed AAIs should take their AAIs to the sports ground / hall with them. The teachers leading the sports sessions should all be first aid trained, be aware of students with known allergies and now how to react in the event of an allergic reaction.

8.2 Outside Schools

Children with allergies should have every opportunity to take part in out-of-school activities such as educational visits and away sports fixtures. Such activities will need careful planning and preparation, but there is no reason to exclude a child with allergies.

Information contained within the students IHP and AAP should be reviewed by the member of staff leading the event to ensure a concise Risk assessment is in place to record all arrangements and control measures ahead of the event

9. Managing Insect Stings and Bites

Insect stings (including bee and wasp) can cause a lot of anxiety and require careful management. Children need to take special care outdoors, wearing shoes at all times and making sure any food or drink is covered. Adults supervising activities must ensure that suitable medication, including AAIs, is always on hand for the management of anaphylaxis.

Where bee or wasp nests are identified these should be reported and removed as soon as possible.

10. Training & Awareness

All WNAT schools have in place a nominated person/s responsible for first aid at their respective sites and will have sufficient numbers of suitably trained staff as per their first aid needs assessment (See WNAT first aid policy).

Notwithstanding the above and due to the high risk associated with allergic reactions all staff, irrespective of first aid training, must complete allergy awareness training, be aware of who is responsible for managing allergy information and how to raise concerns and ideally make themselves aware of the process of administering an AAI

Information on how to respond to an allergic reaction should be displayed in prominent locations throughout the school site and are mandatory in catering and food prep areas including High School food tech rooms.

To support the above the following information is provided as below

Appendix B – Flowchart of recommended actions for allergic reaction WITHOUT the use of AAI
Appendix C – Flowchart of recommended actions for allergic reaction WITH the use of AAI
Appendix D – First Aid for Anaphylactic poster
Appendix E - EpiPen AAI and Jext AAI Instructions

11. Allergies and Bullying

Bullying and harassment in all forms will not be tolerated including in relation to allergies. An incident of bullying and harassment must be dealt with promptly.

By law, all schools must have a behaviour policy in place that includes measures to prevent all forms of bullying among students. (See WNAT Bullying and Harassment Policy).

All staff should promote understanding of allergens and how they impact a person's day to day life as part of the curriculum requirements where possible.

Appendix A - Individual Healthcare Plan (IHP) – Template

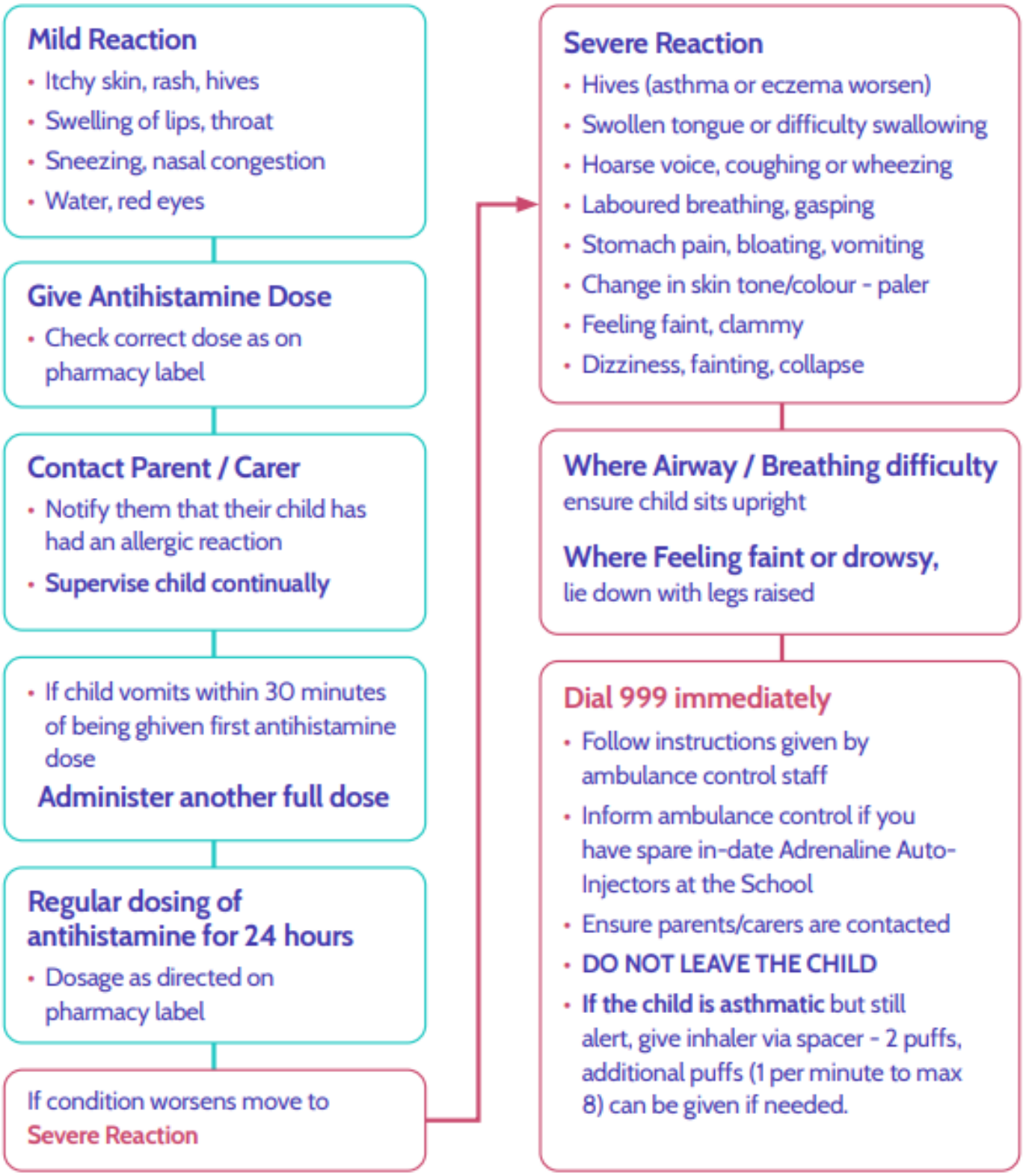
<table>
<tr><th colspan="2">NAME – Individual Healthcare Plan for allergy</th></tr>
<tr><td>Date of birth:</td><td rowspan="4">Current photo</td></tr>
<tr><td>Year / class:</td></tr>
<tr><td>Emergency contacts:</td></tr>
<tr><td>Staff who need to be aware:</td></tr>
<tr><td colspan="2">Allergy:
Note what allergy the child or young person has.
Note any known allergens.
Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</td></tr>
<tr><td colspan="2">How the allergy is managed:
Note any care or action plans or prescribed medication issued by healthcare professionals.
If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.
Note the extent to which the child or young person is able to take responsibility for managing their allergy.</td></tr>
<tr><td colspan="2">Impact on education:
Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.
Indicate how the allergy may impact on the child or young person's learning.
Indicate how the allergy may impact on the child or young person's emotional wellbeing.
If relevant, note any interaction between allergy and SEN.</td></tr>
<tr><td colspan="2">Arrangements for support:
Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.
Outline measures to reduce the risk of contact with known allergens.
Give details of the specific support or adaptations to manage food allergy at meal and snack times.
Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.</td></tr>
<tr><td colspan="2">Visits and trips:
Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.
Note any requirement for a risk assessment and prompts for specific issues which should be considered.</td></tr>
<tr><td colspan="2">Emergency response:
Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.
Otherwise summarise the signs or symptoms which would indicate an emergency.
Set out what to do in an emergency, including whom to contact.
If relevant, note where "spare" adrenaline devices are located.</td></tr>
<tr><td>Last discussed with parents:</td><td>Date</td></tr>
<tr><td>Issued by:</td><td>Date:</td></tr>
<tr><td>Next planned review:</td><td>Date:</td></tr>
</table>

NAME – Individual Healthcare Plan for allergy Annex: Medication needed while in school / college / setting	
Non-prescription medication: *Record any non-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Parental consent:	**Date**:
Prescription medication: *Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Prescribed by:	**Date**:
Parental consent:	**Date**:
Use of "spare" adrenaline devices: *Note whether parental consent has been given to administer adrenaline (e.g. using "spare" adrenaline devices) in an emergency.*	
Parental consent:	**Date**:
Use of "spare" salbutamol inhaler: *If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a "spare" salbutamol reliever inhaler.*	
Parental consent:	**Date**:

NAME – Individual Healthcare Plan for allergy Annex: Care or Action Plans issued by healthcare professionals	
Allergy / Asthma Action Plan: *Attach any Action Plan to the IHP for use in an emergency.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Issued by:	**Date**:
Care Plan: *Note where any relevant care plan can be found.* *Note what staff are responsible for delivering / supporting delivery of the care plan.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Date:	**Date**:

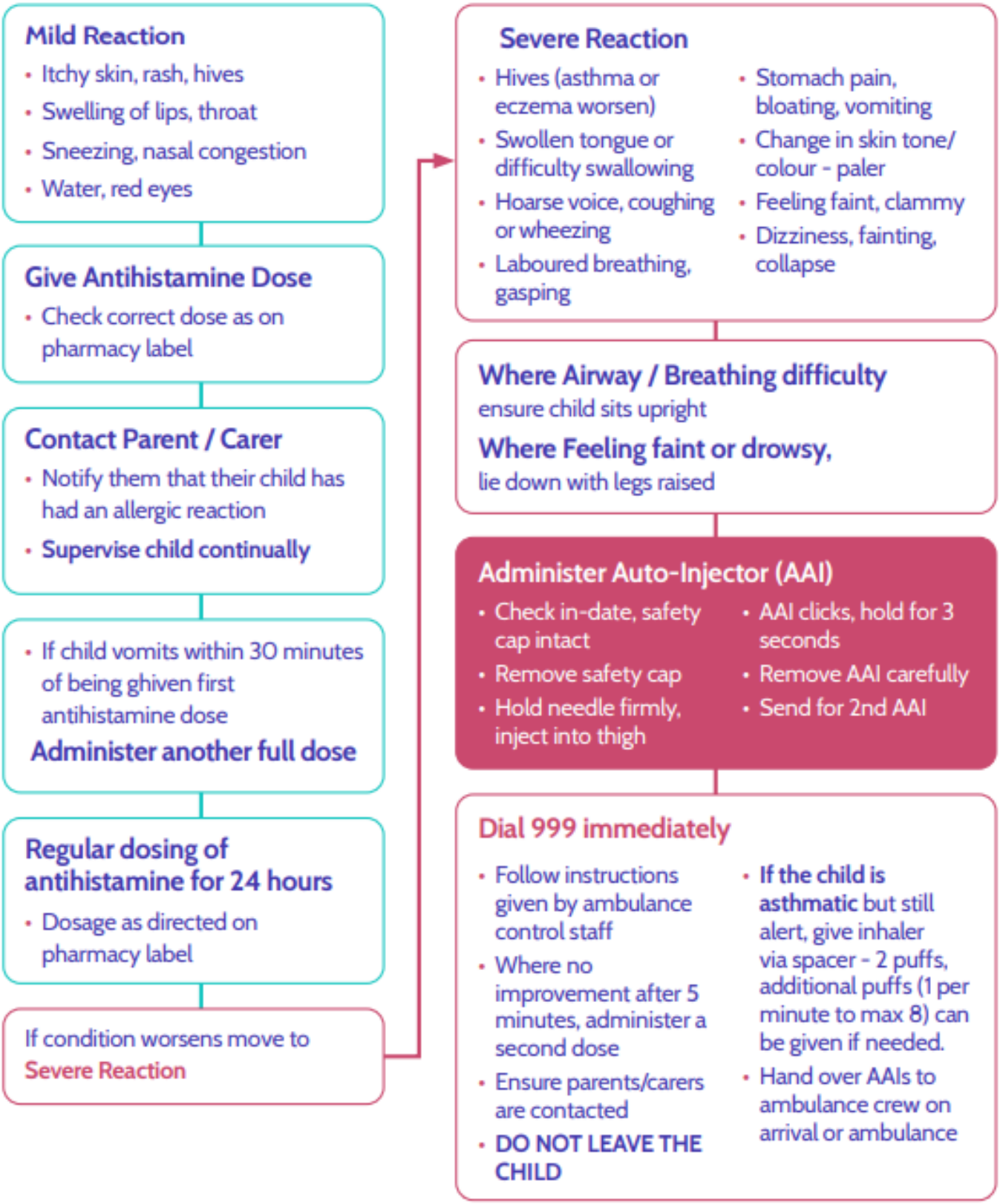
Appendix B – Flowchart of recommended actions for allergic reaction without the use of AAI

Refer to the child's Allergy Action Plan if they have one and call for other staff help if needed



Appendix C – Flowchart of recommended actions for allergic reaction with the use of AAI

Refer to the child's Allergy Action Plan if they have one and call for other staff help if needed



Appendix 3 - First Aid for Anaphylaxis poster

FIRST AID FOR ANAPHYLAXIS

Recognise the Signs of Anaphylaxis...

A Airways

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

B Breathing

- Difficult or noisy breathing
- Wheeze or persistent cough

C Circulation

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

An allergic reaction can escalate to anaphylaxis which is potentially life-threatening.
Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

ANAPHYLAXIS: ACTIONS TO TAKE

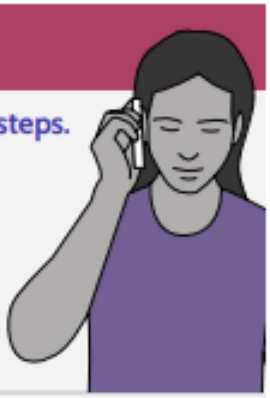
If any one or more of the above ABC symptoms are present, take these steps.

1. Administer an Adrenaline Auto Injector (AAI) without delay

Inject the AAI into the top of the outer thigh. If you're in doubt that it is anaphylaxis but one or more ABC symptoms are present, **give the AAI, it will not harm them.**

2. Dial 999 and say anaphylaxis ('ana-fill-axis')

Stay with the person until the ambulance arrives. **DO NOT let them stand up and walk around.**



3. The person should lie down immediately

If the person is not already lying down, they should do so, with legs raised if possible. If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.

4. Inject a second AAI into the outer thigh if there are no signs of improvement after 5 minutes

If there is no sign of life, start CPR immediately until help arrives.

Please learn these steps. This is life-saving information.
You never know when you will need to act in an anaphylaxis emergency.

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

Empower · Include · Protect
AllergySchool.org.uk

Appendix 4 - EpiPen AAI and Jext AAI Instructions

ANAPHYLAXIS

HOW TO USE EPIPEN AAIS

If you think someone is have an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Remove the blue safety cap

Grasp the EpiPen in your dominant hand and remove the blue safety cap by pulling straight up. **Remember: Blue to the Sky, Orange to the Thigh!**

2. Position the orange tip

Hold the EpiPen at 90°, approximately 10cm away from the leg, with the orange tip pointing towards the outer thigh.

3. Administer the EpiPen AAI

Jab the EpiPen firmly into the outer thigh at a right angle. Hold firmly for 3 seconds, before removing and safely discarding.

4. Once the EpiPen AAI has been administered call 999

Ask for an ambulance and say **"ana-fill-axis".**

5. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, **with legs raised if possible.**

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side .

6. If there are no signs of improvement after 5 minutes, use a second EpiPen AAI

The person should remain still and lying down until the ambulance arrives. **Don't try to get up, even if you start to feel better.**

7. Start CPR

If there are no signs of life, **start CPR immediately** until help arrives.

For more information on EpiPen AAIs >>

Sign up to the free expiry alert service and receive reminders by text or email when your EpiPen is about to expire >>