



# Glenmere Primary School

## Allergen and Anaphylaxis Policy

## **Contents:**

### Statement of intent

1. Legal framework
2. Definitions
3. Roles and responsibilities
4. Food allergies
5. Animal allergies
6. Seasonal allergies
7. Adrenaline auto-injectors (AAIs)
8. Access to spare AAIs
9. Medical attention and required support
10. Staff training
11. In the event of a mild-moderate allergic reaction
12. In the event of anaphylaxis
13. Monitoring and review

### **Appendix**

1. Allergy Declaration Form

## Statement of intent

**Glenmere** strives to ensure the safety and wellbeing of all members of the school community. For this reason, this policy is to be adhered to by all staff members, parents and pupils, with the intention of minimising the risk of anaphylaxis occurring whilst at school.

In order to effectively implement this policy and ensure the necessary control measures are in place, parents are responsible for working alongside the school in identifying allergens and potential risks, in order to ensure the health and safety of their children.

The school does not guarantee a completely allergen-free environment; however, this policy will be utilised to minimise the risk of exposure to allergens, encourage self-responsibility, and plan for an effective response to possible emergencies.

Signed by:

\_\_\_\_\_

Headteacher

Date: \_\_\_\_\_

\_\_\_\_\_

Chair of governors

Date: \_\_\_\_\_

Review date: \_\_\_\_\_

## 1. Legal framework

- 1.1. This policy has due regard to legislation and government guidance including, but not limited to, the following:

The Human Medicines (Amendment) Regulations 2017

Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

DfE (2015) 'Supporting pupils at school with medical conditions'

## 2. Definitions

**For the purpose of this policy:**

- 2.1. **Allergy** – is a condition in which the body has an exaggerated response to a substance. This is also known as hypersensitivity.
- 2.2. **Allergen** – is a normally harmless substance that triggers an allergic reaction for a susceptible person.
- 2.3. **Allergic reaction** – is the body's reaction to an allergen and can be identified by, but not limited to, the following symptoms:

Hives

Generalised flushing of the skin  
Itching and tingling of the skin  
Tingling in and around the mouth  
Burning sensation in the mouth  
Swelling of the throat, mouth or face  
Feeling wheezy  
Abdominal pain  
Rising anxiety  
Nausea and vomiting  
Alterations in heart rate  
Feeling of weakness

- 2.4. **Anaphylaxis** – is also referred to as anaphylactic shock, which is a sudden, severe and potentially life-threatening allergic reaction. This kind of reaction may include the following symptoms:

Difficulty breathing  
Feeling faint  
Reduced level of consciousness  
Lips turning blue  
Collapsing  
Becoming unresponsive

### 3. Roles and responsibilities

3.1. The headteacher is responsible for:

The development, implementation and monitoring of the Allergen and Anaphylaxis Policy.

Ensuring that parents are informed of their responsibilities in relation to their child's allergies.

Ensuring that all school trips are planned in accordance with the **Educational Visits and School Trips Policy**, taking into account any potential risks the activities involved pose to pupils with known allergies.

Ensuring that all designated first aiders are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis.

Ensuring that all staff members are provided with information regarding anaphylaxis, as well as the necessary precautions and action to take.

Ensuring that catering staff are aware of, and act in accordance with, the school's policies regarding food and hygiene, including this policy.

Ensuring that catering staff are aware of any pupils' allergies which may affect the school meals provided.

3.2. The **school office and SENCO** is responsible for:

Ensuring that there are effective processes in place for medical information to be regularly updated and disseminated to relevant staff members, including supply and temporary staff.

Seeking up-to-date medical information about each pupil via a medical form sent to parents on an **annual** basis, including information regarding any allergies.

Contacting parents for required medical documentation regarding a child's allergy.

Ensuring that the necessary staff members are informed about pupils' allergies.

Understanding the action to take and processes to follow in the event of a pupil going into anaphylactic shock, and ensuring that this information is passed onto staff members.

3.3. All staff members are responsible for:

Acting in accordance with the school's policies and procedures at all times.

Attending relevant training regarding allergens and anaphylaxis.

Being familiar with and implementing pupils' individual healthcare plans (IHPs) as appropriate.

Responding immediately and appropriately in the event of a medical emergency.

Reinforcing effective hygiene practices, including those in relation to the management of food.

Promoting hand washing before and after eating.

Monitoring all food supplied to pupils by both the school and parents, including snacks, ensuring food containing known allergens is not provided.

Ensuring that pupils do not share food and drink in order to prevent accidental contact with an allergen.

Ensuring that any necessary medication are out of the reach of pupils but still easily accessible to staff members.

Liaising with the **school nurse via the SENCO** and pupils' parents to ensure the necessary control measures are in place.

3.4. All parents are responsible for:

Notifying the **school nurse** through the school SENCO/Office of the following information:

- Their child's allergens
- The nature of the allergic reaction
- What medication to administer
- Specified control measures and what can be done to prevent the occurrence of an allergic reaction

Keeping the school up-to-date with their child's medical information.

Providing written consent for the use of a spare AAI.

Providing the school with up-to-date emergency contact information.

Providing the school with written medical documentation, including instructions for administering medication as directed by the child's doctor.

Providing the school with any necessary medication, in line with the procedures outlined in the Supporting Pupils with Medical Conditions Policy.

Communicating to the school any specific control measures which can be implemented in order to prevent the child from coming into contact with the allergen.

Providing the school, in writing, any details regarding the child's allergies.

Working alongside the school to develop an IHP to accommodate the child's needs, as well as undertaking the necessary risk assessments.

Signing their child's IHP, where required.

Acting in accordance with any allergy-related requests made by the school, such as not providing nut-containing items in their child's packed lunch.

Ensuring their child is aware of allergy self-management, including being able to identify their allergy triggers and how to react.

Providing a supply of 'safe' snacks for any individual attending school events.

Raising any concerns they may have about the management of their child's allergies with the **classroom teacher**.

Ensuring that any food their child brings to school is safe for them to consume.

Liaising with staff members, including those running breakfast and afterschool clubs, regarding the appropriateness of any food or drink provided.

3.5. All pupils are responsible for:

Ensuring that they do not exchange food with other pupils.

Avoiding food which they know they are allergic to, as well as any food with unknown ingredients.

Being proactive in the care and management of their allergies.

Notifying a member of staff immediately in the event they believe they are having an allergic reaction, even if the cause is unknown.

Notifying a member of staff when they believe they may have come into contact with something containing an allergen.

Learning to recognise personal symptoms of an allergic reaction.

Keeping necessary medications in an agreed location which members of staff are aware of.

Developing greater independence in keeping themselves safe from allergens.

Notifying a staff member if they are being bullied or harassed as a result of their allergies.

## 4. Food allergies

4.1. Parents will provide the school with a written list of any foods that their child may have an adverse reaction to, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

4.2. Information regarding all pupils' food allergies will be collated, indicating whether they consume a school dinner or a packed lunch, and this will be passed on to the school's catering service.

- 4.3. Where a pupil who attends the school has a nut allergy, the school's catering service will be requested to eliminate nuts, and food items with nuts as ingredients, from meals as far as possible, not including foods which are labelled 'may contain traces of nuts'.
- 4.4. All food tables will be disinfected before and after being used.
- 4.5. Anti-bacterial wipes and cleaning fluid will be used.
- 4.6. Boards and knives used for fruit and vegetables will be a different colour to the rest of the kitchen knives in order to remind kitchen staff to keep them separate.
- 4.7. There will be a set of kitchen utensils that are only for use with the food and drink of the pupils at risk.
- 4.8. There will also be a set of kitchen utensils with a designated colour. These utensils will be used only for food items that contain bread and wheat related products.
- 4.9. Food items containing bread and wheat will be stored separately.
- 4.10. Food items containing nuts will not be served at, or be bought onto, school premises.
- 4.11. The chosen catering service of the school is responsible for ensuring that the school's policies are adhered to at all times, including those in relation to the preparation of food, taking into account any allergens.
- 4.12. Learning activities which involve the use of food, such as food technology lessons, will be planned in accordance with pupils' IHPs, taking into account any known allergies of the pupils involved.

## **5. Seasonal allergies**

- 5.1. The term 'seasonal allergies' refers to common outdoor allergies, including hay fever and insect bites.
- 5.2. Precautions regarding the prevention of seasonal allergies include ensuring that the school field is not mown whilst pupils are outside.
- 5.3. Pupils with severe seasonal allergies will be provided with an indoor supervised space to spend their break and lunchtimes in, avoiding contact with outside allergens.
- 5.4. Staff members will monitor pollen counts, making a professional judgement as to whether the pupil should stay indoors.
- 5.5. Pupils will be encouraged to wash their hands after playing outside.



- 5.6. Pupils with known seasonal allergies are encouraged to bring an additional set of clothing to school to change in to after playing outside, with the aim of reducing contact with outdoor allergens, such as pollen.
- 5.7. Staff members will be diligent in the management of wasp, bee and ant nests on school grounds and in the school's nearby proximity, reporting any concerns to the site manager.
- 5.8. The site manager is responsible for ensuring the appropriate removal of wasp, bee and ant nests on and around the school premises.
- 5.9. Where a pupil with a known allergy is stung or bitten by an insect, medical attention will be given immediately.

## **6. Adrenaline auto-injectors (AAIs)**

- 6.1. Pupils who suffer from severe allergic reactions may be prescribed an AAI for use in the event of an emergency.
- 6.2. Under The Human Medicines (Amendment) Regulations 2017 the schools is able to purchase AAI devices without a prescription, for emergency use on pupils who are at risk of anaphylaxis, but whose device is not available or is not working.
- 6.3. Spare AAIs are stored as part of an emergency anaphylaxis kit, which includes the following:
  - One or more AAIs
  - Instructions on how to use the device(s)
  - Instructions on the storage of the device(s)
  - Manufacturer's information
    - A checklist of injectors, identified by the batch number and expiry date, alongside records of monthly checks
    - A note of the arrangements for replacing the injectors
    - A list of pupils to whom the AAI can be administered
    - An administration record
- 6.4. Pupils who have prescribed AAI devices, and are over the age of seven, are able to keep their device in their possession or in their classroom.
- 6.5. For pupils under the age of seven who have prescribed AAI devices, these are stored in a suitably safe location: **the first aid room, class teacher's office.**
- 6.6. Spare AAIs are not located more than **five** minutes away from where they may be required. The emergency anaphylaxis kit(s) can be found at the following locations:

**Child's classroom**

**School Medical room**

- 6.7. All staff have access to AAI devices, but these are out of reach and inaccessible to pupils – AAI devices are not locked away where access is restricted.
- 6.8. All spare AAI devices will be clearly labelled to avoid confusion with any device prescribed to a named pupil.
- 6.9. In line with manufacturer's guidelines, all AAI devices are stored at room temperature in line with manufacturer's guidelines, protected from direct sunlight and extreme temperature.
- 6.10. The staff members conduct a termly check of the emergency anaphylaxis kit(s) to ensure that:
  - Spare AAI devices are present and have not expired.
  - Replacement AAI devices are obtained when expiry dates are approaching.
- 6.11. Any used or expired AAI devices are disposed of after use in accordance with manufacturer's instructions.
- 6.12. Used AAI devices may also be given to paramedics upon arrival, in the event of a severe allergic reaction, in accordance with [section 12](#) of this policy.
- 6.13. A sharps bin is utilised where used or expired AAI devices are disposed of on the school premises.
- 6.14. Where any AAI devices are used, the following information will be recorded on the **AAI Record**:
  - Where and when the reaction took place
  - How much medication was given and by whom

## **7. Access to spare AAI devices**

- 7.1. A spare AAI device can be administered as a substitute for a pupil's own prescribed AAI, if this cannot be administered correctly, without delay.
- 7.2. Spare AAI devices are only accessible to pupils for whom medical authorisation and written parental consent has been provided – this includes pupils at risk of anaphylaxis who have been provided with a medical plan confirming their risk, but who have not been prescribed an AAI.
- 7.3. Consent will be obtained as part of the introduction or development of a pupil's IHP.
- 7.4. If consent has been given to administer a spare AAI to a pupil, this will be recorded in their IHP.

- 7.5. The school uses a register of pupils (**Register of AAls**) to whom spare AAls can be administered – this includes the following:

Name of pupil  
Class  
Known allergens  
Risk factors for anaphylaxis  
Whether medical authorisation has been received  
Whether written parental consent has been received  
Dosage requirements

- 7.6. Parents are required to provide consent on an **annual** basis to ensure the register remains up-to-date.
- 7.7. Parents can withdraw their consent at any time. To do so, they must **write to the headteacher**.
- 7.8. **Office Manager and SENCO** checks the register is up-to-date on an **annual** basis.
- 7.9. **Office Manager and SENCO** will also update the register relevant to any changes in consent or a pupil's requirements.
- 7.10. Copies of the register are held in **each classroom**, which are accessible to all staff members.

## **8. Medical attention and required support**

- 8.1. Once a pupil's allergies have been identified, a meeting will be set up between the pupil's parents, the relevant classroom teacher, the **school nurse** and any other relevant staff members, in which the pupil's allergies will be discussed and a plan of appropriate action/support will be developed.
- 8.2. All medical attention, including that in relation to administering medication, will be conducted in accordance with the **Supporting Pupils with Medical Conditions Policy**.
- 8.3. Parents will provide the **school office** with any necessary medication, ensuring that this is clearly labelled with the pupil's name, class, expiration date and instructions for administering it.
- 8.4. Pupils will not be able to attend school or educational visits without any life-saving medication that they may have, such as AAls.
- 8.5. All members of staff involved with a pupil with a known allergy are aware of the location of emergency medication and the necessary action to take in the event of an allergic reaction.
- 8.6. Any specified support which the pupil may require is outlined in their IHP.

- 8.7. All staff members providing support to a pupil with a known medical condition, including those in relation to allergens, will be familiar with the pupil's IHP.
- 8.8. **SENCO** is responsible for working alongside relevant staff members and parents in order to develop IHPs for pupils with allergies, ensuring that any necessary support is provided and the required documentation is completed, including risk assessments being undertaken.
- 8.9. **SENCO** has overall responsibility for ensuring that IHPs are implemented, monitored and communicated to the relevant members of the school community.

## 9. Staff training

- 9.1. Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so.
- 9.2. In accordance with the **Supporting Pupils with Medical Conditions Policy**, staff members will receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.
- 9.3. The school will arrange specialist training on an **annual** basis where a pupil in the school has been diagnosed as being at risk of anaphylaxis.
- 9.4. Designated staff members will be taught to:

Recognise the range of signs and symptoms of severe allergic reactions.  
Respond appropriately to a request for help from another member of staff. Recognise when emergency action is necessary.  
Administer AAIs according to the manufacturer's instructions. Make appropriate records of allergic reactions.

- 9.5. All staff members will:

Be trained to recognise the range of signs and symptoms of an allergic reaction.

Understand how quickly anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis can occur with prior mild-moderate symptoms.

Understand that AAIs should be administered without delay as soon as anaphylaxis occurs.

Understand how to check if a pupil is on the **Register of AAIs**. Understand how to access AAIs.

Understand who the designated members of staff are, and how to access their help.

Understand that it may be necessary for staff members other than designated staff members to administer AAIs, e.g. in the event of a delay in response from the designated staff members, or a life-threatening situation.

Be aware of how to administer an AAI should it be necessary.  
Be aware of the provisions of this Allergen and Anaphylaxis Policy.

## 10. In the event of a mild-moderate allergic reaction

- 10.1. Mild-moderate symptoms of an allergic reaction include the following:
- Swollen lips, face or eyes
  - Itchy/tingling mouth
  - Hives or itchy skin rash
  - Abdominal pain or vomiting
  - Sudden change in behaviour
- 10.2. If any of the above symptoms occur in a pupil, the nearest adult will stay with the pupil and call for help from the designated staff members able to administer AAIs.
- 10.3. The pupil's prescribed AAI will be administered by the designated staff member. Spare AAIs will only be administered where appropriate consent has been received.
- 10.4. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI.
- 10.5. A copy of the **Register of AAIs** will be held in **each classroom** for easy access in the event of an allergic reaction.
- 10.6. If necessary, other staff members may assist the designated staff members with administering AAIs.
- 10.7. The pupil's parents will be contacted immediately if a pupil suffers a mild-moderate allergic reaction, and if an AAI has been administered.
- 10.8. In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.
- 10.9. For mild-moderate allergy symptoms, the AAI will usually be sufficient for the reaction; however, the pupil will be monitored closely to ensure the reaction does not progress into anaphylaxis.
- 10.10. Should the reaction progress into anaphylaxis, the school will act in accordance with [section 12](#) of this policy.
- 10.11. The **SENCO** will refer any pupil who has been administered an AAI to the hospital for further monitoring.

- 10.12. The **headteacher** will ensure that any designated staff member required to administer an AAI has appropriate cover in place, e.g. if they were teaching a class at the time of the reaction.

## 11. In the event of anaphylaxis

- 11.1. Anaphylaxis symptoms include the following:
- Persistent cough
  - Hoarse voice
  - Difficulty swallowing, or swollen tongue
  - Difficult or noisy breathing
  - Persistent dizziness
  - Becoming pale or floppy
  - Suddenly becoming sleepy, unconscious or collapsing
- 11.2. In the event of anaphylaxis, the nearest adult will lay the pupil flat on the floor with their legs raised, and will call for help from a designated staff member.
- 11.3. The designated staff member will administer an AAI to the pupil. Spare AAIs will only be administered if appropriate consent has been received.
- 11.4. Where there is any delay in contacting designated staff members, the nearest staff member will administer the AAI.
- 11.5. A copy of the **Register of AAIs** will be held in **each classroom** for easy access in the event of an allergic reaction.
- 11.6. If necessary, other staff members may assist the designated staff members with administering AAIs.
- 11.7. The emergency services will be contacted immediately.
- 11.8. A member of staff will stay with the pupil until the emergency services arrive – the pupil will remain lay flat and still.
- 11.9. The **headteacher** will be contacted immediately, as well as a suitably trained individual, such as a **first aider**.
- 11.10. If the pupil stops breathing, a suitably trained member of staff will administer CPR.
- 11.11. If there is no improvement after five minutes, a further dose of adrenaline will be administered using another AAI, if available.
- 11.12. In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.

- 11.13. A designated staff member will contact the pupil's parents as soon as is possible.
- 11.14. Upon arrival of the emergency services, the following information will be provided:
- Any known allergens the pupil has
  - The possible causes of the reaction, e.g. certain food
  - The time the AAI was administered – including the time of the second dose, if this was administered
- 11.15. Any used AAI's will be given to paramedics.
- 11.16. Staff members will ensure that the pupil is given plenty of space, moving other pupils to a different room where necessary.
- 11.17. Staff members will remain calm, ensuring that the pupil feels comfortable and is appropriately supported.
- 11.18. A member of staff will accompany the pupil to hospital in the absence of their parents.
- 11.19. If a pupil is taken to hospital by car, **two** members of staff will accompany them.
- 11.20. Following the occurrence of an allergic reaction, the **senior leadership team**, in conjunction with the **SENCO**, will review the adequacy of the school's response and will consider the need for any additional support, training or other corrective action.

## **12. Monitoring and review**

- 12.1. The **headteacher** is responsible for reviewing this policy **annually**.
- 12.2. The effectiveness of this policy will be monitored and evaluated by all members of staff. Any concerns will be reported to the **headteacher** immediately.
- 12.3. Following each occurrence of an allergic reaction, this policy and pupils' IHPs will be updated and amended as necessary.

## Allergy Declaration Form

|                       |  |                    |  |
|-----------------------|--|--------------------|--|
| <b>Name of pupil:</b> |  |                    |  |
| <b>Date of birth:</b> |  | <b>Year group:</b> |  |
| <b>Name of GP:</b>    |  |                    |  |
| <b>Address of GP:</b> |  |                    |  |

|   |  |
|---|--|
| <b>Nature of allergy:</b>                             |  |
| <b>Severity of allergy:</b>                           |  |
| <b>Symptoms of an adverse reaction:</b>               |  |
| <b>Details of required medical attention:</b>         |  |
| <b>Instructions for administering medication:</b>     |  |
| <b>Control measures to avoid an adverse reaction:</b> |  |



## Spare AAls

I understand that the school may purchase spare AAls to be used in the event of an emergency allergic reaction. I also understand that, in the event of my child's prescribed AAI not working, it may be necessary for the school to administer a spare AAI, but this is only possible with medical authorisation and my written consent.

In light of the above, I provide consent for the school to administer a spare AAI to my child.

|            |                          |           |                          |
|------------|--------------------------|-----------|--------------------------|
| <b>Yes</b> | <input type="checkbox"/> | <b>No</b> | <input type="checkbox"/> |
|------------|--------------------------|-----------|--------------------------|

**Name of parent:**

**Relationship to child:**

**Contact details of parent:**

**Parental signature:**

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