



Allergy Policy (LLT)



LYDIATE
LEARNING
TRUST

ENGAGE, ENABLE,
EMPOWER

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1 INTRODUCTION

- 1.1 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, and 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 Lydiate Learning Trust will support learners and staff with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2 ROLE AND RESPONSIBILITIES

2.1 Parent Responsibilities

When a learner firsts joins the school, it is the parent's responsibility to inform the school of any allergies. They can do this via their new starter pack. 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.

2.2 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.

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All staff must be aware of location of learners AAI if relevant and also aware of emergency AAI's in nurses office.

Staff members with an AAI themselves must disclose this upon employment or when first prescribed and have a risk assessment.

Staff with an AAI should either carry it on their person or store it in a locked location in their proximity. They must make their class staff aware of where it is kept in case of an emergency.

Staff must be aware of the learners in their care/staff members (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 they are aware of all learners/staff with medical conditions, including allergies, and have learners medication safely with them. Learners/staff without their required medication will not be able to attend the excursion.

The school allergy lead on medication will ensure that the up-to-date Allergy Action Plan is kept with the learner's medication.

It is the parent's responsibility to ensure all medication is in date however the school allergy lead will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

The school allergy lead on medication keeps a register of learners who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

The school allergy lead to be advised of any existing or new allergies for learners and staff to be added to an allergy list to ensure we keep our learners and staff safe. This information will be stored securely and only shared if permission has been sought or if absolutely necessary.

2.3 Learner Responsibilities

Learners that are able to, 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

3.1 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.

British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by school. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. The allergy action plans are designed to function as an individual healthcare plan.

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4 EMERGENCY TREATMENT AND MANAGEMENT OF ANAPHYLAXIS

4.1 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 learner 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 learner/adult where they are, call for help and do not leave them unattended.
- **LIE CHILD/ADULT 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. AAI's 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.

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- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child/adult 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 learners 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

- 5.1 Learners should not take responsibility for their own medication. In cases of learners with severe allergies, Staff to carry AAI in red bag and to be in close proximity of learner at all times. Prescribed medication should be kept in Nurses office and administered by the nurse as needed.

Adrenaline Auto injectors should be stored in a suitable bag and clearly labelled with the learner's name. The learner's AAI storage bag should contain:

- Two AAIs i.e. EpiPen® or Jext®
- An up-to-date allergy action plan

Antihistamines as tablets or syrup (if included in allergy plan) should be stored in the allergy leads office to be administered as required. This should be prescribed to the learner it is meant for only.

Asthma inhaler (if included in action plan) should be kept in metal filing cabinet with other learners specific medication to be administered by staff as needed.

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

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 the local authority. The sharps bin is kept in the nurse's room.

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6 STAFF TRAINING

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

- [Schools to insert here]

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
- Location of spare AAIs
- 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)

7 INCLUSION AND SAFEGUARDING

Lydiat Learning Trust's schools are committed to ensuring that all learner 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.

8 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 a three week, termly rota on the school website. Allergy leads email address is added to this section of the website for any enquiries regarding the menu and allergens present.

The Lydiat Learning Trust's schools will inform the school cook of learners with food allergies. Lydiat Learning Trust's schools senior leadership team or class leads also have a responsibility to inform the kitchen of any unknown or new allergies they may discover. These children will have a photo and their allergy displayed clearly in the kitchen for all catering staff to see.

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for learners with food allergies should be clearly labelled with the name of the child for whom they are intended.

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- Where food is provided by the school, staff should be educated about cross contamination during the handling, preparation and serving of food. Examples include preparing food for learner with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils, and the safe disposal of food waste.
- Food should not be given to food-allergic learner without staff carefully checking for allergens (e.g. birthday parties, food treats). If unsure, then food item to be withdrawn.
- Use of food in sensory activities, 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 learner.

9 SCHOOL TRIPS

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check they are aware of all learners with medical conditions, including allergies, and carry their medication safely with them. Learners without 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 learners 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 learner 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 learner 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.

10 ALLERGY AWARENESS AND NUT BANS

Lydiat Learning Trust supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would 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 learners, 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.

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A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, learners and all other staff are aware of what allergies are, the importance of avoiding the learners' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

Lydfiate Learning Trust's schools have undertaken risk assessment that demonstrates for learner's safety that areas of the school are specific allergen free and the whole school is nut free, this includes offsite bases used by the school. Specific classes/areas that have allergy free zones are tailored to the needs in that class/area and all staff and parents are made aware to ensure no allergen enters that area. All staff receive regular reminders through detailed emails from the allergy lead, posters and class/while school meetings. New staff/agency staff are advised upon appointment through their welcome packs, induction meetings and signing in book. Visiting professionals and parents are reminded through our signing in system and also upon booking outside professionals.

11 RISK ASSESSMENT

Lydfiate Learning Trust's schools will conduct a detailed individual risk assessment if necessary for all new joining learners/staff with allergies and any learners newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic learners/staff safe.

Specific learners/staff with severe allergies (needing an AAI) have a specific risk assessment with guidance. This is shared with the staff they work with.

12 AUDITING ACTIVITIES (NOT EXHAUSTIVE)

To be conducted by the schools/centres

- Allergy document to be updated as notified of new allergies or changes in allergies
- Continue to receive alerts from anaphylaxis UK, allergy UK and food standards agency to monitor any recalls or product ingredient changes
- Share relevant information to those it is applicable to when notified by allergy alerts
- Ensure that all visitors to school are made aware of any specific key areas before they visit and the allergen policy
- Remind any staff responsible for setting up ANY events within school of the allergen policy
- Yearly email to be sent to class leads before warm weather reminding them of sun cream information and to check for allergens. Class leads to be advised to label sun cream with learners name and date sent into school to ensure sun cream is not used after 12 months
- Internal monitoring to be completed to ensure the allergy policy is being adhered to and check for any areas to be supported in and any further information to be shared. Cupboards and all food areas to be thoroughly checked. Feedback of findings to be shared with Head.
- Ensure class leads with children with allergies are aware of the extra care and responsibility when using shared food preparation areas

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- Reminder emails to be sent to all staff prior to special events or times when gifting within the school would be likely to happen.
- Regular communication with the kitchen to ensure all allergens are being catered for correctly

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>
- Whole school allergy and awareness management - <https://www.allergyuk.org/schools/whole-school-allergy-awareness-and-management>
- 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 learners at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-learners-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>

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