

Shropshire Gateway Educational Trust policy for allergy management in schools

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Review Cycle	Triennially
Date Approved	March 2024
Approved By	Head's Board
Next Review Date	March 2027

Introduction

Anaphylaxis UK and Allergy UK have worked with the British Society for Allergy and Clinical Immunology (BSACI) and the Medical Conditions in Schools Alliance, supported by the Department for Education (DfE), to develop this policy. It has been designed to support schools to develop a 'Gold Standard' policy to manage children's allergies safely, so that children/young people and their parents feel reassured that a robust policy is in place. This Policy has been developed by Allergy UK in consultation with parents and teachers and will be reviewed by Shropshire Gateway Educational Trust to include ongoing feedback on a regular basis.

Schools have a legal duty to support pupils with medical conditions, including allergy. Schools must adhere to legislation and statutory guidance on caring for pupils with medical conditions, including the administration of allergy medication and adrenaline auto-injectors (AAIs). This policy should be read alongside the Health and Safety Policy and Supporting Pupils with Medical Needs policy <https://www.sget.org.uk/policies> which covers Individual Health Care Plans and administering medicines. 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 the Shropshire Gateway Educational Trust will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

What are allergies?

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 are 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 pupil. These people are at risk of anaphylaxis, a potentially life-threatening reaction which requires an immediate emergency response. 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 essential that staff recognise the signs of an allergic reaction and are able to manage this.

To keep pupils with allergy safe, schools should have a clear and consistent policy on managing allergies

at school. Schools should take a whole-school approach which involves all members of the school, including teaching staff, caterers, pupils and parents to ensure that the needs of the allergic pupils are met.

Parents need to be confident in schools' ability to keep their children safe, and be reassured that staff are sufficiently trained to act immediately in the event of an allergic reaction. Regular communication with parents is vital. It is important that allergic pupils are not stigmatised or discriminated against in any way at school due to their allergy. For example, they should not be separated at mealtimes or excluded from class activities (unless this has been specified in the pupil's Allergy Plan). Drawing attention to the allergy in this way could result in allergy bullying by other pupils, so inclusivity and overall awareness amongst pupils is vital.

Role and responsibilities

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform reception staff/ subsequent Allergy lead of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

- Staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- Class teachers (primary) / form tutors (secondary) will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication is in date however the school office (primary) will check medication kept at school on a termly basis and may send a reminder to parents if medication is approaching expiry.
- The allergy lead will keep a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

Pupil Responsibilities

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.

Spare pens in schools

Under existing UK legislation, a school's "spare" AAI can in principle be used in the event of an emergency to save the life of someone who develops anaphylaxis unexpectedly, even when parental/guardian consent has not been obtained, for example in a child presenting for the first time with anaphylaxis due to an unrecognised allergy. Note, however, that this provision should be reserved for exceptional circumstances only, that could not have been foreseen.

A supplier e.g. pharmacy, will need a request signed by the principal or headteacher (ideally on appropriate headed paper) stating:

- The name of the school for which the product is required;
- The purpose for which that product is required, and
- The total quantity required.

A template letter which can be used for this purpose can be downloaded at:

www.sparepensinschools.uk



Please note that pharmacies are not required to provide AAIs free of charge to schools, the school must pay for them as a retail item. The retail price is circa £35 (as of 2023) and your local pharmacy may add a small handling charge. Schools may choose to purchase an injection pen but this is not a requirement.

Individual Health Care Plans/ Allergy Action Plans

Allergy Action Plans (AAPs) – which may be in the format of an Individual health Care Plan (IHP) - have been designed to facilitate first aid treatment of anaphylaxis, by either the allergic person or someone else (e.g., parent, teacher, friend) without any special medical training nor equipment apart from access to an AAI. They have been developed following an extensive consultation period with health professionals, support organisations, parents of allergic children and teachers, and the British Society for Allergy & Clinical Immunology (BSACI).

[Please click here to see the sample Allergy Action Plans.](#)

The plans are medical documents, and should be completed by a child's healthcare professional, in partnership with parents/ carers. The plans can either be printed out and completed by hand, or completed and signed by the healthcare professional and parent/carer online.

Staff allergy training

It is good practice to have a named member of staff at school responsible for coordinating allergy management including the development and upkeep of the school's allergy policy.

However, an allergic reaction can occur at any time, so all staff should be trained on what to do in the event of an allergic reaction, as a student may be under their supervision when this happens. Allergy training should be refreshed yearly (at a minimum) and new and temporary staff should be trained as soon as they join the school to ensure confidence and competence. Acting fast is key in reducing the risk of a serious allergic reaction. Allergy training should include a practical session (trainer AAIs are available to order through the manufacturer's website.) Training should include a basic understanding

of allergic disease and its risks which include:

- 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
- Associated conditions e.g. asthma
- Managing Allergy Action Plans and ensuring these are up to date

Emergency Treatment and Management of Anaphylaxis

What to look for:

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

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

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

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction. Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

Action:

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAls should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis)**.
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

Allergies and bullying

By law, all state schools must have a behaviour policy in place that includes measures to prevent all forms of bullying among pupils, and this is a policy decided by the school. All teachers, pupils and parents must be told what it is, and allergy bullying should be treated seriously, like any other bullying. Schools must, under Section 100 of the Children and Families Act 2014, aim to ensure that all children with medical conditions, 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.

Supply, storage and care of medication

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

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely, not locked away and **accessible to all staff**.

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

- Two AAls i.e. EpiPen® or Jext® or Emerade®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the school will aim to 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 AAls their child is prescribed, to make sure they can get replacement devices in good time.

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

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

Disposal

AAls are single use only and must be disposed of as sharps. Used AAls can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin.

Expiry dates

- It is the parents' responsibility to ensure that the child's AAls are within the expiry date, however it is good practice for schools to schedule their own regular checks of medication
- Parents and schools can register AAls on the manufacturer's websites to receive text alerts for expiry dates
- Schools should return expired medication to parents for safe disposal
- Any sharp items such as AAls should be disposed of safely using a sharps disposal box
- When the school is closed for long periods e.g. school holidays, it is possible that medication could have expired so it is essential that staff check the expiry dates of AAls as these may need replacing
- Note that the dose of AAI varies according to the child's weight, so as the child grows, the correct dose required may change.

Catering at school

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 primary parents to view in advance. Parents are advised to speak to the office or a member of the Catering team if they have any concerns about allergies/ ingredients or the contents of our dishes. In certain circumstances there may be a need to substitute meal options at short notice due to ingredient shortages.

The MIS will inform the Catering Team, with food allergies. Parents/carers are encouraged to meet with the Catering Team to discuss their child's needs. The Trust adheres to the following Department of Health guidance recommendations:

- If food is purchased from the school canteen/tuck shop, parents should check the appropriateness of foods by speaking directly to the catering manager.
- The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.

- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Team.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

As part of school's duty to support children with medical conditions, they must be able to provide safe food options to meet dietary needs including food allergy.

Handling allergens and preventing cross contamination

Ensure that catering staff keep in contact with food suppliers as ingredients may change.

Some product ingredient lists contain precautionary allergen labelling, e.g. "may contain X". Some pupils may be able to eat foods labelled as "may contain", but others may need to strictly avoid them. This information should be included on the Individual Healthcare Plan.

Anaphylaxis UK's Safer Schools Programme

Anaphylaxis UK's **Safer Schools Programme** covers everything schools need to know to help them safely manage and support pupils with serious allergies. This includes best practice resources for schools and a downloadable **allergy awareness assembly presentation**. The assembly presentation includes allergy bullying and promotes inclusion of all children.



[Safer Schools Programme](#)

[Allergy awareness assembly presentation](#)

Useful resources for schools

AllergyWise® for Schools is an online training course for all school staff covering common causes of allergic reactions, how to recognise and manage anaphylaxis, and provides practical tips for safely managing pupils with serious allergies.

The following resources designed by Allergy UK are aimed at school staff, parents and pupils with easy-to-understand information Factsheets and 'Top Tips' on managing allergies in school. Topics include Understanding Anxiety, Guidance for Early Years Settings, Frequently Asked Questions and more.

- [Information for schools](#)
- [Information for parents](#)
- [Information for pupils](#)

- [Guidance for Early Years Settings](#)
- [Understanding Anxiety Factsheet](#)
- [Frequently Asked Questions](#)

Working with parents

Parents/guardians know their child's allergies best and so it is vital that schools work with parents to ensure they have the most up to date knowledge of each child's allergies and medication. Parents must be encouraged to

- Provide an Allergy Action Plan signed by a healthcare professional
- Provide two in-date AAIs for their child, which should ideally be kept with the child rather than away from them.

Risk assessments

Schools may wish to risk assess their school to identify gaps in their systems and processes for keeping allergic children safe.

[Download the Wiltshire Children Trust Anaphylaxis Risk Assessment template here.](#)

Activities at school

All children with allergies and who have been prescribed AAIs should take their AAIs to the activities/ trips. Teachers leading the activity should have a first aider present and their training must include how to manage serious allergy and anaphylaxis.

Activities outside schools

Children with allergies should have every opportunity to take part in out-of-school activities such as holidays, sports events hosted by other schools and educational visits.

Such activities will need careful planning and preparation, but there is no reason to exclude a child with allergies. A meeting with the child's parents /carers may be necessary to ensure that everyone is happy with the arrangements. If the child is allergic to a food, similar procedures need to be followed to those in operation at school to ensure that the child does not come into contact with the food.

If the child has been prescribed AAIs, at least one person trained in administering the device must accompany the school party. From the child's perspective, it is not advisable for a parent/ carer to accompany them on school trips. This should only happen as a last resort. It is a school's responsibility to have a member of staff present who can support the child.

Managing insect sting allergy

Insect sting (including bee and wasp) allergy causes a lot of anxiety and needs 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.

Allergy awareness and nut bans

Shropshire Gateway Educational Trust supports the approach advocated by Anaphylaxis UK whereby the schools do not support a blanket 'nut ban' on any particular allergen in any establishment. This is because nuts are only one of many allergens that could affect pupils, 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, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

Anaphylaxis UK Resources

<https://www.anaphylaxis.org.uk/campaigning/making-schools-safer-project/>

<https://www.anaphylaxis.org.uk/schools/schools-allergywise/>

<https://www.anaphylaxis.org.uk/hcp/allergywise/>

Allergy UK Resources

<https://www.allergyuk.org/living-with-an-allergy/at-school/>Allergy UK Helpline:

Providing support, advice and information for those living with allergic disease

Monday - Friday, 9am-5pm Call: 01322 619898

Email: info@allergyuk.org

www.allergyuk.org



Anaphylaxis UK Helpline:

Creating a brighter future for people with serious allergies

Monday - Friday, 9am-5pm

Call: 01252 542029

Email: info@anaphylaxis.org.uk

www.anaphylaxis.org.uk

