

Allergy and Anaphylaxis Policy



St. Mary's RC Primary School

Mission Statement

We live learn and grow together with Jesus through:

- Showing love to all
- Encouraging friendship to include everybody
- Acting with honesty through prayer
- Being thankful for all God's gifts
- Remaining respectful through our actions
- Forgiving someone when they are sorry
- Displaying patience by being calm and caring
- Demonstrating compassion to everyone in God's family
- Leading in service by supporting our school community

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Contents

1. Introduction
2. Roles and responsibilities
3. Allergy action plans
4. Emergency treatment and management of anaphylaxis
5. Supply, storage and care of medication
6. 'Spare' adrenaline auto-injectors in school
7. Staff training
8. Inclusion and safeguarding
9. Catering
10. School trips
11. Allergy awareness and nut bans
12. Asthma

1. Introduction

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation). It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to):-

Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander. This policy sets out how Riviera Education Trust will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Role and responsibilities

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform reception staff 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

All child-facing 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.
- First Aider 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 class teacher will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The office keeps 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.

3. Allergy Action Plans

Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline autoinjector.

- St Mary's recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.
- It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

4. Emergency Treatment and Management of Anaphylaxis

What to look for:

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

Mild to moderate allergic reaction symptoms may include:

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

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

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

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

If the 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. AAI 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.

5. 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 class teacher 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 AAls their child is prescribed (through the NHS), 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. The sharps bin location is in the school office cupboard.

6. 'Spare' adrenaline auto-injectors in school

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

This is stored in a pack/container, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff**.

The school is responsible for checking the spare medication is in date on a termly basis and to replace as needed.

Written parental permission for use of the spare AAI should be included in the pupil's allergy action plan.

If anaphylaxis is suspected **in an undiagnosed individual** call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

Staff Training

The Head Teacher will organise training on an annual basis for all front facing staff. All staff will complete online anaphylaxis training each year and by no later than the start of every new academic year. Training is also available on an ad-hoc basis for any new members of staff.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date

8. Inclusion and safeguarding

St Mary's is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

9. Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The school uses Lancashire County Council catering. Their menus are available on their website for parents to view in advance with all ingredients listed and allergens highlighted.

Upon communication from parents/carers, the school office will inform the catering staff of pupils with food allergies.

Parents/carers are encouraged to meet with the Catering Manager, Tracy, to discuss their child's needs.

11. Allergy awareness and nut bans

St Mary's 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 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.

12. Asthma

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions.

What is an asthma attack?

During an asthma attack, the muscles of the air passages in the lungs go into spasm. As a result, the airways become narrowed, which makes breathing more difficult.

Sometimes there is a recognised trigger for an attack, such as a cold, drugs, cigarette smoke, or allergies. At other times, there is no obvious trigger.

Signs and symptoms

Look for:

- difficulty breathing
- wheezing and coughing
- a tight chest, it may feel like a band is tightening around it
- distress and anxiety
- difficulty speaking, they may speak in short sentences and whisper
- signs of hypoxia such as a grey-blue tinge to the lips, earlobes, and nailbeds
- exhaustion, in the case of a severe attack.

What to do

1. Reassure the casualty and ask them to take their usual dose of their reliever inhaler (usually blue). Ask them to breathe slowly and deeply.
 - a. If they have a spacer available, ask them to use it with their inhaler. The inhaler is more effective with a spacer, especially when being used for young children.
 - b. If they have no inhaler, call 999 or 112 for emergency help.
2. Sit them down in a comfortable position.
3. A mild attack will normally ease after a few minutes. If the casualty doesn't improve within this time, it may be a severe attack. Ask them to take a puff of their inhaler every 30 to 60 seconds, until they have had 10 puffs. Help the casualty to use their inhaler if they need assistance.

4. If the attack is severe, and they are getting worse, becoming exhausted, or if this is their first attack, call 999 or 112 for emergency help.
5. Monitor their breathing and level of response. If the ambulance hasn't arrived within 10 minutes, repeat step three.
 - If they become unresponsive at any point, prepare to give [CPR](#).
6. If their symptoms improve and you do not need to call 999, advise the patient to get an urgent same-day appointment to see their GP or asthma nurse.

'Spare' inhaler in school

St Mary's has purchased an **emergency asthma kit for emergency use in children** when their own devices are not available or not working (e.g. because they are out of date).

This is stored in a pack/container, clearly labelled 'Emergency Asthma Inhaler Kit', kept safely, not locked away and **accessible and known to all staff**.

The school is responsible for checking the spare medication is in date on a termly basis and to replace as needed.

13. School Trips

Any staff leading on a school trip must check that all pupils/students with medical conditions, including allergies, are carrying their medication (those unable to produce their required medication would not be able to attend the excursion)

Staff leading a school trip, excursion or off-site extra curricula activity must ensure they carry all relevant emergency supplies with them, including an emergency AAI

14. Allergy Lead

The school's Allergy Lead is Mrs Angharad Bentley