

Allergy & Anaphylaxis Policy

This is the setting's dedicated Allergy Policy. It should be read alongside other relevant Aspris policies but must remain separately identifiable. This policy will be published on the setting's website and communicated to colleagues, students and parents or carers. It will also form part of colleagues' induction and allergy awareness training. The policy must be tailored to the individual setting. All highlighted fields must be completed before approval. The policy will be reviewed at least annually and sooner following a serious allergy-related incident, a near miss, a significant change in the student population, a change in catering arrangements, or a relevant change in guidance.

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Named senior leader responsible for allergy safety (Designated Allergy Lead)	<i>Lydia Gannon</i>
<i>Governor/proprietor responsible for oversight:</i>	<i>Rebecca McArthur</i>
Date approved by governors	
Review Frequency	Annual
Date of next review	September 2027
Purpose	To minimise the risk of any student suffering a serious allergic reaction whilst at an Aspris education setting. To ensure colleagues are adequately trained to identify and handle serious allergic reactions if they occur.
Links with other policies	AFS 01 Food Safety in Commercial Kitchens AFS 02 Food Safety Management System Domestic Compliance AH&S15 First Aid AH&S15A First Aid – Wales AH&S15B First Aid – Scotland AH&S 35 Risk Assessment AH&S 57 Major Incident Policy ACS18 Medication ACS 69 Allergy Management in Education AOP 04 Incident Management Reporting and Investigation AOP 13 CPR and other Medical Emergencies

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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 it can cause a much more severe reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. The whole body is affected, often within minutes of exposure to the allergen, but sometimes hours later. Causes can include foods, insect stings, and medication.

Anaphylaxis is a potentially fatal allergic reaction affecting the Airway, Breathing or Circulation, commonly referred to as the "ABC" symptoms. Anaphylaxis can occur without a rash or other mild symptoms, and it always requires an immediate emergency response.

An allergy is an immune system reaction to a normally harmless substance. Allergens may include foods, insect stings, medicines, latex, contact allergens such as nickel, and airborne allergens such as pollen, mould, dust mites or animal dander, etc.

This policy sets out how **Tor View School** will support students with allergies, to ensure they are safe and are not disadvantaged in any way whilst in an Aspris setting. This policy also outlines the procedures for the use of 'spare' adrenaline auto-injectors (AAIs) at **Tor View School** to ensure the safety of students, colleagues and visitors at risk of anaphylaxis.

2. Role and responsibilities

Head Teacher/Principal and named Allergy Lead

- The Head Teacher/Principal retains overall responsibility for implementing and reviewing this policy and in most instances will be the named Allergy Lead.
- The named allergy lead will coordinate allergy arrangements, training, Individual Healthcare Plans, medication checks, risk assessments, catering communication and incident learning.

Parent/Carer Responsibilities

- It is the parent's/carers responsibility to inform **Nicola Cutler (Head Teacher) or Lydia Gannon (Allergy Lead)** of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medications.
- Parents/carers are to supply a copy of their child's Allergy Action Plan ([BSACI plans](#) preferred). 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. /GP/allergy specialist.
- Parents/carers are responsible for ensuring that any required medication is supplied, is in date, and is replaced as necessary.
- Parents/carers are requested to keep **Tor View School** up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Colleagues' Responsibilities (including permanent, temporary, supply, agency, peripatetic)

- All colleagues (regardless of role) will complete anaphylaxis training.
- Colleagues must be aware of the students in their care 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.
- Colleagues leading trips and outdoor activities will ensure they carry all relevant emergency supplies. Trip leaders will check that all students with medical conditions, including allergies, carry their medication. Students unable to produce the required medication will not be able to attend the activity.
- **Class teachers** will ensure that the up-to-date Allergy Action Plan is kept with the student's medication.
- It is the parent's/carers responsibility to ensure all medication is in date; however, **Lydia Gannon** will check medication kept at school/college on a termly basis and send a

reminder to parents/carers if medication is approaching expiry.

- **Lydia Gannon** keeps a register of students who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- **Lydia Gannon** ensures that any reaction or near misses are recorded and reported internally or in accordance with RIDDOR.

Student Responsibilities (where applicable)

- Students 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.
- Students who are trained and confident to administer their own AAIs will be encouraged to take responsibility for always carrying them on their person.

3. Individual Healthcare Plans and Allergy Action Plans

Any student whose allergy has a functional impact, places them at risk of harm or requires arrangements additional to or different from those ordinarily provided will have an Individual Healthcare Plan. The setting is responsible for developing the Individual Healthcare Plan in collaboration with the student, where appropriate, their parents or carers and with reference to relevant healthcare advice.

Individual Healthcare Plans will be reviewed at least annually and sooner following a change in diagnosis or treatment, a serious incident or near miss, concerns about the effectiveness of current arrangements, or transition to another setting.

An Allergy Action Plan or Asthma Action Plan issued by a healthcare professional is a clinical document. It must be attached to and referenced within the Individual Healthcare Plan. It does not replace the setting's Individual Healthcare Plan.

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,
- mild throat tightness, a tingling or itchy feeling in the mouth,
- swelling of lips, face or eyes,
- stomach pain or vomiting,
- changes in behaviour.

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 severe reaction is anaphylaxis. In extreme cases, there may be a dramatic fall in blood pressure. The person may become weak and floppy and feel that something terrible is happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the student 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 treatment must be rapid. **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 blood pressure

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

Action:

- Keep the individual where they are, call for help and bring their medication to them;
- Administer the person's own prescribed adrenaline device immediately where it is available;
- If a prescribed device is unavailable or misfires, administer a spare AAI **immediately without delay**;
- Call 999 immediately and state that anaphylaxis (**ana-fil-axis**) is suspected;
- Record the time the first dose was administered;
- Keep the person under constant supervision until emergency services arrive;
- Keep the person lying flat where possible. If breathing is difficult, they may sit up. Do not allow the person to stand up, walk around or move unnecessarily;
- If symptoms do not improve after 5 minutes, worsen, or recur, administer a second AAI in accordance with training and the manufacturer's instructions;
- Begin CPR if there are no signs of life;
- Stay with the person until care is transferred to the emergency services.
- Inform the parent or carer as soon as practicable

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

All students must go to hospital for observation after anaphylaxis even if they appear to have recovered, as a reaction can recur after treatment. Anyone who receives adrenaline for 'suspected' anaphylaxis must also be assessed in hospital, even if symptoms appear resolved.

5. Supply, storage and care of prescribed allergy medication

Students prescribed adrenaline should have rapid access to both prescribed devices throughout the school or college day, while travelling to and from the setting, at mealtimes, in classrooms, outdoors, and during off-site activities. Depending on their age, level of understanding and competence, students will be encouraged to take responsibility for and carry their own two AAIs at all times in a suitable bag or container. Where students are unable to carry their own medication, staff supporting students with carry it at all times.

Regardless of the student, symptoms of anaphylaxis can come on **very suddenly**, so Aspris colleagues need to be prepared to administer medication if the young person cannot.

For students who are unable to administer their own medication, an anaphylaxis device should be kept within 5 minutes of them, not locked away, and accessible to all Aspris colleagues.

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 i.e. EpiPen® or Jext®
- 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/carers to ensure that the individual anaphylaxis kit is up-to-date and clearly labelled; however, the **Allergy Lead- Lydia Gannon** will check medication kept at **Tor View School** on a termly basis and send a reminder to parents/carers if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed to ensure 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 a **clinical waste contractor**. The sharps bin is kept in the **First Aid** room.

6. 'Spare' adrenaline auto-injectors

Tor View School has purchased a **Kitt Medical Anaphylaxis Kitt with spare AAIs for emergency use**. Emergency use may include students who are at risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date, or they may need multiple doses of adrenaline before the emergency services arrive); or they may need to be used on someone experiencing anaphylaxis for the first time.

- The spare AAIs are stored in an Anaphylaxis Kitt provided by Kitt Medical, clearly labelled as 'Anaphylaxis Kitt'.
 - The Kitt is kept in a safe, easily accessible location, known to all staff members. The Kitt is not locked away to ensure swift access in an emergency. The setting holds several keys that allow colleagues to access the medication, and it will also keep a spare key in an 'Emergency Break Glass' box in case immediate access is required in an emergency. All accessories are provided by Kitt Medical.
- **Tor View School** holds **1** spare AAIs with **1** x 300mcg for anyone over the age of 6 or >30kg.
 - Both doses are stored in a Kitt(s) in the following locations:
 - **First Aid Room**

Allergy Lead- Lydia Gannon will be responsible for checking, on a monthly basis, that spare medication is in date, not cloudy or discoloured, and replacing as needed. Reminder prompts are scheduled on the Kitt Medical portal.

Allergy Lead- Lydia Gannon will be responsible for communicating to all colleagues where the Anaphylaxis Kitt(s) are located.

All students at risk of anaphylaxis should have an Allergy Action Plan that clearly outlines what to do and whom to contact in the event of an allergic reaction.

In the event of an anaphylactic emergency, where the individual does not have access to their prescribed AAI, or where anaphylaxis is suspected in an undiagnosed individual:

- Administer the spare AAI immediately without delay.
- Call 999 immediately and state that anaphylaxis is suspected.
- Keep the person under constant supervision until emergency services arrive.
- Keep the person lying flat where possible. If breathing is difficult, they may sit up. Do not allow the person to stand up, walk around or move unnecessarily.
- If symptoms do not improve, worsen, or recur, administer a second AAI in accordance with training, emergency services advice and the manufacturer's instructions, if a second device is available.
- Stay with the person until care is transferred to the emergency services.

7. Colleague Training

The **Head Teacher- Nicola Cutler** is responsible for coordinating allergy and anaphylaxis

training for their colleague and ensuring that this anaphylaxis policy is up to date.

Training Methods:

- Online training from Kitt Medical is available to colleagues via the Aspris Learning Lounge. Training is to be completed at least once a year (at a minimum) by all Aspris colleagues, regardless of role.
- Additional ad-hoc training sessions will be provided for new colleagues or anyone requiring refresher training. New colleagues, agency staff and long-term supply staff must receive allergy awareness information as part of induction and before taking unsupervised responsibility for students wherever reasonably practicable.

Training includes:

- Knowing the common allergens and triggers of allergies,
- 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 student having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what,
- Understanding what it is like for those individuals living with allergies.
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Tor View School ensures that all colleagues undertake a practical session using an AAI trainer device. A Jext trainer device is included with the Kitt Medical service. Additional trainer devices can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk

Nicola Cutler will ensure that practical training is completed alongside the online training and this is suitably recorded.

8. Inclusion and Safeguarding

Tor View School is committed to ensuring that all students with medical conditions, including allergies, in terms of both physical and mental health, are properly supported so that they can have a full and active role in the education community, remain healthy and achieve their academic potential.

Tor View School recognises that allergies can affect emotional wellbeing and may cause anxiety about eating, participation and potential allergen exposure. Allergy-related bullying, threats involving allergens, deliberate exposure, mockery or exclusion will be addressed under the Behaviour, Anti-Bullying and Safeguarding Policies. Students with allergies will not routinely be segregated from their peers, excluded from meals, trips or activities, or sent home because of their allergy. Reasonable adjustments and individual risk controls will be used to support full participation.

9. Catering

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

The menu is available for parents/carers to view **weekly** in advance with all ingredients listed and allergens highlighted.

Lydia Gannon will inform the **chef** of students with food allergies.

A list with the picture of the pupil and the allergies is clearly visible and displayed in the Dining Room, Staff room and in the Pupil's White file.

Parents/carers are encouraged to meet with the **Class teacher & Chef** to discuss their child's needs.

Tor View School adheres to the following recommendations:

- Bottles, other drinks and lunch boxes provided by parents/carers for students with food allergies should be clearly labelled with the name of the student for whom they are intended.
- If food is eaten from the **Tor View School** parents/carers should be able to confirm the appropriateness of foods by speaking directly to the catering manager.
- Where appropriate, the student should be taught to also check with catering colleagues before purchasing food or selecting their lunch choice.
- Where food is provided by Aspris, colleagues 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 students with food allergies first and carefully cleaning (using warm, soapy water) food preparation areas and utensils.
- 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 and their age.

10. Education and off-site visits

Before an off-site visit, the trip leader will confirm that the student's prescribed emergency medication is available, in date and capable of remaining with or close to the student throughout the visit. The visit-specific risk assessment will identify allergen exposure, catering, transport, emergency communication and access to trained staff.

If the required medication is unavailable, the setting will work with the parent or carer to obtain replacement medication or make another safe arrangement. The student will not automatically be excluded because of their allergy. Where safe arrangements cannot be achieved, the visit may need to be postponed or amended following consultation with the student and their parent or carer.

The risk assessment will determine whether taking a pair of spare AAIs is appropriate. Removing spare devices must not leave the main school site without adequate emergency stock.

Overnight and residential trips should be possible with careful planning, and a meeting for parents with the lead colleagues planning the trip should be arranged as part of the planning process. Colleagues at the venue for an overnight off-site visit should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue)

11. Allergy awareness and nut bans

Tor View School supports the approach advocated by Anaphylaxis UK towards nut bans/nut free policies. They would not necessarily support a blanket ban on any particular allergen in any establishment. This is because nuts are only one of many allergens that could affect students, and no setting could guarantee a truly allergen-free environment for a student living with food allergy. Aspris and Anaphylaxis UK instead advocate that education settings adopt a culture of allergy awareness and education.

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

12. Risk Assessment

Tor View School will conduct a detailed individual risk assessment for all new joining students with allergies and any newly diagnosed students, to help identify gaps in our systems and processes for keeping allergic students safe.

Allergy risks will also be considered within relevant activity, curriculum, catering and educational-visit

risk assessments. Controls will be proportionate to the individual risk and informed by medical advice where available.

13. Governance and Monitoring

Tor View School will undertake an annual allergy-management self-assessment or audit reviewing:

- Training compliance
- Allergy Register accuracy
- IHP completion
- Spare AAI checks
- Incidents and near misses
- Educational visit arrangements

Responsibility for this is with the **Head Teacher- Nicola Cutler** and verified by the Regional Director as the Chair of Governors.