Policy: Allergy and Anaphylaxis Policy
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Review: July 2027

Holy Trinity Church of England (VA) Primary School

Believe • Achieve • Inspire •

Allergy and Anaphylaxis Policy

SCHOOL VISION

Our vision is for our pupils to flourish in an inclusive, inspirational place of learning where we are happy, respectful, kind and safe.

At Holy Trinity Church of England Primary School our Christian vision shapes all we do.

"I know that there is nothing better for people than to be happy and to do good while they live.'
Ecclesiastes 3:12.

- we facilitate opportunities so every child can flourish in a place where they feel **safe**, **happy and confident**.
- staff **well-being** and professional development is valued and supported in order to fulfil their roles, **inspire** others and experience personal **fulfilment**.
- the school provides facilities that enables our pupils to reach their potential in an **optimum learning environment**.
- the **school plays a central role within our community** and enjoys strong **links with the church, local companies and other schools.**
- we create a culture of vigilance to **safeguard** all children.

Staff member responsible for managing allergy safety: Mrs Jo Griffith
Governor responsible for managing allergy safety: Mr David Gingell

The school's spare auto-injector adrenaline pens (150ml + 300ml) are kept in the Medical Room in the medicine cupboard labelled 'School Spare'. The DSL is responsible for checking expiry date and ensuring replacements are ordered in a timely manner.

BACKGROUND

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life-threatening. Anaphylaxis occurs when the body responds to an ingested allergen by releasing anti-histamines. The most common allergens in school aged children are peanuts, eggs, tree nuts (cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

Symptoms include:

- **Facial swelling**
- **Hives**
- **Wheezing**
- **Tightness of throat**
- **Fainting**
- **Vomiting**

The key to prevention of anaphylaxis in schools is knowledge of those pupils who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to those triggers. Partnership between school and parents is important in ensuring that certain foods or items are kept away from the child while at school.

Adrenaline administered immediately through an auto-injector (such as an Epipen or its equivalent) to the muscle of the outer thigh is the most effective first aid treatment of anaphylaxis.

PURPOSE FOR THE POLICY

- to provide, as far as practicable, a safe and supportive environment in which pupils at risk of anaphylaxis can participate equally in all aspects of schooling
- to raise awareness about anaphylaxis and the school's anaphylaxis procedure plan in the school community
- to engage with parents/carers of pupils at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and the management strategies for the pupil
- to ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction

INDIVIDUAL ANAPHYLAXIS PLANS

The Headteacher will ensure that parents of pupils, who have been diagnosed by a medical practitioner as being at risk of anaphylaxis, understand that their medical practitioner must provide an up-to-date individual anaphylaxis plan (BSACI) for the school as early as possible.

Once this has been received, the SENCO and/or class teacher will meet with the parents to confirm and discuss the individual anaphylaxis plan from the medical profession and work together to produce an Individual Health Care Plan (IHCP) for staff to follow in school. If possible this meeting may occur prior to the pupil starting school.

INDIVIDUAL HEALTH CARE PLAN (IHCP)

The SENCO will be responsible for communicating and coordinating with staff, parents, pupils and other professionals regarding medical needs of pupils including anaphylaxis plans and procedures. They will be responsible for ensuring that an IHCP is developed to provide clear information to all staff, the child and their

parents about anaphylaxis and the school's allergy and anaphylaxis procedure policy.

The IHCP will include information about what steps will be taken to respond to an anaphylactic reaction by a pupil in a classroom, in the school playground, on school excursions and special event days.

The designated person will ensure staff are informed of pupils at risk and what their role is in responding to an anaphylactic reaction by a pupil in their care. This includes;

• being alerted to the relevant anaphylaxis information, and
• if replacing a teacher, ensuring supply staff are made aware of pupils with anaphylaxis and the procedures to follow.

The Individual Health Care Plan will set out the following:

- Name, date of birth and photo of pupil
- information about the type of allergy or allergies the pupil has (based on a diagnosis from a medical practitioner)
- Parent and pupil responsibilities
- School responsibilities and management procedures including strategies to minimise the risk of exposure to allergens while the pupil is under the care or supervision of school staff, for in-school and out of school settings including residential trips and excursions
- information on where the pupil's medication will be stored in school
- the procedure for managing an emergency
- catering arrangements

Each pupil's IHCP will be reviewed, in consultation with parents/carers and where necessary the pupil on an annual rota and as applicable

- if the pupil's condition changes or
- immediately after a pupil has an anaphylactic reaction either at school or offsite

RESPONSIBILITIES

It is the responsibility of the parent to:

- provide the professional medical emergency action plan to the school
- inform the school if their child's medical condition changes, and if relevant, provide an updated emergency procedure plan
- share with the school any concerns regarding procedures and new initiatives to improve the pupil's education and health
- complete a 'Request for the School to Administer Emergency Medication' form
- educate and encourage pupil independence and management of their medical risks
- provide the child with his/her auto injectors and ensure they are in date
- replace out of date medication

It is the responsibility of the school to:

- consider at all times the welfare of pupils and support their needs including working towards independence, potential threats, self-esteem, attendance and engagement in learning
- recognise and take into consideration at all times the potential risk of those who have anaphylaxis and severe allergy concerns
- meet with parents/carers regarding anaphylactic medical plans
- produce an IHCP for staff, parents and pupils and review this at least annually
- provide training for staff to administer an auto-injector and recognise reactive signs and symptoms
- keep a record of staff training
- know how to act in an emergency response
- record any incidents of this nature using the medical incident book (located in the office)

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STAFF TRAINING AND EMERGENCY RESPONSE

Teachers and other school staff who conduct classes with pupils at risk of anaphylaxis will have up-to-date training through an anaphylaxis management training course (via online National College or via AFC).

At other times while a pupil is under the care or supervision of the school, including excursions, playground duty, and special event days, the Headteacher will ensure that there is a sufficient number of staff present who have up-to-date training in anaphylaxis management.

Staff will be briefed once each year by the SENCO with up-to-date anaphylaxis management training on;

- the school's anaphylaxis management policy
- the cause, symptoms and treatment of anaphylaxis
- the pupils diagnosed at risk of anaphylaxis and the location of their medication
- the correct use of the auto adrenaline injecting device (Epipen or equivalent)
- the school's first aid and emergency response procedures

This may be received directly from the SENCO or he/she may signpost professionals to deliver training to staff. It is vital staff are trained annually in anaphylaxis management.

COMMUNICATION & STORAGE

Holy Trinity Primary School has taken steps to promote effective communication of pupils at risk of anaphylaxis.

- The SENCO is responsible for communicating with parents and staff regarding individual anaphylaxis medical forms and IHCP for individual pupils
- Auto-injectors are located in the pupil's class or carried by a staff member. This will be included in the child's IHCP. They are labelled with the pupil's name and instructions for use
- Both the professional and school plan is located in the medical room and in the pupil's classroom so it is readily accessible
- In the event of an anaphylactic emergency during break or lunch time, the staff will execute a rapid response
- In the event of a suspected anaphylactic emergency, the office will be notified and an ambulance will be called
- On school residential trips, excursions and sporting events, the auto adrenaline injecting device (Epipen) will remain close to the pupil. Consideration is given in planning ahead for food and meals for pupils at risk of anaphylaxis
- All pupils at risk of anaphylaxis must be provided with an auto adrenaline injecting device and BSACI action plan for residential trips
- Staff are routinely briefed about pupils at risk of anaphylaxis.

ANAPHYLAXIS PLANS

1. Anaphylaxis action plans are located in the medical room and classrooms and include photographs

2. All staff undergo regular briefings on anaphylaxis, the symptoms and emergency responses.

3. All staff with a pupil at risk of anaphylactic responses in their classroom will be briefed at the beginning of the year, to ensure they are aware of the issues related to these pupils and procedures to follow.

4. Parents/carers of anaphylactic pupils will be contacted each year to ensure we have the most up-to-date anaphylactic management plan available.

EMERGENCY RESPONSE PROCEDURES
How to administer an auto injector:

- Remove the auto-injector from the carrier tube and remove the blue safety release cap.
- Remember this saying: "***Blue to the sky, orange to the thigh***."
- Push orange tip firmly into mid outer thigh until you hear a "*click*". Hold for 10 seconds then remove. No need to remove clothing.
- Massage the area to encourage the adrenaline to distribute into the body
- Comfort the individual by reassuring them and keeping them warm. They may be in shock.
- Note the time the adrenaline was administered to report to emergency services

In the event of an anaphylactic episode

Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised: (if breathing is difficult, allow child to sit)

2. **Use Adrenaline autoinjector* without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS

*** IF IN DOUBT, GIVE ADRENALINE ***

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further dose** of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

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In the classroom and school playground;

- **DO NOT MOVE THE CHILD**
- Identify the pupil and verify they have an individual health care plan/IHCP for anaphylaxis.
- The teacher in charge will immediately work with the child to ensure they are comfortable, risk free from injury and talk in a calm and controlled manner. They will immediately alert a staff member to access the adrenaline injecting device (Epipen or equivalent).
- The class pupils' will be escorted out of the room to work in another area of the school while treatment is underway. If at play time, other pupils will be moved away from the area.
- The school office will be notified immediately who will dial 999 for an ambulance and inform the parents and carers.
- The office staff will clearly explain to the emergency services and parent/carer that this is a suspected anaphylactic reaction.

Excursions/sports/residential trips;

- **DO NOT MOVE THE CHILD**
- The School will inform the place of residence of any pupils with anaphylaxis to ensure that appropriate arrangements are made for pupils participating at the site
- The auto-injector will accompany pupil at risk of anaphylaxis to all excursions, sports events and outings
- The auto-injector will be kept within close proximity of the pupil at all times
- In the event of an anaphylactic episode, the supervising teacher will administer the auto-injector
- The supervising teacher/adult will ring 999 for medical assistance and notify the school
- Parents will be fully informed of the relevant considerations such as:
  - the remoteness of the camp (distance to nearest hospital)
  - mobile telephone coverage. (In some locations, coverage is not reliable)

Anaphylaxis communication/management

- Every teacher will receive individual health care plans (including photographs) for all anaphylactic children in their class. If the child goes to different maths groups or literacy groups (or specialists) this allows for all staff to be aware of potential hazards.
- Individual management plans will be placed in the child's classroom (inside cupboard door) and displayed in the medical room.
- Staff will have access to the names and photos of all children who have allergies.

Minimising exposure

- Children are expected to eat their lunch in the school hall or outdoors if packed lunch during the summer term. Exceptions will be made to this arrangement to suit the individual needs of a child.
- In an attempt to minimise exposure, all staff will be vigilant and monitor pupils lunch boxes and food in their vicinity whilst eating, this will help minimise contamination.
- There will be regular communication with parents via the newsletter and notes sent home reminding them that the school is a nut free zone and should therefore exercise caution when preparing lunches.
- Any bake sales or PTA events will be reminded the school is a nut free zone and remain cautious of food ingredients. All home baked goods must show list of ingredients. If in doubt ask a staff member before the event. Bake sales will try to include a 'free from stall' so all children are inclusive.
- Any activity planned in curriculum time that involves an allergen of a pupil in that class will have a risk assessment. This will be shared with the child's parents and all possible steps will be taken to minimize risk , exposure and cross-contamination.
- Handwashing is planned and supervised in a class that includes a child with higher risks to try to minimize cross-contamination.

ANAPHYLAXIS MANAGEMENT

It is vital that parents who have a child with an allergy and have a potentially severe reaction, work with staff to protect the child's welfare. Open and honest professional dialogue is crucial so the school can continually improve its management and procedures when dealing with the child or a situation.

Parents are reminded to be aware the school is a nut free zone and are encouraged to be mindful that at this school we have children and teachers who are anaphylactic, a condition that can cause a life-threatening situation.

Teachers at Holy Trinity CE Primary School will reinforce that we don't share food and that we should wash our hands after eating. Where it is known that pupils have brought nut products to school and there is an anaphylactic pupil in the classroom, the teacher will take all precautions to minimise risk. Parents can help us maintain a safe environment by ensuring nut products are not brought into school.

Please be aware that in classrooms we rarely use food as treats or rewards. Food such as cakes or other foods to celebrate birthdays are discouraged. On special occasions when food is freely available, teachers will endeavour to ensure that a safe environment is maintained for all pupils. Prior to commencing units of work that involve cooking, teachers will discuss the individual needs of pupils at risk with their parent.

Parents who have any concerns or require clarification are urged to speak to the classroom teacher. Alternatively, you can contact the office or SENCO for further information.

This policy was adopted by Holy Trinity CE Primary School and agreed by the Finance and Resource Committee and ratified by the Full Governing Board.

Approved by……..on behalf of the School Governing Board.

Signature:……..

Date:……..