Allergy Policy

Approved By	Governing Body
Category	Inclusion and SEND
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The Catholic High School Chester

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1.Aims

This policy aims to:

- Set out The Catholic High School's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction.
- Make clear how The Catholic High School supports learners with allergies to ensure their wellbeing and inclusion.
- Promote and maintain allergy awareness among the school community.

2.Equalities statement

The Catholic High School Chester is clear about the need to actively support pupils with medical conditions to participate in school life. The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely in all aspects of school life. Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

3.Context

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 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 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 The Catholic High School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

Food allergies are increasing in both developed and developing countries, especially in children and the severity and complexity of food allergy is also increasing. Food allergy can be fatal and an appropriate diagnosis is essential in parallel with the need for clear food labelling worldwide. Around 5-8% of children in the UK live with a food allergy and most school classrooms will have at least one allergic pupil. These young people are at risk of anaphylaxis, a potentially life-threatening reaction which requires an immediate emergency response. 20% of severe allergic reactions to food happen whilst a child is at school and these reactions can occur in children with no prior history of food allergy. It is essential that staff recognise the signs of an allergic reaction, symptoms and are able to manage it safely and effectively. Schools have a legal duty to support pupils with medical conditions, including allergies.

4.Legislation and guidance

This policy is based on the Department for Education (DfE)'s guidance on allergies in schools and supporting learners with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

5.Roles and responsibilities

We take a whole-school approach to allergy awareness.

Allergy lead

The nominated allergy lead is Mr Kilcoyne (School Business Manager)

They're responsible for:

- Promoting and maintaining allergy awareness across our school community.
- Recording and collating allergy and special dietary information for all relevant learners

(although the allergy lead has ultimate responsibility, the information collection itself is collected through Admissions, First Aid Team and Pastoral Teams.

Ensuring:

- All allergy information is up to date and readily available to relevant members of staff.
- All staff receive an appropriate level of allergy training.
- All staff are aware of the school's policy and procedures regarding allergies awareness.
- Keeping stock of the school's emergency adrenaline auto-injector (AAIs) in the Main Office.
- Regularly reviewing and the updating the Allergy Policy.

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform the school 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 their child does 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 that their child carries two spare AAIs in school at all times and that they are in date. Parents are responsible for ensuring that replacements are arranged in a timely manner.
- Parents are responsible for ensuring any other required medication is supplied, in date and replaced as necessary.
- Parents are responsible for providing an additional spare in-date AAI, in a labelled package, and any other medication, including inhalers, antihistamine etc. These will be stored in the main school office. Replacements should be arranged in a timely manner. Spare AAIs will be kept in the main school office.
- Parents should subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.
- Parents are requested to keep the school up to date with any changes in allergy management or their child' condition. The Allergy Action Plan will be kept updated accordingly.

- Be aware of The Catholic High School's Allergy Policy.
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included.

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.
- All staff (regular or cover classes) must be aware of the pupils 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.
- 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.
- The allergy lead 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 in in date 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.
- The allergy lead 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.

The register includes:

- Known allergens and risk factors for anaphylaxis.
- Whether a learner has been prescribed AAI(s) (and if so, what type and dose).
- Where a student has been prescribed an AAI, whether parental and medical consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the learner.

- The First Aid Team ensure that any reaction or near misses is recorded and reported internally or in accordance with RIDDOR.
- Promoting and maintaining allergy awareness among learners.
- Carefully considering the use of food or other potential allergens in lesson and activity planning.
- Ensuring the wellbeing and inclusion of learners with allergies.
- Call for a First Aider if they have a student who is unwell.

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 will carry their own AAIs at all times.
- Pupils who are trained and confident, will administer their own AAI.
- Being aware of their allergens and the risks they pose.
- Understanding how and when to use their adrenaline auto-injector.

6.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 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. Allergy action plans are designed to function as an individual Healthcare Plan.

7.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 severe 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

Under Regulation 238 of the Human Medicines Regulations 2012, anyone can administer adrenaline in an emergency to save a life, even without formal training. This life saving exemption ensures that nobody is denied emergency treatment in a situation that could not have been anticipated. In addition to pupils with a known allergy, schools may also use a spare AAI in exceptional emergencies where a child or adult has a severe allergic reaction without a prior diagnosis or known allergy.

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. AAIs 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).**
- Tell the paramedics what might have caused the allergy and what time the AAI was given
- 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.

8.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** AAIs on them at all times in a suitable bag/container

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 AAIs i.e. EpiPen® or Jext®
- An up-to-date allergy action plan (if required)
- 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. Carrying two AAIs protects against device malfunction or the need for a second dose.
The allergy lead will check the school's emergency AAI on a termly basis. This is kept in the school main office.

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

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. The Catholic High School, Chester disposes of AAIs in a sharps bin located in the main office that are collected by Cutlers Cleaning Products

9. 'Spare' adrenaline auto-injectors in school

The Catholic High School has purchased one spare **AAI for emergency use in children who are risk of anaphylaxis,** if their own devices are not available or not working (e.g. because they are out of date) or are experiencing anaphylaxis for the first time.
A list of learners to whom the spare AAI can be administered to is kept with the spare AAI.

This is stored in the main school office, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and accessible and known to all staff.

We hold additional one AAI for school trips, this is stored separately in the Main Office

- The school purchases Mylan Epi Pen Junior
- For children age 6-12 years, a dose of 300 microgram of adrenaline is used (e.g. using an Epipen Junior (0.15mg), Emerade 150 or Jext 15O microgram devise
- For teenagers age 12+ years, a dose of 300 or 500 microgram (Emerade 500) can be used
- The school purchase age 11-18 dosage

The allergy lead is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

Written parental permission for use of the spare AAIs is included. This will be included within the Allergy Action Plan, with a signature from a medical professional.

10.Staff Training

All staff will complete allergy and anaphylaxis training annually, and on an ad-hoc basis during induction of new 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

11.Inclusion and safeguarding

The Catholic High School 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.

12.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's menu is available for parents to view on the school's website at School Meals - The Chester Catholic High School and known allergens are listed against specific products. Ingredient lists are available for other products in school e.g. sandwiches.

Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of learners.

The allergy lead will inform the Catering Manager of pupils with food allergies.

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

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

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- 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 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 Manager.
- 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.
- Hand sanitiser is provided in both canteens for learner use.
- The Catering Team receive appropriate training every 12 months.
- Food allergen information relating to the 'top 14' allergens is displayed in the school preparation areas.
- Allergen information is displayed on menus or against food products to allow learners and staff to make informed choices.

13.School trips

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.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils 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).

14.Allergy awareness and nut bans

The Catholic High School 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.
Measures The Catholic High School take to prevent contamination:

- Handwashing/sanitising facilities around school for Learners and staff
- Sharing of food is discouraged
- Encouraging learners to bring in their own water bottles
- Learners are given basic food hygiene training as part of the Design & Technology Food course in Year 8 Autumn term
- Awareness of Benedict's Law https://benedictblythe.com/benedicts-law/