



ALLERGIES (INCLUDING ANAPHYLAXIS) POLICY

Last review Date: July 2025

Next Review Due: March 2026

Staff responsible: Carey Buxton (School Nurse), Harry Wende (Chef), Claire Taylor

Chair of Governors: Mark Taylor

This policy should be read in conjunction with the following St Michael's policies:

- Safeguarding and Child Protection Policy
- Health and Safety Policy
- Medical and First Aid Policy

Rights Respecting School policy statement

Our school's vision and values have at their heart the importance of treating each other as we would want to be treated ourselves, with Care, Consideration and Courtesy for all. This is one of the reasons why the work of UNICEF and Rights Respecting Schools is so significant to us. We are committed to respecting, upholding and promoting the rights of every child.

This policy links specifically to our commitment to the the following articles:

- Article 2 - No discrimination
- Article 3 - Best interest of the child
- Article 4 - Making rights real
- Article 24 - Health, Water, Food and Environment

INTRODUCTION

St. Michael's School recognises that a number of our community members (pupils, parents/carers, visitors and staff) may suffer from potentially life-threatening allergies or intolerances to certain foods.

The School is committed to a whole school approach to healthcare, welfare and wellbeing and of the safe management of those members of the School community. We believe that all allergies should be taken seriously and dealt with in a professional and appropriate way. The School's position is not to guarantee a completely allergen free environment, rather to minimise the risk of exposure to the members of its community.

- The encouragement of self-responsibility and learned avoidance strategies amongst those suffering from allergies.
- Provision of a staff awareness programme on food allergies/intolerances, possible symptoms (anaphylaxis) recognition and treatment.
- Have a robust plan for effective responses to possible emergencies.

The intent of this policy is to minimise the risk of any person suffering allergy-induced anaphylaxis, or any other intolerances including food, medicines or environmental triggers whilst at the School, or attending any School related activity.

The policy sets out guidance for staff to ensure they are properly prepared to manage such emergency situations should they arise.



Around 5-8% of children in the UK live with a food allergy and most school classrooms will have at least one child with an allergy. Statistics suggest 20% of severe allergic reactions to food happen whilst the child is at school and these reactions can occur in children with no prior history of a food allergy.

The most common causes of food allergies relevant to this policy are the 14 major food allergens:

- Cereals containing Gluten
- Celery including stalks, leaves, seeds and celeriac in salads
- Crustaceans, (prawns, crab, lobster, scampi, shrimp paste)
- Eggs - also food glazed with egg
- Fish - some salad dressings, relishes, fish sauce, some soy and Worcester sauces
- Soya (tofu, bean curd, soya flour)
- Milk - also food glazed with milk
- Nuts, (almonds, hazelnuts, walnuts, pecan nuts, Brazil nuts, pistachio, cashew and macadamia (Queensland) nuts, nut oils, marzipan)
- Peanuts - sauces, cakes, desserts, groundnut oil, peanut flour
- Mustard - liquid mustard, mustard powder, mustard seeds
- Sesame Seeds - bread, bread sticks, tahini, houmous, sesame oil
- Sulphur dioxide/Sulphites (dried fruit, fruit juice drinks, wine, beer)
- Lupin, seeds and flour, in some bread and pastries
- Molluscs, (mussels, whelks, oyster sauce, land snails and squid).

Allergy to nuts is the most common high risk allergy and, as such, demands more rigorous controls. However, it is important to ensure that all allergies and intolerances are treated equally as the effect on the individual can be both life-threatening and uncomfortable, if suffered.

DEFINITIONS

<i>Allergy</i>	A condition in which the body has an exaggerated response to a substance (e.g. food or drug), also known as hypersensitivity.
<i>Allergen</i>	A normally harmless substance that triggers an allergic reaction in the immune system of a susceptible person.
<i>Anaphylaxis</i>	Anaphylaxis, or anaphylactic shock, is a sudden, severe and potentially life-threatening allergic reaction to a trigger (food, stings, bites, or medicines).
<i>Adrenaline device</i>	A syringe style device containing the drug adrenaline. This is an individual prescribed drug for known sufferers which is ready for immediate intramuscular administration. This is referred to as an Auto injector.



General Aspects (pupils):

The School will establish clear procedures and responsibilities to be followed by staff in meeting the needs of pupils with additional medical needs. This process includes:

- The School Nurse being involved with the parents and the child in establishing an Individual Medical Care Plan where needed.
- Ensuring staff First Aid training includes anaphylaxis management and awareness of triggers and the procedures to be followed in the event of an emergency.
- Posters with affected pupils' pictures and names are on display in the school kitchen/staff room and in folders in the dining rooms for staff awareness.

Responsibilities:

It is the School Nurse's responsibility to pass any information on to the Catering Manager with regards to food allergies of pupils. Staff will be made aware of these pupils via:

- Staff training and instruction
- A list with pictures will be sent out to all staff at the start of the term outlining pupils with medical conditions
- Ensuring the information regarding pupils with allergies in the dining rooms and kitchens are up to date
- Ensuring that Individual Care Plans and medical needs are outlined on the Portal, so that these can be downloaded before trips and activities.
- The School Nurse will offer and deliver training to all staff in regard to anaphylaxis recognition, treatment and administration of allergic reaction medication (including auto-injectors).
- The School Nurse is responsible for ensuring the relevant pupil medication (adrenaline device) is readily available.

The Catering Department is responsible for:

- Ensuring suppliers of all food products are aware of the School's food allergy policy (**especially that we are nut free**) and ensure all food products purchased have clear labelling of contents, especially allergens they may contain.
- Ensuring that food delivered to the school **does not contain nuts as an ingredient**.
- Staff who purchase food for activity clubs or special occasions from outside suppliers should liaise with the catering department when needed.
- Preparing and labelling meals for those children with special dietary requirements including allergies.



EDUCATIONAL VISITS

Staff must check the requirements of the pupils they are taking off site. This is part of the offsite risk assessment. Pupils' information is on the school database. Where food intolerance has been identified, this must be relayed to the Catering Department if they are ordering packed lunches/refreshments/food.

Staff receive Anaphylaxis training during the pre-term Staff Inset and should receive an update with the School Nurse prior to off-site trips such as Activities Week, is required for all staff.

Staff should also:

- Physically check that pupils have their medication before leaving the site. Staff to ensure they have the correct medication for the pupils in their charge.
- Ensure that all food collected from the Catering Department has been clearly labelled and they are aware of any foods that should not be given to pupils (also any foods that pupils may purchase outside of the School during the trip).
- Staff responsible for off site visits will take a first aid kit with them, provided by the school nurse.

CHARITY EVENTS

If the School hosts any 'staff coffee mornings' or 'bake days' for charity it is important that no food poses a risk to the end user. Where products are not made on site, but sold by the School, appropriate signage should be in place. This will state the following:

'This item was not produced at St. Michael's School, therefore we cannot guarantee that it does not contain nuts or any other allergen'.

All products should be plated separately, and stored as such (wrapped where possible) to prevent cross contamination to other items for sale.

It should be left to the discretion of the parent/pupil buying the food that they accept the risk that allergens may be present.

BIRTHDAY CELEBRATIONS AND SNACKS

To celebrate birthdays in school, children can either bring in or donate a favourite book for the class library. Parents are welcome to arrange a day to come in to read this story to their child's class at the end of the day.

Parents are asked to be vigilant about the snacks brought into school and **ensure that they do not contain nuts or products made with nuts.**



SCHOOL GUIDANCE FOR A PUPIL AT RISK OF ANAPHYLAXIS

All staff must make themselves aware of the School First Aid Policy.

Anaphylaxis is a severe and potentially life-threatening allergic reaction at the extreme end of the allergic spectrum. Anaphylaxis may occur within minutes of exposure to the allergen, although sometimes it can take hours. It can be life-threatening if not treated quickly with adrenaline.

Any allergic reaction, including anaphylaxis, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it perceives as a threat. Anaphylaxis can be accompanied by shock (known as anaphylactic shock): this is the most extreme form of an allergic reaction.

Common triggers of anaphylaxis include:

- Peanuts and tree nuts – peanut allergy and tree nut allergy frequently cause severe reactions and for that reason have received widespread publicity
- Other foods (e.g. dairy products, egg, fish, shellfish and soya)
- Insect stings (bees, wasps, hornets)
- Latex (gloves and PPE)
- Drugs (illegal and prescription)
- environmental factors.

Anaphylaxis has a whole range of symptoms. Any of the following may be present, although most people with anaphylaxis would not necessarily experience all of these:

- Generalised flushing of the skin anywhere on the body
- Nettle rash (hives) anywhere on the body
- Difficulty in swallowing or speaking
- Swelling of tongue/throat and mouth
- Alterations in heart rate
- Severe asthma symptoms
- Abdominal pain, nausea and vomiting
- Sense of impending doom
- Sudden feeling of weakness (due to a drop in blood pressure)
- Collapse and unconsciousness

When symptoms are those of anaphylactic shock the position of the pupil is very important because anaphylactic shock involves a fall in blood pressure.

- If the patient is feeling faint or weak, looking pale, or beginning to go floppy, lay them down with their legs raised on a chair. They should not stand up.
- If there are also signs of vomiting, lay them on their side to avoid choking (recovery position)
- If they are having difficulty breathing caused by asthma symptoms and/or by swelling of the airways, they are likely to feel more comfortable sitting up.
- the child must not be left on their own.



Avoidance of the trigger, along with access to the child's emergency medication, is all that is necessary to enable the child to be safe at school. In all other respects the child's education should be normal.

Avoiding The Trigger Food

St Michael's will take all reasonably practicable steps to ensure that the child does not eat any (trigger) food items unless they have been prepared/approved by their parents. Strict adherence to this will avoid the need for urgent treatment. The parents will remind them regularly of the need to refuse any food items that might be offered to them by other pupils.

In particular the parents may provide for them

- A suitable mid-morning snack
- A suitable packed lunch
- Suitable items as treats

Any plans such as school trips, which involve the child leaving the school site, require prior discussion between the parents and the school to agree appropriate provision and safe handling of their medication.

When the lesson involves cookery or experimentation with food items, prior discussion will be held between the parents and the school to agree suitable alternatives.

An Anaphylactic Reaction

St Michael's will hold under secure, but accessible conditions, appropriate medication, clearly labelled with the child's name for use by designated school staff or qualified personnel and clearly showing the correct dose and expiry date of the medication. Each child in EYFS and Pre-Prep who requires an auto injector should have two correctly stored in their classroom and a spare auto injector/autoinjector set will be kept in the school games department. A set of **auto injectors must be taken with the child on school outings or trips and kept safely in the school first aid bag.** If the children are in the Senior end of the school, they should **carry a set of autoinjectors in their school bag at all times** and must be **taken with them whilst in games lessons** and a **second set of auto injectors should also be kept in the school medical room.**

Supply, storage and care of medication

It is the **responsibility of parents to provide their child with two autoinjectors for their child** (in a suitable bag/container) this must be clearly labelled with the pupils name, have an up to date allergy action plan, antihistamine as tablets or syrup (if included on the allergy action plan) and a spoon and an asthma inhaler if included on the allergy action plan.

The parents should accept responsibility for ensuring appropriate medication is given to the school and replaced as necessary. The School Nurse will check expiry dates and inform



parents when drugs are out of date or getting close to their expiry date, parents must then replace them. **Children who do not have at least 1 full set of in date autoinjectors cannot not be in school and parents will either be asked to collect their child or bring in the medication inline with this policy immediately.**

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

If the child shows any physical problem for which there is no obvious alternative explanation, their condition will be reported immediately to the School Nurse or their designate. If the School Nurse or their designate agrees that the child's condition is a cause for concern, they will instruct a staff member to contact in the following order of priority:

AMBULANCE 999 stating the child's name, that he/she is having an anaphylactic reaction and his precise location.

PARENTS in an order agreed in advance

While waiting for medical assistance the school nurse / her designate / first aider, will assess the child's condition and administer medication accordingly - see 'Treatment of an Anaphylactic reaction' below.

Treatment of an Anaphylactic Reaction

- Administer an autoinjector without delay.
- Dial 999 and say anaphylaxis, stay with the child until the ambulance arrives, Do not let them stand up or walk around.
- The child should immediately lie down, legs raised if possible using a chair. If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently place them in the recovery position.
- Inject with the second autoinjector into the opposite outer thigh if there is no signs of improvement after 5 minutes.
- If there are no signs of life, start CPR immediately until the ambulance arrives.

THE ADMINISTRATION OF THESE MEDICATIONS ARE SAFE FOR THE CHILD AND EVEN IF GIVEN THROUGH MISDIAGNOSIS WILL NOT DO ANY HARM. IF IN DOUBT GIVE ADRENALINE – IT COULD SAVE THEIR LIFE

When the emergency services arrive, the School Nurse, their designate or the First Aider should appraise them of the medication given to the child. All medication used should be handed to the emergency service staff. **Even if the child has recovered following medication, medical attention should be sought.**

After the incident a debriefing session should take place with all members of staff involved. Parents should replace the used medication.

School Staff Training

It may be necessary for the school staff to administer medication in the unlikely event of an anaphylactic reaction. The School Nurse provides training sessions for all staff in the use of auto injectors. This training is offered as a refresher each Academic Year for existing staff and as initial training for new staff members.



The training provided by the school nurse will include.

- Knowing the common allergens and triggers of an allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call the emergency services.
- Administering emergency treatment (autoinjectors) in the event of anaphylaxis.

Record Keeping

It is important that all the staff at St Michael's are aware of which children are at risk of an anaphylactic reaction.

With this in mind, the child/ren's photograph/s and emergency details are displayed in areas accessible to staff - e.g. staff room and in the folders provided in the dining room . Pupils' medical conditions are also clearly recorded on the Portal.

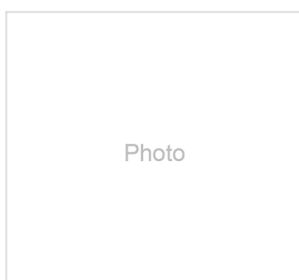


Allergy Action Plan

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:



Emergency contact details:

1)



2)



Child's
Weight: Kg

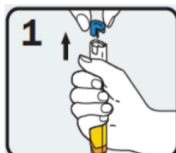
PARENTAL CONSENT: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI in schools.

Signed: _____

(PRINT NAME)

Date: _____

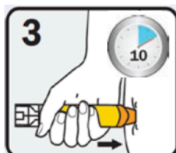
How to give EpiPen®



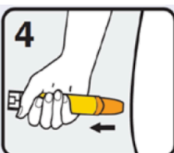
Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP



SWING AND PUSH ORANGE TIP against outer thigh (with or without clothing) until a click is heard



HOLD FIRMLY in place for 10 seconds



REMOVE EpiPen®. Massage injection site for 10 seconds

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:
- Phone parent/emergency contact (if vomited, can repeat dose)

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

Anaphylaxis may occur *without* skin symptoms: **ALWAYS** consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

- AIRWAY:** Persistent cough, hoarse voice
difficulty swallowing, swollen tongue
- BREATHING:** Difficult or noisy breathing,
wheeze or persistent cough
- CONSCIOUSNESS:** Persistent dizziness / pale or floppy
suddenly sleepy, collapse, unconscious

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

1. Lie child flat:
(if breathing is difficult, allow child to sit)
2. Use Adrenaline autoinjector (eg. EpiPen) **without delay**
3. Dial **999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** 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 2nd adrenaline dose** using a second autoinjector device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.

Additional instructions:

If wheezy, give adrenaline FIRST, then asthma reliever puffer (blue inhaler) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017.

This plan has been prepared by:

SIGN & PRINT NAME: _____

Hospital/Clinic: _____



Date: _____