BICKLEY PARK SCHOOL

Allergy Management Policy

Policy Review & Update Process			
Member(s) of SLT responsible for update		Bursar	
Committee responsible for review		Local Board	
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Designated Allergy Lead		Prep School Matron	
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1. Introduction

An allergy is a reaction by 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 severe systemic 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 often include foods, insect stings, or drugs.

Definition: *Anaphylaxis is a severe life threatening generalised or systemic hypersensitivity reaction.*

This is characterised by rapidly developing life-threatening airway / breathing / circulatory problems usually associated with skin or mucosal changes.

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 not limited to):- Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how Bickley Park School will support pupils with allergies, promote safety and 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 complete the school medical history and consent form on the Medical Day Book in Engage. This informs the all relevant members of staff of any history of allergies. . This information should include all previous severe allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with the School Matrons and updated annually.
- Parents are responsible for ensuring any required medication is supplied, in date on admission to the School, and replaced as necessary.
- It is the responsibility of parents to ensure their child's medication is in date.
- Parents are requested to keep the school up to date with any changes in their child's allergy management. The Allergy Action Plan will be kept updated accordingly.
- Parents of pupils with severe allergies are invited to come to school to meet with one of the Matrons and a member of the Catering team to discuss their child's dietary needs. Parents are expected to attend and share information sufficient to keep their child safe.
- On entry to the school, all parents must complete the Medical & Dietary Information and Medical Permissions Daybooks in Engage. This informs all the relevant staff accordingly, and all staff can view the information if required. It is the parents' responsibility to inform the school of any changes or updates.
- Parents will be requested by the school to review the data we hold for the child annually and to confirm they have done so.

- Parents can either edit the information themselves or contact Matron to advise. Matron can then amend the records accordingly.

Staff Responsibilities

- The School Matrons will ensure all allergy information is complete on Engage, held securely and shared with relevant School staff and the catering team and is updated annually.
- The School MIS will show symbol at the side of the pupil's name on the register indicating that the relevant medical forms have been completed. Clicking on the blue ambulance icon allows allergies to be viewed.
- A list of all pupils with allergies, intolerances and dietary requirements will be shared with the catering team termly or more frequently if required.
- Matrons will alert staff and the catering team to any change of allergy status
- For those pupils with allergies/dietary requirements/medical conditions, a photo board is produced and discretely available to staff and the catering team.
- 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.
- Any food-related activities must be supervised with due caution. Consideration is given to the potential presence of allergens within food brought in from outside even when stipulated that products should be allergen free. Each such event will be risk assessed to consider the potential audience and risk posed by allergens. Staff and volunteers handling food at events such as bake sales and fundraisers must follow basic food hygiene and cross-contamination prevention principles.
- 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. AAIs should be carried in the pupil's clearly identifiable medical bag together with their Allergy Action Plan.
- Staff must sign out all medication removed from the Medical Room and its location recorded. Medication must be signed back in immediately upon return. School Matrons work in partnership with parents to ensure a BSACI Allergy Action Plan is completed and 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 School Matrons will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- School Matrons keep a register of pupils who have been prescribed an 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 **adrenaline auto-injector (AAI) devices** 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 (IHCPs) for children with 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.

Bickley Park School recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plan to ensure continuity. This is a national plan that has been agreed by the BSACI, the Anaphylaxis Campaign 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 Matron /Allergy Specialist) and provide this to the school. The Allergy Action Plan will be reviewed at least annually.

4. Emergency Treatment and Management of Anaphylaxis

In the event that an emergency response to anaphylaxis is required, the guidelines on the pupil's individual BASCI allergy action plan will be followed.

For a pupil or member of staff displaying symptoms of anaphylaxis that does not have an individual plan, the guidelines of the BASCI allergy action plan will be followed. This includes the potential for an adrenaline device to be used in an emergency, even if an individual plan is not available

In all cases of suspected anaphylaxis, an ambulance (999) must be called immediately, without delay. Parents/carers will be notified as soon as possible following any emergency.

What to look for:

a. swelling of the mouth or throat
b. difficulty swallowing or speaking
c. sudden onset wheezing
d. difficulty breathing
e. noisy breathing
f. dizziness, feeling faint
g. sudden sleepiness, tiredness, confusion
h. pale clammy skin

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.

ACTION:

a. Lie child flat out (with or without legs elevated) – A sitting position may make breathing easier, do not stand the pupil up
b. Send for help from the school Medical Room ext. 220/301
c. Stay with the child and call for help. **DO NOT MOVE CHILD OR LEAVE UNATTENDED**
d. Remove trigger if possible (e.g., Insect stinger)
e. **USE ADRENALINE WITHOUT DELAY** and note time given. (Inject at upper, outer thigh - through clothing if necessary)
f. CALL **999** and state **ANAPHYLAXIS**
g. If no improvement after 5 minutes, administer second adrenaline auto-injector
h. If no signs of life commence CPR
i. Phone parent/carer as soon as possible

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.
Phone parent/carer as soon as possible and record on Engage.

5. Supply, storage and care of medication

Pupils will be encouraged to take responsibility for and to carry their own two AAIs (Around age 11 years +)on them at all times (in a suitable bag/ container). The school ensures that pupils prescribed adrenaline devices have rapid access to them at all times.

For younger children or those assessed as not ready to take responsibility for their own medication there should be an anaphylaxis kit which is kept safely in the Medical Room, not locked away and **accessible to all staff.**

Medication should be stored in a rigid box and clearly labelled with the pupil's name and a photograph.

The pupil's medication storage box should contain:

- Two adrenaline devices, e.g. EpiPen® or Jext® (Two of the same type) or prescribed nasal adrenaline device.
- an up-to-date allergy action plan
- antihistamine as tablets or syrup (if included on plan)
- spoon if required
- asthma inhaler (if included on 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 School Matrons /First Aider will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Older children and medication
Older children and teenagers should, whenever possible, assume complete responsibility for their emergency kit under the responsibility 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 in line with current disposal of medication guidelines. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin.

6. 'Spare' adrenaline auto injectors in school

Bickley Park School also maintains spare **adrenaline auto-injector (AAI) devices in accordance with the Human Medicines (Amendment) Regulations 2017 and Department for Education Guidance 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).

Spare AAIs are stored in clearly identified emergency locations across the School site, with signage indicating their whereabouts.

Spare AAIs are checked regularly to ensure they remain in date and are replaced as required.

Bickley Park School holds spare pens which are kept in the following location/s:-

Brandram	-	Intervention Room
Tidaman	-	Wellbeing Support Room
Lodge	-	Matrons' Room
Woodlawn	-	School Office
Science Block	-	Main Entrance
Swimming Pool	-	Hut
Theatre	-	Control room
Main Building	-	Medical Room
Outside Area	-	The Lookout Glass Doors & Forest School Bag
Nursery	-	Office
Reception	-	Middle Classroom

The School Matrons are responsible for checking the spare medication is in date on a monthly basis and to replace as needed. The school has a clear process for replacing spare devices before they expire or immediately after use, to ensure continuous availability.

Written parental permission for use of the spare AAIs is included in the pupil's Allergy Action Plan.

If anaphylaxis is suspected **in an undiagnosed individual you must give school spare AAI without delay alongside calling 999** and stating you suspect ANAPHYLAXIS.

7. Staff Training

Matrons, supported by the Bursar, are the named staff members responsible for coordinating all staff anaphylaxis training and the upkeep of the school's anaphylaxis policy.

A Healthcare professional will conduct a practical anaphylaxis update training session at least once a year.

All staff received whole school allergy awareness training at least annually and the School Matrons keep a copy of all training. This covers identifying main allergens, the difference between allergy/intolerance/coeliac disease, recognising anaphylaxis, emergency response (including use of prescribed and spare adrenaline devices), and the impact of allergy on wellbeing.

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
- Understand the rapidity with which anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis may occur with our without prior mild (e.g. skin) symptoms.
- Administering emergency treatment (including AAIs) without delay 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
- Be aware of the allergy policy
- Be aware of how to access the AAI
- Understand the difference between food allergy, food intolerance and coeliac disease;

- Understand the impact which allergy can have on a pupil's mental health and wellbeing.
- Associated conditions e.g., asthma
- Managing allergy action plans and ensuring these are up to date
- A practical session using trainer devices (these can be obtained from the manufacturers' websites www.epipen.co.uk and www.jext.co.uk)

8. Inclusion and safeguarding

Bickley Park 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.

The school recognises its duties under the Equality Act 2010 to make reasonable adjustments where an allergy constitutes a disability. We are committed to promoting the mental health and wellbeing of pupils with allergies, including through peer education and awareness. Any form of bullying related to a pupil's allergy — including deliberate exposure to allergens — is treated as a serious safeguarding concern and will be addressed strictly in accordance with the school's Anti-Bullying and Safeguarding policies. Support is also provided to ensure pupils with allergies are not disadvantaged during admissions, attendance, or in exams and assessments.

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 menu is available for parents to view in advance on the website Ingredients and allergens are available on request.

The School Matrons will inform the Executive Chef/Catering Manager of pupils with food allergies on a termly basis and as required.

The Catering Team are given an up-to-date copy of the allergy/dietary requirements photoboard for display to their staff.

The School and the Catering Team adhere 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.
- The pupil should be taught to also check with catering staff, before 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.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g., birthday parties, food treats).
- Foods containing nuts are not to be brought into school.
- 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.

10. 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.
AAIs should be carried in the pupil's clearly identifiable medical bag together with their Allergy Action Plan.

Staff must sign out all medication removed from the Medical Room and its location recorded. Medication must be signed back in immediately upon return.

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 may 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).
Sporting Excursions. On residential trips, trip staff should always double check at departure that a pupil has their adrenaline devices on them. The pupil's own AAI's are kept with them at all times. A school spare AAI is also taken on the trip and kept with the trip lead.

Children with allergies should have every opportunity to attend sports trips to other schools. The school will ensure that the Games teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

11. Allergy awareness

Bickley Park School supports the approach advocated by The Anaphylaxis Campaign and Allergy UK and is an allergy aware school. 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.

Bickley Park School therefore promotes a 'whole school awareness of allergies' , as it ensures teachers, pupils and all other staff 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. Risk Assessment

Bickley Park School will conduct a bi-annual detailed risk assessment to help identify any gaps in our systems and processes for keeping allergic children safe for all new joining pupils with allergies and any pupils newly diagnosed.

13. Recording Incidents and Near Misses

A serious incident is any event relating directly to an allergy in which a student, staff member or visitor is harmed or placed at immediate risk of harm (e.g. requiring emergency medication or an ambulance). A "near miss" is an event that did not result in harm but had the clear potential to do so — for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

Any serious incident or near miss will be reported to the Designated Allergy Lead and recorded as soon as is feasible after they occur.

Each record should include: Who was affected, what happened, when and where, why the incident occurred as far as is known), how staff and the pupil responded; what was done to support the individual; whether emergency services were called and how the incident concluded

All incident reports should be shared with:

- the pupil's parents or carers, who will be given the opportunity to discuss the incident and contribute their views to the review; and
- the Designated Allergy Lead and the Local Board will conduct a review so they can consider what lessons to learn and whether policy changes are required to prevent future occurrences.
- Any learning from an incident should be shared appropriately with staff so they can act on it.

14. Useful Links

- Anaphylaxis Campaign- https://www.anaphylaxis.org.uk
- AllergyWise training for schools - https://www.anaphylaxis.org.uk/informationtraining/allergywise-training/for-schools/
- AllergyWise training for Healthcare Professionals https://www.anaphylaxis.org.uk/information-training/allergywise-training/forhealthcare-professionals/
- Allergy UK - https://www.allergyuk.org
- Whole school allergy and awareness management (Allergy UK) https://www.allergyuk.org/schools/whole-school-allergy-awarenessandmanagement
- Spare Pens in Schools - http://www.sparepensinschools.uk
- Official guidance relating to supporting pupils with medical needs in schools: http://medicalconditionsatschool.org.uk/documents/Legal-Situation-in-Schools.pdf
- Education for Health http://www.educationforhealth.org
- Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) https://www.nice.org.uk/guidance/qs118
- Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834

- Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Appendix 1 Emergency Response

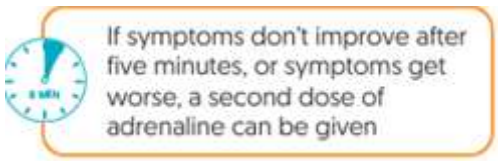
In the event of suspected anaphylaxis staff will:

1. **Recognise the signs and symptoms of anaphylaxis.**

2. **Administer adrenaline without delay if indicated.**

3. **Call 999 immediately and state that the pupil is experiencing suspected anaphylaxis.**

4. **Contact the School Nurse (if on site) and inform the Head/Bursar**
5. **Contact the pupil's parent or carer as soon as practicable.**
6. **Monitor the pupil continuously until the ambulance arrives.**
7. **Administer a second dose of adrenaline after five minutes if symptoms have not improved or have returned and another AAI is available.**



8. **Complete the accident report on Engage**

anaphylaxis UK

Be Allergy Aware & Save a Life

Anaphylaxis is a serious and life-threatening reaction to allergens such as food, insect stings, medication and latex.

Recognise the ABC symptoms and act quickly - you could save a life.

WHAT TO LOOK FOR

A AIRWAY

- Swelling in throat, tongue or upper airways
- Vocal changes (hoarse voice)
- Difficulty swallowing

B BREATHING

- Sudden onset wheezing
- Breathing difficulty
- Noisy breathing
- Persistent cough

C CIRCULATION

- Dizziness or feeling faint
- Sudden sleepiness, confusion
- Pale clammy skin
- Loss of consciousness or collapse

These severe symptoms may occur alongside milder skin, mucosal or gut symptoms.

Anaphylaxis may occur without skin symptoms (e.g. hives or swelling).

WHAT TO DO

Lay the person flat and raise their legs - do NOT allow them to stand or walk anywhere.

- If unconscious, place them in the recovery position
- If breathing is difficult, allow them to sit up supported

Administer adrenaline without delay (use prescribed AAI or intranasal EURneffy) Refer to device label for instructions.

Phone 999 and tell them the person is suffering from **ana-fil-ax-is**

If symptoms don't improve after five minutes, or symptoms get worse, a second dose of adrenaline can be given

Medical observation in hospital is recommended after anaphylaxis.

www.anaphylaxis.org.uk

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