

# Allergy Management Policy

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*THIS POLICY REFERS TO ALL STUDENTS INCLUDING THOSE IN EYFS*

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## 1. AIMS AND OBJECTIVES

This policy outlines Nottingham High School's approach to allergy management, including how the whole-school community works to reduce the risk of an allergic reaction happening and the procedures in place to respond if one does. It also sets out how we support our students with allergies to ensure their wellbeing and inclusion.

This policy applies to all staff, students, parents and visitors to the school and should be read alongside these other policies:

Administration of Medicine, Equal Opportunities, First Aid, Health & Safety and Offsite Visits policies

## 2. WHAT IS AN ALLERGY?

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

## 3. DEFINITIONS

**ANAPHYLAXIS:** Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

**ALLERGEN:** A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by law to be highlighted on pre-packed food. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

**ADRENALINE AUTO-INJECTOR:** Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAI's, adrenaline pens or by the brand name EpiPen. There are three brands licensed for use in the UK: EpiPen, Jext Pen and Emerade. Emerade is currently not available as it has been recalled due to misfiring incidences. For the purposes of this Policy we will refer to them as Adrenaline Pens.

### ALLERGY ACTION/ INDIVIDUAL HEALTHCARE 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. An Allergy Action Plan is a detailed document outlining an individual student's condition, history, treatment, risks and action plan.

A national plan that has been agreed by the British Society of Allergy and Clinical Immunology (BSACI), the Anaphylaxis Campaign and Allergy UK is available from, <https://www.bsaci.org/about/download-paediatric-allergy-action-plans>. This School follows this template.

Please note that it is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (most likely a GP), and provide this to the school.

**RISK ASSESSMENT:** A detailed document outlining an activity, the risks it poses and any actions taken to mitigate those risk. Allergy should be included on all relevant risk assessments for events on and off the school site.

#### **4. ROLES AND RESPONSIBILITIES**

Nottingham High School takes a whole-school approach to allergy management.

##### **4.1 Designated Allergy Lead**

The Designated Allergy Lead is the Operations Manager.

They are responsible for:

- Ensuring the safety, inclusion and wellbeing of students with allergy.
- Taking decisions on allergy management across the school
- Championing and practising allergy awareness across the school
- Being the overarching point of contact for staff, students and parents with concerns or questions about allergy management
- Ensuring allergy information is recorded, up-to-date and communicated to all staff
- Making sure all relevant staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment)
- Ensuring staff, students and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures
- Keep a record of any allergic reactions or near-misses and ensure an investigation is held as to the cause and put in place any learnings
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy
- Reviewing the stock of the school's spare adrenaline pens (check the school has enough and the locations are correct) and ensuring staff know where they are

At regular intervals the Designated Allergy Lead will check procedures and report to the Health and Safety Committee.

##### **4.2 School nurse/ Healthcare team**

The School Nurse is responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans) and information from families
- Support the Designated Allergy Lead on how this information is disseminated to all school staff, including the Catering Team, occasional staff and staff running clubs
- Ensuring the information from families is up-to-date, and reviewed annually (at a minimum)

- Coordinating medication with families. It is the parents and carers responsibility to ensure medication is up to date. The School Nurse will keep a record of student medication with expiry dates in order to also notify the parents.
- Keeping an adrenaline pen register to include adrenaline pens prescribed to students and spare pens, including brand, dose and expiry date. The location of spare pens is also be documented.
- Regularly checking spare pens are where they should be, and that they are in date
- Replacing the spare pens when necessary
- Providing on-site adrenaline pen training for other relevant members of staff and refresher training as required e.g. before school trips

#### **4.3 Admissions Team**

The admissions team is likely to be the first to learn of a student or visiting student's allergy. They should work with the Designated Allergy Lead and the Nurse to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity before a school visit i.e. an Open Day or Taster Days if food is offered or likely to be eaten
- There is a clear structure in place to communicate this information to the relevant parties (i.e. school nursing team, catering team)
- Visitors (for example at Open Days and events) are aware of the catering set up and if food is to be offered and plans for medication if the child is to be left without parental supervision

#### **4.4 Relevant staff**

Relevant school staff, to include teaching staff, support staff, occasional staff (for example sports coaches, music teachers and those running afterschool clubs) are responsible for:

- Being aware of students with allergies and what they are allergic to (a list of students with severe allergies will be sent to all staff once per term)
- Considering the risk to students with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate.
- Being able to recognise and respond to an allergic reaction, including anaphylaxis
- Taking part in training as required and to tell a manager if you have not received any in the last 12 months
- Considering the safety, inclusion and wellbeing of students with allergies at all times
- Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy.

#### **4.5 All parents**

All parents and carers (whether their child has an allergy or not) are responsible for:

- Providing the school [Jane Potter, School Nurse [potter.j@nottinghamhigh.co.uk](mailto:potter.j@nottinghamhigh.co.uk)] with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hayfever, rhinitis or eczema
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice

- Encouraging their child to be allergy aware and to discuss and enable their child to follow the guidance outlined in 4.7

#### **4.6 Parents of children with allergies**

In addition to point 4.5, the parents and carers of children with allergies should:

- Work with the school to provide an Allergy Action Plan
- If applicable, provide the school or their child with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, i.e. spoon or syringe), inhalers or creams
- Ensure medication is in-date and replaced at the appropriate time
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too
- Provide the school with an up-to-date photograph of their child and sign the associated permission for it to be shared appropriately as part of their allergy management.
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring e.g. not eating the food they are allergic to.
- To discuss and enable their child to follow the guidance outlined in 4.7.

#### **4.7 All students**

All students (with or without allergies) at the school should:

Students should:

- Make sure he or she doesn't exchange food with other students;
- Avoid eating anything with unknown ingredients;
- Knowing what their allergies are and how to mitigate personal risk
- Avoiding their allergen as best as they can
- If age-appropriate, to carry two adrenaline auto-injectors with them at all times. They must only use them for their intended purpose
- Understand how and when to use their prescribed adrenaline auto-injector
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies
- Notify an adult immediately if they eat something they believe may contain the food to which they are allergic;
- Notify an adult immediately if they believe they are having a reaction, even if they do not know the cause;
- Always wear their medical alert bracelet, or some form of other medical identification.
- Learn how they can support their peers and be alert to allergy-related bullying.

## 5. INFORMATION AND DOCUMENTATION

### 5.1 Register of students with an allergy

The School Nurse has a register of students who have a diagnosed allergy. ISAMs is also updated with allergy information for a student. This includes students who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as students with an allergy where no adrenaline pens have been prescribed.

5.2 Each student with an allergy that the parents have made the School aware of has an Allergy Action Plan. The information on this plan includes:

- Known allergens and risk factors for allergic reactions
- A history of their allergic reactions
- Detail of the medication the student has been prescribed including dose, this should include adrenaline pens, antihistamine etc.
- A copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis
- A photograph of each student
- A copy of their Individual Healthcare plan.

5.3 **Individual health care plans** for students with allergies are printed (and kept up-to-date when plans change) and in a folder in the following locations:

- The Nurses room
- Infant School Reception
- Junior School Reception
- Senior School Reception
- Catering Office (Senior School kitchen)
- Student Services

Students in the Senior School with allergies who may require the use of an adrenaline auto-injector pen (AAI pen) (e.g. EpiPen, Jext or Emerade) are required to carry two in date AAI pens with them **AT ALL TIMES**. Spare named AAI pens (specific to individual students) along with their **Allergy Action Plans** are kept at the **Senior School Reception**.

In the Infant School, students with allergies keep their named AAI pens along with their **Allergy Action Plan** in the **First Aid store cupboard in the cloakroom**.

In the Junior School, students with allergies keep their named AAI pens along with their **Allergy Action Plan** in the **Junior School Staff room**.

## 6. ASSESSING RISK



Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food tech or cooking
- Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk.
- Running activities or clubs where they might hand out snacks or food “treats”. Ensure safe food is provided or consider an alternative non-food treat for all students.
- Planning special events, such as cultural days and celebrations

Inclusion of students with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity.

## **7. FOOD, INCLUDING MEALTIMES & SNACKS**

### **7.1 CATERING IN SCHOOL**

The school is committed to providing a safe meal for all students, including those with food allergies.

- Due diligence is carried out with regard to allergen management when appointing catering staff
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training
- Anyone preparing food for students with allergies will follow good hygiene practices, food safety and allergen management procedures
- The catering team will endeavour to get to know the students with allergies and what their allergies are supported by all school staff.
- The catering team do not purchase or serve any foods containing nuts
- The school has robust procedures in place to identify students with food allergies:
  - A list students whose parents have provided their child’s allergies are inputted into ISAMs. This list is given to the Catering Manager and it is also uploaded into the School’s till system (CIVICA).
  - Each morning the Catering Manager holds a briefing session and each menu is discussed highlighting the 14 allergens as well as any specific known student allergens.
  - Food for specific diets (i.e. Gluten Free, any severe allergies) is served from a separate counter.
  - When a student goes through the tills to purchase their food (breakfast and lunch in the Dining Hall and after school snacks in the Brasserie) using their name, fingerprint or catering card, the student’s profile appears on the screen and a pop-up box with their specific allergies.
  - The Catering staff are trained to check the allergies against the food which is being purchased.
- Food containing the main 14 allergens (see Allergens definition) is clearly identified for students, staff and visitors to see. Other ingredient information is available on request.
- Food packaged to go will comply with PPDS legislation (Natasha’s Law) requiring the allergen information to be displayed on the packaging.
- All menus have ‘May Contain’ labelling

### **7.2 FOOD BANS OR RESTRICTIONS**

This school is an Allergen Aware school. We have students with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food.

- We try to restrict peanuts and tree nuts as much as possible on the site and check all foods coming into the kitchen.
- All food coming onto school premises or taken on a school trip or to a match should be checked to ensure peanuts and tree nuts are not an ingredient in another product. Please check the label on all foods brought in. Common foods that contain these goods as an ingredient include: packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces.

#### **8. SCHOOL TRIPS AND SPORTS FIXTURES**

- Staff leading the trip will have a register of students with allergies with medication details provided by the School Nurse.
- Allergies will be considered on the risk assessment.
- A Trip care plan is issued for any student attending an overnight trip who requires medication
- Consult with the parents if the trip requires an overnight stay
- Staff accompanying the trip will be trained to recognise and respond to an allergic reaction
- Allergens will be clearly labelled on catered packed lunches.
- See Adrenaline Pens section (12.3) for School Trips and Sports Fixtures

#### **9. INSECT STINGS**

- The school's Estates Team monitor the grounds for wasp or bee nests.
- School trips and outdoor activities where there is a risk of insect bites/stings will risk assessed

#### **10. ANIMALS**

It is normally the danger that causes a person with an animal allergy to react.

- A student with a known animal allergy should avoid the animal they are allergic to
- If an animal comes on site a risk assessment will be done prior to the visit
- Anyone in contact with an animal will wash their hands after contact
- School trips that include visits to animals will be carefully risk assessed

#### **11. INCLUSION AND MENTAL HEALTH**

Allergies can have a significant impact on mental health and wellbeing. Students may experience anxiety and depression and are more susceptible to bullying.

- No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip.
- Students with allergies may require additional pastoral support including regular check-ins from their Tutor
- Affected students will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives
- Bullying related to allergy will be treated in line with the school's anti-bullying policy

## 12. ADRENALINE PENS

[See the government guidance on Adrenaline Pens in Schools.](#)

### 12.1 Storage of adrenaline pens

- Students prescribed with adrenaline pens will have easy access to two, in-date pens at all times.
- Adrenaline pens must not be kept locked away
- Adrenaline pens should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator)
- Used or out of date pens will be disposed of as sharps

### 12.2 Spare pens

#### Location of AAI Pens:

- Infant School – First Aid store cupboard in the cloakroom
  - Junior School – Staffroom
  - Senior School Kitchen
  - Sixth Form Brasserie
  - Wellbeing Centre Medical Room
  - Senior School Reception
  - Food and Nutrition Department – prep area
  - Valley Road - Pavilion
  - Hockey Centre – Pavilion
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- Students in the Senior School with allergies who may require the use of an adrenaline auto-injector pen (AAI pen) (e.g. EpiPen, Jext or Emerade) are required to carry two in date AAI pens with them **AT ALL TIMES**.
  - Spare named AAI pens (specific to individual students) along with their **Allergy Action Plans** are kept at the **Senior School Reception**.
  - In the Infant School, students with allergies keep their named AAI pens along with their **Allergy Action Plan** in the **First Aid store cupboard in the cloakroom**.
  - In the Junior School, students with allergies keep their named AAI pens along with their **Allergy Action Plan** in the **Junior School Staff room**.

### 12.3 Adrenaline pens on school trips and match days

- No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own pens.
- Adrenaline pens will be kept close to the students at all times e.g. not stored in the hold of the coach when travelling or left in changing rooms (part of risk assessment)
- Adrenaline pens will be protected from extreme temperatures (part of risk assessment)
- Staff accompanying the students will be aware of students with allergies and be trained to recognise and respond to an allergic reaction
- The School Nurse to provide spare adrenaline pens to be provided with copies of student Allergy Action Plans

## 14. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

Managing Allergic Reactions - Appendix 1

Responding to Anaphylaxis – Appendix 2

## 15. TRAINING

15.1 The school is committed to training relevant staff annually to give them a good understanding of allergy. This includes:

- Understanding what an allergy is
- How to reduce the risk of an allergic reaction occurring
- How to recognise and treat an allergic reaction, including anaphylaxis
- How the school manages allergy, for example Emergency Response Plan, documentation, communication
- Where adrenaline pens are kept (both prescribed pens and spare pens) and how to access them
- The importance of inclusion of students with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying
- Understanding food labelling

## **16. ASTHMA**

It is vital that students with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions.

ASTHMA - Emergency Procedure – See Appendix 3

### **Location of Spare Emergency Inhalers:**

- Infant School – First Aid store cupboard in the cloakroom
- Junior School – Staffroom
- Sports Hal – outside the changing rooms (ground floor)
- Swimming Pool office
- Valley Road – Pavilion
- Hockey Centre – Pavilion



## APPENDIX 1

### MANAGING ALLERGIC REACTIONS

#### ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen.

Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

#### MILD TO MODERATE ALLERGIC REACTIONS

##### Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

##### Response:

- Stay with student
- Call for help
- Locate adrenaline pens
- Give antihistamine
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the student

#### SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**.

Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

**In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.**

People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.

## APPENDIX 2

### RESPONDING TO ANAPHYLAXIS

#### SYMPTOMS OF ANAPHYLAXIS

##### A – Airway

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen Tongue

##### B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

##### C - Circulation

- Persistent dizziness
- Pale or floppy
- Sleepy
- Collapse or unconscious

**IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE.**

#### DELIVERING ADRENALINE

1. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
3. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
5. Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
6. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
7. Call the student's emergency contact.
8. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
9. Start CPR if necessary.
10. Hand over used devices to paramedics and remember to get replacements.

For more information see the Government's [Guidance for the use of adrenaline auto-injectors in schools.](#)

## APPENDIX 3

### ASTHMA - Emergency Procedure

#### THE SIGNS OF AN ASTHMA ATTACK ARE:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)
- These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention. However, an asthma attack requires an immediate response.

#### WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

If possible, send for the School Nurse immediately

- Reassure the casualty and ask them to take their usual dose of their reliever inhaler (usually blue), if they have it with them. Ask them to breathe slowly and deeply.
- If they have a spacer available, ask them to use it with their inhaler. The inhaler is more effective with a spacer, especially when being used for young children.
- If they have no inhaler, stay with them until the School Nurse arrives. If they are available please call 999 or 112 for emergency help.
- If an inhaler is available, please ensure the casualty is sitting down in a comfortable position.
- A mild attack will normally ease after a few minutes. However, if they don't improve within a few minutes, it may be a severe attack. Ask them to take a puff every 30 to 60 seconds, until they have had 10 puffs. Help the casualty to use their inhaler if they need assistance.
- If the attack is severe, and they are getting worse, becoming exhausted, or if this is their first attack, call 999 or 112 for emergency help.
- Monitor their breathing and level of response. If the ambulance hasn't arrived within 15 minutes, assist the casualty to take a puff of the inhaler every 30 to 60 seconds, until they have had 10 puffs.
- If they become unresponsive at any point, prepare to give CPR (see Appendix 7).
- If their symptoms improve and you do not need to call 999, advise the patient to get an urgent same-day appointment to see their GP or asthma nurse.

For an instruction video and more information, please click [here](#)