

# Allergy Awareness Policy

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## CONTENTS

1. Statement of Intent .....	2
2. Purpose .....	2
3. Introduction .....	2
4. Definitions.....	3
5. Reducing the risk of allergic reactions .....	3
6. Roles and responsibilities for allergy management .....	4
7. Emergency Auto-injectors .....	6
8. Training and awareness.....	8
9. Catering Provider - Chartwells.....	9
10. Self-catering on residential trips .....	9
Appendix 1 - Consent to administer emergency Adrenaline Auto Injector.....	APP-1
Appendix 2 - Sample letter for purchasing emergency AAI .....	APP-2
Appendix 3 - Anaphylaxis and AAI trained staff .....	APP-3
Appendix 4 - Emergency Instruction for allergic reaction .....	APP-4

**Word versions of appendices are available for download from the Health & Safety SharePoint site.**

## 1. Statement of Intent

- 1.1 The Harris Federation believe in ensuring the health, safety and welfare of its students and staff, and are committed to ensuring that those with allergies, especially those likely to have a severe reaction (anaphylaxis), are supported in all aspects of academy life.
- 1.2 Whilst we will endeavour to control allergens in our academies, we cannot guarantee to be allergen free.
- 1.3 We will:
- Provide a written policy which promotes allergy awareness, which all academy staff are aware of and are required to implement;
  - Ensure our academies provide a safe environment for all;
  - Ensure our academies raise awareness of food allergies and anaphylaxis to the whole academy community;
  - Aim to reduce the risk of exposure to allergens
- 1.4 In order to achieve compliance with the statement of intent, the Harris Academies will have responsibilities assigned to them, as stated in this policy.
- 1.5 The Harris Federation and its academies are not in a position to guarantee a completely allergen free environment, but rather to minimise the risk of exposure. Our academies will encourage self-responsibility and will plan for an effective response to emergencies.

## 2. Purpose

- 2.1 **Purpose.** The purpose of this policy is to provide advice and guidance to Harris Academies on how to manage allergens and the responsibilities expected of those within the Federation and academy community.
- 2.2 **Scope.** This policy applies to all Harris Academies and members of their school communities, which include; staff, children, students, families, volunteers, and supply staff. This policy should be used in conjunction with the First Aid and Medical Needs and Medicines policies.

## 3. Introduction

- 3.1 An allergy is the response of the body's immune system to normally harmless substances, such as pollens, foods, house dust mites and animal dander. Whilst in most people these substances (allergens) pose no problem, in allergic individuals their immune system identifies them as a 'threat' and in some cases can produce a severe anaphylactic reaction which can affect or restrict the airway and could possibly lead to death.
- 3.2 Certain responses can be life threatening and extremely harmful producing a reaction such as anaphylaxis or can be less severe, producing responses such as itching, runny eyes, hives, funny taste in the mouth, swollen eyes and lips.

## 4. Definitions

4.1 Key definitions are detailed below:

- **AAI** –Adrenaline Auto Injector;
- **Allergy** – An allergy is the response of the body's immune system to normally harmless substances, such as pollens, foods, and house dust mite;
- **Allergen** – A substance which causes an allergic reaction;
- **Anaphylaxis** – Anaphylaxis, or anaphylactic shock is a severe and potentially life-threatening allergic reaction affecting more than one body system such as the airways, heart, circulation, gut and skin;
- **EPIPEN®** – Brand name for hypodermic device which delivers epinephrine (adrenaline) used for the treatment of an acute allergic reaction;
- **Emerade®** – Brand name for adrenaline auto-injector used for the emergency treatment of severe acute allergic reactions;
- **IHCP** – Individual Health Care Plan;
- **Jext®** - Brand name of adrenaline auto-injector used in the emergency treatment of anaphylactic shock, or an anaphylactic reaction.

## 5. Reducing the risk of allergic reactions

5.1 Academies should be aware that banning a particular food type does not stop the risk of accidental exposure. Generally, food bans focus on nuts, when in fact allergic reactions can occur with different substances and other foodstuffs.

5.2 Academies should be aware that insect bites and animal allergies could also cause severe reactions.

Academies should ensure:

- diligent management of wasp and ant nests on school grounds;
- staff are aware to report significant presence of insects in play areas.

5.3 If pets or animals are visiting, or kept in school, careful consideration should be given to

- Where the animals are kept;
- Where the feed will be kept/stored;
- Hygiene and cleanliness when handling pets;
- Consideration of individual children's allergies, including completion of risk assessments where indicated.

5.4 Substances that cause allergic reactions are known as allergens. Common allergens include:

- Grass and tree pollen;
- Dust mites;
- Animal Dander;
- Food – particularly nuts, fruit shellfish, eggs and cows' milk;

- Insect bites and stings;
- Medication (including Ibuprofen, aspirin and certain antibiotics);
- Latex (used to make gloves and condoms);
- Mould;
- Household chemicals (including detergents and hair dyes).

5.5 There are also 14 Food Allergens<sup>1</sup>, all which can produce an allergic reaction, these include:

- Cereals containing gluten;
- Crustaceans;
- Eggs;
- Fish;
- Peanuts;
- Soya;
- Milk;
- Nuts tree nuts;
- Celery;
- Mustard;
- Sesame;
- Sulphur Dioxide;
- Lupin;
- Molluscs.

5.6 Academies can reduce the risk of exposure to allergens by implementing simple strategies and encouraging parental participation.

- Food should not be given to food-allergic children without parental engagement and permission, i.e. birthday cakes, sweets and food treats;
- Parents are asked to ensure bottles and drinks are clearly labelled with the child's name for who they are intended;
- Staff arranging arts, crafts and cooking classes, use of food alternative ingredients such as substituting flour for wheat-free flour for play, dough or cooking;
- Food sharing and sharing of utensils and containers is avoided;
- Staff consider the use of food during lessons and events. These may need to be restricted depending on the allergies of the children;
- Encourage children, as soon as they are able, to check their own food;
- Regularly remind parents and students with packed lunches, to give thought to eliminating food which may be of risk to other members of the school community with allergies;
- Out of hours school staff preparing food to be aware of measures to prevent cross-contamination when handling, preparing and serving food.

## 6. Roles and responsibilities for allergy management

### 6.1 Principal:

**The Principal can delegate responsibility for managing allergies within the school community, and in doing so should ensure that whoever is nominated to take the lead role in managing this area, have sufficient personnel, equipment and time allocated to be able to manage the care and support to those at risk of anaphylaxis.**

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<sup>1</sup> <https://www.allergyuk.org/>

- 6.2 It is the Principal's responsibility to ensure:
- this policy is effectively implemented ensuring all staff<sup>2</sup> are aware of this policy and their role in implementing it;
  - academy staff who provide support to children with allergies are able to access information and other support materials as needed;
  - that a procedure is established by the academy on how staff support both the student and caterers in the development of Special Diet Request forms and special diet procedures;
  - there are sufficient trained members of staff available to provide treatment to a student having an allergic reaction or anaphylaxis;
  - staff and caterers are aware of the students and staff (where declared) who have food (or other) allergies and are at risk of anaphylaxis;
  - staff are trained to recognise the signs and symptoms of an allergic reaction;
  - staff understand the rapidity with which anaphylaxis can progress to a life-threatening reaction;
  - staff are aware that anaphylaxis can occur with or without prior mild symptoms;
  - staff are aware of the need to administer adrenaline (using an AAI) without delay as soon as anaphylaxis occurs;
  - staff are aware where student medication (and if appropriate, staff medication) is stored and the academy's emergency medication is held, and that this is accessible at all times;
  - staff are aware which staff are trained to administer AAI;
  - staff managing medical needs are involved in the preparation of Individual Health Care Plans, where appropriate;
  - staff managing medical needs ensure contact is made with the school nursing service in the case of any child who is at risk of anaphylaxis, but is yet to be brought to the attention of the school nurse;
  - staff are appropriately insured and are aware they are insured to support students with allergies.

6.3 **Individual Staff Responsibilities:**

- be aware of this policy and their role in implementing it;
- attend anaphylaxis awareness training on an annual basis. Where possible this should include: how to recognise the signs and symptoms of an allergic reaction/ anaphylaxis, the treatment of anaphylaxis and awareness of how to use an AAI;
- understand the rapidity with which anaphylaxis can progress to a life-threatening reaction;
- be aware, at all times, of the students in their care who have known allergies;
- have access to medical information if needed;
- know the location of student, staff (if appropriate) emergency medication is held;
- staff are aware of the need to administer adrenaline (using an AAI) without delay as soon as anaphylaxis occurs
- if leading on educational visits, ensure they are competent to act in the case of anaphylaxis ensuring they carry all the relevant emergency supplies, including residential trips and sporting fixtures;
- on educational visits, supervise any food-related activities ensuring that where food is being provided - used or consumed, food allergen information is shared;
- be aware of the trained staff to administer AAI and how to access their help

6.4 **Student responsibilities**

- Students of any age, where possible, must be familiar with what their allergies are and provide, where possible, information about how their allergies affect them;

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<sup>2</sup> Staff include temporary and supply staff, lunchtime supervisors, morning and afternoon school club staff

- Students should be fully involved in discussions about how to reduce the risk of an allergic reaction and be empowered to reduce those risks;
- Students trained to administer their own auto injector, will be encouraged to carry it on their person;
- Students are responsible when carrying their own medication to ensure it is in date and kept safe and not used for any purpose other than its intended use.

#### 6.5 Parental responsibilities

- On entry to the academy, parents are responsible for notifying the academy via the Medical Form of any history of allergy, previous severe reactions and if any, history of anaphylaxis;
- Parents are responsible for ensuring the academy is provided with sufficient and up to date information about their child's medical needs;
- If an Allergy or Individual Health Care Plan has not already been provided by the school nurse, specialist nurse, hospital or previous school, parents are required to participate in the preparation of an Individual Health Care Plan;
- Parents are responsible for ensuring any required medication is always kept on site, is in date, provided in its original packaging and is replaced as necessary (The MHRA<sup>3</sup> recommend those prescribed AAIs should have TWO devices available, at all times);
- Parents are required to provide consent to the academy to administer medication using Form 5 of the Medical Needs and Medicines policy;
- Parents are responsible for ensuring that they or another nominated adult are contactable at all times;
- Parents have the option to give permission for the use of the academy's emergency auto injector.

#### 6.6 Health Care Professionals

Health Care Professionals, including GPs, paediatricians and specialist nurse practitioners, should provide parents with an appropriate Allergy Healthcare Plan or Individual Health Care Plan for pupils at risk of anaphylaxis.

6.7 Academies, when notified that a student is at risk of anaphylaxis, and are not in possession of an Allergy or Individual Health Care Plan should actively seek to locate the appropriate Plan. This can be obtained from either the Health Care Professional, parents, consultant or specialist nurse. Where this is not available an IHCP should be written in collaboration with the school nurse (Health Care Professional), parents, students (where appropriate) and academy. The academy are **not** responsible for preparing the IHCP in isolation.

6.8 A risk assessment must be completed for any student who is known to be at risk of anaphylaxis and there is no allergy health care plan or medication on site. This must be periodically reviewed until the academy is satisfied that the appropriate emergency instructions and medication are in place to support the student.

## 7. Emergency Auto- Injectors

7.1 Non-statutory guidance was released by the Department of Health in October 2017 permitting Academies to hold emergency Adrenaline Auto Injectors (AAI) on site for emergency use. The Harris Federation require all academies with staff or students requiring the use of auto-injectors, to hold emergency auto-injectors.

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<sup>3</sup> <https://www.gov.uk/drug-safety-update/adrenaline-auto-injectors-updated-advice-after-european-review>

- 7.2 The use of the spare AAIs are intended for emergency use only on children regarded as being at risk of anaphylaxis or whose own AAI is not available or working. Spare AAIs can be administered to a child if their own AAI cannot be used.

Academies can administer spare AAIs without prescription for use in emergencies if:

- A pupil is at risk;
- Parental consent has been received for use of the spare AAI;
- If the child is known to be at risk of anaphylaxis.

**NOTE:** Academies should note if instruction is given by the emergency services (paramedics) to administer an adrenaline auto injector and parental consent cannot be obtained to administer the academy's spare AAI, the academy should follow the instructions provided by the emergency services.

7.3 **Purchasing AAIs for emergency use**

Academies can purchase AAIs from pharmaceutical suppliers (local pharmacy). All requests must come from the Principal in written form. (Appendix 2 Sample letter for purchasing emergency AAIs). Academies are advised to use this letter rather than writing their own.

- 7.4 AAIs are available in different dosages; it is therefore recommended that anaphylaxis be treated using age based criteria doses - further information can be found on the guidance. (<https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>)

- 7.5 If the Academy currently hold more than one brand of AAI for their existing students, it is recommended that suitable quantities of varying doses are held of one brand only and this should be the one most commonly held. Academies are free to purchase more if they wish. Current Brands of AAIs are JEXT®, EMERADE® and EPIPEN®

7.6 **Storage and Access to Emergency AAIs**

AAIs should not be locked away but be available and accessible at all times. This includes offices where access might be restricted or controlled. AAIs should be stored no more than five minutes away from where they are needed. Spare AAIs must be clearly labelled and should not be confused with a student's own medication.

7.7 **Emergency AAI Kit**

The Academy is required to name two members of staff responsible for maintaining the Spare AAI Kit. One to lead, and second to deputise in the absence of the lead.

Spare AAI kits should include:

- Instructions how to use the devices;
- One or more AAI;
- Storage instructions (in line with manufacturers' guidelines);
- Manufacturers information;
- List of AAIs held including information about the make, model, batch number and expiry dates;
- Monthly recorded checks of spare AAIs held to ensure they remain in optimum working order;
- Arrangements for replacement of the AAIs – by who, when and how;

- List of pupils who can use the AAI's, including copies of parental consent received (see Appendix 1 for sample Consent to administer emergency Adrenaline Auto Injector);
- Record of AAI's administered to include, name, date, AAI name, AAI type, dosage given and batch number.

7.8 It is recommended that spare AAI's are kept in the same location as the emergency inhaler kits.

7.9 Record keeping - All academies holding spare AAI's must:

- Keep a register of students who have been prescribed an AAI (or where there is a medical care plan indicating AAI should be used in an emergency);
- Ensure that support and training is provided for staff in the use of AAI's and records are kept of trained personnel;
- Keep a record of usage of the Spare AAI's;
- Notify parents of when any AAI used, whether the schools spare or students own AAI;
- Have written consent from a parent/legal guardian for the use of spare AAI's;
- Have a clear understanding that AAI's can only be used on students where medical authorisation and written consent have been provided

#### 7.10 Disposal of spent AAI's

Once used, an AAI cannot be reused. It/ they can be given to the paramedics on arrival for them to dispose of, or should be disposed of in a yellow sharps bin. Out of date medication should be returned to the parents, or if not collected from the academy must be returned to a pharmacy for safe controlled disposal.

#### 7.11 Spare AAI's on Educational Visits

With all emergency medication students, where able, should carry their own medication and spares held by the group leader/first aider. If it is considered appropriate, spare AAI's can be taken on school trips, however schools need to ensure that sufficient supplies are also left at the academy.

If an AAI is administered, schools will be required to relay the following information to the paramedics:

if the child is known to have an allergy:

- what might have caused the reaction;
- time the AAI was given;
- if a second AAI was used

**NOTE:** The schools spare AAI should only be used as a spare not a replacement for a child's own AAI. Spare AAI's held by the school are in addition to those prescribed for a student.

## 8. Training and Awareness

8.1 Academies must arrange specialist anaphylaxis training for staff.

8.2 Training should include practical instruction in how to use the different AAI devices available. Online resources, however useful, are **NOT** a substitute for face-to-face training. Academies are free to source their own training, which can be on line, but this must be followed up with practical training so that staff get opportunity to practice using training pens.

- 8.3 Academy should consider which staff are trained and if they have sufficient staff trained to cover educational visits, intervention sessions and any out of hour's academy activities.
- 8.4 Resources for educating students and children on the risk of anaphylaxis are available via BBC Bitesize website animation tool "living with anaphylactic allergies – Izzy and Ben's story" <https://www.bbc.com/bitesize/clips/zpdy6fr>
- 8.5 Further resources for schools are available via the following sites:
- Anaphylaxis Campaign: <https://www.anaphylaxis.org.uk/>  
Spare Pens in Schools: <https://www.sparepensinschools.uk/for-school-pupils/>  
Allergy UK: <https://www.allergyuk.org/information-and-advice/for-schools>

## 9. Catering Provider - Chartwells

- 9.1 **Special Diet Requests** - where food allergy is a concern, parents will be required to cooperate with the academy's caterer and adhere to the caterer's special diet procedure regarding any special diet requests.
- 9.2 Dependent on the complexity of the allergy/allergies parents may be required to meet with the caterers to fully inform them of their child's dietary needs.
- 9.3 Special Diet Request forms, Special Diet Procedures and a list of FAQ's are available to parents via the academy main office. Allergen reports for core menu items are also available from Chartwells and should be referred to in case of an allergen query.
- 9.4 Academy staff are required to support both the parents and caterers through the process when special diet requests are identified.

## 10. Self-catering on residential trips

- 10.1 Staff preparing food on residential visits are required to take into account the dietary and allergy needs of all participants. See educational visits policy for further information on food safety training.
- 10.2 Specialist dietary requirements for staff and students on residential trips need to be planned well in advance to ensure they are adequately accommodated during the trips. Parents will need to be involved in all aspects of the planning to ensure that students are not exposed to allergens which put them at risk.
- 10.3 Students cannot be excluded from educational visits due to their dietary or medical needs.

**Appendix 1 - Consent to administer emergency Adrenaline Auto Injector**



Insert Academy Logo

**Consent Form: Use of Emergency Adrenaline Auto Injector (Harris Academy .....)**

1. I can confirm that my child has been prescribed with an adrenaline auto-injector.
2. In the event my child does not have their own auto-injector, or there is a malfunction of other prescribed auto-injectors held/carried, I consent for my child to receive the academy held emergency adrenaline auto-injector in an emergency.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

Childs Name: \_\_\_\_\_

Class/ Form: \_\_\_\_\_

Parents address and contact details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Appendix 2 - Sample letter for purchasing emergency Adrenaline Auto-injectors**

[To be completed on headed paper]

[Date]

We wish to purchase emergency Adrenaline Auto-injector devices for use in our academy.

The adrenaline auto-injectors will be used in line with the manufacturer’s instructions, for the emergency treatment of anaphylaxis in accordance with the Human Medicines (Amendment) Regulations 2017. This allows schools to purchase “spare” back-up adrenaline auto-injectors for the emergency treatment of anaphylaxis. (Further information can be found at <https://www.gov.uk/government/consultations/allowing-schools-to-hold-spare-adrenaline-auto-injectors>)

Please supply the following devices:

Brand name*		Dose* (state milligrams or micrograms)	Quantity required
	Adrenaline auto-injector device		
	Adrenaline auto-injector device		

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print name:

Principal



**Appendix 4 - Emergency Instruction for allergic reaction – Auto-Injector EpiPen® / Jext®/ Emerade®)**

Student's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Allergic to: \_\_\_\_\_

**ASSESS THE SITUATION**  
**Send someone to get the students spare auto injector or emergency kit, which is kept in:**  
  
\_\_\_\_\_

**IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS**

**MILD REACTION**

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/Nausea
- Vomiting

**ACTIONS**

- Give \_\_\_\_\_ (antihistamine) immediately
- Monitor student until you are happy he/she has returned to normal.

**SEVERE REACTION**

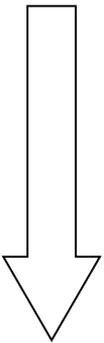
- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy
- Collapsed/unconscious

**ACTIONS**

1. Get \_\_\_\_\_ auto-injector out and send someone to telephone 999 and tell the operator that the student is having an

**'ANAPHYLACTIC REACTION'**

1. Sit or lay student on floor.
2. Take auto-injector and remove grey safety cap.



3. Hold auto-injector approximately 10cm away from outer thigh. Swing and jab black tip of auto-injector firmly into outer thigh. MAKE SURE A CLICK IS HEARD AND HOLD IN PLACE FOR 10 SECONDS.
4. Remain with the student until ambulance arrives.
5. Accompany the student to hospital in the ambulance.
6. Place used auto-injector into container without touching the needle.
7. Contact parent/carer as overleaf.

**EMERGENCY CONTACT NUMBERS:**

**Mother:** \_\_\_\_\_

**Father:** \_\_\_\_\_

**Other:** \_\_\_\_\_

Signed Principal: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signed parent/guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Date agreed: \_\_\_\_\_

Signed Paediatrician/GP: \_\_\_\_\_ Print Name: \_\_\_\_\_

Care Plan written by: \_\_\_\_\_ Print Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Date of review: \_\_\_\_\_

<b>Date</b>	<b>Time</b>	<b>Given by (print name)</b>	<b>Observation/evaluation of care</b>	<b>Signed/date/time</b>

**Regularly check expiry dates of auto-injectors**