Yardleys School

WORKING TOGETHER FOR A BETTER FUTURE

ALLERGY & ANAPHYLAXIS POLICY

Adopted by Trustees:

Signed: ……

Date: ……

This policy is reviewed annually by the Finance, Premises and Staffing Committee

Review date: ……

POLICY INFORMATION

Date of last review	July 2026	Review period	Annually
Date ratified by trustees	September 2026	Governors' committee responsible	FPS
Policy owner	Gemma Webb	SLT member responsible	Gemma Webb
Date of next review	June 2027		

Reviews/revisions

Review date	Changes made	By whom
July 2026	Addition of sections on reporting of near-misses and Individual Healthcare Plans	Gemma Webb

EQUALITY AND GDPR

All Yardleys' policies should be read in conjunction with our Equal Opportunities and GDPR policies.

Statement of principle – Equality

We will take all possible steps to ensure that this policy does not discriminate, either directly or indirectly against any individual or group of individuals. When compiling, monitoring and reviewing the policy we will consider the likely impact on the promotion of all aspects of equality as described in the Equality Act 2010.

Statement of principle – GDPR

Yardleys School recognises the serious issues that can occur as a consequence in failing to protect an individual adult's or child's personal and sensitive data. These include emotional distress, physical safety, child protection, loss of assets, fraud and other criminal acts.

Yardleys School is therefore committed to the protection of all personal and sensitive data for which it holds responsibility as the Data Controller and the handling of such data in line with the data protection principles and the Data Protection Act (DPA)/GDPR.

Statement of principle – Yardleys Way

Yardleys School treats everyone equally and we value everyone the same irrespective of age; disability; gender reassignment; marriage or civil partnership; pregnancy or maternity; race; religion or belief; sex; and sexual orientation.

Aims

The aims of this policy are to minimise the risk of any student suffering a serious allergic reaction whilst at school or attending any school related activity and to ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise. This is with the objective of supporting students with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

Roles and responsibilities

Trustees

- As the employer, overall responsibility for health and safety rests with the trust board
- Ensure the school has a strategic vision for the management of allergy risk assessment and emergency procedures
- Ensure the school's arrangements to identify and safeguard the wellbeing of pupils, because of their own or someone else's allergy, are robust and effective

Headteacher/Leadership Team

- Headteacher/Leadership Team will ensure school staff have appropriate annual training and are aware of procedures.
- Ensure arrangements are in place in relation to managing allergies in school and are carried out in practice.
- Ensure appropriate risk assessments are completed, and appropriate measures are put in place.
- Report specified incidents to the schools Health and Safety Advisors and the HSE when necessary.

Lead First Aider

- The Lead First Aider will complete the Individual Healthcare Plans.
- The Lead First Aider will ensure that the up-to-date Allergy Action Plan is kept with the student's medication.
- It is the parent's responsibility to ensure all medication in in date however the Lead First Aider will check medication kept at school on a termly basis and send a reminder to parents/carer if medication is approaching expiry.
- The Lead First Aider keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- The Lead First Aider ensures that any reaction or near misses is recorded and reported internally to the Business Manager.
- Work closely with sub-contracted Catering Managers in assisting in the support of students with known allergies to discuss any special requirements.

Staff

- All School Staff will complete anaphylaxis training. Training is provided on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff (regular or cover classes) must be aware of the students in their care who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all students with medical conditions, including allergies, carry their medication. Students unable to produce their required medication will not be

able to attend the excursion, without refund where monies have been paid.

Parents/Carers

- On entry to the school, it is the parent/carer's responsibility to inform the Lead First Aider of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents/Carers are to supply a copy of their child's Allergy Action Plan to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional
- Parents/Carers are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents/Carers are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Students

- Students 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.
- Know where their medication is kept and take responsibility for carrying AAIs on their person at all times.

Allergy Action Plans

Allergy action plans are designed to function as individual healthcare plans for children with food/penicillin/bee & wasp allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto- injector.

British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by school. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. The allergy action plans are designed to function as an individual healthcare plan.

All allergy action plans are stored on the child's record on the school's management information system, with a hard copy kept at student reception.

Individual Healthcare Plans (IHPs)

Individual healthcare plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a student is fully included in the life of the school. It will identify exact risk-mitigation measures that need to be followed. Individual Healthcare Plans are school owned documents that are co-created by school, parents/carers and students.

They should include any advice received from health professionals. If there is no advice from health professionals, information and support can be requested of the school nurses if this is needed. Where a child has an allergy action plan and or an asthma plan, this must be included with the IHP.

It is good practice to review IHPs annually or when staff change however they must be reviewed if an incident or near miss occurs.

Emergency Treatment and Management of Anaphylaxis

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more severe reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the student has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

Action:

- Keep the child where they are, call for help via sending a student to reception or use 'On Call' to inform SLT, and do not leave the child unattended.
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis).**
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.

- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All students must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

Supply, storage and care of medication

Students should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents/carers. However, symptoms of anaphylaxis can come on very suddenly, so school staff need to be prepared to administer medication if the young person cannot.

Medication should be stored in a suitable container and clearly labelled with the student's name in Student Reception, that is not locked away and is accessible to staff. AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

The student's medication storage container should contain:

- One AAIs i.e. EpiPen® or Jext®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parent/carer to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the Lead First Aider will check medication kept at school on a termly basis and send a reminder to parents/carers if medication is approaching expiry.

Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a sharps bin. The sharps bin is kept in the medical room.

'Spare' adrenaline auto-injectors in school

School has purchased spare **AAIs for emergency use to children who are risk of anaphylaxis,** but their own devices are not available or not working (e.g. because they are out of date) or are experiencing anaphylaxis for the first time.

The school holds two spare pens. These are stored in Student Reception, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', not locked away and accessible and known to all staff.

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

Written parental permission for use of the spare AAIs to be included in the student's allergy action plan.

Staff Training

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

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date

Inclusion and safeguarding

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.

Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The school's menu is available for parents/carers to view on the school's website. Parents/Carers are encouraged to speak to the school to discuss their child's needs. The Lead First Aider will inform the catering manager of students with food allergies. The Enrichment Manager or Lead First Aider will update the school's management information system, which is linked to the canteen system to allow allergy information to shared and when a child is purchasing food an allergy information is alerted to them. Each term the Lead First Aider and the Enrichment Manager will carry out a check of all allergy information on SIMS and Catering till system. The catering team also have a hard copy summary of student allergies with photographs.

Use of food in crafts, cooking classes, science experiments and special events (e.g. rewards, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children. Allergy information is shared with the Head of Food technology and any changes informed throughout the year.

School Trips/Sport Fixtures

Staff leading school trips or taking offsite sport fixtures will ensure they carry all relevant emergency supplies. Trip leaders will check that all students with medical conditions, including allergies, carry their own medication. Students unable to produce their required medication will not be able to attend the excursion.

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

students and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents/carers 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).

Allergy awareness and nut bans

The school supports the approach advocated by Anaphylaxis UK and many allergy charities towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

Near misses

The school approaches serious incidents and "near misses" in a "no blame" spirit, seeking to learn lessons and address any issues which the incident identified, so that students are better protected in the future.
Any near miss incidents must be reported to the Business Manager to ensure that steps are taken to avoid potential future occurrences.

Risk Assessment

School will conduct a detailed individual risk assessment for all new joining students with allergies and any students newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

Appendix – Protocol for recording and communicating student allergy information

1. On admission to the school allergy information is received from parents/carers as part of the medical section of the induction paperwork. This shared with the Lead First Aider.

2. The Lead First Aider enters all medical data including allergy information into the MIS before students join the school (and wherever possible before induction day).

3. The Lead First Aider sends a referral form to the School Nurses' team, which then checks medical data with parents and confirms with the school.

4. The Lead First Aider produces medical information sheets for staff room and canteen. This includes student names, photographs, summary of medical condition and/or allergies. This is updated every academic year.

5. The Enrichment Manager enters allergy information into the canteen till system from the school's MIS so that allergies flash up on canteen tills.

6. If the school is made aware of new allergies, or changes to allergies, amongst existing students, then the same procedure is followed.

7. If there are any issues with any of the above procedures, the Business Manager is immediately alerted.

8. If Lead First Aider or Enrichment Manager are not available to input data as outlined in 4. and 5., then the Business Manager will authorise an alternative member of staff to do so, to ensure consistency.

9. No other member of staff (unless authorised), nor member of the catering team may add to, amend or delete a student's medical information.

10. Each term the Lead First Aider and the Enrichment Manager will carry out a check of all allergy information on the MIS and canteen till system .