



LANDAU
FORTE
ACADEMY
MOORHEAD

Policy Name	Allergy Policy
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1. Introduction

Allergy is the response of the body's immune system to normally harmless substances. These do not cause any problems in most people, but in allergic individuals the immune system identifies them as 'allergens' and produces an inappropriate 'allergic' response. This can be relatively minor, such as localised itching, but it can also be much more serious, causing anaphylaxis which can lead to breathing problems and collapse. Common allergic triggers include nuts, cow's milk and other foods, venom (bee and wasp stings), drugs, latex and hair dye. The most common cause of anaphylaxis in children/young people are foods. Symptoms often appear quickly and the 'first line' emergency treatment for anaphylaxis is adrenaline which is administered with an adrenaline auto-injector (AAI).

It is important that pupils with allergies are not stigmatised or discriminated against in any way at school due to their allergy. Drawing attention to the allergy in this way could result in allergy bullying by other pupils, so inclusivity and overall awareness amongst pupils is vital.

Emergency management of anaphylaxis (ABC) and involving family/carers

All pupils at risk of anaphylaxis, will have Individual Health Plan. The plan will include allergic triggers and what to do and who to contact in the event they have an allergic reaction. It will also provide parent consent if an adrenalin auto injector is to be used.

2. Symptoms of anaphylaxis include one of more of the below:

Airway:

- Swollen tongue
- Difficulty swallowing/speaking
- Throat tightness
- Change in voice (hoarse or croaky sounds)

Breathing:

- Difficult or noisy breathing
- Chest tightness
- Persistent cough
- Wheeze (whistling noise due to a narrowed airway)

Circulation:

- Feeling dizzy or faint
- Collapse
- Babies and young children may suddenly become floppy and pale
- Loss of consciousness (unresponsive)

Action to be taken

- Position is important -lie the person flat with legs raised (or sit them up if having breathing problems)
- Give adrenaline – WITHOUT DELAY – if an AAI is available

- Bring the AAI to the person having anaphylaxis, and not the other way round. Avoid standing or moving someone having anaphylaxis
- Call an ambulance (999) and tell the operator it is anaphylaxis
- Stay with the person until medical help arrives
- If symptoms do not improve within five minutes of a first dose of adrenaline, give a second dose using another AAI
- A person who has a serious allergic reaction and/ or is given adrenaline should always be taken to hospital for further observation and treatment
- Sometimes anaphylaxis symptoms can recur after the first episode has been treated. This is called a biphasic reaction.

3. Spare pens in schools

If a child has been prescribed an adrenaline auto injector, the school will purchase a spare pen, which will be kept in the class room.

The expiry date will be recorded on the provider's website and also the school calendar, to allow time to purchase replacement.

Individual Health plan

The individual health plan will include the allergic triggers and first aid treatment

Staff allergy training

Two named members of staff are responsible for coordinating allergy management including the development and upkeep of the school's allergy policy.

Staff who work with a child with allergic triggers will undertake training on what to do in the event of an allergic reaction, Allergy training should be refreshed yearly (at a minimum) and new and temporary staff should be trained as soon as they join the school to ensure confidence and competence.

Storage of AAIs

Students should carry two AAIs with them at all times. If the student is unable to carry AAI's/ medication/inhalers themselves, this medication should be stored safely, in the classroom and be easily accessible in the event of an emergency and not locked away. The medication will be labelled or identification of the pupil e.g. with their name and photograph.

Ensure that students know where their medication, AAIs and inhalers are at all times.

If a pupil has anaphylaxis, and their AAI is stored away from them, then the AAI must be brought to them. They must not be told to go to the room where the AAI is stored, in order for it to be administered.

Staff should support students who demonstrate maturity and have had appropriate training to carry their own AAIs, medication and/or inhalers.

Expiry dates

- It is the parents' responsibility to ensure that the child's AAls are within the expiry date
- Parents and schools can register AAls on the manufacturer's websites to receive text alerts for expiry dates
- Schools should return expired medication to parents for safe disposal
- Any sharp items such as AAls should be disposed of safely using a sharps disposal box
- The expiry date will be added, with a reminder, in the school calendar
- Note that the dose of AAl varies according to the child's weight, so as the child grows, the correct dose required may change.

4. Catering at school

Sims will be updated as to any changes in dietary requirements as notified by the parent/carer.

At the start of the academic year, updated during the year as required, the catering team will have details of all children with dietary

The report will include as a minimum:

- Photograph
- Class
- Name
- Allergies/dietary needs

Catering staff will be able to identify pupils with allergy and ensure the menu caters for their requirements.

Handling allergens and preventing cross contamination

The catering manager will keep in contact with food suppliers as ingredients may change.

Some product ingredient lists contain precautionary allergen labelling, e.g. "may contain X". Some pupils may be able to eat foods labelled as "may contain", but others may need to strictly avoid them. This information should be included on the Individual Healthcare Plan.

5. Working with parents

Parents/carers know their child's allergies best and we maintain a close relationship with parents to ensure they have the most up to date knowledge of each child's allergies and medication. Parents must be encouraged to

- Provide an Allergy Action Plan signed by a healthcare professional
- Provide two in-date AAls for their child, which should ideally be kept with the child rather than away from them.

6. Sports activities at school

All children with allergies and who have been prescribed AAls should take their AAls to the sports ground / hall with them. The teachers leading the sports sessions will be first aid trained and this will include how to manage serious allergy and anaphylaxis.

7. Sports activities outside schools

Children with allergies should have every opportunity to take part in out-of-school activities such as holidays, sports events hosted by other schools and educational visits.

Such activities will need careful planning and preparation, but there is no reason to exclude a child with allergies. A meeting with the child's parents /carers will be necessary to ensure that everyone is happy with the arrangements. If the child is allergic to a food, similar procedures need to be followed to those in operation at school to ensure that the child does not come into contact with the food.

If the child has been prescribed AAls, at least one person trained in administering the device must accompany the school party. From the child's perspective, it is not advisable for a parent/ carer to accompany them on school trips. This should only happen as a last resort.

8. Sports events

For sports events, it's advisable to ensure the PE teacher is fully aware of the situation and notifies the schools to be visited that a member of the team has an allergy when arranging the fixtures. Should another school feel they are not equipped to cater for the allergic child you could arrange (as a last resort) for the child to take their own food.

9. Managing insect sting allergy

Insect sting (including bee and wasp) allergy causes a lot of anxiety and needs careful management. Children need to take special care outdoors, wearing shoes at all times and making sure any food or drink is covered.

Adults supervising activities must ensure that suitable medication, including AAls, is always on hand for the management of anaphylaxis.

10. Complaints

Parents with a complaint about how their child's medical condition is being dealt with at school should discuss this directly with the school in the first instance. If the Headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

11. Monitoring arrangements

This policy will be reviewed and approved by the governing board every two years.

12. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- Health and safety

- Medical Conditions
- Safeguarding
- Special educational needs information report and policy



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