# Allergy Policy

CATERHAM SCHOOL

CATERHAM PREP

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| Policy Author: | Heather Sullivan, Lead Nurse and Health Centre Manager |
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**Purpose**

To minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.

Links to other policies: First Aid / Medical Policy

The School's named Allergy Safety Lead for the Senior School is Nick Mills, Assistant Head (Pastoral and Boarding) and Jo Cole (Head of Pre-Prep) for the Prep School. He has senior leadership responsibility for overseeing the implementation and review of this policy.

Heather Sullivan, Health Centre Manager, provides clinical and operational leadership for allergy management.

Deborah Grimason provides Trustee oversight of allergy safety.

## Contents

## 1. Introduction

An allergy is a reaction of 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 serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening 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 can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

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

This policy sets out how Caterham School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

## 2. Role and responsibilities

### Parent Responsibilities

- Before a pupil starts at the School, parents are responsible for completing the medical information portal and providing all relevant medical information, including known allergies and intolerances, previous serious allergic reactions, history of anaphylaxis, relevant dietary or health requirements and details of 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 a healthcare professional e.g. School nurse/GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

### Staff Responsibilities

- 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. 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 must take two AAI or equivalent nasal devices with them, if they are unable to produce their required medication they will not be able to attend the trip.

- The Health Centre will ensure that pupils at risk of anaphylaxis have an appropriate Allergy Action Plan in place and that this is kept with their medication.

- It is the parent's responsibility to ensure all medication in date. The nurse will check the expiry of any spare AAIs held in the prep / pre prep school.
- The health centre 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. This register is also available as a hard copy in the kitchen, café, staff room in both senior and prep/ pre prep, alongside photos of each pupil.

### 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.
- Prep pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.
- Senior school pupils are expected to be trained and confident in administering their own AAIs and must take responsibility for carrying them at all times.

## 3. Allergy Action 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, including consent to administer a spare adrenaline auto injector.

Caterham School recommends the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans to ensure continuity. Where a pupil's allergy requires additional individual arrangements within School, an Individual Healthcare Plan may also be developed in consultation with parents/carers and relevant healthcare professionals. The Allergy Action Plan may form part of, or be appended to, this plan.

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

## 4. 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 serious 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 pupil 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 a 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 and do not leave them 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. Nasal devices are also now in circulation- follow the instructions.
- 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 pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

## 5. Supply, storage and care of medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own **two** AAIs on them at all times- these should be in a suitable medical device container.

For younger children, or those not ready to take responsibility for their own medication, there should be a generic AAI device held in the anaphylaxis kit which is kept safely, not locked away and **accessible to all staff.**

Medication should be stored in a suitable medical pouch and clearly labelled with the pupil's name supplied by the parents. The pupil medication storage container should hold:

- Two adrenaline devices, e.g. AAIs such as EpiPen® or prescribed adrenaline nasal devices
- An up-to-date allergy action plan

- Antihistamine as tablets or syrup labelled with pupils name, name of medication and instructions (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 parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, the prep nurse will check spare medication kept at prep/ pre prep school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

### Older children and medication

Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance 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. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in the sharps bin, kept in the health centre and prep medical room.

## 6. 'Spare' adrenaline auto-injectors in school

Caterham School holds spare adrenaline auto-injectors (AAIs) for emergency use in children who are at risk of anaphylaxis, for use if their own devices are not available or unusable. The emergency generic AAI kit can be used on an individual not diagnosed as Anaphylactic, if advised to do so by the 999 call operator.

These are stored in a plastic square green / clear box clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff.**

Caterham School holds emergency Adrenaline boxes which are kept in the following locations:

- Senior school kitchen
- Concourse café
- Sports centre café
- Senior school health centre
- Beech Hanger boarding house
- Sports room in prep school in the AAI/Inhaler cupboard.
- By the teacher in charge of Bee club

The health centre are responsible for checking the generic AAI emergency kits medication is in date on a half termly basis and to replace as needed.

Written parental permission for the use of spare AAIs is normally recorded within the pupil's Allergy Action Plan. In an emergency, staff will act in the child's best interests and emergency treatment will not be delayed.

If anaphylaxis is suspected in an undiagnosed individual call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

## 7. Staff Training

The named staff members (at least 2) responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-

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| Heather Sullivan | - | Lead Nurse |
| Nick Mills | - | Assistant Head (Pastoral and Boarding) and Allergy Champion |
| Deborah Grimason | - | Safeguarding Trustee and Allergy Champion |

All staff who may have responsibility for, or regular contact with, pupils will receive appropriate allergy awareness and emergency response training at least annually. Appropriate arrangements are also made for new, temporary, supply, peripatetic and other relevant pupil-facing staff.

Training includes:

- Knowing the common allergens and triggers of allergy and understanding the difference between an allergy and an intolerance
- 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
- Understanding that allergies can develop at any time, including in children with no previously known allergy
- 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
- A practical session using trainer devices (these can be obtained from the manufacturers' websites: www.epipen.co.uk

## 8. Inclusion and safeguarding

Caterham 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 the potential impact of allergies on pupils' emotional wellbeing and seeks to ensure that pupils with allergies are included safely and sensitively in all aspects of School life. Allergy-related bullying, including deliberately exposing or threatening to expose another person to a known allergen, will not be tolerated and will be managed in accordance with the School's Behaviour, Anti-Bullying and Safeguarding policies as appropriate.

## 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 always available for parents to view on the school website.

The Health Centre/ Sarah Matlock (Pre-Prep Administrator) will inform the Catering Manager of pupils with food allergies. At the beginning of each Academic year the health centre will provide a list of pupils with photo who carry an AAI, to the catering manager. This list will be updated with any changes throughout the year.

For EYFS children, at each meal and snack time a designated member of staff is responsible for checking that the food and drink provided meets each child's known allergy, intolerance, dietary and health requirements. Relevant information is shared with all staff involved in preparing, handling and serving food. Where EYFS children are eating, staff also follow the School's EYFS Food, Nutrition and Safer Eating Policy.

Senior school pupils are encouraged to manage dietary needs themselves with the support of the school catering team. All food served has the allergens listed in a hard copy folder and on the tablet near to the servery. The special diets counter is a separate area that caters for a wide variety of dietary / medical needs.

A meeting with the health centre team/ Catering Manager/Chef for parents to discuss their child's dietary needs, can be arranged by contacting the health centre.

The school adheres to the following Department of Health guidance recommendations:

- The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice. Senior pupils can check allergens in the hard copy file or on the tablet device displayed.
- Pre/ prep school pupils wear a coloured lanyard when eating in the lunch hall, this identifies the child and their dietary need to all staff
- 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/ Health Centre team.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats). Pupils should not bring in home made cakes and other produce to celebrate birthdays and other events.
- Use of food in crafts, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be risk assessed.

## 10. School trips

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. Senior pupils should carry their own prescribed adrenaline devices where appropriate. For Prep pupils, one device may be carried by the pupil and the second by the responsible member of staff, according to the pupil's individual arrangements. For Pre-Prep pupils, both devices are carried by the responsible member of staff.

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 should 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).

Where the Health Centre holds a spare AAI for an individual pupil, this should be taken to the fixture by the member of staff leading the trip. If the Health Centre does not hold a spare AAI for an individual allergic child, the member of staff leading the trip should carry a generic emergency AAI.

### Sporting Excursions

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified (by the attending P.E. teacher) 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 and nut bans

Caterham School supports the approach advocated by Anaphylaxis UK 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.

## 12. Allergy incidents and near misses

Allergy-related incidents and significant near misses are recorded and reviewed. This includes incidents where an error or failure in procedure could reasonably have resulted in exposure to an allergen or harm to a pupil, even where no allergic reaction occurred.

Parents/carers are informed of incidents involving their child as appropriate. Following an incident or significant near miss, relevant procedures and risk assessments are reviewed and amended where necessary to reduce the likelihood of recurrence.

## 13. Useful Links

Anaphylaxis UK - https://www.anaphylaxis.org.uk/

- Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer schools-programme/
- AllergyWise for Schools online training - https://www.allergywise.org.uk/p/allergywise-for-schools1
- Allergy UK - https://www.allergyuk.org
- Whole school allergy and awareness management - https://www.allergyuk.org/schools/whole-school-allergy-awareness and management
- BSACI Allergy Action Plans - https://www.bsaci.org/professional resources/resources/paediatric-allergy-action-plans/
- Spare Pens in Schools - http://www.sparepensinschools.uk
- Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf
- Department for Education – Allergy safety in schools (July 2026)
- Department of Health Guidance on the use of adrenaline auto-injectors in schools - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf
- 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=229041504201671158 34**