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Purpose

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

Introduction

Common UK Allergens include (but are not limited to):

- peanuts (butter and paste),
- tree nuts (walnuts, almonds, pecans etc),
- sesame seeds (tahini).

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:

- milk
- egg
- fish
- Latex
- insect venom
- pollen
- animal dander (skin cells shed by animals with fur or feathers).

This policy sets out how RBET Centres will support students with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in Centre life.

Roles and responsibilities

Parent¹ responsibilities

On entry to the Centre, it is the parent's responsibility to inform the Centre of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis

¹ Wherever the term "parent" is used in this policy, it means any person with parental responsibility for the young person.

and details of all prescribed medication. The staff members with responsibility for oversight of children with allergies are referred to below as the First Aider.

Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred). If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional such as the GP or an allergy specialist.

Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.

Parents are requested to keep the Centre 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 students in the Centre 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 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.

Our First Aiders 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 is in date. However, our First Aiders will check medication kept at the Centre on a termly basis and send a reminder to parents if medication is approaching expiry.

Our First Aiders keep a register of students who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

Student responsibilities

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.

Students 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.

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 Centres to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector (Epi-pen).

RBET recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

It is the parent's responsibility to complete the allergy action plan with help from a healthcare professional and provide this to the Centre.

Emergency treatment and management of anaphylaxis

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 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 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 (Epi pen) WITHOUT DELAY and note the time given. AAls 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 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

Depending on their level of understanding and competence, students will be encouraged to take responsibility for and to carry their own **two** AAls on them at all times (in a suitable container).

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

Medication should be stored in a suitable container and clearly labelled with the student's name. The student's medication storage container should contain:

- two AAls i.e. EpiPen® or Jext® or Emerade®
- 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 parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled. However, the First Aider will check medication kept at the Centre on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAls 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 Centre staff need to be prepared to administer medication if the young person cannot.

Storage

AAls should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

AAls are single use only and must be disposed of as sharps. Used AAls can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins will be obtained from and disposed of by a clinical waste contractor. The sharps bin is kept in the medical room.

‘Spare’ adrenaline auto-injectors in the Centre

Centres will purchase spare AAls for emergency use in children who are at risk **of anaphylaxis**, but their own devices are not available or not working (e.g. because they are out of date).

These will be stored in a container, clearly labelled ‘Emergency Anaphylaxis Adrenaline Pen’, kept safely, not locked away and **accessible and known to all staff**.

The First Aiders are 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 AAls is included in the student’s allergy action plan.

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.

Staff training

The named staff members responsible for co-ordinating staff anaphylaxis training and the upkeep of the Centre’s allergy policy are:-

Louise Fisher and Ellie Rix

All staff will complete online AllergyWise anaphylaxis training at the start of every new academic year. Training is also available on an ad-hoc basis for any new members of staff.

Training includes:

- knowing the common allergens and triggers of allergies;
- 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 AAls) 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 and www.jext.co.uk and www.emerade-bausch.co.uk).

Inclusion and safeguarding

RBET is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in our Centres so that they can play a full and active role in school life, remain healthy and make academic progress.

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 First Aiders will inform the Housekeeper of students with food allergies.

Parents are encouraged to meet with the Housekeeper to discuss their child's needs.

The student should be taught to also check with the housekeeper before selecting their lunch choice. 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 are encouraged to liaise with the housekeeper.

Use of food in crafts, cooking classes, science experiments and special events (e.g. celebrations and cultural events) needs to be considered and may need to be restricted and risk assessed depending on the allergies of particular children and their age.

Centre trips

Staff leading Centre 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.

All the activities on the Centre trip will be risk assessed to see if they pose a threat to allergic students and alternative activities planned to ensure inclusion.

Overnight Centre 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).

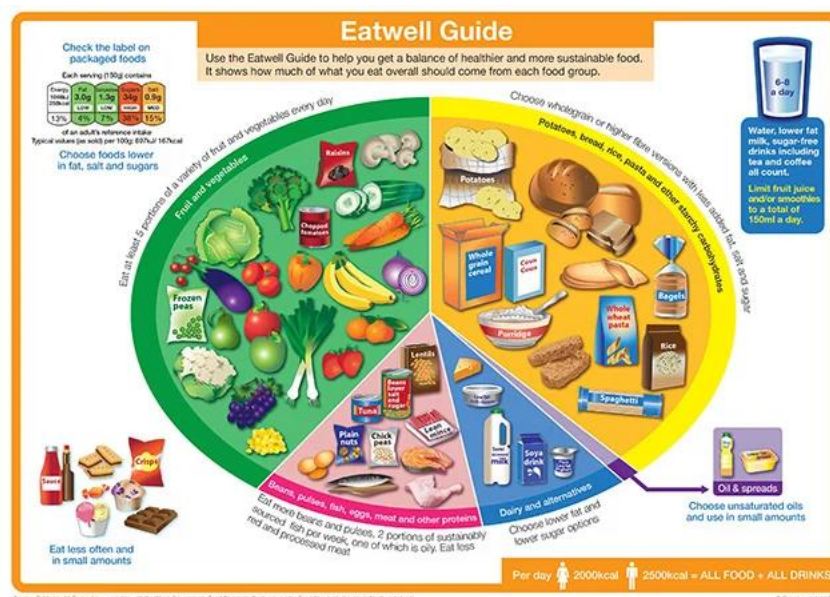
Most parents are keen that their children should be included in the full life of the Centre where possible, and the Centre will need their co-operation with any special arrangements required.

Allergy awareness, nut bans and daily catering

RBET supports the approach advocated by Anaphylaxis UK towards nut bans and nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, because nuts are only one of many allergens that could affect students, and no Centre could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for Centres to adopt a culture of allergy awareness and education² See *Red Balloon Philosophy and Practice 2024* Chapter 7, Healthy Eating, pp. 67-70

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

The lunches offered to students and staff at our Centres are vegetarian. The cook or housekeeper who prepares the food from locally sourced (where possible), fresh, seasonal fruit and vegetables must have been well trained about allergens.



Cakes and biscuits for birthdays and other celebrations should be limited to once a week, and should be made by the students or staff, so that the ingredients are known.

Ultra-processed foods (including breakfast cereals with chocolate, sugar and syrup coatings, 'breakfast bars', crisps, cakes and biscuits, fizzy pop drinks, vegetarian sausages³ or other

² See *Red Balloon Philosophy and Practice 2024*, Chapter 7, Healthy Eating, pp. 67-70

³ Sainsbury's vegetarian sausages contain: Pork (93%), Water, Tapioca Starch, Salt, Rice Flour, Gram Flour, White Pepper, Nutmeg, Coriander, Ginger, Chilli Powder, Clove, Onion Powder, Sage, Stabiliser: Sodium Triphosphate; Yeast Extract, Preservative: Sodium Metabisulphite (Sulphites); Antioxidant: Ascorbic Acid; Maize Starch, Dextrose

commercially prepared food) should never be offered. Diets high in ultra-processed foods have been linked with increased risk of heart disease, weight gain and cancer.

Ultra-processed foods have more than one ingredient that you would never or rarely find in a domestic kitchen. They also include many additives and ingredients that are not typically used in home cooking, such as preservatives, emulsifiers, sweeteners, and artificial colours and flavours.

Risk assessment

Centres 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.

Legislation and guidance that inform this policy

- 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>

Resources for managing allergies at school

- <https://www.allergyuk.org/living-with-an-allergy/at-school/>
- 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 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=22904150420167115834>