



ALLERGY AWARENESS POLICY

Priestley Smith Specialist VI School

January 2025

Policy review date: January 2026

Policy status: Statutory

Responsible member of SLT: Joanna Garvey Headteacher

Priestley Smith School is committed to the rights of the child as outlined in the UN Convention and is working towards Rights Respecting Schools Gold award. This belief influences everything the school does and impacts upon all our policies.

Article 3 The best interests of the child must be a top priority in all things that affect children.

Article 23 A child with a disability has the right to live a full and decent life with dignity and independence, and to play an active part in the community.

Article 24 Children have the right to the best health care possible.

The aims of this Allergy Awareness Policy are to:

- Ensure the Health and Safety of all staff, pupils and visitors
- To provide a framework for responding to an incident and recording and reporting the outcomes.
- To ensure that all staff are aware of their responsibilities and the appropriate support are offered to staff and pupils.

ALLERGIES AND ANAPHYLAXIS

WHAT IS AN ALLERGY?

Allergy is the response of the body's immune system to normally harmless substances such as foods, pollen and house dust mites. Whilst these substances (allergens) may not cause any problems in most people, in allergic individuals their immune system identifies them as a 'threat' and produces an inappropriate response.

This can be relatively minor, such as localised itching, but it can be much more severe causing anaphylaxis which can lead to upper respiratory obstruction and collapse. Common triggers are nuts and other foods, venom (bee and wasp stings), drugs, latex and hair dye. Symptoms often appear quickly and the 'first line' emergency treatment for anaphylaxis is adrenaline which is administered with an Adrenaline Auto-Injector (AAI). [Model-Policy-for-allergy-at-school-v2-min.pdf \(allergyuk.org\)](#)

WHAT HAPPENS WHEN YOU HAVE AN ALLERGIC REACTION?

When a person comes into contact with a particular allergen, they are allergic to, a reaction occurs. This begins when the allergen (for example, pollen) enters the body, triggering an antibody response. When the allergen comes into contact with the antibodies, these cells respond by releasing certain substances, one of which is called histamine. These substances cause swelling, inflammation and itching of the surrounding tissues, which is extremely irritating and uncomfortable.

CAUSES OR TRIGGERS

The most common causes of allergic reactions are:

- pollen from trees and grasses
- proteins secreted from house dust mites
- moulds
- foods such as peanuts, tree nuts, milk, and eggs
- pets such as cats and dogs, and other furry or hairy animals such as horses, rabbits, and guinea pigs
- insects such as wasps and bees
- medicines (these may cause reactions by binding to proteins in the blood, which then trigger the reaction)

SYMPTOMS OF AN ALLERGIC REACTION

Common symptoms associated with allergic conditions include:

- sneezing
- wheezing / coughing / shortness of breath
- sinus pain / runny nose
- nettle rash / hives
- swelling
- itchy eyes, ears, lips throat and mouth
- sickness, vomiting & diarrhea [Allergy UK | National Charity](#)

TREATMENT AND RESPONSE TO AN ALLERGIC REACTION

Allergic reactions can vary from moderate to severe. In moderate cases the use of antihistamines may be prescribed. These medications must be available to the child or young person and adhere to the school policy (see medical policy for over-the counter medication). All medication must be clearly labelled with the pupil's information on a pharmacy label. All pupils with known allergies must have a care plan drawn up by the nursing staff.

Staff members with known allergies are responsible for their own medication. Medication must be stored safely within a locked storage unit and not be accessible by pupils. It is the responsibility of the member of staff to inform the school and other members of staff should they need support.

Careful monitoring of the child or young person must continue following the administration of medication to ensure that the pupil responds appropriately, and their condition does not deteriorate. In some cases, moderate allergic reactions can progress into severe reactions and may pose considerable risk to the person.

Parents/carers must be informed on the day if any medication has been administered.

WHAT IS ANAPHYLAXIS?

Anaphylaxis (pronounced an-a-fill-ax-is) is a severe and potentially life-threatening allergic reaction affecting more than one body system such as the airways, heart, circulation, gut, and skin. Symptoms can start within seconds or minutes of exposure to the food or substance the person is allergic to and usually will progress rapidly. On rare occasions there may be a delay in the onset of a few hours.

Anaphylaxis is potentially life-threatening, and always requires an immediate emergency response.

CAUSES OR TRIGGERS

Common causes of Anaphylaxis include:

- foods such as peanuts, tree nuts, milk, eggs, shellfish, fish, sesame seeds and kiwi fruit.
- Non-food causes include wasp or bee stings, natural latex (rubber), and certain drugs.
- Sometimes the cause of the reaction is not found. Such reactions may be labelled "idiopathic anaphylaxis" (cause unknown). This does not mean the condition is psychological, though emotional stress can sometimes worsen a reaction.

www.anaphylaxis.org.uk

SYMPTOMS OF ANAPHYLAXIS

Healthcare professionals consider an allergic reaction to be anaphylaxis when the following factors are visible either individually or combines:

- difficulty in breathing
- affecting the heart rhythm
- affecting blood pressure.

Any one or more of the following symptoms may be present.

These are often referred to as the ABC symptoms:

Airway:	Breathing:	Circulation:
Swollen tongue <ul style="list-style-type: none">• Difficulty swallowing/speaking• Throat tightness• Change in voice (hoarse or croaky sounds)	<ul style="list-style-type: none">• Difficult or noisy breathing• Chest tightness• Persistent cough• Wheeze (whistling noise due to a narrowed airway)	<ul style="list-style-type: none">• Feeling dizzy or faint• Collapse• Babies and young children may suddenly become floppy and pale• Loss of consciousness (unresponsive)

There may be a dramatic fall in blood pressure (anaphylactic shock). If that happens, the person may become faint and dizzy, or in the case of a child they may become floppy. This may lead to collapse, unconsciousness and – on rare occasions – death.

In addition to the ABC symptoms listed above, the following symptoms may occur:

- Widespread flushing of the skin
- Nettle rash (otherwise known as hives or urticaria)
- Swelling of the skin (known as angioedema) anywhere on the body (for example, lips, face).
- Abdominal pain, nausea, and vomiting

These symptoms can also occur on their own. In the absence of the more serious ABC symptoms listed above, the allergic reaction may be less severe but you should watch carefully in case ABC symptoms develop.

What increases the risk of a severe reaction?

There are times when the person may be particularly vulnerable and at increased risk of a severe reaction. Times when you need to be particularly careful to avoid the culprit allergen include:

- If the person has asthma that is poorly controlled
- If the person is suffering from an infection, or have recently had one
- If the person exercise just before or just after contact with the allergen
- If the person is also suffering from hay fever
- During times of emotional stress
- If the person has taken a 'non-steroid anti-inflammatory drug' (NSAID) such as aspirin or ibuprofen.

EMERGENCY PROCEDURES

EMERGENCY MEDICATION

Most children at Priestley Smith Specialist School are unable to take responsibility for their emergency medication. Therefore, class staff are responsible to ensure that pupils who may need access to an AAI always have their medication available.

Pupils are required to always have at least 2 doses of their emergency medication on site. Expiry dates of these medications will be monitored by the medical lead monthly and parents informed at least a month in advance when the medication is due to expire.

Pupils who can carry their own emergency medication will need to have a risk assessment completed and an agreement signed between the school and parents. (See medical policy).

Spare asthma inhalers and EpiPens are stored within the medical storage of primary or secondary departments

Members of staff are responsible for their own emergency medication. They must ensure that medication is secure and not accessible to pupils. It remains the member of staff's responsibility to inform their colleagues of their allergy and the risk as well as the location of their medication.

Since 2017, schools have been legally able to directly purchase AAI from a pharmaceutical supplier, such as a local pharmacy, without a prescription. Guidance from the UK Departments of Health (and equivalent guidance for the Devolved Nations) provide further details.

www.gov.uk/government/publications/usingemergency-adrenaline-auto-injectors-in-schools

A supplier e.g. pharmacy, will need a request signed by the head teacher - see appendix 1

ANAPHYLAXIS PROTOCOL

AUTO-INJECTORS (EPIPENS)

Pre-loaded auto-injectors (also known as EpiPens) containing adrenaline are prescribed for people believed to be at risk of anaphylaxis.

An allocated member of the class team must carry the medication in a clearly labelled bag with them and always remain within reach of the pupil.

The medication bag must contain the following:

- Prescribed EpiPen x2 (Ensure that the EpiPen has not expired, and the contents is sealed)
- Allergy Emergency Care Plan

TREATMENT AND RESPONSE TO ANAPHYLAXIS

The injection should be given as soon as any symptoms of anaphylaxis are present. **If in doubt, give adrenaline.**

An ambulance must be called immediately following the injection. Inform the operator that the person is suffering from anaphylaxis. (See ambulance protocol)

A second dose should be given after 5-10 minutes if symptoms of anaphylaxis remain, or if there is any doubt about whether the symptoms have improved.

In all cases, following the injection of adrenaline the person must go to the hospital for follow up supervision.

ADMINISTERING AN ADRENALINE AUTO-INJECTOR

Staff must:

- Call 999 immediately
- Keep the pupil as still as possible and bring the adrenaline auto-injector to the pupil.
- Check that the adrenaline auto-injector is in date (Most injectors have a shelf life of 18 months) •
Check that the contents are clear. (Any cloudy or discolored liquids cannot be used.)
- Follow the instructions on the injector when administering the Adrenaline.
- Ensure that the injections are in the upper-outer thigh.
- Keep the adrenaline auto-injector after use and give it to the Paramedics on their arrival.
- Note the time of administration.

ONSITE AND OFF-SITE RESPONSE TO ANAPHYLACTIC SHOCK

If a pupil shows signs of anaphylactic shock, follow care plan, and administer the adrenaline auto-injector as instructed on the care plan. This must be recorded on Medical Tracker.

Immediately after administering an adrenaline auto-injector, an ambulance must be called (999) regardless of the pupil being in school or out in the community. The used adrenaline auto-injector must be given to the ambulance staff and parents informed. The use of an adrenaline auto-injector should be recorded on the appropriate form (Appendix 18).

In all cases following the use of an adrenaline auto-injector the pupil must go to hospital for follow up supervision.

WHAT IS ASTHMA?

Asthma is a long-term condition that affects the persons airways and causes difficulty with breathing. The airway typically reacts in three ways:

- The muscles around the wall of the airways tighten so that the airways becomes narrower.
- The lining of the airways becomes inflamed and starts to swell.
- Sticky mucus or phlegm sometimes builds up, which can narrow the airways even more.

Asthma can be a life-threatening condition if not treated correctly. Most people with the correct treatment are able to manage this condition safely.

CAUSES OR TRIGGERS

Can be anything that irritates the persons airways and sets of asthma symptoms.

Symptoms of Asthma

- Coughing
- Wheezing
- Breathlessness
- Chest tightness

ASTHMA PROTOCOL

ASTHMA INHALERS

Asthma inhalers may only be used for pupils who have a prescribed inhaler following their care plan. Spare inhalers from the school may be used with parental consent.

If a child presents with breathing difficulties and they do not have a prescribed inhaler, contact the emergency services immediately (999).

On site Response following Asthma attack:

- Class staff to monitor pupils breathing. Collect pupil's inhaler.
- Staff to follow care plan and administer medication according to the plan.
- If pupil continues to show signs of distress and difficulty with breathing contact the nurses.
- If needed contact ambulance services following the attached guidance. (Appendix 22)

Off-site Response following Asthma attack:

- Class staff to monitor pupils breathing.
- Staff to follow care plan and administer medication according to the plan.
- Staff to inform the school immediately.
- If pupil continues to show signs of distress and difficulty with breathing an ambulance must be called.

ROLES OF OTHERS IN SCHOOL

It is the responsibility of every person on site to remain aware of the risks posed by allergens to pupils and adults suffering from allergies. Priestley Smith Specialist School offers training to staff to support their understanding of these conditions and to develop their confidence in administering emergency medication should this be required.

Training is not compulsory, but it is strongly advised that staff working with pupils who have known allergies as well as staff within the wider school community attend the training to ensure that they are confident in supporting pupils.

The 2012 Medicines Act states that any lay person can administer adrenaline for the purpose of saving a life. Staff must be trained to administer Asthma inhalers.

CATERING TEAM

The [Food Information Regulations 2014](#) requires all food businesses including school caterers to show the allergen ingredients' information for the food they serve.

Priestley Smith Specialist School accesses the Dolce Food services via Beeches infants and Juniors and Arena Academy and will inform the service of any dietary arrangements and needs from pupils. Children may not be excluded from school dinners due to their allergies. Alternative options must be provided to ensure that they continue to receive a healthy and balanced meal.

School staff supporting pupils during dinner times must ensure that they are aware of any known allergies to support pupil choices or to limit their access to food on the table that may cause a reaction. Parents may prefer to send a packed lunch in for their child to prevent access to food that may cause a reaction.

PACKED LUNCHES OR SNACKS BROUGHT INTO SCHOOL

Staff must remain vigilant and ensure that pupils who bring a packed lunch or snack from home do not have food that may put others at risk.

Any food or snacks brought into school that pupils with allergies may have access to must be checked for any known allergens. This includes food that may have traces of allergens or food that are produced in a factory with known allergens.

STAFF ALLERGY TRAINING

Medical Leads (Sonya Jennings and Lisa Coyle) are responsible for coordinating allergy management. However, an allergic reaction could occur at any time at school, so all staff will have the opportunity to be trained on what to do in the event of an allergic reaction, as a student may be under their supervision when this happens. Allergy training will be refreshed annually through the school nursing team and new and temporary staff will be trained as soon as they join the school to ensure confidence and competence.

Acting fast is key in reducing the risk of a severe allergic reaction.

Allergy training will include a practical session (trainer AAIs are available in school.)

Training will include:

- 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
- Associated conditions e.g. asthma
- Managing emergency care plans and ensuring these are up to date

Videos demonstrating use of AAIs:

Epipen

[Videos with doctor George Du Toit in Top Doctors](#)

Jext pen

[How to Use the Jext Pen - YouTube](#)

Emerade

[Instruction video for Emerade adrenaline auto-injector for anaphylaxis](#)

HEALTH CARE PLANS

Parents are requested to inform school of any known or new allergies immediately and as part of the registration process.

Any known allergies must be followed up by the medical lead with the school nursing team. An Allergy Care Plan will be drawn up by the nursing staff in liaison with the parents and other health care professionals involved in the child or young person's care. (See appendix 2).

A copy of the signed care plan must be available in the classroom and classroom staff must familiarise themselves with the content. A paper copy must be kept with the child or young persons' emergency medication. All care plans must be reviewed annually or following any changes to the child or young persons' medication.

Allergy cards must be displayed within school kitchens and staffrooms to ensure that staff are aware of all pupils who may be at risk. (See appendix3)

HOW TO MANAGE ALLERGEN RISK POSED BY ACTIVITIES OFF SITE OR OUT OF SCHOOL ROUTINES

Children and young people may not be excluded from activities on or off site due to their allergies without appropriate alternative activities arranged. Where possible reasonable adjustments must be made to ensure that pupils are able to access activities. E.g., providing a separate table at a bake sale with allergen free items to purchase.

During off site activities, staff must ensure that children and young people have access to appropriate activities and make any food providers aware of allergies.

Emergency medication prescribed for individual pupils must be taken with the group and the adult responsible for medication must remain with the relevant pupils. All staff must be aware of the medical needs of the children and young people under their care and have a shared responsibility to ensure that pupils remain as safe as possible.



PRIESTLEY SMITH SPECIALIST SCHOOL

(For Blind and Partially Sighted Students)

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Headteacher: Mrs J. L. Garvey



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

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 www.sparepensinschools.uk).

Please supply the following devices:

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

Signed: _____ Date: _____

Joanna Garvey
Head Teacher/Principal

*AAs are available in different doses and devices. School wishes to purchase the brand most commonly prescribed to its students (to reduce confusion and assist with training). Guidance from the Department of Health to schools recommends:

For children age under 6 years:	For children age 6-12 years:	For teenagers age 12+ years:
<ul style="list-style-type: none"> • Epipen Junior (0.15mg) or • Emerade 150 microgram or • Jext 150 microgram 	<ul style="list-style-type: none"> • Epipen (0.3 milligrams) or • Emerade 300 microgram or • Jext 300 microgram 	<ul style="list-style-type: none"> • Epipen (0.3 milligrams) or • Emerade 300 microgram or • Emerade 500 microgram or • Jext 300 microgram

The guidance is available at: <https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools> Further information can be found at <http://www.sparepensinschools.uk>

Useful Links

- Anaphylaxis Campaign- <https://www.anaphylaxis.org.uk>
- AllergyWise training for schools - <https://www.anaphylaxis.org.uk/informationtraining/allergywise-training/for-schools/>
- AllergyWise training for Healthcare Professionals <https://www.anaphylaxis.org.uk/information-training/allergywise-training/forhealthcare-professionals/>
- Allergy UK - <https://www.allergyuk.org>
- Whole school allergy and awareness management (Allergy UK) <https://www.allergyuk.org/schools/whole-school-allergy-awarenessandmanagement>
- Spare Pens in Schools - <http://www.sparepensinschools.uk>
- Official guidance relating to supporting pupils with medical needs in schools: <http://medicalconditionsatschool.org.uk/documents/Legal-Situation-in-Schools.pdf>
- Education for Health <http://www.educationforhealth.org>
- 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>
- Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf