



Protocol for Dealing with Allergies and Intolerances

Person(s) responsible for this policy		Nurse	
Last review by	C. Bearman R. Tomlin	Review date	September 2024
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1. Introduction

This protocol is primarily focused on the systems and procedures the school should implement to effectively manage the risks associated with allergies and anaphylaxis.

More detailed information on food allergens and food intolerances in general and how they should be managed in the catering environment, is included in the [Food Allergies](#) section on the HUB.

2. Allergies, Food Intolerances and Coeliac Disease – What's the Difference?

An **allergy** is the response of an allergic person's immune system to a substance (allergen) that is normally harmless.

- Allergic reactions can range from mild to severe (anaphylaxis) and can be fatal. Even a tiny amount of the allergen can trigger a severe reaction in a highly allergic person.
- Allergic reactions can occur within minutes of contact with the allergen.
- Allergies are common, particularly in children.
- Some allergies go away as a child gets older, although many are lifelong.
- It is essential that people with severe allergies avoid contact with their allergens and always carry emergency medication (Adrenaline Auto-Injectors (AAI and antihistamine).

Food intolerances are much more common than food allergies. The body has difficulty digesting certain foods and has an unpleasant physical reaction to them. Symptoms usually occur if a substantial amount of the food is eaten, the onset of symptoms happens gradually, may last for several hours, and whilst unpleasant are not life threatening. Avoidance is the mainstay of managing the condition.

Coeliac Disease is neither an allergy or a food intolerance, it is a serious lifelong autoimmune disease which causes the body's immune system to attack itself when gluten, a protein found in wheat, barley and rye is eaten. This causes damage to the lining of the gut which prevents the body properly absorbing nutrients from food. Coeliac symptoms can manifest themselves at any age.

Coeliacs need to follow a gluten free diet which excludes wheat, rye and barley. Although oats contain a different protein, they are often milled in the same factories as wheat, rye and barley and can be contaminated, therefore they are best avoided by coeliacs.

3. Allergies - Causes

The main causes of allergies are:

- Tree and grass pollen (hay fever)
- House dust mites
- Food
- Animal fur, particularly from pets like cats and dogs
- Insect stings, such as bee and wasp stings
- Some drugs / medicines

In some people, exercise can trigger an allergic reaction, either on its own or in combination with other factors such as food or drugs

Fourteen types of food are responsible for the majority of food allergies. By law these must be clearly identified on food labels:

- Peanuts
- Tree nuts e.g. walnuts, almonds, Brazil nuts, hazelnuts
- Milk
- Eggs
- Fish
- Molluscs e.g. mussels
- Crustaceans e.g. prawns
- Cereals containing gluten e.g. wheat and barley
- Soya / soybeans
- Sesame
- Celery
- Mustard
- Lupin
- Sulphur dioxide and sulphites

Other foods can also trigger serious allergic reactions in a small proportion of people e.g.:

- Legumes such as peas and chickpeas
- Fruits and vegetables e.g. onions, tomatoes and citrus fruits

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- Seeds e.g. sunflower seeds, poppy seeds and pine nuts
- Herbs and spices e.g. cinnamon, garlic and chives

If anyone is allergic to foods not included in the 'top 14' it's important to carefully check ingredient lists and ingredient labels as they will **not** be highlighted on caterer's allergen trackers or warning labels.

4. Allergic Reactions

Mild allergic reactions often present as:

- Rashes – red, itchy, raised in nature, wheals
- Swelling of the lips, eyes, other parts of face or body
- Tingling when an allergen has been touched
- Sneezing / coughing / mild wheezing
- Vomiting, abdominal cramping
- Diarrhoea

Treatment

Where available follow the pupil's Individual Healthcare Plan, otherwise:

- Administration of antihistamine medication e.g. Cetirizine or Loratadine
- If person is wheezing and has an inhaler (or has severe asthma) give 6 – 10 puffs of salbutamol inhaler
- Monitor the person to ensure that the symptoms are improving within 30 minutes.
- Parents should be informed of the reaction and treatment given.
- The incident should be recorded on CPOMS and Sphera.

Severe Allergic Reactions

Anaphylaxis (or anaphylactic shock) is a severe and potentially life-threatening allergic reaction. The whole body is affected, often within minutes of exposure to the substance which causes the allergic reaction (allergen) but sometimes after several hours. It requires urgent emergency treatment to preserve life, usually initially with an adrenaline injection and then ongoing medical treatment.

<http://www.anaphylaxis.org.uk/>

Symptoms

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- Generalised flushing of the skin
- Nettle rash (hives) anywhere on the body
- Swelling of the throat and mouth
- Difficulty in swallowing or speaking.
- Alterations of heart rate
- Difficulty in breathing due to severe asthma or throat swelling.
- Abdominal pain and cramps, nausea and vomiting.
- Sudden feeling of weakness, lightheaded, faintness caused by sudden drop in blood pressure.
- Sense of impending doom
- Collapse and unconsciousness.

Treatment

Where available follow the pupil's Individual Healthcare Plan

People **known to be at risk** from anaphylaxis are prescribed with Adrenaline Auto-Injectors (AAI). In an emergency, adrenaline (also called epinephrine) should be administered by an auto-injector into the muscle on the side of the thigh. It acts quickly to constrict blood vessels, relax the smooth muscles in the lungs to improve breathing, stimulate the heartbeat and help to stop swelling around the face and lips. If an AAI is administered the emergency services must be called without delay, even if the person appears to have recovered as symptoms may return after a short period and more than one injection of adrenaline may be required to control the reaction.

If symptoms occur in an **undiagnosed individual**, they should be put in the recovery position while the Emergency Services are called. If they are not breathing resuscitation should be carried out while awaiting the Emergency Services arrival.

Parents should be informed of the reaction and treatment given as soon as possible.

The incident should be recorded on CPOMS and Sphera.

ALLERGIC REACTION AND ANAPHYLAXIS MANAGEMENT PLAN

GREEN ZONE – MILD REACTION

Nettle type rash (urticaria or hives). Red, itchy, raised in nature
Swelling of the lips, eyes, other parts of face or body (angioedema)
Tingling of the lips, throat, tongue or throat
General redness and warmth

ACTION

Antihistamine - Cetirizine or Loratidine
Contact parents
Stay with the child until improved

GUT REACTIONS –

Vomiting, Tummy ache, Diarrhoea

CHEST REACTIONS –

Sneezing and/or coughing
Throat tightness/Lump at the back of the throat
Mild wheezing
Hayfever type symptoms

ACTION

Call for help from Nurse/First aider
Give antihistamine medication straight away –Cetirizine or Loratidine
Repeat Dose if required
If child has a mild wheeze and has an inhaler (or has severe asthma and not wheezing) also give 6-10 puffs of Salbutamol (blue inhaler)
Observe for development of Anaphylaxis
Contact parents
Stay with the child

SEVERE – ANAPHYLAXIS

Can occur with or without the mild or moderate symptoms
Difficulty in swallowing or speaking
Gasping or choking
Severe wheeze or chest tightness
Dizziness/undue sleepiness/collapse

ACTION

Give Epi-pen (if prescribed) into upper outer thigh, following the instructions carefully

Dial 999 Contact parents Stay with the child

Remember in all cases:
Keep Calm
Stay with the child
Lay child flat
Repeat dose of antihistamine after 20-30 minutes if skin symptoms are persisting
Inform parents and ask them to be with the child
Ensure the child rests under supervision for at least one hour after the reaction has resolved to ensure no further symptoms

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- Parents should inform the school in writing if their child has any history of food intolerances, allergic reactions, anaphylaxis or they have been prescribed an adrenaline auto-injector either via the '*Pupil Health Assessment Form*' which they complete when their child joins the school, or as soon as they become aware of the condition.
- If a pupil suffers a severe allergic reaction or an episode of anaphylaxis outside of school, parents should inform the school Nurse.
- Parents should sign a consent form for the administration of antihistamine tablets or oral liquid, usually via the '*Pupil Health Assessment Form*'
- Parents of pupils who have been prescribed an Adrenaline Auto-Injector Device should sign a '*Consent for the Use of Emergency Adrenaline Auto-Injector Devices*' on an annual basis
- Parents will be sent their child's Individual Health Care Plan annually for updating. They should sign it and return it to the school Nurse to confirm they are happy with the details it contains.
- Parents should encourage their children in the senior school always carry an AAI with them and supply the school nurse with a second AAI¹ to be kept as an emergency spare.
- Parents with children in the Junior school should provide the school with 2² adrenaline auto-injectors, one will be kept in the classroom to move around school with the child and the other will be kept in medical room. School emergency spares available in the dining hall, medical room and school trip/sports bag.
- Parents are responsible for ensuring that the Adrenaline Auto-Injectors in school are in date and replaced as necessary. They can use the links to their brand of AAI where an expiry reminder is available.
- At the end of each academic year the adrenaline auto-injectors stored by the school will be returned to parents who are responsible for returning in-date AAIs medication to the school nurse at the beginning of the autumn term.

6. Pupils 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.
- Senior school pupils will be encouraged to take responsibility for carrying them on their person at all times.

¹ - Recommended by the Medicines and Healthcare Products Regulatory Agency (MHRA) – referenced in DoH guidance on the use of 'Adrenalin Auto-Injectors in Schools'

² - Ditto

7. School's Responsibilities

- All staff should be **trained** in allergen avoidance, early recognition of symptoms and crisis management – details below
- The school will **collate information** regarding each pupil's allergies and food intolerances via the '*Pupil Health Assessment Form*' which parents complete before their child joins the school. The information should be recorded on SIMS so that it is available to all the school's electronic management systems, e.g. CPOMS, EVOLVE and CIVICA. This information should be updated annually, and more frequently if the school becomes aware that the child has developed a new condition.
- The **school Nurse will meet with the Catering Manager** at least annually, with termly updates where applicable, to fully inform them of each pupil's food allergies / special dietary needs.
- The school must implement a system to **easily identify junior school pupils** who have food allergies / intolerances. The preferred system for Streatham and Clapham Prep School is:
 - using blue trays to identify the pupils with dietary needs.
 - Key stage 1 and Early Years have place mats with their photo and allergens listed and Early Years pupils with allergens are served only by Early Years staff who are aware of their dietary needs.
 - Photographs/details of pupils with allergies and dietary requirements is also displayed behind the food service counter in the dining room, the staff room and is on Teams for all staff to access as needed.
- Once the school is aware that a pupil has been medically diagnosed as being at risk of anaphylaxis or has a history of allergic reactions prior to admission to the school, the school Nurse should ensure that an **Anaphylaxis Individual Health Care Plan** is completed. Templates available on the HUB NB if the child has a BASCI care plan this is sufficient.
- A **meeting** should be arranged between the school Nurse, parents and pupil, preferably prior to the pupil joining the school, so they can discuss the Care Plan and the individual pupil's needs in school.
- Teaching staff, First Aiders and all those trained in the treatment of anaphylaxis will be **informed** of the names / identity of all pupils who may suffer this reaction so they can easily identify pupils at risk. This will be displayed on 'TEAMS' All staff who teach pupil's suffering from anaphylaxis will be made aware of the condition. The school nurse will alert them and they can see pupils on 'TEAMS'
- Lists of **first aiders** and persons trained to deal with anaphylactic reactions can be found displayed around the school and on TEAMS.
- Copies of **care plans** will be available for staff from the school nurse.
- The school nurse will make **checks** that pupils have their AAIs in school. If a pupil has a known anaphylaxis and no named AAI is in school for them then the parent/guardian will be contacted and asked to bring a spare AAI into school. Pupils will not be allowed to go on school trips if they don't have their AAI with them.

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- Pupil's **spare AAI** will be kept in the medical room as an emergency spare, clearly marked with each pupil's name. The container will contain a copy of the completed consent form, pupil's Individual Health Care Plan, and any other medication that might be used such as a spare inhaler or antihistamine.
- Whilst school staff will take care of pupil's AAIs, the school cannot accept responsibility for any loss or damage to the AAI's, and parents should check details such as its condition and expiry date regularly.
- Schools will purchase a small number of '**Emergency Adrenaline Auto-Injectors**' appropriate for use on the age of the pupils in the school, ensure they are always readily available, and are replaced when they have reached their expiry date.
- School should do regular training to ensure all staff know where to find the AAIs and Inhalers and to check that it only takes a very short time for a pupil's AAI / Inhaler to be brought to them

School Trips

- Staff organising / leading school trips / educational visits must liaise with the school nurse in good time to ensure that they are well informed about all the medical conditions of the pupils prior to the trip / visit.
- The school nurse should check which pupils are participating in school trips / educational visits using the Evolve system and inform the trip leader about any pupils who suffer from allergies. The trip leader is responsible for including the specific medical needs of any pupil in the trip / visit risk assessment.
- Staff must make sure that pupils take their emergency medication with them on school trips, including to off-site sports pitches/facilities and sports fixtures. Pupils should not go on school trips if they have not brought their emergency medication with them. The school's emergency AAIs should **not** go on school trips. The first aider accompanying the trip needs to have been trained and confident in how to administer an AAI.
- Designated member/s of staff should be allocated to check the food choices of each pupil with food allergies / intolerances on school trips.

School Policies

- Consider having a policy that prohibits snacks, cakes and confectionary being brought into school by staff and pupils, e.g. for snacks, packed lunches, birthday treats, or cake / bake sales that contain common allergens such as nuts.
- Consider having a policy not to use common allergens such as nuts as ingredients in foods made and served by the school. NB be aware that some manufactured ingredients may not be nut free – read the labels!

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- Consider having a policy not to sell confectionary and other items containing common allergens such as nuts in the tuck shop, coffee shop or vending machines.
- Consider having a policy not to use sweets as rewards, especially variety packs of sweets that contain nuts.

These points have been considered and Streatham and Clapham Senior and Prep school have a NO NUT policy. The girls are also aware and reminded regularly that they must not share/swap snacks with one another to reduce the risk of accidental exposure to other allergens.

8. Staff Training

- All staff should be trained in allergen avoidance, early recognition of symptoms and crisis management – details below. All training should be recorded.
- All staff must know where the emergency medication / spare Adrenaline Auto-Injectors are kept and who can administer it to a pupil in an emergency.
- At least all qualified First Aiders, Junior Teaching staff, Junior TAs, Administration staff, Catering staff and Food Service staff will be trained [**as per arrangements for individual schools**] in anaphylactic emergency care and the use of Adrenaline Auto Injectors.
- During training, each allergic child's individual needs must be discussed with the relevant staff. If a child joins the school later in the year it would be wise to do refresher training and discuss this child's allergies.

a. All Staff

It is recommended that all school staff should complete one of the following e-learning courses:

1) **Anaphylaxis and Allergy IHASCO e-learning available on GDST CPD HUB**

<https://training.gdst.net/elearning/Course/Detail?CourseId=51>

- Free – 45minutes
- Available in a few languages
- Focus is primarily on identifying someone suffering from an allergic reaction and dealing with it

2) **Allergy wise for Schools** www.anaphylaxis.org.uk/information-training/allergywise-training/

- £10 / person – 45minutes
- Focus is primarily on identifying someone suffering from an allergic reaction and dealing with it

b. Staff Leading or Accompanying School Trips / Educational Visits

- All staff accompanying **school trips** should be trained by the school Nurse, prior to the trip, in how to prevent an allergic reaction and treatment should a pupil suffer from an allergic reaction/anaphylactic shock, including the use of Adrenaline Auto-Injectors if pupil's suffering from serious allergies is going on the trip.
- It is recommended that **all staff accompanying the trip** should complete **either** the IHASCO [Anaphylaxis & Allergy](#) Training (available on the CPD HUB **or** the [Allergywise for Schools](#) e-learning training.
- In addition, it is recommended that all **trip leaders** on **residential** and **overseas trips** should complete the IHASCO [Food Allergy Awareness](#) e-learning course **and** IHASCO [Anaphylaxis & Allergy](#) Training (both available on the CPD HUB)

c. Catering Staff and All Staff Who Prepare Food, Serve Pupils or Supervise Food Service, e.g. lunch time supervisors, TAs serving breaktime snacks, staff working **breakfast clubs, after school clubs** and tuck shops/snack bars

All **catering** staff and all staff who prepare food, serve pupils or supervise food service must complete the **Navitas Allergy Awareness Course**, a Level 2 qualification (contact [Clare Cunningham](#) for access details) so that they are aware of the very serious risks associated with food allergies, and the actions that must be taken to prevent allergen cross contamination.

They must also receive training on the school's systems to identify pupils with food allergies and food labelling systems.

d. Staff Who Teach Food Technology Classes / Cookery Clubs

All staff who teach Food Technology or run cookery clubs must complete the **Navitas Allergy Awareness Course**, a Level 2 qualification (contact [Clare Cunningham](#) for access details) so that they are aware of the very serious risks associated with food allergies, and the actions that must be taken to prevent allergen cross contamination.

e. Refresher Training

As Allergies are such a serious issue, it's important that staff **refresh** their training on an **annual** basis.

9. Adrenaline Auto-Injectors

The **adrenaline auto-injectors** (AAIs) prescribed in the UK at present are Emerade, EpiPen and Jext. These injectors are easy to use and designed for self-administration or administration by any suitably trained individual.

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

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. kept in the medical room.

If an Adrenaline Auto-Injector (AAI) has been prescribed, it must be always available to the pupil – with no exceptions, i.e. **never** locked away in a cupboard, or stored in an office or room where access is restricted.

All senior pupils should carry their own AAI with them at all times. Spare AAIs³ are kept in the medical room with the completed consent form, instructions for use and care plan in case of emergencies. If a pupil fails to carry their AAI, then the decision will be made to keep both AAI's in the medical room.

Junior pupils with prescribed AAIs have one kept in their classroom and another in the medical room, with a copy of their medical care plan.

School Trips

Pupils must take their Adrenaline Auto-Injectors with them on school trips, including to off-site sports pitches/facilities and sports fixtures. Pupils should not go on school trips if they have not brought their AAI with them. The supervising teacher should carry the pupil's spare⁴ AAI with them.

The first aider accompanying the trip needs to have been trained and confident in how to administer an AAI.

The school Nurse will decide for pupils' emergency AAI to be taken on school trips by the school trip leader. The school's emergency AAIs should **not** go on school trips.

³ Recommended by the Medicines and Healthcare Products Regulatory Agency (MHRA) – referenced in DoH guidance on the use of 'Adrenalin Auto-Injectors in Schools'

⁴ - Ditto

Action in the Event of Pupil's Adrenalin Auto-Injector Becoming Out-of-Date and Parents Not Providing a Replacement:

- The school must have a plan of action in the event of the pupil suffering an allergic reaction, e.g. use of the school's emergency AAI, and ensure all relevant people are aware of it.
- Pupil should **not** participate in any school trips or off-site sports activities as the risks may be increased and management of an incident could be more difficult than on the school premises.
- Out-of-date auto-injectors must **not** be used as their expiry date is based upon data which establishes that the efficacy / potency of the adrenaline may decrease beyond this point, unless specific information is received, regarding an extension of expiry dates.

Action if Pupil's do Not Have a Spare Adrenalin Auto-Injector Due to Supply Shortages

Ensure the pupil's parents have given consent for the use of the school's emergency AAI within the last 12 months and this is recorded on SIMS. Document that the child does not have a spare due to supply issues.

Emergency Adrenaline Auto-Injectors

Since 2017 schools have been able to buy spare Adrenaline Auto-Injectors (AAIs) for use on children with serious allergies in case of emergencies. Emergency AAI devices are available in locations around the school and medical room, which are displayed, for all pupils whose usual AAI is not available for any reason, providing their parents/guardians have signed a '**Consent for Use of Emergency Adrenaline Auto-Injector Device**' form.

Schools must have a documented protocol for the use of emergency AAIs which includes the following:

- Arrangements for the supply, storage, care, and disposal of spare AAIs in line with the DfE's guidance 'Supporting Pupils with Medical Conditions'.
- A register of pupils who have been prescribed an AAIs (or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis).
- Written consent from the pupil's parent/legal guardian for use of the spare AAIs, as part of a pupil's individual healthcare plan.
- Ensuring that any spare AAI is used only in pupils where both medical authorisation and written parental consent have been provided.
- Appropriate support and training for staff in the use of the AAI.

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- Keeping a record of use of any AAI's and informing parents or carers that their pupil has been administered an AAI and whether this was the school's spare AAI or the pupil's own device.
- The school's emergency AAIs should not be sent on a school trip. If a pupil has forgotten their own AAI, they should not go on the trip.

The Department of Health has issued guidance, 'Guidance on the use of adrenaline auto-injectors in schools', on the use of AAIs in schools.

The Anaphylaxis Campaign's webpage regarding emergency AAIs can be accessed at: <https://www.anaphylaxis.org.uk/spare-pens-schools-thank-everyone-took-part-surveys/>.

The 'Spare Pens in Schools' website can be accessed at: <https://www.sparepensinschools.uk/>

Using an Adrenaline Auto-injector in an Emergency

<http://www.anaphylaxis.org.uk/what-to-do-in-an-emergency/>

- Check name and expiry date of adrenaline auto injector
- Read instructions on the auto-injector.
- Remove the safety cap.
- Hold the auto-injector in the fist, not between finger and thumb.
- Hold device about 10cm from outer thigh, jab firmly against outer thigh, through clothes if necessary (avoiding seams) and listen for the 'clicking'. Hold in place for TEN seconds. (FIVE seconds for Emerade)
- Remove the auto-injector and massage the area for a further ten seconds.

For short videos see links below:

<http://www.epipen.co.uk>

<http://www.jext.co.uk/>

<http://www.emerade.co.uk/>

Practical Points

- Talk to the person and try to keep them as calm as possible and ensure they do not get up or rush around.
- Send for the School Nurse or another member of staff trained in anaphylactic care.
- Send for the emergency medication.
- Administer antihistamine if person is alert and able to swallow - Help them to self-administer their Adrenaline Auto-injector or administer it yourself. Remember to give the auto-injector sooner rather than waiting, adrenaline will do no harm but will save a life if given. Follow the instructions on the Adrenaline auto injector.

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Note the time it was given. It is best to write this on the auto-injector itself or on the back of affected person's hand.

- Send someone else to phone for the Emergency Services. When dialling 999/112, say that the person is suffering from anaphylaxis (pronounced anna-fill-axis), stating an anaphylactic episode is taking place and whether or not an Adrenaline auto injector has been used. If the person's condition deteriorates after making the initial 999/112 call, a second call to the emergency services should be made to ensure an ambulance has been dispatched.
- Keep yourself calm. Reassure the pupil help is on its way.
- Stay with the pupil and observe response to the adrenaline until Emergency Services arrive. Be prepared to resuscitate if necessary.
- Send someone to phone the pupil's parents to advise of the situation.
- Make sure the used auto-injector and pupil's care plan accompany her to hospital.
- A member of staff will need to accompany the pupil to hospital and stay until parents arrive.
- Send someone outside to direct the ambulance crew when they arrive
- Try to ascertain what may have caused the reaction and ensure the ambulance crew knows this.
- Following any anaphylactic episode all staff involved should meet and discuss what occurred, offer support to each other and look at how the health care plan worked and take action to improve the planning if necessary.

10. Further Information

- <http://www.anaphylaxis.org.uk>
- <http://www.anaphylaxis.org.uk/our-factsheets/>
- <https://www.anaphylaxis.org.uk/schools/schools-help>
- <https://www.sparepensinschools.uk/>
- <https://www.rcpch.ac.uk/resources/allergy-care-pathway-anaphylaxis>
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf
- The [Food Allergies](#) section of the GDST Hub.