Allergy Policy

Policy Control Page

Responsible Person	Academy Nurse
Approved By	SLT 08/06/26 Approved by H&S Committee 16/6/26
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1. Introduction

1.1. 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.

1.2. 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.

1.3. 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).

1.4. It is possible to be allergic to anything which contains a protein; however, most people will react to a small group of potent allergens.

1.5. Common UK Allergens include (but are not limited to): - Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

1.6. This policy sets out how the Deaf Academy will support students and staff with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in Academy life.

2. Roles and responsibilities

2.1 Parent Responsibilities

2.1.1. For new/prospective students, it is the parent/carer's responsibility to inform the admissions team and the Academy nurse of any allergies prior to assessment. If an existing student, this should be reported immediately. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.

2.1.2. Parents are to supply a copy of their young person's Allergy Action Plan to the Academy. 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. Academy nurse/GP/allergy specialist.

2.1.3. Parents are responsible for ensuring any required medication is supplied, in date, in its original box with a prescription label attached and replaced as necessary.

2.1.4. 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 and stored in the medical section of the Student's Personal Record (SPR).

2.2. - Staff Responsibilities

2.2.1. Anaphylaxis training – HR and Tracey Crabb

2.2.2. Health promotion and staff support – Tracey Crabb and Natasha Cross

2.2.3. Health and Safety, Catering and Cleaning – Steve Hanson

2.2.4. Care and Safeguarding – James Heaver

2.2.5. All staff will complete anaphylaxis training. Training will be provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.

2.2.6. Staff must be aware of the students in their care 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.

2.2.7. Staff leading Academy trips must ensure that they carry all relevant emergency supplies appropriate to that student. Trip leaders will check that all students with medical conditions, including allergies, where appropriate, carry their own medication.

2.2.8. The up-to-date Allergy Action Plan is to be kept with the student's medication at all times.

2.2.9. The Academy nurse will keep a register of students and staff who have been prescribed an adrenaline auto-injector (AAI). This information will be recorded on the back of the AAI boxes. The nurse will keep a record of use of any AAI(s) and emergency treatment given.

2.2.10. Staff who are prescribed an AAI are responsible for obtaining and carrying their own supplies but are also able to use the Academy's if

required. It is advised that they inform their manager and Academy nurse of their allergies so that they may obtain appropriate treatment in the event of an emergency.

2.3. Student Responsibilities

2.3.1. Students are encouraged to have a good awareness of their symptoms and to inform a member of staff as soon as they suspect they are having an allergic reaction.

2.3.2. Students who are trained and confident to administer their own AAIs will be encouraged to take responsibility for always carrying them on their person.

3. Allergy Action Plans

3.1. Allergy action plans are designed to function as individual healthcare plans for students with allergies, providing medical and parental consent for Academy staff to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline autoinjector.

3.2. The Deaf Academy 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.

3.3. 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

4.1. What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

4.2. **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 the lips, face or eyes

- stomach pain or vomiting.

4.3. **More serious symptoms**: These 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.

4.4. The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The casualty 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, be fatal.

4.5. If the casualty has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

4.6. As anaphylaxis can develop very rapidly, a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment, and it starts to work within seconds.

4.7. As soon as anaphylaxis is suspected, adrenaline via an AAI must be administered without delay.

4.7.1. Keep the casualty where they are, call for help and where possible do not leave them unattended.

4.7.2. LIE THE CASUALTY FLAT WITH THEIR LEGS RAISED – they can be propped up if struggling to breathe but this should be for as short a time as possible.

4.7.3. USE THE 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.

4.7.4. CALL 999 and state ANAPHYLAXIS (ana-fil-axis).

4.7.5. If there is no improvement after 5 minutes, administer the second AAI.

4.7.6. If there are no signs of life commence CPR.

4.7.7. Call the parents/carers as soon as possible. Whilst you are waiting for the ambulance, keep the casualty 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.

4.7.8. All casualties 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

5.1. Depending on their level of understanding and competence, students will be encouraged to take responsibility for and to always carry their own AAIs (in a suitable bag/container). Staff who are prescribed an AAI are responsible for obtaining and carrying their own supplies.

5.2. For those not able to take responsibility for their own medication e.g. some complex needs or younger students, their medication should be kept safely, not locked away and **accessible to all staff**. This location will be detailed on the Placement Plan by the Academy nurse once a suitable site has been identified.

5.3. Medication should be stored in a suitable container/bag and clearly labelled with the student's name. This should contain:

5.3.1. Two AAIs i.e. EpiPen® or Jext® or Emerade®

5.3.2. An up-to-date allergy action plan

5.3.3. An Antihistamine as tablets or syrup (if included on the allergy action plan)

5.3.4. A spoon if required

5.3.5. An asthma inhaler (if included on the allergy action plan).

5.4. It is the responsibility of residential and class staff to ensure that the medication is signed in upon arrival to their setting and the expiry date and label is checked and that it is fit for purpose. The medical team will liaise with staff and check the medication on a termly basis and send a reminder to parents if it is approaching expiry.

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

5.6. AAIs are single use only and must be disposed of as sharps. Used AAIs should be given to paramedics on arrival or disposed of in a sharps bin. Sharps bins are kept in the nurse's treatment room, the residential care office and Fearnside house's medication room.

6. 'Spare' adrenaline auto-injectors

6.1. The Deaf Academy has spare AAIs for emergency use in students and staff who are at risk of anaphylaxis and are prescribed their own devices but are not available or not working (e.g. because of mechanical failure or they are out of date).

6.2. These are stored in a secure green, plastic, wall mounted box labelled 'Emergency Adrenaline Pen', and are accessible to all staff. The Deaf Academy has 4 spare AAI pens and are kept in the following locations: -

- Reception
- Main building First floor - on the wall outside the cookery room/adjacent to the library
- Residential – Second floor care office
- Fearnside House – Education dining area (this is accessible by both education and residential staff)

6.3. The medical team are responsible for checking the spare medication is in date and fit for purpose monthly and will replace as required.

6.4. Written parental permission for use of the spare AAIs is included in the student's allergy action plan.

6.5. If anaphylaxis is suspected in an undiagnosed student, call 999 and state that you suspect ANAPHYLAXIS. Follow the advice from them as to whether administration of the spare AAI is appropriate.

7. Staff Training

7.1. The members of staff responsible for co-ordinating staff anaphylaxis training are Tracey Crabb (Academy nurse) and HR.

7.2. All staff that work with students on a regular basis will complete online anaphylaxis training at the start of every new academic year or new staff as part of their induction period. They will also attend a short, practical session set at regular intervals throughout the year with the medical team who will demonstrate how to administer the AAI.

7.3. Training is also available on an ad-hoc basis for any new members of staff. Training includes:

7.3.1. Knowing the common allergens and triggers of allergy

7.3.2. 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

7.3.3. Administering emergency treatment (including AAIs) in the event of anaphylaxis and knowing how and when to administer the medication/device. This training is separate to the Academy's medication training process, and this treatment may only be administered in the event of anaphylaxis.

7.3.4. Measures to reduce the risk of students or staff having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what.

7.3.5. A practical session using trainer devices. This is covered in the FAW and EFAW courses but is also available on an ad hoc basis.

8. Inclusion and safeguarding

8.1. The Deaf Academy is committed to ensuring that all students and staff with medical conditions, including allergies are properly supported so that they can play a full and active role in Academy life, remain healthy, enjoy and as a student, to achieve their full academic potential.

9. Catering

9.1. The Deaf Academy obtains allergen information relating to the food products that are used by the catering team via Goosemoor, our external catering service.

9.2. The Academy lunchtime menu is available for parents/carers to view in advance with all ingredients listed and allergens highlighted on the Academy website.

9.3. The Admissions team and Academy nurse will inform the Catering Manager of students with food allergies.

9.4. The Deaf Academy has a list of students and staff (who give their consent) with allergies. This also includes their photograph. It is the responsibility of staff to ensure the catering manager is aware of their allergies.

9.5. Parents/carers are encouraged to meet with the Catering Manager to discuss their young person's needs.

9.6. The Deaf Academy adheres to the following Department of Health guidance recommendations:

9.6.1. Bottles, other drinks and lunch boxes provided by parents/carers for students with food allergies should be clearly labelled with the name of the student.
9.6.2. Where possible, the student should also be taught to check the ingredients for allergens before selecting their lunch choice.
9.6.3. Where food is provided by the Academy, 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. The Deaf Academy expects all food handlers to be in possession of a food hygiene certificate.
9.6.4. Food should not be given to food-allergic students under 18 years of age, or those lacking capacity, without parental/carer engagement and permission (e.g. birthday cakes/food treats). If in doubt, contact the Academy nurse or the welfare office.
9.6.5. Use of food in crafts, cooking classes, experiments and special events needs to be considered and may need to be restricted/risk assessed depending on the allergies of students and their age. Allergic staff must also be aware when supporting students in these activities.

10. School trips

10.1. Staff leading school trips will ensure that they carry all relevant emergency supplies. Trip leaders will check that all students with medical conditions, including allergies, where appropriate carry their own medication.

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

11. Allergy awareness and nut bans

11.1. The Deaf Academy supports the approach advocated by Anaphylaxis UK towards nut bans/nut free establishments. Anaphylaxis UK do not support a

blanket ban on any allergen in any establishment, including in education. This is because nuts are only one of many allergens that could affect students and staff, and no educational/residential establishment could guarantee a truly allergen free environment for a person living with food allergy. They advocate instead for the Academy to adopt a culture of allergy awareness and education.

11.2. A 'whole Academy 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 allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

11.3. Due to the complex needs of our students, and staff who have severe nut allergies and work across all sites at the Deaf Academy; parents, carers, students, staff and visitors are requested NOT to bring food into the Academy that contains any type of nuts. This applies to residential care, the educational site and Fearnside House.

11.4. Our Academy kitchen and food are already nut free and we do not supply any ingredients in food technology that have nuts or nut derivatives.

11.5. Students are encouraged NOT to share food.

11.6. Students are encouraged to wash their hands before and after eating.

11.7. Staff will be alert to any obvious signs of nuts being brought into the Academy, but they will not inspect all food.

11.8. If staff do notice that an individual has brought in food that contains nuts or nut products, we will ask for these items to be removed and if required an alternative will be provided from the Academy kitchen.

12. Deaf Academy Beekeeping (Apiculture)

12.1. The Deaf Academy are fortunate enough to have their own collection of bees onsite and are handled by staff and students as well as named, trained visitors (please see Appendix 1 for a separate policy relating to beekeeping and the risks and treatment of allergy and anaphylaxis).

Appendix 1: Beekeeping (Apiculture) Allergy and Anaphylaxis Policy

1. Purpose

This policy sets out the arrangements for managing bee sting allergies and anaphylaxis, in relation to beekeeping activities carried out on Academy premises or under Academy supervision. It aims to ensure that beekeeping is conducted safely, inclusively, and in line with best practice, while minimising avoidable risk to students, staff, and visitors.

2. Scope

This policy applies to:

- All students participating in beekeeping activities
- All staff, volunteers, and contractors involved in or supervising beekeeping
- Any visitors who may be present during beekeeping sessions
- All Academy-owned or Academy-managed beehives and apiary areas

3. Principles

- Beekeeping is a valuable educational activity and should not be restricted unnecessarily.
- The presence of certain medical conditions or medications does not automatically increase the risk of anaphylaxis from bee stings.
- Decisions about participation in beekeeping activities should be based on informed individual choice, supported by appropriate risk management.
- Robust planning, training, and emergency procedures are essential to ensure safety.

4. Bee Sting Allergy and Risk Factors

4.1. Bee Sting Allergy

- Only individuals with a diagnosed bee venom allergy are considered at higher risk of anaphylaxis following a sting.
- The Academy will maintain a confidential record of students and staff with a known bee venom allergy, in line with data protection requirements.

4.2. Medical Conditions and Medications

- Chronic illnesses, autoimmune conditions, or the use of medications such as steroids, immunosuppressants, or rheumatoid drugs do not, in themselves, increase the likelihood of anaphylaxis following a bee sting.
- Individuals with such conditions or medications will not be excluded from beekeeping activities solely on this basis.

4.3. Asthma

- Uncontrolled asthma does not increase the risk of anaphylaxis but may reduce the effectiveness of treatment if anaphylaxis occurs.
- Students or staff with asthma are encouraged to ensure their condition is well controlled and that they have their reliever inhalers readily available.
- A spare, emergency Salbutamol inhaler is available in the nurse's treatment room and may be accessed by all staff.

4.4. Age

- Increasing age can be associated with a poorer response to anaphylaxis treatment. This is not considered a significant factor for the Deaf Academy's population but will be kept under review.

5. Participation and Informed Choice

- Participation in beekeeping is voluntary.
- Students, parents/carers, and staff will be provided with clear information about risks and control measures.
- Individuals may choose to avoid direct bee exposure without prejudice or disadvantage.

6. Beekeeping Management and Supervision

- Only trained and approved staff or volunteers may lead beekeeping activities.
- Beekeeping activities must not be undertaken alone; a minimum of two responsible adults must be present.
- Appropriate personal protective equipment (PPE), including bee suits and gloves, must be worn.
- Students must be briefed on safe behaviour around bees before any activity.

7. Training

- Staff and volunteers involved in beekeeping will receive appropriate training covering:
    - Bee behaviour and seasonal risks

- Use of protective equipment
- Recognition of allergic reactions and anaphylaxis
- Emergency procedures

- Anaphylaxis training will include practical familiarisation with adrenaline auto-injectors using trainer devices and a yearly online training module to complete.

8. Emergency Preparedness and Response

8.1. Adrenaline Auto-Injectors (AAIs)

- Individuals prescribed an adrenaline auto-injector (e.g. EpiPen) must have it accessible during beekeeping sessions. They must also have their second AAI with them and accessible.
- Staff will be trained in the safe administration of AAIs, including correct grip and avoidance of accidental thumb injection.

8.2. First Aid

- A trained first aider must be present during all beekeeping activities.
- An emergency AAI is available at Reception, close to the apiary site.

8.3. Emergency Location Information

- The What3Words location reference is 'pink.remove.tigers' and is displayed in the beekeepers shed and visible to all beekeeping users whilst working in that area.
- This reference will be included in the emergency action plan to enable rapid access by emergency services.

8.4. Emergency Action

- In the event of a suspected anaphylactic reaction:
  - Administer adrenaline immediately if the casualty has a diagnosed bee allergy.
  - Call emergency services without delay, reporting ANAPHYLAXIS. You will be advised whether to administer the 'spare' AAI if the casualty has not previously been diagnosed with a bee sting allergy.
  - Provide clear location details, including the What3Words reference
  - Continue to monitor and support the individual until help arrives

9. Risk Assessment

- A specific risk assessment for beekeeping activities will be completed and reviewed yearly by Bob Spencer and Jo Fison
- Risk assessments will consider:
    - Participant health needs
    - Time of year and bee behaviour
    - Supervision and staffing levels
    - Emergency access arrangements

10. Communication

- This policy will be shared with relevant staff, parents/carers, and volunteers.
- Clear signage will be displayed near beekeeping areas to inform others of apiary locations and access restrictions.