Allergy & Anaphylaxis Policy.

Contents:

Statement of intent

OSCA Saint John's strives to ensure the safety and wellbeing of all members of the club. For this reason, this policy is to be adhered to by all staff members, parents and children, with the intention of minimising the risk of anaphylaxis occurring whilst at OSCA.

In order to effectively implement this policy and ensure the necessary control measures are in place, parents are responsible for working alongside the club in identifying allergens and potential risks, in order to ensure the health and safety of their children.

OSCA does not guarantee a completely allergen-free environment; however, this policy will be utilised to minimise the risk of exposure to allergens, encourage self-responsibility, and plan for an effective response to possible emergencies.

1. Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- Department of Health 'Guidance on the use of adrenaline auto-injectors in schools'

• DfE ‘Supporting pupils at school with medical conditions’

• DfE ‘Allergy guidance for schools’

This policy will be implemented in conjunction with the following school policies and documents:

• Health and Safety Policy

• Food & Drink Policy

• Health, Illness & Emergency

• Allergen and Anaphylaxis Risk Assessment

2. Definitions

For the purpose of this policy:

Allergy – is a condition in which the body has an exaggerated response to a substance. This is also known as hypersensitivity.

Allergen – is a normally harmless substance that triggers an allergic reaction for a susceptible person.

Allergic reaction – is the body’s reaction to an allergen and can be identified by, but not limited to, the following symptoms:

• Hives

• Generalised flushing of the skin

• Itching and tingling of the skin

• Tingling in and around the mouth

• Burning sensation in the mouth

• Swelling of the throat, mouth or face

• Feeling wheezy

• Abdominal pain

• Rising anxiety

• Nausea and vomiting

• Alterations in heart rate

• Feeling of weakness

Anaphylaxis – is also referred to as anaphylactic shock, which is a sudden, severe and potentially life-threatening allergic reaction. This kind of reaction may include the following symptoms:

• Persistent cough

• Throat tightness

• Change in voice, e.g. hoarse or croaky sounds

• Wheeze (whistling noise due to a narrowed airway)

• Difficulty swallowing/speaking

• Swollen tongue

• Difficult or noisy breathing

• Chest tightness

• Feeling dizzy or feint

• Suddenly becoming sleepy, unconscious or collapsing

• Becoming pale or floppy

3. Roles and responsibilities

The committee is responsible for:

• Ensuring that policies, plans, and procedures are in place to support children with allergies and those who are at risk of anaphylaxis and that these arrangements are sufficient to meet statutory responsibilities and minimise risks.

• Ensuring that the club's approach to allergies and anaphylaxis focusses on, and accounts for, the needs of each individual child.

• Ensuring that staff are properly trained to provide the support that children need, and that they receive allergy and anaphylaxis training at least annually.

• Monitoring the effectiveness of this policy and reviewing it on an annual basis, and after any incident where a child experiences an allergic reaction.

The manager is responsible for:

• The development, implementation and monitoring of this policy and related policies.

• Ensuring that parents are informed of their responsibilities in relation to their child's allergies.

• Ensuring that all relevant risk assessments, e.g. to do with food preparation, have been carried out and controls to mitigate risks are implemented.

• Ensuring that all designated first aiders are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis.

• Ensuring that all staff members are provided with information regarding allergic reactions and anaphylaxis, including the necessary precautions and how to respond.

• Ensuring that there are effective processes in place for medical information to be regularly updated and disseminated to relevant staff members and temporary staff.

• Seeking up-to-date medical information about each child via the registration form sent to parents on an annual basis, including information regarding any allergies.

• Contacting parents for required medical documentation regarding a child's allergy.

• Ensuring they are fully aware of whether each item of food served contains any of the main 14 allergens, as is a legal obligation, and making sure this information is readily available for those who may need it.

All staff members are responsible for:

• Attending relevant training regarding allergens and anaphylaxis.

• Being familiar with and implementing child's individual healthcare plans (IHPs) as appropriate.

• Responding immediately and appropriately in the event of a medical emergency.

• Reinforcing effective hygiene practices, including those in relation to the management of food.

• Monitoring all food supplied to children by both the school and parents.

• Ensuring that children do not share food and drink in order to prevent accidental contact with an allergen.

• Ensuring they are fully aware of the rules surrounding allergens, the processes for food preparation in line with this policy, and the processes for identifying pupils with specific dietary requirements.

All parents are responsible for:

• Notifying the school of their child's allergens, the nature of the allergic reaction, what medication to administer, specified control measures and what can be done to prevent the occurrence of an allergic reaction.

• Keeping the club up-to-date with their child's medical information.

• Providing the club with written medical documentation, including instructions for administering medication as directed by the child's doctor.

• Providing written consent for the use of a spare AAI for those who have a known allergy

• Raising any concerns they may have about the management of their child's allergies with the manager.

All children are responsible for:

• Ensuring that they do not exchange food with other pupils.

• Avoiding food which they know they are allergic to, as well as any food with unknown ingredients.

• Notifying a member of staff immediately in the event they believe they are having an allergic reaction, even if the cause is unknown, or have come into contact with an allergen.

4. Food allergies

Parents will provide the club with a written list of any foods that their child may have an adverse reaction to, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

Parents are provided with a food menu on a termly basis.

When making changes to menus or substituting food products, the club will ensure that children's special dietary needs continue to be met by:

• Checking any product changes

• Reading labels and product information before use

• Using the Food Standards Agency's allergen matrix to list the ingredients in all snacks.

• Ensuring allergen ingredients remain identifiable.

The manager will have a full list of allergens and will avoid using them within the menu where possible. The allergen matrix for all snacks is displayed on the notice board.

The club will ensure that there are always dairy- and gluten-free options available for pupils with allergies and intolerances and in the majority of circumstances everyone will be served the same to reduce cross contamination.

All snack tables will be disinfected before and after being used. Anti-bacterial wipes and cleaning fluid will be used.

Learning activities which involve the use of food will be planned in accordance with childrens' needs, taking into account any known allergies of the children involved.

5. Food allergen labelling

The club will adhere to allergen labelling rules for pre-packed food goods, in line with the Food Information (Amendment) (England) Regulations 2019, also known as Natasha's Law. The club will ensure that all food is labelled accurately, that food is never labelled as being 'free from' an ingredient unless staff are certain that there are no traces of that ingredient in the product, and that all labelling is checked before being offered for consumption.

The relevant staff who are serving food will be trained to ensure they are aware of their legal obligations. Level 2 Food Safety & hygiene for Catering training will be reviewed every three years..

6. Animal allergies

Children with known allergies to specific animals will have restricted access to those that may trigger a response. In the event of an animal on the club site, staff members will be made aware of any children to whom this may pose a risk and will be responsible for ensuring that the child does not come into contact with the specified allergen.

The club will ensure that any child or staff member who comes into contact with the animal washes their hands thoroughly to minimise the risk of the allergen spreading.

7. Seasonal allergies

The term 'seasonal allergies' refers to common outdoor allergies, including hay fever and insect bites. Precautions regarding the prevention of seasonal allergies include ensuring that grass within the club premises is not mown whilst pupils are outside.

Children with severe seasonal allergies will be provided with an indoor supervised space to avoiding contact with outside allergens. Staff members will monitor pollen counts, making a professional judgement as to whether the child should stay indoors.

Children will be encouraged to wash their hands after playing outside.

Staff members will be diligent in the management of wasp, bee and ant nests on club's grounds and in the club's nearby proximity, reporting any concerns to the manager.

The school caretaker is responsible for ensuring the appropriate removal of wasp, bee and ant nests on and around the club's premises.

Where a child with a known allergy is stung or bitten by an insect, medical attention will be given immediately.

8. Adrenaline auto-injectors (AAIs)

Children who suffer from severe allergic reactions may be prescribed an AAI for use in the event of an emergency. Under The Human Medicines (Amendment) Regulations 2017, the club is able to purchase AAI devices without a prescription, for emergency use on children who are at risk of anaphylaxis, but whose device is not available or is not working. The club will purchase spare AAIs from a pharmaceutical supplier, such as the local pharmacy.

Where possible, the club will hold one brand of AAI to avoid confusion with administration and training; however, subject to the brands children are prescribed, the club may decide to purchase multiple brands. The club will purchase AAIs in accordance with age-based criteria, relevant to the age of pupils at risk of anaphylaxis, to ensure the correct dosage requirements are adhered to.

These are as follows:

• For pupils under age 6: 0.15 milligrams of adrenaline

• For pupils aged 6-12: 0.3 milligrams of adrenaline

Spare AAIs are stored as part of an emergency anaphylaxis kit, which includes the following:

• One or more AAIs

• Instructions on how to use the device(s)

• Instructions on the storage of the device(s)

• Manufacturer's information

• A checklist of injectors, identified by the batch number and expiry date, alongside records of monthly checks

• A note of the arrangements for replacing the injectors

• A list of pupils to whom the AAI can be administered

• An administration record

OSCA Saint John's pupils, who have prescribed AAI devices, store their device in a suitably safe and easily accessible location.

Spare AAIs are not located more than five minutes away from where they may be required. The emergency anaphylaxis kit(s) can be found in the medical cupboard in the staff toilet.

All staff have access to AAI devices, but these are out of reach and inaccessible to children – AAI devices are not locked away where access is restricted. All spare AAI devices will be clearly labelled to avoid confusion with any device prescribed to a named child. In line with manufacturer's guidelines, all AAI devices are stored at room temperature in line with manufacturer's guidelines, protected from direct sunlight and extreme temperature.

The appointed staff (Annette Hudson/Sue Perry) are responsible for maintaining the emergency anaphylaxis kit(s). These staff members conduct a monthly check of the emergency anaphylaxis kit(s) to ensure that:

• Spare AAI devices are present and have not expired.

• Replacement AAIs are obtained when expiry dates are approaching.

They are also responsible for overseeing the protocol for the use of spare AAIs, its monitoring and implementation, and for maintaining the Register of AAIs.

Any used or expired AAIs are disposed of after use in accordance with manufacturer's instructions. Used AAIs may also be given to paramedics upon arrival, in the event of a severe allergic reaction, in accordance with this policy.

Where any AAIs are used, the following information will be recorded on the AAI Record:

• Where and when the reaction took place

• How much medication was given and by whom

9. Access to spare AAIs

A spare AAI can be administered as a substitute for a child's own prescribed AAI, if this cannot be administered correctly, without delay. Spare AAIs are only accessible to children for whom medical authorisation and written parental consent has been provided – this includes children at risk of anaphylaxis who have been provided with a medical plan confirming their risk, but who have not been prescribed an AAI.

Consent will be obtained from parents during the registration process. If consent has been given to administer a spare AAI to a pupil, this will be recorded in the child's registration folder.

The club uses a list of children to whom spare AAIs can be administered – this includes the following:

• Name of pupil

• Age

• Known allergens

• Risk factors for anaphylaxis

• Whether medical authorisation has been received

• Whether written parental consent has been received

• Dosage requirements

Parents are required to provide consent on an annual basis to ensure the register remains up-to-date.

Parents can withdraw their consent at any time. To do so, they must write to the manager.

The appointed staff (Annette Hudson & Sue Perry) check the list is up-to-date on an annual basis.

They will also update the records relevant to any changes in consent or a child's requirements. These records are accessible to all staff members.

10. Medical attention and required support

Once a child's allergies have been identified, a meeting will be set up between the child's parents, the manager and any other relevant staff members, in which the child's allergies will be discussed and a plan of appropriate action/support will be developed.

All medical attention, including that in relation to administering medication, will be conducted in accordance with the Health, Illness & Emergency Policy.

Parents will provide the club with any necessary medication, ensuring that this is clearly labelled with the child's name, year group, expiration date and instructions for administering it.

Children will not be able to attend the club without any life-saving medication that they may have, such as AAIs.

All members of staff involved with a child with a known allergy are aware of the location of emergency medication and the necessary action to take in the event of an allergic reaction. Any specified support which the child may require will be outlined in their records.

All staff members providing support to a child with a known medical condition, including those in relation to allergens, will be familiar with the relevant information.

The manager is responsible for working alongside relevant staff members and parents in order to develop arrangements for pupils with allergies, ensuring that any necessary support is provided and the required documentation is completed, including risk assessments being undertaken.

The manager has overall responsibility for ensuring that policy and process are implemented, monitored and communicated to the relevant members of the club.

11. Staff training

Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so. In accordance with the Health, Illness & Emergency Policy, staff members will receive appropriate training and support relevant to their level of responsibility, in order to assist children with managing their allergies.

The club will arrange training on an annual basis where a child in the club has been diagnosed as being at risk of anaphylaxis.

The manager and staff will be taught to:

• Recognise the range of signs and symptoms of severe allergic reactions.

• Respond appropriately to a request for help from another member of staff.

• Recognise when emergency action is necessary.

• Administer AAIs according to the manufacturer's instructions.

• Make appropriate records of allergic reactions.

All staff members will:

• Be trained to recognise the range of signs and symptoms of an allergic reaction.

• Understand how quickly anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis can occur with prior mild to moderate symptoms.

• Understand that AAIs should be administered without delay as soon as anaphylaxis occurs.

• Understand how to check if a child is on the Register of AAIs.

• Understand how to access AAIs.

• Understand who the designated members of staff are, and how to access their help.

• Understand that it may be necessary for staff members other than designated staff members to administer AAIs, e.g. in the event of a delay in response from the designated staff members, or a life-threatening situation.

• Be aware of how to administer an AAI should it be necessary.

12. Mild to moderate allergic reaction

Mild to moderate symptoms of an allergic reaction include the following:

• Swollen lips, face or eyes

• Itchy/tingling mouth

• Hives or itchy skin rash

• Abdominal pain or vomiting

• Sudden change in behaviour

If any of the above symptoms occur in a pupil, the nearest adult will stay with the child and refer to their IHP to determine appropriate next step.

The child's parents will be contacted immediately if a child suffers a mild to moderate allergic reaction, and if any medication has been administered.

In the event that a child without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered.

An AAI will not be administered in these situations without contacting the emergency services.

For mild to moderate allergy symptoms, the child's IHP will be followed and the child will be monitored closely to ensure the reaction does not progress into anaphylaxis. Should the reaction progress into anaphylaxis, the club will act in accordance with this policy.

Where the child is required to go to the hospital, an ambulance will be called.

13. Managing anaphylaxis

In the event of anaphylaxis, the nearest adult will lay the child flat on the floor and try to ensure the child suffering an allergic reaction remains as still as possible; if the child is feeling weak, dizzy, appears pale and is sweating their legs will be raised.

The manager or deputy will be called for help and the emergency services contacted immediately.

A staff member will administer an AAI to the child. Spare AAIs will only be administered if appropriate consent has been received.

A member of staff will stay with the child until the emergency services arrive – the child will remain lying flat and still. If the child's condition deteriorates after initially contacting the emergency services, a second call will be made to ensure an ambulance has been dispatched.

The manager will be contacted immediately, as well as a first aider.

If the child stops breathing, a suitably trained member of staff will administer CPR. If there is no improvement after five minutes, a further dose of adrenaline will be administered using another AAI, if available.

In the event that a child without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.

The manager will contact the child's parents as soon as is possible.

Upon arrival of the emergency services, the following information will be provided:

• Any known allergens the pupil has

• The possible causes of the reaction, e.g. certain food

• The time the AAI was administered – including the time of the second dose, if this was administered

Any used AAIs will be given to paramedics.

Staff members will ensure that the child is given plenty of space, moving other children to a different room where necessary.

Staff members will remain calm, ensuring that the child feels comfortable and is appropriately supported.

A member of staff will accompany the child to hospital in the absence of their parents. If a child is taken to hospital by ambulance, two members of staff will accompany them.

Information regarding AAIs will be kept in the school office for easy access.

Following the occurrence of an allergic reaction, the club committee and manager will review the adequacy of the club's response and will consider the need for any additional support, training or other corrective action.

In addition, this policy and child's medical records will be updated and amended as necessary.

Date; September 2026	
To be reviewed : Sep 2027	Signed: A. Hudson