


St Bartholomew's School Allergy and Anaphylaxis Wrap Around Care Policy

Purpose	To minimise the risk of any child suffering a serious allergic reaction whilst at **St Bartholomew's School** or attending any organisation related activity. To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.
Links with other policies	Health and Safety, Safeguarding
Review Frequency	3 yearly or if an incident occurs (near miss or reaction)
Date approved	Autumn 2026
Date of next review	Autumn 2029

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The named staff members **(at least 2)** responsible for coordinating staff anaphylaxis training and the upkeep of the organisation's anaphylaxis policy are:

1. Kelly Wall

2. Victoria Mowbray

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1. Introduction

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 severe reaction called anaphylaxis.

Anaphylaxis is a severe, life-threatening allergic reaction. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

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

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

This policy sets out how **St Bartholomew's School** will support children with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in organisation life.

For more information see www.anaphylaxis.org.uk/about-anaphylaxis

2. Role and responsibilities

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Parent Responsibilities

- Upon registration to the organisation, it is the parent's responsibility to inform the manager of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans) to the organisation. 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. GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the organisation up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

- Organisations must ensure that all staff are aware of the symptoms and treatments for allergies and anaphylaxis, the differences between allergies and intolerances and that children can develop allergies at any time.
- Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.

- The Manager should complete an allergy specific risk assessment for the organisation which is known to all staff. The Manager should ensure that that all staff understand the procedures for risk assessing activities and events that involve allergens.
- Before a child is admitted to the organisation the Manager must obtain information about any food allergies that the child has. This information must be shared by the Manager with all staff involved in the preparing and handling of food.
- The Wrap Club Leader keeps a register of children who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- The Wrap Club Leader will ensure that the up-to-date Allergy Action Plan is kept with the child's medication.
- It is the parent's responsibility to ensure all medication in in date however the Wrap Club Leader will check medication kept at organisation on a termly basis and send a reminder to parents if medication is approaching expiry.
- The Wrap Club Leader must ensure that the organisation has clear procedures for cleaning within the day, during mealtime and snack time and at the end of the day. All staff should know and follow these procedures to avoid the risk of reactions through cross contamination.

- At each mealtime and snack time the Wrap Club Leader must be clear about

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who is responsible for checking that the food being provided meets all the requirements for each child.

- Children must always be within sight and hearing of a member of staff whilst eating. Where possible, staff should sit facing children whilst they eat so they can prevent food sharing and be aware of any unexpected allergic reactions.

- Staff (regular and cover) must be aware of the children 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 considerable caution.

Child Responsibilities

- Children 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.
- Children who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times. Staff retain responsibility for ensuring that the AAIs are with the child.

3. Allergy Action Plans

Allergy action plans are designed to provide medical and parental consent for organisations to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto- injector.

Organisations should not be devising their own allergy action plans but requiring parents to provide the plan created by the GP or allergy clinic.

4. Emergency Treatment and Management of Anaphylaxis

What to look for:
Symptoms usually come on quickly, within minutes of exposure to the allergen. If symptoms do not come on quickly, the child must be monitored for a delayed reaction. Additionally, they should not exercise for the remainder of the day unless medical advice has been sought, and permission given.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

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More serious symptoms are often referred to as the ABC symptoms and can include:

- **AIRWAY** - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathing, persistent coughing.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

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

Anaphylaxis can develop very rapidly, so treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.
Action:

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR 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.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-ax-is).**
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All children must go to hospital for observation after anaphylaxis even if they appear to have

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recovered as a reaction can recur after treatment.

5. Supply, storage and care of medication

Depending on their level of understanding and competence, children will be encouraged to take responsibility for and to carry their own **two** AAIs on them at all times in a suitable bag/container. Staff retain overall responsibility for medication and ensure that the child has their AAIs with them.

For younger children or those not ready to take responsibility for their own medication, their medication, in the suitable container should be kept within 5 minutes of them, never locked away and **accessible to all staff.**

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

- Two AAIs i.e. EpiPen® or Jext®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled. The organisation should not require additional sets of medication to be left for them as the child should always have their medication with them.

Older children and medication
Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents and organisation staff. However, symptoms of anaphylaxis can come on **very suddenly**, so organisation staff need to be prepared to administer medication if the young person cannot.

Storage
AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes both hot and cold.

Disposal
AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on

6. 'Spare' adrenaline auto-injectors in the organisation

Under 2017 Department for Health Guidance schools are able to purchase spare AAIs for emergency use in children who are risk
of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date) or are experiencing anaphylaxis for the first time. The legislation that allows this

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only applies to schools, however, if the organisation operates in a school, then with the school's agreement the spare AAIs may be made accessible to the organisation for use after calling 999 and saying that spare AAIs are available.

7. Staff Training

The named staff members **(at least 2)** responsible for coordinating staff anaphylaxis training and the upkeep of the organisation's anaphylaxis policy are:

1. Kelly Wall
2. Victoria Mowbray

All staff will complete AllergyWise® allergy and anaphylaxis training[3] annually, and on an ad-hoc basis throughout the year during induction of new staff.

AllergyWise® training includes:

- 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
- Managing allergy action plans and ensuring these are up to date
- A practical session using trainer devices (these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk

8. Inclusion and safeguarding

St Bartholomew's School is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in organisation so that they can play a full and active role in organisation life and remain healthy. Where the organisation includes children up to 5 years old, the organisation conforms to the Safer Eating requirements in Early Years Safeguarding 2025.

9. Food

All food businesses (including the organisation's caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

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The organisation's menu is available for parents to view in advance with all ingredients listed and allergens highlighted on the organisation website at https://www.stbarts.herts.sch.uk/wraparound-care-provision

St Bartholomew's School will inform the **wrap around lead** of children with food allergies.

The Organisation adheres to Safer Eating as set out in the Early Years Safeguarding September 2025:

- *Information must be shared by St Bartholomew's School with all staff involved in the preparing and handling of food.*
- *At each mealtime and snack time St Bartholomew's School must be clear about who is responsible for checking that the food being provided meets all the requirements for each child.*
- *Wrap Club Leaders must ensure that all staff are aware of the symptoms and treatments for allergies and anaphylaxis, the differences between allergies and intolerances and that children can develop allergies at any time, especially during the introduction of solid foods which is sometimes called complementary feeding or weaning.*
- *Children must always be within sight and hearing of a member of staff whilst eating. Where possible, staff will sit facing children whilst they eat so they can make sure children are prevented from food sharing and can be aware of any unexpected allergic reactions.*

The organisation adheres to the following:

- Bottles, other drinks and food provided by parents for children with food allergies should be clearly labelled with the name of the child for whom they are intended.
- Where food is provided by the organisation, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using **warm soapy water**, **not hand sanitiser**) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the **Kelly Wall / Victoria Mowbray.**
- Food should not be given to food-allergic children without parental permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events)[4] needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

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10. Allergy awareness and nut bans

St Bartholomew's School supports the approach advocated by Anaphylaxis UK towards nut bans/nut free organisations. They would not necessarily support a blanket ban on any particular allergen in the organisation. This is because nuts are only one of many allergens that could affect children, and no organisation could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for organisations to adopt a culture of allergy awareness and education.

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

11. Risk Assessment

St Bartholomew's School will conduct a detailed individual risk assessment for all new joining children with allergies and any child newly diagnosed, to help identify any gaps in systems and processes for keeping allergic children safe.

Organisation and individual risk assessments can be downloaded for free from Anaphylaxis UK's website:

12. Useful Links

Anaphylaxis UK - https://www.anaphylaxis.org.uk/

Safer Childcare Programme: www.anaphylaxis.org.uk/childcare
AllergyWise® for Wraparound Care and Holiday clubs e-learning: www.anaphylaxis.org.uk/childcare/allergywise-for-wraparound-care-and-holiday-clubs
AllergyWise® for Clubs and Youth Organisations e-learning: www.anaphylaxis.org.uk/childcare/allergywise-for-clubs-and-youth-organisations
Allergy awareness V nut bans: https://youtu.be/1TcMqMe3Q_4?si=7jShu-Q9j4H_qkGk

BSACI Allergy Action Plans - https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/

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)

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https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834

Footnotes:

1 It is strongly recommended that all staff complete allergy and anaphylaxis training to ensure that any member of staff can react quickly and accurately when a child has a reaction. When the training is limited to one or only a few members of staff, children with allergies are left in a potentially life-threatening situation if that member of staff is absence or deployed elsewhere.

2 Trips are classed as any time the children leave the organisations usual place for any length of time; for example, a nature walk is considered a trip.

3 AllergyWise® training is produced by Anaphylaxis UK, the only charity in the UK supporting those with serious allergies. The training is medically reviewed by leading allergy specialists.

4 See specific guidance sheet produced by Anaphylaxis UK: Food in Events, Activities and Festivals Guidance

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