


Bristol Dyslexia Centre
Allergy and anaphylaxis policy

This template policy has been written by Anaphylaxis UK and is based on the Department for Education approved model policy for schools and incorporates sector specific guidance for clubs and other youth organisations and settings providing activities for children. The policy has been tailored to this setting.

Purpose	To minimise the risk of any child suffering a serious allergic reaction whilst at Bristol Dyslexia Centre 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, First Aid and Safeguarding
Review Frequency	Annually or if an incident occurs (near miss or reaction)
Date approved	1/9/2026
Date of next review	1/9/2027

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


1. Introduction

We are committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies.

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).

Whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction. 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, Soya, Milk, Egg, Fish, Shellfish, Celery, Gluten, Lupin, Mustard, Sulphates, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how Bristol Dyslexia Centre will support children & staff with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in our Centre's life.

2. Role and responsibilities

Parent Responsibilities

- On entry to the centre, 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 (eg BSACI plans) to the centre. 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, clearly labelled, in date and replaced as necessary and ALWAYS with the child when attending the centre. Children with AAIs should have their TWO prescribed AAIs on them.**
- **Children unable to produce their required medication will not be able to attend the centre – IMPORTANT the centre DOES NOT have access to spare AAIs.**


- Parents are requested to keep the centre up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

- **All key staff (teachers and office staff)** will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.

- Staff (regular or 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 due caution.

- **Manager/First Aider** will ensure that the up-to-date Allergy Action Plan is kept with the child's records.

- **Manager/First Aider** 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.

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.**

3. Allergy Action Plans

Allergy action plans are clinical documents that are created by a GP / allergy nurse or allergy clinic. They detail the student's allergy and medication. The centre will require parents to provide a copy of the plan created by the GP or allergy clinic.

In an anaphylactic emergency, UK medicine laws allow *anyone* to administer adrenaline to save a life, even without formal training or prior consent. If a person is unconscious, unresponsive, or unable to give consent during a severe allergic reaction, consent is legally implied to save their life.

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.

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.
- **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 (within 5 minutes). 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-axis).**
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

In an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given. 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 recovered as a reaction can reoccur 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 two AAIs on them at all times** in a suitable bag/container**.**

For younger children or those not ready to take responsibility for their own medication, their anaphylaxis kit will be kept close by – either with the teacher in the same room, or by the office staff in the main office on the ground floor. It will not be locked away and will be **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 centre 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 arrival or can be disposed of in a pre-ordered sharps bin.


6. ‘Spare’ adrenaline auto-injectors

Registered 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.

Under current legislation, **out-of-school settings (such as Bristol Dyslexia Centre) are legally prohibited from purchasing spare Adrenaline Auto-Injectors (AAIs)** without a prescription. The exemption that bypasses the need for an individual prescription applies **strictly and exclusively to registered schools** (including state, independent, academies, and nurseries).

It is imperative that anyone prescribed AAIs MUST ALWAYS have them on their person. If they are unable to produce their required medication, they will not be able to attend as the centre DOES NOT have access to spare AAIs.

7. Minimising Risk and Exposure to Allergens

Minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Blanket bans, especially to nuts, create a false sense of security. Whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction.

Bristol Dyslexia Centre completes an allergy risk assessment that seeks to minimise the risks of exposure to known allergens. The risk assessment will include:

- Identify measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, students, staff).
- Identify measures to manage the risks of exposure to a food allergen through food provided by the school, college or setting
- Putting in reasonable measures to manage the risk of individuals being exposed to allergens where they have a known allergy to airborne or contact allergens
- Identifying non-food allergens within the environment and making adaptions to remove/reduce allergens that pose a risk; for example, dogs would require enhanced cleaning and limiting to specific areas, hygiene measures after students have worked with the dog.

Bristol Dyslexia Centre will ensure that the risk of exposure is minimised by:

- All staff allergy training every year
- Educating students through awareness posters
- Communicating with all visitors, temporary staff and cover staff that they will be teaching a student with an allergy and ensuring that the member of staff has been trained in allergy and anaphylaxis emergency response
- Working closely with parents/carers and health professionals to understand the student's allergy
- Monitoring this policy to ensure that the agreed practices are implemented
- Establishing and maintaining high hygiene standards amongst staff, students and visitors


8. Staff Training

All staff will complete allergy and anaphylaxis training annually, and on an ad-hoc basis during the induction of new staff.

Allergy 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, good hygiene practices
- 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
- Staff working with a child with prescribed medication and obliged to carry it with them at all times, must ensure the child has this with them on arrival - every time they attend the centre. If they fail to produce it, entry will have to be refused.

9. Food

Organisations need to comply with legislation if they ever, even on a single occasion, provides food for its participants.

This means that when purchasing food staff must check the allergens before purchasing. Parents/Carers will be helpful in sharing what they are able to purchase when asked. This will make the provision of food much easier.

Unlabelled food poses significant risk of reaction and must never be given to children with allergies; for example, un packaged sweets or homemade food brought in to share with the group.

The centre adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for children with food allergies should be clearly labelled with the name of the child for whom they are intended.
- The child should be taught to also check with staff, before eating food.
- Where food is provided by the centre, 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) of food preparation areas and utensils.
- No food should not be given to food-allergic children without parental permission (e.g.


food treats).

- Use of food in crafts (e.g. celebrations, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children.

10. Allergy awareness and nut bans

Bristol Dyslexia Centre supports the approach advocated by Anaphylaxis UK towards nut bans/nut free organisations, which is not in support a blanket ban on any particular allergen in any establishment. This is because nuts are only one of many allergens that could affect children, and it could create a false sense of security as 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. Useful Links

Allergy UK: https://www.allergyuk.org/about-allergy/types-of-allergies

Benedict's law:
https://benedictblythe.com/benedicts-law
https://www.anaphylaxis.org.uk/education/benedicts-law

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

- Safer Childcare Programme - https://www.anaphylaxis.org.uk/childcare/
- AllergyWise® for clubs and youth organisations online training: https://www.anaphylaxis.org.uk/product/allergywise-for-clubs-and-youth-organisations/
- Allergy awareness V nut bans: The nut free debate

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