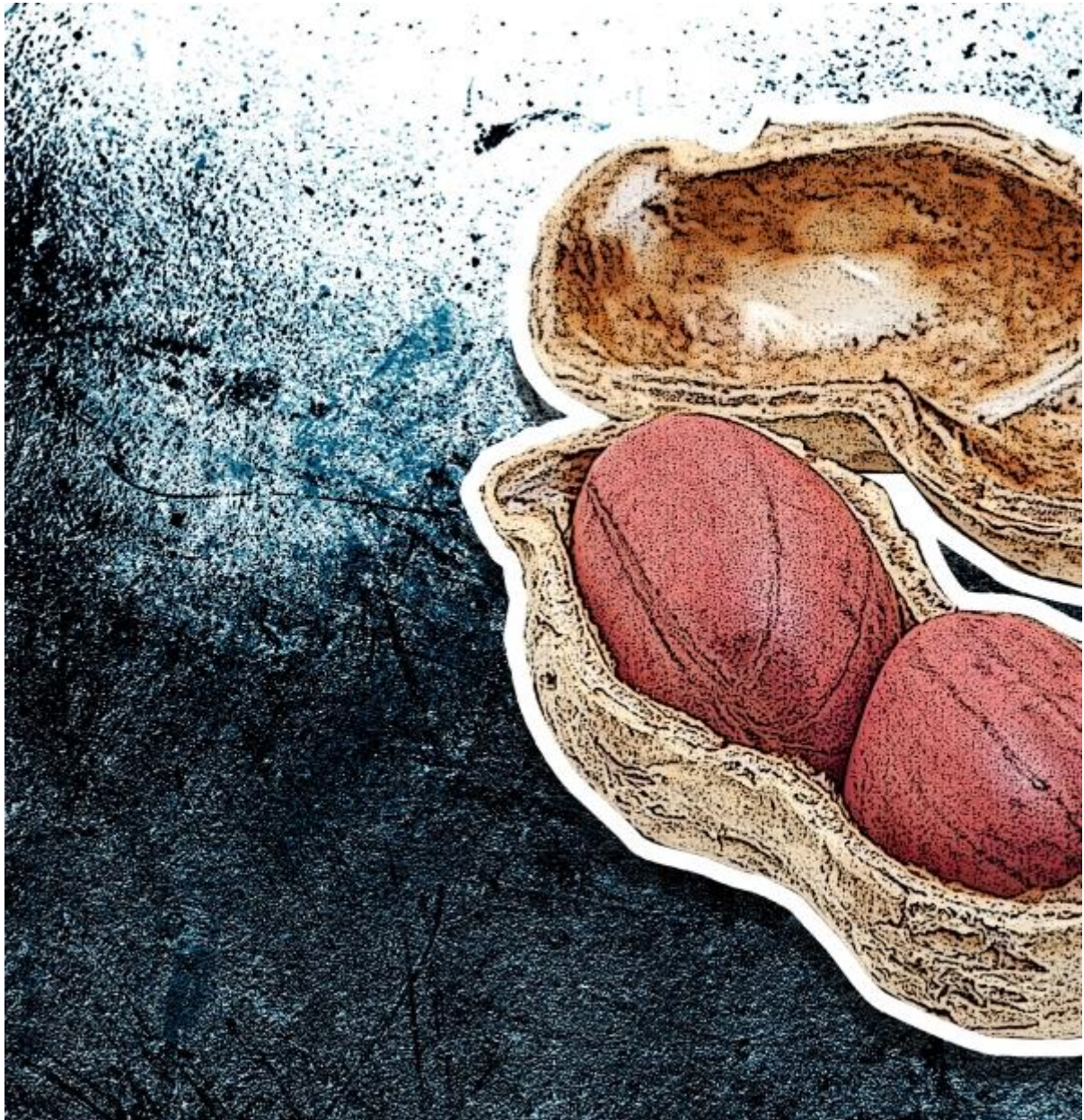


# Allergies in schools: why more action is needed

As many as two in five children suffer from an allergy, putting schools on the front line if anything goes wrong. Yet awareness, training and government guidance in this area are sorely lacking, finds Hannah Fearn

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**Hannah Fearn**

**P** rimary teacher Emma Champion knew something wasn't right when a young child in her class, Jack\*, started behaving oddly. Usually exuberant, he had become uncharacteristically withdrawn after the lunch break.

When she asked if Jack was OK, he complained of an itchy throat. Then a bumpy red rash broke out all over his face and mouth.

Jack was lucky that day. What could have been confused for nettle rash, or simply being hot and tired, was in fact something far more sinister.

An allergy sufferer herself, Champion immediately recognised that her pupil was suffering from an allergic reaction and knew she had to act fast. She quickly gave him a dose of antihistamine medication and disaster was averted.

## Not a one-off

But the event wasn't a one-off: in her 20 years of teaching in the state and independent sectors, Champion has dealt with many allergic reactions at school - and considers herself fortunate that she has not yet had to deliver a life-saving adrenaline injection.

Furthermore, she has seen the consequences when teachers don't understand what is happening or how to manage it.

"I was quite calm about it because I've always known a lot myself about [allergies] but I've seen other staff start to panic," she explains.

"You go into schools and find that some staff just aren't aware of what to look for. I've worked with support staff where it really worries them, particularly in the dining room."

With allergy rates high among children - **as many as 40 per cent of children have an allergy according to a UK government health committee report** - most primary school teachers and many in secondary schools face a good chance of being responsible for the safety of at least one child with a serious allergy.

Yet in the UK, schools are not legally required to have an allergy policy, and many teachers have had no formal training on how to spot and handle an allergic reaction - something that is particularly concerning when you consider that pupils like Jack are too young to explain what is happening to them.

## Falling behind

In 2020, paediatric allergist Professor Adam Fox warned in the medical journal ***Clinical and Experimental Allergy*** that the UK was falling well behind other western nations in managing allergy risks to children in school.

“While progress has been made in Australia and the USA, we continue to lag behind: children are suffering and dying as a result,” he stated.

Though improvements have been made in the past three years, he told *Tes* that the lack of legal obligation on schools to have an allergy policy has left them exposed.

“We really leave schools hanging out to dry. Parents arrive saying children have multiple allergies, multiple life-threatening conditions, and there is very limited statutory guidance. It’s really no guidance at all and there have been these awful cases inside schools,” he says.

“Schools individually come up with something and it’s of very variable quality. Some schools do a brilliant job and others don’t know where to start.”

The issue of allergies is one that often makes the headlines when tragedy strikes.

For example, the very public deaths of teenagers **Natasha Ednan-Laperouse** - which led to the introduction of new rules on the sale of food, known as Natasha’s Law - and **Karanbir Cheema**, who fell unconscious when cheese was thrown at him in a school playground and died 10 days later, underline why allergies have to be taken seriously.

The Department for Education does provide resources for teachers and requires that **children with allergies are catered for** and not excluded from mainstream education because of their needs.

Geoff Barton, general secretary of the Association of School and College Leaders, says this guidance includes “practical measures and advice about food provision” and information on dealing with a severe reaction, which together “seem quite comprehensive”.

School leaders are also advised to take advice from charities such as Allergy UK.

## **A lack of legal obligations**

However, as noted, these legal obligations do not extend to every school having a defined allergy policy to be assessed by inspectors - as a result, support for classroom teachers is lacking.

For example, data from a **survey** carried out by **The Allergy Team** and shared exclusively for this article, found that 39 per cent of classroom teachers admitted that they didn’t know how many pupils in their class had food allergies.

More than a third (38 per cent) didn't know how many carried an adrenaline auto-injector, commonly known by the brand name EpiPen, and 39 per cent said their school did not have any allergy management policy or protocol.

Of the majority who said their school did have a proper allergy policy in place, a third had never been given any allergy training.

Despite this, more than a quarter (26 per cent) of teachers polled said they had been in a situation where they'd had to deal with an allergy, including life-threatening incidents.

All of this is deeply worrying and also incredibly surprising when you realise that allergy is the biggest childhood disease.

In the UK, between 5 and 8 per cent of children under 16 have a diagnosed food allergy, according to the National Institute for Health and Clinical Excellence, and an estimated 40 per cent suffer with a wider set of allergies and intolerances, including reactions to animal dander, dust and pollen.

Wasp and bee stings can also cause anaphylaxis, sometimes with no known prior allergic history.

The allergic reaction to these triggers occurs when the immune system fails to recognise a common substance as safe and behaves as if it is an invading pathogen.

In most cases, this overreaction of the immune system causes minor but uncomfortable symptoms, such as rashes and itching, swelling of the lips, tongue and eyes, and vomiting.

In more severe cases, breathing can be affected, too, leading to wheezing and coughing. In the most dangerous reactions, the immune system provokes a multi-organ shutdown, known as anaphylaxis, which can kill within minutes.

What's more, the severity of previous reactions does not always predict what will occur in future attacks. Just because an allergic child has previously suffered only hives and itching on contact with their allergen, doesn't mean anaphylaxis won't occur the next time.

Allergies are more common among children than adults, with the highest rates covering the earliest years of primary school. Many of the most common food allergies, including egg and milk, are likely to be outgrown by the age of 10, while others - particularly peanut - often persist for life.



## A lack of knowledge

Inside schools, misinformation about allergies is complicating the situation. Many schools are nut-free but research shows that, among children and teenagers, fatal reactions are much more likely to occur **following exposure to cow's milk.**

There are many other less common food allergies that have to be managed, too. Peanut or soy allergic children, for example, may also commonly react to all legumes - including peas, lentils, beans and chickpeas. Fruits from the latex family, such as kiwi, banana and avocado, can also cause reactions.

The confusion that can exist around allergy management in some schools has been witnessed by Lisa Bolton, a school catering assistant from Southampton.

In many schools, external food providers such as her employer were given details of the special diets they had to cater for but had no responsibility for keeping children safe - a situation she believes is dangerous.

“We were aware of all children who had allergies, we had relationships with the children, we had their separate plates. But we had no responsibility for it,” she says.

“I didn't know where they kept their EpiPens, I didn't know who their first aider was. I didn't know their protocol. But when we were at the hatch serving, we could see the whole of the hall. We could potentially catch that child having an allergic reaction earlier.”

The problem is complicated by every institution she works in having different rules for identifying children with allergies, such as wearing lanyards or using different coloured plates at lunchtime.

Bolton's son suffers from allergies, too, and she describes a frustration at trying to help her child's school understand their responsibilities to him. "I don't think there's enough awareness full stop. I feel very much that it has to come from the parents rather than the school," she says.

The problem of allergy management is now so complex that school catering firm Sodexo recently delivered its own webinar for the schools it works with, and invited Fox to speak. The session encouraged every school to draw up a comprehensive allergy management protocol.

"We rely on the schools not only to provide us with information on who requires a special meal but to support us in identifying pupils at the point of service, so we can make sure the right meal goes to the right child," explains Jo Firth, head of health and safety for schools and universities at Sodexo UK and Ireland.

"The webinar emphasised the importance of a whole-school approach to allergen management and introduced our clients to the model allergen policy template that has been developed by [charities] the **Anaphylaxis Campaign** and **Allergy UK**."

## A model allergy policy

That **model allergy policy for schools to use**, which also includes input from the **British Society for Allergy and Clinical Immunology**, is something that Margaret Kelman, head of clinical services at Allergy UK, tells *Tes* is designed to help schools develop a "gold standard" policy to help manage children's allergies safely, "so that children and their parents feel reassured that a robust policy is in place".

"These guidelines have been put together to support school staff to recognise the symptoms of anaphylaxis, administer adrenaline early and encourage whole-school approach to allergy management," she adds.

Fox describes the resource as "as close as we can get" to a basic policy for schools but, of course, it is voluntary and "still needs a lot of traction for everyone to get the most out of it", he says.

Because that work comes with no legal expectation, there is no central data gathered by the DfE or Ofsted on how schools are performing on allergy management, even though, by law, they must embrace and keep safe any child with allergic medical needs and cater for them, including provision of school meals, if desired.

Still, the formation of this cross-sector-developed policy looks like progress. It follows **a decision that came into effect in October 2017**, which gave schools legal permission to buy adrenaline auto-injectors to keep in school in case of anaphylaxis rather than having to rely on children's individually prescribed pens, to manage an emergency situation.

In London, Wandsworth Council used this change in the law to give every school in the borough an “allergy bag”, including pens, and worked with the local hospital, St George’s, to provide training for school nurses and teachers for on allergic reactions and how to manage them.

Nationally, however, there is data on how many schools have taken up the opportunity to buy pens to keep at school. “Sadly, and frustratingly, it remains voluntary,” says Fox.

## Educate yourself

In this environment, Sarah Knight, the founder of The Allergy Team, believes it is up to schools to better educate themselves. Her organisation is establishing a new training programme specifically designed for school leaders to help them negotiate this growing responsibility for their institutions.

Knight was motivated to look more closely at what support schools needed after her own son was refused a place at a pre-school because the nursery lead claimed they couldn’t keep him safe.

“They said they didn’t have a statutory obligation to take him because of his age, and they wouldn’t be able to take him after all because they wouldn’t be able to guarantee his safety,” she says.

“It showed, from a very senior member of staff, the lack of understanding and the discrimination that occurs. And it made me really nervous to be told your worst fear by someone in authority.”

When she created The Allergy Team, many parents reported similar concerns. From this, she set about designing a training course for school leaders and classroom teachers that not only covers all the basics but also how to foster a comprehensive and compassionate understanding of allergy among the whole school community.

Knight says the course “is not just about what to do when it happens, it’s about comfort, mental health and wellbeing”.

It’s about understanding what it’s like to live with a food allergy, the anxiety, and the impact of that on pupils, she says.

That compassion means recognising that avoiding eggs isn’t only important in the canteen: in the classroom, a severely allergic child can’t be involved in junk modelling with egg boxes, or hold eggs or newly hatched chicks when learning about nature and lifecycles. It also means understanding how living with an allergy affects pupils’ ability to relax and focus in school.

As noted earlier, there is a huge array of responses to this issue - and some organisations are more willing than others to talk about it. *Tes* contacted a considerable number of multi-academy trusts to talk about the contents of their allergy policies but the majority declined to comment.



## Taking a proactive stance

However, some trusts have been more willing to open up. Dartmoor Multi Academy Trust wrote a new allergy policy for its network of 17 schools after a decision to take its catering service back in house and the need to ensure it had more direct, top-down policies in place in this area.

The arrival of a new executive chef to lead that change at around the same time as Natasha's Law was brought into force focused minds on the question of allergies, and the decision was made to run one menu across all sites.

Susanne Kiff, chief finance and operations officer at Dartmoor, said the chef made a particular effort to reduce the risks to children with allergies, including from cross contamination - and to make sure all children are able to share food together.

He doesn't use common ingredients, such as egg and milk, if there are alternatives, so that everyone can have the same meal, she explains.

To reassure parents, they are invited to attend school and witness a lunch service to see how the protocol keeps their children safe - something which has proved popular.

Furthermore, when the new policy was published, Dartmoor ran training for the entire staff, delivered by the school nurse, which Kiff says has noticeably lessened teachers' and teaching assistants' anxieties about their responsibility for allergic pupils.

Kiff's advice to schools starting this process is to make the messages straightforward: "Keep it simple to start off with and cover the bases before trying to give the detail."



Meanwhile, in Worcestershire, Oasis Academy Warndon implemented a new allergy policy after realising allergies were becoming a more dominant part of their teachers' health and safety responsibilities; an increasing number of children with allergies were entering the school, bringing a growing number of triggers with them.

For principal Suzanne Owen, the most important part of getting the policy right was to include every member of staff, making sure the whole school body was signed up for training on identifying and treating allergies, such as how and when to administer an EpiPen.

"All staff take on this training," she says, "Everybody is aware that it isn't just a canteen issue. They feel empowered." The school then draws up a more detailed care plan for each individual child, which is managed by their classroom teacher.

Before it was signed off, Warndon's allergy management plan was put to every individual involved outside the school, too - parents and carers, local medical professionals, experts providing allergy guidance and the trainers delivering staff sessions - to make sure all agreed it was suitable.

This is a step Owen recommends to any school going through the same process. She explains: "You're very much ensuring that everyone is part of the development of the draft and in the agreement of the policy."

These are the steps you need to take "to make sure that every child is safe", she says.

## The legal issue

This is important not just to protect the pupils but to help the school protect itself from the legal fallout, should an incident occur, as Natalie Wargent, a senior associate at the law firm VWV, explains.

"You'd be amazed who some of these duties are delegated to. For example, it's the school receptionist who has to give the EpiPen. If you're dealing with a child in anaphylaxis, every second counts. You haven't got time to go and get the policy and consider it," she warns.

Having well-educated classroom teachers can prevent exposure should the unthinkable occur on school grounds. In the case of the worst possible outcome - a death by anaphylaxis - an inquest into the school's safeguarding will certainly take place and it could be followed by a civil claim for negligence.

"If you have a policy that sets out what you do, and that policy was reasonable and followed, then it would put the school in the best position to manage those processes and the traumatic experience that they will have to deal with as a fallout from a death," Wargent says.

This puts a lot of pressure on schools to get it right - and, as we have heard, many are concerned there is not the time or effort being given to this at a sector-wide level.

In response to these issues, a spokesperson for the DfE said it was mandatory that every school met its expectations around the management of allergies, and said its guidance was updated regularly - most recently after the introduction of Natasha's Law in 2021.

"Our statutory guidance explains your responsibilities in supporting pupils at school with medical conditions. You should make sure that you support pupils with any medical conditions in school. This could include ensuring that a child with an allergy is able to eat a school lunch."

Knight, however, has a more urgent demand for change and has written to the department urging ministers to demand that food allergies are placed at the heart of school welfare practices.

"Without proper management, a severe allergic reaction can have catastrophic consequences for the entire school community," she warns.

"It is not good enough just to have a handful of staff EpiPen trained - a lack of knowledge puts lives in danger."

*\*Name has been changed*

## **Allergies that teachers are likely to encounter in the classroom - and how to spot an allergic reaction when it happens**

By law, schools must be able to provide food for pupils with allergies and identify the top 14 allergens in all their catering. The most common allergens are nuts, peanuts, eggs, milk and soya. Schools must also be aware of foods containing celery, cereals with gluten (such as wheat, barley and oats), crustaceans (such as prawns), fish, lupin (a legume), molluscs, mustard, sesame and sulphites.

Mild allergic reactions often start with an itchy, red rash, known as hives, and can progress to include widespread itching, tingling of the mouth and lips, and swelling of the eyes, lips or tongue. Some sufferers will also experience vomiting.

Severe reactions involve the respiratory system. Signs to look out for include wheezing, coughing and fighting for breath. As soon as breathing is affected, adrenaline should be administered.

Rarely, a reaction may progress to anaphylactic shock. Symptoms of anaphylaxis include shallow breathing, feeling faint, wheezing, a rapid heartbeat, feelings of doom, confusion or anxiety and changes in consciousness.

*Hannah Fearn is a freelance journalist*

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