



ALLERGY AND ANAPHYLAXIS POLICY

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1. AIMS AND OBJECTIVES

This policy outlines Ayscoughfee Hall School's approach to allergy management, including how the whole-school community works to reduce the risk of an allergic reaction happening and the procedures in place to respond if one should occur. It also sets out how we support our pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an allergy aware school.

This policy applies to all staff, pupils, parents and visitors to the school and should be read alongside these other policies:

- Anti Bullying Policy
- Behaviour Policy
- Crisis Management Policy
- EDI Policy
- First Aid Policy
- Health and Safety Policy
- Safeguarding and Child Protection Policy
- Supporting Children with Medical Conditions in School Policy

2. WHAT IS AN ALLERGY?

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

3. DEFINITIONS

ANAPHYLAXIS: Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

ALLERGEN: A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by UK law to be highlighted on pre-packed food. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

ADRENALINE AUTO-INJECTOR: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAI, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this Policy, we will refer to them as Adrenaline Pens.

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

DESIGNATED ALLERGY LEAD: The member of staff responsible for overseeing allergy management across the school and acting as the main point of contact for pupils, parents and staff.

NEFFY: Neffy (official name in the UK is EURNeffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector approved.

INDIVIDUAL HEALTHCARE PLAN: A detailed document outlining an individual pupil's medical conditions, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. All pupils with an allergy should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.

RISK ASSESSMENT: A detailed document outlining an activity, the risks it poses, and any actions taken to mitigate those risks. Allergy should be included on all risk assessments for events on and off the school site.

SPARE ADRENALINE PENS: Schools are able to purchase spare adrenaline pens. These should be held as a back-up, in case pupils' prescribed adrenaline pens are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

4. ROLES AND RESPONSIBILITIES

Ayscoughfee Hall School takes a whole-school approach to allergy management.

4.1 Designated Allergy Lead

The Designated Allergy Lead is Mrs J Jeffries – (Deputy Headteacher, Deputy Designated Safeguarding and Wellbeing Lead). They report into Mrs T Wright, (Headteacher and Designated Safeguarding Lead). They are responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils and staff with an allergy.
- Taking decisions on allergy management across the school.
- Championing and practising allergy awareness across the school.
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management.
- Ensuring allergy information is recorded, up-to-date and communicated to all staff. On a day-to-day basis, the collation of information is delegated to Mrs T Staples, School Secretary and First Aid Appointed Person.

- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment).
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures.
- Reviewing the school's stock of spare adrenaline pens (check the school has an appropriate number for the setting, that they hold the correct dose, that spare adrenaline pens are stored appropriately) and ensuring staff know where they are – this responsibility is delegated to Mrs T Staples as above.
- Keeping a record of any allergic reactions or near-misses, reporting these to the appropriate authority (e.g. Under RIDDOR) where necessary and ensuring the circumstances are investigated and learnings shared.
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy; and
- Ensuring there is an anaphylaxis drill once a year.

At regular intervals the Designated Allergy Lead will check procedures and report to the SMT.

4.2 First Aid Appointed Person

Mrs T Staples, School Secretary and First Aid Appointed Person, is responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families (this is likely to involve liaising with the admissions team for new joiners).
- Supporting the Designated Allergy Lead with disseminating this information to all school staff, including the catering team, occasional staff and those running clubs.
- Ensuring the information from families is up-to-date and reviewed annually (at a minimum). Coordinating medication with families and ensuring medication is in date.
- Keeping an adrenaline pen register to include adrenaline pens prescribed to pupils and the school's stock of spare adrenaline pens, including brand, dose and expiry date. The location of spare adrenaline pens should also be documented.
- Regularly checking spare adrenaline pens are where they should be, and that they are in date.
- Replacing the spare adrenaline pens when necessary.
- Providing on-site adrenaline pen training for staff and pupils and refresher training as required e.g. before school trips

4.3 Admissions Team

The admissions team is likely to be the first to learn of a pupil or visitor's allergy. They should work with the Designated Allergy Lead and First Aid Appointed Person to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity; this should be in place before a school visit, an Open Day or Taster Days if food is offered or likely to be eaten.

- There is a clear structure in place to communicate this information to the relevant parties (i.e. wider staff, catering team).
- Parents and applicants are informed of catering arrangements during admission events; and
- Plans are made for emergency medication if the child is to be left without parental supervision.

4.4 All staff

All school staff, including teaching staff, support staff, occasional staff (for example sports coaches, music teachers and those running wraparound care/after school clubs are responsible for:

- Championing and practising allergy awareness across the school.
- Reading, understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures, and asking for support if needed.
- Being aware of pupils (and staff, when necessary) with allergies and what they are allergic to.
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate.
- Ensuring pupils always have access to their medication or carrying it on their behalf. This will depend on factors such as the age of the child and decisions will be made on an individual basis in conjunction with parents.
- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training.
- Taking part in training and anaphylaxis drills as required (at least once a year). Whilst it is the school's responsibility to ensure staff have received annual training, if the member of staff is aware they have not received any allergy training in the last 12 months they should alert a manager.
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times. Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy.
- Forwarding any communication or information that comes directly to them from parents regarding allergens to the first aid and allergy leads; and
- Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving school site, for a match or trip.

4.5 All parents

All parents and carers (whether their child has an allergy or not) are responsible for:

- Being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies.
- Providing Mrs Staples (First Aid Appointed Person) in the school office with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They

should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema.

- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events.
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice; and
- Encouraging their child to be allergy aware.

4.6 Parents of children with allergies

In addition to point 4.5, the parents and carers of children with allergies should:

- Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan.
- If applicable, provide the school or their child with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, i.e. spoon or syringe), inhalers or creams.
- Ensure medication is in-date and replaced at the appropriate time.
- Ensure their child has access to their allergy medication, including two adrenaline pens if prescribed, on the journey to and from school.
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too.
- Sign the associated permission for an up-to-date photograph and details of their child's condition to be shared appropriately as part of their allergy management; and
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring e.g. not eating the food to which they are allergic.

4.7 All pupils

All pupils at the school should:

- Be allergy aware.
- Understand the risks allergens might pose to their peers and respect measures to support them.
- Learn how they can support their peers and be alert to allergy-related bullying.
- Older pupils will learn how to recognise an allergic reaction and support their peers and staff in case of an emergency; and
- Understand that when food is brought into school for any reason e.g. birthdays or other celebrations it will be individually wrapped up and sent home with pupils at the end of the day
- Know that when in school they cannot share or swap any food with other children

[All of the above should be done in an age and capability appropriate way.]

4.8 Pupils with allergies

In addition to point 4.7, pupils with allergies, depending on their age and capability, are responsible for:

- Knowing what their allergies are and how to mitigate personal risk.
- Avoiding their allergen as best as they can.
- Understanding the importance of following the school specific processes of lunch and snack services and how that mitigates risk.
- Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction.
- Understanding how and when to use their adrenaline auto-injector.
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy.
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies.
- If age and capability appropriate, ensuring they have their medication with them on the journey to and from school.

5. INFORMATION AND DOCUMENTATION

5.1 Register of pupils with an allergy

The school has a register of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as pupils with an allergy where no adrenaline pens have been prescribed.

5.2 Individual Healthcare Plans

Each pupil with an allergy has an Individual Healthcare Plan. The information on this plan includes:

- Known allergens and risk factors for allergic reactions.
- A history of their allergic reactions.
- Detail of the medication the pupil has been prescribed including dose, this should include adrenaline pens, antihistamine etc.
- A copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis.
- A photograph of each pupil; and
- A copy of their Allergy Action Plan. See definitions for the BSACI templates.

6. ASSESSING RISK

Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food lessons or cooking.
- Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk.
- Running activities or clubs where they might hand out snacks or food “treats”. Ensure safe food is provided or consider an alternative non-food treat for all pupils; and
- Planning special events, such as cultural days and celebrations.

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity. The School will ensure compliance with the Equality Act 2010.

7. FOOD, INCLUDING MEALTIMES & SNACKS

7.1 Catering in school

The school is committed to providing a safe meal for all students, staff and visitors, including those with food allergies.

- Due diligence is carried out with regard to allergen management when appointing catering providers. We use Ideal Foods as our hot lunch provider.
<https://www.idealschoolmeals.co.uk/?ideal>
- Schools with Early Years settings should adhere to new [Early Years Foundation Stage statutory guidance](#). The “Safer Eating” section has the relevant information for allergies. The key procedures are listed below:
 - A member of staff with a valid paediatric first aid certificate must be present at all times when children are eating.
 - Prior to admission, information must be obtained about each child’s dietary needs, allergies, intolerances, and health requirements. This must be shared with all staff involved in food preparation and handling.
 - At every mealtime and snack time, a designated member of staff must check that each child’s food meets their specific requirements.
 - The school will work with parents/carers (and health professionals where appropriate) to create and maintain up-to-date allergy action plans for children with known allergies or intolerances.
 - All staff must be aware of allergy symptoms, treatments (including anaphylaxis), and understand the difference between allergies and intolerances. Staff should also be aware that allergies can develop at any time.
- Anyone preparing food will follow good hygiene practices, food safety and allergen management procedures and will receive relevant and appropriate allergen awareness training.

- The lunchtime supervisors will endeavour to get to know the pupils with allergies and what their allergies are, supported by other school staff.
- The catering provider will endeavour to provide varied meal options to students and staff with allergies.
- The school has robust procedures in place to identify pupils with food allergies. The school maintains an up-to-date medical list of all pupils, including details of food allergies and intolerances. The School Office is responsible for ensuring this information is accurate and regularly reviewed. A separate allergy register, including photographs of pupils with allergies, is maintained and shared with all staff. This provides a clear visual identification system, particularly for younger pupils. At mealtimes, staff supervising pupils (including teaching staff and lunchtime supervisors) carry out visual checks and confirm dietary needs using the allergy register and their knowledge of the pupils. Key allergy information is displayed and accessible to ensure all staff are informed. Any updates, changes or concerns regarding pupil allergies are shared with staff through safeguarding briefings and staff meetings and are formally recorded in meeting minutes. In the event of staff absence, all staff have access to the medical list and allergy register to ensure continuity of safe practice. These identification procedures are particularly important for younger pupils, who may be less able to manage their own allergies independently.
- It is the parents' responsibility when ordering food from the lunch provider to check for food containing the main 14 allergens (see Allergens definition) and other ingredient information as needed.
- Pre-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging.
- Where changes are made to the ingredients this will be communicated to pupils with dietary needs.
- If products with Precautionary Allergen Labelling or "May Contain" labelling are being used in school then the school will check with the parents of any child with allergens to see if the item is suitable or not.
- On the rare occasions that food is sold on site (for example PTFA events), usual school procedures will be followed, and parents will have the responsibility for checking any products that are purchased.

7.2 Food brought into school

The school requests that children only bring in cakes if they are celebrating a birthday or a significant occasion – for example, Eid. On these occasions, any food brought into school to share with other children will be sent home rather than consumed in school. This will allow parents to make an informed decision as to whether their child may eat them.

7.3 Food bans or restrictions

- This school is an Allergen Aware school. We have students with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food.
- We try to restrict all peanuts and tree nuts much as possible on the site and check all foods coming into school.

- All food coming onto school premises or taken on a school trip or to a match should be checked to ensure peanuts and tree nuts are not an ingredient in another product. Please check the label on all foods brought in. Common foods that contain these goods as an ingredient include packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces.

7.4 Food hygiene for pupils

- Pupils will wash their hands before and after eating.
- Sharing, swapping or throwing food is not allowed.
- Water bottles and packed lunches should be clearly labelled

8. EDUCATIONAL VISITS AND SPORTS FIXTURES

- Staff leading the trip will have a register of pupils with allergies and details of their medication. Staff should notify the trip leader of any allergies.
- Allergies will be considered on the risk assessment and catering provision put in place.
- Parents, and pupils where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay.
- Staff (and some pupils, if appropriate) accompanying the trip will be trained to recognise and respond to an allergic reaction.
- Packed lunches provided by the school provider to be taken on the visit will follow usual procedures and it is the responsibility of the parent to check for allergens before ordering the packed lunch option.
- If attending Match Tea at another school, details of their dietary requirements will be sent ahead to ensure they have a safe meal.
- See Adrenaline Pens section (section 13) for School Trips and Sports Fixtures.

9. INSECT STINGS

Those with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and when possible keep arms and legs covered.
- Avoid wearing strong perfumes or cosmetics; and
- Keep food and drink covered.

The school site maintenance person will monitor the grounds for wasp or bee nests. Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.

10. ANIMALS

It's normally the dander (flakes of skin) saliva or urine that causes a person with an animal allergy to react.

Precautions to limit the risk of an allergic reaction include:

- A pupil with a known animal allergy should avoid the animal to which they are allergic.
- If an animal comes on site a risk assessment will be done prior to the visit.
- Areas visited by animals will be cleaned thoroughly.
- Anyone in contact with an animal will wash their hands after contact.
- If an animal lives on site, for example in a Boarding House, pupils, parents and staff will be made aware and consideration and adaptations will be made; and
- School trips that include visits to animals will be carefully risk assessed.

11. ALLERGIC RHINITIS/ HAY FEVER

For pupils experiencing allergic rhinitis (hay fever), management will be in line with the school's First Aid Policy. Needs will be considered on an individual basis, and appropriate adjustments will be made to reduce exposure to allergens. This may include measures such as repositioning pupils away from open windows during high pollen periods, implementing additional cleaning routines to minimise dust and making other reasonable adaptations as required to support the child's wellbeing.

12. INCLUSION AND MENTAL HEALTH

Allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety and depression and are more susceptible to bullying.

- No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip.
- Pupils with allergies may require additional pastoral support including regular check-ins from their class teacher/the allergy lead etc;
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives; and
- Bullying related to allergy will be treated in line with the school's anti-bullying policy.

13. ADRENALINE PENS

[See the government guidance on Adrenaline Pens in Schools.](#)

13.1 Storage of adrenaline pens

- Pupils prescribed with adrenaline pens will have easy access to two, in-date pens at all times.
- One pen will always be kept in the school office, in a named box with the child's individual allergy action plan inside and their photograph on the box lid. These pens will always be stored on top of the filing cabinet to the left of Mrs Staples desk. All staff should make themselves aware of where these auto injector pens can be found.
- Children with auto-injector pens will have an individual risk assessment, carried out in conjunction with parents, to determine how the auto-injector pen is stored in school. This may vary from child to-child, depending on the type of allergy, likelihood of exposure to risk etc.
- The second auto injector pen should always be in the vicinity of the child for whom it is prescribed, the following apply. For the majority of the time this will be the child's usual classroom and the pen should be stored safely and a sign displayed clearly showing where it is. The child should be able to access this themselves and all members of staff should know where to find it.
- If the child is out of the school, whether on a visit, sports fixture or for outdoor PE, both auto injector pens should be taken with them and carried by the member of staff who is directly responsible for supervising that child.
- At lunchtimes, should an anaphylaxis incident occur, one member of staff should immediately go to the school office for the relevant auto injector pen. Whilst this is being administered, a midday meal supervisor or other adult on duty should use their 'Green Card' to summon the class teacher, headteacher or deputy headteacher who will bring the second auto injector pen to the scene.
- Spot checks will be made to ensure adrenaline pens are where they should be and in date.
- Adrenaline pens must not be kept locked away.
- Adrenaline pens should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator); and
- Used or out of date pens will be disposed of as sharps.

13.2 Spare adrenaline pens

This school has 2 spare adrenaline pens (one adult and one child) to be used in accordance with government guidance.

The location of spare adrenaline pens is clearly signposted. This is the school office.

Brand : Mylan

1 Epipen Jr – 150mcg/0.3ml

1 adult Epipen – 300mcg/0.3ml

The Allergy Lead and First Aid Appointed Person are responsible for:

- Deciding how many spare pens are required
- What dosage is required, based on the Resuscitation Council UK's age-based guidance (see page 11);
- Which brand(s) to buy. Schools are recommended to buy a single brand if possible, to avoid confusion.
- The purchasing of spare adrenaline pens which can be obtained at low cost from a local pharmacy. See government guidance above; and
- Distribution around the site and clear signage.

13.3 Adrenaline pens on off-site activities

- No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own devices. It is the trip leader's responsibility to check they have them.
- Adrenaline pens will be kept close to the pupils at all times e.g. not stored in the hold of the coach when travelling or left in changing rooms.
- Adrenaline pens will be protected from extreme temperatures.
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction.

14. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See Appendix 1 & 2 for worksheets on recognising and responding to an allergic reaction

If a pupil has an allergic reaction:

- Treat the pupil in accordance with their Allergy Action Plan.
- Instigate the school's Crisis Management Plan.
- If anaphylaxis is suspected administer adrenaline without delay.
- Treat the pupil where they are. Lie them down with their legs raised and bring medication to them.
- Use pupil's own prescribed medication if immediately available.
- Pupil can administer the adrenaline pen themselves (if able to) or a member of staff can administer pen. Ideally the member of staff will be trained, but in an emergency, anyone can administer adrenaline.
- If the pupil's own adrenaline pen is not available or misfires, then use a spare adrenaline pen.
- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or Allergy Action Plan, lie the pupil down with their legs raised, call 999 and explain anaphylaxis is suspected. Inform the operator that spare adrenaline pens are available and follow instructions from the operator. The MHRA says that in exceptional circumstances, a spare adrenaline pen can be administered to anyone for the purposes of saving their life.

- If, after 5 minutes, there is no improvement, use a second adrenaline pen and call the emergency services again and inform them that a second dose of adrenaline has been given.
- Do not move the pupil until a medical professional/ paramedic has arrived, even if they are feeling better.
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany them in an ambulance until a parent or guardian arrives.
- Any used Adrenaline Auto Injectors should be given to the paramedic attending.

15. TRAINING

15.1 The school is committed to training all staff annually to give them a good understanding of allergy.

This includes:

- Understanding what an allergy is.
- How to reduce the risk of an allergic reaction occurring.
- How to recognise and treat an allergic reaction, including anaphylaxis including having opportunities to practise with a training adrenaline auto-injector.
- How the school manages allergy, for example Crisis Management Plan, documentation, communication etc.
- Where adrenaline pens are kept (both prescribed pens and spare pens) and how to access them.
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying.
- Understanding food labelling; and
- Taking part in an anaphylaxis drill.

15.2 The school will carry out an anaphylaxis drill once a year.

This includes:

- An exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the whole school response.

16. ASTHMA

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions. Refer to the First Aid Policy for procedures for Asthma.

17. REPORTING ALLERGIC REACTIONS

The school will log allergic reaction incidents and near-misses. See Appendix 2 for the Reporting Allergic Reactions form.

This policy was approved by the Governing Body on 30th June 2026

Any reference to the word 'School' implicitly includes all its associated clubs/activities including Kids Club. This policy also applies to EYFS

PREPARED BY	AUTHORISED BY	LAST REVIEWED	REVIEW DATE	NO. OF PAGES
SMT	Theresa Wright	Summer 2026	Summer 2027	15

Appendix 1 Managing Allergic Reactions



MANAGING ALLERGIC REACTIONS

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen.

Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

Response:

- Stay with pupil
- Call for help
- Locate adrenaline pens
- Give antihistamine
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**. Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.

People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

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Appendix 2 Responding To Anaphylaxis



RESPONDING TO ANAPHYLAXIS

SYMPTOMS OF ANAPHYLAXIS

A – Airway

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen Tongue

B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

C - Circulation

- Persistent dizziness
- Pale or floppy
- Sleepy
- Collapse or unconscious

IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE.

DELIVERING ADRENALINE

1. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
3. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
5. Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
6. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
7. Call the pupil's emergency contact.
8. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
9. Start CPR if necessary.
10. Hand over used devices to paramedics and remember to get replacements.

For more information see the Government's [Guidance for the use of adrenaline auto-injectors in schools](#).

