Allergy Safety Policy

This policy, which applies to the whole school, inclusive of boarding, is publicly available on the school website and upon request a copy (which can be made available in large print or other accessible format if required) may be obtained from the school Compliance Office.

Owner: Deputy Head Pastoral

Approving Body: Safeguarding and Wellbeing Committee

Date of last Review: September 2026

Date of next Review: September 2027

Linked Polices, Procedures and Resource Materials:

- Medical Care Policy
- Administration of Medications Policy
- First Aid Policy
- Asthma Policy
- Anti-Bullying Policy
- Data Protection Policy
- Data Retention and Storage Policy
- Educational visits policy
- Bee Keeping Risk Assessment

KEY CONTACTS

The Allergy Safety Governor is:

Dr Nkem Onyeador	**onyeadorn@woldinghamschool.co.uk**

The Designated Allergy Leads are:

Ms Liz Roche – Director of Finance and Operations	**rochee@woldinhamschool.co.uk** **01883 654202** **07825 436718**
Mrs Pascale Accary – Lead Nurse	accaryp**@woldinghamschool.co.uk** **01883 654238**

AIMS AND OBJECTIVES

This policy outlines Woldingham School's approach to allergy management, in line with the Department for Education's statutory guidance published in 2026 (Supporting children and young people with medical conditions and allergy). It also anticipates the likelihood of Benedict's Law coming into force in 2027.

Benedict's Law will introduce a consistent national framework for allergy safety in schools, requiring whole-school allergy policies, mandatory staff training, access to adrenaline devices, and the creation of Individual Healthcare Plans for students with allergies.

This policy outlines how the whole-school community works to reduce the risk of an allergic reaction occurring, and the procedures in place to respond effectively if one does.

It also sets out how the School supports its students with their allergies to ensure their wellbeing and inclusion, as well as demonstrating its commitment to being an Allergy aware School.

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.

An allergy is different to an intolerance. Whilst an intolerance may cause uncomfortable symptoms it does not involve the immune system.

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. A person 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, referred to as the "main 14" in this template. 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 AAIs, 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 Devices or ADs to include other adrenaline devices such as EURNeffy (see below).
ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan. At Woldingham this document is scanned in to iSAMS and a hard copy kept in the Health Centre. The template is below.

Paediatric Allergy Action Plans - BSACI

ASTHMA: Asthma is a common, long-term condition which effects the lungs. People with asthma have airways that are more sensitive and can become inflamed and narrow on exposure to certain triggers. This can lead to difficulty in breathing. See the Asthma Policy for further details

CATERING TEAM ALLERGY CHAMPION : The catering team trains a number of staff members as allergy champions to provide accurate information about food to students, staff and visitors at the point of service.

DESIGNATED ALLERGY LEAD: The member of staff responsible for overseeing allergy and asthma management across the school and acting as the main point of contact for students, parents and staff. This is referred to as the named senior leader in the statutory guidance.

EMERGENCY RESPONSE PLAN: A document (also known as a Critical Incident Plan) that outlines a school's procedure for managing an emergency and should be fit for purpose to manage a serious allergic reaction (anaphylaxis).

EURNEFFY: EURNeffy (also known as Neffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector**.**

INDIVIDUAL HEALTHCARE PLAN: A detailed document outlining an individual student's condition, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, students. All students 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 PENS: From 2017 schools have been able to purchase spare adrenaline pens. These should be held as a back-up, in case students' own 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. Further guidance can be found here.

ROLES AND RESPONSIBILITIES

Woldingham School takes a whole-school approach to allergy management.

Named Allergy Governor

They work in partnership with the Designated Allergy Lead to ensure allergy safety is overseen at governing body level. They are responsible for:

- Ensuring allergy-related risks are included on the school's risk register and actively managed by the governing body;
- Providing strategic oversight of the school's Allergy Safety Policy, ensuring it is reviewed at least annually and published on the school's website;
- Acting as the governing body's named point of contact for allergy-related matters;
- Satisfying themselves that the school's allergy management arrangements meet legal and statutory requirements and reflect best practice;
- Receiving regular updates from the Designated Allergy Lead and ensuring the governing body is appropriately sighted on allergy compliance; and
- **Reviewing records of allergic reaction incidents and near-misses and ensuring the school acts on any learnings to reduce the risk of future incidents.**

Designated Allergy Lead

The Designated Allergy Leads are named in the key contacts above and report to the Deputy Head Pastoral and Head Teacher. They are responsible for:

- Leading the publication and implementation of a school-wide Allergy Safety Policy;
- Ensuring the safety, inclusion and wellbeing of students with allergies
- Taking decisions on allergy management across the school
- Championing and practising allergy awareness across the school
- Being the overarching point of contact for staff, students and parents with concerns or questions about allergy management
- Ensuring allergy information is recorded, up-to-date and communicated to all staff (although they have ultimate responsibility, the collation and management of records is delegated to the school's lead nurse who will escalate queries or concerns as required)
- 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, students and parents have a good awareness of the school's Allergy Safety Policy, and other related procedures
- Auditing the stock of the school's spare adrenaline devices (checking the school has an appropriate number for the setting, that they hold the correct dose, that spare adrenaline devices are stored appropriately) and ensuring staff know where they are
- Keeping a record of any allergic reactions or near-misses, reporting these to the governing body and appropriate authority (e.g. Under RIDDOR) where necessary, investigating the incidents and ensuring that the findings of investigations into incidents are used to update relevant policies and procedures.
- Regularly reviewing and updating the Allergy Safety Policy
- Ensuring there is an Anaphylaxis Drill once a year (this may be in the form of a table top exercise or as a live scenario) and that lessons learned are used to update the allergy safety policy and school procedures as appropriate.

The Designated Allergy Lead will monitor implementation of this policy, review procedures at regular intervals and report to the rest of the senior leadership team and Named Allergy Governor as appropriate.

School Health Centre team

The Lead Nurse (and in their absence, all Woldingham school nurses) is responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families to ensure that arrangements are in place before the student starts, or within 2 weeks for a mid-year transfer, liaising with the admissions team as needed;

- Working with HR to keep an updated list of staff with allergies (and creating an individual healthcare plan if necessary) and ensuring arrangements are in place to support them;
- Support the Designated Allergy Leads on how this information is disseminated 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. Whilst it's the parents and carers responsibility to ensure medication is up to date, the nursing team supports the House Parents and Heads of Years to check this and notify the parents when they see the expiry date is approaching
- Keeping an adrenaline pen register to include Adrenaline Pens prescribed to students and Spare Pens, including brand, dose and expiry date. The location of Spare Pens should also be documented.
- Regularly checking spare pens are where they should be, are easily accessible in case of emergency, and that they are in date
- Replacing the spare pens when necessary
- Providing on-site adrenaline pen training for other members of staff and students and refresher training as required eg. before school trips
- Ensuring paperwork is accurate, up to date and compliant.
- Ensuring oversight of the Allergy Safety Policy, ensuring compliance and escalating any concerns to the Designated Allergy Leads as needed.

Admissions Team

The admissions team is likely to be the first to learn of a student or visitor's allergy. They should work with the Designated Allergy Leads and school nursing team to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity including 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. school nursing team, catering team)
- Visiting parents and applicants (for example at Open Days and events) are aware of the catering set up and if food is to be offered and plans for medication if the child is to be left without parental supervisionPlans are made for emergency medication if the child is to be left without parental supervision; and
- There is liaison with the child's previous school, or future school to ensure a smooth transition between settings.

All staff

All school staff, to include teaching staff, support staff, boarding staff, occasional staff (for example sports coaches, music teachers and those running breakfast and afterschool clubs) are responsible for:

- Championing and practising allergy and asthma awareness across the school

- Reading, understanding and putting into practice the Allergy Safety Policy and related procedures, and asking for support if needed
- Being aware of students (and staff, when necessary) with allergies and what they are allergic to
- Considering the risk to students with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate.
- Ensuring students always have access to their medication or carrying it on their behalf if necessary
- 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 students with allergies at all times
- Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy. 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 School Healthcare Team
- Ensuring that students have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving the school site for a match or trip.
- Liaising with the Health Centre to increase their knowledge of students with allergies as required.

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 Safety Policy and considering the safety and wellbeing of students with allergies
- Providing the school nurse team 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, hayfever, 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
- Encouraging their child to be allergy aware

Parents of children with allergies

In addition to point above, parents and carers of children with allergies are responsible for:

- Working with the school to accurately complete an Individual Healthcare Plan and provide an accompanying Allergy Action Plan
- If applicable, providing their child (or the school in discussion with the Health Centre) with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, ie. spoon or syringe), inhalers or creams
- Ensuring medication is in-date and replaced at the appropriate time
- Ensure their child has access to their allergy medication, including two adrenaline devices, if prescribed, on the journey to and from school;
- Updating the School with any changes to their child's condition and ensuring the relevant paperwork is updated
- Providing the school with an up-to-date photograph of their child if requested and sign the associated permission for it to be shared appropriately as part of their allergy management
- Supporting 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 eg. not eating the food they are allergic to.

All students

All students at the school are responsible for:

- Being allergy aware
  Understanding the risks allergens might pose to their peers and respect measures to support them;
- Learning how they can support their peers and be alert to allergy-related bullying.
- If age-appropriate, recognising and responding to an allergic reaction and supporting their peers and staff in case of an emergency
- Adhering to the school's food restrictions when students bring in food from home or order food to school and speaking to a member of staff if they are unclear

Students with allergies

In addition to the point above, students with allergies 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
- If age-appropriate, carrying two adrenaline auto-injectors with them at all times, only using them for their intended purpose
- Understanding how and when to use their adrenaline auto-injector and only using them for their intended purpose;
- Ensuring they have their medication with them on the journey to and from school.
- Talking to either of the Designated Allergy Leads 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
- Knowing what to do if they are permitted to leave the school site (during the school day or during Boarding times) and they have an allergic reaction off school premises. This should include how to treat themselves and raise the alarm to get help.

INFORMATION AND DOCUMENTATION

Register of students and staff with an allergy

The school has a register of students and a record of staff who have a diagnosed allergy. This is stored on iSAMS. This includes children and staff who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as students and staff with an allergy where no adrenaline pens have been prescribed.

Each student with an allergy requiring active management by the school has an Individual Healthcare Plan. The information on this plan includes:

- Known allergens and risk factors for allergic reactions and any adaptations needed
- A history of their allergic reactions
- If the student has asthma and any other medical conditions and necessary detail
- Details of the medication the student 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, and asthma inhalers.
- An indication of how the child's condition may impact on their learning or wellbeing;
- If the child is able to take responsibility for their condition including in an emergency;
- A photograph of each student and emergency contact details; and
- A copy of their Allergy and/or Asthma Action Plan.

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 students.
- Planning special events, such as cultural days and celebrations

Inclusion of students with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity. Where cooking activities have been outsourced, suitable levels of due diligence will take place by the person responsible for the activity. The School will ensure compliance with the Equality Act 2010.

FOOD, INCLUDING MEALTIMES & SNACKS

CATERING IN SCHOOL

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

- Due diligence is carried out with regard to allergen management when appointing catering providers
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training
- Anyone preparing food for students and staff with allergies will follow good hygiene practices, food safety and allergen management procedures
- The catering team will endeavour to get to know the students and staff with allergies and what their allergies are supported by all school staff.
- The school has robust procedures in place to identify students and staffwith food allergies, including alert posters in staff areas detailing students and staff with allergies, iSAMS alert flags viewable by all teaching staff and information sharing with the catering department.
- The school's catering team has labelling procedures in place.
- Food containing the main 14 allergens (see Allergens definition) will be clearly identified for studentsstaff and visitors, who must attend the allergy counter in the dining hall, by the Allergy champion . Other ingredient information will be available on request.

- When hospitality is ordered, food must be accompanied by a form of menu or label that provides a detailed description of the items available. The hospitality and snack allergen checker FS13 will be completed for every service and for all food items which will be available for students, staff and visitors to check independently
- Pre-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging.
- The FS13 Allergen Checker contains information regarding which allergens are present or may be present ('May Contain') in each item or dish.
- The Catering Team do not use tree nuts or peanuts in the school kitchens however, they are unable to guarantee that food served are totally free of any specific allergens due to the use of precautionary allergy statements such as 'may contain' which are used by suppliers.
- Where food is sold on site, allergy inclusive options are also available and allergy identification methods are the same as detailed above.
- Packed lunches for school activities are prepared by the school's catering department.
- All food provided by the School's catering team will follow these procedures.

FOOD BROUGHT INTO SCHOOL (NOT PROVIDED BY SCHOOL CATERING TEAM)

- Students are regularly reminded that they should not bring in foods with nuts.
- During school 'bake sales' students will be encouraged to provide prepackaged alternatives for those with dietary requirements and allergies.
- If food items prepared at home are brought in for 'bake sales', students and staff are required to complete the school's allergy matrix.

FOOD BANS OR RESTRICTIONS

- The School is an Allergen Aware school. There arestudents with a wide range of allergies to different foods, so a considered approach to bringing in food is encouraged.
- The School endeavours to restrict all nuts as much as possible on the site and check all foods coming into the kitchen.
- All food arranged by the school should be checked to ensure nuts are not an ingredient in another product. Staff should 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

FOOD HYGIENE FOR STUDENTS

- Students 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
- Students should only prepare food in designated areas.

EDUCATIONAL VISITS AND SPORTS FIXTURES

- Staff leading the trip will have a register of students with allergies with medication details. Staff should notify the trip leader if they themselves have any allergies;
- Allergies will be considered on the risk assessment and catering provision put in place
- Consult with the parents, and students where appropriate, if the trip requires an overnight stay
- Staff and some students, if appropriate accompanying the trip will be trained to recognise and respond to an allergic reaction
- Allergens will be clearly labelled on catered packed lunches. If there is a student with an allergy to a food outside the "main 14" there should be a clear system in place to ensure they always receive a safe meal.
- 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 for School Trips and Sports Fixtures
- Students must carry two of their own AAIs before leaving the school site for a trip or sports fixture.

INSECT STINGS

Students 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
- Keep food and drink covered

The school grounds team will monitor the grounds for wasp or bee nests. Students (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.

The school has a Bee Keeping club and this policy should be read alongside the bee keeping risk assessment.

ANIMALS

It is normally the dander 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 student with a known animal allergy should avoid the animal they are allergic to
- If someone wishes to bring a pet on site, they should follow the guidance in the pet policy or if organising an activity involving animals using an outsourced company, suitable levels of due diligence will take place by the person responsible for the activity.

- 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, parents and staff will be made aware and consideration and adaptations will be made
- School trips that include visits to animals will be carefully risk assessed

ALLERGIC RHINITIS/ HAYFEVER

The school health centre supports students with Rhinitis / Hayfever and keeps a supply of over-the-counter medication, including anti-histamine which they administer. The health centre keeps records of parental consent to administer over-the-counter medication.

INCLUSION AND MENTAL HEALTH

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

- Staff are alert to the possibility of allergy-related bullying and are proactive in safeguarding the wellbeing and inclusion of students with allergies;
- No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip because of their allergies.
- Students with allergies may require additional pastoral support including regular check-ins from their Tutor/ Housemistress etc
- Affected students will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives
- Bullying related to allergy will be treated in line with the school's anti-bullying policy
- Uniform policies take into account that children may need emergency medication near them at all times.

ADRENALINE PENS

See the government guidance on Adrenaline Pens in Schools.

Storage of adrenaline pens

- Students prescribed with adrenaline pens will have easy access to their own two, in-date pens at all times.
- Students are expected to be carrying their AAIs on their person at all times whilst at school. This includes during boarding times. When sleeping their AAIs should be in their room in a location agreed with their boarding house team. Should parents, the student or the school feel as though the student is not able to carry their own pens, this will be shared with staff and document on their individual health care plan and their allergy action plan.

- Spot checks will be made to ensure adrenaline pens are where they should be and in date. This will usually be carried out by a student's Head of Year, or boarding house team.
- Adrenaline pens must not be kept locked away or in rooms with restricted access
- 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)
- Used or out of date pens will be disposed of as sharps

Spare pens

This school has 13 spare adrenaline pens too be used in accordance with government guidance.

The adrenaline pens are clearly signposted and are stored:

Place
Reception
Dining room (on the wall)
Science (in first aid box, in prep room)
Exam Hall (in first aid box in the office)
Mill Centre (ground floor bar)
x4 in Health centre
Mobile first aid bag in health centre
x2 in PE department
6th form centre foyer (just outside the Café)

The Lead nurse, in consultation with the Designated Allergy Leads are responsible for:

- Deciding how many spare pens are required
- What dosage is required, based on the Resuscitation Council UK's age-based guidance
- Which brand(s) to buy. Schools are recommended to buy a single brand if possible, to avoid confusion.
- The purchasing of spare adrenaline pens See government guidance above
- Distribution around the site and clear signage

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 pens. It is the trip leader's responsibility to check they have them;

- Adrenaline pens will be kept close to the students at all times eg. 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 students will be aware of students with allergies and be trained to recognise and respond to an allergic reaction
- Consider whether to take spare pens to off-site activities. This should be recorded as part of the risk assessment process.

RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See Appendix A on recognising and responding to an allergic reaction

- If a student has an allergic reaction they will be treated in accordance with their Allergy Action Plan and/or Individual Healthcare Plan. A member of staff may instigate the school's Critical Incident Response Plan. Records should be kept via the school's accident and incident form as well as usual Health Centre record keeping procedures.
- If anaphylaxis is suspected, adrenaline will be administered without delay, lying the student down with their legs raised as described in the Appendix A. They will be treated where they are and medication brought to them.
- A student's own prescribed medication will be used to treat allergic reactions if immediately available.
- This will be administered by the student themselves, if age appropriate, or by a member of staff. Ideally the member of staff will be trained, but in an emergency **anyone** will administer adrenaline.
- If the student's own adrenaline pen is not available or misfires, then a spare adrenaline pen will be used.
- If anaphylaxis is suspected but the student does not have a prescribed adrenaline pen or Allergy Action Plan, a member of staff will ensure they are lying down with their legs raised, call 999 and explain anaphylaxis is suspected. They will 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.
- The student will not be moved until a medical professional/ paramedic has arrived, even if they are feeling better unless there is a greater risk to the student by staying in the same location.
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff will accompany the student in an ambulance and stay until a parent or guardian arrives.

TRAINING

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
- How the school manages allergy, for example understanding the school's Allergy Safety Policy, the school's Critical Incident Response Plan, documentation, communication etc
- How to check who has an allergy, and how to use an IHP and Allergy or Asthma Action Plan;
- Where adrenaline pens are kept (both prescribed pens and spare pens) and how to access them
- The importance of inclusion of students with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying
- Understanding food labelling
- How to report an allergic reaction or near miss; and
- Taking part in an anaphylaxis drill

The school will carry out an anaphylaxis drill annually. This includes:

- An exercise simulating an event where a student or member of staff has an allergic reaction and testing the whole school response. This may be completed as a table top exercise.

REPORTING ALLERGIC REACTIONS

The school will log all allergic reaction incidents and near-misses on the school's Accident, Incident and Near Miss Reporting Form as soon as is feasible after they occur.

Each record should include:

- Who was affected, what happened, when and where, why the incident occurred (as far as is known), how staff and the student responded; what was done to support the individual; whether emergency services were called and how the incident concluded

All incident reports should be shared with:

- the student's parents or carers, who will be given the opportunity to discuss the incident and contribute their views to the review; and
- the Named Allergy Governor and the governing body, so they can consider what lessons to learn and whether policy changes are required.

- Any learning from an incident should be shared appropriately with staff so they can act on it.
- It may be necessary to share the report with other agencies, for example schools that operate as food businesses must report any allergen-related food safety incidents to their local authority;
- Incidents arising directly from a work activity that result in death or immediate hospitalisation must be reported to the Health and Safety Executive under RIDDOR.
- Following any incident or near miss the school will meet with the child or young person and their parents/ carers to ensure they are confident the setting remains safe.
- The school recognises the impact of an incident or near miss not just on the individual and their family, but also on staff who responded and children who witnessed it and will offer appropriate support.

APPENDIX A

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

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.

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

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

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 student'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.