



Allergy & Anaphylaxis Policy

Approved by	SLT	Date Approved	March 2025
Review cycle	Annual	Date of next review	March 2026

Version	Author	Date	Changes
1.0	J Squires	March 2025	

Contents

1. INTRODUCTION	2
1.1 WHY IS AN ALLERGY POLICY IMPORTANT?	2
2. THE SCHOOLS ALLERGY CODE	2
3. AIMS AND OBJECTIVES.....	2
4. WHAT IS AN ALLERGY?	3
5. DEFINITIONS	3
6. ROLES AND RESPONSIBILITIES	4
6.1 Designated Allergy Lead.....	4
6.2 School Healthcare team	4
6.3 Admissions Team	4
6.4 All staff	5
6.5 All parents	5
6.6 Parents of children with allergies.....	5
6.7 All pupils.....	6
6.8 Pupils with allergies.....	6
7. INFORMATION AND DOCUMENTATION	6
7.1 Register of pupils with an allergy	6
7.2 Each pupil with an allergy has an Individual Healthcare Plan. The information on this plan includes: 6	
8. ASSESSING RISK.....	6
9. FOOD, INCLUDING MEALTIMES & SNACKS	7
9.1 CATERING IN SCHOOL	7
9.2 FOOD BROUGHT INTO SCHOOL	8
9.3 FOOD BANS OR RESTRICTIONS.....	8
10. FOOD HYGIENE FOR PUPILS	8
11. SCHOOL TRIPS AND SPORTS FIXTURES	9
12. INSECT STINGS	9
13. ANIMALS.....	9
14. ALLERGIC RHINITIS/ HAYFEVER.....	10
15. INCLUSION AND MENTAL HEALTH	10
16. ADRENALINE PENS	10
16.1 Storage of adrenaline pens	10
16.2 Spare pens.....	10
16.3 Adrenaline pens on school trips and match days	11

17.	RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS	11
18.	TRAINING	11
18.1	The school is committed to training all staff annually to give them a good understanding of allergy. This includes:	12
18.2	The school will carry out an anaphylaxis drill termly. This includes:	12
19.	ASTHMA	12
20.	REPORTING ALLERGIC REACTIONS	12

1. INTRODUCTION

1.1 WHY IS AN ALLERGY POLICY IMPORTANT?

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.

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

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

Allergic disease is the most common chronic condition in childhood. On average, one or two children in every class of 30 will have a food allergy so it's vital the whole school community understands allergy, risk prevention and knows what to do in an emergency.

A severe allergic reaction can cause risk to life but even a mild to moderate reaction or near-miss can have widespread consequences.

Having a robust Allergy and Anaphylaxis Policy ensures everyone:

- is clear on procedures
- understands their responsibility for reducing the risk of allergic reactions happening
- knows how to respond appropriately if an allergic reaction occurs

2. THE SCHOOLS ALLERGY CODE

Having an Allergy and Anaphylaxis Policy is recommended by the Schools Allergy Code. The Code sets out what best practice looks like in terms of allergy management in schools and provides practical guidance on how to implement it. It was developed by The Allergy Team, Benedict Blythe Foundation and the ISBA (Independent Schools' Bursars Association) and has been promoted to all schools by the Department for Education.

3. AIMS AND OBJECTIVES

This policy outlines St. Martin's C of E Schools' 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 does. 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:

- Asthma Policy
- Supporting Pupils with Medical Conditions

- First Aid Policy
- Health and Safety Policy
- Allergy Emergency Response Plan

4. 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.

5. 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 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. Where possible, we recommend the BSACI Allergy Action Plan paediatric templates which include versions for: people without a prescribed adrenaline pen, people prescribed with different brands of adrenaline pen. [Paediatric Allergy Action Plans - BSACI](#).

INDIVIDUAL HEALTHCARE PLAN: A detailed document outlining an individual pupil's condition, 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 risk. Allergy should be included on all risk assessments for events on and off the school site.

SPARE PENS: Schools are able to purchase spare adrenaline pens. These should be held as a back-up, in case pupils' 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.

6. ROLES AND RESPONSIBILITIES

St. Martin's C of E Schools takes a whole-school approach to allergy management.

6.1 Designated Allergy Lead

The Designated Allergy Lead (DAL) is **Jackie Squires**, Assistant Headteacher. She reports into the Co-Headteachers. The DAL is responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils with 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. Although the DAL has ultimate responsibility, the collation of information may be delegated to another member of staff, for example the PA to the Co-Headteachers.
- 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 stock of the school's spare adrenaline pens (check the school has enough and the locations are correct) and ensuring staff know where they are.
- Keeping a record of any allergic reactions or near-misses and ensuring an investigation is held as to the cause and putting in place any learnings.
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy.
- Ensuring there is an Anaphylaxis Drill once a year.

At regular intervals the Designated Allergy Lead will check procedures and report to the Co-Headteachers.

6.2 School Healthcare team

Emma Dennis, Admin Manager, is the schools' Allergy Champion, 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).
- Support the Designated Allergy Lead on how this information is disseminated to all school staff, including the Catering Team, occasional staff and staff 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 healthcare team should also have systems in place 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 pupils 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, and that they are in date
- Replacing the spare pens when necessary.
- Providing on-site adrenaline pen training for other members of staff and pupils and refresher training as required e.g. before school trips.
- Maintaining records of staff allergy training.

6.3 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 the Allergy Champion to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity, and before the pupil starts at the school. No food is offered to children at school visit days or at any point before they start at school.
- There is a clear structure in place to communicate this information to the relevant parties (i.e. school nursing team, catering team).
- Visitors (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 supervision.

6.4 All staff

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

- Championing and practising allergy awareness across the school.
- Understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures, and asking for support if needed.
- Being aware of pupils 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.
- Being able to recognise and respond to an allergic reaction, including anaphylaxis.
- Taking part in training and anaphylaxis drills as required (at least once a year) and to tell a manager if you have not received any in the last 12 months.
- 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.

6.5 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 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, 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.

6.6 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.
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too.
- Provide the school with an up-to-date photograph of their child and sign the associated permission for it to be shared appropriately as part of their allergy management.

- 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 they are allergic to.

6.7 All pupils

All pupils at the school should, at a level appropriate for their age:

- Be allergy aware.
- Understand the risks allergens might pose to their peers.
- Learn how they can support their peers and be alert to allergy-related bullying.
- Older pupils will learn how to recognise and respond to an allergic reaction and to support their peers and staff in case of an emergency.
- Adhere to food restrictions or guidance the school has in place about foods brought in for packed lunches or snacks.

6.8 Pupils with allergies

In addition to point 4.7, pupils with allergies are responsible for:

- Knowing what their allergies are and how to mitigate personal risk (as appropriate for their age).
- Avoiding their allergen as best as they can.
- 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 (as appropriate for their age).
- 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.

7. INFORMATION AND DOCUMENTATION

7.1 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.

7.2 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
- A copy of their Allergy Action Plan. See definitions for the BSACI templates.

8. 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 tech 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.
- 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.

9. FOOD, INCLUDING MEALTIMES & SNACKS

9.1 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 staff.
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training.
- Anyone preparing food for pupils with allergies will follow good hygiene practices, food safety and allergen management procedures.
- The catering team will endeavour to get to know the pupils with allergies and what their allergies are, supported by all school staff.
- The catering team 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, these are
 - Children with allergies wear a yellow lanyard, detailing their allergy, in the dining hall.
 - In KS1, this is handed to children by their Class Teacher at the end of morning lessons.
 - In KS2, children collect their lanyard as they come into the dinner hall. The lunchtime supervisor who checks children off on the lunch orders sheet also has a list of the children with allergies (including photos and allergy details), and checks that those children are wearing their lanyard.
 - A list of children, with photos, and allergy details is displayed in school kitchen, and at the food servery.
- There will be two meal options each day which are free from the main 14 allergens.
- Details of foods or ingredients containing the main 14 allergens can be provided by Aspens on request.
- Foods or ingredients containing nuts are avoided as an ingredient in the school kitchen.
- Foods or ingredients containing sesame are avoided as an ingredient in the school kitchen.
- Food provided at breakfast club and after school club is the responsibility of Club Vale. This policy is shared with them. Their stated procedures to ensure safety, as outlined in their Food and Drink Policy, are:
 - All food provided will be checked for relevant allergy information and will not be given to any child who has an allergy to that ingredient or if staff are in anyway unsure or concerned about its contents. Any child with an allergy will have an individual care plan, which will be kept within the food preparation area to identify that child and the types of allergy that they have.
 - It is the child’s parents/guardian responsibility to ensure that their child’s information sheet is fully completed regarding food allergies and regularly updated. Parents are also responsible for ensuring that the senior member of staff on duty is aware of their child’s changing needs and/or possible allergies.
- Records of what food served, and ingredients will be kept for future information by the club supervisor to ensure relevant information can be provided to parents as and when required.

9.2 FOOD BROUGHT INTO SCHOOL

No items containing nuts or peanut butter should be brought into school by children, staff or parents/carers. This includes foods brought in for snacks or packed lunches, food taken on school trips or sports fixtures, birthday cakes or treats, cakes provided for cake sales and any food brought in for or provided at PTFA events.

9.3 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 peanuts and tree nuts as much as possible on the site and check all foods coming into the kitchen.
- All food coming onto school premises or taken on a school trip or to a sports fixture should be checked to ensure peanuts and tree nuts are not an ingredient in another product. Common foods that contain these goods as an ingredient include: packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread (e.g. Nutella), sauces, pesto, cakes containing marzipan.
- Lunchtime staff monitor contents of children's lunchboxes. Any items suspected of containing nuts are removed, and a note explaining this is provided for parents. Children are offered an alternative item from the school kitchen.

The school supports the approach advocated by the Allergy Team towards nut free schools. While we ask that nuts should not be brought into school (as the most prevalent allergy among our pupils), we are aware that it is not possible to ban all allergens, and that no school could guarantee a truly allergen free environment for a child living with food allergy. Instead, we have adopted a culture of allergy awareness and education, to ensure staff and pupils are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

10. FOOD HYGIENE FOR PUPILS

- Pupils in KS1 will wash their hands before eating.
- Pupils in KS2 are reminded to wash their hands before eating.
- Sharing, swapping or throwing food is not allowed.
- Water bottles and packed lunches should be clearly labelled.
- Lunchtime supervisors actively monitor contents of children's lunchboxes. Any foods containing / potentially containing nuts or peanuts are removed and a slip put into the lunchbox stating to parents that the food item was removed as an allergen concern.
- Children are encouraged to keep tables and eating areas clean and to pick or wipe up any spilled food, or to alert an adult to this.
- Measures to limit cross-contamination in preparation and the storage of food in the KS2 children's kitchen, as detailed in the kitchen risk assessment, are as follows:
- Pupils instructed about hygiene in the kitchen – washing hands with soap and water after handling raw meat, after sneezing etc.
- Separate chopping boards and utensils used for raw and cooked food.
- Chopping boards and utensils used for raw foods to be washed up last if washed by hand, or washed in dishwasher.
- Equipment including cutlery to be stored in secure, clean conditions and used only for food preparation.
- Store food correctly in fridge to avoid cross-contamination.
- Ensure food is clearly labelled.
- Out-of-date food to be disposed of.

- Opened food packaging to be appropriately sealed and kept only for the recommended time on cooked dishes and leftover ingredients must be stored appropriately (in fridge if required) until taken home at end of day.
- Ingredient check letter sent to parents before cooking activity.
- Staff have details of all children's allergies and dietary needs – list accessible during cooking.
- Staff are aware of any touch / air-borne allergies. Appropriate adaptations made.
- Staff have received training on how to manage allergic reactions.
- Recipes adapted to ensure they are safe and inclusive.
- Staff to check labels and packaging for allergens.
- (Masterchef competition: Letter to parents to state that children can taste others' dishes unless specified otherwise by parents. Masterchef letter to list allergens that cannot be used in school.)

11. SCHOOL TRIPS AND SPORTS FIXTURES

- Staff leading the trip will have a register of pupils with allergies with medication details. They should also be aware of any members of staff with allergies who is accompanying the trip.
- Allergies will be considered on the risk assessment and catering provision put in place.
- Parents may be consulted, if considered necessary, or if the trip requires an overnight stay.
- Staff accompanying the trip will be trained to recognise and respond to an allergic reaction.
- Allergens will be clearly labelled on catered packed lunches. For any pupils with an allergy to a food outside the "main 14", the trip leader will be responsible for liaising with the school kitchen to ensure they always receive a safe meal. Details of all children with allergies outside the 'main 14' will be included on risk assessments.
- If attending a catered event at another school, details of their dietary requirements will be sent ahead by the trip leader to ensure they have a safe meal.
- See Adrenaline Pens section for School Trips and Sports Fixtures

12. INSECT STINGS

Pupils 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 Premises Manager 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.

13. ANIMALS

It is normally the dander 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 they are allergic to.
- 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 is going to be a regular visitor to the site, for example a school therapy dog, pupils, 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.

14. ALLERGIC RHINITIS/ HAYFEVER

Precautions to deal with seasonal pollen allergy and hayfever and persistent nasal allergy due to house dust mites or other allergens include:

- Closing windows and using air-conditioning instead in rooms where this is available.
- Children advised not to sit under trees for shade, but to seek alternative shade or be allowed to remain inside.
- Sunglasses encouraged to protect eye from pollen and other allergens.
- Encouraging hand-washing after playing outside.

15. 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
- Affected pupils 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

16. ADRENALINE PENS

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

16.1 Storage of adrenaline pens

- Pupils prescribed with adrenaline pens will have easy access to two, in-date pens at all times.
- Adrenaline pens are stored centrally in the school office. Pens are stored in the medicines drawer unit, with a separate, labelled, draw for each class. Each pen is stored in a named wallet, which contains a copy of the pupil's Allergy Action Plan. The office and medicine drawers are open and accessible at all times.
- Spare pens kept in school are provided to be kept in school, and are in addition to the pupil's pens kept at home. Parents and pupils are reminded that pupils must also have access to two adrenaline pens as they travel to and from school.
- 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)
- Used or out of date pens will be disposed of as sharps

16.2 Spare pens

This school has 4 spare adrenaline pens to be used in accordance with government guidance (2 x 0.3 mg and 2 x 0.15 mg).

The adrenaline pens are clearly signposted and are stored in the main school office (2 x 0.3 mg) and in the first aid cupboard outside the KS1 PPA room (2 x 0.15 mg).

The Allergy Lead and Admin Manager 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.
- The purchasing of spare adrenaline pens which can be obtained at low cost from a local pharmacy. See government guidance above
- Distribution around the site and clear signage

16.3 Adrenaline pens on school trips and match days

- No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own pens.
- 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. Pens will be carried at all times by the child's group leader.
- 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.
- Consideration will be given as to whether to take Spare pens to sporting fixtures and on trips, on a case-by-case basis.

17. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See appendix on recognising and responding to an allergic reaction

- If a pupil has an allergic reaction they will be treated in accordance with their Allergy Action Plan and a member of staff will instigate the school's [Emergency Response Plan](#).
- If anaphylaxis is suspected adrenaline will be administered without delay, lying the pupil down with their legs raised as described in the Appendix. They will be treated where they are and medication brought to them.
- A pupil's own prescribed medication will be used to treat allergic reactions if immediately available.
- This will be administered by the pupil 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 pupil's own adrenaline pen is not available or misfires, then a spare adrenaline pen will be used.
- If anaphylaxis is suspected but the pupil 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.
- If, after 5 minutes, there is no improvement, use a second adrenaline pen and call the emergency services to tell them you have done so.
- The pupil will not be moved 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 will accompany the pupil in an ambulance and stay until a parent or guardian arrives.

18. 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 Emergency Response 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
- Taking part in an anaphylaxis drill

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

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

19. ASTHMA

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions. See related Asthma Policy for details.

20. REPORTING ALLERGIC REACTIONS

The school will log allergic reaction incidents and near-misses. Any incidents or near-misses must be reported to the Admin Manager in the school office. The Admin Manager will report the incidents to the DAL, who will investigate and discuss findings and any learnings with the Co-Headteachers at weekly Senior Leadership meetings.



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.

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

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

SYMPTOMS OF ANAPHYLAXIS

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.](#)