ALLERGY AND ANAPHYLAXIS POLICY

Paddox Primary School

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1. AIMS AND OBJECTIVES

This policy outlines Paddox Primary School's approach to allergy management, in line with the Department for Education's guidance published in July 2026 (Allergy safety in schools). It also anticipates 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 reviewed at least annually and published to pupils, staff and parents, a Designated Allergy Lead on the senior leadership team, mandatory staff training, a stock of spare adrenaline devices, and the recording of serious incidents and "near misses".

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 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 the Medical Conditions Policy and other related policies: [School to insert related policies, for example, Supporting pupils with Medical Conditions, Safeguarding, and Mental Health.

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.

An allergy is different to an intolerance or coeliac disease. Whilst an intolerance may cause uncomfortable symptoms it does not involve the immune system. Coeliac disease is a serious autoimmune condition where the body reacts to gluten but does not cause acute reactions.

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 AAIs, adrenaline devices 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.

ALLERGIC RHINITIS: An allergic reaction to something in the environment such as pollen, dust mites or animal dander that causes a blocked or runny nose, sneezing, itchy eyes and sometimes a sore throat, headaches and disrupted sleep. Hay fever is allergic rhinitis triggered by pollen.

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.

ASTHMA ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's asthma, information about triggers, symptoms, medicines to be used if they have asthma symptoms, and when to seek emergency help when they have an asthma attack.

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.

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).

ECZEMA: A common skin condition, often linked to allergy, causing dry, itchy, sore skin.

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 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.

"NEAR MISS": An event that did not result in harm but had the clear potential to do so, for example when an allergic reaction was averted (e.g. accidental exposure identified before ingestion, or ingestion of a known allergen without reaction).

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

SERIOUS INCIDENT: Where someone with an allergy is harmed or placed in immediate or significant risk of harm including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

4. ROLES AND RESPONSIBILITIES

Paddox Primary School takes a whole-school approach to allergy management.

4.1 Governing Body

The governing body is responsible for the strategic oversight of allergy safety across the school working in partnership with the Designated Allergy Lead who leads on day-to-day implementation. Paddox Primary School's named governor is Kelly Houltby. The governing body is responsible for:

- Ensuring the school has an allergy safety policy in place which is accessible, published on the school's website, available in hard copy on request and awareness of it is raised with staff, pupils and parents;
- Ensuring allergy-related risks are included on the school's risk register and actively managed
- Ensuring the policy sets out arrangements to reduce the risk of contact with known allergens and emergency response plans for anaphylaxis;
- Ensuring the policy is reviewed at least annually, and considering review after any serious incident or "near miss";
- Satisfying itself that the school's allergy management arrangements meet legal and statutory requirements and reflect best practice;
- Receiving periodic reports on serious incidents and "near misses"; and
- Ensuring the school's complaints process allows complaints to be raised and investigated following a serious incident or "near miss", including a prolonged failure to put agreed arrangements in place.

4.2 Designated Allergy Lead

The Designated Allergy Lead is Julie Lee. They report into the headteacher and governing body. They are responsible for:

- Creating and leading the publication and implementation of a school-wide Allergy Safety Policy;
- 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;
- 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 devices (check 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 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 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 senior leadership team and governing body as appropriate.

4.3 Medical Lead

Julie Lee (Designated Allergy Lead and Medical Lead) supported by Loraine Hewer (SEND/Medical admin support) is responsible for:

- Coordinating the paperwork (including creating the Individual Healthcare Plan and collating any Allergy Action Plans and Asthma Action Plans) and collecting information from families to ensure that arrangements are in place before the pupil 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 before they start;
- 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 device register to include adrenaline devices prescribed to pupils and the school's stock of spare adrenaline devices, including brand, dose and expiry date.
- Regularly checking spare adrenaline devices are where they should be, are easily accessible in case of emergency, and that they are in date;
- Replacing the spare adrenaline devices when necessary;

- Ensuring staff (and pupils where appropriate) can practice with trainer adrenaline devices and arranging refresher training as required e.g. before school trips;

4.4 Admin Team

The admin team is likely to be the first to learn of a pupil or visitor's allergy. They should work with the Designated Allergy Lead/Medical admin lead to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity;
- There is a clear structure in place to communicate this information to the relevant parties (i.e. catering team, before and after school clubs);
- Parents and applicants are informed of catering arrangements during admission events;
- Plans 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.

4.5 All staff

All school staff (this includes all staff present when pupils are expected to be on site, including permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It includes catering staff and others who may oversee children and young people at breakfast or after school clubs. It is not intended to include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel) 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 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 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 Designated Allergy Lead 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.

4.6 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 and Designated Allergy lead (Julie Lee) 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.

4.7 Parents of children with allergies

In addition to point 4.6, 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/Asthma Action Plan;
- Provide consent to the school to administer spare adrenaline devices (and inhalers, if applicable) in an emergency;
- Ensure 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, at all times, including on the journey to and from school;
- If applicable, provide the school or their child with two labelled adrenaline devices and any other medication, for example antihistamine (with a dispenser, ie. spoon or syringe), inhalers or creams;
- Update the 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, advocate for themselves, and take reasonable steps to reduce the risk of an allergic reaction occurring e.g. not eating the food to which they are allergic;

4.8 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 should:

- learn how to recognise an allergic reaction and support their peers and staff in case of an emergency; and

4.9 Pupils with allergies

In addition to point 4.8, pupils 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;
- Carrying two adrenaline auto-injectors with them at all times;
- Understanding how and when to use their adrenaline device and only using them for their intended purpose;
- 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;
- 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 and record of staff who have an allergy. This includes children and staff who have a history of anaphylaxis or have been prescribed adrenaline devices, as well as pupils and staff with an allergy where no adrenaline devices have been prescribed. The register includes whether they have an Individual Healthcare Plan, and an Allergy or Asthma Action Plan.

5.2 Individual Healthcare Plans

The school will arrange for a pupil with an allergy to have an Individual Healthcare Plan if:

- they have an allergy which has a functional impact on them in school;
- they are at risk of harm as a result of their allergy; and

- they require arrangements which are additional to or different from those made generally.

The information on this plan includes:

- The child's name, date of birth, class, a photograph and emergency contact details;
- Known allergens, risk factors for allergic reactions and any adaptations needed;
- The child's understanding of their allergy, if the child is able to take responsibility for their condition including in an emergency and if they are likely to know they are having an allergic reaction;
- A history of their allergic reactions;
- If the pupil has asthma and any other medical conditions and necessary detail;
- Details of the medication that the pupil has been prescribed, including their dose, this should include adrenaline devices, antihistamine, inhalers etc;
- A copy of parental consent to administer medication, including the use of spare adrenaline devices in case of suspected anaphylaxis, and asthma inhalers;
- An indication of how the child's condition may impact on their health, learning or wellbeing;
- What support or adaptations the school has put in place, including how the risk of exposure to allergens will be managed, or arrangements needed to ensure participation in educational visits; and
- A copy of their Allergy and/or Asthma Action Plan.

5.3 Visitors:

Where possible, visitors will be asked in advance of their visit whether they have any allergy the school should be aware of, particularly where they are likely to be offered food, for example at parents' events, open days, sports fixtures or work experience placements. *There is a section on the log in system to highlight any visitors allergies.*

Where a visitor discloses a known allergy, the school will consider practical steps to keep them safe, including making relevant staff aware and considering any adjustments needed to food served during the visit.

5.4 Information sharing

- Staff will know which pupils have allergies, what they are allergic to, their triggers and other relevant information. Where appropriate they will also know which staff and visitors have allergies.
- When relevant to do so, information may be shared with external organisations, for example for the purposes of keeping pupils, staff and visitors safe.
- Information will be shared in line with our Data Protection policy and Privacy notice.

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, staff should 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;
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training;
- Catering staff are available to discuss the provision of allergen safe meals with parents/ carers;
- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management;
- The catering team will endeavour to get to know the pupils with allergies and what their allergies are, supported by school staff;
- The catering team will endeavour to provide varied meal options to students and staff with allergies;
- The catering team and school staff will endeavour to ensure pupils are not segregated from peers at mealtime;
- The school has two robust procedures in place to identify pupils with food allergies, these are photos of the children in the kitchen area and children wear a coloured wristband along with their dinner band to highlight allergy.
- Food containing the main 14 allergens (see Allergens definition) will be clearly labelled . Other ingredient information will be available on request.
- Information on allergens will be available for the pupil to check independently;

- 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 by Educaterers
- As Paddox Primary School provides education for children within the Early Years age range, we comply with the statutory requirements set out in the Early Years Foundation Stage (EYFS) framework. The EYFS "Safer Eating" guidance includes the following key expectations relating to the management of allergies:
    - 3.64 Whilst children are eating there should always be a member of staff in the room with a valid paediatric first aid certificate for a full course consistent with the criteria set out in Annex A.
    - 3.65 Before a child is admitted to the setting the provider must obtain information about any special dietary requirements, preferences, food allergies and intolerances that the child has, and any special health requirements. This information must be shared by the provider with all staff involved in the preparing and handling of food. At each mealtime and snack time providers must be clear about who is responsible for checking that the food and drink being provided meets all the requirements for each child.
    - 3.66 Providers must have ongoing discussions with parents and/or carers and, where appropriate, health professionals to develop allergy action plans for managing any known allergies and intolerances. This information must be kept up to date by the provider and shared with all staff. Providers should refer to the British Society for Allergy and Clinical Immunology (BSACI) allergy action plan. Providers must ensure that all staff are aware of the symptoms and treatments for allergies and anaphylaxis, the differences between allergies and intolerances and that children can develop allergies at any time, especially during the introduction of solid foods which is sometimes called complementary feeding or weaning. Providers should refer to the NHS advice on food allergies: Food allergy - NHS (www.nhs.uk) and treatment of anaphylaxis: Anaphylaxis - NHS (www.nhs.uk).
- Products with Precautionary Allergen Labelling or "May Contain' labelling are discouraged;
- [Food provided at breakfast club and after school club will follow these procedures;
- We avoid all foods containing nuts as a precaution.

7.2 Food brought into school

The school policy is that food should not be brought into school for children's birthdays. Any food brought in for FOPS events needs to have all allergens clearly labelled.

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 peanuts and tree nuts as much as possible on the site and check all foods coming into the kitchen; and

- 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

- The school will encourage pupils to wash their hands with soap and warm water before and after eating;
- Parents/carers and pupils will be advised that water bottles and packed lunches should be clearly labelled and food should not be shared or swapped; and
- Throwing food is not allowed.

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 if they themselves have 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;
- Allergens will be clearly labelled on catered packed lunches. If appropriate, the child's name is specifically labelled on the packed lunch.
- If attending Match Tea at another school, details of their dietary requirements will be sent ahead to ensure they have a safe meal; and
- See Adrenaline Devices section 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 caretaker 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. ASTHMA

The school understands that it is vital that pupils with asthma keep it well- controlled. As well as increasing the risk of asthma attacks, poor asthma control can exacerbate allergic reactions and poorly managed asthma increases the severity of an allergic reaction.

- Staff will be aware of common asthma triggers which may include airborne allergens such as pollen, house dust mite, mould spores or pet dander and food allergens.
- Pupils with asthma should have an Asthma Action Plan. Where relevant, an Asthma Action Plan will be in addition to an Allergy Action Plan
- The Asthma Action Plan will be included in the pupil's Individual Healthcare Plan, and will include medical and parental consent for staff to administer medicines, including an emergency reliever inhaler in the event of an asthma attack.
- Children and young people known to have asthma should have their own reliever inhaler at school at all times and on the journey to and from school.
- Where a pupil is able to manage their asthma themselves, they should keep their inhaler on them. If they cannot, it should be stored in a clearly labelled, easily accessible location; and
- The school will consider air quality and ventilation as part of its wider health and safety arrangements.]
- Spare emergency inhalers are kept in the Allergy Response Kits, which contain 2 EpiPens, spare inhaler and disposable spacers.

12. ALLERGIC RHINITIS/ HAY FEVER

- Pupils with more serious hay fever will be supported through reasonable adjustments where needed, for example wearing sunglasses during sport, having a window closed during high-pollen periods, or receiving additional medication during the school day;
- Most pupils with allergic rhinitis or eczema manage their condition at home and will not need an Individual Healthcare Plan; pupils with more severe or harder-to-manage symptoms will be considered for one;
- Pupils with eczema may be supported by staff, if needed, to apply moisturiser or emollient during the school day;

- Staff will be mindful that allergic rhinitis or eczema-related sleep disruption can affect a pupil's concentration and behaviour, and will make reasonable adjustments;

13. 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.

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

14. ADRENALINE DEVICES

See the government guidance on **Adrenaline Devices in Schools.**

14.1 Storage of adrenaline devices

- Pupils prescribed with adrenaline devices will have easy access to two, in-date devices at all times;
- Pupils adrenalin devices are stored in class medical boxes along with a copy of their IHCP/Allergy Action Plan.
- Spot checks will be made to ensure adrenaline devices are where they should be and in date;
- Adrenaline devices must not be kept locked away or in rooms with restricted access;
- Adrenaline devices 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 devices will be disposed of as sharps.

14.2 Spare adrenaline devices

This school has 20 spare adrenaline devices to be used in accordance with government guidance.

The locations of spare adrenaline devices are clearly signposted. These are:

- Inside the defibrillator box – x2 junior EpiPen x2 EpiPens
- Reception creative area – x2 junior EpiPen
- Hall - x2 EpiPen

- First Aid Station ground floor - x2 EpiPens
- By the photocopier/lift on middle floor – x2 EpiPens
- By the lift on the top floor – x2 EpiPens
- Brambles - x2 EpiPen
- The Orchard - x2 EpiPen
- First Aid cupboard for trips/off site activities - x2 EpiPen

The Headteacher and Allergy Lead are responsible for:

- Deciding how many spare devices 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 devices which can be obtained at low cost from a local pharmacy. See government guidance above; and
- Distribution around the site and clear signage.

14.3 Adrenaline devices on off-site activities

- No child with a prescribed adrenaline device 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 devices 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 devices 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; and
- Consider whether to take spare adrenaline devices to off-site activities. This should be recorded as part of the risk assessment process.

15. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See the appendix to this policy for details of how to recognise and respond to an allergic reaction.

In all cases:

- A pupil with a known allergy should be treated in accordance with their Allergy Action Plan and/or Individual Healthcare Plan.
- If anaphylaxis is suspected adrenaline should be administered without delay, using the school's spare devices if needed.
- 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 the pupil in an ambulance until a parent or guardian arrives.

Depending on the circumstances, it may be necessary to instigate the school's wider Emergency Response Plan.

16. TRAINING

The school is committed to ensuring that all staff receive regular (at least annual) allergy awareness training. This training should include all staff (as outlined in section 4.5).

This training will cover:

- Understanding allergy and that it includes multiple conditions (food allergy, asthma, eczema, allergic rhinitis etc) is;
- How to reduce the risk of an allergic reaction occurring;
- How to recognise and treat an allergic reaction, including anaphylaxis;
- How to treat an asthma attack using a reliever inhaler;
- How the school manages allergy, for example understanding the school's Allergy Safety Policy, emergency response, documentation, communication etc;
- How to check who has an allergy, and how to use an IHP and Allergy or Asthma Action Plan (including knowing where to find information on allergy triggers);
- Where adrenaline devices are kept (both prescribed devices and spare devices) 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
- How to report an allergic reaction or "near miss".
- New staff will be trained as part of the induction process; supply teachers will provide their certificate of training, be informed who the children with allergies are and where the spare adrenalin devices are.

All staff in the school will take part in an anaphylaxis drill once a year. This involves an exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the school response.

17. SERIOUS INCIDENTS, "NEAR MISSES" AND REPORTING ALLERGIC REACTIONS

The school will log all allergic reaction incidents and "near misses" in the Accident Book 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 pupil 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 pupil's parents or carers (and where appropriate, the pupil themselves), who will be given the opportunity to discuss the incident and contribute their views to the review.
- Periodically reports of incidents and near misses should be shared with the governing body.
- The Allergy Safety Policy and any relevant procedures will be considered in light of the incident and will be updated if needed. Any learning from an incident should be shared appropriately with staff so they can act on it. This will be done through SLT, staff meetings and emails to staff.
- 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.
    - the relevant healthcare professional or team where an incident related to the delivery of an action plan they issued.
- 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.
- The school's complaints procedure allows concerns about how a serious incident or “near miss” was handled to be raised and investigated, including where there has been a prolonged failure to put agreed arrangements in place.

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 devices
- 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.

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.