



Thorpe Acre Junior School



Thorpe Acre Infant School

Allergy and Anaphylaxis Policy

Approved by : Governing Body
Date : 1st September 2026
Next review due by : 31st August 2027

Learning, Working and Succeeding Together
Reaching High, Learning and Growing Together

Safeguarding Statement

At Thorpe Acre Junior School and Thorpe Acre Infant School, we respect and value all children and are committed to providing a caring, friendly and safe environment for all our pupils so they can learn, in a relaxed and secure atmosphere. We believe every pupil should be able to participate in all school activities in an enjoyable and safe environment and be protected from harm. This is the responsibility of every adult employed by, or invited to, deliver services at Thorpe Acre Junior School and Thorpe Acre Infant School. We recognise our responsibility to safeguard all who access school and promote the welfare of all our pupils by protecting them from physical, sexual and emotional abuse, neglect and bullying.

GDPR Statement

Data will be processed to be in line with our requirements and protections set out in the UK General Data Protection Regulation, Data Protection Act as amended by the Data (Use and Access) Act 2025.

Equality, Diversity and Inclusion Impact Statement

We have carefully considered and analysed the impact of this policy on equality, diversity and inclusion and the possible implications for pupils with protected characteristics. This forms part of our commitment to meet the Public Sector Equality Duty (PSED) requirement to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations with all stakeholders.

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1. AIMS AND OBJECTIVES

This policy outlines Thorpe Acre Infant (TAI) school and Thorpe Acre Junior (TAJ) 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:

- Medical Conditions in School
- Child Protection and Safeguarding
- EDI, and
- Asthma.

2. WHAT IS AN ALLERGY?

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

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

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

3. DEFINITIONS

ANAPHYLAXIS:

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

ALLERGEN:

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

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

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

ADRENALINE AUTO-INJECTOR (AAI):

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

ALLERGY ACTION PLAN:

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

DESIGNATED ALLERGY LEAD:

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

NEFFY:

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

INDIVIDUAL HEALTHCARE PLAN:

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

RISK ASSESSMENT:

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

SPARE ADRENALINE PENS:

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

4. ROLES AND RESPONSIBILITIES

TAI and TAJ take a whole-school approach to allergy management.

4.1 Designated Allergy Lead:

The Designated Allergy Lead (DAL) at TAI and TAJ is the Headteacher, Jo Beaumont.

The DAL is responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils and staff with an allergy
- Taking decisions on allergy management across the school
- Championing and practising allergy awareness across the school
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management
- Ensuring allergy information is recorded, up-to-date and communicated to all staff (although the DSL has ultimate responsibility, the collation of information is delegated to the office manager)
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management, including what activities need an allergy risk assessment
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy and Anaphylaxis policy, and other related procedures
- Reviewing the school's stock of spare adrenaline pens and ensuring staff know where they are
- Keeping a record of any allergic reactions or near-misses, reporting these to the appropriate authority where necessary and ensuring the circumstances are investigated and learnings shared
- Regularly reviewing and updating the Allergy and Anaphylaxis policy, and
- Ensuring there is an anaphylaxis drill once a year.

At regular intervals the DAL will check procedures and report to the Governing Body.

4.2 Office Manager

The office manager is responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families (this is likely to involve liaising with the admissions team for new joiners);
- Supporting the DAL 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
- Coordinating medication with families and ensuring medication is in date

Whilst it's the responsibility of parents/carers to ensure medication is up to date, the office manager should also have systems in place to check this and notify the parents/carers when they see the expiry dates are approaching in respect of medicines held by the school.

- Keeping an adrenaline pen register to include adrenaline pens prescribed to pupils and the schools' stock of spare adrenaline pens, including brand, dose

and expiry date. The location of spare adrenaline pens should also be documented

- Regularly checking spare adrenaline pens are where they should be, and that they are in date
- Replacing the spare adrenaline pens when necessary
- Providing on-site adrenaline pen training for staff and pupils and refresher training as required e.g. before school trips, and
- Any other responsibilities delegated by the DAL.

4.3 Office Admin Assistant

The office admin assistant is likely to be the first to learn of a pupil or visitor's allergy. They should work with the DAL and office manager 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. teacher, teaching assistant, catering team)
- Parents and visitors are informed of catering arrangements during admission events, and
- Plans are made for emergency medication if the child is to be left without parental supervision.

4.4 All staff

All school staff, including teaching staff, support staff, premises officers, 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
- 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 an activity is necessary and/or appropriate
- Ensuring pupils always have access to their medication or are carrying it on their behalf (depending on the age and maturity of the pupils)
- 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 the DAL
- Considering the safety, inclusion and wellbeing of pupils with allergies always. 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 Office Manager, and
- Ensuring that pupils have their medication and their Allergy Action Plan or Individual Healthcare Plan with them when leaving the school site for an event or trip.

4.5 All parents

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

- Being aware of and understanding the school's Allergy and Anaphylaxis policy and considering the safety and wellbeing of pupils with allergies
- Providing the school Headteacher with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice, and
- Encouraging their child to be allergy aware.

4.6 Parents of children with allergies

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

- Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan
- If applicable, provide the school or their child with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, ie. spoon or syringe), inhalers or creams
- Ensure medication is in-date and replaced at the appropriate time
- Ensure their child has access to their allergy medication, including two adrenaline pens if prescribed, on the journey to and from school

- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too
- 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 and
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring e.g. not eating the food to which they are allergic.

4.7 All pupils

All pupils at the school should, in an age and capability appropriate way,

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

4.8 Pupils with allergies

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

- Knowing what their allergies are and how to mitigate personal risk
- Avoiding their allergen as best as they can
- Understanding the importance of following the school specific processes of lunch and snack services and how that mitigates risk
- Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction
- Always carrying two adrenaline auto-injectors with them, (if age and capability appropriate). They must only use them for their intended purpose
- Understanding how and when to use their adrenaline auto-injector
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies
- Knowing what to do if they have an allergic reaction when off school premises with permission during the school day. This should include how to treat themselves and raise the alarm to get help; and

- If age and capability appropriate, ensuring they have their medication with them on the journey to and from school.

5. INFORMATION AND DOCUMENTATION

5.1 Register of pupils with an allergy

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

5.2 Individual Healthcare Plans

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

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

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 e.g. craft using food packaging, science experiments where allergens are present, food lessons or cooking
- Bringing animals into the school, e.g. a dog or hatching chick eggs can pose a risk
- Running activities or clubs where they might hand out snacks or food “treats”. Staff will ensure safe food is provided or will 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 will adapt the activity. Our schools will ensure compliance with the Equality Act 2010.

7. FOOD, INCLUDING MEALTIMES & SNACKS

7.1 Catering in school

Our schools are committed to providing a safe meal for all pupils, 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
- TAI will adhere to the “Safer Eating” section of the [Early Years Foundation Stage statutory guidance](#)
- Anyone preparing food for those 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 school staff
- The catering team will endeavour to provide varied meal options to pupils and staff with allergies
- Our schools have robust procedures in place to identify pupils with food allergies, such as conversations with parents prior to their child starting our schools, introducing pupils with allergies to the catering team, a visual check from a member of staff familiar with the pupils who have allergies and a photograph of pupils with allergies discreetly displayed in the school kitchens behind the serving hatch and in the school offices.
- In our schools, the catering team handle and serve the food. Ingredient information will be available on request.
- 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 the catering team will communicate this to the office manager, who will relay this information to parents of pupils with dietary needs
- Staff will check with parents of children who have allergies, whether they are able to eat products labelled as “May Contain.”
- Food provided at breakfast club and after school club will follow these procedures
- Snacks and lunches served at school will avoid food with nuts as an ingredient and
- Food sold on site will follow our school food restrictions.

7.2 Food brought into school

To help keep all members of our school community safe, parents/carers are asked to take particular care when providing food for school, including packed lunches, snacks, educational visits, residential trips, celebrations and school events.

Food brought into school for birthdays or special occasions, including birthday cakes, birthday sweets, treats and tuck, must comply with any individual allergy management plans and should only be shared with the agreement of the school. Staff will carefully consider any known allergies before food is distributed and may decide that certain items cannot be shared.

During educational visits, off-site activities and school events, staff will continue to follow individual healthcare plans and undertake appropriate risk assessments to minimise the risk of accidental allergen exposure.

7.3 Food bans or restrictions

TAI and TAJ schools are allergen aware schools and we have pupils with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food.

All food coming onto school premises or taken on a school trip or to an event 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.

We strongly request that children do not bring nuts or nut-containing products onto the school site. This includes, but is not limited to:

- Chocolate spreads containing nuts
- Packaged nuts
- Nut-based cereal bars
- Chocolate bars containing nuts
- Nut butters
- Satay or nut-based sauces and
- Any products where nuts are a significant ingredient.

While it is not possible to guarantee a completely nut-free environment, we ask all members of the school community to support this approach in order to reduce the risk of a serious allergic reaction. Where a pupil has a severe allergy to another specific food, additional restrictions may be implemented following an individual risk assessment.

Our schools reserve the right to prohibit or restrict any food item where it is considered necessary to protect the health, safety and wellbeing of pupils or staff.

7.4 Food Hygiene, Food Preparation and Cross-Contamination Prevention

In line with our commitment to allergy safety and the requirements of Benedict's Law, TAI and TAJ schools maintain robust food hygiene and allergen management procedures to protect pupils, staff and visitors who have food allergies.

All staff involved in the preparation, handling, serving or supervision of food will receive appropriate training in food hygiene, allergen awareness and anaphylaxis prevention. Kitchens, food preparation areas, classrooms used for food-related activities, breakfast clubs, after-school clubs and any other areas where food is prepared or served will operate procedures designed to minimise the risk of allergen exposure and cross-contamination. These procedures include:

- Maintaining accurate allergen information
- Using clearly labelled ingredients and food products
- Implementing thorough handwashing and cleaning routines and
- Ensuring that food preparation surfaces, utensils, equipment and storage areas are cleaned and sanitised appropriately before use.

Wherever practicable, allergen-containing foods will be prepared, handled and stored separately from foods provided for pupils with allergies. Staff will follow individual healthcare plans and risk assessments when preparing or serving food for pupils with identified allergies.

Food supplied by external providers, educational visit venues or third-party contractors must also meet the school's allergy management expectations. Any actual, suspected or near-miss allergen incidents will be recorded, reviewed and used to inform future risk reduction measures. This approach supports the school's aim of providing a safe, inclusive and allergy-aware environment for all members of the school community.

7.5 Food hygiene for pupils

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

8. EDUCATIONAL VISITS AND SPORTS FIXTURES

- Staff leading the trip will have a register of pupils with allergies and details of their medication. Staff should notify the trip leader of any allergies
- Allergies will be considered on the risk assessment and catering provision put in place
- Parents, and pupils where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay
- Staff accompanying the trip will be trained to recognise and respond to an allergic reaction

- If attending an event 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.

9. INSECT STINGS

Children 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.

Our school premises officers 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.

Our schools take the following precautions to limit the risk of an allergic reaction:

- Pupils 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 and
- School trips that include visits to animals will be carefully risk assessed.

11. ALLERGIC RHINITIS/ HAY FEVER

Our schools recognise that allergic rhinitis, including seasonal hay fever caused by pollen and persistent nasal allergies caused by allergens such as house dust mites, mould spores and animal dander, can have a significant impact on a pupil's health, wellbeing, concentration, attendance and educational progress.

As part of our allergy-aware approach, and in line with current allergy management expectations under Benedict's Law, our schools will take reasonable steps to support pupils with diagnosed allergic rhinitis and related conditions. Where appropriate, individual healthcare plans will identify known triggers and agreed control measures. During periods of high pollen, the school will consider reasonable adjustments such as monitoring outdoor activities, encouraging regular hand and face washing after outdoor play, ensuring classrooms are appropriately ventilated, and supporting the use of prescribed medication in accordance with the school's medicines policy.

To minimise exposure to environmental allergens, we will maintain high standards of cleaning and housekeeping, including regular cleaning of classrooms, furnishings and ventilation areas where practicable.

Parents/carers are responsible for informing our schools of any diagnosed allergies and ensuring that prescribed treatments are available where required. Staff will remain alert to the potential impact of allergic rhinitis and recognise that poorly controlled symptoms may adversely affect a pupil's learning, sleep, behaviour and overall wellbeing. Our schools will work in partnership with pupils, parents/carers and healthcare professionals to promote effective management of allergic rhinitis and reduce the risk of allergy-related illness during the school day.

12. INCLUSION AND MENTAL HEALTH

Our schools recognise that allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety and depression and may be more susceptible to bullying.

- Children with allergies should not 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 teacher and/or ELSA.
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives and
- Bullying related to allergy will be treated in line with our schools' anti-bullying policy.

13. ADRENALINE PENS

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

13.1 Storage of adrenaline pens

- Parents of pupils prescribed with adrenaline pens must provide **TWO** adrenaline pens. Our schools will ensure pupils always have easy access to their two, in-date pens
- If a pupil is of an appropriate age and/or maturity to carry their own adrenaline pens, they will do so. Our schools recommend Year 4 or Year 5 is often a good time to change from the school managing the pens to pupils carrying them.
- All classrooms will have a medical box where pupils with allergies can store their pens if they are not able to carry them themselves. If stored here they should be labelled, with the pupil's Allergy Action Plan.
- Parents must ensure pupils 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) and
- Used or out of date pens will be disposed of as sharps.

13.2 Spare adrenaline pens

Our schools have **TWO** spare adrenaline pens in each school to be used in accordance with government guidance.

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

MAIN HALL at Thorpe Acre Infant School

RECEPTION at Thorpe Acre Junior School

The DAL is 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. Our schools will follow the recommendation to buy a single brand, if possible, to avoid confusion
- Where to purchase spare adrenaline pens and
- The distribution around the site and the display of clear signage.

13.3 Adrenaline pens on off-site activities

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

14. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See appendix on recognising and responding to an allergic reaction

If a pupil has an allergic reaction:

- Treat the pupil in accordance with their Allergy Action Plan

- Instigate the school's Emergency Response Plan
- If anaphylaxis is suspected administer adrenaline without delay
- Treat the pupil where they are. Lie them down with their legs raised and bring medication to them. If they are having difficulty breathing, sit them up.
- Use pupil's own prescribed medication if immediately available
- Pupil can administer the adrenaline pen themselves if able to, or a member of staff can administer the pen. Ideally the member of staff will be trained, but in an emergency, anyone can administer adrenaline
- If the pupil's own adrenaline pen is not available or misfires, then use a spare adrenaline pen
- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or Allergy Action Plan, lie the pupil down with their legs raised, call 999 and explain anaphylaxis is suspected. Inform the operator that spare adrenaline pens are available and follow instructions from the operator.

The MHRA says that in exceptional circumstances, a spare adrenaline pen can be administered to anyone for the purposes of saving their life

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

15. TRAINING

15.1 Our schools are 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
- Where adrenaline pens are kept (both prescribed pens and spare pens) and how to access them
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying
- Understanding food labelling and
- Taking part in an anaphylaxis drill.

15.2 Our schools will carry out an anaphylaxis drill once a year.

This includes:

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

16. ASTHMA

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

17. REPORTING ALLERGIC REACTIONS

We are committed to fostering a culture of openness, vigilance and continuous improvement in allergy management. In accordance with relevant health and safety legislation, statutory guidance on supporting pupils with medical conditions, and the principles underpinning Benedict's Law, all allergic reactions, suspected allergic reactions, anaphylactic incidents and allergy-related near misses will be reported promptly and recorded using the school's incident reporting procedures.

A near miss includes any event where a pupil is exposed, or could reasonably have been exposed, to an allergen without developing symptoms, or where an error, omission or breakdown in procedure had the potential to cause harm. Following any incident, the DAL and relevant members of staff will undertake a proportionate investigation to establish what happened, identify any contributory factors and determine whether existing control measures were followed and remain effective.

Where appropriate, parents/carers, healthcare professionals, catering providers and other relevant parties will be involved in the review process. Findings will be discussed sensitively with those involved and used to identify learning opportunities, improve procedures, update risk assessments and individual healthcare plans, and strengthen staff training or awareness.

Our schools will monitor incident trends and recurring themes to support continual improvement and help prevent future occurrences. The purpose of reporting and investigation is not to apportion blame, but to promote a positive safety culture in which lessons are learned, risks are reduced and the wellbeing of pupils with allergies remains paramount.



MANAGING ALLERGIC REACTIONS

ALLERGIC REACTIONS VARY

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

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

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

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

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

Response:

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

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

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

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

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

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



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](#).