



**CELEBRATING & SUPPORTING  
EVERY CHILD**

**Avon House School**

**Allergy and Anaphylaxis,  
*(Whole School including EYFS)***

**May 2026  
Review date: May 2027  
Mrs A Campbell**

## ALLERGY AND ANAPHYLAXIS POLICY

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## 1. Aims and Objectives

This policy outlines Avon House School 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 happen. 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.

## 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. Key Definitions

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

**Allergens:** 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 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 pupil's allergy and their treatment plan. It is recommended the BSACI Allergy Action Plan pediatric templates which include versions for: people without a prescribed adrenaline pen, and people prescribed with different brands of adrenaline pen.

**Designated Allergy Lead:** Mrs Campbell is responsible for overseeing allergy management across the school and acting as the main point of contact for pupils, parents and staff.

**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:** Avon House School hold spare adrenaline pens. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

At Avon House four spare EpiPen's are held as part of this provision. 2 x 0.3 mg and 2 x 0.15 mg pens. They are stored in the medical room, which are accessible from the main building.

#### **4. School Roles and Responsibilities**

Avon House Prep School takes a whole-school approach to allergy management.

**4.1 The Designated Allergy Lead, Mrs Campbell, Headteacher.** She 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 they have ultimate responsibility, the collation of information is delegated to the Welfare Officer.
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment).
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures.
- Reviewing the school's stock of spare adrenaline pens (check the school has an appropriate number for the setting, that they hold the correct dose, that spare adrenaline pens are stored appropriately) and ensuring staff know where they are.
- 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.

**4.2 Welfare Officer Miss Tesfay** is responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families (this is likely to involve liaising with the admissions team for new joiners).
- Supporting the Designated Allergy Lead with disseminating this information to all school staff, including the catering team, occasional staff and those running clubs
- Ensuring the information from families is up-to-date, and reviewed annually (at a minimum) Coordinating medication with families and ensuring medication is in date.
- Keeping an adrenaline pen register to include adrenaline pens prescribed to pupils and the school's stock of spare adrenaline pens, including brand, dose and expiry date. The location of spare adrenaline pens should also be documented.

- Regularly checking spare adrenaline pens are where they should be, and that they are in date.
- Replacing the spare adrenaline pens when necessary.

### **4.3 Admissions Team**

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

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity this should be in place before a school visit, an Open Day or Taster Days if food is offered or likely to be eaten.
- There is a clear structure in place to communicate this information to the relevant parties (i.e., school nursing team, catering team).
- 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.

### **4.4 All staff**

All school staff, including teaching staff, support 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.
- 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.
- 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 school welfare officer,
- 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.
- Ensuring pupils always have access to their medication or carrying it on their behalf.

### **4.5 All parents**

- All parents and carers (whether their child have 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 Miss Tesfay 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.
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice and encouraging their child to be allergy aware.

#### **4.6 Parents of children with allergies**

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

- Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan.
- If applicable, provide the school or their child with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, i.e. spoon or syringe), inhalers or creams.
- Ensure medication is in-date and replaced at the appropriate time.
- Ensure their child has access to their allergy medication, including two adrenaline pens if prescribed, on the journey to and from school.
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too.
- The school use in house images by professional photographer 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:

- Be allergy aware.
- Understand the risks allergens might pose to their peers and respect measures to support them.
- Learn how they can support their peers and be alert to allergy-related bullying.
- Older pupils will learn how to recognise an allergic reaction and support their peers and staff in case of an emergency.

#### **4.8 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 this will depend on age and capability.
- Avoiding their allergen as best as they can.
- Understanding the importance of following the school specific processes of lunch, for the Early years snacks 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, 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, Mrs Campbell or a member of staff if they are concerned by any school processes or systems related to their allergy.
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies.
- If age and capability appropriate, ensuring they have their Green Medical bag with them at all times.

## **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,
- 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, for example craft using food packaging, science experiments where allergens are present, food lessons or cooking.

Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk.

Running activities or clubs where they might hand out snacks or food “treats”. Ensure safe food is provided or consider an alternative non-food treat for all pupils. and

Planning special events, such as cultural days and celebrations.

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

## **7. Food, Including Mealtimes & Snacks**

### **7.1 Catering in school**

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

- Due diligence is carried out with regard to allergen management, Thomas Franks Catering team appointing catering staff.

- All catering staff and other staff preparing food receive relevant and appropriate allergen awareness training by Thomas Franks.
- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures
- The catering team will get to know the pupils with allergies and what their allergies are, supported by school staff.
- The catering team will provide varied meal options to students and staff with allergies.
- Food containing the main 14 allergens (celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites or sulphur dioxide, and sesame.) are clearly identified for pupils and staff by displaying the allergens daily.
- Where changes are made to the ingredients this will be communicated to pupils with dietary needs by the catering staff.
- Before the start of each new academic year, the school must collect pupil dietary requirement (PDR) information from parents / carers to provide to the catering team.

PDR information must,

- Identify pupils by name and school year group.
- Specify the dietary requirement.
- Include a recent photograph.
- Be organised by red, yellow, orange and green category (see section 7.2).
- Include details of any prescribed adrenaline auto-injectors.
- Only include information relevant to food controls.
- Be clearly dated.

The school is responsible for reviewing the dietary information provided by parents / carers and deciding on the dietary category. To assist with the management of PDRs they must be risk rated and grouped into RYOG categories.

The school has in-house Lanyard's system – Red, Yellow, Orange and Green lanyards matching the dietary categories. The lanyard must have year group of the pupil, the dietary requirement and the pupil name.

## 7.2 Lanyard system

**RED:** Pupils with a severe life threatening allergy who are at risk of suffering from anaphylaxis. This category also includes pupils with type 1 Diabetes and coeliac disease.

**Yellow:** Intolerance but not to the extent where a reaction would be life threatening most likely preferences

**Orange: Halal** Pupils with dietary requirements for halal pupils

**GREEN:** Pupils with dietary requirements through religious beliefs or food preferences including vegan and vegetarian.

Followed by a visual check by following The Front of the queue system – school staff are responsible for bringing pupils with dietary requirements to the front of the service queue and bring them to the attention of the catering team.

- All classes always attend lunch with both the class and assistant teachers including the mid-day staff. They are fully briefed on each child's dietary requirements, allergies, and medical needs. In line with the Early Years Foundation Stage (EYFS) statutory framework, we follow the "Safer Eating" guidance and ensure that all relevant procedures are adhered to at every mealtime.

- For fast reference, all dietary needs and allergens are clearly displayed at the entrance of the dining hall. Each child with a dietary requirement has a coloured lanyard with a label outlining their dietary need. This ensures that if a new teacher, supply teacher, or support staff member is present, they can immediately check this information. Cover teachers and TAs are also briefed by the class teacher or phase lead before mealtime to ensure consistency and safety.

## **7.2 Food brought into school**

The school operates a comprehensive catering provision, with all food and drink supplied by the school's catering team. Catering is provided throughout the school day, including Breakfast Club, lunch, and Afterschool Clubs, ensuring consistency, quality, and compliance with food safety and nutritional standards.

The catering team is provided with up-to-date dietary and allergy information for all pupils. This enables meals and snacks to be prepared safely and inclusively, meeting individual medical, cultural, and dietary requirements.

To protect pupils with allergies and to maintain food safety standards, food brought into school from home is not permitted. The only exception is whole fruit, which may be brought in where appropriate and in line with school guidance. Early years fruit snack is provided by the school. The school does not allow birthday food treats to be brought into school.

For school trips and visits all food and packed meals are prepared and provided by the school catering team. This ensures that dietary needs, allergy controls, and food hygiene standards remain consistent with those followed on site.

## **7.3 Food bans or restrictions**

The school does not allow birthday cakes or other external food items to be brought into school, including Afterschool Clubs. Similarly, for parent-teacher events, school celebrations, and fundraising activities, any food provided must be arranged through and approved by the school and, where applicable, supplied by the catering team to ensure compliance with food safety and allergen regulations.

The school follows a nut-free policy in line with the Thomas Franks – Catering Provider

## **7.4 Food hygiene for pupils**

Pupils will wash their hands before and after eating. Sharing, swapping or throwing food is not allowed. Water bottles and snack boxes for Early years should be clearly labelled.

The school provides a designated kitchen area in the Hub for pupil use, primarily for baking activities and home science lessons. This facility is used exclusively under direct staff supervision at all times. Appropriate health and safety and food hygiene procedures are implemented to minimise the risk of cross-contamination.

Pupils are instructed in and required to follow effective hygiene practices, including thorough hand washing before and after handling food. Separate utensils and equipment are used where appropriate to prevent cross-contamination between raw and ready-to-eat foods. All work surfaces and equipment are cleaned and sanitised before and after use.

Food is stored safely in clearly labelled, sealed containers, with due regard given to allergen management. Refrigerated items are maintained at appropriate temperatures, and perishable foods are used within recommended timeframes. Supervising staff ensure that pupils understand and adhere to food safety requirements, and that any hazards, spillages, or risks are addressed promptly.

## **8. Educational visits and sports Fixtures**

- Staff leading the trip will have a register of pupils with allergies and details of their medication. This is provided by the Welfare Officer.

- 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.
- Allergens will be clearly labelled on catered packed lunches. This is managed by our catering team Thomas Frank.

## **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
- Keep food and drink covered.

The school Site Team 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.
- School trips that include visits to animals will be carefully risk assessed.

## **11. Allergic Rhinitis/Hay Fever**

The school recognise that some children may experience allergic rhinitis, hay fever, or persistent nasal allergies (such as allergies to seasonal pollen or house dust mites).

If a child displays symptoms of seasonal pollen allergy, hay fever, or other persistent nasal allergies, the school will follow agreed individual care procedures. With written parental consent, the school holds and administer Piriton (antihistamine) in accordance with the child's care plan and the prescribed dosage instructions.

Where a child experiences redness, irritation, or itching (including itchy eyes or facial irritation), they will be encouraged to wash their face with clean water to help remove allergens. Saline solution may be used for eye washing where appropriate, in line with parental consent and the child's care plan.

## **12. Inclusion and Mental Health**

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

No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip.

Pupils with allergies may require additional pastoral support including regular check-ins from their Class Teacher/ Deputy Head Pastoral.

The school has a designated Safeguarding Lead, Miss Lewis, and Deputy Head Pastoral Mr. Manning. In addition, all staff play an active role in monitoring pupils' wellbeing, maintaining open communication, and ensuring that any concerns relating to health, emotional wellbeing, or safeguarding are promptly identified and appropriately addressed.

Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives and bullying related to allergy will be treated in line with the school's anti-bullying policy.

### **13. Adrenaline Pens & School Green Medical Bags**

**13.1 Green Avon House Medical bag:** This is used to store prescribed medication, including adrenaline auto-injectors (EpiPen), asthma inhalers, and antihistamines. This system ensures that pupils always have immediate access to their medication or that it is carried on their behalf, depending on the age and needs of the pupil.

Pupils in Year 5 and Year 6 are expected to carry their own green medical bag at all times to promote independence and ensure rapid access to medication. For pupils Early Years to year 4, the green medical bag is carried by a designated member of staff to ensure prompt and safe administration when required. This approach ensures appropriate access to medication based on pupils' age, level of independence, and the safe management of adrenaline auto-injectors within the school.

#### **13.2 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 within the individual pupil's classroom in the Green Avon House medical bag. The medical bag is kept on a clearly identified wall hook, positioned at an easily reachable height to ensure quick access in an emergency.
- The medical bag is not locked away and is available at all times during the school day. Each bag is clearly labelled with the pupil's name and The Allergy Action Plan is placed inside the bag. Staff working in the classroom are made aware of the location of the medication and how to access it promptly.
- Spot checks will be carried out regularly to ensure that adrenaline pens are stored correctly, are in date, and are located where they should be.
- Adrenaline pens are stored at room temperature, away from direct sunlight and heat sources, in line with manufacturer's guidance.

Used or out of date pens will be disposed of as sharps.

#### **13.3 Spare adrenaline pens**

The school holds four spare adrenaline auto-injectors, to be used strictly in accordance with current government guidance. These include:

EpiPen auto-injectors ×2 – 150 micrograms / 0.3 ml

EpiPen auto-injectors ×2 – 300 micrograms / 0.3 ml

The locations of the spare adrenaline auto-injectors are clearly signposted in the school medical room. Upon entering the medical room, the pens are located directly in front, hanging in a designated area with clear signage. The Allergy Lead Mrs Campbell and Welfare officer Miss Tesfay are responsible for purchasing of spare adrenaline pens,

### **13.4 Adrenaline pens on off-site activities**

- Any child with a prescribed adrenaline pen must bring two personal adrenaline pens on all school trips. 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.

**Responding to an allergic reaction /Anaphylaxis** (See appendix on pg.16 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 *AHS Anaphylaxis Emergency Response Plan pg.18*.

#### **Step by step guides below**

- If anaphylaxis is suspected administer adrenaline without delay.
- Treat the pupil where they are. Lie them down with their legs raised and bring medication to them.
- Use pupil's own prescribed medication if immediately available.
- All members of staff at Avon House School are trained to administer an EpiPen. Training is provided through a blended first aid and from the allergy team courses, Therefore, any member of staff can administer an EpiPen if required.
- 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 or guardian arrives.

### **14. Training**

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

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 the school organises a anaphylaxis drill annually.
- All staff complete annual allergy and anaphylaxis training, delivered by the specialist allergy team. This training is undertaken online and reinforced with in-school practical sessions.
- How the school manages allergy, for example Emergency Response Plan, documentation, communication
- 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.

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

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

## **15. Asthma**

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

The school recognise that asthma is an important condition affecting many school children and welcomes all pupils with asthma by having this clear policy which is to be followed by all staff in school who come into contact with the pupils. The policy is reviewed annually by the Head Teacher. Parents are required to inform the School Welfare Administrator about their child's asthma and their treatment.

Ensure that children with asthma participate fully in all aspects of school life by ensuring that the Asthma Policy is understood by teaching staff, associate teachers, visiting professions, and the School support staff. PE staff are aware that asthma may be triggered by exercise and will encourage those affected to use their inhaler before the lesson and again during the lesson if required.

Recognise that immediate access to reliever inhaler is vital so pupils are encouraged to carry their reliever inhaler with them at all times and have a spare one in their green bag. All school staff will let pupils take their own medication when they need to. The School also has spare inhalers and spacers which can be used in an emergency. The Welfare Administrator will ensure that these inhalers have not expired.

### **Steps to take if a child has an asthma Attack**

Ensure all staff who come into contact with children with asthma know what to do in the event of an asthma attack. The Welfare Administrator will produce clear instruction notices so that all staff who encounter pupils with asthma know what procedure to follow in the event of an asthma attack.

**Ensure that the reliever inhaler is taken immediately**, (normally a blue inhaler). As they are breathless, they may need several attempts before it successfully reaches the lungs. It opens the narrowed passageways.

**Help the pupil to breathe.** Let the pupil sit (not lie) down, encourage slow, deep breathing. Ensure tight clothing is loosened and offer them a drink of water.

**If attack continues**, allow them to use their (blue) inhaler every 5-10 minutes preferably through a spacer\* (kept in Medical Centre) as their breathing will be shallow. If symptoms improve but do not completely disappear, take to Medical Centre for parents to be contacted. Continue treatment.

**Contact the Welfare Administrator** in the quiet room if during the school day. Allow the pupil to sit quietly, listen to anything they say, and observe.

If it develops into a severe attack, i.e. too breathless to talk, pulse over 120 per minute or respiration rate above 30 per minute or signs of exhaustion call for an ambulance (and the parents and welfare officer) and continue treatment every few minutes. A nebulizer is available in the Medical Centre.

Always ensure parents know about an attack. If not controlled quickly then a doctor's assessment is advisable to avoid a repeat attack.

## **16. Reporting allergic reactions**

The school will log allergic reaction incidents and near-misses on ISAMS (Management Information System)

The school record and monitor all allergic reactions, including near-miss incidents, to ensure effective management and continuous improvement of allergy care.

### **16.1 Reporting Procedure**

Any member of staff who becomes aware of an allergic reaction or suspected allergic reaction must take immediate action and report the incident to Miss Tesfay (Welfare Officer).

The Welfare Officer will assess the situation immediately and determine the level of response required.

### **16.2 Minor Allergic Reactions**

For mild allergic reactions (e.g., itching, mild rash, sneezing), treatment may be given in accordance with the child's healthcare plan, such as administering an antihistamine (where consent is in place).

Parents/carers will be contacted by telephone as soon as possible to inform them of the incident and actions taken.

The incident will be logged and recorded in the school's medical records.

### **16.3 Severe Allergic Reactions (Anaphylaxis)**

In the event of a suspected anaphylactic reaction, staff will:

- Administer the EpiPen immediately in line with training and the child's healthcare plan.
- Call 999 and request an ambulance without delay.
- Record the exact time the EpiPen was administered.
- Ensure the used EpiPen is sent with the ambulance to hospital.
- Notify parents/carers immediately.
- Recording and Review
- All incidents, including near-misses, will be fully documented, including:
  - Date and time of the incident
  - Symptoms observed
  - Medication administered and time given
  - Staff involved
  - Follow-up actions taken

Incidents will be reviewed by senior staff to identify any lessons learned and to improve allergy risk management and staff training where necessary.

## Allergy and Anaphylaxis Policy



# 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](#).

## Allergy and Anaphylaxis Policy



# 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.



## Anaphylaxis Emergency Response Plan

### ANAPHYLAXIS EMERGENCY – ACT FAST

- 1. Assess & Stay Calm**  
Difficulty breathing, swelling, collapse = **ANAPHYLAXIS**
  - Reassure pupil
- 2. Call for Help**  
Send for **emergency kit (AAI)**
  - Remove allergen if possible
- 3. Position the Pupil**
  - Lie flat, legs raised
  - If breathing difficult: sit briefly
  - **DO NOT allow standing/walking**
- 4. Check Action Plan**
  - Follow **Personal Allergy Action Plan**
- 5. Give AAI Immediately**
  - Inject into outer thigh
  - **Note the time**
- 6. Call 999**  
Say clearly:
  - “**Anaphylaxis**”
  - “**Adrenaline given**”
  - Give **postcode/location**Send someone to meet ambulance
- 7. Monitor Closely** Stay with pupil at all times
  - No sudden movement
  - Contact parents
  - Give antihistamine / inhaler if needed
  - **Start CPR if required**
- 8. If No Improvement (5 mins)**
  - Give **2nd AAI**
  - Call **999 again**

#### **REMEMBER**

**Adrenaline first**

**Call 999**

**Never leave pupil alone**

**Designated First Aid Staff**

J Babra	Level 3 Paediatric First Aid
M Bettany	Level 3 Paediatric First Aid
A Buhorah	Level 3 Paediatric First Aid
A Campbell	Level 3 Paediatric First Aid
S Chacon	Level 3 Paediatric First Aid
J Chambers	Level 3 Paediatric First Aid
J Dade	Level 3 Paediatric First Aid
M Diedrick	Level 3 Paediatric First Aid
H Dunne	Level 3 Paediatric First Aid
J Evans	Level 3 Paediatric First Aid
A Feeney	Level 3 Paediatric First Aid
V Gagliano -Styczynski	Level 3 Paediatric First Aid
S Gleadell	Level 3 Paediatric First Aid
H Grant	Level 3 Paediatric First Aid
A Heath	Level 3 Paediatric First Aid
I Hilaj	Level 3 Paediatric First Aid
P Hussein	Level 3 Paediatric First Aid
K Ioakim	Level 3 Paediatric First Aid
P Kalsi	Level 3 Paediatric First Aid
J Lewis	Level 3 Paediatric First Aid
R Lord	Level 3 Paediatric First Aid
J Manning	Level 3 Paediatric First Aid
E Mistry	Level 3 Paediatric First Aid
N Monehen	Level 3 Paediatric First Aid
A Nash	Level 3 Paediatric First Aid
N Ramasamy	Level 3 Paediatric First Aid
M Palmer	Level 3 Paediatric First Aid
H Patel	Level 3 Paediatric First Aid
R Saharoy	Level 3 Paediatric First Aid
N Saiad	Level 3 Paediatric First Aid
N Strickson	Level 3 Paediatric First Aid
R Sehdev	Level 3 Paediatric First Aid
S Sullivan	Level 3 Paediatric First Aid
P Tant	Level 3 Paediatric First Aid
R Telling	Level 3 Paediatric First Aid
M Thornley	Level 3 Paediatric First Aid
F Whitestone	Level 3 Paediatric First Aid
C Woods	Level 3 Paediatric First Aid
S Young	Level 3 Paediatric First Aid
K Youngman	Level 3 Paediatric First Aid