Hardenhuish School

Allergy and Anaphylaxis Policy

This policy has been adopted from The Allergy Team guidance policy

If you would like any policy in a more accessible version, please contact the Office Manager

Adopted: September 2026
Review date: September 2027
Committee: Resources

Contents

1. Aims and objectives 3
2. What is an allergy? 3
3. Definitions 3
4. Roles and responsibilities 5
5. Information and documentation 9
6. Assessing risk 10
7. Food, including mealtimes and snacks 10
8. Educational visits and sports fixtures 11
9. Insect stings 11
10. Animals 12
11. Hay Fever (allergic rhinitis) 12
12. Inclusion and mental health 12
13. Adrenaline devices 12
14. Responding to an allergic reaction /anaphylaxis 14
15. Training 14
16. Asthma 15
17. Reporting allergic reactions 15
18. Appendix 1 – Managing Allergic Reactions 17
19. Appendix 2 – Responding to Anaphylaxis 18

1. Aims and objectives

This policy outlines Hardenhuish School's approach to allergy management, in line with the Department for Education's draft [statutory] guidance published in 2026 (Supporting children and young people with medical conditions and allergy). It also anticipates supports the introduction of Benedict's Law coming into force in government funded schools from September 2026.

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

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

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. Whilst an intolerance may cause uncomfortable symptoms it does not involve the immune system.

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, referred to as the "main 14" in this template. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

ADRENALINE AUTO-INJECTOR: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper,

outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAIs, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this Policy, we will refer to them as Adrenaline Devices or ADs to include other adrenaline devices such as EURNeffy (see below).

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional detailing a person's allergy and their treatment plan[1].

ASTHMA: Asthma is a common, long-term condition which affects 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 breathing.

ASTHMA ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's asthma, information about triggers, symptoms, and medicines to be used if they have asthma symptoms, and when to seek emergency help when they have an asthma attack.[2]

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

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

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

INDIVIDUAL HEALTHCARE PLAN: A detailed document outlining an individual 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 that requires active management should have an Individual Healthcare Plan, and it should be read in conjunction with their Allergy Action Plan (where appropriate).

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

SPARE ADRENALINE DEVICES: Schools can 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.[3]

---

[1] The Allergy Team recommends the BSACI Allergy Action Plan paediatric templates which include versions for: people without a prescribed adrenaline device, and people prescribed with different brands of adrenaline device. Paediatric Allergy Action Plans - BSACI

[2] The Allergy Team recommends the Asthma and Lung UK Asthma Action Plan template. https://www.asthmaandlung.org.uk/conditions/asthma/child/manage/action-plan

[3] Currently only EpiPen and Jext pens are legally available for schools to hold as spares, but legislation is likely to change soon, making EURNeffy (approved for use in the UK in 2025) available to purchase.

4. Roles and responsibilities

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

4.1 Named Allergy Governor

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

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

4.2 Designated Allergy Lead

The Designated Allergy Lead is Andrea Gould, Director of Resources, who reports to the Headteacher. Tina Deedigan, Administration Manager, is the Deputy Designated Allergy Lead. The Designated Allergy Lead, alongside the headteacher and the Named Allergy Governor, are responsible for:

- Leading the publication and implementation of a school-wide Allergy Safety Policy;
- Ensuring the safety, inclusion and wellbeing of pupils, staff and visitors with an allergy;
- Taking decisions on allergy management across the school;
- Championing and practicing allergy and asthma 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 staff4;
- 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 Safety Policy, and other related procedures5;
- Reviewing the school's stock of spare adrenaline devices (checking the school has an appropriate number for the setting, that they hold the correct dose, that spare adrenaline devices are stored appropriately) and ensuring staff know where they are;
- Keeping a record of any allergic reactions or near-misses, reporting these to the governing body and appropriate authority (e.g. Under RIDDOR) where necessary, investigating the incidents and

[4] Although the Designated Allergy Lead will have ultimate responsibility, the collation of information may be delegated to another member of staff, for example the school nurse or administrator.

[5] Consider obtaining and recording confirmation from staff that they have read and understood the policy.

ensuring that the findings of investigations into incidents are used to update relevant policies and procedures.

- Regularly reviewing and updating the Allergy Safety Policy; and
- Ensuring there is an anaphylaxis drill at least once a year and that lessons learned are used to update the allergy safety policy and school procedures as appropriate.

The Designated Safeguarding Lead (or delegated member of the Safeguarding team) and Designated Allergy Lead will monitor implementation of this policy, review procedures at regular intervals and report to the Headteacher and Named Allergy Governor as appropriate.

4.3 School nurse/ Healthcare team/ Medical Lead

The Health and First Aid Officer is responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans, Asthma Action Plans and Individual Healthcare Plans) and 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 the Administration Manager 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;
- Supporting the Designated Allergy Lead by 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 date6;
- Keeping an adrenaline device register to include adrenaline devices prescribed to pupils and the school's stock and location 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;
- Providing on-site adrenaline device training for staff and pupils and refresher training as required e.g. before school trips; and
- Any other appropriate responsibilities delegated by Designated Allergy Lead.

4.4 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, Administration Manager and Health and First Aid Officer to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity.7 Please note that this should be in place before a school visit, an Open Day or Taster Days if food is offered or likely to be eaten.

---

[6] While it is the responsibility of parents/carers to ensure medication is up to date, the school 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.

[7] This should be in place before a school visit, an Open Day or Taster Days if food is offered or likely to be eaten or if a child is likely to be left at the school without a parent/carer

- 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; 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, including teaching staff, support staff, occasional staff (for example sports coaches, music teachers and those running breakfast and after-school clubs are responsible for:

- Championing and practicing allergy and asthma awareness across the school;
- Reading, understanding and putting into practice the Allergy Safety Policy and related procedures, and asking for support if needed;
- Being aware of 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, including carrying it on their behalf if necessary8;
- 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 Health and First Aid Officer;
- Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving the school site for any reason.

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 Safety Policy and considering the safety, inclusion, and wellbeing of pupils with allergies;
- Providing the Administration Manager or Health and Frist Aid Officer9 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;

[8] This may depend on the age of the pupils and the management of adrenaline devices in the school

[9] Include name or job title of who to contact here (if practicable).

- 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 paragraph 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;
- If applicable, provide the school or their child with two labelled adrenaline devices 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 devices, if prescribed, on the journey to and from school;
- 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; and
- 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[10]

All pupils at the school should:

- Be allergy aware;
- Understand the risks that allergens might pose to their peers and respect measures to support them;
- Learn how they can support the wellbeing of 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;
- Ensure that any food being bought in to school to sell, e.g. a cake sale, has a clearly labelled ingredients list and adheres to food restrictions or guidance about food being brought in to school.

4.9 Pupils with allergies

In addition to paragraph 4.8, pupils with allergies, as appropriate to 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;

[10] This section should be tailored to the age and capability of pupils at the school.

- 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 auto-injector and only using them for their intended purpose;
- Talking to the Health and First Aid Officer 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 off the school premises including how to treat themselves and how to raise the alarm to get help;
- Ensuring they have their medication with them on the journey to and from school.

5. Information and documentation

5.1 Register of pupils and staff with an allergy

The school has a register of pupils and record of staff who have a diagnosed 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.

5.2 Individual Healthcare Plans

Each pupil with an allergy requiring active management by the school has an Individual Healthcare Plan[11]. The information on this plan includes:

- Known allergens, risk factors for allergic reactions and any adaptations needed;
- A history of their allergic reactions;
- If the pupil has asthma and any other medical conditions;
- Details of the medication that the pupil has been prescribed, including their dose, this should include adrenaline devices, antihistamine 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 learning or wellbeing;
- If the student is able to take responsibility for their condition including in an emergency;
- A photograph of each pupil and emergency contact details;
- A copy of their Allergy and/or Asthma Action Plan.12

[11] This is likely to include anyone with a food allergy, whether they have a prescribed adrenaline device or not.

[12] See definitions for the BSACI templates.

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;
- 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 and snacks

7.1 Catering in school

The school is committed to providing safe and inclusive meals and snacks for all students, staff and visitors, including those with food allergies.

- Due diligence is carried out regarding allergen management when appointing catering providers;
- The Designated Allergy Lead will gain assurance that 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 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 students and staff with allergies;
- The school has robust procedures in place to identify pupils with food allergies, to include recording on the school management information system and on shared information with wider staff.
- Dishes and menus containing the main 14 allergens (see Allergens definition) will be clearly labelled using full words, not symbols or abbreviations. 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 which involve the introduction of a known allergen this will be communicated to pupils with dietary needs by updating the labelled ingredients list and in the menu planning software.

7.2 Food brought into school

Parents, students and school staff will ensure that any food being bought into school to sell, e.g. a cake sale, is clearly labelled with all ingredients used and will confirm those allergens included in the product.

7.3 Food bans or restrictions[13]

The school is an Allergen Aware school. The school has students with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food. Food hygiene for pupils

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

8. Educational visits and sports fixtures

- Staff leading the trip will have a register of students 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 students where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay;
- Staff (and some students, if appropriate) accompanying the trip will be trained to recognise and respond to an allergic reaction;
- Allergens will be clearly labelled on catered packed lunches;
- 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, wherever possible, keep arms and legs covered;
- Avoid wearing strong perfumes or cosmetics;
- Keep food and drink covered.

The school Estates Team will monitor the grounds for wasp or bee nests. Students (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them[14].

[13] Bans are almost impossible to enforce but can lead to a sense of complacency or give a false sense of security. Reminding everyone to be allergy aware and to remain vigilant is vital. It is also important that you don't give the impression of one allergen being more dangerous than others. We recommend using 'Allergen Aware' wording instead of setting out specific food restrictions, bans or saying the site is "nut free", for example.

[14] If the school keeps bees and has a pupil with a bee sting allergy advice should be sought on how to manage this.

10. Animals

It is 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 student 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. Hay Fever (allergic rhinitis)

Information on staff and students who experience hay fever will be requested and recorded by the Health and First Aid Officer. An Individual Health Care Plan will be written and shared with the appropriate staff and student/parent, detailing how the hay fever will be managed.

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.

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

13. Adrenaline devices

See the government guidance on Adrenaline Devices in Schools.

13.1 Storage of adrenaline devices

- Students prescribed with adrenaline devices will have easy access to two, in-date devices at all times;
- Spare adrenaline devices can be located in each building within a clearly signed and accessible storage box (please see 13.2);15

[15] If stored centrally they should be labelled, with the pupil's Allergy Action Plan. Remember that pupils must also have access to two adrenaline devices as they travel to and from school

- Adrenaline devices must not be kept locked away or in rooms with restricted access;16
- 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);
- Used or out of date devices should be disposed of as sharps.

13.2 Spare adrenaline devices[17]

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

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

- S Centre - main foyer, to the right-hand side of the Defib (covered by CCTV)
- Library - on the cupboard wall behind the desk
- Octagon - in the catering changing room
- A Centre - main foyer, on the immediate left-hand wall as you enter
- E Centre - main foyer, under the Defib (covered by CCTV)
- C Centre - main foyer, adjacent to C1 (covered by CCTV)
- M Centre - staff room. The box will also cover L20/21 and the IT/Site offices
- L Centre - main foyer, adjacent to the main corridor doors (covered by CCTV)
- PE office - staff room (right side of the door as you exit)
- Main reception - adjacent to fire call point (covered by CCTV)

The boxes contain EpiPens with a dosage of 300mcg.

The Designated Allergy Lead, Administration Manager and Health and First Aid Officer are responsible for:

- Deciding how many spare devices are required18;
- 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;
- Distribution around the school site and clear signage.

13.3 Adrenaline devices on off-site activities

- No student 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 students 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;

[16] All staff should have unrestricted access to adrenaline devices.

[17] You may want to include spare asthma inhalers in this section too.

[18] You may want to consider a couple of spare adrenaline devices in grab bags for school trips/ matches as well as around the site.

- Staff accompanying the students will be aware of those with allergies and be trained to recognise and respond to an allergic reaction;
- Consider whether to take spare adrenaline devices to off-site activities. This should be recorded as part of the risk assessment process.

14. 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 student 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 device if needed19.
- Anyone who has 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.

15. Training

The school is committed to ensuring that all staff receive regular (at least annual) allergy awareness training. This training should be undertaken by every member of staff, regardless of their role at school.

This training will cover:

- 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;20
- 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 IHCP and Allergy or Asthma Action Plan;
- Where adrenaline devices are kept (both prescribed devices and spare devices) and how to access them;
- The importance of inclusion of students with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying;
- Understanding food labelling;
- How to report an allergic reaction or near miss; and
- Taking part in an anaphylaxis drill.

[19] The MHRA says that in exceptional circumstances, a spare adrenaline device can be administered to anyone for the purposes of saving their life, even without consent.

[20] Staff should be given the opportunity to practise with a training adrenaline auto-injector

The school will carry out an anaphylaxis drill once a year. This involves an exercise simulating an event where a student or member of staff has an allergic reaction and testing the whole school response.

16. Asthma

The school understands that it is vital that pupils with allergies keep their asthma well controlled. Asthma 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.
- All students with asthma will have an Asthma Action Plan. Where relevant, an Asthma Action Plan will be in addition to an Allergy Action Plan21.
- The Asthma Action Plan will include medical and parental consent for staff to administer medicines, including an emergency reliever inhaler in the event of an asthma attack.
- Students 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 student 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.

17. Reporting allergic reactions

The school will log all allergic reaction incidents and near-misses as soon as is feasible after they occur.

- Each record should include who was affected, what happened, when and where, why the incident occurred (as far as is known), how staff and the student responded; what was done to support the individual; whether emergency services were called and how the incident concluded
- All incident reports should be shared with:
    - the student's parents or carers, who will be given the opportunity to discuss the incident and contribute their views to the review; and
    - the Named Allergy Governor and the governing body, so they can consider what lessons to learn and whether policy changes are required.
- Any learning from an incident should be shared appropriately with staff so they can act on it.
- It may be necessary to share the report with other agencies, for example:
    - Schools that operate as food businesses must report any allergen-related food safety incidents to their local authority;
    - Incidents arising directly from a work activity that result in death or immediate hospitalisation must be reported to the Health and Safety Executive under RIDDOR.
- Following any incident or near miss the school will meet with the student and their parents/ carers to ensure they are confident the setting remains safe.

[21] Allergy and Lung UK have a template Asthma Action Plan here: https://www.asthmaandlung.org.uk/conditions/asthma/child/manage/action-plan]

- 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.

18. Appendix 1 – 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 the student
- Call for help
- Locate adrenaline devices
- Give antihistamine. Note: if any signs of anaphylaxis are present, give adrenaline without delay.
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil for at least 60 minutes in case the reaction gets worse

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 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.

19. Appendix 2 – Responding to Anaphylaxis



SYMPTOMS OF ANAPHYLAXIS

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**.

IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE.

DELIVERING ADRENALINE

1. Treat the patient where they are. 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. Pupils may be able to do this themselves, but some will require or want adult support. Whilst all members of staff should be trained in an emergency, anyone can administer adrenaline.
5. Make a note of the time you gave the first dose.
6. Call 999 for an ambulance (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
7. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
8. Call the pupil's emergency contact.
9. 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.
10. Start CPR if necessary.
11. Hand over used devices to paramedics and remember to get replacements.
12. Anyone who has 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.

For more information see the Government's Guidance for the use of adrenaline auto-injectors in schools.