Allergy Safety Policy

Introduction

An allergy is a reaction by the body's immune system to substances that are usually harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction. Allergy is a spectrum of different allergic diseases. Asthma, food allergy, skin allergies (e.g. eczema, contact dermatitis) and seasonal rhinitis (hay fever) are all forms of allergy. Coeliac disease and intolerance can present symptoms which are similar to those of food allergy.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis. Common allergens include nuts, milk, egg, fish, sesame seeds, wheat, insect venom (such as wasp or bee sting), latex, medication and animal dander.

Allergens can be present in many aspects of school life from meal times to science lessons. Heritage aims to provide as safe an environment as is reasonably possible for pupils, staff and visitors. This policy sets out the school's measures to manage the risks of allergic reactions.

1 Purpose

The aim of this policy is to:

- minimise the risk of any child suffering an allergic/anaphylactic reaction whilst at school;
- establish effective risk management practices to diminish the possibility of accidental exposure to known allergens whilst recognising the risk can never be completely removed;
- ensure effective emergency response to any allergic reaction situation;
- set out how the school supports pupils with allergies to ensure their wellbeing and inclusion;
- promote allergy awareness among the school community.

This policy applies to all staff, pupils, parents and visitors to the school and should be read alongside these other policies:

- Administration of Medicines Policy
- Anti-bullying Policy
- Asthma Policy
- First Aid Policy
- Data Protection Policy

2 Responsibilities

The school has a number of pupils who have allergies. Everyone in the community has a role in minimising the chances of an allergic reaction.

2.1 Designated Allergy Lead

The Designated Allergy Lead is Matthew Fox (Deputy Head). His work is supported by the designated Health and Safety Trustee (Ian Wright), Compliance Officer and Heads of School. He is responsible for:

- overseeing decisions taken on allergy management 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 by the Compliance Officer;
- ensuring a record is kept 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;
- purchasing "spare" adrenaline pens for the school;

- ensuring all staff are suitably trained regarding allergy awareness and management;
- providing good access to the school's Allergy Safety Policy and other related procedures so staff, pupils and parents have a good awareness;
- ensuring the Allergy Safety Policy is regularly reviewed and updated.

At regular intervals the Designated Allergy Lead will check procedures and report to SLT.

2.2 Compliance Officer

The Compliance Officer's work is supported by the Deputy Head and Heads of School. He or she is responsible for:

- coordinating the development of Individual Medical Information Forms;
- ensuring that information about known allergies is gathered prior to a pupil starting at the school;
- ensuring that arrangements are in place to support pupils with allergies and that they can access and enjoy the same opportunities at school as any other pupil;
- ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs;
- ensuring that there is an effective system to regularly update and disseminate medical information to staff and others as appropriate;
- ensuring that medical information is reviewed at least annually, or earlier if evidence is presented that the pupils' needs have changed;
- summarising medical information on the Class Information Registers (which are primarily used for and taken on trips);
- coordinating medication with families, as needed. Whilst it is the parents/carers responsibility to ensure medication is up to date, the School Office will have a system in place to check this and notify parents when they see the expiry date is approaching;
- organising and deliver regular training to staff at INSET days;
- regularly reviewing and updating the Allergy Safety Policy.

2.3 Admissions Officer

He or she is responsible for:

- ensuring that a Pupil Information Form, which captures medical, allergy and/or special dietary information, is completed for any prospective pupils prior to an Assessment Visit and this information is communicated to relevant parties;
- ensuring that plans are made for emergency medication if the child is to be left without parental supervision.

2.4 All Staff Responsibility

- Staff are responsible for familiarising themselves with pupil medical information and staying up to date with any changes.
- Ensure that emergency medication is easily accessible at all times.
- Break and lunchtime to be well supervised to help ensure the safety of children with allergies.
- Consider the risk to pupils with allergies posed by any planned activities (including, but not limited to, crafts, cooking enrichment, science experiments and special events). Ensure the Allergy Register is reviewed and risk assessments undertaken as necessary.
- Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, activities will be adapted.
- Where food is not directly provided by the school (e.g. brought in as treats to celebrate birthdays) parental engagement and permission should be sought in advance to ensure inclusion and safety for children with allergies.
- Prevent and respond to allergy-related bullying, in line with the school's Anti-bullying Policy.
- Forward any communication or information that comes directly to them from parents regarding allergens to the Compliance Officer / Designated Allergy Lead.
- Allergy awareness is discussed in PSHE lessons and Science lessons relating to nutrition, healthy eating and food labelling.

2.5 Family's Responsibility

- Provide ongoing, accurate and current medical information in writing to the school. Detailing known allergens, defining allergen exposure triggers (ingested, inhaled or absorbed) and providing details about any required medication e.g. antihistamine, salbutamol inhaler,

adrenaline auto-injector. Allergy and Asthma Action Plans, where issued by a healthcare professional, should also be provided to the School.
- To report to the school any change in a child's medical condition during the year.
- Ensure a minimum of 2 x Adrenaline Auto Injectors (AAIs) are available as part of their child's Allergy Kit at the start of the academic year or as soon as an allergy is diagnosed during the school year. All medicines must be labelled, in-date, in the original packaging as dispensed by the pharmacist and include the instructions for administration, dosage and storage.
- Ensure that the school has an appropriate amount of medication in school and that any unused or expired medication is collected and/or replaced.
- Ensure that the contents of lunches and snacks brought to school are safe for the child to consume.
- Ensure that asthma, where diagnosed, is well controlled, because asthma can exacerbate allergic reactions.
- Liaise with staff about appropriateness of any activities which may need to be avoided or flagged up as 'high risk' (e.g. cooking).
- Provide up to date emergency contact information and inform the school of any changes.
- Educate their child in self-management of their allergy.

2.6 Pupil's Responsibility (with allergies)
- Be aware of their allergens and the risks they pose.
- Avoid their allergen(s) as best they can to mitigate personal risk.
- Notify an adult immediately if they eat something they believe may contain the food they are allergic to.
- Notify an adult immediately if they believe they are having an allergic reaction, even if the cause is unknown.
- If applicable, understand how and when to use their adrenaline auto-injector and, if age appropriate, to carry two adrenaline auto-injectors with them at all times.

2.7 Pupils' Responsibility (without allergies)
- Understand the risks allergens might pose to their peers.
- Learn how they can support their peers and be alert to allergy-related bullying.

2.8 School Community Responsibility
- If the school notifies the wider community of a necessary allergen restriction, please ensure that any food brought onto the premises is free from the specified allergen whenever possible
- Water bottles and packed lunches should be clearly labelled with the name of the child.
- Ensure food brought into school (i.e. birthday treats, items for cake sales) is clearly labelled with the ingredients.

3 Identifying Pupils, Staff and Visitors with allergy

Information about pupil medical conditions including allergies is gathered through the Pupil Information Form (completed for any prospective pupils) and Post-Enrolment Form. Updates, once a pupil is enrolled, can be provided at any time through the Update Contact, Medical & Dietary Information Form (a link is emailed to parents/carers weekly in the "Wednesday Email" and it is also available on the school portal).

Prior to commencing employment, information about staff allergies is gathered through a health questionnaire and where allergies are disclosed appropriate adjustments are agreed and safety measures implemented. For visitors, information on allergy is sought in advance of their visit where appropriate, such as during events involving food service.

The school has a central Allergy Register of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens (and an Allergy Action Plan), as well as pupils with an allergy where no adrenaline pens have been prescribed. The Pupil Allergy Register is easily accessible to all staff on Google Drive.

4 Medical Information Forms

When a pupil has known allergies this will be recorded on an Individual Medical Information Form. A summary of this information will also be available on the Class Information Registers (also known as Class Lists).

An Individual Medical Information Form is not a clinical document. It is a description of how the school will respond to the information and advice concerning a pupil's allergy, including from the pupil themselves, their parents and any healthcare professionals involved in their care.

The school will not wait for a formal diagnosis before providing support to pupils. Where symptoms have newly emerged or where the process of diagnosis is still underway, arrangements will be put in place based on the best assessment that can be made of the likely risk to the pupil's health, education and wellbeing. Where the support required cannot be safely determined without clinical advice, the school will seek advice from appropriate healthcare professionals.

Arrangements will be put in place prior to a pupil starting at school. When a pupil joins the school mid-term or a new diagnosis is received, every effort will be made to ensure arrangements are put in place within two weeks, where it is appropriate for the school to do so.

Individual Medical Information Forms will be reviewed annually, earlier if a pupil's needs change or following a significant incident or a "near miss", in consultation with parents/carers.

The following will be considered:

- the allergies the pupil has, their known allergens, whether the pupil is aware they are having an allergic reaction including their ability to alert others;
- the pupil's resulting needs, including prescribed medication (dosages, side effects and storage), specific measures to reduce the risk of contact with known allergens;
- the support needed for the pupil's educational, social and emotional needs and if relevant any interaction between allergy and SEND;
- arrangements for maintaining educational progress where absence or missed learning occurs due to allergies;
- the signs or symptoms that would indicate an emergency and the steps to take in the event of an emergency;
- whether a pupil can self-manage their medication; if a pupil is self-managing their medication, this should be clearly stated, with appropriate arrangements for monitoring;
- who needs to be made aware of the pupil's condition, considering any confidentiality issues raised by the parents/carers or pupil;
- arrangements for written permission from parents for medication to be administered by a member of staff or self-administered by the pupil during school hours;
- arrangements for school trips or other school activities to ensure the pupil can participate; this may include the requirement for a risk assessment and prompts for specific issues which should be considered.

Where a pupil has a personalised care and/or action plan issued by a healthcare professional, it will be indicated. Allergy and Asthma Action Plans will be attached to their Individual Medical Information Form. The healthcare professional who issued the plan, their role, contact details and date will be recorded on the medical form.

Individual Medical Information Forms will be easily accessible to those who need to refer to them, but confidentiality will be preserved.

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform their Individual Medical Information Form. Where a pupil has SEND but does not have a statement or Education, Health and Care Plan (EHCP), any relevant interaction between their allergy and SEND will be mentioned in their Individual Medical Information Form.

When a pupil is returning from a period of hospital education, alternative provision or home tuition, the school will work with appropriate agencies to ensure that the pupil's Individual Medical Information Form identifies the support the pupil will need to reintegrate.

5 Assessing Risk

The school will conduct an individual risk assessment for any pupil or member of staff whose specific needs put them at higher risk (such as anaphylaxis) and / or their needs create additional risks that

are not covered by existing generic risk assessments. The decision to create an individual risk assessment will be taken on a case-by-case basis.

6 Managing Risk

6.1 Hygiene Procedures

- Infant/Junior pupils are reminded to wash their hands before and after eating.
- Infant/Junior pupils should not exchange food with other children.
- Senior pupils should be allergy aware, understand the risks allergens pose to themselves/peers and know how to mitigate personal risk.
- Water bottles and pack lunches should be clearly labelled with the pupil's name.
- Trading and sharing of food, food utensils and food containers is discouraged.

6.2 Insect bites / stings

Pupils with a known insect venom allergy should:

- avoid walking around in bare feet or sandals when outside and when possible keep arms and legs covered;
- avoid wearing strong perfumes or cosmetics;
- avoid leaving food and drink uncovered.

The Site Manager is responsible for ensuring the grounds are monitored 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.

6.3 Animals

It is normally the dander that causes a person with an animal allergy to react.

Precautions to limit the risk of an allergic reaction include:

- A pupil with a known animal allergy should avoid the animal they are allergic to
- If an animal comes on site a risk assessment will be done prior to the visit
- Areas visited by animals will be cleaned thoroughly
- Anyone in contact with an animal will wash their hands after contact
- School trips that include visits to animals will be carefully risk assessed.

6.4 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 because of their allergy, whether on the school premises or a school trip. Occasionally, alternative arrangements may be put in place if agreed with parents in advance.
- Pupils with allergies may require additional pastoral support from their Class Teacher / Tutor.
- All pupils will be taught how they can support their peers and be alert to allergy related bullying.
- Bullying related to allergy will be treated in line with the school's Anti-bullying Policy.
- Support will be appropriate and proportionate to the age and circumstances of the individual including the nature and severity of their allergies.

6.5 Air Quality

Air quality, both indoors and outdoors, can significantly affect children and young people's health. Poor air quality can exacerbate asthma, allergic conditions and other respiratory illnesses. Air quality management is therefore considered as part of the arrangements to support a wide range of medical conditions. Where a pupil has medically documented sensitivities to airborne triggers, these are considered within Medical Information Forms and risk assessments.

7 Serious Incidents and Near Misses

Pupils may be at heightened risk of harm as a result of their allergy. If not treated quickly, anaphylaxis can be fatal. The school seeks to actively manage the risks associated with allergy, whilst acknowledging that it is not possible to entirely remove the risk of a serious incident

- A **serious incident** is any event relating directly to a medical condition (including allergy) in which a pupil, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.
- A "**near miss**" is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so, e.g. where an error, omission or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

"Near misses" are as important as actual incidents, since they may highlight weaknesses in policy, procedure, training and/or communication.

There is a legal requirement under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) requiring employers to report certain accidents, diseases and dangerous occurrences (near misses) arising out of or in connection with work to the HSE. This applies regardless of whether an accident happens to a pupil, member of staff or visitor. Schools are required to report incidents which arose directly from the way they undertook a work activity and which resulted in death or being taken directly to hospital. If a staff member is uncertain whether or not an incident meets these criteria, they should contact the Compliance Officer.

7.1 Incident Reporting

Following any serious incident or "near miss" involving a pupil, member of staff or visitor with an allergy, the school will record what happened, report as appropriate and consider what lessons can be learned. The following will be recorded:

- Who was affected
- What happened, when and where;
- Why the incident occurred (as far as is known);
- How staff / pupils responded; what was done to support the individual; whether emergency services were called;
- How the incident concluded.

Parents or carers will be notified of the incident or "near miss" as soon as possible.

Not all serious incidents and "near misses" will result in an immediate emergency situation. In some cases the impact may be delayed - consequences in some cases might not be seen for several days. The pupil, their parents or others (e.g. healthcare professionals) may be the ones to identify that there has been an incident.

7.2 Learning lessons from serious incidents and "near misses"

The school approaches serious incidents and "near misses" in a "no blame" spirit, seeking to learn lessons and address any issues which the incident identified, so that pupils are better protected in the future.

The report should be submitted to the designated senior leader. The designated senior leader and any staff involved in supporting the pupil with their allergy should consider:

- Could the school have foreseen an incident of this nature?
- Might the incident or near miss have been avoided through reasonable preventative steps? If so, what steps might have been taken?
- Were the circumstances of the incident covered by a policy and/or a care/action plan which set out how to respond to an incident of this nature?
- If so, was the policy and/or plan followed? If the policy and/or plan was not followed, are there staff training, capability or even disciplinary issues to consider?
- Was the policy or plan adequate? If the policy and/or plan was not adequate, what changes might be required?
- Should policies be changed as a consequence?

The pupil, pupil's parents or the individual involved, in a serious incident or significant "near miss" will be given the opportunity to discuss what happened and to contribute their views to the lessons learned review. Pupils and their parents will be involved in amending Individual Medical Information Forms, where necessary, to ensure they are robust and appropriate. The school will confirm the

outcome of the review with the pupil, pupil's parents or individual involved, outlining any actions taken as a result.

The designated allergy lead will consider whether the serious incident or "near miss" indicates that any statutory duties may have been breached, or at significant risk of being breached, and whether there were weaknesses in the relevant policies, the Individual Medical Information Form and/or any care or action plan. If so, they will ensure steps are taken to review and where necessary amend the relevant policies or practice.

Where there is a serious incident or "near miss" relating to the delivery of a care plan or action plan issued by a healthcare professional, the school will notify the relevant healthcare professional or team, providing a copy of the report. The healthcare professional may provide further information, instructions or review the care plan.

The school will consider the impact of any serious incident on those involved in responding and any pupils who may have witnessed it. Any learning will be shared appropriately with staff/pupils so they can act on them, reducing the chance of an incident reoccuring.

8 Medical Conditions and safeguarding

The primary focus of Keeping Children Safe in Education (KCSIE) is to provide guidance on responding to incidents or neglect, abuse and the exploitation of children posed by intra or extra familial harms rather than health and safety or the management of child medical conditions.

An incident relating to the management of a pupil's medical condition (including allergies) would not in and of itself warrant a referral to local safeguarding partners. A safeguarding referral would only be indicated where an incident highlights an increased risk of a pupil being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a pupil's medical condition is not provided to school or where they are repeatedly sent without essential medication, thereby putting the pupil at risk.

9 School Trips

- Trip Leaders will have a register of pupils with allergies with medication details.
- Trip Leaders in conjunction with the EVC will ensure that where pupils with known allergies are participating in a school trip, the risk assessment for the trip includes pupils' relevant medical information and any risk management strategies.
- Under some circumstances, following review of the trip risk assessment, it may be considered appropriate to take "spare" adrenaline devices in case of emergency on some trips, but only when it will not cause a lack of "spare" pens on school premises.
- Trip Leaders will ensure that any food provided by the school to pupils with food allergies and hypersensitivities is safe and clearly labelled emphasising food allergen by highlighting the words rather than using abbreviations or symbols.
- Parents of pupils with known allergies, may be consulted if considered necessary.
- Staff accompanying the trip will be trained to recognise and respond to an allergic reaction.
- A pupil's Allergy Kit (including adrenaline pens) will be accessible at all times e.g. not stored in the hold of the coach when travelling.
- Adrenaline pens will be protected from extreme temperatures. They should not be refrigerated or frozen. The temperature in the school may occasionally rise above 25C during hot weather, but exposure to temperatures above 25C are unlikely to be prolonged.
- No child prescribed an adrenaline pen will be able to go on a school trip without two AAIs.
- Trip Leaders will check that all prescribed Allergy Kits (including 2 AAIs) are present for each relevant pupil prior to departure.

10 Unacceptable Practice

The school will not:

- prevent pupils from easily accessing their medication e.g. auto-adrenaline devices, asthma inhalers;
- assume that pupils with the same condition require the same treatment/support;
- ignore the views of the pupil or their parents/carers;
- ignore medical evidence or the opinion and advice of healthcare professionals;

- assume that older children and young people do not require support related to their allergy, even if they are able to take increasing responsibility for its management;
- assume a pupil does not have an allergy because they do not yet have a diagnosis;
- send pupils home frequently for reasons associated with their allergies, or prevent them from taking part in activities at school, including lunchtimes, unless this is specified in their Individual Medical Information Form;
- send an unwell pupil to the school office without suitable supervision; in the case of an allergic emergency (e.g. anaphylaxis) help must come to the pupil rather than the other way round;
- penalise pupils with allergies for their attendance record, where the absences relate to their condition;
- make parents/carers feel pressured to visit the school day-to-day to administer medication or provide medical support, including for toilet issues. The school is dedicated to maintaining an inclusive environment where working parents are fully supported;
- create barriers to pupils participating in school life, including school trips.

11 Pupil Adrenaline Pens

- Pupils prescribed with adrenaline pens must have 2 x adrenaline pens in school at all times as part of their Allergy Kit. It is the responsibility of the child's parents to ensure their medication is in-date and clearly labelled. A copy of the pupils Allergy Action Plan, where available, will be kept together with their medication.
- All pupils are encouraged to bring their Allergy Kits (including 2 x adrenaline pens) with them to school every day to keep them easily accessible during the school day and when travelling to and from school.
- Parents / Carers of Infant / Junior pupils may wish to provide an Allergy Kit (including 2 x adrenaline pens) to be kept at school. Class teachers will store Allergy Kits alongside the class first aid bag and ensure they are easily accessible at all times during the school day.
- Should Parents/Carers wish to provide a 'spare' allergy kit for their child they may do so. These will be stored in the School Office.
- Adrenaline pens should be stored at room temperature, protected from direct sunlight and temperature extremes. They should not be refrigerated or frozen. The temperature in the school may occasionally rise above 25C during hot weather, but exposure to temperatures above 25C are unlikely to be prolonged.
  Parents will be notified to collect medication when it is out of date or at the end of each academic year.

12 Spare Adrenaline Pens

Anaphylaxis reactions are unpredictable. In addition, up to 20% of anaphylaxis reactions in schools happen in children without a pre-existing diagnosis. The Human Medicines (Amendment) Regulations 2017 permit schools in England to purchase "spare" AAI devices without a prescription for emergency use to treat anaphylaxis.

The school has 4 spare adrenaline pens to be used in accordance with government guidance. These are readily accessible (within 5 minutes) and not locked away.

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

- Hallway No. 17 (2 x 300 micrograms, suitable for individuals over 6 years of age)
- Inf/Jun Toilets (2 x 150 micrograms, suitable for children under age 6 years)

The school "spare" adrenaline pens are not a replacement for a pupil's own devices. Pupils at risk of anaphylaxis should have their prescribed pens with them at school for use in an emergency and should have access to them at all times.

The school "spare" adrenaline pens are stored at room temperature, protected from direct sunlight and temperature extremes. They should not be refrigerated or frozen. The temperature in the school may occasionally rise above 25C during hot weather, but exposure to temperatures above 25C are unlikely to be prolonged.

The school's "spare" adrenaline pens can be used by pupils:

- who have been prescribed AAIs but whose own devices are not available (for example because they are broken, out of date, cannot be accessed or have misfired). These pupils should have an Allergy Action Plan and written parental consent for the use of a "spare" adrenaline pen in an emergency will be obtained in advance.
- with food allergies who have been assessed as being at lower risk of anaphylaxis and therefore not prescribed their own AAIs. Medical authorisation must be obtained. The easiest is by their healthcare professional providing an appropriate Allergy Action Plan. Written parental consent for the use of a "spare" adrenaline pen in an emergency must also be obtained in advance.

The School Office will be responsible for ensuring that:

- on a monthly basis 2 x "spare" adrenaline pens are present in each location and in working order;
- that replacement "spare" adrenaline pens are obtained when expiry dates approach; and
- replacement "spare" adrenaline pens are available following use.

12.1 Using "spare" adrenaline pens in an emergency situation without prior consent
The MHRA has clarified that a legal exemption under Regulation 238 of the Human Medicines (Amendment) Regulations 2017 permits a school's "spare" adrenaline pens to be used for the purpose of saving a life for a pupil or other person not known by the school to be at risk of anaphylaxis (i.e. who does not have medical authorisation/consent in place for the spare device)

This might be, for example, a child presenting for the first time with anaphylaxis due to an unrecognised allergy, or an adult visiting the school premises. This provision is reserved for exceptional circumstances only, that could not have been foreseen.

Therefore, the "spare" adrenaline pens can be used with **anyone** experiencing anaphylaxis in an emergency, for the purpose of saving their life.

12.2 Disposal
Out-of-date adrenaline pens will be returned to a pharmacy to be recycled. Heritage is registered as a lower-tier waste carrier.

13 Spare Asthma Inhalers

Since 1 October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 has allowed schools in the UK to keep salbutamol inhalers for use in emergencies.

The School Emergency Asthma Kits can **only** be used by pupils:

- who have been diagnosed with asthma and prescribed a reliever inhaler;
- **OR** who have been prescribed a reliever inhaler;

AND for whom written parental consent for use of the emergency inhaler has been given.

The Emergency Asthma Kits are stored in the following locations:

- School Office;
- Panton Hall;
- PE First Aid Bag.

To ensure staff have access at all times, they will not be locked away, but will be kept out of the reach and sight of children.

For further information, please refer to the school's Asthma Policy.

14 Responding to an Allergic Reaction / Anaphylaxis

14.1 Mild to moderate allergic reactions

- Pupils will be treated in accordance with their Individual Medical Information Form and Allergy Action Plan. A pupil's own prescribed medication will be used to treat allergic reactions if available.
- Mild to moderate allergic reactions can be treated with oral antihistamines.
- The pupil will not be left unattended and parents will be contacted and informed about the reaction.
- In case of mild/moderate allergic reactions, pupils will not normally need to be sent home or require urgent medical attention.
- The pupil will be observed in a safe place for at least 60 minutes after the reaction, as mild reactions can sometimes develop into anaphylaxis.

14.2 Anaphylactic reactions

- If anaphylaxis is suspected it must be treated immediately with adrenaline. A pupil's own prescribed medication will be used if available. The pupil will be treated where they are and medication brought to them.
- Pupils will be treated in accordance with their Individual Medical Information Form and Allergy Action Plan.
- Adrenaline will be administered (into the middle of the outer thigh, upper leg) without delay as soon as anaphylaxis is suspected and 999 called to request an ambulance. Ideally the member of staff will be trained, but in an emergency anyone will administer adrenaline.
- After 5 minutes, if symptoms have not improved, a second dose will be administered using the second adrenaline pen. This is administered into the other leg.
- The pupil will not be moved until a medical professional / paramedic has arrived, even if they are feeling better.
- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen, a member of staff will ensure they are lying down with their legs raised, call **999**, explain that anaphylaxis is suspected and follow instructions given by the call handler. **If in doubt, give adrenaline**. Delays in giving adrenaline are associated with fatal outcomes.
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff will accompany the pupil and stay until a parent or guardian arrives.

Staff are expected to use their best endeavours at all times to secure the welfare of pupils in the same way that parents might be expected to act towards their children. This is particularly important in emergency situations. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency. The law recognises that rescuers act under extreme pressure. People who attempt to save life in good faith are protected, even if an injury occurs while giving emergency care (e.g. broken ribs during CPR). This includes administering adrenaline when an individual is suffering anaphylaxis.

See Appendix 1: Management of anaphylaxis, and Appendix 2: Responding to an allergic reaction and anaphylaxis.

15 Staff Training

All staff (including cover staff) must be aware of and understand the Allergy Safety Policy.

Allergy awareness training forms part of each new member of staff's induction.

Whole-school allergy awareness training takes place annually during an INSET day. **ALL** Staff will:

- have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it;
- understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist;
- understand and identify the main food allergens, and understand the difference between food allergy, intolerance and coeliac disease;
- know where to find information on allergy triggers;
- be able to identify the range of symptoms of allergic reactions;
- understand and can recognise anaphylaxis;
- know how to respond in an emergency, including:
    - calling emergency services and informing parents

    - how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack)
    - training on how to use the medication/device in an emergency (whether prescribed to a given person or the school's "spare" adrenaline devices);
- understand the importance of inclusion of pupils with allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying;
- understand the school's allergy safety policy
- know how to check whether an individual is on the record of those with known allergies and how to use an Allergy or Asthma Action Plan
- understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens;
- understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a "near miss").

16 Data Protection

Information concerning a pupil's medical conditions can be deeply personal. Nevertheless, schools need to hold use and share this information in order to ensure the pupil receives the support they need to stay safe and be included in education.

A pupil's health information is considered special category data under UK GDPR which means it is highly sensitive and has additional legal protections. Schools have a lawful basis to hold, use and share a child's special category health data when this is necessary. All staff have a responsibility to handle the personal data which they come into contact with fairly, lawfully, responsibly and securely and in accordance with the Code of Conduct for Staff. Please refer to the Data Protection Policy and Parents, Pupils, Alumni and Friends Data Privacy Notice for further information.

17 Complaints

Should parents/carers or pupils be dissatisfied with the support provided, they should follow the School's Complaints Procedure as outlined in the Complaints Procedure Policy which is available on the school website.

Authorised by	Jason Fletcher
Date	September 2026

Review date	September 2027
Circulation	Staff and parents via website

Appendix 1: Management of Anaphylaxis

Recognise the signs of anaphylaxis

A AIRWAYS
- Tightening of the throat
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING
- Sudden wheezing
- Difficult or noisy breathing
- Persistent cough

C CIRCULATION
- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

If any one (or more) of these signs are present: Don't delay

1. **Lie flat with legs raised** (if breathing is difficult, allow to sit)



2. **Give adrenaline device without delay**
(use the school's spare device if needed)

Scan this dose for instructions on how to use adrenaline devices

3. **Immediately dial 999** for ambulance
and say ANAPHYLAXIS (ana-fill-axis)



After giving adrenaline:

- Stay with person until ambulance arrives, do NOT stand them up.
  - Keep them lying down, even if things seem to be getting better.
- Phone parent/emergency contact.



5:00 minutes

If no improvement after 5 minutes, give another dose of adrenaline using a second device, if available.

Commence CPR at any time if there are no signs of life



ALWAYS GIVE ADRENALINE DEVICE FIRST if someone has **SEVERE AND SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice).
THEN SEEK MEDICAL HELP. Anaphylaxis can occur without skin symptoms

Appendix 2: Responding to an allergic reaction and anaphylaxis

	Symptoms of allergic reaction	Action to take
Mild /Moderate Reaction:	• Swollen lips, face or eyes • Itchy/tingling mouth • Runny nose • Hives or itchy skin rash • Difficulty breathing • Sudden change in behaviour	• Alert a duty first aider without delay • Give antihistamine (if prescribed and where prior parental written consent has been given) and/or; • Contact parent or carer; • If symptoms worsen **CALL 999**

Severe Reaction / Suspected Anaphylaxis	• Swelling of throat, mouth, eyelids or face
	• Marked difficulty in breathing or choking (a feeling of closing up of the throat)
	• Wheeziness
	• Difficulty in swallowing and speaking
	• Sudden feeling of weakness and dizziness (drop in blood pressure)
	• Skin pale
	• Sense of impending doom
	• Collapse and unconsciousness
	• Areas of hives anywhere on the body or generalised flushing of the skin
	• abdominal cramps, nausea and vomiting
		• Lie child flat and raise their legs (if breathing is difficult, allow them to sit, but don't change position suddenly. Child should lie down again as soon as they are able. Child **must** continue to lie down even if they start to feel better.
		• **ADMINISTER THE PUPIL'S ADRENALINE PEN (AAI) IMMEDIATELY** (middle of outer thigh, upper leg). If in doubt, use. Don't delay. Note the time the injection was given.
		• **CALL 999 FOR AN AMBULANCE** and report anaphylaxis.
		• Monitor pupil's condition and observe for **ABC**:
		  ○ Airway
		  ○ Breathing
		  ○ Circulation - if absent CPR may be required.
		• A second dose of adrenaline Auto Injector (AAI) may be required after **5 minutes** if the condition has not improved or if there is deterioration after initial improvement. Note time injection given. **NB**: Use the **opposite thigh** for the second dose.
		• Other medicines such as antihistamines and inhalers can be given as necessary.
		• Ensure that used Adrenaline Auto Injectors (AAIs) are kept in a sealed rigid container and taken to A&E to show staff what has been used.

Mild to moderate allergic reactions which do not involve **A**irway/**B**reathing/**C**irculation can be treated with oral antihistamines. For a child or young person, telephone their parent or emergency contact to tell them about the reaction. Do not leave the child or young person unattended. The child or young person does not normally need to be sent home or require urgent medical attention. They should be observed in a safe place for at least 60 minutes after reaction, as mild reactions can sometimes develop into anaphylaxis.

Anaphylaxis commonly occurs alongside mild symptoms or signs, such as an itchy mouth or skin rash. Anaphylaxis can also occur on its own, without a skin rash or other mild signs being present.

Anaphylaxis (i.e. any reactions which involve the Airway/Breathing/Circulation) must be treated promptly with emergency adrenaline (see figure 2). The individual's prescribed adrenaline device – for example an adrenaline auto-injector (AAI) or nasal adrenaline device – should be used if it is

available. If not, a “spare” adrenaline device can be used (see below). If in doubt whether the reaction is anaphylaxis, treat with adrenaline. Always dial 999 to request an ambulance if someone is experiencing anaphylaxis. The emergency (‘999’) operator can provide advice over the telephone if needed.

Always stay with someone having an allergic reaction for at least one hour.

- **If in doubt, always treat for anaphylaxis.**
- If the child or young person has an Allergy Action Plan issued by a healthcare professional, it should be followed.
- Treatment of anaphylaxis is with a dose of adrenaline (e.g. an AAI “pen” or nasal adrenaline device).