



WELLESLEY PREP SCHOOL

Allergy Safety Policy 2026/27

This policy applies to all parts of Wellesley Prep School including the Early Years Foundation Stage.

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ALLERGY AND ANAPHYLAXIS POLICY

CONTENTS

1.	AIMS AND OBJECTIVES.....	3
2.	WHAT IS AN ALLERGY?	3
3.	DEFINITIONS.....	3
4.	ROLES AND RESPONSIBILITIES.....	Error! Bookmark not defined.
5.	INFORMATION AND DOCUMENTATION.....	8
6.	ASSESSING RISK	9
7.	FOOD, INCLUDING MEALTIMES & SNACKS.....	9
8.	EDUCATIONAL VISITS AND SPORTS FIXTURES	11
9.	INSECT STINGS.....	12
10.	ANIMALS	12
11.	ALLERGIC RHINITIS/ HAY FEVER	13
12.	INCLUSION AND MENTAL HEALTH.....	13
13.	ADRENALINE PENS	13
14.	RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS.....	15
15.	TRAINING	16
16.	ASTHMA	16
17.	REPORTING ALLERGIC REACTIONS	16

1. AIMS AND OBJECTIVES

This policy outlines Wellesley Prep School's approach to allergy management, including how the whole-school community works to reduce the risk of an allergic reaction happening and the procedures in place to respond if one does. It also sets out how we support our pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an allergy aware school.

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

First Aid Policy

Kitchen Policy

2. WHAT IS AN ALLERGY?

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

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

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

3. DEFINITIONS

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

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

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

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

ADRENALINE AUTO-INJECTOR: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAI, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen. Owing to the introduction of EpiPen nasal devices for adrenaline administration this policy will use the term **adrenaline devices** to cover all adrenaline options.

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan. This must be handed in to the school with the child's AAI.

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

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

INDIVIDUAL HEALTHCARE PLAN: A detailed document outlining an individual pupil's medical conditions, history, treatment, risks and action plan. This document should be created by school 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. All IHPs have a risk assessment section at the end so general risks in daily school life are considered.

SPARE ADRENALINE DEVICES: These are 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. Parents of children with prescribed adrenaline devices are asked to sign a consent form for the use of spare adrenaline devices in the event of an emergency.

4. ROLES AND RESPONSIBILITIES

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

4.1 Designated Allergy Lead

The Designated Allergy Lead reports into the senior leadership team and the lead governor for safeguarding. They are 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 (this is largely delegated to the School Matron but overseen by the DAL).
- 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. [Consider obtaining and recording confirmation from staff that they have read and understood the policy];

- 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.

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

4.2 School Matron

School Matron 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);
- Creating and updating the dietary list (and photographs displayed in the Dining Hall) for all children with allergies, intolerances and food preferences and communicated any changes to the catering team.
- 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. A record of expiry dates of all medication is stored in the Wellbeing Room and the parents/carers are notified when expiry dates are approaching, in respect of medicines held by the school
- Keeping an adrenaline device and inhaler register to include adrenaline devices and inhalers prescribed to pupils and the school's stock of spare adrenaline devices and inhalers, including location, brand, dose and expiry date.
- Regularly checking spare adrenaline devices are where they should be, 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 residential trips
- Reviewing the school's stock of spare adrenaline devices (check the school has an appropriate number for the setting, that they hold the correct dose, that spare adrenaline devices are stored appropriately) and ensuring staff know where they are;

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 school matron to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity – parents are asked this before any school visit 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 matron, form teacher, catering team)

- 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, school trips and assessing whether the use of any allergen in activity is necessary and/or appropriate;
- Ensuring pupils always have access to their medication
- 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 Matron; and
- Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving school site, for a match or trip. Trip leaders will check that all pupils with medical conditions (listed on the trip manifest), including allergies, carry their medication.

4.5 All parents

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

- Being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies;
- Providing the school matron 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; An online medical questionnaire is sent to all parents of new pupils and to all existing pupils on a yearly basis.

- 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;
- 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:

- On entry to the school, it is the parent's responsibility to inform reception staff/Matron of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication. An online medical questionnaire is sent to all parents of new pupils.
- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. GP/allergy specialist.
- Work with the school to fill out an Individual Healthcare Plan
- Do their best to attend the parent allergy forum
- If applicable, provide the school or their child with two labelled adrenaline devices and any other medication, for example antihistamine (with a dispenser, ie. spoon or syringe), inhalers or creams;
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management or their child's condition. The Allergy Action Plan will be kept updated accordingly.
- Ensure their child has access to their allergy medication, including two adrenaline devices if prescribed, on the journey to and from school;
- 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 eg. 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; and

[All of the above should be done in an age and capability appropriate way.]

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 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;
- Understanding how and when to use their adrenaline device [this will depend on age and capability];
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy;
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies;
- If age and capability appropriate, ensuring they have their medication with them on the journey to and from school.

5. INFORMATION AND DOCUMENTATION

5.1 Register of pupils with an allergy

The school has a register of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline devices and/or inhalers, as well as pupils with an allergy where no adrenaline devices have been prescribed. Hard copies of the register are displayed in the Wellbeing Room, the Staff Room, the School Office and the Sports Office. All staff are emailed when there are any changes made. There is also a dietary list (with photographs) on display in the Dining Hall and the Staff Room.

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 devices, antihistamine etc;
- A copy of parental consent to administer medication, including the use of spare adrenaline devices in case of suspected anaphylaxis;
- A photograph of each pupil; and
- A copy of their Allergy Action Plan. See definitions for the BSACI templates.

- A risk assessment outlining potential risks and control factors in place to mitigate these

The IHP is stored in a file in the Wellbeing Room but also accompanies the child's medication at all times. There is also an IHP column on the manifests to ensure children without medication but with an IHP take them on all off-site visits.

6. ASSESSING RISK

Allergens can crop up in unexpected places. Staff will consider allergies in all activity planning and include it in risk assessments. In the event a visitor who is student-facing, it is the responsibility of the hosting member of staff to ensure risk has been assessed. 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.
- Off-site visits must include allergy considerations on the risk assessment
- Assessing the risk of children bringing in their own food from home including birthday cakes and snacks.

All children with IHPs for allergies will have a risk assessment included at the end of their IHP covering the day to day risks of allergies in schools.

Inclusion of pupils with allergies is considered equally 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 students, staff and visitors, including those with food allergies.

- Due diligence is carried out with regard to allergen management when appointing catering staff;
- All catering staff and other staff preparing food will receive relevant and appropriate food hygiene and allergen awareness training;
- Schools with Early Years settings should adhere to new Early Years Foundation Stage statutory guidance.
- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures;

- The catering team will endeavour to get to know the pupils with allergies and what their allergies are, supported by school staff. There is a dietary list next to the serving counter and a photograph register of all children with intolerances/food preferences/allergies in the Dining Hall.
- At each mealtime and snack time providers must be clear about who is responsible for checking that the food and drink being provided meets all the requirements for each child.
- 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. The dietary list is made available to all staff (emailed when any changes are made) and displayed in the Wellbeing Room, the Staff Room and the Dining Hall. There is also a photograph allergy register for all children with allergies on the wall of the Dining Hall and Staff Room. This is updated immediately when changes are reported by parents. Staff taking children to meals must familiarise themselves with the needs of that class (particularly if they are covering a class). Children with allergies line up at the front of the queue.
- Visitors to the school who are likely to be child-facing are asked to view the allergy sheet with necessary information (kept by the School Office and on the board in the Staff Room).
- In Nursery, the children are given their food by the member of staff in charge. Children in Pre-Prep and Nursery with allergies wear a yellow lanyard for mealtimes with their photograph on and allergies listed, as a visual prompt for staff.
- Food containing the main 14 allergens (see Allergens definition) is to be clearly labelled. Other ingredient information will be available on request. Children with more complex allergies are encouraged to always ask if unsure.
- Children with allergies will have clearly named plates for snack time with food suitable for them.
- A slightly different plate will be used at lunch for all children with allergies to ensure thorough washing and remove the risk of traces of allergens.
- Any pre-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging;
- Where changes are made to the ingredients this will be communicated to pupils with dietary needs by the School Matron (via the catering team).
- We are an allergy aware school. Though we do not allow nuts in school, we cannot guarantee that items that may contain traces of nuts will not be brought in. Children with allergies are only ever given treats provided by their parents to avoid the risk of a reaction to trace amounts.
- Children bring in their own snacks for after-school activities. This is risk assessed and children are told not to share food.
- In Nursery and Pre-Prep after-school snacks are carefully supervised to avoid cross-contamination and surfaces are wiped down after eating.

- Wellesley Prep chooses to be a nut-free premises. Any nuts brought onto site accidentally are disposed of in the external bins immediately.
- For food sold on site (for example the Year 8 fundraising stall and bonfire night) parents will assume responsibility for their child and will check the allergens with the adult(s) running the event. All products sold must be nut-free. Ingredients are listed for all food provided.

7.2 Food brought into school

- For birthdays, homemade cakes or treats are not allowed to be brought into school. Children are encouraged to bring pre-packaged items should they wish to. In Nursery and Pre-Prep birthdays will be celebrated with a special book rather than with food.
- If attending Match Tea at another school, children with allergies take their own clearly named packed meal (provided by our school). Parents are given the option to opt out of this if they deem it not necessary.
- For school trips children with allergies take a pre-prepared packed lunch, clearly named, from the Wellesley kitchen. For some trips, where a packed lunch is not provided and a meal is brought in from home (e.g. Dinosnores), the trip is risk assessed and children and parents are reminded to be mindful when preparing their meals. Before eating, all children are reminded of control measures such as handwashing and not sharing food.
- For food brought in and/or sold on site (for example the Year 8 fundraising stall and bonfire night) parents (or the child where capable) will assume responsibility for their child and will check the allergens with the adult(s) running the event. All products sold must be nut-free. Ingredients are listed for all food provided.

7.3 Food bans or restrictions

- This school is an Allergen Aware school. We have students with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food;
- We try to restrict peanuts and tree nuts as much as possible on the site and check all foods coming into the kitchen;
- Parents are asked to check all food coming onto school premises or taken on a school trip or to a match to ensure peanuts and tree nuts are not an ingredient in another product. Common foods that contain these goods as an ingredient include: packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces.

7.4 Food hygiene for pupils

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

8. EDUCATIONAL VISITS AND SPORTS FIXTURES

- Staff leading the trip will have a manifest of pupils with allergies and details of their medication as well as a copy of their IHP.

- Allergies will be considered on the risk assessment and catering provision put in place;
- Parents, and pupils are encouraged to meet the trip leader and/or matron in advance of a trip involving an overnight stay, to discuss risk assessments and procedures in place
- Staff accompanying the trip will be trained to recognise and respond to an allergic reaction;
- For school trips children with allergies take a pre-prepared packed lunch, clearly named, from the Wellesley kitchen. For some trips, where a packed lunch is not provided and a meal is brought in from home (e.g. Dinosaurs), the trip is risk assessed and children and parents are reminded to be mindful when preparing their meals. Before eating, all children are reminded of control measures such as handwashing and not sharing food.
- If attending Match Tea at another school, children with allergies take their own clearly named packed meal (provided by our school). Parents are given the option to opt out of this if they deem it not necessary.
- Pupils with allergies travelling to and from school on the school bus will also have access to two adrenaline devices (provided by the parents);
- See Adrenaline Devices section for School Trips and Sports Fixtures.

9. INSECT STINGS

Those with a known insect venom allergy should:

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

The school grounds 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.

Spare adrenaline devices (0.15mg and 0.3mg) are stored in the Woodland Cabin as the risk of insect stings is considered higher while children are out in the woods. Any children with known allergies will have their adrenaline devices in the first aid kit accompanying the woodland session.

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;
- The site is dog-free;
- 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. Any children with animal allergies will be identified on the trip manifest.

11. ALLERGIC RHINITIS/ HAY FEVER

Children suffering from seasonal pollen allergy, hay fever and/or persistent nasal allergy due to house dust mites or other allergens are encouraged to take Cetirizine (or an alternative long-lasting antihistamine) at home in the mornings. Parents are asked to inform the school matron if they are having a regular dose, particularly in the summer term. This is documented on Sharepoint and staff are encouraged to check this document before administering further antihistamine at school.

The school stock Cetirizine and Chlorphenamine Maleate (Piriton) which can be administered in the event of hayfever symptoms. Chlorphenamine Maleate is also stored in first aid bags for trips off-site.

The school is regularly cleaned and kept as dust-free as possible.

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. Wellesley Prep School is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

- 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 form tutor;
- To help children with serious allergies feel informed, confident, and supported, regular group sessions are held during the school year (for allergy children in all year groups). These sessions are designed to provide practical knowledge, emotional support, and a sense of community among pupils who share similar experiences;
- 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 DEVICES

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

13.1 Storage of adrenaline devices

- Pupils prescribed with adrenaline devices will have easy access to two, in-date devices at all times;
- The children's adrenaline devices are stored centrally in the Wellbeing Room which can be accessed at all times (not locked away). They are clearly labelled, with the pupil's Allergy Action Plan and IHP.
- Pupils with allergies travelling to and from school on the school bus will also have access to two adrenaline devices (provided by the parents);
- Regular checks will be made to ensure adrenaline devices are where they should be and in date;
- 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 are either returned to the parents or will be disposed of as sharps. In some cases these may be used in staff training so staff have a realistic experience of administering an adrenaline pen (into an orange).

13.2 Spare adrenaline devices

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

The locations of spare adrenaline pens are clearly signposted:

School Spare JR (<6 yrs) 0.15mg x2	Dining Hall
School Spare (6+ yrs) 0.3mg x2	Dining Hall
School Spare JR (<6 yrs) 0.15mg x1	Woodland Cabin
School Spare (6+ yrs) 0.3mg x1	Woodland Cabin

The Allergy Lead and School Matron are responsible for:

- Deciding how many spare pens are required (with advice from the School Bursar) based on a risk assessment of the site.
- What dosage is required, based on the Resuscitation Council UK's age-based guidance (see page 11);
- Which brand(s) to buy and where to source the adrenaline devices from;
- Distribution around the site and clear signage.

13.3 Adrenaline devices on off-site activities

- No child with a prescribed adrenaline device will be able to go on a school trip without two of their own devices. School Matron creates the manifest which is then ticked off as devices are added to the first aid bag. It is the trip leader's responsibility to double check they have them;
- Adrenaline devices will be kept close to the pupils at all times in the first aid kit e.g. not stored in the hold of the coach when travelling or left in changing rooms;

- Adrenaline devices will be protected from extreme temperatures;
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction; and
- Consideration will be given to whether spare adrenaline devices should be taken on off-site activities, with this decision recorded as part of the risk assessment process. A school spare adrenaline device will accompany all residential trips to mitigate the risk of an unexpected anaphylactic reaction in a child who is not known to have an allergy and therefore does not carry their own adrenaline device.

14. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See appendix on recognising and responding to an allergic reaction.

All staff are firmly reminded: **'if in doubt, use adrenaline'**.

If a pupil has an allergic reaction:

- Treat the pupil in accordance with their Allergy Action Plan;
- If anaphylaxis is suspected administer adrenaline without delay;
- Treat the pupil where they are. Lie them down with their legs raised and bring medication to them;
- Use pupil's own prescribed medication if immediately available;
- Pupil can administer the adrenaline device themselves [if able to] or a member of staff can administer device. Ideally the member of staff will be trained, but in an emergency, anyone can administer adrenaline;
- If the pupil's own adrenaline device is not available or misfires, then use a spare adrenaline device;
- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline device 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 devices 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.

15. TRAINING

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

We undertake whole staff training, provided by The Allergy Team.

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 [staff should be given the opportunity to practise with a training adrenaline auto-injector and a training EURNeffy device];
- How to recognise and use an Allergy Action Plan and where to find it for each individual
- How the school manages allergy, for example Emergency Response Plan, documentation, communication etc;
- 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
- Emphasising the importance of 'if in doubt, use adrenaline'

15.2 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 systems.
- Feedback from this drill will be discussed at the termly health and safety meeting.

16. ASTHMA

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions. Please see the First Aid Policy which contains the school asthma policy (found on the school's website and on Sharepoint).

17. RECORDING AND REPORTING ALLERGIC REACTIONS

The school will log allergic reaction incidents and near-misses. This will be stored in the allergy file on Sharepoint and shared with relevant staff (e.g. the kitchen staff and bursar) to assess how the risk can be prevented in future.

In the event of an incident or near miss the form will be completed by the person responsible or the first responder. Forms will be reviewed by the Allergy Lead.

All staff will be emailed in the event of an incident where the child initially shows no reaction/symptoms to make sure the child is kept under close observation for a potential delayed IgE reaction.

School matron will call the parent to inform them and keep them updated. If there are any further concerns the parents are encouraged to meet with the allergy lead.

This child/young person has the following allergies:

Name:

DOB:

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Mild throat tightness
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- Give antihistamine:

Loratadine 5mg

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

A AIRWAY

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING

- Difficult or noisy breathing
- Wheeze or persistent cough

C CONSCIOUSNESS

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

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

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



- 2 Use Adrenaline autoinjector **without delay** (eg. EpiPen®) (Dose: mg)

- 3 Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

*** IF IN DOUBT, GIVE ADRENALINE ***

AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, **do NOT stand them up**. Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes**, give a further adrenaline dose using a second autoinjector device, if available.

Commence CPR if there are no signs of life

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name:



2) Name:



Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAls in schools.

Signed:

Print name:

Date:

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: sparepensinschools.uk

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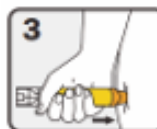
How to give EpiPen®



PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds. Remove EpiPen.

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the luggage hold. This action plan and medical authorisation to carry emergency autoinjectors has been prepared by:

Sign & print name:

Hospital/Clinic:



Date:



MANAGING ALLERGIC REACTIONS

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations. You cannot assume someone will react the same way twice, even to the same allergen. Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

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

Response:

- Stay with pupil
- Call for help
- Locate adrenaline devices
- Give antihistamine. 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 a food but can begin 2-3 hours later. People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.



RESPONDING TO ANAPHYLAXIS

SYMPTOMS OF ANAPHYLAXIS

A – Airway

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen Tongue

B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

C – Circulation

- Persistent dizziness
- Pale or floppy
- Sleepy
- Collapse or unconscious

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

DELIVERING ADRENALINE

1. 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 up with legs outstretched and give adrenaline.
3. Pupils may be able to administer adrenaline themselves, but some will require or want adult support. Whilst all members of staff should be trained, in an emergency, anyone can administer adrenaline.
4. If you are using an adrenaline auto-injector 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. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
5. If you are using an adrenaline nasal spray (EURneffy). Hold the device with two fingers on the sides and thumb underneath, place into nostril and press firmly with your thumb until the dose is delivered.
6. Make a note of the time you gave the first dose.
7. Call 999 for an ambulance (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
8. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
9. Call the pupil's emergency contact.
10. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes (into the **other thigh** if using an adrenaline pen, or into the **same nostril** if using a nasal spray) 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.
11. Start CPR if necessary.
12. Hand over used devices to paramedics and remember to get replacements.
13. 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.