



Heath Mount School

Allergies and Anaphylaxis policy

Heath Mount School, Hertfordshire

**Independent Day and Boarding School for Boys
and Girls**

May 2024

1. Introduction

- 1.1. This policy outlines Heath Mount School's (the School) approach to allergy management, including how the whole-school community, including our external catering company, Holroyd Howe, 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 and staff with allergies to ensure their wellbeing and inclusion.
- 1.2. This policy has been drafted with the input of both the School's Medical and Catering Teams.

2. Aims

- 2.1. This policy aims to:
 - 2.1.1. raise awareness, clarify practice, and reassure staff by providing them with guidelines to adhere to when working with pupils or alongside staff who have an identified allergy;
 - 2.1.2. identify the potential threats and actions which the School and parents can reasonably take to prevent the presence of foodstuffs containing allergens in the School;
 - 2.1.3. Identify safeguarding and training requirements amongst staff and pupils to reduce, as far as possible, the risk of an allergic reaction.

3. Application and Accessibility

- 3.1. This is a whole school policy including the Early Years Foundation Stage ('EYFS'). It is published on the School website and is available in hard copy on request. It can be made available in large print or other accessible format if required.

4. What is an allergy?

- 4.1. 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.
- 4.2. 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.

5. Definitions

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

- 5.2. **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.
- 5.3. 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.
- 5.4. There are 14 allergens required by 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.
- 5.5. **Food intolerance:** this can cause a physical reaction and make an individual feel unwell. It does not involve the immune system, there is no allergic reaction, and it is not life-threatening. A food intolerance only results in symptoms if you eat reasonable amounts of the food (unlike an allergy, where just traces can trigger a reaction).
- 5.6. **Adrenaline auto-injector:** a single-use device which carries a pre-measured dose of adrenaline. Adrenaline Auto-Injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline Auto-Injectors are commonly referred to as AAIs, adrenaline pens or by the brand name EpiPen. There are three brands licensed for use in the UK: EpiPen, Jext Pen and Emerade. Emerade is currently not available as it has been recalled due to misfiring incidences. For the purposes of this Policy, we will refer to them as Adrenaline Pens.
- 5.7. **Allergy Action Plan:** this is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan. The School recommends the BSACI Allergy Action Plan paediatric templates which include versions for people without a prescribed Adrenaline Pen and people prescribed with different brands of Adrenaline Pen.
- 5.8. **Individual Healthcare Plan:** a detailed document outlining an individual pupil's condition, history, treatment, risks, and action plan. This document should be created by the 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.
- 5.9. **Risk Assessment:** A detailed document outlining an activity, the risks it poses, and any actions taken to mitigate those risk. Allergy should be included on all risk assessments for events on and off the school site.
- 5.10. **Spare pens:** from 2017 schools have been able to purchase spare Adrenaline Pens. These should be held as a back-up in case pupils' own adrenaline pens are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

- 5.11. **The School Medical Team** means the School Nurse, Matron and Occupational Therapist who are primarily located in the School's Medical Centre (located in the Pavilion to the side of the sports pitches and is clearly signposted and identifiable with a white cross or white writing on a green background). The School Nurse is registered with the Nursing and Midwifery Council and the Occupational Therapist is registered with the Health and Care Professional Council and The Royal College of Occupational Therapists.
- 5.12. **The Catering Team** means The School's catering contractor, Holroyd Howe, who provide all meals and snacks to pupils, boarders, staff, and visitors.

6. Potential risks

- 6.1. Any food on School premises provided by the School or from outside.
- 6.2. Contact between persons who have handled foodstuffs known to present a risk of an allergic reaction (in or outside school) and allergy sufferers, without appropriate handwashing.
- 6.3. Catering on school trips / residential trips.
- 6.4. Events where food is served on the premises but not prepared on the premises, e.g.; Fun Day, staff events, cake sales.
- 6.5. Misinterpretation or a lack of understanding of the difference between a life threatening 'allergy' or an 'intolerance' which may produce milder symptoms.
- 6.6. Lists of ingredients not explicitly naming the allergen (e.g.; casein and whey as milk derivate, arachis oil in another name for peanut oil).

7. 'May contain' labelling

- 7.1. There are many foodstuffs that do not contain allergens, but which are labelled as being produced in factories that cannot be guaranteed to be allergen free due to the potential for cross-contamination in preparation. It cannot be reasonably expected that all these items be kept out of School.
- 7.2. Items so packed and labelled will be permitted in School, in limited and controlled circumstances, i.e., packed lunches or snacks provided by the School. Ingredients in products should be checked and should be used to inform decisions regarding acceptable use of a product in school (currently, ingredients that may cause an allergic reaction are listed in bold).

8. Roles and responsibilities

- 8.1. The School takes a whole-school approach to allergy management.
- 8.2. **The Deputy Head (Pastoral) and the Bursar**

8.2.1. Work together on leading the School's approach to allergy management from a pastoral and health and safety perspective to:

- a. ensure the safety, inclusion, and wellbeing of pupils with an allergy;
- b. take decisions on allergy management across the School;
- c. champion and practising allergy awareness across the School, including the fact that the School is a nut free environment;
- d. be the overarching points of contact for staff, pupils and parents with concerns or questions about allergy management;
- e. ensure that the Medical Team record all up to date allergy information, and communicate it to all staff and the Catering Team;
- f. make 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);
- g. ensure staff, pupils and parents have a good awareness of the School's Allergy and Anaphylaxis Policy, and other related procedures;
- h. ensure that parents and carers are informed of events that involve food at school other than that served by the School's Catering Team.
- i. ensure a record is kept of any allergic reactions or near-misses and ensure an investigation is held as to the cause and put in place any learnings;
- j. regularly review and update the Allergy and Anaphylaxis Policy, update SMT and the Health and Safety Committee.

8.3. The School Medical Team

8.3.1. The **School Medical Team** is responsible for:

- a. collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families (this involves liaising with the Registrar for new joiners);
- b. supporting the Deputy Head (Pastoral) and the Bursar on how this information (including up to date photographs) is disseminated to all school staff, including the Catering Team, occasional staff and staff running clubs;
- c. ensuring the information from families is up-to-date, and reviewed annually;
- d. coordinating medication with families. Whilst it is the parents and carers responsibility to ensure medication is up to date, the Medical Team have systems in place to check this and notify the parents when they see the expiry date is approaching;

- e. keeping a record to include Adrenaline Pens prescribed to pupils and spare pens, including brand, dose, and expiry date. The location of spare pens is also documented;
- f. regularly checking spare pens are where they should be, and that they are in date and are replaced when necessary and staff know where to find them;
- g. providing on-site Adrenaline Pen training for other members of staff and pupils and refresher training as required e.g., before school trips;
- h. Working closely with the School's Catering Team to ensure they are aware of all existing allergy information relating to staff and pupils and are notified of any changes or additions.

8.4. Admissions

8.4.1. The Head and the Registrar are likely to be the first to learn of a pupil or visitor's allergy. They should work with the Deputy Head (Pastoral), the Bursar and the Medical team to ensure that:

- a. there is a clear method to capture allergy information or special dietary information at the earliest opportunity and that this is in place before a school visit, an Open Day or Taster Days if food is offered or likely to be eaten;
- b. there is a clear process in place to communicate this information to the relevant parties (i.e., the Medical and Catering Teams);
- c. visitors (for example at Open Days and events) are aware of the catering set up and if food is to be offered and plans for medication if a child is to be left without parental supervision.

8.5. All staff

8.5.1. Form teachers must be proactive, as far as reasonably possible, in protecting pupils in their care who have a known allergy. Staff embarking on food projects MUST take responsibility for checking with the Medical Team the dietary needs of their class. All school staff, to include teaching staff, support staff, domestic staff, occasional staff (for example sports coaches, peripatetic music teachers and those running breakfast and afterschool clubs) are responsible for:

- a. championing and practising allergy awareness across the School;
- b. understanding and putting into practice this Policy and related procedures, and asking for support if needed;
- c. being aware of pupils with allergies and what they are allergic to;
- d. being aware that some of their colleagues may have serious allergies which require them to follow this policy in respect of both pupils and staff.

- e. considering the risk to pupils and staff with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate;
- f. ensuring pupils always have access to their medication (by having it with them at all times) or carrying it on their behalf (depending on the age of the pupil);
- g. being able to recognise and respond to an allergic reaction, including anaphylaxis;
- h. taking part in training and anaphylaxis drills as required (at least once a year) and to tell a manager if they have not received any in the last 12 months;
- i. considering the safety, inclusion, and wellbeing of pupils with allergies at all times;
- j. preventing and responding to allergy-related bullying, in line with the school's Anti-bullying Policy.

8.6. All parents

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

- a. being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies;
- b. providing the Registrar (upon joining the School) or the Medical Team if their child is a current pupil) with information in writing 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. Parents are encouraged to provide any medical notes or documentary evidence they have to assist the School in supporting their child;
- c. considering and adhering to any food restrictions or guidance the School has in place when providing food, for example in packed lunches and snacks for trips and for fundraising or social events;
- d. refraining from telling the School their child has an allergy or intolerance if this is a preference or dietary choice;
- e. encouraging their child to be allergy aware.

8.7. Parents of children with allergies

8.7.1. In addition to paragraph 8.6 above, the parents and carers of children with allergies should:

- a. work with the School to complete an Allergy Action Plan and an accompanying Individual Healthcare Plan;
- b. if applicable, provide the School or their child with two labelled Adrenaline Pens and any other medication, for example antihistamine (with a dispenser, i.e.. spoon or syringe), inhalers or creams;
- c. ensure medication is in-date and replaced at the appropriate time;
- d. update the School with any changes to their child's condition and ensure the relevant paperwork is updated;
- e. support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring e.g., not eating the food they are allergic to.

8.8. All pupils

8.8.1. All pupils at the school should:

- a. be allergy aware;
- b. understand the risks allergens might pose to their peers;
- c. learn how they can support their peers and be alert to allergy-related bullying.

8.9. Pupils with allergies

8.9.1. In addition to paragraph 8.8 above and depending on their age, pupils with allergies are responsible for:

- a. knowing what their allergies are and how to mitigate personal risk. The School recognises that this will depend on their age and may not be appropriate with very young children;
- b. avoiding their allergen as best as they can;
- c. understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction;
- d. if age-appropriate, always carrying two Adrenaline Pens with them. They must only use them for their intended purpose;
- e. understanding how and when to use their Adrenaline Pens;
- f. talking to a member of the Medical Team or any member of staff if they are concerned by any School processes or systems related to their allergy;
- g. raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies.

9. Information and documentation

- 9.1. The School maintains a list of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed Adrenaline Pens, as well as pupils with an allergy where no Adrenaline Pens have been prescribed. A list (with photos) of those pupils with a severe allergy (who carry adrenaline pens) is displayed in each staff room and the catering kitchens. Staff are regularly reminded of these pupils and the lists are also stored on the Staff Drive under 'Medical Displays'.
- 9.2. Each pupil with an allergy has an Individual Healthcare Plan. The information on this plan includes:
 - 9.2.1. known allergens and risk factors for allergic reactions;
 - 9.2.2. a history of their allergic reactions;
 - 9.2.3. details of the medication the pupil has been prescribed including dose, this should include Adrenaline Pens, antihistamine etc.;
 - 9.2.4. A copy of parental consent to administer medication, including the use of spare Adrenaline Pens in case of suspected anaphylaxis;
 - 9.2.5. a photograph of each pupil;
 - 9.2.6. A copy of their Allergy Action Plan. See definitions for the BSACI templates.

10. Assessing risk

- 10.1. 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:
 - 10.1.1. classroom activities, for example craft using food packaging, science experiments where allergens are present, food tech or cooking;
 - 10.1.2. bringing animals into School, for example a dog or hatching chick eggs can pose a risk;
 - 10.1.3. 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;
 - 10.1.4. Planning special events, such as cultural days and celebrations.
- 10.2. Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity.

11. Catering in School and the colour coding system to identify special diets

- 11.1. The School is committed to providing a safe meal for all students, including those with food allergies.

- 11.2. Due diligence is carried out with regard to allergen management when appointing catering staff;
- 11.3. All catering staff and other staff preparing food receive relevant and appropriate allergen awareness training;
- 11.4. Anyone preparing food for pupils with allergies will follow good hygiene practices, food safety and allergen management procedures;
- 11.5. The catering team endeavour to get to know the pupils with allergies and work with the Medical Team to ensure their allergies are supported by all school staff. The lists of those pupils with severe allergies are consistently referred to by the Catering Team. All pupils with allergies are also required to collect an orange lanyard before entering the dining room or collecting their snack. This is supervised by staff. These methods of identification are especially important where the pupils are younger and less able to take responsibility themselves.
- 11.6. In addition, the School has robust procedures in place to identify pupils with food allergies. The Catering Team use a colour coding system to identify special diets. The colour code is as follows:
 - 11.6.1. **RED**: pupil has had a severe reaction / anaphylactic shock or has been medically diagnosed;
 - 11.6.2. **AMBER**: Pupil has an allergy or intolerance;
 - 11.6.3. **BLUE**: Pupil excludes foods due to preferences including religious beliefs.
- 11.7. **Pupils and staff in the RED category**
 - 11.7.1. A meeting will be arranged between the Medical Team, the Catering Team and the pupil's parents to discuss the pupil's allergy and show them the kitchen production and service areas. This is particularly important where a pupil is susceptible to trace allergens caused by cross-contamination (e.g., at self-service salad bars and dessert counters).
 - 11.7.2. A pre-plated meal will be provided for them. Whilst the Catering Team can provide meals that do not include the nominated allergens, they cannot guarantee that dishes do not contain traces of allergens as they may be stored and prepared in the same areas as known or identified allergens. However, the School will take all reasonable steps to minimise the risk of cross-contamination. The menu cycle for all pre-plated meals is carefully planned. The pre-plated meal is prepared in a separate areas or at a separate time from the meals containing the pupil's allergens.
 - 11.7.3. The Catering Team do not use nuts in any of the food they prepare and serve. They are, however, unable to guarantee that the dishes / products served are totally free from nuts / nut derivatives. This is due to the use of pre-cautionary allergy statements such as 'may contain' used by the School's suppliers.
 - 11.7.4. Sometimes, pupils in the **RED** category with an allergy to nuts, are able to tolerate precautionary statements such as 'made in a factory containing

nuts.' If this is the case, then during the meeting with the School, it may be possible to allow the parents to sign a disclaimer to allow the pupil to select meals rather than have a pre-plated meal.

11.7.5. Staff in the **RED** category will also be provided with a pre-plated meal.

11.8. Pupils and staff in the **AMBER or **BLUE** category**

11.8.1. Pupils and staff within these categories may ask a member of the Catering Team for any allergen information and this will be provided using the Catering Team's daily allergen checker.

- 11.9. Food containing the main 14 allergens (see Allergens definition, paragraph 5.2, above) will be clearly identified for pupils, staff and visitors to see. Other ingredient information will be available on request. For pupils or staff with allergies to food other than the 'main 14', the School will undertake a risk assessment to determine whether the allergen or combination of allergens can be safely catered for and whether a pre-plated meal is required. The School may request a medical note from parents to support this process.
- 11.10. Food packaged to go will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging.
- 11.11. Where changes are made to the ingredients this will be communicated to pupils with dietary needs by the Catering Team.
- 11.12. Food provided at breakfast club, after school clubs, boarding / day boarding and the Year 8 tuck shop will follow these procedures.

12. Food bans or restrictions

- 12.1. The School has staff and pupils with a wide range of allergies to different foods. Pupils are not allowed to bring birthday cakes into School, including the boarding houses.
- 12.2. Any food brought in by staff or for staff should not contain nuts.
- 12.3. All food taken on a School trip should be checked by parents or carers to ensure peanuts, tree nuts and sesame are not an ingredient in another product. Please check the label on all foods brought in. See paragraph 14, below for further information on food on school trips.
- 12.4. All food brought into school for social or fundraising events should similarly comply with this policy and not contain nuts.

13. Food hygiene for pupils

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

- 13.4. In the Boarding Houses, pupils can prepare light breakfasts or snacks such as toast, cereal and croissants. This food is provided by the School's Catering Team.

14. School trips

- 14.1. Trip leaders will have a list of pupils with allergies with medication details;
- 14.2. Allergies will be considered on the trip risk assessment and catering provision put in place with the trip provider in advance of the trip with the involvement of parents if necessary.
- 14.3. Parents of pupils with allergies will be consulted if the trip requires an overnight stay;
- 14.4. All Staff, including those accompanying a trip are trained to recognise and respond to an allergic reaction;
- 14.5. Allergens will be clearly labelled on catered packed lunches;
- 14.6. If a pupil with an allergen is attending Match Tea or an activity at another school, details of their dietary requirements will be sent ahead to ensure they have a safe meal / snack.

15. Insect stings

- 15.1. Staff and pupils with a known insect venom allergy should:
 - 15.1.1. avoid walking around in bare feet or sandals when outside and if possible, keep arms and legs covered;
 - 15.1.2. avoid wearing strong perfumes or cosmetics;
 - 15.1.3. keep food and drink covered.
- 15.2. The Operations and Estates Manager will ensure the Grounds Team monitor the School grounds for hornet, wasp, or bee nests. Pupils and staff (with or without allergies) should notify the Operations and Estates Manager or a member of the Grounds Team or their form Teacher if they find a hornet, wasp or bee nest in the School grounds and avoid them.

16. Animals

- 16.1. 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:
 - 16.1.1. a pupil with a known animal allergy should avoid the animal they are allergic to;
 - 16.1.2. if an animal comes on site a risk assessment will be done prior to the visit;
 - 16.1.3. areas visited by animals will be cleaned thoroughly;
 - 16.1.4. anyone in contact with an animal will wash their hands after contact;

16.1.5. If an animal lives on site, for example in a Boarding House, parents will be made aware, and consideration and adaptations will be made;

16.1.6. School trips that include visits to animals will be carefully risk assessed.

17. Allergic Rhinitis / hay fever

17.1. If parents have provided their consent, the School may administer homely remedies, including antihistamine. This will be recorded on the School's MIS and parents informed by email or telephone by the end of each school day at the latest. Prior to the administration of homely remedies, a member of the Medical Team or 'competent member of staff' will ascertain whether the pupil has had any medications within the last 4-6 hours.

18. Inclusion and mental health

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

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

18.3. Pupils with allergies may require additional pastoral support including regular check-ins from their Tutor/ House Parent etc.

18.4. Affected pupils will be given consideration in advance of wider school discussions about allergy and school allergy awareness initiatives;

18.5. Bullying related to allergy will be treated in line with the school's Anti-bullying Policy.

19. Adrenaline Pens

19.1. The School follows government guidance on the use of Adrenaline Pens in schools.

19.2. Pupils prescribed with an Adrenaline Pen will have easy access to two, in-date pens at all times in their Adrenaline Pen bag. This also contain their Individual Healthcare Plan and Allergy Action Plan and a photo label on the outside of the bag.

19.3. A competency assessment is carried out by the Medical Team for any pupil who carries their own Adrenaline Pen.

19.4. Regular checks are made to ensure adrenaline pens are where they should be, are in date, not locked away and stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator). Any used or out of date pens will be disposed of as sharps.

19.5. The School keeps an emergency anaphylaxis kit in the main reception in line with government guidelines (Guidance on the use of Adrenaline Auto-Injectors in Schools).

19.6. The Medical Team are responsible for:

- 19.6.1. deciding how many spare pens are required and ensuring spare Adrenaline Pens are in grab bags for school trips / matches as well as on site.
- 19.6.2. what dosage is required in the spare pens, based on the Resuscitation Council UK's age-based guidance.
- 19.6.3. which brand(s) to buy. Schools are recommended to buy a single brand if possible to avoid confusion.

19.7. School trips and away matches

- 19.7.1. No child with a prescribed Adrenaline Pen will be able to go on a school trip without two of their own pens;
- 19.7.2. Adrenaline Pens will be kept close to the pupils at all times e.g., not stored in the hold of the coach when travelling or left in changing rooms;
- 19.7.3. Adrenaline Pens will be protected from extreme temperatures;
- 19.7.4. Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction;
- 19.7.5. Spare pens will be taken to away sporting fixtures and on trips.

20. Responding to an allergic reaction / anaphylaxis

- 20.1. Staff receive regular training and reminders on how to recognise and respond to an allergic reaction. See also, Appendix 1.
- 20.2. If a pupil has an allergic reaction they will be treated in accordance with their Allergy Action Plan and a member of staff will instigate an emergency response.
- 20.3. If anaphylaxis is suspected, adrenaline will be administered without delay, lying the pupil down with their legs raised as described in Appendix 1. They will be treated where they are, and medication brought to them.
- 20.4. A pupil's own prescribed medication will be used to treat an allergic reaction if immediately available. This will be administered by the pupil themselves (if age appropriate) or by a member of staff. Ideally the member of staff will be trained, but in an emergency anyone will administer adrenaline.
- 20.5. If, when on the School site, the pupil's own Adrenaline Pen is not available or misfires, then a spare Adrenaline Pen will be used.
- 20.6. If anaphylaxis is suspected but the pupil does not have a prescribed Adrenaline Pen or Allergy Action Plan, a member of staff will ensure they are lying down with their legs raised, call 999 and explain anaphylaxis is suspected. They will inform the operator that spare adrenaline pens are available and follow instructions from the operator. Ambulance control may authorise the use of the spare pen. The MHRA says that in exceptional circumstances, a spare Adrenaline Pen can be administered to anyone for the purposes of saving their life.

- 20.7. The pupil will not be moved until a medical professional/ paramedic has arrived, even if they are feeling better.
- 20.8. 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 in an ambulance and stay until a parent or guardian arrives.

21. Training

- 21.1. The Catering Team undertake food allergy training before or on the first day they join the Team, including understanding the allergy procedures at school. There are at least two 'Allergy Champions' at each service who have completed additional training and can be identified by their 'Ask Me About Allergens' badge.
- 21.2. The School is committed to training all staff to give them a good understanding of allergies. This includes:
 - 21.2.1. understanding what an allergy is;
 - 21.2.2. how to reduce the risk of an allergic reaction occurring;
 - 21.2.3. how to recognise and treat an allergic reaction, including anaphylaxis;
 - 21.2.4. how the school manages allergy, for example Emergency Response Plan, documentation, communication etc.;
 - 21.2.5. where Adrenaline Pens are kept (both prescribed pens and spare pens) and how to access them;
 - 21.2.6. 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;
 - 21.2.7. understanding food labelling.

22. Asthma

- 22.1. It is vital that pupils with allergies keep their asthma well controlled because asthma can exacerbate allergic reactions. The School follows the Department of Health document 'Guidance on the Use of Emergency Inhalers in Schools'.
- 22.2. Pupils with asthma will be identified from the School's Medical Questionnaire. A list of pupils with asthma in each section of the School is compiled and displayed in relevant, staff only areas.
- 22.3. The School's Medical Centre Standard Operating Procedures outline where pupils own inhalers are kept, depending on which area of the School they are based and guidance on treatment.
- 22.4. Labelled Emergency Asthma Packs containing a spare inhaler and spacer, along with information regarding assessment and treatment of an asthma attack, are available in School should a pupil with asthma require an inhaler and theirs is not

available. These are located in each area of the School, including the Boarding Houses.

22.5. **IF IN ANY DOUBT, CALL AN AMBULANCE (999).**

23. Monitoring and Review

- 23.1. The Bursar will monitor the implementation of this policy to identify areas for improvement and training needs.
- 23.2. All allergic reactions classed as mild to moderate (see Appendix 1) will be recorded by the Medical Team on the School’s Management Information System (MIS).
- 23.3. Any allergic reaction classed as serious, where an anaphylactic reaction has occurred, (see Appendix 1) will be recorded on the MIS and in the Accident Book due to the need for the pupil or member of staff to be sent to hospital for further treatment. The Bursar will be notified and will determine the appropriate course of action and include such incidents in the updates to the School’s Health and Safety Committee, which meets on a half-termly basis. The Health and Safety Committee will consider any patterns or incidents which may require further investigation or necessitate a change in procedures. The Health and Safety Committee report to the Buildings and Infrastructure Committee of the Governing Board.

Governors’ Committee Normally reviewing	Buildings and Infrastructure Committee
Effective from	June 2024
Date of next review	June 2026
Person responsible for Implementation and Monitoring	Bursar
Related Policies and Procedures	Child Protection and Safeguarding Policy Health and Safety Policy Risk Assessment Policy Educational Visits Policy

Appendix 1: Managing allergic Reactions

1. Allergic reactions vary. Bear in mind the following:

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

2. Mild to moderate allergic reactions:

2.1. symptoms include:

- 2.1.1. swollen lips, face or eyes
- 2.1.2. itchy or tingling mouth
- 2.1.3. hives or itchy rash on skin
- 2.1.4. abdominal pain
- 2.1.5. vomiting
- 2.1.6. change in behaviour

2.2. Response:

- 2.2.1. stay with pupil
- 2.2.2. call for help
- 2.2.3. locate adrenaline pens
- 2.2.4. give antihistamine
- 2.2.5. make a note of the time
- 2.2.6. phone parent or guardian
- 2.2.7. continue to monitor the pupil

3. Serious allergic reactions / anaphylaxis

- 3.1. The most serious type of reaction is called **ANAPHYLAXIS**.
- 3.2. Anaphylaxis is uncommon, and children experiencing it almost always fully recover.
- 3.3. **In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.**

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

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

4. Symptoms of anaphylaxis

A – Airway	B - Breathing	C - Circulation
<ul style="list-style-type: none">• persistent cough	<ul style="list-style-type: none">• difficult or noisy breathing	<ul style="list-style-type: none">• persistent dizziness
<ul style="list-style-type: none">• hoarse voice	<ul style="list-style-type: none">• wheeze or cough	<ul style="list-style-type: none">• pale or floppy
<ul style="list-style-type: none">• difficulty swallowing		<ul style="list-style-type: none">• sleepy
<ul style="list-style-type: none">• swollen Tongue		<ul style="list-style-type: none">• collapse or unconscious

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

6. Delivering adrenaline

6.1. Take the medication to the patient, rather than moving them.

6.2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.

6.3. 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.

6.4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.

6.5. Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.

6.6. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).

6.7. Call the pupil's emergency contact.

6.8. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.

6.9. Start CPR if necessary.

6.10. Hand over used devices to paramedics and remember to get replacements.

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