THE
KING'S SCHOOL
CANTERBURY

Allergy & Anaphylaxis Policy

Responsible person: Designated Allergy Lead & Senior Nurse

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1. AIMS AND OBJECTIVES

This policy outlines The King's School, Canterbury's, including the International College'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 ones 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:

- Asthma Policy
- Defibrillator Policy
- First Aid Policy
- Health & Wellbeing Policy
- Infection Control Policy
- Medication Policy
- Safe Handling and Disposal of Sharps Policy

This policy has regard to the DfE guidance Allergy Safety in Schools (July 2026) Allergy safety in schools statutory guidance

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

ADRENALINE AUTO-INJECTOR: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAIs, adrenaline pens or by the brand name EpiPen. There are 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.

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

INDIVIDUAL HEALTHCARE PLAN: A detailed document outlining an individual pupil's condition, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. All pupils with an allergy should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.

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

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.

4. ROLES AND RESPONSIBILITIES

The King's School Canterbury takes a whole-school approach to allergy management.

4.1. Designated Allergy Lead

The Designated Allergy Lead is Tanya Lee, Deputy Head (Pastoral), who reports to Jude Lowson, Head. They are responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils with 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 by the Health Centre team.

- 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
- Ensuring that the school's spare adrenaline pens are managed to ensure they are in date and ready to use and that staff know where they are kept.
- Keep a record of any allergic reactions or near-misses and ensure an investigation is held as to the cause and put in place any learnings
- Annually reviewing and updating the Allergy and Anaphylaxis Policy unless changes in law or practice present the requirement to do so more frequently.
- Ensuring there is an Anaphylaxis Drill/ exercise once a year.
- In addition to support all of the above the school has appointed a Pastoral Compliance and Training co-ordinator, Mrs Tanya Montague, who will
    - Take initial responsibility for ensuring that all allergy training and related compliance requirements are fully met, with further pastoral compliance projects to follow as priorities develop.
    - Support the timely and high-quality completion of risk assessments for school events and activities.
    - Act as a key operational link between pastoral and co-curricular leadership and compliance functions, ensuring expectations are clear, consistent, and effectively implemented.

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

4.2. School nurse/ Healthcare team

Amanda Conlan, Senior Nurse and Health Centre Manager is responsible for ensuring that the following has happened:

- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families.
- Support the Designated Allergy Lead on how this information is disseminated to all school staff, including the Catering Team and occasional staff.
- Ensuring the information from families is up-to-date, and reviewed annually (at a minimum)
- Coordinating medication with families. Whilst it's the parents and carers responsibility to ensure medication is up to date, the nursing team should also have systems in place to check this and notify the parents when they see the expiry date is approaching
- Keeping an adrenaline pen register to include Adrenaline Pens prescribed to pupils and Spare Pens, including brand, dose and expiry date. The location of Spare Pens should also be documented.
- Regularly checking spare pens are where they should be, and that they are in date
- Replacing the spare pens when necessary

- Providing on-site adrenaline pen training for other members of staff and pupils as required eg. Annual updates for PCAs/Matrons and for trip leaders before school trips when a person with an allergy will be attending the trip.

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 nursing team to ensure that:

- There is a clear method to capture allergy information and special dietary requirements at the earliest stage of engagement with the School. This includes admission applications, Open Days, Taster Days, interviews, residential visits and any event at which food may be provided or consumed.
- Where a prospective pupil has a diagnosed allergy, the Admissions Team will ensure that relevant information is shared with the Health Centre and Catering Department before attendance at any school event. Appropriate arrangements for medication, supervision and catering provision will be agreed in advance.
- If a pupil attends an event without a parent or guardian present, staff must ensure that emergency medication is available and that appropriate members of staff are aware of the pupil's allergy and emergency treatment plan
- There is a clear structure in place to communicate this information to the relevant parties (i.e. school nursing team, catering team)
- 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 the child is to be left without parental supervision

4.4. All staff

All school staff, to include teaching staff, support staff, domestic staff, occasional staff (for example sports coaches, music teachers and those running extracurricular activities) are responsible for:

- Championing and practising allergy awareness across the school.
- Understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures and asking for support if needed.
- Being aware of pupils with allergies and what they are allergic to.
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate.
- Ensuring pupils always have access to their medication and monitoring that this is the case (PCAs/Matrons). The Health Centre must be made aware of any pupils not consistently carrying their adrenaline autoinjectors.
- Being able to recognise and respond to an allergic reaction, including anaphylaxis.
- Taking part in training and anaphylaxis drills as required and to tell a manager if you have not received any in the last 12 months.
- Considering the safety, inclusion and wellbeing of pupils with allergies always.

- Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy.

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 Health Centre team 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, hayfever, rhinitis or eczema. For new pupils this will begin with submitting a completed Health Information form as soon as their child's place at the school has been confirmed. For existing pupils, prompt sharing of emerging allergy must be undertaken with the Health Centre team and the pupil's house team.
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in snacks or for fundraising events.
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice.
- Encouraging their child to be allergy aware.

4.6. Parents of children with allergies

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

- Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan.
- If applicable, provide the school or their child with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, ie. spoon or syringe), inhalers or creams. Ongoing prescriptions for boarders registered with the school GP will be organised by the Health Centre team.
- Ensure medication is in-date and replaced at the appropriate time (Day pupils).
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too.
- Provide the school with an up-to-date photograph of their child and sign the associated permission for it to be shared appropriately as part of their allergy management.
- 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 they are allergic to.

4.7. All pupils

All pupils at the school should:

- Be allergy aware.
- Understand the risks allergens might pose to their peers.
- Learn how they can support their peers and be alert to allergy-related bullying.
- Older pupils will learn how to recognise and respond to an allergic reaction and to support their peers and staff in case of an emergency.
- Will avoid bringing foods into school/house that they know to be allergens of their peer group.

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.
- Avoiding their allergen as best as they can.
- Understand that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction.
- Always carrying two adrenaline auto-injectors with them. They must only use them for their intended purpose.
- Understand how and when to use their adrenaline auto-injector.
- 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.
- Know what to do if they have an allergic reaction off school premises, including how to raise the alarm and how to treat themselves.

5. INFORMATION AND DOCUMENTATION

5.1. Register of pupils with an allergy

5.1.1. The school has a register of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as pupils with an allergy where no adrenaline pens have been prescribed. This register is maintained by the Health Centre Team and can be accessed on the Allergies and Anaphylaxis Teams pages.

5.2. 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.
- If appropriate, detail of the medication the pupil has been prescribed including dose, this should include adrenaline pens, antihistamine etc. Not all pupils are prescribed medications to treat allergies. When this is the case and parental consent has been given for non-prescription medication to be administered, a

record is made advising treatment with antihistamine from the school stock to manage allergy symptoms following exposure.

- A record of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis.
- A photograph of each pupil
- A copy of their Allergy Action Plan.

6. ASSESSING RISK

Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food tech or cooking.
- Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk..
- Running activities or clubs where they might hand out snacks or food "treats". Ensure safe food is provided or consider an alternative non-food treat for all pupils.
- Planning special events, such as cultural days and celebrations

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity.

Pupil-specific allergy information can be located on the whole school allergy spreadsheet, found on the Health Centre Sharepoint page. Pupils' information is saved in Houses and in alphabetical order within. This is a live document to be used as a point of reference and is updated by the Health Centre team according to new information being shared.

7. FOOD, INCLUDING MEALTIMES & SNACKS

7.1. CATERING IN SCHOOL

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

- Due diligence is carried out regarding allergen management when appointing catering staff.
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training.
- Anyone preparing food for pupils 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 how their allergies are supported by all school staff.

- The school has robust procedures in place to identify pupils with food allergies, including:
- Whole school circulation of information about those pupils with adrenaline auto injectors. This includes photos, house name, year group and allergens.
- Whole school allergy spreadsheet; a live reference tool for easy identification of pupils with allergies and intolerances. This is accessible to all staff via the Health Centre Sharepoint.
- Meeting between Director of Catering and Senior Nurse/Health Centre Manager at the beginning of the academic year and half-termly thereafter to identify new pupils with allergies and allergies arising during the school year.

7.2. Systems in the Dining Rooms and Catering:

- All dishes are labelled with the name of the dish, with the allergen information written below.
- The catering department keep a menu/allergen book within which all dishes prepared in school are listed including full ingredients lists and allergen lists. All chefs must refer to this when planning and preparing food.
- Food containing the main 14 allergens (see Allergens definition) will be clearly identified for pupils, staff and visitors to see. Other ingredient information will be available on request. Addition allergens are recorded when the catering department are made aware of pupils with allergies outside of the main 14.
- Food packaged to go will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging.
- The catering department do not advertise the ingredients within dishes ahead of the meal service as a precaution, to avoid error in the event of ingredients being changed by the need to use an alternative product.
- The school labels all allergen information for foods on display, including "May Contain" labelling.
- The catering department does not cook with nuts or buy any products that contain nuts. They do buy products that say "May Contain" as this is unavoidable. Such products are labelled as allergens at the serving display.
- Products containing nuts are not purchased for sale at the school. Sandwiches that are purchased for consumption in the school are bought from a company that displays all allergens and ingredients on each sandwich.

7.3. Food brought into school

Food brought onto school premises by pupils, parents, staff or visitors must be considered carefully to minimise the risk of allergic reactions.

- Food provided for celebrations, fundraising events, charity sales, parent events or boarding house activities should, wherever possible, be commercially prepared and supplied in its original packaging with a full ingredients list.

- Homemade food should only be accepted where allergen information can be clearly identified and communicated.
- Staff organising events involving food must consider known allergies of pupils attending and seek advice from the Health Centre or Catering Department where required.
- Birthday cakes and treats should not be distributed without consideration of allergies within the relevant pupil group. Non-food alternatives should be considered where appropriate.
- Pupils must not pressure others to consume food and must respect dietary and allergy-related restrictions.
- Any food taken on educational visits, sports fixtures or residential trips must comply with allergy arrangements identified through the trip risk assessment.
- Boarding houses should maintain awareness of the allergies of resident pupils and take appropriate precautions during house events, socials and celebrations involving food.
- Food prepared externally and brought into boarding houses should be clearly labelled wherever possible.

7.4. 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 nuts as much as possible on the site and check all foods coming into the kitchen.
- All food coming onto school premises or taken on a school trip or to a match should be checked to ensure nuts are not an ingredient in another product. Please check the label on all foods brought in. Common foods that contain these goods as an ingredient include packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces

7.5. FOOD HYGIENE FOR PUPILS

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

Boarding house kitchens, 6th form kitchens and any pupil food preparation areas must be maintained to a high standard of cleanliness in order to reduce the risk of cross-contamination.

The following precautions apply:

- Work surfaces must be cleaned before and after food preparation.
- Pupils should wash their hands before handling food.
- Separate utensils, chopping boards and preparation equipment should be used where necessary.

- Food packaging should be retained until meals have been served so that ingredient information can be checked if required.
- Open food should be stored in sealed, labelled containers.
- Refrigerators should be kept clean and food appropriately covered and labelled.
- Pupils should not prepare food for others unless they are aware of any relevant allergies and ingredients can be verified.
- House staff should promote safe food handling practices and support allergy-aware behaviours within communal kitchens.

8. SCHOOL TRIPS AND SPORTS FIXTURES

- Staff leading the trip will have a register of pupils with allergies with medication details
- Allergies will be considered on the risk assessment and catering provision put in place
- Consult with the parents of day pupils if the trip requires an overnight stay.
- Staff accompanying the trip will be trained to recognise and respond to an allergic reaction
- Allergens are clearly labelled on catered packed lunches. Staff book packed meals for pupils via the packed meal portal, where they are required to detail if any pupil has an allergy. If a pupil does have any allergy including one outside of the main 14, all sandwiches are clearly labelled with all ingredients and all allergens.
- If attending Match Tea at another school, details of their dietary requirements will be sent ahead to ensure they have a safe meal.
- See Adrenaline Pens section for School Trips and Sports Fixtures.

9. INSECT 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
- Keep food and drink covered
- Should the School keep beehives or introduce bees as part of an educational project, a specific risk assessment will be undertaken. The allergy status of pupils and staff will be reviewed in advance and specialist advice sought where necessary.
- Appropriate control measures may include restricted access zones, supervision arrangements, location review, emergency medication availability and staff training. No pupil with a known bee venom allergy will be required to participate in activities involving close contact with bees

The school Grounds and Gardens team will monitor the grounds for wasp or bee nests. Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.

10. ANIMALS

It 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.
- If an animal lives on site, for example in a Boarding House, parents will be made aware, and consideration and adaptations will be made.
- School trips that include visits to animals will be carefully risk assessed.

11. ALLERGIC RHINITIS/ HAYFEVER

To minimise the impact of high pollen times on pupils with pollen allergies and hayfever, allergens should be limited or removed where possible. This can be achieved by:

- Avoiding open windows where possible during high pollen times.
- Avoiding dust build up in areas where pupils will be inhabiting eg. Classrooms and common rooms.

The symptoms of allergis rhinitis/hayfever include:

- Sneezing and a runny nose.
- Itchy, watery eyes.
- Nasal congestion.
- Mild cough.

Pupils presenting with any of these symptoms may be offered antihistamine treatment from the school stock, if parental consent to do so has been recorded on ISAMS. Some pupils will have been prescribed medications to treat symptoms as needed, which can be administered according to the school Medication Policy.

12. INCLUSION AND MENTAL HEALTH

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

- No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip.
- Pupils with allergies may require additional pastoral support including regular check-ins from their Matron/PCA, Houseparent or Tutor.
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives
- Bullying related to allergy will be treated in line with the school's anti-bullying policy

13. ADRENALINE PENS

See the government guidance on Adrenaline Pens in Schools.

13.1. Storage of adrenaline pens

- Pupils prescribed with adrenaline pens will have easy access to two, in-date pens at all times.
- Pupils will always carry two in-date pens with them in a small, labelled case provided by the Health Centre. Within this case is a copy of the pupil's anaphylaxis action plan and any additional medications that may have been prescribed eg: antihistamines and salbutamol inhaler. In addition to this, two pens will be kept as spares in their boarding/day house in an accessible space. These will also be stored in a small, labelled case provided by the Health Centre.
- Pens are checked monthly by PCAs/Matrons for expiry date and a record of this made on a Cognito form, which is monitored by the Health Centre team.
- Spot checks are undertaken on all pupils carrying emergency medication throughout the school year. If a pupil is identified as consistently not carrying their pens, the Health Centre team are informed and an appointment arranged for the pupil to speak with a nurse.
- Adrenaline pens must not be kept locked away.
- Adrenaline pens 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 pens will be disposed of as sharps.

13.2. Spare pens

The locations of spare adrenaline pens will be clearly marked with standardised signage. Maps showing adrenaline pen locations will be available to staff through the Staff Handbook and Health Centre SharePoint pages.

All staff should familiarise themselves with the nearest adrenaline pen location relevant to their working area and any areas they regularly visit with pupils.

This school has 26 spare adrenaline pens too be used in accordance with government guidance.

The adrenaline pens are clearly signposted and are stored in pairs in orange cases at the following locations:

- Dining Hall, Main School (Precincts)
- Mint Yard Gate
- Entrance to Morpurgo House
- Dining Hall, St Augustine's Gate
- Porter's Lodge, St Augustine's Gate
- Behind the bar, Malthouse
- The Sixth Form Centre
- The Sports Centre
- Birley's First Aid Room
- The Boat House
- Health Centre Emergency Grab Bag
- Portable pair kept at Mint Yard Gate
- IC Reception

The Allergy Lead and Senior Nurse are responsible for:

- Deciding how many spare pens are provided.
- What dosage is required, based on the Resuscitation Council UK's age-based guidance and by recommendation of the school GP.
- Which brand to buy. Schools are recommended to buy a single brand to avoid confusion.
- The purchasing of spare adrenaline pens which can be obtained at low cost from a local pharmacy. See government guidance above.
- Distribution around the site and clear signage

13.3. Adrenaline pens on school trips and match days

- No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own pens.
- Adrenaline pens will be kept close to the pupils at all times eg. not stored in the hold of the coach when travelling or left in changing rooms.
- Adrenaline pens will be protected from extreme temperatures.
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction.
- Consider whether to take Spare pens to sporting fixtures and on trips.

14. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See appendix on recognising and responding to an allergic reaction

- If a pupil has an allergic reaction, a member of staff will instigate the school's Emergency Medical Response Procedure, including summoning first aid assistance,

contacting the Health Centre, calling 999 where appropriate and ensuring emergency contacts are informed Emergency Response Plan

- If anaphylaxis is suspected adrenaline will be administered without delay, lying the pupil down with their legs raised as described in the Appendix. They will be treated where they are and medication brought to them.
- A pupil's own prescribed medication will be used to treat allergic reactions 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.
- If the pupil's own adrenaline pen is not available or misfires, then a spare adrenaline pen will be used.
- 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. The MHRA says that in exceptional circumstances, a spare adrenaline pen can be administered to **anyone** for the purposes of saving their life.
- The pupil will not be moved until a medical professional/ paramedic has arrived, even if they are feeling better.
- 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.

15. TRAINING

15.1. The school is committed to training all staff annually to give them a good understanding of allergy. 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
- 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.
- Taking part in an anaphylaxis drill

15.2. The school will carry out an anaphylaxis drill annually. This includes:

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

16. ASTHMA

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions. See link below for Asthma Policy:

Staff Handbook - Asthma Policy.pdf - All Documents

17. POLICY GOVERNANCE AND PUBLICATION

The Governing Board will review this policy annually and will ensure that the policy is appropriately publicised by:

- Making the policy generally known within the school and to parents of pupils;
- Taking steps, at least once a year, to bring the policy to the attention of all pupils at the school and parents and all persons who work at the school, including volunteers, and
- Publishing the policy on the school's website.

Appendix 1

MANAGING ALLERGIC REACTIONS

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen.

Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

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

Response:

- Stay with pupil
- Call for help
- Locate adrenaline pens
- Give antihistamine
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

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

Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

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

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

Appendix 2

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

DELIVERING ADRENALINE

1. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
3. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
5. Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
6. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
7. Call the pupil's emergency contact.
8. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
9. Start CPR if necessary.
10. Hand over used devices to paramedics and remember to get replacements.