THE PERSE SCHOOL
CAMBRIDGE

ALLERGY AND ANAPHYLAXIS POLICY

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Policy Owners: Pelican Head, Prep Head,

Senior Deputy Head - Upper

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1. AIMS AND OBJECTIVES

This policy outlines The Perse 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, is available on the School's website and should be read alongside these other policies:

- Administration of Medications Policy;
- Anti-bullying Policy;
- Safeguarding and Child Protection Policy
- Health and Safety Manual – Policy and Procedures:
    - 1.29 Allergen risk assessment
    - 2.03 Accident records and notification;
    - 2.09 Infection Control;
    - 2.10 HealthCare;
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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 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 devices or by the brand name EpiPen. There are three brands licensed for use in the UK: EpiPen, Jext Pen and Emerade. For the purposes of this Policy, we will refer to them as Adrenaline devices.

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan. The School uses the BSACI Allergy Action Plan paediatric templates which include versions for: people without a prescribed adrenaline device, people prescribed with different brands of adrenaline device. The templates are found here: Paediatric Allergy Action Plans - BSACI

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. NB: Neffy was approved for use in the UK in 2025 and distribution is expected from late September.

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 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.

SPARE DEVICES: From 2017 schools have been able to purchase spare adrenaline devices. These should be held as a back-up in case pupils' own 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.

4. ROLES AND RESPONSIBILITIES

The Perse takes a whole-school approach to allergy management.

4.1 Designated Allergy Lead

The **Designated Allergy Lead is Ian Thomas** - Director of Operations with oversight of the three Schools (Upper, Prep and Pelican). Their work is supported on each site by

- Upper – Ed Wiseman: Deputy Head (Pupil Development and Welfare)
- Prep – James Piper: Head
- Pelican – Francesca Heftman: Head

The Designated Allergy Lead reports into the Bursar. 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 School's nursing 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 the School's stock of spare adrenaline devices is checked on a regular basis, that the stock is sufficient and stored in the appropriate locations and ensuring staff know where the devices are;
- Keep 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;
- Ensuring there is an Anaphylaxis Drill at least once a year on each site

At regular intervals, the Designated Allergy Lead will check procedures and report to the Upper ELT.

4.2 School nurse/ Healthcare team

The lead nurse for each site:

- Upper – Katy Clark (Lead nurse)
- Prep – Emma Day-Small (nurse)
- Pelican – Katy Clark (Lead nurse)

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)
- Support the Designated Allergy Lead on how this information is disseminated to all school staff, including the Catering Team, occasional staff and staff running clubs
- Ensuring the information from families is up-to-date, and reviewed annually (at a minimum)
- Coordinating medication with families. Whilst it is the parents' and carer's 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 device register to include Adrenaline device s prescribed to pupils and Spare device s, including brand, dose, and expiry date. The location of Spare devices should also be documented.
- Regularly checking spare device s are where they should be, and that they are in date
- Replacing the spare device s when necessary
- Providing on-site adrenaline device training for other members of staff and pupils and refresher training as required e.g. before school trips

4.3 Admissions Team

The admissions team is likely to be the first to learn of a prospective pupil'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 or special dietary information at the earliest opportunity - this is usually for the first time a child will attend separate from their parents (i.e. for entrance tests or taster sessions).
- There is a clear structure in place to communicate this information to the relevant parties (i.e. school nursing team, catering team, staff supervising)
- 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 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
- 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.
- Being able to recognise and respond to an allergic reaction, including anaphylaxis

- Taking part in training and anaphylaxis drills as required (at least once a year) 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 at all times
- Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy
- Ensuring information of updates to a pupil's medical situation are communicated to the school nurse
- Reporting any incidents or concerns to a senior member of staff as soon as possible and completing an accident report form for allergic reactions and near misses.

Staff in pupil-facing rules are additionally responsible for:

- Being aware of pupils with allergies and what they are allergic to
- Ensuring pupils always have access to their medication or carrying it on their behalf (depending on the age and capability of the pupils)
- Ensuring that pupils have their medication and that staff have access to the pupil's Allergy Action Plan or Individual Health Care Plan when leaving school site, for a match or trip.

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 nurse (Upper and Prep) or nurse (Pelican) 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
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice
- 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 (unless the allergy refers to mild hayfever)
- Ensure that the school is provided with the most up-to-date medical information relating to their child's allergies
- If applicable, provide the school or their child with two labelled adrenaline devices and any other medication, for example antihistamine (with a dispenser, i.e. spoon or syringe), inhalers or creams. At the Upper, their child is expected to carry two labelled adrenaline devices at all times (including to and from school) and parents must provide at least one spare labelled adrenaline device for the school staff to take off-site for trips/fixtures, etc.
- Ensure that medication accompanies the pupil to and from school everyday

- Ensure medication is in-date and replaced at the appropriate time
- 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 e.g. 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
- Adhere to food restrictions or guidance about food being brought in.

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/capability and may not be appropriate with very young children)
- 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
- If age/capability-appropriate, to carry two adrenaline devices with them at all times. They must only use them for their intended purpose
- Understand how and when to use their adrenaline devices
- 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
- Sixth form pupils permitted to leave the school site during the school day should know what to do if they have an allergic reaction off school premises. This should include how to treat themselves and raise the alarm to get help.

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 device, as well as pupils with an allergy where no adrenaline devices have been prescribed.

5.2 Healthcare plans

The school asks all parents/carers of a pupil with an allergy for an Individual Healthcare Plan. The School requires an Individual Health Care plan for those pupils who may be at significant risk and may require a pupil to stay at home until one is in place for safety reasons. The information on this plan includes:

- Known allergens and risk factors for allergic reactions
- A history of their allergic reactions (as reported to school)
- 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
- A copy of their Allergy Action Plan. See definitions for the BSACI templates.

6. ASSESSING RISK

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

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food 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.

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 contracts
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training
- The Pelican adheres to new Early Years Foundation Stage statutory guidance. The "Safer Eating" section has the relevant information for allergies.
- 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 what their allergies are, supported by all school staff.
- The school has robust procedures in place to identify pupils with food allergies,
- Pelican - Pupils at the Pelican wear badges which identify the pupils and their allergen at the point of service to our allergen champions. As a fail-safe, classroom staff are also present and know the pupils.
- Prep - the pupils identify themselves to catering staff by collecting a red tray on entry to the dining hall. Support is then provided by allergen champions. The Catering team also have images of those with allergies as a fail-safe.
- Upper - Most Upper pupils are capable of self-managing their allergens using the allergy reports. If any pupils are not able to self-manage, they will be expected to identify themselves at their counter by name so that the appropriate meal may be provided by the allergen champions. Catering staff have images of those with allergies as a fail-safe.
- Food containing the main 14 allergens (see Allergens definition) will be clearly identified for pupils, staff, and visitors to see. At Upper points of service for food prepared by Lodestone House, a tablet is used to list all ingredients used in dishes. This means that allergens outside the main 14 can be managed. Where catering has been provided outside of the usual lunch and tuck-shop provision, other ingredient information will be available on request.
- Food packaged to go will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging.
- Lodestone House's policy on products with Precautionary Allergen Labelling or "May Contain' labelling is to treat them as if the product contains that allergen.
- Food provided at breakfast club and after school clubs will follow these procedures (or adapt accordingly, but ensure procedures to ensure safety are outlined)
- Catering procedures avoid food with nuts and peanuts as an ingredient at all sites.

7.2 FOOD BROUGHT INTO SCHOOL

UPPER

Some pupils bring packed lunches to school, and many will bring snacks. Pupils are expected to be allergy aware. There may be occasions when pupils or staff may bring cakes to share (e.g. for birthdays, treats). In these cases, the school encourages the use of shop-bought items (to be as inclusive as possible) and to have the full ingredient list available at the time of consumption. Pupils with allergens are advised to avoid home-made foods entirely.

PREP

Pupils do not bring food into school for birthdays or other events and do not hold cake sales. Pupils are allowed to bring in a snack to eat ahead of their after-school club, when under supervision of the member of staff in charge. Pupils, parents, and members of staff are reminded of the need to be allergy-aware in the snack being consumed, and the behaviour around this snack including avoiding sharing food.

PELICAN

Pupils do not bring food into school for birthdays or other events and do not hold cake sales. On occasion, parents may hold a cake sale for families (School Fete, Children in Need etc). In these cases, the school encourages the use of shop-bought items and to have the full ingredient list available at the time of consumption. If items are home-made, we ask that items have a full ingredients list. Food items cannot be directly given to children, without a responsible adult present.

7.3 FOOD BANS OR RESTRICTIONS

Bans on certain foods on site are almost impossible to enforce but can lead to a sense of complacency or give a false sense of security. It is vital that everyone needs to be allergy aware and to remain vigilant. It is also important that there is no impression of one allergen being more dangerous than others.

The Perse 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.

All food coming onto school premises or taken on a school trip or to a match should be checked by staff 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

- Handwashing: Pupils are encouraged to wash their hands before and after eating and are reminded of the importance of hand washing throughout the day.
- Sharing, swapping, or throwing food is not allowed
- Water bottles and packed lunches should be clearly labelled

Cookery in school: A specific risk assessment is used for cookery in school. All activities are closely supervised, and measures are in place to limit cross-contamination in preparation and the storage of food.

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 if the trip requires an overnight stay
- Staff ensure that pupils have their medication and that staff have access to the pupil's Allergy Action Plan or Individual Health Care Plan when leaving school site, for a match or trip
- Staff (and some pupils, if appropriate) accompanying the trip will be trained to recognise and respond to an allergic reaction
- Allergens will be clearly labelled on catered packed lunches. Any pupil with an allergy to a food inside or outside the "main 14" will have a specific packed lunch prepared for them to ensure they always receive a safe meal.
- 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 devices 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

The School's Director of Estates is responsible for ensuring the grounds are monitored for wasp or bee nests. Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.

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

11. ALLERGIC RHINITIS/ HAYFEVER

No health care plan is required unless it is severe and has prescribed medication to be administered in school, or daily care requirements are needed.

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. On rare occasions, alternative arrangements may be put in place if agreed with parents in advance.
- Pupils with allergies may require additional pastoral support including regular check-ins from their tutor/ class teacher
- 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 DEVICES

See the government guidance on Adrenaline Pens 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. They should also ensure they have appropriate prescribed medication with them whilst travelling to and from school.
- Any pupil medication for use in an emergency will be kept in a central location at each site together with a copy of emergency protocols (including a copy of the pupil's emergency action plan):
    - Upper – pupil carries 2 adrenaline devices, plus at least one spare in the staff room lobby
    - Prep – Medical room (two adrenaline devices in emergency box to accompany pupils off site)

    - Pelican – Medical room (two adrenaline devices in emergency box to accompany pupils off site)
- Where appropriate/whenever possible (depending on age, competence, and type of medication) the pupil may also keep emergency medication with them. All Upper pupils with prescribed auto injectors are expected to carry them with them (or have them in the immediate vicinity) at all times.
- In addition, spare adrenalin auto injectors are available for use in an emergency.
- Spot checks will be made to ensure adrenaline devices are where they should be and in date.
- Adrenaline devices must not be kept locked away.
- 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 will be disposed of as sharps

13.2 Spare devices

This school has 36 spare adrenaline devices to be used in accordance with government guidance. Devices are clearly labelled 'under 6 years old' and '6-year-olds and over'.

The adrenaline devices are clearly signposted and are stored in:

- Upper - Staff Common Room (2x 0.3mg, 2x 0.15mg), Medical Room (2x 0.3mg, 2x 0.15mg), Sports Centre (2x 0.3mg, 2x 0.15mg), PAC (2x 0.3mg, 2x 0.15mg) and Reception (2x 0.3mg, 2x 0.15mg)
- Abington fields (2x 0.3mg, 2x 0.15mg) – Pavilion foyer
- Porson Road (2x 0.3mg, 2x 0.15mg) – Sports Pavilion (for Prep pupils)
- Prep (2x 0.3mg, 2x 015mg) – Medical Room & (2x 0.3mg, 2x 015mg) – Dining Room
- Pelican (2x 0.3mg, 2x 015mg) – First Aid Room & (2x 0.3mg, 2x 015mg) – Dining Room

The Allergy Lead and Lead Nurse are responsible for:

- Deciding how many spare devices are required
- What dosage is required, based on the Resuscitation Council UK's age-based guidance (see page 11)
- Which brand(s) to buy. Schools are recommended to buy a single brand, if possible, to avoid confusion.
- The purchasing of spare adrenaline devices 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 devices on school trips and match days

- No child with a prescribed adrenaline device will be able to go on a school trip without two of their own devices. The trip leader will check before leaving that the pupil has 2 in date devices with them.
- Adrenaline devices 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
- 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

- Consideration will be given to whether to take additional spare devices 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, they will be treated in accordance with their Allergy Action Plan and a member of staff will call the school nurse or an appropriately trained member of staff. The pupil must not be left alone and should remain under close observation for at least 30 minutes even if symptoms have subsided. The nursing team will contact parents. Attempts will be made to identify how the pupil has ingested an allergen.
- If anaphylaxis is suspected adrenaline will be administered without delay, lying the pupil down with their legs raised as described in the Emergency Response Plan (see Appendix). They will be treated where they are, and medication brought to them. Nursing staff will be called to support. Nurses will notify key school staff who will decide whether to instigate use of the school's Critical Incident Manual.
- A pupil's own prescribed medication will be used to treat allergic reactions if immediately available.
- This will be administered by the pupil themselves (where 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 device is not available or misfires, then a spare adrenaline device will be used.
- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline device 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 devices are available and follow instructions from the operator. The MHRA says that in exceptional circumstances, a spare adrenaline device can be administered to **anyone** for the purposes of saving their life.
- After 5 minutes, if symptoms have not improved, a second dose will be administered using the second adrenaline device. This is usually administered into the other leg.
- 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 Staff Training

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 policy, documentation, communication etc
- Where adrenaline devices are kept (both prescribed devices and spare devices) 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 Anaphylaxis Drill

The school will carry out an anaphylaxis drill on each site at least 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.

17. REPORTING ALLERGIC REACTIONS

The school will log allergic reaction incidents and near-misses.

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
- 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.

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. 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 in the other leg, 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.

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

Example: Upper Allergy emergency response plan

Allergic reaction/anaphylaxis
EMERGENCY RESPONSE PLAN

MID - MODERATE SIGNS AND SYMPTOMS INCLUDE:

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

ACTION

- Stay with the child, call for help if necessary
- Locate adrenaline device
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

WATCH FOR SIGNS OF ANAPHYLAXIS

(Life-threatening allergic reaction):

A Airway → Persistent cough, Hoarse voice, Difficulty swallowing, swollen tongue

B Breathing → Difficult or noisy breathing, Wheeze or persistent cough

C Consciousness → Persistent dizziness, Becoming pale or floppy, Suddenly sleepy, collapse, unconscious



IF ANY ONE (or more) of these signs are present, **SHOUT FOR HELP**

1. Lie child flat with legs raised: (if breathing is difficult, allow child to sit) - **don't move them anywhere.**
2. WITHOUT DELAY, administer adrenaline device. This should be on the pupil. If not, check their bag or ask someone to collect pupil's emergency box from staff common room or spare adrenaline device box from staff common room, reception, swimming pool, PAC or medical room.
3. **Note time administered.**
4. **Dial 999 or 112** to request ambulance and say ANAPHYLAXIS
5. Call school nurse and inform reception that an ambulance has been called and to what location. If pupil's emergency box or spare adrenaline device not yet collected, send someone to collect it now. Prepare for possible second dose.

*** IF IN DOUBT GIVE ADRENALINE ***

AFTER GIVING ADRENALINE

1. Stay with child until ambulance arrives, do **NOT** stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further dose,** of adrenaline using another adrenaline device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline device FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) - even if no skin symptoms are present.