Chorus Education Trust

Allergy and Anaphylaxis Policy

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Chorus
Education Trust

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1. Aims and Objectives

This policy outlines Chorus Education Trust approach to allergy management, including how the whole-trust 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 organisation.

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

- Managing Children and Young Peoples' Health Needs Procedure
- Safeguarding Policy
- School Visits and Journeys Policy
- Health and Safety Policy

2. What is an Allergy?

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

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

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

3. Definitions

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

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

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

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

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

the UK: EpiPen and Jext Pen. 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.

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

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

INDIVIDUAL HEALTHCARE PLAN: A detailed document outlining an individual pupil's medical conditions, history, treatment, risks and action plan. This document should be created by 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 ADRENALINE PENS: Schools are able to purchase spare adrenaline pens. These should be held as a back-up, in case pupils' prescribed 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

All Chorus schools take a whole-school approach to allergy management.

4.1 Designated Allergy Lead

The Designated Allergy Lead in each school is:

School	Staff Name
Bradwell Junior School	Kathryn McGuiness, Headteacher
Eckington School	Chris Power, Deputy Headteacher
Hady Primary School	Jane Loader, Headteacher
Hope Valley College	Richard Beeden, Deputy Headteacher
Malin Bridge Primary School	Sarah Collingham, Assistant Headteacher and SENDCo
Silverdale School	Jo Brocklesby, Assistant Headteacher and SENDCo
Stocksbridge Junior School	Lucy Ross, Deputy Headteacher
Westfield School	Abigail Charleston, Deputy Headteacher

Where possible this is a member of the senior leadership team, from the academic side, with pastoral responsibilities. They report into the Headteacher and BSSM at their school:

In their school they are responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils and staff with an allergy;
- Taking decisions on allergy management across the school;
- Championing and practising allergy awareness across the school;
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management;
- Ensuring allergy information is recorded, up-to-date and communicated to all staff (note, although they have ultimate responsibility, the collation of information may be delegated to another member of staff, for example a member of the school administration 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 trust **Allergy and Anaphylaxis Policy**, and other related procedures.
- Reviewing the school's stock of spare adrenaline pens (check the school has an appropriate number for the setting, that they hold the correct dose, that spare adrenaline pens are stored appropriately) and ensuring staff know where they are;
- Keeping a record of any allergic reactions or near-misses, reporting these to the appropriate authority (e.g. under RIDDOR) where necessary and ensuring the circumstances are investigated and learnings shared;
- Ensuring there is an SLT tabletop exercise to undertake an anaphylaxis drill once a year.

Ensuring there is on-site adrenaline pen training for staff and pupils and refresher training as required e.g. before school trips. At regular intervals the Designated Allergy Lead will check procedures and report to the SLT.

4.2 School Nurse / Healthcare Team / Medical Lead

The following people are responsible for the medical room/first aid and liaison with the healthcare team and Designated Allergy Lead and they are responsible for:

School	Staff Name	Role	Location
Bradwell Junior School			
Eckington School	Dawn Davies	Medical Lead	Student Reception
Hady Primary School	Elizabeth (Liz) Gray	Senior Business Assistant	School Office
Hope Valley College	Kate Garland-Taylor	Office Manager	School Office
Malin Bridge Primary School	Jordann Naylor	Business Support Services Manager	School Office
Silverdale School	Angela Jones	Student Receptionist	Student Reception
Stocksbridge Junior School	Emma Robinson	Clerical and Admin Assistant	School Office
Westfield School	Christine Broad	Receptionist	Reception

- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families (liaising with the staff member responsible for new admissions for new starters);

- Supporting the Designated Allergy Lead with disseminating this information to all school staff, including the catering team, occasional staff and those running clubs;
- Ensuring the information from families is up-to-date and reviewed annually (at a minimum). Coordinating medication with families and ensuring medication is in date.
- Keeping an adrenaline pen register to include adrenaline pens prescribed to pupils and the school's stock of spare adrenaline pens, including brand, dose and expiry date. The location of spare adrenaline pens should also be documented in this policy;
- Regularly checking spare adrenaline pens are where they should be, and that they are in date;
- Replacing the spare adrenaline pens when necessary.

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/medical lead to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity (note this should be in place before a school visit, an Open Day or Taster Days if food is offered or likely to be eaten);
- There is a clear structure in place to communicate this information to the relevant parties (i.e. school nursing team, catering team);
- Parents and applicants are informed of catering arrangements during admission events; and
- Plans are made for emergency medication if the child is to be left without parental supervision.

4.4 All Staff

All school staff, including teaching staff, support staff, occasional staff (for example sports coaches, music teachers) and those running breakfast and afterschool clubs are responsible for:

- Championing and practising allergy awareness across the school;
- Reading, understanding and putting into practice the **Allergy and Anaphylaxis Policy** and related procedures, and asking for support if needed;
- Being aware of pupils (and staff, when necessary) with allergies and what they are allergic to;
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate;
- Ensuring pupils always have access to their medication or carrying it on their behalf (depending on the age of the pupils and the management of adrenaline pens in the school);
- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training;
- Taking part in training and anaphylaxis drills as required (at least once a year). Whilst it is the school's responsibility to ensure staff have received annual training, if the

member of staff is aware they have not received any allergy training in the last 12 months they should alert a manager;
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times. Preventing and responding to allergy-related bullying, in line with the school's **anti-bullying policy**;
- Forwarding any communication or information that comes directly to them from parents regarding allergens to the School Nurse/ Healthcare Team; and
- Ensuring that pupils have their medication and their **Allergy Action Plan** or **Individual Health Care Plan** with them when leaving school site, for a match or trip.

4.5 Parents

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 their child's school 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 their child's school of any related conditions, for example asthma, hay fever, rhinitis or eczema;
- Considering and adhering to any food restrictions or guidance their child's school has in place when providing food, for example in packed lunches, as snacks or for fundraising events;
- Refraining from telling their child's school their child has an allergy or intolerance if this is a preference or dietary choice; and
- 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 their child's 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, i.e. spoon or syringe), inhalers or creams;
- Ensure medication is in-date and replaced at the appropriate time;
- Ensure their child has access to their allergy medication, including two adrenaline pens if prescribed, on the journey to and from school;
- 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; and
- 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 to which they are allergic.

4.7 All Pupils

All pupils at the school should:

- Be allergy aware;
- Understand the risks allergens might pose to their peers and respect measures to support them;
- Learn how they can support their peers and be alert to allergy-related bullying;
- Older pupils will learn how to recognise an allergic reaction and support their peers and staff in case of an emergency; and
- If pupils are likely to be buying or bringing in food from home and are old enough to check the ingredients include a line about adhering 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 (depending on age and capability);
- Avoiding their allergen as best as they can;
- Understanding the importance of following the school specific processes of lunch and snack services and how that mitigates risk;
- Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction;
- Carrying two adrenaline auto-injectors with them at all times, if age and capability appropriate. They must only use them for their intended purpose;
- Understanding 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;
- Pupils permitted to leave the school site 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; and
- If age and capability appropriate, ensuring they have their medication with them on the journey to and from school.

5. Information and Documentation

5.1 Register of Pupils with an Allergy

Each school has a register of pupils who have a diagnosed allergy, recorded on the MIS system. 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.

5.2 Individual Health Care Plans

Each pupil with an allergy has an Individual Healthcare Plan. The information on this plan includes:

- Known allergens and risk factors for allergic reactions;
- A history of their allergic reactions;
- Detail of the medication the pupil has been prescribed including dose, this should include adrenaline pens, antihistamine etc;
- A copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis;
- A photograph of each pupil; and
- 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 lessons or cooking;
- Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk;
- Running activities or clubs where they might hand out snacks or food "treats". Ensure safe food is provided or consider an alternative non-food treat for all pupils; and
- Planning special events, such as cultural days and celebrations.

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity. Trust schools will ensure compliance with the **Equality Act 2010.**

7. Food Including Mealtimes and Snacks

7.1 Catering in Schools

Trust schools and our catering providers are committed to providing a safe meal for all students, staff and visitors, including those with food allergies.

- Due diligence is carried out with regard to allergen management when appointing catering staff;
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training;
- Any of our schools with Early Years settings should adhere to new **Early Years Foundation Stage statutory guidance**. The "Safer Eating" section has the relevant information for allergies.
- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures;
- The catering teams will endeavour to get to know the pupils with allergies and what their allergies are, supported by relevant school staff;
- The catering teams will endeavour to provide varied meal options to students and staff with allergies;
- Trust schools have robust procedures in place to identify pupils with food allergies, these are:

- Primary – pupil images available to whole catering team with details of allergy at point of sale
  - There is a visual check from a member of schools staff familiar with the children with allergies at point of service
  - The catering team have an allergy buddy at each site who is familiar with the children, they wear a purple allergy identifying uniform labelled "allergen buddy" at all sites primary and secondary
- Food containing the main 14 allergens (see **Allergens definition)** will be clearly labelled. Other ingredient information will be available on request.
- Pre-packaged food will comply with **PPDS legislation (Natasha's Law)** requiring the allergen information to be displayed on the packaging;
- Where changes are made to the ingredients this will be communicated to pupils with dietary needs by the catering providers
- The Trust and Catering Provider's policy is on products with Precautionary Allergen Labelling or "May Contain' labelling if anything "may contain" it is treated as containing the allergen.
- If food is provided at breakfast clubs and after school clubs, it will follow these procedures (or adapt accordingly but ensure procedures to ensure safety are outlined).

7.2 Food brought into School

Food brought into school, including taken on school trips and sports fixtures, packed lunches, birthday cakes, tuck shops, as well as parent teacher events and fundraisers should adhere to this policy.

7.3 Food bans and restrictions

While there are some restrictions of certain foods on trust sites, it is understood that complete bans are almost impossible to enforce and stating these can lead to a sense of complacency or give a false sense of security. Everyone is always reminded to be allergy aware and to remain vigilant at all times. It is also important that we do not give the impression of one allergen being more dangerous than others.

We encourage our schools to be Allergen Aware schools. We have students with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food;

We discourage Nut-free, or other allergen free schools as they are less effective than they appear and can create false reassurance. An 'allergy-aware' approach, with active risk controls, clear labelling, no food-sharing rules, and trained staff, is what Chorus schools should adopt.

7.4 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

8. Educational Visits and Sports Fixtures

Staff leading the trip will have a register of pupils with allergies and details of their medication. Staff should notify the trip leader of any allergies;

- Allergies will be considered on the risk assessment and catering provision put in place;
- Parents, and pupils where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay;
- 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. There is a clear system in place to ensure pupils and staff with allergies outside of the "main 14" always receive a safe meal. The catering providers provide an individual pupil menu for pupils with allergies falling outside the main allergens.
- If attending a catered event at another school, details of their dietary requirements will be sent ahead to ensure they have a safe meal; and
- See **Adrenaline Pens section** for School Trips and Sports Fixtures.

9. Insect Stings

Those with a known insect venom allergy should:

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

The school site teams 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's normally the dander (flakes of skin) saliva or urine that causes a person with an animal allergy to react.

Precautions to limit the risk of an allergic reaction include:

- A pupil with a known animal allergy should avoid the animal to which they are allergic;
- If an animal comes on site a risk assessment will be done prior to the visit;
- 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, pupils, parents and staff will be made aware and consideration and adaptations will be made; and
- School trips that include visits to animals will be carefully risk assessed.

11. Allergic Rhinitis / Hay Fever

Hay fever can have a significant impact on students and staff in educational settings, affecting attendance, productivity and overall well-being. As pollen counts rise during the warmer

months, many individuals suffer from sneezing, coughing and itchy eyes, making it challenging to concentrate on studies and carry out daily tasks. For children with asthma or other respiratory conditions, hay fever can exacerbate symptoms, leading to reduced physical activities and potential academic setbacks.

At Chorus we recognise the importance of maintaining a clean and allergen-free environment – especially cleaning in schools. We encourage schools to consider these effective ways to reduce hay fever symptoms and create a fresh, inviting atmosphere for school staff, pupils and visitors.

- Dusting and vacuuming are essential components of any effective cleaning regimen – and especially so during hay fever season. Special attention should be given to dust-prone areas, including bookshelves, blinds and ventilation systems. Using damp microfiber cloths for dusting can help capture allergens more effectively and prevent them from becoming airborne again. High-efficiency vacuum cleaners equipped with HEPA filters should be used to trap and remove microscopic allergens from carpets and floor surfaces.
- Proper ventilation plays a crucial role in minimising indoor allergens. We understand the significance of well-maintained air conditioning and ventilation systems. During the hay fever season, it is essential to ensure a continuous flow of fresh, pollen-free air throughout the school indoors. Our facilities teams inspect and maintain air vents, ensuring they're clean and free from allergens. By providing a constant circulation of clean air, we contribute to a healthier indoor environment, reducing hay fever symptoms for everyone.
- For schools needing to pay particular attention to hay fever risk, we recommend the creation of allergen-free zones within the premises. These zones can provide a respite from hay fever triggers and offer relief to pupils and staff alike.
- Declutter desks – we encourage schools to keep desks tidy and organised to minimise potential allergen build-up.
- Check the pollen forecast – we encourage leaders to be proactive and consider adjusting cleaning routines and strategies based on the daily pollen count.
- Clean air-con filters - Ensure air conditioning filters are cleaned or replaced regularly to prevent pollen recirculation.
- Class allergy support - Alleviate stress by fostering an understanding and supportive environment for pupils with hay fever.

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 Form Tutor/ Pastoral leader etc;
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives; and
- Bullying related to allergy will be treated in line with the trust's **anti-bullying policy**.

13. Adrenaline Pens

See the government guidance on Adrenaline Pens in School.

13.1 Storage of Adrenaline Pens

- Pupils prescribed with adrenaline pens will have easy access to two, in-date pens at all times;
- Pens are stored/carried as follows:
- Primary age pupils – pens are stored in the first aid/medical room medicines storage area and labelled appropriately. Parents or carers are responsible for the journey to/from school.
- From years 5/6 some primaries may encourage transition and pupils carry and manage their own pens in school.
- Secondary age pupils – pens are stored and carried by the pupil, some medical rooms keep spares under their managing medicines process. Pupils, parents or carers are responsible for the journey to/from school.
- Spot checks will be made to ensure adrenaline pens are where they should be and in date;
- 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); and
- Used or out of date pens will be disposed of as sharps.

13.2 Spare Adrenaline Pens

Each school has a number of spare adrenaline pens to be used in accordance with government guidance.

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

School	Number of spare pens	Location(s)	Dose Details
Bradwell Junior School			
Eckington School	5 adult pens	Student Reception	Mylan AAI EpiPen 0.3mg
Hady Primary School	2 adult pens 2 child pens	Medical Room – Disabled Toilet	Adults: Epi Pens 0.3mg Children: Epi Pens 0.15mg
Hope Valley College	2 adult pens	Medical Room – in plastic drawers	Epi Pens 0.3mg
Malin Bridge Primary School	2 adult pens 2 child pens	School Office	Adults: Epi Pens 0.3mg Children: Epi Pens 0.15mg

School	Number of spare pens	Location(s)	Dose Details
Silverdale School	2 adult pens	Medical Room behind reception in clear labelled box	Epi Pens 0.3mg
Stocksbridge Junior School	2 adult pens 2 child pens	Main Office – Medical Cupboard	Adults: AAI Epi Pens 300mcg Children: AAI Epi Pens 150mcg
Westfield School	2 adult pens	Reception – back desk in the bottom drawer on the left-hand side	AAI Epi Pens 0.3mg (Viatris)

The **Allergy Leads** are responsible for:

- Deciding how many spare pens are required including spare adrenaline pens for grab bags for school trips/ matches as well as around the site;
- 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 pens which can be obtained at low cost from a local pharmacy. See **government guidance above**; and
- Distribution around the site and clear signage.

13.3 Adrenaline Pens for Off-Site Activities

- No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own devices. It is the trip leader's responsibility to check they have them;
- 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;
- 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; and
- Consider whether to take spare adrenaline pens to off-site activities. This should be recorded as part of the risk assessment process.

14. Responding to an Allergic Reaction / Anaphylaxis

See appendix on recognising and responding to an allergic reaction.

If a pupil has an allergic reaction:

- Treat the pupil in accordance with their **Allergy Action Plan**;
- Instigate the relevant school **Business Continuity and Critical Incident Plan** scenario;
- If anaphylaxis is suspected administer adrenaline without delay;

- Treat the pupil where they are. Lie them down with their legs raised and bring medication to them;
- Use pupil's own prescribed medication if immediately available;
- Pupil can administer the adrenaline pen themselves (if able to) or a member of staff can administer pen. Ideally the member of staff will be trained, but in an emergency, anyone can administer adrenaline;
- If the pupil's own adrenaline pen is not available or misfires, then use a spare adrenaline pen;
- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or **Allergy Action Plan**, lie the pupil down with their legs raised, call 999 and explain anaphylaxis is suspected. Inform the operator that spare adrenaline 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;
- If, after 5 minutes, there is no improvement, use a second adrenaline pen and call the emergency services again and inform them that a second dose of adrenaline has been given;
- Do not move the pupil until a medical professional/ paramedic has arrived, even if they are feeling better; and
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany them in an ambulance until a parent or guardian arrives.

15. Training

15.1 Our commitment

The Trust 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 (staff should be given the opportunity to practise with a training adrenaline auto-injector);
- How the school manages allergy, for example Critical Incident Plan scenario, documentation, communication etc;
- Where adrenaline pens are kept (both prescribed pens and spare pens) and how to access them;
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying;
- Understanding food labelling; and
- Taking part in an anaphylaxis drill.

15.2 Anaphylaxis Drill

The school SLTs will carry out a desk top exercise to simulate an anaphylaxis drill once a year.

This includes:

- A desk top exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the whole school response process/procedure.

16. Asthma

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions. Further details can be found in the **Managing Children & Young Peoples' Identified Health Needs Procedure**.

17. Reporting Allergic Reactions

Each trust school will log allergic reaction incidents and near-misses.

- Log as medical incident on Arbor
- Log as a near miss using Accident /near miss reporting process on the Parago Civica system
- The medical room or first aid lead, BSSM and Designated Allergen Lead on SLT will review the incident and lessons learned. Accident data is reported termly in the **Business Operations (BOR) report** to Governors, and to Trustees at the Audit and Risk Committee.

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.

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

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

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

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, 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.

Appendix 3 – Individual Healthcare Plan for Allergy

[NAME] – Individual Healthcare Plan for Allergy

Date of Birth		Current Photo
Year / Class		
Emergency Contacts		
Staff who need to be aware		

Allergy:

Note what allergy the child or young person has.

Note any known allergens.

Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.

How the allergy is managed

Note any care or action plans or prescribed medication issued by healthcare professionals.

If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.

Note the extent to which the child or young person is able to take responsibility for managing their allergy.

Impact on education:

Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.

Indicate how the allergy may impact on the child or young person's learning.

Indicate how the allergy may impact on the child or young person's emotional wellbeing.

If relevant, note any interaction between allergy and SEN.

Arrangements for support:

Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.

Outline measures to reduce the risk of contact with known allergens.

Give details of the specific support or adaptations to manage food allergy at meal and snack times.

Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.

Visits and trips:

Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.

Note any requirement for a risk assessment and prompts for specific issues which should be considered.

Emergency response:

Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.

Otherwise summarise the signs or symptoms which would indicate an emergency.

Set out what to do in an emergency, including whom to contact.

If relevant, note where "spare" adrenaline devices are located.

Last discussed with parents:	
Issued by:	**Date:**
Next planned review:	**Date:**