BALLARD

BESPOKE EDUCATION

ALLERGY AND ANAPHYLAXIS POLICY	
Reviewed by:	**Rebecca Munro – Bursar and Designated Allergern Lead**
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Allergy and Anaphylaxis Policy

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1. AIMS AND OBJECTIVES

This Policy outlines Ballard 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 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:

- First aid and Medical Conditions Policy
- Safeguarding and Child Protection 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 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 fewer 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 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. 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 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 can 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

Ballard takes a whole-school approach to allergy management.

4.1 Designated Allergy Lead (DAL)

The DAL is the Bursar – Mrs Rebecca Munro. They report to governor responsible for allergy governance (Dr Ashok Rao) who reports to the Full Governing Body. The DAL is 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;
- 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;
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy; and
- Ensuring there is an anaphylaxis drill once a year.

4.2 School Nursing Team 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);
- Disseminating this information to all school staff, including the catering team, occasional staff and those running clubs and activities;
- Ensuring the information from families is up-to-date and reviewed annually (at a minimum); and
- Training staff on what to do in the event of a severe allergic reaction in staff member or pupil and how to administer emergency treatment/medication in this situation.

Training includes:

- Knowing the common allergens and triggers of allergy;
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services;
- Administering emergency treatment (including AAIs) in the event of anaphylaxis knowing how and when to administer the medication/device;
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what;
- Coordinating medication with families and ensuring medication is in date;
- 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;
- 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. A sign out sheet is kept with the auto injectors in the School Office which is completed if the auto injector is removed from the School Office and when it is returned;
- Regularly checking spare adrenaline pens are where they should be, and that they are in date;
- Replacing the spare adrenaline pens when necessary; and
- Providing on-site adrenaline pen training for 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 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 (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;
- 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; 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 All parents

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

- Being aware of and understanding the School's Allergy and Anaphylaxis and considering the safety and wellbeing of pupils with allergies; (To be included on the school website and parents signposted to this);
- Providing the School Nurse 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; 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 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, 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; 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;
- Pupils are no longer permitted to bring food onto school premises or school transport. This includes snacks, sweets, cakes, sandwiches, treat and any other food items intended for personal consumption. Any food brought into school will be collected by staff and disposed of in an appropriate manner. If a child has a medical condition which requires them to bring food into school for personal consumption, this must be agreed with the School Nurse who will make a decision on where the food is stored;
- Pupils will continue to bring ingredients into school for Food Technology practical lessons. Existing procedures should continue to be followed, including bringing ingredients directly to school in the morning and placing them in the designated Food Technology storage areas; and
- Pupils in Year 7 and 8 are taught about allergies in their Food Technology lessons.

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;
- Pupils from Years 6-11 will carry at least one adrenaline auto-injectors with them and the second autoinjector will be kept in the School Office. All other pupils will keep two autoinjectors in the School Office. 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 School Nurse 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; 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

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.

5.2 Individual Healthcare Plans

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

- Known allergens and risk factors for allergic reactions;
- A history of their allergic reactions;
- Detail of the medication the pupil has been prescribed including dose, this should include adrenaline 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. See definitions for the BSACI templates.

5.3 Reporting allergic reactions

- The School will log allergic reaction incidents on the pupils file on ISAMS and near misses will be recorded on the near miss spreadsheet.

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”. Only food supplied by the Catering Department are to be consumed by 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. The School will ensure compliance with the Equality Act 2010.

7. FOOD, INCLUDING MEALTIMES & SNACKS

7.1 Catering in school

The School is committed to providing a safe meal for all pupils, staff and visitors, including those with food allergies.

- Due diligence is carried out about allergen management when appointing catering staff;
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training;
- School will adhere to the new Early Years Foundation Stage statutory guidance and safer eating practices;
- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures;
- The catering team will endeavour to get to know the pupils with allergies and what their allergies are, supported by school staff;
- The catering team will endeavour to provide varied meal options to pupils and staff with allergies;
- The School has robust procedures in place to identify pupils with food allergies, these are:
    - Children with allergies identify themselves to the catering staff.
    - Catering staff are informed of an allergen with a pupil, this information is updated in the allergy file.

- Individual meal is prepared by a chef, checked alongside the allergy list and prepared in a separate area of the kitchen. The meal, together with a laminated, named photo ID is handed directly to the designated member of staff to issue to the child, confirming ID both visually and verbally.

- 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 designated catering staff member;
- The School's Catering Department is aware of foods that 'may contain nuts' and these will be avoided or clearly labelled. Food that contains nuts will not be used at school; and
- There is regular communication between the School Nurse and the catering team. Whenever a new allergy is identified for a child, the School Nurse updates the allergens list and briefs the catering team.

7.2 Food brought into school

Pupils will continue to bring ingredients into school for Food Technology practical lessons. Existing procedures should continue to be followed, including bringing ingredients directly to school in the morning and placing them in the designated Food Technology storage areas. Menus for lessons are labelled with allergen alternative ingredients. The Food Technology teacher checks the allergen list and advises pupils of allergies.

In the past, pupils have sometimes brought cakes, sweet or other treats into school to celebrate birthdays and special occasions. This is no longer allowed in school.

7.3 Food bans or restrictions

The following wording will be used:

- This School is an Allergen Aware school. We have pupils with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food;
- School will try to avoid nuts on the site and check all foods coming into the kitchen;
- Pupils are no longer permitted to bring food onto school premises or school transport. This includes snacks, sweets, cakes, sandwiches, treat and any other food items intended for personal consumption. Any food brought into school will be collected by staff and disposed of in an appropriate manner.

7.4 Food hygiene for pupils

- Pupils will be encouraged to wash their hands before and after eating;
- Sharing, swapping or throwing food is not allowed;
- Water bottles and packed lunches should be clearly labelled; and
- Kitchens and food prep areas for the pupils, for example in food tech room, follow procedures to ensure a limit to cross-contamination in preparation and the storage of food.

7.5 Allergy safe Food Lessons

Allergic reactions are caused by the immune system responding to a food it mistakenly sees as harmful, and they can be life-threatening. Sometimes, even a trace amount of their allergen will make someone very unwell. People with food allergies must completely avoid eating and should avoid touching the food to which they are allergic. Therefore, education settings must have rigorous procedures in place to reduce risk for pupils with allergies during food lessons. These procedures should cover the safe storage, preparation, and cooking of food, including avoiding cross-contamination and the safe consumption of food.

All Staff have access to a list of all pupils with allergies or food intolerances.

Information regarding pupils' allergies and food intolerances is kept in the Medical Room, School Office, staff Rooms, Catering Department and Food Technology classrooms.

This information is available to all staff on registers on iSAMS and on SOCS from the start of the academic year and regularly updated.

A photo list of pupils with allergies and food intolerances is available in the Food Technology classrooms and updated as needed.

Allergy safety guidance is available for staff.

7.6 Co-curricular Activities

Children with allergies have every opportunity to take part in co-curricular activities, out-of-school activities such as trips, sports fixtures and educational visits. Such activities require careful planning and preparation, but there is no reason to exclude a child with allergies.

All Staff have access to a list of all pupils with allergies or food intolerances.

Registers for lessons and co-curricular activities are checked against records on iSAMS and allergy/food intolerance lists provided.

Allergy safety guidance is available for staff.

7.7 Trips/Sports fixtures

A pupil's allergy status is given to all trip leaders and sports team coaches before departure.

Staff must discuss with the School Nurse any pupils with specific health needs and medication, including allergies and anaphylaxis and the provision and use of autoinjectors.

Pupils must not take food onto school minibuses or other school transport.

Packed lunches for school trips and other organised activities will be provided by the School. Pupils will no longer be able to bring in their own sandwiches or packed lunches on trips.

For children visiting from other schools, the information about allergies of those visiting children is received by the Catering Department. Diets are prepared by one of our chefs and labelled with the visiting child's name and diet details.

For residentials, we will continue to work closely with pupils and their families to ensure that suitable food is provided wherever possible, taking account of individual dietary requirements, allergies and intolerances.

Allergies should be included on all risk assessment for events on and off the School site.

Individual staff training is given as needed.

7.8 Visitors to school

All serveries/counters, function rooms and areas where food may be served display a 'please ask if you have any dietary requirements' sign.

Food without gluten or dairy is clearly labelled.

All visiting teams for sports events, functions etc are required to notify the School if they have any dietary requirements or allergies.

The Catering Department are informed of any dietary requests received from visitors.

8. EDUCATIONAL VISITS AND SPORTS FIXTURES

- Staff leading the trip will have check SOCS register for pupils with allergies and details of any 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;
- If attending Match Tea at another school, details of their dietary requirements will be sent ahead by the PE department staff 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 Director of Estates and grounds team will monitor the grounds for wasp or bee nests. Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the School grounds and avoid them.

If the School keeps bees and has a pupil with a bee sting allergy, advice should be sought on how to manage this.

10. ASTHMA

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions.

11. ANIMALS

It is normally the 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;
- Anyone in contact with an animal will wash their hands after contact; and
- School trips that include visits to animals will be carefully risk assessed.

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 Tutor/ PSA, 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 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;
- Senior pupils will carry at least one adrenaline auto-injectors with them and the second autoinjector will be kept in the School Office. All other pupils will keep two autoinjectors in the School Office, so they are always available to pupils and staff;

- Pre-Prep children with adrenaline pens – these will be looked after by the class teacher and be available for use;
- Pupils must also have access to two adrenaline pens as they travel to and from school if required;
- 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 but will be in a labelled cupboard;
- 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 or given back to the parents.

13.2 Spare adrenaline pens

This School has 7 spare adrenaline pens to be used in accordance with government guidance.

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

- Medical Room, Main House - 150mcg (children 7.5kg to 25kgs) and 300mcg (over 25kgs) EpiPen
- School Office, Main House - 150mcg (children 7.5kg to 25kgs) and 300mcg (over 25kgs) EpiPen
- Food Technology Room, Senior School Building - 150mcg (children 7.5kg to 25kgs) and x2 300mcg (over 25kgs) EpiPen

The School Nurses are responsible for:

- Deciding how many spare pens are required;
- Deciding if adrenaline pen is in first aid kit for residential trip;
- What dosage is required, based on the Resuscitation Council UK's age-based guidance (see page 11);
- The purchasing of spare adrenaline pens which can be obtained at low cost from a local pharmacy.;
- Distribution around the site and clear signage;
- There are 2 spare auto injectors kept in school in School Office and in the Medical Room; and
- These may be issued for a school residential trip according to risk assessment completed.

13.3 Adrenaline pens on 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 always kept close to the pupils 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;
- 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 The School is committed to training all staff annually to give them a good understanding of allergies.
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 will be given the opportunity to practise with a training adrenaline auto-injector;
- How the School manages allergy, for example Emergency Response Plan, documentation, communication etc.;
- Where adrenaline pens are kept (both prescribed pens and spare pens) and how to access them;
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying;
- Understanding food labelling; and
- Taking part in an anaphylaxis drill.

15.2 The School will carry out an anaphylaxis drill once a year.
This includes:

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

Rebecca Munro
Bursar and Designated Allergy Lead
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APPENDIX A:

Emergency Treatment and Management of Anaphylaxis

What to look for:
Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body;
- a tingling or itchy feeling in the mouth;
- swelling of lips, face or eyes; and/or
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing);
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing; and/or
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens the airways
- It stops swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

Action:

- Keep the child where they are, call for help and do not leave them unattended.
- LIE CHILD FLAT WITH LEGS RAISED – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY and note the time given. AAIs
- should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL 999 and state ANAPHYLAXIS (ana-fil-axis).
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils **must** go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

APPENDIX B:

Catering Department Allergens Procedure
All children are identified on enrolment, and allergies are identified through a completed medical form.

There is regular communication between the School Nurse and the catering team. Whenever a new allergy is identified for a child, the School Nurse updates the allergens list and briefs the catering team.

The catering office, servery and kitchen have a comprehensive list of all pupils with allergies which is regularly updated.

All menus are adapted to provide an allergen free equivalent for all allergies. this is communicated to pupils and staff upon request.

All serveries/counters, function rooms and areas where food may be served display a 'please ask if you have any dietary requirements' sign.

Preparation:

- a meeting is held every day between designated allergen chef and front of house serving staff to confirm the days menu and quantities.
- when making, the allergen meal is made by a designated chef with clean equipment as a separate job in a specified part of the kitchen away from other prep. Chef will use only purple chopping boards, the purple boards are cleaned thoroughly in the dishwasher between each use.

Service:
The school has robust procedures in place to identify pupils with food allergies, these are:

- Children with allergies identify themselves to the catering staff.
- Catering staff are informed of an allergen with a pupil, this information is updated in the allergy file.
- Individual meal is prepared by a chef, checked alongside the allergy list and prepared in a separate area of the kitchen. The meal, together with a laminated, named photo ID is handed directly to the designated member of staff to issue to the child, confirming ID both visually and verbally.

Storage:

- all uncooked and cooked 'free-from' food is labelled and stored in separate areas of the walk-in fridge/ freezer and dry store – away from other foods.

Visitors:

- all serveries/counters, function rooms and areas where food may be served display a 'please ask if you have any dietary requirements' sign.
- all visiting teams for sports events, functions etc are required to notify the School if they have any dietary requirements or allergies.