D'OVERBROECK'S
OXFORD
A NORD ANGLIA EDUCATION SCHOOL

ALLERGY AND ANAPHYLAXIS POLICY

Last reviewed:	September 2026
Next review due:	September 2027
Reviewed by:	Vice Principal – Pastoral Lead Nurse Allergen Lead
Approved by Board of Governors:	June 2026

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1. Aims and objectives

This policy outlines d'Overbroeck'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 students with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an allergy aware school.

d'Overbroeck's recognises that allergy is a significant health condition that can range from mild symptoms to severe, potentially life-threatening anaphylaxis. Allergic conditions are among the most common chronic health conditions affecting children and young people, and effective allergy management is an essential part of safeguarding, health and wellbeing.

d'Overbroeck's recognises that whilst risks can be reduced through effective management, it is not possible to eliminate all risks associated with allergy. Accordingly, this policy focuses on identifying individual needs, implementing reasonable adjustments, reducing exposure to known allergens, and ensuring robust emergency arrangements are in place.

d'Overbroeck's acknowledges that severe allergy may meet the definition of a disability under the Equality Act 2010 and is committed to making reasonable adjustments where required to ensure that students are not disadvantaged because of their medical condition.

This policy applies to all staff, students, parents and visitors to the school and should be read alongside these other policies:

Administration of Medication, First Aid, Equal Opportunities, Safeguarding, Mental Health, and Asthma, Risk Assessment and Risk Management.

This policy has been developed with reference to the following legislation, statutory guidance and recognised best-practice resources:

Statutory Guidance

d'Overbroeck's has regard to:

- Department for Education *Allergy Safety in Schools: Statutory Guidance* (July 2026).
- Department for Education *Supporting Students at School with Medical Conditions (September 2014, updated August 2017)*.
- Department for Education *Keeping Children Safe in Education 2026*.
- Department for Education. Working Together to Safeguard Children 2026.

Best Practice Guidance

This policy has also been informed by:

- d'Overbroeck's' Allergy Code developed by The Allergy Team, Benedict Blythe Foundation and ISBA.
- The Allergy Team's *Allergy and Anaphylaxis Policy Template (2025)*.

British Society for Allergy and Clinical Immunology (BSACI) guidance and Allergy Action Plans.

Primary Legislation	Medicines Legislation	Food Safety Legislation
• Children and Families Act 2014 (Section 100), which places duties on schools to support students with medical conditions. • Children's Wellbeing and Schools Act 2026, including section 34 (Allergy Safety), which inserted section 100A into the Children and Families Act 2014 requiring schools to establish, review and publish allergy safety policies. • Equality Act 2010, which requires schools to make reasonable adjustments and ensure students with disabilities, including some severe allergies, are not disadvantaged or discriminated against. • Health and Safety at Work etc. Act 1974, which places duties on employers to ensure, so far as reasonably practicable, the health, safety and welfare of employees and others affected by school activities. • Children Act 1989, which places a duty on those caring for children to safeguard and promote their welfare. • Education Act 2002, including duties relating to safeguarding and promoting student welfare.	d'Overbroeck's' arrangements for emergency medication are informed by: • Human Medicines Regulations 2012. • Human Medicines (Amendment) Regulations 2017, which permit schools to purchase and hold spare adrenaline auto-injectors (AAIs) for emergency use. • Department of Health and Social Care guidance on the use of emergency adrenaline auto-injectors in schools. • Medicines and Healthcare products Regulatory Agency (MHRA) guidance relating to the safe use of adrenaline devices.	d'Overbroeck's complies with relevant food safety and allergen legislation, including: • Food Information Regulations 2014 (implementing EU Food Information for Consumers Regulation No. 1169/2011) • Natasha's Law (Prepacked for Direct Sale (PPDS) food allergen labelling requirements). • Food Standards Agency guidance relating to allergen management and provision of allergen information.

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 nine 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 students, 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 (IHP): A detailed document outlining an individual student's medical conditions, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, students. All students 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 students' 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

d'Overbroeck's takes a whole-school approach to allergy management.

4.1 Designated Allergy Lead

The Designated Allergy Lead is Mikaela Parker, Deputy Director of Student Wellbeing. They report to the Principal and are responsible for:

- Ensuring the safety, inclusion and wellbeing of students 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, students 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, students and parents have a good awareness of the school's 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 (eg, under RIDDOR) where necessary and ensuring the circumstances are investigated and learnings shared;
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy; and
- Ensuring there is an anaphylaxis drill once a year.

At regular intervals the Designated Allergy Lead will check procedures and report to the Extended Leadership Team.

4.2 Lead Nurse

Freya Paterson, 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);
- 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. Whilst it is the responsibility of parents/carers to ensure medication is up to date, the nursing team/medical lead should also have systems in place to check this and notify the parents/carers when they see the expiry dates are approaching in respect of medicines held by the school;
- Keeping an adrenaline pen register to include adrenaline pens prescribed to students 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;
- Regularly checking spare adrenaline pens are where they should be, and that they are in date;
- Replacing the spare adrenaline pens when necessary;
- Providing on-site adrenaline pen training for staff and students and refresher training as required, eg, before school trips; and
- Add any other responsibilities delegated by Designated Allergy Lead.

4.3 **Admissions team**

The admissions team is likely to be the first to learn of a student 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;
- There is a clear structure in place to communicate this information to the relevant parties (ie, 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 **The Catering Team**

The Catering Team has a critical role in reducing the risk of allergen exposure through food provision, and will:

- Comply with all relevant food safety and allergen legislation;
- Maintain robust allergen-management procedures;
- Ensure allergen information is available, accurate and accessible;
- Support students with dietary requirements and food allergies;
- Implement measures to minimise the risk of cross-contamination;
- Participate in relevant allergy and food-safety training; and
- Work collaboratively with families, the Medical Team and the Designated Allergy Lead.

4.5 **All staff**

All school staff, including teaching staff, boarding staff, support staff, occasional staff (for example sports coaches, music teachers, catering staff 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 students with allergies (and staff, when necessary) and what they are allergic to;
- Considering the risk to students with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate;
- Ensuring students always have access to their medication;
- 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 students 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 students have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving school site, for a match or trip.

4.6 **All parents, carers, guardians and host families**

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

- Being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of students with allergies;
- Providing the school the Medical Team with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, 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.

4.7 **Parents of children with allergies**

In addition to Section 4.6, the parents and carers of children with allergies should:

- Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan;
- If applicable, provide the school or their child with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, ie. spoon or syringe), inhalers or creams;
- 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, eg, not eating the food to which they are allergic.

4.8 **All students**

All students 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 students will learn how to recognise an allergic reaction and support their peers and staff in case of an emergency; and
- Students are reminded to adhere to food restrictions or guidance about food being brought in to school in particular ingredients linked to nuts and other allergens. This is done in an age-appropriate way.

4.9 **Students with allergies**

In addition to Section 4.8, students with allergies are responsible for:

- Knowing what their allergies are and how to mitigate personal risk;
- 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;

- Always carrying two adrenaline auto-injectors where appropriate, while the school ensures reasonable arrangements are in place to maintain access to emergency medication; Students are reminded to check before leaving site for sports, trips and activities. 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;
- Knowing what to do if they have an allergic reaction off school premises, if they are permitted to leave the school site. 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 students with an allergy

The school has a register of students who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as students with an allergy where no adrenaline pens have been prescribed.

5.2 Individual Healthcare Plans

Each student with an allergy has an Individual Healthcare Plan with attached allergy action 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 student 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 student; and
- A copy of their Allergy Action Plan. See definitions for the BSACI templates

5.3 New students

The school should ensure that information regarding a student's allergy is shared securely and in a timely manner when they join the school or transfer to another setting. Individual Healthcare Plans will be reviewed as part of the transition process, and appropriate staff will be briefed and trained before the student starts. The school will work closely with parents, healthcare professionals and receiving settings to ensure continuity of support and emergency arrangements.

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 students; and
- Planning special events, such as cultural days and celebrations.

Inclusion of students 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 and snacks

d'Overbroeck's adopts an allergy-aware approach. Peanuts and tree nuts should not normally be brought on to school premises, trips or in to boarding houses, but the school recognises that it cannot guarantee an entirely nut-free environment.

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. The following measures will be employed:

- 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;
- 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 students with allergies and what their allergies are, supported by school staff;
- The catering team will endeavour to provide varied meal options to students and staff with allergies;
- The school has robust procedures in place to identify students with food allergies, including a visual display of students or a folder of students with photo and allergy and intolerances details (Think of Me!). These are available in the staff rooms and catering kitchens on each teaching site. The catering team, Lodestone, is responsible for working with students to ensure that allergy needs are met. Students confirm responsibility for checking ingredients upon arrival in the dining room, and can view ingredients by looking in the allergy folder or tablet to review suitability of options for each meal. Trained Allergy Champions in the catering team are aware of students' needs and guide students back to the allergy information, if needed;

- Food containing the main 14 allergens (see Allergens definition in Section 3) 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 students with dietary needs by the Catering Manager;
- The school labels food with allergen advice, highlights cross contamination and labels items as may contain, where appropriate;
- Food provided in the café or the Tuck Shop is through Lodestone to ensure adherence to the school's allergy policy;
- We try to restrict peanuts, and tree nuts as much as possible, in boarding houses, and on school sites.

7.2 **Food brought into school**

Any food brought into school for a school visit, fixture or lunch should not contain nuts and any product containing nuts will be removed and the school's Behaviour Policy followed. This includes food for birthday celebrations and any food brought into the boarding houses for individual use.

7.3 **Food bans or restrictions**

The school is an Allergen Aware school and has students with a wide range of allergies to different foods. We remind students, staff and parents of our allergy duty and promote allergy awareness through assemblies, Personal Development lessons and workshops with the school's Nurses.

The school encourages 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; and
- all food coming onto school premises or taken on a school trip or sport fixture should be checked to ensure peanuts and tree nuts are not an ingredient. The product label will list ingredients and should be checked. Common foods that contain these ingredients include packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces.

7.4 **Food hygiene for students**

The following standards will be expected:

- students 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.

7.5 **Food preparation areas and food hygiene**

The school provides kitchen and food preparation facilities within boarding houses. To ensure food safety and to minimise the risk of cross-contamination:

- all boarding staff responsible for supervising food preparation hold Level 3 Food Safety qualifications;
- all boarding students receive food hygiene instruction as part of their induction programme, including guidance on safe food handling, personal hygiene, cleaning procedures, and allergen awareness;
- kitchen areas, refrigerators and freezers are subject to regular inspection and monitoring to ensure appropriate cleanliness, food storage practices, and temperature control;
- a colour-coded chopping board system is used to separate different food types (for example, raw meat, cooked foods, vegetables, and bread products), reducing the risk of cross-contamination;
- food is stored appropriately in sealed containers and clearly labelled where necessary, with raw and ready-to-eat foods kept separately;
- cleaning rules are in place for kitchen equipment, food preparation surfaces, and storage areas. These are monitored by staff;
- staff give guidance to students using kitchen facilities and address any food safety concerns promptly.

8. Educational visits and sports fixtures

The following measures will be taken:

- staff leading the trip will have a register of students 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 students where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay;
- staff (and some students, 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. Packed lunches are clearly labelled and named for students who have an identified allergy/intolerance.
- if attending Match Tea at another school, details of their dietary requirements will be sent ahead to ensure they have a safe meal.

See Section 13.3 for information about Adrenaline Pens for School Trips and Sports Fixtures.

9. Insect stings

Students, staff and visitors 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's Maintenance Manager will monitor the grounds for wasp or bee nests. Students (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 ever keeps bees and has a student with a bee sting allergy advice will be sought on how to manage this.

10. Animals

It is 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 student 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, for example in a Boarding House, students, 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

Management includes the following measures:

- avoid known allergens where possible (eg, pollen, house dust mites, animal dander);
- awareness of symptoms that may include sneezing, runny or blocked nose, itchy eyes, and nasal congestion;
- during high pollen seasons, keep windows closed where practical and encourage hand and face washing after outdoor activities;
- regular cleaning and dust reduction measures should be maintained in indoor environments of school sites and boarding houses;
- the student may have allergy medication (eg, antihistamines and/or nasal spray) as directed by their parent/carer or school nurses;
- parents/carers should be informed if symptoms become unusually severe or interfere significantly with the student's wellbeing or participation in school activities.

12. Inclusion and mental health

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

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

- students with allergies may require additional pastoral support including regular check-ins from their Personal Tutor/Director of Studies or Head of House, etc.
- affected students will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives.
- bullying related to allergy will be treated in line with the school's Anti-bullying policy.

13. Adrenaline pens

See the government guidance on Adrenaline Pens in Schools.

13.1 Storage of adrenaline pens

- Students diagnosed as being at risk of anaphylaxis (see **APPENDIX 1**) are expected to always carry their two own prescribed adrenaline auto-injectors (AAIs) with them while on the school site, during educational visits, and at any school-related activities. Students must always have access to two in-date AAIs.
- The school will work with parents/carers and healthcare professionals to ensure that students are able to carry and manage their AAIs safely and appropriately. Staff will be informed of students with severe allergies and trained to recognise and respond to anaphylaxis in accordance with the student's Allergy Action Plan.
- Students must also have access to two AAIs during their journey to and from school. The school will make reasonable adjustments for any student who is unable to carry their own AAIs due to age, disability, or individual circumstances, with arrangements agreed between the medical team and parents. If necessary, can be storage at reception for this reason.
- 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 (eg, a radiator).
- Used or out of date pens will be disposed of as sharps.

13.2 Spare adrenaline pens

The school has over 20 spare adrenaline pens to be used in accordance with government guidance. The locations of spare adrenaline pens are clearly signposted.

The Allergy Lead and Lead Nurse are responsible for:

- deciding how many spare pens are required;
- what dosage is required, based on the Resuscitation Council UK's age-based guidance;
- 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;
- distribution around the site and clear signage.

13.3 **Adrenaline pens on off-site activities**

The following precautions will be followed:

- 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 students at all times eg, not stored in the hold of the coach when travelling or left in changing rooms;
- adrenaline pens will be protected from extreme temperatures;
- staff accompanying the students will be aware of students with allergies and be trained to recognise and respond to an allergic reaction;
- consideration will be made 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 **APPENDICES 1, 2 and 3** on recognising and responding to an allergic reaction

Allergic reactions are unpredictable. You cannot assume that someone will react the same way twice, even to the same allergen. Reactions don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

If a student has an allergic reaction:

- Stay with the casualty (student, staff or visitor)
- Briefly look for their pouch containing their allergy action plan and medicine (adrenaline, antihistamine, or both).
- Call for help
    - IF mild to moderate, call for help and say: "**a child/ adult is having an allergic reaction in location X, bring adrenaline and antihistamine"**
    - IF severe, call for help and say: "**a child / adult is having a severe allergic reaction in location X, bring adrenaline, call 999"**
        - Reception or nominated person brings adrenaline and antihistamine
        - If severe,
            - Call 999 and state 'ana-fil-axis'
            - Alert SLT
            - SLT coordinates staff to meet ambulance and contact parents/ guardian
- Do not move the person. Lie them down and legs raised.
- Anaphylaxis is a time-critical medical emergency. If in doubt, administer adrenaline without delay. Use the person's prescribed medication if immediately available. If able to, the casualty can administer themselves, but in an emergency, anyone can administer adrenaline. Use a spare adrenaline pen if their own is not available or misfires. Start timer.

- If no improvement after 5 minutes, use a second adrenaline pen. Ask supporting staff to update 999/ paramedics.
- Reassure casualty and tell them to stay still, even if they are feeling better. Do not move until medical professional/ paramedic arrives.
- 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.
- SLT carries out actions in collaboration with the school Principal and in accordance with the school's Critical Incident Plan as appropriate (the Critical Incident Plan is available to staff via Sharepoint).

15. Training

15.1 **The school is committed to training all staff annually to give them a good understanding of allergy.** This includes:

- understanding what an allergy is;
- how to reduce the risk of an allergic reaction occurring;
- how to recognise and treat an allergic reaction, including anaphylaxis, 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 students with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying;
- understanding food labelling;
- taking part in an anaphylaxis drill.

15.2 **The school will carry out an anaphylaxis drill once a year.**

This includes an exercise simulating an event where a student or member of staff has an allergic reaction and testing the whole school response.

16. Asthma

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

16.1 **Asthma procedure**

a) Recognise symptoms: coughing, wheezing, shortness of breath, chest tightness, difficulty speaking, or unusual tiredness.

b) Stop activity and help the student sit upright and remain calm.

c) Administer the reliever inhaler (usually a blue salbutamol inhaler) in accordance with the student's individual Asthma Action Plan. Use a spacer device if available.

d) Monitor the student closely for improvement over the next few minutes.

e) If symptoms improve:

   i. allow the student to rest.

   ii. inform parents/carers in line with school procedures.

f) If symptoms do not improve, worsen, or the student is experiencing severe breathing difficulties:

   i. administer additional reliever medication as directed by the Asthma Action Plan.

   ii. call emergency services (999).

   iii. contact parents/carers immediately.

g) Remain with the student until they have fully recovered or emergency assistance arrives.

16.2 **Emergency signs**

- Severe breathlessness
- Inability to speak in full sentences
- Blue lips or fingernails
- Collapse or loss of consciousness

Call 999 immediately if any emergency signs are present.

Always follow the student's individual Asthma Action Plan.

16.3 **Emergency Asthma Inhalers**

Spare blue salbutamol inhalers are available at all school sites and are stored in multiple designated locations. These inhalers are kept alongside the school's Adrenaline Auto-Injectors (AAIs) for emergency use in accordance with school procedures.

17. Reporting allergic reactions

The school will log allergic reaction incidents and near-misses on Sphera. This allows for incidents to be reviewed, investigated and used as a basis to improve school procedures.

18. Associated school policies

This policy should be read in conjunction with the following school policies.

These public policies are available from the school website:

- Anti-bullying policy
- Behaviour, rules, rewards and sanctions policy
- First Aid policy

School staff can access the following policy from Sharepoint:

- Critical incident plan

APPENDIX 1

Managing allergic reactions

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 student
- Call for help
- Locate adrenaline pens
- Give antihistamine if stated in allergy action plan
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the student

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
- Collapsed 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 student'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.

For more information see the DfE Guidance for the use of adrenaline auto-injectors in schools

APPENDIX 3

Emergency Response Diagram

ALWAYS GIVE ADRENALINE DEVICE FIRST if someone has **SEVERE AND SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice). **THEN SEEK MEDICAL HELP. Anaphylaxis can occur without skin symptoms**