



FINTON HOUSE
SCHOOL

ALLERGY & ANAPHYLAXIS POLICY

Member(s) of staff responsible: Catherine Gomez

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Governing committee/sub-committee responsible: Risk Management

A copy of this policy is available to all governors and parents via the School website or a hardcopy on request from the School Office. It is accessible to all staff electronically (in the Policy folder on the Staff Admin Drive) and a hardcopy held on file in the Head's Office. This policy applies to all at the School including those in Reception (the EYFS).

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1. AIMS AND OBJECTIVES

This policy outlines Finton House School's approach to allergy management, including how the whole-school community works to reduce the risk of an allergic reaction happening and the procedures in place to respond if one does. It also sets out how we support our pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an Allergy Aware School.

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

- Safeguarding & Child Protection Policy
- First Aid & Medication Policy
- Pastoral Care Policy
- SEND Policy
- Registration & Attendance 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 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 AAls, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen & 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. [Paediatric Allergy Action Plans - BSACI](#)

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

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

SPARE PENS: From 2017 schools have been able to purchase spare adrenaline pens. These should be held as a back-up, in case pupils' own adrenaline pens are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline. The School currently holds two sets of these supplied by KITT medical.

4. ROLES AND RESPONSIBILITIES

Finton House School takes a whole-school approach to allergy management.

Designated Allergy Lead

The Designated Allergy Lead is Catherine Gomez (Deputy Head Pastoral). They report into Ben Freeman (Head) and Julian Walker (Governor for Health and Safety) They are responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils with allergy
- Taking decisions on allergy management across the school
- Championing and practising allergy awareness across the school
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management
- Ensuring allergy information is recorded, up-to-date and communicated to all staff. Collation and communication of this information is delegated to the school medical administrator, Sandra Allen
- 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)
- Complete Allergy Lead training annually
- Providing on-site adrenaline pen training for other members of staff and pupils and refresher training as required e.g. before school trips
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures
- Reviewing the stock of the school's spare adrenaline pens (check the school has enough and the locations are correct) and ensuring staff know where they are
- Ensuring the Kitt AAIs are in date on a half termly basis and completing the log on Every and the Kitt Medical Portal
- Keep a record of any allergic reactions or near-misses and ensure an investigation is held as to the cause and put in place any learnings
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy
- Ensuring there is an Anaphylaxis Drill at least once each year

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

Healthcare & First Aid team

Sandra Allen, Medical Administrator is responsible for:

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

Admissions Team

The admissions team (Registrar: Kate Hebblethwaite) will be the first to learn of a pupil or visitor's allergy and will work with the Designated Allergy Lead and Medical Administrator to ensure that:

- Allergy information or special dietary information is captured at the earliest opportunity and in place before the Stay & Play session and Moving Up Morning (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. medical administrator, allergy lead and catering team)
- Visitors (for example at Open Days and events) are aware of the catering set up and if food is to be offered and plans for medication if the child is to be left without parental supervision

All staff

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

- Championing and practising allergy awareness across the school
- Understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures, and asking for support if needed
- Being aware of pupils with allergies and what they are allergic to
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate
- Ensuring pupils always have access to their medication or carrying it on their behalf, dependent on the age and ability of the child with the allergy
- Being able to recognise and respond to an allergic reaction, including anaphylaxis
- Taking part in training and anaphylaxis drills as required (at least once a year) and to tell a manager if you have not received any in the last 12 months
- Considering the safety, inclusion and wellbeing of pupils with allergies, at all times
- Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy

All parents

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

- Being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies
- Providing the school's Medical Administrator (Sandra Allen) or Designated Allergy Lead (Catherine Gomez) with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice
- Encouraging their child to be allergy aware

Parents of children with allergies

In addition to the above, 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
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too
- Provide the school with an up-to-date photograph of their child and sign the associated permission for it to be shared appropriately as part of their allergy management
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring e.g. not eating the food they are allergic to
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their child's allergy

All pupils

All pupils at the school should:

- Be allergy aware
- Understand the risks allergens might pose to their peers
- Learn how they can support their peers and be alert to allergy-related bullying.
- Older pupils will learn how to recognise and respond to an allergic reaction and to support their peers and staff in case of an emergency
- If bringing in food from home and are old enough to check the ingredients, pupils should be encouraged to adhere to the School's Allergen Aware status and avoid allergens such as nuts

All of the above will be done in an age-appropriate way

Pupils with allergies

In addition to the points above, pupils with allergies are responsible for:

- (Dependent on their age and capability) Knowing what their allergies are and how to mitigate personal risk, avoiding their allergen as best as they can
- Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction
- If age-appropriate, carrying two adrenaline auto-injectors with them at all times. 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

5. INFORMATION AND DOCUMENTATION

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.

Each pupil with an allergy has an Individual Healthcare Plan (IHCP). 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
- A copy of their Allergy Action Plan. See definitions for the BSACI templates

Assessing risk

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

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

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

6. FOOD, INCLUDING MEALTIMES & SNACKS

Catering in school

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

- The school's termly 3 week rolling menu is available for parents to view on Frog, with all ingredients listed and allergens highlighted
- The menu is displayed on the screens next to the dining area
- The Medical Administrator will inform the Catering Manager (Edd Hynes) of pupils with food allergies
- Due diligence is carried out with regards to allergen management when appointing catering staff. Harrisons, the catering company, is asked to provide confirmation that relevant training has been completed
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training
- All adults working with children in the EYFS will receive food hygiene training (in line with the EYFS statutory guidelines)
- Anyone preparing food for pupils with allergies will follow good hygiene practices, food safety and allergen management procedures
- The catering team will endeavour to get to know the pupils with allergies and what their allergies are supported by all school staff
- Pupils are encouraged to check with catering staff before selecting their food
- The school has robust procedures in place to identify pupils with food allergies, these are:
 - Yellow plates/trays for children with allergies
 - Reception children's trays are plated and labelled with child's name and allergy
 - Lower School children wear a lanyard with widge indication of allergy
 - Staff on duty are aware of those children with allergies and encourage them to check
 - Photos of pupils with allergies are available, displayed and circulated with all staff
- Food containing the main 14 allergens (see Allergens definition) will be clearly identified for pupils, staff and visitors to see. Other ingredient information will be available on request
- Food packaged to go 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 Edd Hynes (Kitchen Manager)
- Foods containing gluten are stored separately in the hot cabinet and served by the Catering Manager to avoid cross-contamination
- Foods with a Precautionary Allergen Labelling or "May Contain" labelling will not be used for children with known allergies
- Food provided at break times and after school clubs will follow these procedures
- Food with nuts as an ingredient are not used in the kitchen

Food brought into school

Birthdays/after school snacks:

- Parents are advised that food brought into school for birthdays/snacks should not contain nuts
- Class teachers/assistants should check for known allergens before allowing children to partake
- Parental permission should be sought from parents of children food-allergic children at the beginning of the academic year. Alternatives can be provided by these parents if required
- Parents bringing snacks into school at the end of the day are asked to refrain from sharing these with children until off the school site

Food provided by parents for cake sales/events/festivals

- Food containing the main 14 allergens (see Allergens definition) will be clearly identified for pupils, staff and visitors to see. Other ingredient information will be available on request
- Parents are advised that food brought into school should not contain nut
- Packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging
- Parents must complete an ingredient/allergen checklist to accompany the food they provide

Food bans or restrictions

Finton House supports the approach advocated by Anaphylaxis UK towards nut

bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the

pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk. Therefore:

- This school is an Allergen Aware school. We have students with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food
- We try to restrict peanuts and tree nuts as much as possible on the site and check all foods coming into the kitchen
- All food coming onto school premises or taken on a school trip or to a match should be checked to ensure peanuts and tree nuts are not an ingredient in another product. Please check the label on all foods brought in. Common foods that contain these goods as an ingredient include: packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces

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
- Tables and benches are cleaned thoroughly between lunch sittings
- These procedures will be followed wherever food is prepared and handled by the children (for example, but not limited to, cookery club, food-based DT lessons)

7. SCHOOL TRIPS AND SPORTS FIXTURES

- Staff leading the trip will have a register of pupils with allergies with medication details
- Allergies will be considered on the risk assessment and catering provision put in place
- Consult with the parents if the trip requires an overnight stay – staff at the venue should be briefed early on that an allergic child will need appropriate food
- 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 there is a pupil with an allergy to a food outside the “main 14” the food provided will be labelled with their name and clearly marked that the relevant allergen is not present
- If food will be provided at another school (e.g. for a match tea), details of their dietary requirements will be sent ahead to ensure they have a safe meal. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food
- See Adrenaline Pens section for School Trips and Sports Fixtures
- Children should be included in the full life of the school and co-operation with any special arrangements from parents/carers is necessary

8. **INSECT STINGS**

Pupils with a known insect venom allergy should:

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

The school’s Estates Team will monitor the grounds for any wasp or bee nests and all staff should be vigilant. 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.

9. **ANIMALS**

It is normally the dander that causes a person with an animal allergy to react.

Precautions to limit the risk of an allergic reaction include:

- A pupil with a known animal allergy should avoid the animal they are allergic to
- If an animal comes on site a risk assessment will be done prior to the visit (e.g. chick hatching)
- Areas visited by animals will be cleaned thoroughly
- Anyone in contact with an animal will wash their hands after contact
- Parents are made aware that there is a school dog and consideration and adaptations will be made as required. A separate School Dog policy and risk assessment is in place
- School trips that include visits to animals will be carefully risk assessed (e.g. TOM’S FARM)

10. **ALLERGIC RHINITIS / HAYFEVER**

Precautions to limit the risk of seasonal allergies include:

- HEPA filters in each teaching room
- Air conditioning used in warmer weather allows windows to remain closed
- Children suffering with hay fever can access medication as required from the front office

11. 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 class teacher and the Allergy Lead . Absences due to allergy related incidents/appointments will be acceptable
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives
- Bullying related to allergy will be treated in line with the school's anti-bullying policy

12. ADRENALINE PENS

[See the government guidance on Adrenaline Pens in Schools.](#)

Storage of adrenaline pens

- Pupils prescribed with adrenaline pens will have easy access to two, in-date pens at all times
- Adrenaline pens are carried with the child they are prescribed to. Each child is allocated a blue 'bum bag' to carry with them, and it also contains a copy of the pupil's Allergy Action Plan
- Spot checks will be made to ensure adrenaline pens are where they should be and in date. This occurs at the beginning of term and then intermittently throughout the term
- Adrenaline pens must not be kept locked away - The KITT boxes are secured but there is a safety release key available next to each box to allow emergency access
- Adrenaline pens should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator)
- Used or out of date pens will be disposed of as sharps at Lords Pharmacy, Tooting

Spare pens

Finton House has purchased two Kitt Medical Anaphylaxis Kitt with spare Jext AAls for emergency use to be used in accordance with government guidance. Emergency use may include: children who are at risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date, or they may need multiple doses of adrenaline before the emergency services arrive); or they may need to be used on someone experiencing anaphylaxis for the first time.

Prescribed AAls will never be used on a person other than the person they are prescribed to as this will leave them vulnerable.

The adrenaline pens are clearly signposted and labelled 'Emergency Allergy Medication'. They are stored in the KITT medical boxes located in the:

- Foyer of the Reception Building
- The back wall of the Dining Hall

Emergency keys to access the boxes are located directly below the KITTs in a wall mounted case. There are additional spare keys in the Kitchen, School Office, DH Pastoral's office and with teachers of children with severe allergies.

The Medical Administrator and/or Allergy Lead is responsible for checking the spare medication is in date monthly and to replace as needed. Reminder prompts are scheduled on the Kitt Medical portal.

The Medical Administrator and/or Allergy Lead is responsible for communicating to all staff members where the Anaphylaxis Kitt(s) are located.

Adrenaline pens on school trips and match days

- No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own pens
- Adrenaline pens will be kept close to the pupils at all times 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
- A kit containing 2 (age-appropriate) Jext pens, a salbutamol inhaler and antihistamine liquid should be taken on school trips
- A kit including two 150mcg and two 300mcg Jext pens, a salbutamol inhaler and antihistamine liquid will be carried by the games staff
- Spare Salbutamol inhalers should only be used by those who been prescribed the medication

13. RESPONDING TO AN ALLERGIC REACTION / ANAPHYLAXIS

See appendix for more information on recognising and responding to an allergic reaction:

- If a pupil has an allergic reaction, they will be treated in accordance with their Allergy Action Plan and a member of staff will instigate the school's Emergency Response Plan [\[link to this\]](#)
- If anaphylaxis is suspected, adrenaline will be administered without delay, lying the pupil down with their legs raised as described in the Appendix. They will be treated where they are and medication brought to them
- A pupil's own prescribed medication will be used to treat allergic reactions if immediately available
- This will be administered by the pupil themselves [if age appropriate] or by a member of staff. Ideally the member of staff will be trained but, in an emergency, anyone can administer adrenaline
- If the pupil's own adrenaline pen is not available or misfires, then a spare adrenaline pen will be used
- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or Allergy Action Plan, a member of staff will ensure they are lying down with their legs raised, call 999 and explain anaphylaxis is suspected. They will inform the operator that spare adrenaline pens are available and follow instructions from the operator. The MHRA says that in exceptional circumstances, a spare adrenaline pen can be administered to anyone for the purposes of saving their life
- The pupil will not be moved until a medical professional/ paramedic has arrived, even if they are feeling better
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff will accompany the pupil in an ambulance and stay until a parent or guardian arrives

14. TRAINING

Annual Update

The school is committed to training all staff annually to give them a good understanding of allergy. The staff responsible for coordinating anaphylaxis training and the upkeep of the policy are Catherine Gomez and Sandra Allen. These staff members are admins on the Kitt Portal account from where online training is distributed and hold the trainer adrenaline pens for practical training.

All staff are required to complete the KITT Medical online training and have access to a training adrenaline pen to practise with. Training is completed at the beginning of the academic year. All employees joining between the annual training sessions receive training on arrival.

Training includes:

- Knowing the common allergens and triggers of allergies
- 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 AAI's) 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
- Understanding what it is like for those individuals living with allergies

Staff also receive training during induction and at the regular intervals to ensure understanding of:

- How the school manages allergy, for example Emergency Response Plan, documentation, communication etc
- Where adrenaline pens are kept (both prescribed and spare pens) and how to access them
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying
- Understanding food labelling
- Taking part in an anaphylaxis drill

Anaphylaxis Drill

The school will carry out an anaphylaxis drill each term. This may include:

- An exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the whole school response
- Staff meeting discussion of scenarios
- Practical demonstrations of emergency positioning

15. ASTHMA

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

For further information, please see the First Aid and Medication policy.

16. **USEFUL LINKS**

- [Kitt Medical](#)
- [Anaphylaxis UK](#)
- [Safer Schools Programme](#)
- [AllergyWise for Schools online training](#)
- [Allergy UK](#)
- [Whole school allergy and awareness management](#)
- [BSACI Allergy Action Plans](#)
- [Spare Pens in Schools](#)
- [Department for Education Supporting pupils at school with medical conditions](#)
- [Department of Health Guidance on the use of adrenaline auto-injectors in schools](#)
- [Food allergy quality standards](#) (The National Institute for Health and Care Excellence, March 2016)
- [Anaphylaxis: assessment and referral after emergency treatment](#) (The National Institute for Health and Care Excellence, 2016)



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

Serious Allergic Reactions / Anaphylaxis

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

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

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

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

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

Appendix 2: 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 are not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
4. Inject adrenaline into the **outer upper 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 whilst you deliver 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(s).
8. If their condition has not improved or symptoms have become 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 used devices to paramedics and remember to get replacements.

For more information, see the Government's [Guidance for the Use of Adrenaline auto-injectors in schools](#).

**IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE
FIRST.
BEFORE YOU DO ANYTHING ELSE.**

SYMPTOMS OF ANAPHYLAXIS

A – Airway	B – Breathing	C – Circulation
• Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue	• Difficult or noisy breathing • Wheeze or cough	• Persistent dizziness • Pale or floppy • Sleep • Collapse or unconscious

Policy Oversight

Policy Author/s:	Catherine Gomez (Deputy Head – Pastoral)
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SLT Policy Oversight:	Ben Freeman, Head
Governing Committee:	Risk Management
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