



FARLEIGH

6.27 ALLERGY AND ANAPHYLAXIS POLICY

This policy applies to:	Pupils / Staff / Visitors / Parents / All Prep / Pre-Prep / Kindergarten / Nursery Day / Boarding
Person(s) responsible:	Director of Finance and Operations / Senior School Nurse
Last updated:	September 2026
Review period:	12 months
Next review:	September 2027
This policy should be read in conjunction with:	4.13 Dietary Needs 6.02 Health and Safety 6.07 First Aid 6.08 Pupils' Medical, Wellbeing and Medicines

1. AIMS AND OBJECTIVES

Farleigh takes a whole-school approach to allergy management and this policy outlines our 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 will be reviewed annually and sooner where necessary following a serious allergic reaction, anaphylactic event, near miss, significant change in guidance, or where lessons learned suggest amendments are required. Reviews will consider incident investigations, feedback from pupils, parents and staff, and any emerging best practice.

This policy is published on the School website and is available on request from the School Office.

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: 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: 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 with 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 AAI, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen.

Allergy Action Plan: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

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

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

Spare pens: Farleigh School holds spare EpiPens (see 13.2 for locations). These are a back-up, in case prescribed adrenaline pens for a pupil (or a member of staff) are not available, or to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

4. ROLES AND RESPONSIBILITIES

4.1 Designated Allergy Lead

The Designated Allergy Lead is Amy Jago, sitting on the Management Committee. They report into the Head and are responsible for:

- Promoting the safety, inclusion and wellbeing of pupils and staff with an allergy.
- Proposing decisions on allergy management across the school for approval by the Head/DFO.
- 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 (in conjunction with the School Nurse and Admissions) allergy information is recorded, up-to-date and communicated to all staff.
- Promoting all staff being appropriately trained, with good allergy awareness and realising 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 where appropriate.
- Reviewing (in conjunction with the School Nurse) the stock of the school's spare adrenaline pens (quantities, dates and locations are correct) and ensuring staff know where they are.
- Reviewing the record and investigation into any allergic reactions or near-misses and to bring to the Management Committee's attention with suggestions for how lessons can be learned to prevent a reoccurrence.
- Liaising with the Management Committee to ensure there is an Anaphylaxis Drill once a year, normally in the Autumn Term.

The Designated Allergy Lead will check procedures and report to the Management Committee.

4.2 School Nurse/Healthcare team

The Senior School Nurse (Ellie Peett) 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).
- Working with 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) with a Red/Amber/Green rating applied to help guide staff on the potential seriousness of the allergy.
- Coordinating medication with families and ensuring medication is in date.
- Keeping an adrenaline pen 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, that they are in date (and replacing when necessary), and reinforcing the location with staff.
- Providing on-site adrenaline pen training for other members of staff and pupils and refresher training as required eg. before school trips.
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy.
- 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.

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 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 (i.e. school nursing team, 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.
- Where a pupil is joining from the Nursery, the Admissions Team will liaise with Nursery staff as soon as an allergy or condition is confirmed to ensure that appropriate information is shared, risks are identified, and any necessary support, adjustments, or healthcare plans are in place prior to the pupil's transition.

4.4 All staff

All school staff, to include 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.
- 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.
- Taking part in training and anaphylaxis drills as required (at least once a year, normally in the Autumn term) 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.

4.5 All parents

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

- Being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies.
- Providing the school's senior 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/intolerance if it is a preference or dietary choice.
- Encouraging their child to be allergy aware.

4.6 Parents of children with allergies

In addition to point 4.5, the parents and carers of children with allergies should:

- Provide the school with an Allergy Action Plan from a healthcare provider (GP or similar) and then to work with the school to complete an Individual Healthcare Plan and Risk Assessment if required.
- 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.
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated.
- Provide the school with an up-to-date photograph of their child and agree that this photograph is shared appropriately with catering and medical staff as part of their allergy management, and is displayed in the Staff Room for general staff awareness of which children may be affected.
- Support their child to understand an allergy diagnosis to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring eg not eating food they are allergic to.

4.7 All pupils

All pupils at the school should be supported to (at an age-appropriate level):

- Become allergy aware.
- Understand the risks allergens might pose to their peers.
- Learn how they can support their peers and be alert to allergy-related bullying.
- Older pupils will learn how to recognise and respond to an allergic reaction and to support their peers and staff in case of an emergency.
- Adhere to food restrictions and guidance on bringing food into school.

The School promotes allergy awareness among pupils through assemblies, pastoral programmes, tutor discussions and age-appropriate health education. This helps pupils understand how to reduce risks, seek help quickly in an emergency and support peers with allergies.

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.
- Avoiding their allergen as best as they can.
- Understand that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction.
- If age-appropriate, to carry two adrenaline auto-injectors with them at all times. They must only use them for their intended purpose.
- Understand 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

5.1 Register of allergies

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.

Farleigh recognises that staff and visitors may also have serious allergies. Where the School is informed of a significant allergy, reasonable measures will be taken to minimise risk, communicate emergency arrangements where appropriate, and support access to emergency medication.

Information relating to allergies constitutes special category personal data under UK GDPR. Allergy information will be shared only with those who need it to safeguard the pupil's health and wellbeing. Information will be stored securely and processed in line with the School's Data Protection Policy.

5.2 Individual Healthcare Plans

Pupils whose allergy requires medical support, emergency medication, or specific adjustments to their school environment, monitoring or emergency planning will have an Individual Healthcare Plan (IHP). This will be developed by the Senior School Nurse in collaboration with the relevant Head of Year and will be stored on SmartLog. The plan will detail the pupil's allergy, prescribed medication, emergency procedures, and any reasonable adjustments or risk-reduction measures implemented by the School to support the pupil's safety and wellbeing.

Allergy information, Allergy Action Plans and Individual Healthcare Plans are stored on SmartLog and are accessible to relevant staff. Staff are responsible for familiarising themselves with the allergy information relevant to the pupils in their care and consulting these records before activities, trips and events.

The information on each Individual Healthcare Plan (IHCP) 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 – there will be a copy of this with the pupil's EpiPens as well.

6. ASSESSING RISK

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

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

- Where a pupil has a known airborne or contact allergy, individual risk assessments will be undertaken and reasonable adjustments implemented to minimise exposure. These may include environmental controls, seating arrangements, cleaning measures, activity adaptations or restrictions on specific products.

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

7. FOOD, INCLUDING MEALTIMES & SNACKS

7.1 Catering in school

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

- Due diligence is carried out with regard to allergen management when appointing catering 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 pupils 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 pupils with food allergies, these include:
 - Photo poster boards for catering and medical staff, with copies also in the Staff Room, Pre-Prep Kitchen/Staff Room, Nursery Kitchen/Staff Room, in Junior and Senior Boarding and held by Reception;
 - Children with an allergy at Nursery will have red coloured placemats with a picture and their allergy detailed on them. These are to be used at all mealtimes.
- 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 and if pupils or staff with allergies to food other than the “main 14” are known, then the catering staff will ensure that these additional allergens are also clearly identified for pupils, staff and visitors to see.
- 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 the Catering Manager and/or the senior member of the catering staff on duty.
- The school’s policy is to use “May contain...” labelling where this is advised or required. The school actively avoids using or providing food with nuts (and sesame) as an ingredient.
- Food provided at breakfast club and after school club will follow these procedures.

7.2 Food brought into school

All staff and pupils are reminded periodically (at least termly) that when they bring food into school from home or elsewhere, or take food on a school trip or sports fixture, this must adhere to the restrictions shown below (for example, no nuts). Staff, parents and pupils are to be aware that this applies to:

- Birthday cakes brought into boarding houses, the staff room or offices
- Tuck or other food brought into boarding houses
- School events and fundraisers

7.3 Food bans or restrictions

It is difficult to enforce a restriction of any food on site with 100% confidence and attempts to do so can lead to complacency, a false sense of security, or the impression that one allergen is more dangerous than others. It is more important for everyone to be allergy aware and to remain vigilant. Nevertheless:

- Farleigh 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 restrict peanuts, tree nuts and sesame as much as possible and check 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.

7.4 Food hygiene for pupils

- Pupils will wash their hands before and after eating.
- Sharing, swapping or throwing food is not allowed.
- Water bottles and packed lunches should be clearly labelled.
- Our outsourced catering provider (Thomas Franks) support the wider school approach to limit cross-contamination, for example in the Food Tech room and in boarding houses.

8. SCHOOL TRIPS AND SPORTS FIXTURES

- Staff leading the trip will have a register of pupils with allergies with medication details. They should also be aware of any members of staff with allergies who is accompanying the trip.
- Allergies will be considered on the risk assessment and catering provision put in place.
- Parents 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 we are made aware of pupils or staff with allergies outside of the “main 14”, then catered packed lunches will be amended as required and clearly labelled to ensure everyone always receive a safe meal.
- If attending Match Tea at another school, details of their dietary requirements will be sent ahead to ensure they have a safe meal.
- See Adrenaline 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.
- Keep food and drink covered.
- Report to Matron as soon as possible.

The Grounds Manager will monitor the grounds for wasp or bee nests. Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.

10. ANIMALS

It is normally the dander that causes a person with an animal allergy to react. Precautions to limit the risk of an allergic reaction include:

- A pupil with a known animal allergy should avoid the animal they are allergic to.
- If an animal comes on site a risk assessment will be done prior to the visit.
- Areas visited by animals will be cleaned thoroughly.
- Anyone in contact with an animal will wash their hands after contact.

- If an animal lives on site, for example in a Boarding House, pupils, parents and staff will be made aware and consideration and adaptations will be made.
- School trips that include visits to animals will be carefully risk assessed.

11. ALLERGIC RHINITIS/ HAY FEVER

The school nurse will keep antihistamines in a locked cupboard in surgery should a pupil require it. A pupil is also able to bring in their own medication from home to manage this however, it needs to be signed in and locked away in the morning. Antihistamines for nursery will be kept in the nursery office.

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, and nor should they be stigmatised by staff.
- Pupils with allergies may require additional pastoral support including regular check-ins from their Tutor/House Parent, school nurse.
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives.
- Bullying related to allergy will be treated in line with the school's anti-bullying policy.

13. ADRENALINE 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 at all times and these will not be locked away.
 - As a comparatively small school site, the adrenaline pens are stored centrally rather than carried by pupils themselves.
 - For school pupils, both pens are stored in a cabinet in the Staff Room, which is accessible to all staff 24/7. For nursery pupils, both pens are kept in a labelled contained box in the child's room.
 - The pens are clearly labelled by name and held with the individual pupil's Allergy Action Plan.
- Spot checks will be made to ensure adrenaline pens are where they should be and in date.
- 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.

13.2 Spare pens – *this paragraph will be updated when the new EpiPens arrive*

This school currently has five spare adrenaline pens to be used in accordance with government guidance *[more pens are on order to increase the number of locations in the school]*. Their locations are:

- Main Staff Room (one senior [over 6] and one junior [under 6]) – *to be changed to 2 x senior dose*
- Pre-Prep Staff Room (one junior dose) – *to increase to 2 junior doses; move junior dose from Main Staff Room*
- Nursery Staff Room/Kitchen – *to add 2 junior doses*
- Junior Boarding (one senior dose) – *to increase to 2 senior doses*
- Senior Boarding (one senior dose in Girls' Common Room and one in Boys' Common Room) – *consideration to be given to both being together in the Boys' Common Room (accessible to male/female boarders)*
- *Additionally, we are considering an additional pair of senior dose pens being held in the Music Building that could also be moved to the Pavilion on games afternoons where there are Home matches.*

The Senior Nurse and Matron team are responsible for:

- Deciding how many spare pens are required and purchasing them as required.
- What dosage is required, based on the Resuscitation Council UK's age-based guidance.
- Which brand(s) to buy – Farleigh School uses EpiPen.
- Distribution around the site and clear signage.

Following use of a spare adrenaline pen, the Senior School Nurse will ensure prompt replacement stock is obtained and that used devices are disposed of in accordance with clinical waste procedures.

13.3 Adrenaline pens on school trips and away sports match days

- No child with a prescribed adrenaline pen will be able to go on a school trip or away sports match without two of their own pens; it is the trip leader's (or team coach's) responsibility to check they have them.
- Adrenaline pens will be kept close to the pupils at all times, eg not stored in the luggage compartment 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.
- Trip Leaders are to consider whether to take Spare pens to sporting fixtures and on trips.

14. RESPONDING TO AN ALLERGIC REACTION/ANAPHYLAXIS

See appendix on recognising and responding to an allergic reaction

- If a pupil has an allergic reaction they will be treated in accordance with their Allergy Action Plan and a member of staff will instigate the school's [Emergency Response Plan](#).
- 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 prescribed medication is located in the main staff room.
- 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** will 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.
- In the event of a suspected anaphylactic reaction, staff should also use available phones or radios to summon assistance while emergency treatment is being administered and a 999 call is made. This should include:
 - Calling for additional staff support in parallel with contacting emergency services.
 - Alerting the Grounds and Maintenance Team so that they can guide the ambulance promptly to the correct location on the school site.
 - Informing a member of the Senior Management Team (SMT) that a 999 call has been made and seeking any additional staffing or operational support required.
 - Ensuring clear communication is maintained between all responding staff until the emergency services arrive and take over care.
 - If, after 5 minutes, there is no improvement, use a second adrenaline pen and call the emergency services to tell them you have done so.

- The pupil will not be moved until a medical professional/ paramedic has arrived, even if they are feeling better.
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff will accompany the pupil in an ambulance and stay until a parent or guardian arrives.

15. TRAINING

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

- Understanding what an allergy is.
- How to reduce the risk of an allergic reaction occurring.
- How to recognise and treat an allergic reaction, including anaphylaxis.
- How the school manages allergies, eg 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.
- 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.

16. ASTHMA

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions. See 6.7 First Aid policy annex B

17. REPORTING ALLERGIC REACTIONS

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



MANAGING ALLERGIC REACTIONS

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen.

Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

Response:

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

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**. Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

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

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

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



RESPONDING TO ANAPHYLAXIS

SYMPTOMS OF ANAPHYLAXIS

A – Airway

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen Tongue

B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

C - Circulation

- Persistent dizziness
- Pale or floppy
- Sleepy
- Collapse or unconscious

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

DELIVERING ADRENALINE

1. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
3. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
5. Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
6. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
7. Call the pupil's emergency contact.
8. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
9. Start CPR if necessary.
10. Hand over used devices to paramedics and remember to get replacements.

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