PADNELL INFANT SCHOOL

BOARD OF GOVERNORS

Allergy Safety Policy

Name of Unit/Premises/Centre/School	Padnell Infant School
Date of Policy Review	July 2026
Date of Next Review	April 2027
Name of Headteacher	Mrs Mandy Grayson

Administration Record

Issue	Modification	Approved
1	FGB Approval	20 April 2026

CONTENTS:

1. AIMS AND OBJECTIVES

This policy outlines Padnell Infant 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, in line with the Department for Education's draft [statutory] guidance published in 2026 (Supporting children and young people with medical conditions and allergy). It also anticipates the likelihood of Benedict's Law coming into force in 2027.

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:

- Support pupils with Medical Conditions
- Safeguarding
- Equalities
- Off-site activities
- Drug

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.

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

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

ASTHMA: Asthma is a common, long-term condition which effects the lungs. People with asthma have airways that are more sensitive and can become inflamed and narrow on exposure to certain triggers. This can lead to difficulty in breathing.

ASTHMA ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's asthma, information about triggers, symptoms, medicines to be used if they have asthma symptoms, and when to seek emergency help when they have an asthma attack.[1]

DESIGNATED ALLERGY LEAD: The member of staff responsible for overseeing allergy and asthma management across the school and acting as the main point of contact for pupils, parents and staff. This is referred to as the named senior leader in the statutory guidance.

EMERGENCY RESPONSE PLAN: A document (also known as a Critical Incident Plan) that outlines a school's procedure for managing an emergency and should be fit for purpose to manage a serious allergic reaction (anaphylaxis).

EURNEFFY: EURNeffy (also known as Neffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector.

INDIVIDUAL HEALTHCARE PLAN (IHCP): 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. All pupils with an allergy that requires active management should have an Individual Healthcare Plan and where relevant this should be read in conjunction with their Allergy Action Plan.

[1] The Allergy Team recommends the Asthma and Lung UK Asthma Action Plan template. https://www.asthmaandlung.org.uk/conditions/asthma/child/manage/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: Schools are 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.

4. ROLES AND RESPONSIBILITIES

Padnell Infant School takes a whole-school approach to allergy management.

4.1 Named Allergy Governor

The Named Allergy Governor is Mark Beetlestone. They work in partnership with the Designated Allergy Lead to ensure allergy safety is overseen at governing body level. They are responsible for:

- Ensuring allergy-related risks are included on the school's risk register and actively managed by the governing body;
- Providing strategic oversight of the school's Allergy Safety Policy, ensuring it is reviewed at least annually and published on the school's website;
- Acting as the governing body's named point of contact for allergy-related matters;
- Satisfying themselves that the school's allergy management arrangements meet legal and statutory requirements and reflect best practice;
- Receiving regular updates from the Designated Allergy Lead and ensuring the governing body is appropriately sighted on allergy compliance; and
- Reviewing records of allergic reaction incidents and near-misses and ensuring the school acts on any learnings to reduce the risk of future incidents.

4.2 Designated Allergy Lead

The Designated Allergy Lead is Mrs Paula Young. They are supported by Nikki Thundercliffe (Office Manager) and Tarryn Rowe (Health and Safety Lead). They are responsible for:

- Leading the publication and implementation of a school-wide Allergy Safety Policy;
- Ensuring the safety, inclusion and wellbeing of pupils with allergies
- 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 (Nikki Thundercliffe). If a change occurs after the start of the school

year, Arbor and the Allergy/Medical Posters are updated, and re-issued, and the change recorded on CPOMs.
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment)
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy Safety 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
- 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 Safety Policy
- Ensuring there is an Anaphylaxis Drill once a year and that lessons learned are used to update the allergy safety policy and school procedures as appropriate

The Designated Allergy Lead will check procedures annually and report to the Safeguarding/Allergy Lead Governor.

4.2 Office Team

The office team is likely to be the first to learn of a pupil or visitor's allergy. The Office Manager will work with the Designated Allergy Lead to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity (Ideally before a school visit if food is likely to be offered or eaten or on arrival via the sign in system).
- There is a clear structure in place to communicate this information to the relevant parties (i.e. staff, catering team)
- Visitors (for example at Open Days and events) are aware of the catering set up. Any food available is clearly labelled with allergens present.

Nikki Thundercliffe (Office Manager), is responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans, Asthma Action Plans and Individual Healthcare Plans) and information from families to ensure that arrangements are in place before the pupil starts, or within 2 weeks for a mid-year transfer
- 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
- Working with staff to keep an updated list of all staff with allergies (and creating an individual healthcare plan if necessary) and ensuring arrangements are in place to support them;
- Regularly asking and reminding families to inform school of any updates to allergies and review this annually at October Parents Evening

- Coordinating medication with families. Whilst it's the parents and carers responsibility to ensure medication is up to date, the school team has a system which enables them to check this monthly and notify the parents when they see the expiry date is approaching
- 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, and that they are in date
- Replacing the spare pens when necessary
- Providing on-site adrenaline pen training for other members of staff and pupils and refresher training as required e.g. before school trips

4.4 All staff

All school staff, to include teaching staff, support staff, domestic staff and those running breakfast and after school clubs are responsible for:

- Championing and practising allergy and asthma awareness across the school
- Reading, understanding and putting into practice the Allergy Safety 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) 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.
- Forwarding any communication or information that comes directly to them from parents regarding allergens to the Designated Allergy Lead; and
- Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving the school site for a trip.

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 Safety Policy and considering the safety and wellbeing of pupils with allergies
- Providing the school office 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, hayfever, 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

4.6 Parents of children with allergies

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

- Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan if they have received one from their medical team.
- If applicable, provide the school 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 devices, 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.
- 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 anyone else's food.
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4.7 All pupils

All pupils at the school should:

- Be allergy aware
- Understand the risks allergens might pose to their peers and respect measures to support them
- Learn how they can support their peers and be alert to allergy-related bullying.

4.8 Pupils with allergies

In addition to point 4.7, pupils with allergies are responsible for:

- Knowing what their allergies are and beginning to mitigate personal risk
- Avoiding their allergen as best as they can, checking with staff

- Understanding the importance of following the school specific processes of lunch and snack services and how that mitigates risk
- Understand that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction
- 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 pupils with an allergy

The school has a register of pupils who have a diagnosed allergy (Teachers Resources/1-Allergy Folder). This includes children and staff who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as pupils with an allergy where no adrenaline pens have been prescribed.

5.2 Each pupil with an allergy requiring active management by the school has an Individual Healthcare Plan. The information on this plan includes:

- Known allergens and risk factors for allergic reactions and any adaptations needed
- A history of their allergic reactions
- If the pupil has asthma and any other medical conditions and necessary detail
- Details 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 and asthma inhalers
- A photograph of each pupil
- A copy of their Allergy and/or Asthma Action Plan

6. ASSESSING RISK

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

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food tech or cooking, Joey's Field Activities
- 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 If necessary, staff should adapt the activity. The School will ensure compliance with the Equality Act 2010.

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, including those with food allergies and work closely with Dolce (the school's catering provider) to ensure systems and processes are set up which support this. These include:

- Checking all catering staff and other staff preparing food receive relevant and appropriate allergen awareness training
- Catering staff are available to discuss the provision of allergen safe meals with parents/ carers;
- 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.
- 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 are:
  - children with allergies are clearly identified on SchoolGrid. Before children are served, they select their name and the allergens they are allergic to and what food cannot be served is clearly displayed alongside their chosen meal choice.
  - Meals for children with allergies are served on an orange plate, they also have their salad, bread and dessert selected for them, and are passed their plate directly by the lead cook
  - a copy of the Allergy Poster (including photograph, name, class and allergens), is displayed in the kitchen
  - larger individual photographs and names are displayed across the servery with these details
  - A staff member oversees the children in Year R selecting their names on SchoolGrid. If that staff member is absent, they are covered by another member of staff who knows the year group
  - All staff know that any food on an orange plate cannot be replaced by anyone apart from the lead cook

- Any lessons involving food will have a Risk Assessment completed prior, ensuring staff follow good hygiene practices, food safety and allergen management procedures.

- Where changes are made to the ingredients this is updated on SchoolGrid which would ensure it is removed as a choice for anyone with an allergen. If a parent has selected a meal which is no longer available, they will cancel the meal selection and the parent will receive an email from SchoolGrid asking them to re-order. These changes are the responsibility of Dolce.
- When last minute changes occur, Dolce kitchen staff communicate with the School Office who will provide second allergen check.
- Products stating "May contain" can be used unless parents have identified this needs to be avoided and this will be clear on child's Individual Healthcare Plan
- No nuts are used in school or by caterers
- For children who have an allergy to an item of food which is not included in the top 14 allergens, parents will:
  - supply Dolce with medical evidence of their allergy
  - agree a bespoke menu with Dolce

  This decision will be made in collaboration with parents and school and clearly outlined on their IHCP.
- The school does not sell food on site directly to children (due to their age). Any food sold after school (cake sales), have an ingredient list, and are sold to parents, not children.
- Food provided at breakfast club, after school club and in lessons/class will follow the procedures below:
  - Children with allergies are identified through the Allergy Poster
  - Ensure all food and drink provided meet these requirements and are in line with children's Individual Healthcare Plans
- Dolce ensures all ingredients for meals are available on SchoolGrid.
- Pre-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging
- As a school with children in Early Years, we adhere to the 'Safer Eating section of the Early Years Foundation statutory guidance:
- Whilst Year R children are eating there is always a paediatric first aider in the room.
- Food is prepared in a way to prevent choking.
- If a child experiences a choking incident that requires intervention, the school will record details and communicate with parents in line with the First Aid Policy.
- All staff involved in preparing and handling food must receive training in food hygiene.

7.2 FOOD BROUGHT INTO SCHOOL

Where possible, PIPSA will provide non-food gifts for events (I.E Easter and leavers gifts).

From September 2026 Birthday treats are not brought into school. If families would like to share treats to celebrate a birthday, these can be handed directly to other parents in the playground at the end of the school day, although this is discouraged.

7.3 FOOD BANS OR RESTRICTIONS

- The school will encourage pupils to wash their hands with soap and warm water before and after eating;
- Parents/carers and pupils will be advised that water bottles and packed lunches should be clearly labelled and food should not be shared or swapped; and
- 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.
- In line with Hampshire County Council policies, all schools are “nut free” schools. As much as possible, we check all food comply with this and remove/restrict consumption brought onto site that do not. Common foods that contain these goods as an ingredient include: packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces
- Regular reminders are sent to parents via the Padnell Post and in any
-
- letters

7.4 FOOD HYGIENE FOR PUPILS

- Sharing, swapping or throwing food is not allowed
- Water bottles and packed lunches should be clearly labelled named
- Food Hygiene for pupils within lessons, will be clearly included as part of the lesson Risk Assessment.

8. SCHOOL TRIPS

- Staff leading the trip will have a register of pupils with allergies with medication details and the pupil’s Individual Healthcare Plan. Staff should notify the trip leader if they themselves have any allergies
- Allergies will be considered on the risk assessment and catering provision put in place
- Staff accompanying the trip will be trained to recognise and respond to an allergic reaction and all children with an allergy will be in a group supported by a member of staff (not a volunteer).

- Parents pre-order packed lunches for school trips on SchoolGrid. Packed lunches will be named for any children with allergies and school staff will double check these against the lunches ordered. In addition, a list of lunches ordered will be given to the Trip Leader/Class Teacher (with allergies listed)
- See Adrenaline Pens section for School Trips

9. INSECT STINGS

Pupils 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

The school Site 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
- School trips that include visits to animals will be carefully risk assessed

11. ALLERGIC RHINITIS/ HAYFEVER

Individual measures, as required, will be clearly outlined on the child's Individual Healthcare Plan along with any additional medication they may need or require to support this. This is shared with class teachers and updated annually as detailed above.

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.

- Staff are alert to the possibility of allergy-related bullying and are proactive in safeguarding the wellbeing and inclusion of pupils with allergies
- 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 adults.
- 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. They are stored in medical box on top shelf in each classroom (unless alternative arrangements are made in the child's IHCP), so all staff are aware where they can be found.
- The medical box is taken with the Class when going to Joey's Field, the Hall or playground for PE lessons.
- Children who have a prescribed adrenaline pen who attend before or after school clubs will take their pens with them.
- In case of emergency, Kids club have access to spare pens stored in the office (emergency fob is held in the Kids Club kitchen to enable quick access to the school)
- Spot checks will be made to ensure adrenaline pens are where they should be and in date, but it is the parents' responsibility to ensure pens do not surpass their expiry date.
- Adrenaline pens must not be kept locked away
- Adrenaline pens should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator)
- Used or out of date pens will be returned to parents to dispose of.
- Used or out of date school devices will be disposed of as sharps.

13.2 Spare pens

This school has 2 spare adrenaline pens to be used in accordance with government guidance.

The adrenaline pens are clearly signposted and are stored in the Office

13.3 Adrenaline pens on school trips

- No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own pens. It is the class teacher and trip leader's responsibility to check they have them
- Adrenaline pens will be kept close to the pupils at all times e.g. not stored in the hold of the coach when travelling or left in changing rooms
- Adrenaline pens will be protected from extreme temperatures

- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction

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 steps outlined below.
- 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,
- Other children will be moved from the area.
- A pupil's own prescribed medication will be used to treat allergic reactions if immediately available.
- This will be administered 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.
- 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 allergy, for example understanding the school's Allergy Safety Policy, emergency response, documentation, communication etc;
- How to treat an asthma attack using a reliever inhaler

- How to check who has an allergy, and how to use an IHP and Allergy or Asthma Action Plan;
- Where adrenaline pens are kept (both prescribed pens and spare pens) and training on their use including practice using the school's test pen which can be used at any time (located in the first aid cupboard)
- how to use them, including practising with the schools' test pen
- 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 annually. 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 and poorly managed asthma increases the severity of an allergic reaction.

- Staff will be aware of common asthma triggers which may include airborne allergens such as pollen, house dust mite, mould spores or pet dander and food allergens.
- All pupils with asthma will have an Asthma Action Plan. Where relevant, an Asthma Action Plan will be in addition to an Allergy Action Plan
- The Asthma Action Plan will be included in the pupil's Individual Healthcare Plan, and will include medical and parental consent for staff to administer medicines, including an emergency reliever inhaler in the event of an asthma attack.
- Children and young people known to have asthma should have their own reliever inhaler at school at all times and on the journey to and from school.
- Pupils' inhalers are stored in named plastic wallets inside class medicine boxes.
- The school holds two emergency salbutamol inhalers for use in asthma emergencies. One inhaler is located in the school office and the second is stored in the Fire Box. Each inhaler is accompanied by a register of pupils for whom parental consent has been provided. Parents/carers will be notified if their child uses an emergency inhaler. Expiry dates are checked regularly in line with the school's policies and procedures.

17. REPORTING ALLERGIC REACTIONS

The school holds a log of all allergic reaction incidents and near-misses as soon as is feasible after they occur.

- Each record includes: Who was affected, what happened, when and where, why the incident occurred (as far as is known), how staff and the pupil responded; what was done to support the individual; whether emergency services were called and how the incident concluded
- All incident reports will be shared with:
    - the pupil's parents or carers, who will be given the opportunity to discuss the incident and contribute their views to the review; and
    - the Named Allergy Governor and the governing body, so they can consider what lessons to learn and whether policy changes are required.
- Any learning from an incident will be shared appropriately with staff so they can act on it.
- Following any incident or near miss the school will meet with the child or young person and their parents/ carers to ensure they are confident the setting remains safe.
- The school recognises the impact of an incident or near miss not just on the individual and their family, but also on staff who responded and children who witnessed it and will offer appropriate support.

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 devices
- Give antihistamine. Note: if any signs of anaphylaxis are present, give adrenaline without delay.
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil for at least 60 minutes in case the reaction gets worse

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. Treat the patient where they are. 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. Pupils may be able to do this themselves, but some will require or want adult support. Whilst all members of staff should be trained, in an emergency, anyone can administer adrenaline.
5. Make a note of the time you gave the first dose.
6. Call 999 for an ambulance (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
7. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
8. Call the pupil's emergency contact.
9. 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.
10. Start CPR if necessary.
11. Hand over used devices to paramedics and remember to get replacements.

12. 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.

For more information see the Government's Guidance for the use of adrenaline auto-injectors in schools.