St John's C of E Primary School

Allergy and Anaphylaxis Policy

That all may Love, Learn, Flourish

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Instruction sheet for NEFFY nasal spray to be added when available.

1. AIMS AND OBJECTIVES

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

To help our children with allergies feel confident and flourish while they are at school, it is essential that all those working with our children have:

1. a good understanding of how having an allergy can make a child feel on a day-to-day and

2. an acute awareness of how quickly a correct response is needed should an anaphylaxis reaction occur.

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

Supporting Pupils with Medical Conditions in School, First Aid Policy, Health & Safety Policy, Emergency Management Plan and the Safeguarding and Child Protection 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. An anaphylaxis reaction can arise at any time of life, even after years of having no sign of allergic reactions when near or consuming a food or substance.

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 UK law to be highlighted on pre-packed food. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

ADRENALINE AUTO-INJECTOR: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred

to as AAIs, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this Policy we will refer to them as adrenaline pens.

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

DESIGNATED ALLERGY LEAD: The member of staff responsible for overseeing allergy management across the school and acting as the main point of contact for pupils, parents and staff.

NEFFY: Neffy (official name in the UK is EURNeffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector approved. [Neffy was approved for use in the UK in 2025 and distribution is expected from late September. There is a factsheet attached to this Policy for reference.] For the purpose of this initial Policy we will refer to them as adrenaline pens.

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

INTOLERANCE: an intolerance is different to an allergen in that an intolerance will cause a digestive system response but does not cause a life-threatening anaphylactic reaction.

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

SPARE ADRENALINE PENS: Schools are able to purchase spare adrenaline pens. These should be held as a back-up, in case pupils' prescribed adrenaline pens are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

4. ROLES AND RESPONSIBILITIES

St. John's C of E Primary School takes a whole-school approach to allergy management.

4.1 Designated Allergy Lead

The Designated Allergy Lead is the School Business Manager and is supported by Emily Matheson the current named Allergy Governor. They report into the Head Teacher. They are responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils and staff with an allergy;
- Taking decisions on allergy management across the school;
- Championing and practising allergy awareness across the school;
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management;
- Ensuring allergy information is recorded, up-to-date and communicated to all staff [although they have ultimate responsibility, the collation of information may be delegated to the School Receptionist];

- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment);
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures. [Consider obtaining and recording confirmation from staff that they have read and understood the policy];
- Reviewing the school's stock of spare adrenaline pens (check the school has an appropriate number for the setting, that they hold the correct dose, that spare adrenaline pens are stored appropriately) and ensuring staff know where they are;
- Keeping a record of any allergic reactions or near-misses, reporting these to the appropriate authority (e.g., under RIDDOR) where necessary and ensuring the circumstances are investigated and learnings shared;
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy; and
- Ensuring there is an anaphylaxis drill once a year.

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

4.2 Office Team/ Allergy Governor

The School Business Manager has oversight of (aided by the office team):

- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families (this is likely to involve liaising with the admissions team for new joiners);
- Supporting the Designated Allergy Lead (the School Business Manager) with disseminating this information to all school staff, including the catering team, occasional staff and those running clubs
- Ensuring the information from families is up-to-date, and reviewed annually (at a minimum). Coordinating medication with families and ensuring medication is in date. Whilst it's the responsibility of parents/carers to ensure medication is up to date, the medical lead should also have systems in place to check this and notify the parents/carers when they see the expiry dates are approaching in respect of medicines held by the school;
- Keeping an adrenaline pen register to include adrenaline pens prescribed to pupils and the school's stock of spare adrenaline pens, including brand, dose and expiry date. The location of spare adrenaline pens should also be documented;
- Regularly checking spare adrenaline pens are where they should be, and that they are in date;
- Replacing the spare adrenaline pens when necessary;
- Providing on-site adrenaline pen training for staff and pupils and refresher training as required e.g. before school trips; and
- Add any other responsibilities delegated by Designated Allergy Lead.

4.3 Admissions Team

The admissions team or the Reception Class Teachers are likely to be the first to learn of a pupil allergy. They should work with the Designated Allergy Lead and /medical lead to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity [this should be in place before a school visit, an Open Day or Taster Days if food is offered or likely to be eaten];
- There is a clear structure in place to communicate this information to the relevant parties (i.e. teachers, TAs, catering team etc);
- Parents and applicants are informed of catering arrangements during admission events; and
- Plans are made for emergency medication if the child is to be left without parental supervision.

4.4 All staff

All school staff, including teaching staff, support staff, occasional staff (for example sports coaches, music teachers and those running breakfast and afterschool clubs are responsible for:

- Championing and practising allergy awareness across the school;
- Reading, understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures, and asking for support if needed;
- Being aware of pupils (and staff, when necessary) with allergies and what they are allergic to;
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate;
- Ensuring pupils always have access to their medication or carrying it on their behalf
- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training;
- Taking part in training and anaphylaxis drills as required (at least once a year). Whilst it is the school's responsibility to ensure staff have received annual training, if the member of staff is aware they have not received any allergy training in the last 12 months they should alert a manager;
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times. Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy;
- Forwarding any communication or information that comes directly to them from parents regarding allergens to the School Business Manager and Receptionist; and
- Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving school site, for a match or trip.

4.5 All parents

All parents and carers (whether their child 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 Business Manager with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema;

- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events;
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice; and
- Ensuring their child has 2 adrenaline pens for the journey to and from school
- Encouraging their child to be allergy aware.

4.6 Parents of children with allergies

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

- Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan;
- If applicable, provide the school or their child with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, ie. spoon or syringe), inhalers or creams;
- Ensure medication is in-date and replaced at the appropriate time;
- Ensure their child has access to their allergy medication, including two adrenaline pens if prescribed, on the journey to and from school;
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too;
- Provide the school with an up-to-date photograph of their child and sign the associated permission for it to be shared appropriately as part of their allergy management; and
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring eg. not eating the food to which they are allergic.

4.7 All pupils

All pupils at the school should:

- Be allergy aware;
- Understand the risks allergens might pose to their peers and respect measures to support them;
- Learn how they can support their peers and be alert to allergy-related bullying;
- Older pupils will learn how to recognise an allergic reaction and support their peers and staff in case of an emergency; and
- All of the above should be done in an age and capability appropriate way.

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 dependent on age and capability;
- Avoiding their allergen as best as they can;
- Understanding the importance of following the school specific processes of lunch and snack services and how that mitigates risk;

- Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction;
- Carrying two adrenaline pens with them at all times, if age and capability appropriate. They must only use them for their intended purpose;
- Understanding how and when to use their adrenaline pen;
- 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;
- Pupils permitted to leave the school site should know what to do if they have an allergic reaction off school premises. This should include how to treat themselves and raise the alarm to get help; and
- If age and capability appropriate, ensuring they have their medication with them on the journey to and from school.

5. INFORMATION AND DOCUMENTATION

5.1 Register of pupils with an allergy

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

5.2 Individual Healthcare Plans

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

- Known allergens and risk factors for allergic reactions;
- A history of their allergic reactions;
- Detail of the medication the pupil has been prescribed including dose, this should include adrenaline pens, antihistamine etc;
- A copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis;
- A photograph of each pupil; and
- A copy of their Allergy Action Plan. See definitions for the BSACI templates.

6. ASSESSING RISK

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

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food lessons or cooking;
- Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk;

- Running activities or clubs where they might hand out snacks or food “treats”. Ensure safe food is provided or consider an alternative non-food treat for all pupils; and
- Planning special events, such as cultural days and celebrations.

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity. The School will ensure compliance with the Equality Act 2010.

7. FOOD, INCLUDING MEALTIMES & SNACKS

7.1 Catering in school

The school is committed to providing a safe meal for all 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 are
    - Poster of all Allergen Staff and Children is provided in each classroom and space
    - All Staff are aware of their Allergen children in their class and assist choosing their AA menu lunch option at register
    - All children with an Allergy will wear a Yellow Lanyard for lunch – this lanyard has their name, photograph and details of Allergens
    - All Allergen Children will go at the front of the line of their class to receive their meals first to avoid rushing them through
    - All children with allergies have their meals plated separately in advance by our catering company and covered with cling film to minimise the risk of cross-contamination. This includes packed lunches provided by the caterer. However, children with bespoke menu allergens (i.e. allergens outside of the standard 14 recognised allergens) must provide their own packed lunch
    - Lunchtime Supervisors are well trained on who has allergies and are aware to report any issues or near misses to the School Business Manager
    - All children have been told and reminded that sharing food from their plates or packed lunches should not happen due to Allergy Safety
- Food containing the main 14 allergens (see Allergen’s definition) will be clearly labelled. Other ingredient information will be available on request.

- For pupils or staff with allergies to food other than the “main 14” extra processes have a bespoke menu created for them by our catering company and must only receive this meal. Menus are shared with parents so they are aware.

- Pre-packaged food will comply with PPDS legislation (Natasha’s Law) requiring the allergen information to be displayed on the packaging;
- Where changes are made to the ingredients this will be communicated to pupils with dietary needs by the School Business Manager in coordination with the catering company.
- Food provided at breakfast club and after school club will follow these procedures or adapt accordingly, but ensure procedures to ensure safety are in place.
- Any food sold at the Olive Café will be sold to a responsible adult who take full responsibility for checking the ingredients of anything bought and given to a child. Products sold in the Olive Café will have all ingredients shown on packages and also adhere to the no nut policy.

7.2 Food brought into school

Any food brought into school should clearly list all ingredients, either on original packaging or written out, so staff and parents can quickly identify potential risks. No nut products are allowed on school premises at any time due to the severity of nut allergies. This includes snacks packed for break times as well as food taken to off-site activities, such as fixtures or trips, where supervision may be more limited. If a student brings in food that does not meet these guidelines, staff may remove it to prevent harm.

7.3 Food bans or restrictions

- 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 nuts of any kind and pork products as much as possible on the site and check all foods coming into the kitchen; (Pork products are not permitted because of the potential risk of cross-contamination, ensuring that the dietary requirements of children observing religious food practices are respected)
- All food coming onto school premises or taken on a school trip or to a match should be checked to ensure 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; and

8. EDUCATIONAL VISITS AND SPORTS FIXTURES

- Staff leading the trip will have a register of pupils with allergies and details of their medication. Staff should notify the trip leader of any allergies;
- Allergies will be considered on the risk assessment and catering provision put in place;

- Parents, and pupils where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay;
- Staff accompanying the trip will be trained to recognise and respond to an allergic reaction;
- Allergens will be clearly labelled on catered packed lunches.
- If attending Match Tea or similar event at another school, details of their dietary requirements will be sent ahead to ensure they have a safe meal; and
- See Adrenaline Pens section for School Trips and Sports Fixtures.

9. INSECT STINGS

Those with a known insect venom allergy should:

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

The Caretaker 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's normally the dander (flakes of skin) saliva or urine that causes a person with an animal allergy to react.

Precautions to limit the risk of an allergic reaction include:

- A pupil with a known animal allergy should avoid the animal to which they are allergic;
- If an animal comes on site a risk assessment will be done prior to the visit;
- 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/ HAY FEVER

Parents and Carers are asked to inform the school if their child suffers from hay fever and to provide appropriate medication, such as Antihistamines along with consent for staff to administer it if needed. Staff should be aware of common symptoms, including sneezing, itchy eyes, and congestion, and respond promptly to ensure the student remains comfortable and able to participate fully in school life.

12. INCLUSION AND MENTAL HEALTH

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

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

- Pupils with allergies may require additional pastoral support including regular check-ins
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives; and
- Bullying related to allergy will be treated in line with the school's anti-bullying policy.

13. ADRENALINE PENS

See the government guidance on Adrenaline Pens in Schools.

13.1 Storage of adrenaline pens

- Pupils prescribed with adrenaline pens will have easy access to two, in-date pens at all times;
- One set of adrenaline pens are kept in the first aid area of the school office. These are kept in clearly named and labelled orange pouches and contain a copy of the pupil's Allergy Action Plan.
- Another set of adrenaline pens are kept in the Red Basket in their classroom.
- Breakfast Club has access to these adrenaline pens in School and carry four spare EpiPens with them for immediate use (two of each dose)
- Pupils must also have access to two adrenaline pens as they travel to and from school – this is responsibility of the parent;
- Spot checks will be made to ensure adrenaline pens are where they should be and in date;
- Adrenaline pens must not be kept locked away;
- Adrenaline pens should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator); and
- Used or out of date pens will be disposed of as sharps.

13.2 Spare adrenaline pens

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

The locations of spare adrenaline pens are clearly signposted. These are in the First AID area of the School Office

The School Business Manager is responsible for:

- Deciding how many spare pens are required
- What dosage is required, based on the Resuscitation Council UK's age-based guidance (see page 11);
- Which brand(s) to buy. Schools are recommended to buy a single brand if possible to avoid confusion;
- The purchasing of spare adrenaline pens which can be obtained at low cost from a local pharmacy. See government guidance above; and
- Distribution around the site and clear signage.

13.3 Adrenaline pens on off-site activities

- No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own devices. It is the trip leader's responsibility to check they have them;

- Adrenaline pens will be 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; and
- Consider whether to take spare adrenaline pens to off-site activities. This should be recorded as part of the risk assessment process.

14. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See appendix on recognising and responding to an allergic reaction

If a pupil has an allergic reaction:

- Treat the pupil in accordance with their Allergy Action Plan;
- Instigate the school's Emergency Management Plan;
- If anaphylaxis is suspected administer adrenaline **without delay**;
- Treat the pupil where they are. Lie them down with their legs raised and bring medication to them;
- Use pupil's own prescribed medication if immediately available;
- Pupil can administer the adrenaline pen themselves [if able to] or a member of staff can administer pen. Ideally the member of staff will be trained, **but in an emergency, anyone can administer adrenaline**;
- If the pupil's own adrenaline pen is not available or misfires, then use a spare adrenaline pen;
- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or Allergy Action Plan, lie the pupil down with their legs raised, call 999 and explain anaphylaxis is suspected. Inform the operator that spare adrenaline pens are available and follow instructions from the operator. **The government's Medical Healthcare and products Regulatory Agency (MHRA) says that in exceptional circumstances, a spare adrenaline pen can be administered to anyone for the purposes of saving their life;**
- If, after 5 minutes, there is no improvement, use a second adrenaline pen and call the emergency services again and inform them that a second dose of adrenaline has been given;
- Do not move the pupil until a medical professional/ paramedic has arrived, even if they are feeling better; and
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany them in an ambulance until a parent or guardian arrives.

15. TRAINING

15.1 The school is committed to training all staff annually to give them a good understanding of 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 Emergency Response Plan, documentation, communication etc;
- Where adrenaline pens are kept (both prescribed pens and spare pens) and how to access them;
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying;
- Understanding food labelling; and
- Taking part in an anaphylaxis drill.

15.2 The school will carry out an anaphylaxis drill at least 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.

Parents are required to inform the school if their child has asthma. They should provide the school with a copy of their most recent Child Asthma Action Plan which has been completed in conjunction with their Doctor or Asthma Nurse, and complete a Consent for the School to Administer Medication.

Parents will ensure that their child's reliever inhaler and spacer are labelled with their child's name and that a new reliever is provided to the school when the old one expires. Parents will ensure that their child has regular asthma reviews with their doctor or asthma nurse (recommended every 6-12 months) and that an updated Child Asthma Action Plan is provided to the school after this review.

Asthma Inhalers will be kept in the pupil's classroom. Early Years and Key Stage 1 children with asthma administer their own medication under the supervision of a first aider. Key Stage2 children administer their own medication when required. This will be recorded on the child's Asthma Record Card.

17. REPORTING ALLERGIC REACTIONS

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

All allergic incidents will be taken seriously and investigated promptly to identify the cause and prevent recurrence.

Details of the incident, including the food or trigger involved, staff response, and any control measures in place at the time, will be recorded and reviewed by the School Business Manager.

Any incident will then be reported to the Local Authority/Council who is are nominated Health & Safety Nominated contact and will be in line with their reporting requirements. Where the criteria are met, the Health and Safety Appointed Person will submit a report under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

Catering providers will also log the event as a near miss or incident within their own systems.

Following any incident, the school will review findings, update risk assessments, reinforce staff training, and, where necessary, amend policies and procedures to reduce the likelihood of future occurrences, ensuring continuous improvement in safeguarding students with allergies.

FIRST AID FOR ANAPHYLAXIS

Recognise the Signs of Anaphylaxis...

A Airways

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

B Breathing

- Difficult or noisy breathing
- Wheeze or persistent cough

C Circulation

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

An allergic reaction can escalate to anaphylaxis which is potentially life-threatening.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

ANAPHYLAXIS: ACTIONS TO TAKE

If any one or more of the above ABC symptoms are present, take these steps.

1. Administer an Adrenaline Auto Injector (AAI) without delay

Inject the AAI into the top of the outer thigh. If you're in doubt that it is anaphylaxis but one or more ABC symptoms are present, **give the AAI, it will not harm them.**

2. Dial 999 and say anaphylaxis ('ana-fill-axis')

Stay with the person until the ambulance arrives. **DO NOT let them stand up and walk around.**

3. The person should lie down immediately

If the person is not already lying down, they should do so, with legs raised if possible. If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.

4. Inject a second AAI into the outer thigh if there are no signs of improvement after 5 minutes

If there is no sign of life, start CPR immediately until help arrives.

Please learn these steps. This is life-saving information.
You never know when you will need to act in an anaphylaxis emergency.

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

Empower • Include • Protect
AllergySchool.org.uk

Registered charity England & Wales (1181098) Scotland (SC051610). Based on BSACI and 2023 MHRA guidance.

ANAPHYLAXIS

HOW TO USE EPIPEN AAIS

If you think someone is have an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Remove the blue safety cap

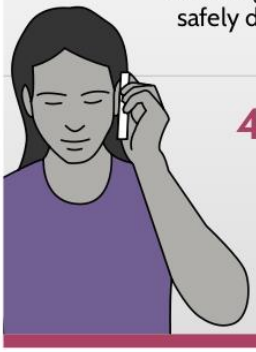
Grasp the EpiPen in your dominant hand and remove the blue safety cap by pulling straight up. **Remember: Blue to the Sky, Orange to the Thigh!**

2. Position the orange tip

Hold the EpiPen at 90°, approximately 10cm away from the leg, with the orange tip pointing towards the outer thigh.

3. Administer the EpiPen AAI

Jab the EpiPen firmly into the outer thigh at a right angle. Hold firmly for 3 seconds, before removing and safely discarding.



4. Once the EpiPen AAI has been administered call 999

Ask for an ambulance and say **"ana-fill-axis".**

5. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, **with legs raised if possible.**

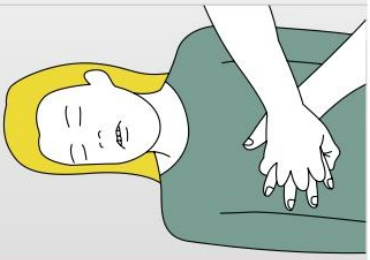
If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side .

6. If there are no signs of improvement after 5 minutes, use a second EpiPen AAI

The person should remain still and lying down until the ambulance arrives. **Don't try to get up, even if you start to feel better.**

7. Start CPR

If there are no signs of life, **start CPR immediately** until help arrives.



For more information on EpiPen AAIs >>

Sign up to the free expiry alert service and receive reminders by text or email when your EpiPen is about to expire >>

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

Empower • Include • Protect
AllergySchool.org.uk

Registered charity England & Wales (1181098) Scotland (SC051610). Based on BSACI and 2023 MHRA guidance. Source: EpiPen.