Albert Pritchard Infant and Wood Green Junior Federated Schools

Allergy Safety Policy

September 2026

To be reviewed: September 2027

INTRODUCTION

This policy sets out a whole school approach to the care and management of allergies within our school community, including but not limited to food, bee/wasp sting, animal, or nut allergies. We believe that all allergies should be taken seriously and dealt with in a professional and appropriate way. The aim of this policy is to minimise the risk of any child suffering allergy-induced anaphylaxis whilst at school.

Whilst we are not able to guarantee a completely allergen free environment, we will seek to minimise the risk of exposure, encourage self-responsibility, and plan for effective response to possible emergencies.

In line with the *Statutory Framework*, parents are asked to provide details of their child's allergies on their Enrolment Form, which is submitted before starting APWG schools.

PRINCIPLES

The underlying principles of this policy include:

- The establishment of effective risk management practices to minimise the student, staff, parent, and visitor exposure to known trigger foods and insects.
- Staff training and education to ensure effective emergency response to any allergic reaction situation.

This policy applies to all members of the school community:

- School staff, including supply staff
- Pupils
- Parents/carers
- Volunteers

An allergic reaction to nuts is the most common high-risk allergy.

APWG IS AN ALLERGEN AWARE AND NUT FREE SCHOOL

AIMS AND OBJECTIVES

- This policy outlines Albert Pritchard Infant and Wood Green Junior Federated Schools 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.
- This policy applies to all staff, pupils, parents and visitors to the school

WHAT IS AN ALLERGY?

- Allergic disease is the most common chronic condition in childhood.
- 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.

DEFINITIONS

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.

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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.

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 lesser 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.

COELIAC DISEASE

Coeliac disease is not an allergy or simple food intolerance. It is an autoimmune disease, which means that the body's immune system attacks its own tissues. In people with coeliac disease this immune reaction is triggered by gluten, a type of protein found in the cereal wheat, rye and barley. A few people with coeliac disease are also sensitive to oats. In coeliac disease, eating gluten causes the lining of the gut (small bowel) to become damaged and may affect other parts of the body.

SYMPTOMS OF COELIAC DISEASE

The symptoms of Coeliac Disease vary from person to person and can range from very mild to severe. Symptoms include:

- bloating
- abdominal (tummy) pain
- feeling sick
- diarrhoea
- excessive wind
- heartburn
- indigestion
- constipation
- weight loss (but not in all cases)
- tiredness
- iron, vitamin B12 or folic acid deficiency
- recurrent mouth ulcers
- hair loss
- headaches
- defective tooth enamel
- osteoporosis
- depression
- infertility or recurrent miscarriages
- joint or bone pain
- nerve problems which cause poor muscle co-ordination or numbness and tingling in the hands and feet

Some of these symptoms may be confused with irritable bowel syndrome (IBS) or wheat intolerance, while others may be put down to stress, or even getting older. Contrary to popular belief, you don't need to be underweight or have lost weight to have coeliac disease; most people are of normal weight or even overweight when they are diagnosed.

SYMPTOMS OF CHILDREN

Symptoms in older children vary as they do in adults, and can also include:

- poor growth
- short stature
- anaemia
- recurrent mouth ulcers

ANAPHYLAXIS:

Anaphylaxis, or anaphylactic shock, is a sudden, severe, and potentially life-threatening allergic reaction to food, stings, bites, or medicines. Anaphylaxis must be treated as a medical emergency

ADRENALINE AUTO-INJECTOR (Epi-pen):

Brand name for syringe style device containing the drug Adrenalin, which is ready for immediate inter-muscular administration. 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 Epi-Pens.

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan. These are BSACI Allergy Action Plan which include versions for people without a prescribed adrenaline pen, and people prescribed with different brands of adrenaline pen.

DESIGNATED ALLERGY LEAD: Mrs Skidmore (H&S Coordinator) responsible for overseeing allergy management across the school and acting as the main point of contact for pupils, parents and staff.

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.

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.

MINIMISED RISK ENVIRONMENT: An environment where risk management practices (e.g. Risk assessment forms) have minimised the risk of (allergen) exposure.

SPARE ADRENALLINE PENS: These are stored in school Admin Office 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.

PROCEDURES AND RESPONSIBILITIES FOR ALLERGY AND ALLERGY MANAGEMENT

GENERAL

- Medical Professionals, Parents and staff will work together to develop individual Health Care Plans.
- The school will establish and maintain systems for effectively communicating a child's healthcare plan to all relevant staff.
- Staff will be trained in anaphylaxis management, including awareness of triggers and first aid procedures to be followed in the event of an emergency.
- Children will be given age-appropriate education about severe food allergies.

MEDICAL INFORMATION

- Parents of children with known allergies will be asked to update their child's information via the medical form at the start of each academic year
- Parents must immediately report to the school any change in their child's medical condition during the year.
- For children with known allergies, parents/cares must provide written advice from a doctor (GP), which explains their child's condition, and defines the allergy triggers and any required medication.
- Inclusion Manager will ensure that a Health Care Plan is established and updated for each child with a known allergy.
- All Teachers and Support Staff, Midday Supervisors and other key staff must ensure that they are aware of any children with allergies in the classes that they have contact with and must review and familiarise themselves with the medical information for these children.
- If parents give permission, Action Plans with a recent photograph for any children with allergies will be posted in relevant rooms.
- When children with known allergies are participating in school excursions or other activities away from the school site, the risk assessments must include this information and a plan for minimising the risk of exposure to allergens and treating any adverse reaction that may occur.
- Children with known allergies may wear a medic-alert bracelet or badge if they choose to.

ALL PARENTS

- All parents and carers (whether their children have 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 with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema.
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events.
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice.
- Encouraging their child to be allergy aware.

PARENTS OF CHILDREN WITH ALLERGIES

- It is the parents' responsibility to provide to the school in writing ongoing accurate and current medical information about their child.
- Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan.
- If applicable, provide the school or their child with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, i.e. spoon or syringe), inhalers or creams.
- Ensure medication is in-date and replaced at the appropriate time.
- 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.
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring e.g. not eating the food to which they are allergic.
- Parents should liaise with staff about the suitability of ingredients for any food-related activities (e.g. cooking) and provide a list of all food products and food derivatives that the child is known to be allergic to.
- For a child with a known allergy or a newly diagnosed allergy, parents must send letter/ medical evidence to the school confirming the allergy and giving the following information:
- The allergen (the substance the child is allergic to).
- The nature of the allergic reaction (e.g. rash, breathing problems to anaphylactic shock).
- What action must be taken if the child has an allergic reaction, including any medication, dosages and how it is to be administered.
- Any control measures that can be put in place to prevent an allergic reaction occurring.
- It is the parents' responsibility to ensure that the contents of any snacks and lunches that their child brings in to school are safe for the child to consume.
- APWG has a strict no sharing of food and drink policy.
- All parents/carers, regardless of whether their child has a known allergy, must ensure that any snacks and lunches that their child brings in to school are free of peanuts and other nuts.
- The school will ensure that parents/carers are regularly reminded of this and will monitor the contents of lunchboxes and snacks.

EPI-PENS

- If a child has an allergy requiring an Epi-pen, a Health Care plan must be completed and signed by the parents.
- APWG schools request that two epi-pens are always in school, for a child who requires them.
- It is the parent's/carer's responsibility to ensure that the Epi-pens are in school and in date. The Epi-pens must be clearly labelled and in a suitable container.
- Any child with an allergy requiring an Epi-pen will not be allowed to attend school without in-date Epi-pens.
- The Epi-pens will be located securely in an agreed location in a box clearly labelled with the child's name and photograph and with a copy of the child's Care Plan.
- Parents/carers must ensure that the school has up to date emergency contact information.

ROLES AND RESPONSIBILITIES

- Albert Pritchard Infant and Wood Green Junior Federated Schools takes a whole-school approach to allergy management.

DESIGNATED ALLERGY LEAD

- The Designated Allergy Lead is Mrs Carla Clarke (Executive Head Teacher) and Designated Allergy Governor is Mrs Donna Skidmore (H&S Coordinator) supported by Miss Rebecca Carter and Miss Jade Johnson (Inclusion Managers).
- All actions reported to Mrs Carla Clarke (Executive Headteacher and lead for Safeguarding]. 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
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management.
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures.
- Reviewing the school's stock of spare adrenaline pens (check the school has an appropriate number for the setting, that they hold the correct dose, that spare adrenaline pens are stored appropriately) and ensuring staff know where they are.
- Keeping a record of any allergic reactions or near-misses, reporting these to the appropriate authority (e.g. Under RIDDOR) where necessary and ensuring the circumstances are investigated and learnings shared.
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy.
- At regular intervals the Designated Allergy Lead will check procedures and report to the EHT.

ADMISSION TEAM – SCHOOLS ADMIN 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 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.
- Parents and applicants are informed of catering arrangements during admission events.
- Plans are made for emergency medication if the child is to be left without parental supervision.

STAFF RESPONSIBILITIES

- It is the responsibility of every staff member to familiarise themselves with this policy and to adhere to the school's Health & Safety Regulations regarding food and drink.
- Every teacher, supply teacher, support staff, midday supervisors, kitchen staff members and anyone else who has regular contact with children must ensure that they are aware of any children with allergies in the classes or groups that they work with. This information is available in each class's red folder and in the Staff Room and First Aid Room.
- All staff are to encourage all children to wash their hands before and after eating.
- Staff should monitor any snacks and packed lunches that children bring in from home to ensure that they do not contain peanuts or nuts.
- Children should not be permitted to share any food or drinks that they have brought from home under any circumstances.
- After eating, all tables must be cleaned with an approved solution.
- Staff will be offered Epi-pen training, and all staff will be made aware of the location of Epi-pens for children who need them.

- Emergency medication should always be easily accessible, especially at times of high risk such as school trips and off-site visits.
- Staff should consult with parents/carers in advance about the suitability of any planned food-related activities (e.g. snacks, food sample sessions, cooking).
- 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.
- 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 (depending on the age of the pupils and the management of adrenaline pens in the school).
- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training
- Taking part in training 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 Mrs Carla Clarke, in the first instance and Mrs Donna Skidmore.
- 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.

ALL PARENTS

- All parents and carers (whether their children have 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 with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema.
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events.
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice.
- Encouraging their child to be allergy aware.

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

- If pupils are likely to be buying or bringing in food from home and are old enough to check the ingredients include a line about adhering to food restrictions or guidance about food being brought in.
- All of the above should be done in an age and capability appropriate way.

PUPILS WITH ALLERGIES

- Knowing what their allergies are and how to mitigate personal risk (this will depend 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 auto-injectors 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 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.
- Pupils permitted to leave the school site [during the school day or at a Boarding School] 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.
- If age and capability appropriate, ensuring they have their medication with them on the journey to and from school.

INFORMATION AND DOCUMENTATION

Register of pupils with an allergy

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

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.
- A copy of their Allergy Action Plan.

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.
- 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.

FOOD, INCLUDING MEALTIMES & SNACKS

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.
- Food containing the main 14 allergens will be clearly labelled. Other ingredient information will be available on request.
- Pre-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging.
- Where changes are made to the ingredients this will be communicated to pupils with dietary needs.
- Food provided at breakfast club and after school club will follow these procedures (or adapt accordingly) but ensure procedures to ensure safety.

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.

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 (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.

INSECT STINGS

- Staff and children 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 team 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.

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

INCLUSION AND MENTAL HEALTH

- Allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety and depression and are more susceptible to bullying.
- No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip.
- Pupils with allergies may require additional pastoral support including regular check-ins from the school Mentor
- 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.

ADRENALINE PENS

See the government guidance on Adrenaline Pens in Schools.

Storage of adrenaline pens

- Pupils prescribed with adrenaline pens will have easy access to two, in-date pens at all times.
- Children's EpiPens are stored in their class Medication Box, at all times.
- 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)
- Used or out of date pens will be disposed of as sharps.

SPARE ADRENALIN PENS

- This school has two spare adrenaline pens to be used in accordance with government guidance.
- These are stored in Admin office of each Key Stage
- The Allergy Lead is responsible for:
- Deciding how many spare pens are required
- What dosage is required, based on the Resuscitation Council UK's age-based guidance.
- Which brand(s) to buy. Schools are recommended to buy a single brand, if possible, to avoid confusion.

ADRENALINE PENS ON OFF-SITE

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

RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

If a pupil has an allergic reaction:

- Treat the pupil in accordance with their Allergy Action Plan.
- If anaphylaxis is suspected administer adrenaline without delay – within 5 minutes
- 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 MHRA says that in exceptional circumstances, a spare adrenaline pen can be administered to anyone for the purposes of saving their life.

ANAPHYLAXIS EMERGENCY DRILL STEPS

1. Recognise Symptoms

- Sudden onset and rapid progression of symptoms.
- **Airway:** Tight throat, swelling of tongue/throat, hoarse voice.
- **Breathing:** Wheezing, severe cough, shortness of breath, stridor.
- **Circulation:** Pale, faint, weak pulse, dizziness, hypotension.
- **Skin:** Urticaria (hives), angioedema (swelling), flushing.
- **Note: Skin symptoms may be absent in up to 20% of cases.**

2. Position the Person (Crucial)

- **Lie them flat with legs raised** to assist blood flow to the heart.
- **If breathing is difficult**, allow them to sit up, but do not allow them to stand or walk.
- **If unconscious**, place in the recovery position (on their side).
- **Pregnant individuals** should lie on their left side to prevent pressure on the vena cava (the body), so that blood return to the heart is not reduced causing dizziness, nausea, low blood pressure, and potential reduced blood flow to the placenta.

3. Administer Adrenaline Immediately (1st Line Treatment)

- Use an adrenaline auto-injector (e.g., EpiPen, Jext Pen) if available.
- **Action:** Firmly push the injector against the outer mid-thigh (can be through clothing) until it clicks, holding for 3 to 10 seconds (depending on device instructions).
- Note the time of administration.
- If in doubt, give adrenaline. Delayed administration is associated with poorer outcomes.

4. Call for Emergency Help

- **Call 999** (or local emergency number) immediately.
- **State "Anaphylaxis" (ANA-FIL-AX-IS)** clearly.
- Tell the operator that adrenaline has been administered.
- Send someone to guide the ambulance.

5. Monitor and Repeat (If Necessary)

- **If no improvement after 5 minutes**, administer a second auto-injector in the opposite thigh, if available.
- Stay with the person until emergency services arrive.
- If breathing stops, commence CP

6. Post-Event Actions

- Remove the allergen if possible (e.g., remove stinger).
- Hand the used auto-injector(s) to paramedics.
- Even if symptoms resolve, the person must be taken to the hospital for observation (typically at least 4 hours) due to the risk of biphasic (the recurrence of anaphylactic symptoms, such as breathing issues, rash, or low blood pressure, after an initial treated allergic reaction, occurring without further exposure to the trigger)

TRAINING

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
- 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

ASTHMA

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

REPORTING ALLERGIC REACTIONS

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

NEW PUPILS WITH ALLLERGIES

- If a child's Enrolment Form states that they have a severe allergy and need an Epi-pen, a Health Care Plan must be in place before the child starts attending sessions.
- A risk assessment should be carried out and any actions identified must be put in place.
- This assessment should be stored with the child's Health Care Plan.

DIAGNOSIS OF AN ALLERGY FOR AN EXISTING

- If a child already attending APWG is diagnosed with a new allergy, all staff will be immediately updated of the details of the child's allergy and treatment.
- The Inclusion Manager will ensure that all staff who come into contact with the child will be made aware of what treatment/medication is required and where any medication is stored.

IN THE EVENT OF A CHILD SUFFERING AN ALLERGIC REACTION

- Parents/carers will be contacted immediately.
- If medication has been prescribed, this will be administered as per training and in line with the school's Administering of Medicine policy.
- If the child becomes distressed or their symptoms become more serious an ambulance will be called.
- Staff will endeavour to keep calm, make the child feel comfortable and give the child space.
- If an ambulance is called and arrives before the parent/carer has arrived, a member of Staff will accompany the child to hospital.

Allergic disease is the most common chronic condition in childhood. An allergic reaction occurs when a person's immune system is triggered by a substance that is usually considered harmless. Whilst most allergic reactions are mild, some can be very serious and cause anaphylaxis which is a life-threatening medical emergency.

The Code is not a set of rules and regulations, but it is a guide to best practice in achieving a whole school approach to allergy safety and inclusion. It has been drawn up by the Benedict Blythe Foundation and The Allergy Team, with the backing of leading allergy clinicians and the Independent Schools' Bursars Association.

All schools are encouraged to use the Schools Allergy Code to ensure good allergy management in their setting.

PRINCIPLES OF GOOD PRACTISE

1. **Take every allergy seriously** - allergic reactions are unpredictable and every child with a diagnosed allergy should be included in the measures outlined in the policy.
2. **Every child matters** - allergies are as unique as the children who have them. It is crucial that an individualised approach is adopted to implementing the policy, working with families and children to understand their experiences.
3. **Prioritise safety and inclusion over the 'status quo'** – responding to the needs of children with allergy can require finding new ways of doing things, with schools prioritising safety and inclusion every time.

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.