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WISHFORD EDUCATION

ALLERGY AND ANAPHYLAXIS POLICY

This policy applies to all Wishford settings

Last Review	**Significant changes**
October 2026	Reviewed following designated allergy training in all settings, prior to implementation of Benedict's Law in January 2026.

WHY IS AN ALLERGY POLICY IMPORTANT?

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 by food, insect venom (such as a wasp or bee stings), latex and medication.

Allergic disease is the most common chronic condition in childhood. On average, one or two children in every class of 30 will have a food allergy so it's vital the whole setting community understands allergy, knows how to reduce the risk of an allergic reaction and knows what to do in an emergency.

A severe allergic reaction can cause risk to life but even a mild to moderate reaction or near-miss can have widespread consequences.

An allergy may be a disability under the Equality Act. Whether or not this is the case for an individual child, settings need to consider whether the arrangements they have in place are consistent with their own Diversity, Equity and Inclusion and/or Equal Opportunities policies (or equivalents).

Having a robust Allergy and Anaphylaxis Policy ensures everyone:

- is clear on procedures
- understands their responsibility for reducing the risk of allergic reactions happening
- knows how to respond appropriately if an allergic reaction occurs

A setting is responsible for the implementation of its Allergy and Anaphylaxis Policy, overseen by the Wishford Education Group (Wishford).

The policy is a dynamic document and should be reviewed regularly. The Designated Allergy Lead, the setting's Senior Management Team and Wishford are responsible for ensuring the policy is up to date, remains fit for purpose and is implemented.

This Allergy and Anaphylaxis Policy must be publicly available and clearly communicated to all pupils, Setting staff and parents/carers.

THE SCHOOLS ALLERGY CODE

Having an Allergy and Anaphylaxis Policy is recommended by the Schools Allergy Code. The Code sets out what best practice looks like in terms of allergy management in settings and provides practical guidance on how to implement it. It was developed by The Allergy Team, Benedict Blythe Foundation and the ISBA and is recommended by the Department for Education. All settings with Wishford are to apply the Policy.

SUPPORT FROM THE ALLERGY TEAM

Managing allergies effectively requires trained leadership, confident staff, and robust systems - all underpinned by a well-written policy.

The Allergy Team is the UK's leading specialist organisation supporting settings with allergy management. As government-recognised experts who co-authored the DfE-backed Schools

Allergy Code, they provide comprehensive support to help settings implement best practice including the following training which all settings have completed:

- **Designated Allergy Lead training** - essential leadership training for coordinating allergy management across your setting

The Allergy Team also provide expert guidance on:

- Policy review and implementation
- Managing spare adrenaline pens
- Getting inclusion and safety right on educational trips
- Running anaphylaxis drills
- Addressing your setting's specific challenges

Contact them: schools@theallergyteam.com | www.theallergyteam.com

ALLERGY AND ANAPHYLAXIS POLICY

The Mead School

SEPTEMBER 2025 TO BE UPDATED: SEPTEMBER 2027

PERSON RESPONSIBLE FOR UPDATING: DIRECTOR OF OPERATIONS

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1. AIMS AND OBJECTIVES

This policy outlines The Mead School's approach to allergy management, including how the whole-setting 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 setting.

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

- Safeguarding Policy (including Whistleblowing Policy)
- Mental Health and Wellbeing Policy
- First Aid Policy

2. WHAT IS AN ALLERGY?

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

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

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

3. DEFINITIONS

ANAPHYLAXIS: Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

ALLERGEN: A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by 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, they will be referred to 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. The BSACI Allergy Action Plan paediatric templates which includes versions for: people without a prescribed adrenaline pen, and people prescribed

with different brands of adrenaline pen can be found here: Paediatric Allergy Action Plans - BSACI].

DESIGNATED ALLERGY LEAD: The member of staff responsible for overseeing allergy management across the setting 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 available on a prescription only basis,

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 setting site.

SPARE ADRENALINE PENS: Settings must 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

The Mead School takes a whole-setting approach to allergy management.

4.1 Designated Allergy Lead

The Designated Allergy Lead is Gemma Wilson. They report into Head. They are responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils and staff with an allergy;
- Taking decisions on allergy management across the setting;
- Championing and practising allergy awareness across the setting;
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management;
- 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 setting's Allergy and Anaphylaxis Policy, and other related procedures;
- 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 Medical Lead

The Business manager is responsible for:

- Ensuring allergy information is recorded, up-to-date[1] and communicated to all staff;
- 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 with disseminating this information to all setting 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 nursing team/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 setting;
- Keeping an adrenaline pen register to include adrenaline pens prescribed to pupils and the setting'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 setting trips; and
- Reviewing the setting's stock of spare adrenaline pens (check the setting has an appropriate number, 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. RIDDOR) where necessary and ensuring the circumstances are investigated and learnings shared;

4.3 Admissions Team

The admissions team is likely to be the first to learn of a pupil or visitor's allergy. They should work with the Designated Allergy Lead and setting nursing team/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 setting 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. setting nursing team, catering team);
- 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.

[1] Including pro-actively identifying and recording changes to allergen status through regular liaison with parents and guardians. This should be done at least once a year, and the information held by all stakeholders updated.

4.4 All staff

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

- Championing and practising allergy awareness across the setting;
- 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;
- Depending on the age of the pupils and the management of adrenaline pens in the setting, 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 setting'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 their line manager;
- Considering the safety, inclusion and wellbeing of pupils with allergies always. Preventing and responding to allergy-related bullying, in line with the setting's anti-bullying policy;
- Forwarding any communication or information that comes directly to them from parents regarding allergens to the Setting Nurse/ Healthcare Team; and
- Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving setting site, for a match or trip.

4.5 All parents

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

- Being aware of and understanding the setting's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies;
- Providing the Business Manger 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 setting of any related conditions, for example asthma, hay fever, rhinitis or eczema;
- Considering and adhering to any food restrictions or guidance the setting has in place when providing food, for example in packed lunches, as snacks or for fundraising events;
- Refraining from telling the setting their child has an allergy or intolerance if this is a preference or dietary choice; and
- 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 setting to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan;

- If applicable, provide the setting 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 setting;
- Update setting with any changes to their child's condition and ensure the relevant paperwork is updated too;
- Provide the setting 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 setting should (subject to their age):

- 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;

4.8 Pupils with allergies

In addition to point 4.7, pupils with allergies (again subject to their age) are responsible for:

- 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 setting specific processes of meal 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;
- Always carrying two adrenaline auto-injectors with them. 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 setting 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 setting site in accordance with the setting rules, should know what to do if they have an allergic reaction off 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 the setting.

5. INFORMATION AND DOCUMENTATION

5.1 Register of pupils with an allergy

The setting 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[2] 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 setting, 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 Setting will ensure compliance with the Equality Act 2010.

7. FOOD, INCLUDING MEALTIMES & SNACKS

7.1 Catering in setting

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

[2] An Individual Healthcare Plan (IHP) is required for any pupil or individual who has a diagnosed allergy that needs active management, environmental adjustments, or emergency medication oversight—most notably anyone prescribed an Adrenaline Auto-Injector (AAI) or a formal Allergy Action Plan (AAP).

- Due diligence is carried out regarding allergen management when appointing catering staff;
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training;
- We adhere to the Early Years Foundation Stage statutory guidance. The "Safer Eating" section has the relevant information for allergies.
- 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 setting staff;
- The catering team will endeavour to provide varied meal options to students and staff with allergies;
- The setting has robust procedures in place to identify pupils with food allergies, these are

  a visual check from a member of staff familiar with the pupils who have allergies

  Photos of pupils with allergies is also available

  Pupils are served on red plates in the dining hall.

  Pupils wear lanyards in the dining hall to alert staff (in case of absence/cover) of their allergies
- Food containing the main 14 allergens (see Allergens definition) will be clearly labelled by setting catering teams, either employed directly or through our Group Catering Contract. Other ingredient information will be available on request. For pupils or staff with allergies to food other than the "main 14", we keep a list of the children affected.
- 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 either the in-house catering team or the Chef Manager employed by our Catering Contractors;

7.2 Food brought into the setting

Food brought into the school setting such as, birthday cakes and cake sales should be labelled clearly to show ingredients. Teachers will support children to avoid their allergens when the food have any allergens.

Food bans or restrictions

Bans and restrictions are almost impossible to enforce but can lead to a sense of complacency or give a false sense of security. Reminding everyone to be allergy aware and to remain vigilant is vital. It is also important that you don't give the impression of one allergen being more dangerous than others.

- *This setting is an Allergen Aware setting. We have students with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food;*
- *We try to restrict peanuts and tree nuts as much as possible on the site and check all foods coming into the kitchen; and*

- *All food coming onto setting premises or taken on a setting trip or to a match should be checked to ensure peanuts and tree nuts are not an ingredient in another product. Please check the label on all foods brought in. Common foods that contain these goods as an ingredient include packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces.*

7.3 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
- Food hygiene in kitchens and dining rooms is either in accordance with the policies and procedures of the Group's Catering Contract, or in accordance with the allergen management and food safety processes agreed with and overseen by the same contractor; these are subject to termly audit.

8. EDUCATIONAL VISITS AND SPORTS FIXTURES

- Staff leading the trip will have a register of pupils with allergies and details of their medication. Parents and staff should notify the trip leader of any allergies;
- Allergies will be considered on the relevant single risk assessment for the activity 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. There is a clear system in place to ensure pupils and staff with allergies outside of the "main 14" always receive a safe meal. The catering team write on the food storage bags and often label food with the pupils name so it can be kept separate.
- If attending Match Tea at another setting, details of their dietary requirements will be sent ahead to ensure they have a safe meal.

See Adrenaline Pens section for Setting Trips and Sports Fixtures.

9. INSECT STINGS

Insert your measures for preventing and dealing with insect stings. For example, 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 setting The Mead School's 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 setting 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;
- If an animal lives on site, for example in a Boarding House, pupils, parents and staff will be made aware and consideration and adaptations will be made; and
- Setting trips that include visits to animals will be carefully risk assessed.

11. ALLERGIC RHINITIS/ HAY FEVER

The setting takes the following steps to help pupils deal with seasonal pollen allergy and hay fever and persistent nasal allergy due to house dust mites or other allergens:

- Reduce exposure to pollen (where possible).
- Maintain high standards of cleaning.
- Use HEPA filters on vacuum cleaners.
- Reducing dust accumulation.
- Minimise the exposure to classroom pets.
- Support timely administration of suitable antihistamines.

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 setting activity, whether on the setting premises or a setting trip;
- Pupils with allergies may require additional pastoral support including regular check-ins from their tutor;
- Affected pupils will be given consideration in advance of wider setting discussions about allergy and setting Allergy Awareness initiatives; and
- Bullying related to allergy will be treated in line with the setting'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 always;
- Pupils from Year 3 carry their own adrenaline pens. Pupils with adrenaline pens in year 2 below will have these moved around school by an adult.

- Spot checks will be made termly 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 setting has 2 spare adrenaline pens to be used in accordance with government guidance.

The locations of spare adrenaline pens are clearly signposted. These are located in the reception in a box which is stored on the reception desk. There are four pens stored here, 2 with 150mcg dose and 2 with 300mcg dose.

The Medical Lead (Business manager) is responsible for:

- Deciding how many spare pens are required (consider a couple of spare adrenaline pens in grab bags for setting trips/ matches as well as around the site);
- What dosage is required, based on the Resuscitation Council UK's age-based guidance (see page 11);
- Which brand(s) to buy. Settings 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.
- 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 setting trip without two of their own devices.
- It is the trip leader's responsibility to check they have them and parent's responsibility to ensure that their child brings them to school;
- Adrenaline pens will always be kept close to the pupils 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;
- 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 no spare pens are available, then another pupil's pen should only be used as a very last resort, and have sought advice via 999;
- 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;
- 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 setting is committed to training all staff annually to give them a good understanding of allergy. This includes:

Online training.

- 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;
- 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

In person training[3].

- How the setting 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;

[3] Most probably completed by the Designated Allergen Lead.

- Staff should be given the opportunity to practise with a training adrenaline auto-injector;
- Taking part in an anaphylaxis drill.

15.2 **Anaphylaxis Drills.** The setting will carry out an anaphylaxis drill once a year. This includes an exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the whole setting response.

16. ASTHMA

- It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions. Further guidance can be found on the **First Aid Policy**

17. REPORTING ALLERGIC REACTIONS

The setting will log allergic reaction incidents and near-misses in accordance with the Serious Incident Reporting process.

18. FURTHER RESOURCES

The following documents may be of use to staff working with children with allergies:

For those involved in governance:

- Food Allergies Schools and the Law.pdf
- Food allergy factsheet for parents and carers.pdf
- How to draw up an emergency response plan for anaphylaxis.pdf
- Summary Notes, Mod 1 Ext - Taking a whole school approach.pdf
- Summary Notes, Mod 2 Ext - Communicate Clearly.pdf
- Summary notes, Module 3, Ext - Clear governance and risk management.pdf

For those involved in practice:

- Anaphylaxis Emergency Drill Scenario.pdf
- FAQs Spare Adrenaline Pens.pdf
- Summary Notes - Allergies, symptoms and treatment.pdf
- Summary Notes - Children, Allergies and Mental Health, Module 6.pdf
- Summary Notes - Communication and sharing information, Module 2.pdf
- Summary Notes - Food beyond the dining hall, Module 4.pdf
- Summary Notes - Inclusion, trips and gaining independence, Module 5.pdf
- Summary Notes - School meals and snack times, Module 3.pdf

Checklists:

- Checklist - Meeting with families, Module 2.pdf
- Checklist - Planning a school trip, Module 5.pdf
- Food lessons checklist.pdf
- SCHOOLS ALLERGY CODE _ CHECKLIST.pdf

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.

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

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

RESPONDING TO ANAPHYLAXIS

SYMPTOMS OF ANAPHYLAXIS

A – Airway

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

B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

C - Circulation

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

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

DELIVERING ADRENALINE

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

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

EYFS safer eating updates

We adhere to the Early Years Foundation Stage statutory guidance. The “Safer Eating” section has the relevant information for allergies. Our procedures are;

1. Ensure children are always supervised when eating

• Children must remain within the sight and hearing of a member of staff while eating.

• Staff should sit facing the children wherever possible.

• Children should never be left eating unsupervised.

2. Have a paediatric first-aid trained member of staff present

• There must always be at least one member of staff in the room with a valid full paediatric first aid certificate while children are eating.

• This applies to snack times and lunchtimes.

• Check staffing arrangements cover all eating sessions.

3. Review how food is prepared to prevent choking

• Cut grapes, cherry tomatoes and other small round foods lengthways into quarters.

• Cut hard fruit and vegetables into appropriate thin slices.

• Remove stones, pips and bones.

• Avoid whole nuts, popcorn, hard sweets, marshmallows and jelly cubes.

4. Make sure children are seated safely

• Children should sit down when eating and drinking with the appropriate coloured plates.

• Provide appropriately sized chairs and tables.

• Discourage walking, running, playing or talking with food in their mouths.

5. Check allergies and individual dietary requirements

• Ensure up-to-date information is collected from parents about allergies, intolerances and medical or dietary needs.

• Make sure all staff know which children have allergies and what their symptoms may be.

• Have individual allergy action plans where needed.

• Nominate a member of kitchen staff to check that each child's food is safe for them to eat.

6. Prevent children sharing food

• Make it clear that children must not swap or share food.

• Staff should monitor lunches, snacks and drinks