



THE LATYMER SCHOOL

Founded 1624

ALLERGY AND ANAPHYLAXIS POLICY

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Allergy and Anaphylaxis Policy

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1. AIMS AND OBJECTIVES

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

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

- Supporting a student with medical conditions
- Health and safety policy
- Risk assessment policy
- Policy on supporting pupils with medical conditions
- Policy and Procedures: Journeys and Visits

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.

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

There are 14 allergens required by law to be highlighted on pre-packed food. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

ADRENALINE DEVICES: 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 EpiPens, EpiPens or by the brand name EpiPen. There are three brands licensed for use in the UK: EpiPen, Jext Pen and Emerade. Emerade is currently not available as it has been recalled due to misfiring incidences. Neffy is a needle-free nasal spray that delivers a fixed dose of adrenaline for the emergency treatment of anaphylaxis. It offers an alternative route of administration for individuals who may find auto-injectors difficult to use, while serving the same purpose of providing rapid access to life-saving adrenaline. For the purposes of this Policy, we will refer to all adrenaline devices as Adrenaline Auto Injector (AAI's). **ALLERGY ACTION PLAN:** This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan. The school uses the Personal plan for individuals prescribed AAI's (BSACI).

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

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

SPARE PENS: From 2017 schools have been able to purchase spare AAI's. These should be held as a back-up, in case pupils' own AAI's 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 Latymer School takes a whole-school approach to allergy management.

4.1 Designated Allergy Lead

The Designated Allergy Lead is Simon Pashley (Senior Assistant Headteacher – Care, Guidance and Support). They report into the Headteacher. They are responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils with allergy
- Taking decisions on allergy management across the school
- Championing and practising allergy awareness across the school

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- 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
 - The Admissions Officer is responsible for ensuring that students new to the school in Year 7 have their medical and allergy information recorded on SIMS (School Information Management System) before they start their first term
 - The Sixth Form Admissions Officer is responsible for ensuring that students new to the school in Year 12 have their medical and allergy information recorded on SIMS (School Information Management System)
 - The Welfare Officer is responsible for updating the 'Allergies and Medical Condition List' which is available to all staff on MS Teams>Staff>Allergies and Medical Information
- 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
- Ensure an investigation is held after any allergic reactions or near-misses to identify the cause and put in place any learnings
- Reviewing the stock of the school's spare AAI's (check the school has enough and the locations are correct) and ensuring staff know where they are
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy
- Ensuring there is an Anaphylaxis Drill once a year
- At regular intervals the Designated Allergy Lead will check procedures and report to the SLT

4.2 Welfare Officer

The Welfare Officer is responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families (this is likely to involve liaising with the Admissions Team for new joiners) before they start their first term
- Support the Designated Allergy Lead on how this information is disseminated to all school staff, including the Catering Team, occasional staff and staff running clubs
- Ensuring the information from families is up-to-date, and reviewed annually (at a minimum)
- Ensuring that any new information provided by parent/carers is added to the Medical and Allergy spreadsheet, which is accessible to all staff
- Keep a record of any allergic reactions or near-misses and inform The Designated Allergy Lead of the incident
- Coordinating medication with families. Whilst it's the parents' and carers' responsibility to ensure medication is up to date, the school Welfare Officer has a system in place to check this, including reviewing the school's care plan database which records medication expiry dates, and notifying parents when they see the expiry date is approaching.
- Keeping an AAI register to include AAI's prescribed to pupils and Spare Pens, including brand, dose and expiry date. The location of Spare Pens should also be documented.
- Regularly checking spare pens are where they should be, and that they are in date
- Replacing the spare pens when necessary

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- Providing on-site AAI training for members of staff and refresher training as required eg. before school trips

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 the Welfare Officer to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity (this includes 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. Catering team, trip leaders and pastoral staff)
- Visitors (for example at Open Days and events) are aware of the catering set up and if food is to be offered and plans for medication if the child is to be left without parental supervision

4.4 All staff

All school staff, to include teaching staff, support staff, occasional staff (for example members of staff taking sporting fixtures, music teachers and those running extra-curricular clubs before school, during school or after school) are responsible for:

- Championing and practising allergy awareness across the school
- Understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures, and asking for support if needed
- Being aware of pupils with allergies and what they are allergic to
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate.
- Ensuring pupils always have access to their medication or carrying it on their behalf
- Being able to recognise and respond to an allergic reaction, including anaphylaxis
- Taking part in training as required (at least once a year) and to tell a manager if they have not received any in the last 12 months
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times
- Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy.

4.5 All parents

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

- Being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies
- Providing the school Welfare Officer with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hayfever, rhinitis or eczema
- Parents/carers must upload any changes to their child's medical or allergy information via EduLink. EduLink will notify the Welfare Officer, who will review and authorise the update, ensuring the information is accurately recorded

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

4.6 Parents of children with allergies

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

- Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan
- If applicable, provide the school or their child with two labelled AAI's and any other medication, for example antihistamine (with a dispenser, ie. spoon or syringe), inhalers or creams
- Ensure that their child carries two AAI's with them at all times, preferably storing them in an AAI's slimline belt
- Ensure medication is in-date and replaced at the appropriate time
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated 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 eg. not eating the food they are allergic to.

4.7 All pupils

All pupils at the school should:

- Be allergy aware
- Understand the risks allergens might pose to their peers
- Learn how they can support their peers and be alert to allergy-related bullying.
- Older pupils will learn how to recognise and respond to an allergic reaction and to support their peers and staff in case of an emergency

All of the above should be done in an age-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

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- Avoiding their allergen as best as they can
- Understand that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction
- If age-appropriate, to carry two adrenaline auto-injectors with them at all times. They must only use them for their intended purpose
- Understand how and when to use their adrenaline auto-injector
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies
- Sixth Form students who are 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.

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 AAI's, as well as pupils with an allergy where no AAI's have been prescribed.

5.2 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 AAI's, antihistamine etc.
- A copy of parental consent to administer medication, including the use of spare AAI's in case of suspected anaphylaxis
- A photograph of each pupil
- 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 tech or cooking
- Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk.

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

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

7. FOOD, INCLUDING MEALTIMES & SNACKS

7.1 CATERING IN SCHOOL

The school is committed to providing safe meals for all students, including those with food allergies. Our approach prioritises allergen awareness, robust identification systems, and clear communication.

Staffing and Training

- Due diligence is carried out when appointing catering staff, ensuring allergen management competence.
- All catering staff and any other staff preparing food receive mandatory allergen awareness training, reinforced by spot checks from the Catering Manager.
- Staff are trained to consult the allergen matrix before answering pupil queries and to provide complete ingredient information.

Food Preparation and Hygiene

- Anyone preparing food for pupils with allergies follows strict hygiene, food safety, and allergen management procedures.
- Catering staff are re-trained regularly to maintain accuracy and confidence in allergen handling.

Identification of Pupils with Allergies

- The school uses three checks to ensure pupils with allergies are correctly identified:
 1. Visual checks by staff familiar with pupils who have allergies.
 2. Photos of allergic pupils displayed in the kitchen and dining areas, updated termly.
 3. Till system alerts: When a pupil flagged as allergic attempts to purchase an item, the till will raise a notice alerting the staff member to the allergy.
- Backup plans are documented for staff absences to ensure continuity.
- Induction sessions for pupils with allergies are held during transition days and at the start of term to build familiarity with catering staff and safe practices.

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Communication and Labelling

- Allergen matrices are produced on a 3-week cycle, checked daily, and countersigned by the Catering Manager.
- Changes to ingredients are clearly labelled on the day and communicated directly to pupils with dietary needs.
- Freestanding labels are used consistently at all service points; chalkboards are no longer in use.
- Menus with allergen details are displayed in dining areas.
- Food containing the main 14 allergens is clearly identified; for allergens beyond the top 14, pupils must inform catering staff, and additional processes will be agreed as needed.
- All pre-packed items comply with PPDS legislation (Natasha's Law), displaying allergen information on packaging.

Precautionary Allergen Labelling

- Products with "May Contain" labelling are avoided wherever possible. If unavoidable, these items are clearly marked and communicated to pupils and parents.

Other Catering Procedures

- The catering team does not use nuts in any menu items.
- Three dessert items (cookie, flapjack, brownie) are always vegan and clearly labelled (these items are *not* guaranteed to be free from milk or egg due to potential cross-contamination. They must not be relied upon as safe options for individuals with milk or egg allergies).
- Additional safe meal options are provided to reduce reliance on packed lunches.

7.2 FOOD BROUGHT INTO SCHOOL

- We recognise the 14 major allergens under UK law: celery, cereals containing gluten, crustaceans, eggs, fish, lupin, milk, molluscs, mustard, peanuts, sesame, soybeans, sulphites, and tree nuts.
- Peanuts and all tree nuts are not permitted to be brought on to the school premises, trips, and events.
- Homemade food for sharing is not permitted due to allergen and hygiene risks.
- Any food brought in for birthdays, celebrations, trips, or events must be commercially packaged and labelled with full ingredients and allergens.
- Non-food alternatives for celebrations (e.g., stickers, books) are strongly encouraged.
- Parents and carers must inform the school of any dietary or allergy needs in advance of
- All food-related activities must follow Food Standards Agency hygiene guidance.

7.3 FOOD HYGIENE FOR PUPILS

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- Pupils are encouraged to wash their hands before and after eating
- Sharing, swapping or throwing food is not allowed
- Water bottles and packed lunches should be clearly labelled

8. SCHOOL TRIPS AND SPORTS FIXTURES

- Staff leading the trip will have a register of pupils with allergies with medication details
- Allergies will be considered on the risk assessment and catering provision put in place
- Consult with the parents 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.
- Staff will be aware of students' allergies and will plan to ensure a safe, allergen-aware meal is provided for school trips (day or residential).
- On school trips, staff will also request an allergen-aware option whenever food is offered by the host, even if this was not outlined in advance.
- At the start of the sports season, staff will meet with the student to discuss their allergy and agree on a clear plan for managing food at fixtures.
- For sports fixtures, staff will ensure students' allergies are known and will request an allergen-aware option when food is offered by the host school.
- See AAI's section for School Trips and Sports Fixtures

9. INSECT STINGS

Pupils with a known insect venom allergy should:

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

The school site 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.

10. ANIMALS

It is normally the dander that causes a person with an animal allergy to react.

Precautions to limit the risk of an allergic reaction include:

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

11. ALLERGIC RHINITIS/ HAYFEVER

- With parental consent and in line with the medicines policy, pupils may carry antihistamines.
- Medication must have written consent, be clearly labelled, in-date, and in original packaging.
- The school will make reasonable adjustments for pupils whose allergies affect learning or wellbeing, in collaboration with the pupil and their parents/carers (and led by the student).
- This may include staying indoors during high pollen counts, closing windows during peak times, or providing extra breaks.
- Regular cleaning will minimise allergens like dust mites, with extra attention to classrooms and soft furnishings.
- Staff will be informed of pupils with significant allergies, monitor symptoms, and work with parents/carers to provide support and understanding when symptoms impact engagement.

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 from their year pastoral team
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives
- Bullying related to allergy will be treated in line with the school's anti-bullying policy

13. AAI'S

[See the government guidance on AAI's in Schools.](#)

13.1 Storage of AAI's

- Pupils prescribed with AAI's will have easy access to two, in-date pens at all times.
- The school holds two in-date AAI's for each child as part of their IHCP.
- Pupils are expected to carry two in-date AAI's at all times.

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- Students are encouraged to use a slimline belt for discreet carrying under clothing.
- Two spare AAI's are kept in the Welfare Office. In addition, one further AAI is held in each of the following areas: the Dining Hall Office, the Sports Hall Office, and the Music Office (Mills Building).
- Spot checks will be made to ensure AAI's are where they should be and in date.
- Additional AAI's are located in the Dining Hall Office, Sports Hall Office, Music Office (Mills Building), and the school grab bag.
- AAI's must not be kept locked away
- AAI's should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator)
- Used or out of date pens will be disposed of as sharps

13.2 Spare pens

This school has 6 spare AAI's too be used in accordance with government guidance.

The AAI's are clearly signposted and are stored in the Welfare Office, the Dining Hall Office, Sports Hall Office, Music Office (Mills Building) and the school grab bag.

The Allergy Lead and Welfare Officer are responsible for:

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

13.3 AAI's on school trips and sports fixtures

- No child with a prescribed AAI will be able to go on a school trip without two of their own pens
- AAI's will be kept close to the pupils at all times eg. not stored in the hold of the coach when travelling or left in changing rooms
- AAI's 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
- Staff who are leading school trips or sports fixtures with pupils who have been prescribed AAI's will take one of the spare AAI's as part of the first aid kit (this will be the responsibility of the member of staff)

14. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See appendix on recognising and responding to an allergic reaction

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- If a pupil has an allergic reaction they will be treated in accordance with their Allergy Action Plan and a member of staff will instigate the school's **Emergency Response Plan (Appendix 1)**.
- If anaphylaxis is suspected adrenaline will be administered without delay, lying the pupil down with their legs raised as described in the Appendix. They will be treated where they are and medication brought to them.
- A pupil's own prescribed medication will be used to treat allergic reactions if immediately available.
- This will be administered by the pupil themselves [if age appropriate] or by a member of staff. Ideally the member of staff will be trained, but in an emergency **anyone** will administer adrenaline.
- If the pupil's own AAI is not available or misfires, then a spare AAI will be used.
- If after 5 mins there is no improvement, or student's condition worsens, then a second dose will be administered.
- If anaphylaxis is suspected but the pupil does not have a prescribed AAI or Allergy Action Plan, a member of staff will ensure they are lying down with their legs raised, call 999 and explain anaphylaxis is suspected. They will inform the operator that spare AAI's are available and follow instructions from the operator. The MHRA says that in exceptional circumstances, a spare AAI can be administered to **anyone** for the purposes of saving their life.
- The pupil will not be moved until a medical professional/ paramedic has arrived, even if they are feeling better.
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff will accompany the pupil in an ambulance and stay until a parent or guardian arrives.

15. TRAINING

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

- Understanding what an allergy is.
- How to reduce the risk of an allergic reaction occurring.
- How to recognise and treat an allergic reaction, including anaphylaxis.
- How the school manages allergy, for example Emergency Response Plan, documentation, communication etc.
- Where AAI's are kept (both prescribed pens and spare pens) and how to access them.
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying.
- Understanding food labelling.
- Taking part in an anaphylaxis drill.

15.2 The school will carry out an anaphylaxis drill annually. This includes:

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- 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.

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Appendix 1: EMERGENCY RESPONSE PLAN

RESPONDING TO AN ALLERGIC REACTION / ANAPHYLAXIS

If a pupil has an allergic reaction they will be treated in accordance with their Allergy Action Plan and a member of staff will instigate the school's Emergency Response Plan.

Recognising Symptoms (Mild reaction):

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

Severe reaction (anaphylaxis):

- Difficulty breathing
- Throat tightness
- Dizziness
- Collapse.

Immediate Actions:

- Stay with the student and assess symptoms.
- Bring the student's medication to them and administer the adrenaline auto injector (AAI) without delay if any severe symptoms are present.
- Position the student appropriately: lie them flat with legs raised, or allow them to sit if they are struggling to breathe.
- Call 999 immediately and state "anaphylaxis," noting the time the AAI was given.
- Send for a spare AAI if required.
- If symptoms do not improve, or worsen, administer a second dose after 5 minutes.
- Inform parents/carers as soon as possible.
- Record the incident in safeguarding/medical systems.

Follow-Up

- Student must be taken to hospital even if symptoms improve.
- Debrief staff and review the Allergy Action Plan.
- Incident logged and reviewed by the Designated Allergy Lead.

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References and Guidance

This Emergency Response Plan is aligned with nationally recognised guidance:

- Allergy UK – Model Allergy Policy for Schools: prevention, staff training, and emergency management. Allergy UK – Schools Allergy Policy Guidance.
- Anaphylaxis UK – Model Policies for Schools (Secondary): clear step-by-step emergency response procedures and templates for Allergy Action Plans. Anaphylaxis UK – Model Policies.
- Department for Education (DfE) – Supporting Pupils with Medical Conditions Guidance: statutory requirement for schools to have procedures for medical conditions, including allergies. DfE Guidance.
- British Society for Allergy & Clinical Immunology (BSACI) – Allergy Action Plans: clinical standards and templates used nationally. BSACI Allergy Action Plans.

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Appendix 2: MANAGING ALLERGIC REACTIONS



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 EpiPens
- 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.

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

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

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Appendix 3: RESPONDING TO 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](#).