MAGDALEN
COLLEGE SCHOOL

FOUNDED IN 1480
BY WILLIAM OF WAYNFLETE

Allergy and Anaphylaxis Policy

Date of review	August 2026
Reviewed by	Usher
Date of next review	August 2027

Contents

1. Aims and Objectives

This policy outlines Magdalen College School's approach to allergy management, in line with the Department for Education's statutory guidance published in 2026 (Allergy safety in schools statutory guidance). It also anticipates the likelihood of Benedict's Law coming into force in 2027. Benedict's Law will introduce a consistent national framework for allergy safety in schools, requiring whole-school allergy policies, mandatory staff training, access to adrenaline devices, and the creation of Individual Healthcare Plans for pupils with allergies.

This policy outlines how the whole school community works to reduce the risk of an allergic reaction occurring and the procedures in place to respond effectively 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:

- Equal Opportunities for Pupils policy
- First Aid policy
- Medical Centre policies
- Safeguarding 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.

An allergy is different from an intolerance. Whilst an intolerance may cause uncomfortable symptoms it does not involve the immune system.

3. Definitions

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

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

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

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

ADRENALINE AUTO-INJECTOR: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAIs, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this policy we will refer to them as Adrenaline Devices or ADs to include other adrenaline devices such as EURNeffy (see below).

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

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

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

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

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

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

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 that requires active management 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 or to be taken to mitigate those risks. Allergy should be included in all risk assessments for events on and off the school site.

SPARE DEVICES: Schools are able to purchase spare adrenaline devices. These should be held as a back-up, in case pupils' prescribed adrenaline devices 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

MCS takes a whole-school approach to allergy management.

4.1 Named Allergy Governor

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

- Ensuring allergy-related risks are included on the school's risk register and actively managed by the governing body;

- Providing strategic oversight of the school's Allergy Safety Policy, ensuring it is reviewed at least annually and published on the school's website;

- Acting as the governing body's named point of contact for allergy-related matters;

- Satisfying themselves that the school's allergy management arrangements meet legal and statutory requirements and reflect best practice;

- Receiving regular updates from the Designated Allergy Lead and ensuring the governing body is appropriately sighted on allergy compliance; and

- Reviewing records of allergic reaction incidents and near-misses and ensuring the school acts on any learnings to reduce the risk of future incidents.

4.2 Designated Allergy Lead

The Designated Allergy Lead is the Usher, Ben White. They are responsible for:

- Leading the publication and implementation of a school-wide Allergy Safety Policy;
- Ensuring the safety, inclusion and wellbeing of pupils, staff and visitors with an allergy.
- Taking decisions on allergy management across the school
- Championing and practising allergy and asthma 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 (including that allergies must be considered in all risk assessments)
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy Safety Policy, and other related procedures
- Reviewing the stock of the school's spare adrenaline devices (checking the school has an appropriate number for the setting, that they hold the correct dose, that spare adrenaline devices are stored appropriately) and ensuring staff know where they are
- Keeping a record of any allergic reactions or near-misses, reporting these to the governing body and appropriate authority (e.g. under RIDDOR) where necessary, investigating the incidents and are used to update relevant policies and procedures.
- Regularly reviewing and updating the Allergy Safety Policy
- Ensuring there is an anaphylaxis drill at least once a year and that lessons learned are used to update the allergy safety policy and school procedures as appropriate
- Liaising with the catering manager

The Designated Allergy Lead will monitor implementation of this policy, review procedures at regular intervals and report to the senior team and Named Allergy Governor as appropriate.

4.3 Senior Nurse

The Senior Nurse is Charlie Bransby and is responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans, Asthma Action Plans and Individual Healthcare Plans) and information from families to ensure that arrangements are in place before the pupil starts, or within 2 weeks for a mid-year transfer, liaising with the admissions team as needed;
- Working with HR to keep an updated list of staff with allergies (and creating an individual healthcare plan if necessary) and ensuring arrangements are in place to

support them, for example encouraging staff prescribed with adrenalin devices to keep two with them at all times;

- Supporting the Designated Allergy Lead with disseminating this information to all school staff, including the catering team, occasional staff and those running clubs
- Keeping an adrenaline pen register to include adrenaline pens prescribed to pupils and spare pens, including brand, dose and expiry date. The location of spare pens should also be documented.
- Regularly checking spare adrenaline devices are where they should be, and that they are in date
- Replacing the spare adrenaline devices when necessary
- Providing on-site adrenaline device training for new members of staff and pupils who have been prescribed and refresher training as required e.g. before school trips

4.4 Admissions Team

The Admissions team is likely to be the first to learn of a pupil's, applicant's or visitor's allergy. They 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. This is then communicated to the school nurses and catering team
- Parents and applicants are informed of catering arrangements during admission events
- Visitors for admissions events will be asked about allergies and medication before the event; this is then sent to the nursing team and the catering team.
- If children are accompanied by their parents, the School expects parents to monitor what their child is eating.
- The parents of unaccompanied children are asked to provide allergy information in advance of events. These applicants are supervised by the Admissions team at mealtimes.
- Plans are made for emergency medication if the child is to be left without parental supervision; and
- There is liaison with the child's previous school, or future school to ensure a smooth transition between settings.

4.5 All staff

All school staff, to include teaching staff and support staff are responsible for:

- Championing and practising allergy and asthma awareness across the school

- Reading, understanding and putting into practice the Allergy Safety Policy and related procedures, and asking for support if needed
- Being aware of pupils (and staff, when necessary) with allergies and what they are allergic to
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate
- Ensuring pupils always have access to their medication or carrying it on their behalf if necessary
- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training
- Taking part in training and anaphylaxis drills (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
- Forwarding any communication or information that comes directly to them from parents regarding allergens to the Senior Nurse
- Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving the school site, for a match or trip.

4.6 All parents

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

- Being aware of and understanding the school's Allergy Safety Policy and considering the safety, inclusion and wellbeing of pupils with allergies
- Providing the school's nursing team 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. Parents are informed in the red diary that pupils should not bring any food containing nuts into school (foods with the warning 'May contain traces of nuts' are permitted).
- 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

4.7 Parents of children with allergies

In addition to paragraph 4.6, the parents and carers of children with allergies must:

- 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 devices 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 devices, if prescribed, on the journey to and from school;
- Update the school with any changes to their child's condition and ensure the relevant paperwork is updated too
- 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 they are allergic to.

4.8 All pupils

All pupils at the school should:

- Be allergy aware, understand the risks that allergens might pose to their peers and how they can support the wellbeing of their peers and be alert to allergy-related bullying, for example by listening carefully in assemblies
- Respect measures to support others with allergies and follow the school rules, specifically:
- The school is an allergy aware environment – see the Allergy Safety Policy for further information. As such, water bottles and packed lunches should be clearly labelled and pupils should be considerate of others. Pupils should:
    - Be very careful if sharing food with others – do they know the ingredients, does anyone have an allergy – if in any doubt, don't share food
    - Tidy up any crumbs or spillages, asking staff for help if necessary
    - Not throw food
    - Not bring any food containing nuts into school (foods with the warning 'May contain traces of nuts' are permitted)
- Older pupils should learn how to recognise and respond to an allergic reaction and to support their peers and staff in case of an emergency through Lilium lessons and houseroom time

4.9 Pupils with allergies

In addition to paragraph 4.8, pupils with allergies are responsible for:

- Knowing what their allergies are and how to mitigate personal risk
- Avoiding their allergen as best as they can
- Understanding the importance of following the processes for lunch and snack services and how that mitigates risk. Pupils in J3 and above are expected to self-identify; pupils in J1 and J2 are supported in doing this by a member of JS staff;
- 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 devices with them at all times if prescribed. See 13.1 for more details
- Understanding how and when to use their adrenaline device and only using them for their intended purpose
- 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
- Upper Sixth Form pupils permitted to leave the school site during the school day 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.
- Ensuring they have their medication with them on the journey to and from school.

5. Information and Documentation

5.1 Register of pupils with an allergy

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

5.2 Individual Healthcare Plans

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

- Known allergens, risk factors for allergic reactions and any adaptations needed
- A history of their allergic reactions
- If the pupil has asthma and any other medical conditions and necessary detail;

- Detail of the medication the pupil has been prescribed including their dose, this should include adrenaline devices, antihistamine etc.
- A copy of parental consent to administer medication, including the use of spare adrenaline devices in case of suspected anaphylaxis, and asthma inhalers;
- An indication of how the child's condition may impact on their learning or wellbeing;
- If the child is able to take responsibility for their condition including in an emergency
- A photograph of each pupil and emergency contact details
- A copy of their Allergy and/or Asthma Action Plan.

6. Assessing risk

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

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, cooking lessons/demonstrations.
- Bringing animals into the school, for example a dog or hatching chicks from eggs can pose a risk.
- Running activities or clubs where they might hand out snacks or food "treats". Ensure safe food is provided or consider an alternative non-food treat for all pupils.
- Planning special events, such as cultural days and celebrations.

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

7. Food, including mealtimes & snacks

7.1 Catering in school

The school is committed to providing safe and inclusive meals and snacks for all students, staff and visitors, including those with food allergies. The School's caterer, Sodexo, operates under its own policies and procedures with respect to allergen awareness training, allergen management, identifying and supporting pupils with allergies etc.

- 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

- Catering staff are available to discuss the provision of allergen safe meals with parents/carers. Such meetings would also always include one of the School's pastoral leads
- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures
- The catering team will endeavour to get to know the pupils with allergies and what their allergies are, supported by school staff.
- The catering team will endeavour to provide varied meal options to students and staff with allergies.
- The school has robust procedures in place to identify pupils with food allergies, these are:
    - List of pupils with photographs given to Catering Manager by Senior Nurse
    - Pupils meet Catering Manager during Induction
    - Those with allergies are introduced to the Catering Allergy Champions
    - There is a dedicated counter in the main canteen for pupils with allergies, with consistent staffing
    - List of pupils with allergies with photographs kept behind each counter
    - Pupils with allergies in J3 and above are expected to self-identify
    - Pupils in J1 and J2 are accompanied by a member of JS staff to support them
- Allergen matrices and ingredient lists are produced for all dishes and menus noting the main 14 allergens (see allergens definition), and these are updated at least weekly and whenever any changes are made. These are available on request from the catering team;
- Information on allergens will be available for the pupil to check independently on request;
- Pre-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging;

7.2 Food brought into school

Pupils, parents, staff and visitors should be considerate of those with allergies when food is brought into school. Pupils are asked to be very careful if sharing food with others. The school asks that products containing nuts are not brought to the school site or to school trips/events.

Where pupils/parents/staff are invited to bring in food, such as cake for a fundraising bake sale, staff organising the event send a letter to parents reminding them of the school's allergy-aware environment and asking them to fill out an allergen form to be displayed next to their produce.

8. School Trips and Sports Fixtures

- Staff leading the trip will have a register of pupils with allergies with medication details. Staff should notify the trip leader if they themselves had any allergies.
- Pupils are expected to carry their own medication (adrenaline devices and inhalers); controlled medicines would be held by staff, collected from the Health Centre.
- Staff will check that pupils have their medication before departure – pupils without their medication will not be allowed to travel.
- Allergies will be considered on the risk assessment and catering provision put in place
- Parents 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.
- For JS pupils attending Match Tea at another school, details of their dietary requirements will be sent ahead to ensure they have a safe meal. Senior School pupils are expected to self-identify at the host school.
- See Adrenaline Devices section (13) for School Trips and Sports Fixtures

9. Insect stings

Those with a known insect venom allergy should:

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

The Grounds team regularly monitors the grounds for wasp or bee nests. Pupils/staff (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 (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 they are allergic to

- If an animal comes on site as part of a school activity, a risk assessment will be done prior to the visit. This does not include pets brought to outdoor sports fixtures by parents.
- Areas visited by animals will be cleaned thoroughly
- Anyone in contact with an animal will wash their hands after contact
- School trips that include visits to animals will be carefully risk assessed

11. Allergic Rhinitis/Hay fever

Pupils are permitted to carry their own medication to relieve symptoms and can receive support in the health centre. Where symptoms of allergic rhinitis or hay fever may affect a pupil's participation or wellbeing, staff will make reasonable adjustments to activities and the school environment where practical. This may include consideration of outdoor exposure, physical activity, school trips and access to appropriate medication. As with any medical condition, pupils suffering from hay fever during public exams should tell an invigilator and see a school nurse so that an application to the exam board can be made if appropriate.

12. Inclusion and Mental Health

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

- Staff are alert to the possibility of allergy-related bullying and are proactive in safeguarding the wellbeing and inclusion of pupils with allergies;
- No child should be excluded from taking part in a school activity, whether on the school premises or a school trip because of their allergies;
- 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 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;
- Uniform policies take into account that children may need emergency medication near them at all times.

13. Adrenaline devices

13.1 Storage of adrenaline devices

- Pupils prescribed with adrenaline devices will have easy access to two, in-date devices at all times.

- Pupils should keep their adrenaline devices in a small, clearly named bag, along with a copy of their IHP and be mindful to keep them away from high or low temperatures
- All pupils are expected to carry their adrenaline devices at all times. At times (dining hall, chapel, science lessons etc.), pupils are asked not to bring their school bag. At such times, pupils must bring their smaller bag containing their adrenaline devices. When pupils are using playgrounds or sports pitches for breaks or sports lessons, they should bring their bag containing their adrenaline devices with them and leave them in a safe place at the edge of the play area.
- Pupils must take their adrenaline devices home with them at the end of the day.
- Pupils sitting exams should hand their adrenaline devices to the invigilator during the exam

- Spot checks will be made to ensure adrenaline devices are where they should be and in date.
- Adrenaline devices must not be kept locked away or in rooms with restricted access.
- Adrenaline devices 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 devices will be disposed of as sharps.

13.2 Spare adrenaline devices

This school has 16 spare adrenaline devices kept in pairs to be used in accordance with government guidance.

The adrenaline devices are clearly signposted and are stored in Senior School Reception, Junior School Reception, the Colin Sanders Building Health Centre, on the wall of the ground floor café (Richard Record Building) to the right of the entrance and on the outside wall of the School Field Pavilion, in the MCS shed at Banbury Road North Hockey Pitch, in the Changing Rooms at the Marston Road Hockey Pitch and at Farmoor Reservoir.

The Allergy Lead and Senior Nurse are responsible for:

- Deciding how many spare devices 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.
- The purchasing of spare adrenaline devices.
- Distribution around the school site and clear signage.
- Regular checking of devices and expiry dates

13.3 Adrenaline devices on off-site activities

- No child with a prescribed adrenaline device 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 devices 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 devices 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;
- There will be consideration of whether to take spare adrenaline devices to off-site activities. This should be recorded as part of the risk assessment process.

14. Responding to an Allergic Reaction/Anaphylaxis

See Appendix to this policy for details of how to recognise and respond to an allergic reaction.

In all cases:

- A pupil with a known allergy should be treated in accordance with their Allergy Action Plan and/or Individual Healthcare Plan.
- If anaphylaxis is suspected, adrenaline should be administered without delay, using the school's spare devices if needed.
- 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.
- Depending on the circumstances, it may be necessary to instigate the school's wider Critical Incident Response Plan.

15. Training

The school is committed to ensuring that all staff receive regular (at least annual) allergy awareness training. This training should cover all staff, including teaching staff and support staff, as well as regular volunteers. The School also checks that catering and cleaning staff have received suitable training from their employer. The training will cover:

- 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 to treat an asthma attack using a reliver inhaler

- How the school manages allergy, for example understanding the school's Allergy Safety Policy, emergency response, documentation, communication etc.
- How to check who has an allergy, and how to use an IHP and Allergy or Asthma Action Plan
- Where adrenaline devices are kept (both prescribed devices and spare devices) 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
- How to report an allergic reaction or near miss
- Taking part in an anaphylaxis drill.

16. Asthma

The school understands it is vital that pupils with allergies keep their asthma well controlled. Asthma can exacerbate allergic reactions and poorly managed asthma increases the severity of an allergic reaction. The School's asthma policy and procedures are detailed within the First Aid policy.

17. Reporting Allergic Reactions

The School logs all allergic reaction incidents and near-misses as soon as is feasible after they occur on Prime, CPOMS and iSAMS.

- Each record should include:
    - who was affected
    - what happened, when and where
    - why the incident occurred (as far as is known)
    - how staff and the pupil responded
    - what was done to support the individual
    - whether emergency services were called
    - how the incident concluded.
- All incident reports should be shared with:
    - the pupil's parents or carers, who will be given the opportunity to discuss the incident and contribute their views to the review; and
    - the Named Allergy Governor and the governing body, so they can consider what lessons to learn and whether policy changes are required.
- Any learning from an incident should be shared appropriately with staff so they can act on it.

- It may be necessary to share the report with other agencies, for example for any allergen-related food safety incidents to the local authority, or for serious incidents arising from work activity to the Health and Safety Executive under RIDDOR;
- Following any incident or near miss the school will meet with the child or young person and their parents/ carers to ensure they are confident the setting remains safe.
- The school recognises the impact of an incident or near miss not just on the individual and their family, but also on staff who responded and children who witnessed it and will offer appropriate support.

MANAGING ALLERGIC REACTIONS

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen.

Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

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

Response:

- Stay with pupil
- Call for help
- Locate adrenaline 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. Pupils may be able to do this themselves, but some will require or want adult support. Whilst all members of staff should be trained, in an emergency, anyone can administer adrenaline
5. Make a note of the time you gave the first dose
6. Call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
7. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
8. Call the pupil's emergency contact.
9. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
10. Start CPR if necessary.
11. Hand over used devices to paramedics and remember to get replacements.
12. Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany them in an ambulance until a parent or guardian arrives.

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