



Allergy and Anaphylaxis Policy – Whole School (including Prep and EYFS)

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1. Introduction

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

Having this Allergy and Anaphylaxis Policy ensures everyone at Woodbridge School:

- 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.

2. Aims and Objectives

This policy outlines Woodbridge 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:

First Aid Policy, Medical Information and Guidelines, Supporting Pupils with Medical Conditions Procedure, Lettings Terms and Conditions

3. 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.

4. 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. 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, through clothing. Adrenaline auto-injectors are commonly referred to as AAls. 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. For the purposes of this policy, we will refer to them as adrenalin auto-injectors (AAls)

INDIVIDUAL HEALTHCARE PLAN: IHC A detailed document outlining an individual pupil's condition, history, treatment, risks and action plan. This document is created 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 NHS Action Plan if one is available.

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

5. Roles and Responsibilities

Woodbridge School takes a whole-school approach to allergy management.

5.1. Designated Allergy Lead

The Designated Allergy Lead is the Deputy Head Pastoral. They report to the Head. 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.
- 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 what activities need an allergy risk assessment). Staff participate in the National College courses for certificates in Food Allergy Awareness, Anaphylaxis and Administering Medication.
- Ensuring staff, pupils and parents have a good awareness of this Policy, and other related procedures.
- Reviewing the stock of the school's emergency Adrenaline Auto Injector pens, and ensuring staff know where they are.
- Keep a record of any allergic reactions or near-misses and ensure an investigation is held as to the cause and put in place any learnings.
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy.
- Ensuring there is an Anaphylaxis update by School Nurse / Prep Matron to staff as required.

At regular intervals the Designated Allergy Lead, in conjunction with the School Nurse will check procedures and update the Senior Leadership Team (SLT).

5.2. School Nurse / Prep Matron

The School Nurse and Prep Matron are responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans, Individual Healthcare Plans and risk assessments) and information from families (this is likely to involve liaising with the Admissions Team for new joiners)
- 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).
- Coordinating medication with families. Whilst it is the parents and carers responsibility to ensure medication is up to date, the School Nure / Prep Matron should also have systems in place to check this and notify the parents when they see the expiry date is approaching.
- Keeping an AAI register to include Adrenaline Pens prescribed to pupils and Emergency Pens, including brand, dose and expiry date. The location of Emergency Pens should also be documented.
- Regularly checking emergency AAIs are where they should be, and that they are in date.
- Replacing the emergency AAIs when necessary.
- Providing on-site AAI training for members of staff and pupils and refresher training as required e.g. before school trips.

5.3. Admissions Team

The Admissions team are likely to be the first to learn of a pupil or visitor's allergy. They should work with the Designated Allergy Lead and School Nurse / Prep Matron to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity. This should be in place before a school visit, an Open Day or Taster Days if food is offered or likely to be eaten.
- There is a clear structure in place to communicate this information to the relevant parties (i.e. school nursing team, catering team).
- 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.

5.4. All Staff

All school staff, to include teaching staff, support staff, occasional staff (for example sports coaches and visiting music teachers) are responsible for:

- Championing and practising allergy awareness across the school.
- Understanding and putting into practice this 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. This is stored on iSAMS (and Evolve for trips).
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate.
- Ensuring pupils always have access to their medication or carrying it on their behalf depending on the age of the pupils, especially on School trips.
- Being able to recognise and respond to an allergic reaction, including anaphylaxis.
- Taking part in anaphylaxis training as required and to tell a Head of Department if you 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.

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

5.6. Parents of Children with Allergies

In addition to point 5.5, the parents and carers of children with allergies should:

- Work with School to fill out an Individual Healthcare Plan and Risk Assessment and provide an accompanying Allergy Action Plan from their health care professional.
- If applicable, provide the School or their child with two labelled AAIs 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.
- Update School with any changes to their child's condition and ensure the relevant paperwork is updated too.
- Consent to the associated permission for photos of their children to be shared appropriately as part of their allergy management. Consent is requested on the Medical Admission form.

- 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 food they are allergic to.
- To make sure their age-appropriate child knows how to self-inject their AAI in an emergency.

5.7. All Pupils

All age-appropriate 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.
- If pupils are likely to be buying or bringing in food from home and are old enough to check the ingredients, they must adhere to food restrictions and not bring in any food items that contain nuts.

5.8. Pupils with Allergies

In addition to point 5.7, age-appropriate 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.
- Understand 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 AAIs with them at all times. They must only use them for their intended purpose.
- Understand how and when to use their AAI.
- Talking to a member of staff if they are concerned by any School processes or systems related to their allergy.
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies.
- Pupils permitted to leave the School site during the School day 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.

6. Information and Documentation

The School has a register of pupils who have a diagnosed anaphylaxis/allergy/intolerance. This includes children who have a history of anaphylaxis or have been prescribed AAIs, as well as pupils with an allergy where no AAIs have been prescribed.

This can be audited through the iSAMS system. This information is gleaned from the information that parents record on the admission Medical Form and subsequent correspondence to School to update medical conditions.

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 AAls, antihistamine etc.
- A copy of parental consent to administer medication, including the use of spare AAls in case of suspected anaphylaxis – found under parental consent in iSAMS.
- A photograph of each pupil.
- A copy of their Allergy Action Plan, if available.

7. 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.
- 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.

8. Food, including mealtimes and snacks

8.1. Catering in School

The School is committed to providing a safe meal for all students, including those with food allergies.

- Due diligence is carried out with regard to allergen management when appointing catering staff.
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training .
- Anyone preparing food for pupils 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 all School staff.
- Woodbridge School has robust procedures in place to identify pupils with food allergies. The School Nurse and Prep Matron prepare photographic reports regarding anaphylaxis and allergies / intolerances for the Catering Manager, who relays this information to the catering staff. Parents are encouraged to arrange a visit to the kitchen and discuss with the Catering Manager their child’s dietary needs.
- The Prep School have coloured trays at lunch times to distinguish specific diets.

- Information on food containing the main 14 allergens (see Allergens definition) is available should pupils, staff and visitors wish to see it. All other ingredient information is also available on request.
- Food packaged to go will comply with Pre-Packed for Direct Sale legislation (Natasha’s Law) requiring the allergen information to be displayed on the packaging.
- All other food will have precautionary allergen information available on request.
- Pupils are advised to always read the packaging ingredients if they are in any doubt as to what the pre-packed food may contain.
- The School kitchens do not actively use nuts in recipes; however we cannot guarantee that some products sourced may not contain nuts.
- Like the Catering Unit, the School Tuck Shop purchasing list is restricted to products only with “may contain nuts” on their ingredients.

8.2. Food brought into School

The guidance around Natasha’s Law normally applies to registered food businesses that produce prepacked direct sale food. If staff / students are bringing in unwrapped cakes to celebrate birthdays or students are wishing to bring in cakes for a charity event, it is not a requirement to provide information for consumers about allergens present in the food ingredients.

However, it is obviously best practice for anybody bringing in or involved in these events to have good knowledge on the ingredients of what is being served, so people can make a safe choice.

Any external hirers of School facilities cannot, without prior written consent, provide their own catering or refreshments.

8.3. Foods to avoid or restrictions

Banning foods 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 not to give the impression of one allergen being more dangerous than others.

8.4. Food hygiene for pupils

- 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.
- Boarding Pupils are allergy aware and there are strict hygiene measures are adhered to with regards to the storage of food in the School House Kitchen. The Head of Boarding is responsible for maintaining such hygiene measures.

9. 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 a suitable catering provision put in place.
- Consult with the parents if the trip requires an overnight stay.
- Staff accompanying the trip will be trained to recognise and respond to an allergic reaction.
- Allergens will be clearly labelled on catered packed lunches.
- If attending Match Tea at another school, details of their dietary requirements will be sent ahead to ensure they have a safe meal.

10. 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.
- Take their AAls out to the games field with them. Prep staff will oversee taking the AAls on behalf of Prep pupils.

The Estates Team and school community 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 refrain from approaching the nest.

11. 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:

- 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. This would be in a more extreme case of an animal visit rather than a domestic pet. Eg reindeer at the Christmas fair.
- 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, parents will be made aware and consideration and adaptations will be made.
- School trips that include visits to animals will be carefully risk assessed

12. Allergic Rhinitis / Hay Fever

If a pupil is a sufferer, they will see their own GP and get a private prescription for any treatments, or an antihistamine can be administered by the School Nurse/ Prep Matron to aid relief.

13. 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 and if this is so, School Nurse / Prep Matron / Tutor will contact parents for advice.
- 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.

14. Adrenaline Auto Injectors (AAIs)

[See the government guidance on Adrenaline Pens in Schools.](#)

14.1. Storage of AAIs

- Pupils prescribed with AAIs will have easy access to two, in-date pens at all times in the Prep School. Pupils in the Senior School must take responsibility for carrying their own AAIs.
- In the Prep School AAIs are stored in the School Office. Each one is named, with a photo and with a Health Care Plan. In the Senior School, emergency AAIs are stored in the Medical Centre, at Reception, and the Tuckwell kitchen.
- Spot checks will be made to ensure AAIs are where they should be and in date.
- AAIs must not be kept locked away.
- AAIs should be stored at moderate temperatures (see manufacturer's guidelines), not in extremes of temperatures.
- Used or out of date pens will be disposed of as sharps or returned to parents if requested.

14.2. Spare AAIs

The School has spare AAIs to be used in accordance with government guidance as generic ones can now be purchased with the Head's approval from a reputable supplier.

The AAIs are clearly signposted and are stored in various locations around the School site as per 14.1.

The School Nurse / Prep Matron are responsible for:

- Deciding how many spare AAIs are required, including having enough to cover offsite trips.
- What dosage is required, based on the pupil's GP age relevant prescription.
- Which brand(s) to buy. Costs and expiry dates are a consideration with this.
- Distribution around the site and clear signage

14.3. AAls on School trips and away fixtures

- No child with a prescribed AAI will be able to go on a school trip without two of their own AAls.
- AAls will be kept close to the pupils at all times e.g. not stored in the hold of the transport when travelling or left in changing rooms.
- AAls 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.
- The School Nurse / Prep Matron will decide whether to take spare AAls to sporting fixtures and on trips.
- School Nurse / Prep Matron / Tutor to liaise with the Educational Visits Coordinator if there are any concerns.

15. Responding to an Allergic Reaction / Anaphylaxis

See appendix 2 on recognising and responding to an allergic reaction.

- 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 action plan in calling for an ambulance, as per the First Aid Policy.
- If anaphylaxis is suspected, adrenaline will be administered without delay, lying the pupil down with their legs raised as described in the Responding to Anaphylaxis 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 can administer adrenaline.
- If the pupil's own adrenaline pen is not available or misfires, then a spare adrenaline pen can be used.
- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen 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 adrenaline pens are available and follow instructions from the operator. The Medicines and Healthcare Regulatory Agency states that in exceptional circumstances, a spare adrenaline pen 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.

16. Training

The School is committed to training all staff regularly and as needs, 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 AAIs 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.

Staff are also expected to complete the “Certificate in Food Allergy Awareness and Anaphylaxis” module via the National College online training platform.

17. Asthma

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

Care of asthma is included in detail within the Medical Conditions Procedure.

18. Compliance and Monitoring arrangements

This policy will be subject to a thorough review process including consideration at the Health and Safety Committee on a 2 yearly basis. This will ensure that practice across whole School is in line with this policy, the Complaints procedure and with current guidance and legislation.



Appendix I – Anaphylaxis Risk Assessment

Woodbridge School, Prep and Senior - Anaphylaxis Risk Assessment

This form should be completed by the School Nurse/ Prep Matron with the parents and the child, if appropriate. It should be shared with everyone who has contact with the child/young person.

Child/Young person:	Date of Birth:
Setting/School: Prep / Senior	Class Teacher/Tutor/ Housemaster/mistress
Name and role of other professionals involved in this Risk Assessment	
Date of Assessment:	Reassessment due:
<p>I give permission for this to be shared with anyone who needs this information to keep the child/young person safe:</p> <p>Signatures:</p> <p>School Nurse/ Prep Matron..... Date</p> <p>Parents Date</p> <p>Young person Date</p> <p>For continuing years School Nurse/Matron Date</p>	

Young person	Date
What is allergic to?.....	
Under which conditions is the allergy? Ingestion <input type="checkbox"/> Direct contact <input type="checkbox"/> Indirect contact <input type="checkbox"/>	
Does already have an Individual Healthcare Plan? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Summary of current medical evidence seen as part of the risk assessment (copies attached):	
Describe the container the medication is kept in:	
Outcome of Risk Assessment Is an individual health care plan required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Key Questions - Please consider the activities below and insert any considerations than need to be put in place to enable the child to take part.	
Crayons/painting:	
Creative activities, i.e. craft paste/glue, pasta	
Science type activity: i.e. bird feeders, planting seeds, food	
Musical instrument sharing (cross contamination issue):	
Cooking (food prep area and ingredients):	
Meal time:	

kitchen prepared food (is allergy information available): sandwiches:
Snacks (is allergy information available):
Drinks:
Celebrations: e.g. Birthday, Easter:
Hand washing (secondary school how accessible is this for the child):
Indoor play/PE (AAIs to be with the child):
Outdoor play/PE (AAIs to be with the child):
Games field (AAIs to be with the child):
Forest school (AAIs to be with the child):
Offsite trips (are staff who accompany trip trained to use AAI):
Does the child know when they are having a reaction?
What signs are there that the child is having a reaction?
What action needs to be taken?
If the medication is stored in one secure place are there any occasions when this will not be close enough if required? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes state when and how this can be adjusted:
If the child is old enough – can the medication be carried by them throughout the day? Yes <input type="checkbox"/> No <input type="checkbox"/> If No state reason:
How many AAIs are required in the setting?
How many staff need are required to be trained to meet this child's need?
What is the location of the backup AAI?
Is a generic AAI available in school?



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.

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.



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.](#)

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