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ALLERGY AND ANAPHYLAXIS POLICY

1. AIMS AND OBJECTIVES

This policy outlines The Orchard Learning Alliance Multi-Academy Trust (The OLA MAT) approach to allergy management, including how the whole-trust community works to reduce the risk of an allergic reaction happening and the procedures in place to respond if ones does. It also sets out how we support our pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an allergy aware multi-academy trust.

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

- The OLA Supporting Pupils with Medical Conditions Policy
- The OLA First Aid Policy
- The OLA Child Protection and 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.

3. DEFINITIONS

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

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

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

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

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

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan. The OLA MAT recommend the BSACI Allergy Action Plan paediatric templates which include versions for: people without a prescribed adrenaline pen, and people prescribed with different brands of adrenaline pen. Paediatric Allergy Action Plans - BSACI

DESIGNATED ALLERGY LEAD: The member of staff responsible for overseeing allergy management across the school and acting as the main point of contact for pupils, parents and staff.

NEFFY: Neffy (official name in the UK is EURNeffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector approved. Neffy was approved for use in the UK in 2025 and distribution is expected from late September 2026.

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

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

SPARE ADRENALINE PENS: Schools are able to purchase spare adrenaline pens. These should be held as a back-up, in case pupils' prescribed adrenaline pens are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

4. ROLES AND RESPONSIBILITIES

The OLA MAT takes a whole-school approach to allergy management.

4.1 Designated Allergy Lead

The Designated Allergy Lead is listed in the **Appendix 1**. The OLA MAT suggest this is a member of the senior leadership team, ideally on the academic side, with pastoral responsibilities. They report into the Headteacher/Head of School or equivalent. They are responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils and staff with an allergy;
- Taking decisions on allergy management across the school;
- Championing and practising allergy awareness across the school;
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management;
- Ensuring allergy information is recorded, up-to-date and communicated to all staff *(although they have ultimate responsibility, the collation of information may be delegated to another member of staff, for example the school nurse or administrator whichever is applicable);*
- 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 their school's Allergy and Anaphylaxis Policy, and other related procedures. The OLA MAT suggest that all OLA schools consider obtaining and recording confirmation from staff that they have read and understood this policy;
- Reviewing the school's stock of spare adrenaline pens (check the school has an appropriate number for the setting, that they hold the correct dose, that spare adrenaline pens are stored appropriately) and ensuring staff know where they are;
- Keeping a record of any allergic reactions or near-misses, reporting these to the appropriate authority (e.g. Under RIDDOR) where necessary and ensuring the circumstances are investigated and learnings shared;
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy; and
- 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 School nurse / Medical Lead

Each OLA school will have a dedicated School Nurse or Medical Lead, whichever applicable, whose name will be listed in **Appendix 1**. This member of staff 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);
- Supporting the Designated Allergy Lead with disseminating this information to all school staff, including the catering team, occasional staff and those running clubs
- Ensuring the information from families is up-to-date, and reviewed annually (at a minimum), coordinating medication with families and ensuring medication is in date. Whilst it's the responsibility of parents/carers to ensure medication is up to date, the school nurse/medical lead should also have systems in place to check this and notify the parents/carers when they see the expiry dates are approaching in respect of medicines held by the school;

- Keeping an adrenaline pen register to include adrenaline pens prescribed to pupils and the school's stock of spare adrenaline pens, including brand, dose and expiry date. The location of spare adrenaline pens should also be documented;
- Regularly checking spare adrenaline pens are where they should be, and that they are in date;
- Replacing the spare adrenaline pens when necessary;
- Providing on-site adrenaline pen training for staff and pupils and refresher training as required e.g. before school trips; and prior to any other activity relevant at the time.

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 school nurse/medical lead to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity. This should be in place before a school visit, an Open Day, Taster Days and any other school-led event 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 nurse/medical lead, catering team);
- Parents and applicants are informed of catering arrangements during admission events; and
- Plans are made for emergency medication if the child is to be left without parental supervision.

4.4 All staff

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

- Championing and practising allergy awareness across the school;
- Reading, understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures, and asking for support if needed;
- 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, depending on the age of the pupils and the management of adrenaline pens in the school;
- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training;
- Taking part in training and anaphylaxis drills as required (at least once a year). Whilst it is the school's responsibility to ensure staff have received annual training, if the member of staff is aware they have not received any allergy training in the last 12 months they should alert a manager;
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times. Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy;
- Forwarding any communication or information that comes directly to them from parents regarding allergens to the School Nurse/ Healthcare Team; and
- Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving school site, for a match or trip.

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 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; and
- Encouraging their child to be allergy aware.

4.6 Parents of children with allergies

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

- Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan;
- If applicable, provide the school or their child with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, ie. spoon or syringe), inhalers or creams;
- Ensure medication is in-date and replaced at the appropriate time;
- Ensure their child has access to their allergy medication, including two adrenaline pens if prescribed, on the journey to and from school;
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too;
- Provide the school with an up-to-date photograph of their child and sign the associated permission for it to be shared appropriately as part of their allergy management; and
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring eg. not eating the food to which they are allergic.

4.7 All pupils

All pupils at the school should:

- Be allergy aware;
- Understand the risks allergens might pose to their peers and respect measures to support them;
- Learn how they can support their peers and be alert to allergy-related bullying;
- Older pupils will learn how to recognise an allergic reaction and support their peers and staff in case of an emergency; and
- If pupils are likely to be buying or bringing in food from home and are old enough to check the ingredients include a line about adhering to food restrictions or guidance about food being brought in.

All of the above should be done in an age and capability appropriate way.

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 depending on age and capability;
- Avoiding their allergen as best as they can;
- Understanding the importance of following the school specific processes of lunch and snack services and how that mitigates risk;
- Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction;

- Carrying y two adrenaline auto-injectors with them at all times, if age and capability appropriate. They must only use them for their intended purpose;
- Understanding how and when to use their adrenaline auto-injector;
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy;
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies;
- Pupils permitted to leave the school site during the school day 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; and
- If age and capability appropriate, 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 who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as pupils with an allergy where no adrenaline pens have been prescribed.

5.2 Individual Healthcare Plans

Each pupil with an allergy has an Individual Healthcare Plan. The information on this plan includes:

- Known allergens and risk factors for allergic reactions;
- A history of their allergic reactions;
- Detail of the medication the pupil has been prescribed including dose, this should include adrenaline pens, antihistamine etc;
- A copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis;
- A photograph of each pupil; and
- A copy of their Allergy Action Plan. See definitions for the BSACI templates.

6. ASSESSING RISK

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

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food lessons or cooking;
- Bringing animals into the 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; and
- Planning special events, such as cultural days and celebrations.

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity. The 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 a safe meal for all students, staff and visitors, including those with food allergies.

- Due diligence is carried out with regard to allergen management when appointing catering staff;

- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training;
- All OLA MAT schools with Early Years settings should adhere to new Early Years Foundation Stage statutory guidance. The "Safer Eating" section has the relevant information for allergies. You should detail the relevant procedures here.;
- 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;
- Each OLA school has robust procedures in place to identify pupils with food allergies. There must be two methods in place, which the designated allergy lead is responsible for. Firstly, a visual check from a member of staff familiar with the pupils who have allergies prior to any service. Secondly, here should be back up plans in place and documented in case of staff absences, where photos of pupils with allergies should also be included. The OLA MAT recognises that methods of identification are especially important in pre-prep and prep schools where the pupils are younger and less able to take responsibility themselves;
- Food containing the main 14 allergens (see Allergens definition) will be clearly labelled. Other ingredient information will be available on request. For pupils or staff with allergies to food other than the "main 14" extra, the school must include these individuals in their methods of identification as above.
- Pre-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging;
- Where changes are made to the ingredients this will be communicated to pupils, staff with dietary needs and the staff who are responsible for monitoring allergies by the kitchen staff prior to any service.
- All OLA schools should refrain using Precautionary Allergen Labelling or "May Contain' labelling on all food produced on site from scratch. OLA schools must follow the Food Information Regulations 2014 which states that allergen information relating to the **'Top 14'** allergens must be available for all food products.
- The OLA MAT acknowledges that some of the bought-in products such as bread or patisseries will come with Precautionary Allergen Labelling or "May Contain' labelling.
- Food provided at breakfast clubs and after school clubs will follow the procedures as above
- All OLA schools must avoid food with nuts as an ingredient, including food sold on site (i.e. from a Tuck Shop).
- If you sell food on site, procedures should include supporting pupils to avoid their allergens by clearly identifying allergenic ingredients, providing allergy-aware meal options, removing any cross-contamination risk and educating staff and students on allergen management.

7.2 Food brought into school

- Strict "No Sharing" Policy for Packed Lunches. All OLA schools must adhere to a strict "no sharing" policy regarding packed lunches and snacks brought from home. Pupils should be reminded that sharing food can pose serious allergy risks and is strictly prohibited to ensure everyone's safety.

7.3 Food bans or restrictions

- The OLA schools are Allergen Aware schools. We have pupils and staff with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food;
- We try to restrict peanuts and tree nuts as much as possible on the site and try to check all foods coming into the schools

- All school-purchased food coming onto school premises or taken on a school trip or to a match should be checked to ensure peanuts and tree nuts are not an ingredient in another product.

- All OLA schools must check the label on all foods brought into their kitchens. Common foods that contain these goods as an ingredient include: packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces.

7.4 Food hygiene for pupils

- Pupils will wash their hands before and after eating;
- Sharing, swapping or throwing food is not allowed;
- Water bottles and packed lunches should be clearly labelled; and
- If the school has kitchens or food prep areas for the pupils, schools must put measures in place to limit cross-contamination in preparation such as colour-coded chopping boards, knives and the storage of food must be clearly labelled and sealed well to avoid accidental cross-contamination.

8. EDUCATIONAL VISITS AND SPORTS FIXTURES

- Staff leading the trip will have a register of pupils with allergies and details of their medication. Staff should notify the trip leader of any allergies;
- Allergies will be considered on the risk assessment and catering provision put in place;
- Parents, and pupils where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay;
- Staff (and some pupils, if appropriate) accompanying the trip will be trained to recognise and respond to an allergic reaction;
- Allergens will be clearly labelled on catered packed lunches. This must be checked and recorded by the trip leaders. These records must be available upon request.
- If attending Match Tea at another school, details of their dietary requirements will be sent ahead to ensure they have a safe meal; and
- See Adrenaline Pens section for School Trips and Sports Fixtures.

9. INSECT STINGS

Insert your measures for preventing and dealing with insect stings. For example, those with a known insect venom allergy should:

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

The OLA schools 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's normally the dander (flakes of skin) saliva or urine that causes a person with an animal allergy to react.

Precautions to limit the risk of an allergic reaction include:

- A pupil with a known animal allergy should avoid the animal to which they are allergic;
- If an animal comes on site a risk assessment will be done prior to the visit;
- Areas visited by animals will be cleaned thoroughly;
- Anyone in contact with an animal will wash their hands after contact;
- If an animal lives on site, pupils, parents and staff will be made aware and consideration and adaptations will be made; and
- School trips that include visits to animals will be carefully risk assessed.

11. ALLERGIC RHINITIS/ HAY FEVER

All OLA schools must consider the following practical, school-focused measures for managing:

- Seasonal pollen allergy / hay fever (allergic rhinitis)
- Persistent nasal allergy due to dust mites or other indoor allergens

General School-Level Measures

Policies & Awareness

Keep a register of students with diagnosed allergies (shared with teachers and school nurse or equivalent in each school).

Train staff to recognise symptoms:

- Sneezing, runny/blocked nose
- Itchy eyes, fatigue, reduced concentration

Allow flexibility for medication use during school hours.

Communication with Parents

Inform parents about:

- High pollen days
- Cleaning and allergen-control measures in school

Encourage providing:

- Antihistamines (non-drowsy preferred)
- Nasal sprays (if prescribed)
- Written instructions for use

Measures for Seasonal Pollen Allergy (Hay Fever)

Reducing Pollen Exposure at School

- Keep windows closed during high pollen times (mid-morning & evening).
- Use air conditioning with clean filters where available.

Avoid:

- Outdoor assemblies during peak pollen seasons
- Grass cutting when students are present

Outdoor Activity Management

Schedule outdoor activities:

- After rain (pollen levels are lower)

Encourage students to:

- Wear caps or sunglasses
- Avoid sitting directly on grass

After Outdoor Exposure

Promote:

- Hand and face washing
- Changing clothes (if feasible for younger children)
- Prevent pollen spread into classrooms.

Measures for Dust Mite & Indoor Allergies

Classroom Environment Control

- Use smooth, easy-to-clean flooring instead of carpets (where possible).

Avoid:

- Curtains, rugs, or soft toys that trap dust

Clean:

- Desks, shelves, and floors daily with damp dusting (not dry dusting)

Air Quality

- Ensure good ventilation
- Use air purifiers if available
- Regularly clean:
- Air vents
- Fans and AC filters

Storage & Materials

- Store books and materials in closed cupboards
- Minimize clutter to reduce dust accumulation

Classroom Practices for Teachers

Seating Arrangement

Seat allergic students:

- Away from windows (during pollen season)
- Away from dusty areas like shelves or chalkboards

Teaching Methods

Prefer:

- Whiteboards instead of chalk (chalk dust can worsen symptoms)

Avoid:

- Strong perfumes, air fresheners, or sprays in class

Monitoring

Watch for:

- Reduced attention due to symptoms or medication side effects

Allow:

- Short breaks if symptoms worsen

Medication Support in School

Common Treatments (under medical advice)

- Oral non-sedating antihistamines
- Steroid nasal sprays (regular use for prevention)
- Eye drops for itchy eyes

School Role

- Allow timely administration

Staff should:

- Know where medicines are stored
- Understand basic usage instructions

Supporting Individual Students

Recognition of Impact

Allergies can affect:

- Concentration
- Sleep
- Academic performance

Special Considerations

Allow:

- Drinking water in class
- Tissues access

Avoid penalising:

- Frequent sneezing or nose blowing

When to Seek Medical Attention

Teachers should notify parents if:

- Symptoms are severe or persistent
- Breathing difficulty occurs (possible asthma link)
- Symptoms interfere significantly with participation

Quick Comparison

Trigger Type	Key School Action
Pollen	Limit outdoor exposure, close windows
Dust mites	Control dust, remove fabric traps
Indoor allergens	Maintain air quality, avoid sprays

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 teacher or pastoral person;
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives; and
- Bullying related to allergy will be treated in line with the school's anti-bullying policy.

13. ADRENALINE PENS

See the government guidance on Adrenaline Pens in Schools.

13.1 Storage of adrenaline pens

- Pupils prescribed with adrenaline pens will have easy access to two, in-date pens at all times;
- Set out what your policy is here, for example if adrenaline pens are to be stored centrally or if pupils carry them. Year 4 or year 5 is often a good time to change from the school managing the pens to pupils carrying them. If stored centrally, state where this is and ensure access at all times. If stored centrally they should be labelled, with the pupil's Allergy Action Plan. Remember pupils must also have access to two adrenaline pens as they travel to and from school;
- Spot checks will be made to ensure adrenaline pens are where they should be and in date;
- Adrenaline pens must not be kept locked away;

- Adrenaline pens should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator); and
- Used or out of date pens will be disposed of as sharps.

13.2 Spare adrenaline pens

Each OLA school has will have spare adrenaline pens to be used in accordance with government guidance.

The locations of spare adrenaline pens are clearly signposted and included in the **Appendix 1.**

The [Allergy Lead and Lead Nurse] are responsible for:

- Deciding how many spare pens are required depending on the size and nature of their school site. A couple of spare adrenaline pens in grab bags for school trips / matches should be considered as well.
- What dosage is required, based on the Resuscitation Council UK's age-based guidance (see page 11);
- Which brand(s) to buy. Schools are recommended to buy a single brand if possible to avoid confusion;
- The purchasing of spare adrenaline pens which can be obtained at low cost from a local pharmacy. See government guidance above; and
- Distribution around the site and clear signage.

13.3 Adrenaline pens on off-site activities

- No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own devices. It is the trip leader's responsibility to check they have them;
- Adrenaline pens will be kept close to the pupils at all times e.g. not stored in the hold of the coach when travelling or left in changing rooms;
- Adrenaline pens will be protected from extreme temperatures;
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction; and
- Consider whether to take spare adrenaline pens to off-site activities. This should be recorded as part of the risk assessment process.

14. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See **Appendix 2** on recognising and responding to an allergic reaction

If a pupil has an allergic reaction:

- Treat the pupil in accordance with their Allergy Action Plan;
- Instigate the school's Emergency Response Plan;
- If anaphylaxis is suspected administer adrenaline without delay;
- Treat the pupil where they are. Lie them down with their legs raised and bring medication to them;
- Use pupil's own prescribed medication if immediately available;
- Pupil can administer the adrenaline pen themselves [if able to] or a member of staff can administer pen. Ideally the member of staff will be trained, but in an emergency, anyone can administer adrenaline;
- If the pupil's own adrenaline pen is not available or misfires, then use a spare adrenaline pen;
- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or Allergy Action Plan, lie the pupil down with their legs raised, call 999 and explain anaphylaxis is suspected. Inform the operator that spare adrenaline pens are available and follow instructions from the operator. The MHRA says that in exceptional circumstances, a spare adrenaline pen can be administered to anyone for the purposes of saving their life;
- If, after 5 minutes, there is no improvement, use a second adrenaline pen and call the emergency services again and inform them that a second dose of adrenaline has been given;
- Do not move the pupil until a medical professional/ paramedic has arrived, even if they are feeling better; and

- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany them in an ambulance until a parent or guardian arrives.

15. TRAINING

15.1 The OLA schools are 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
- The OLA MAT encourages that staff in schools are given the opportunity to practise with a training adrenaline auto-injector;
- How the school manages allergy, for example Emergency Response Plan, documentation, communication etc;
- Where adrenaline pens are kept (both prescribed pens and spare pens) and how to access them;
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying;
- Understanding food labelling; and
- Taking part in an anaphylaxis drill.

15.2 The school will carry out an anaphylaxis drill once a year.

This includes:

- An exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the whole school response.

16. ASTHMA

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions. All OLA schools, **if included in the Allergy Action Plan**, will purchase and store spare:

- Antihistamine as tablets or syrup
- Asthma inhalers

Please refer to Appendix 3 for the Schools Allergy Code Checklist.

17. REPORTING ALLERGIC REACTIONS

The school will log allergic reaction incidents and near-misses on OLA MAT's compliance management system, **I am Compliant,** without delay. Any incident will be investigated, discussed and learnt from by the school's senior leadership.

APPENDIX 1 – Allery Management – Site-specific information

Name of the School	
Designated Allergy Lead	Cath Stobie
School Nurse / Medical Lead	Cath Stobie
Location(s) of spare Adrenalin Pens	School Reception
Location(s) of spare Asthma Inhalers (If Applicable- subscribed pupils only)	School Reception
Location(s) of spare of Antihistamine (If Applicable- subscribed pupils only)	See Cath Stobie

APPENDIX 2 – Recognising and responding to an allergic reaction with (EpiPen/Jext/EURneffy/Suspected New Cases)

EPIPEN

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue	• Difficult or noisy breathing • Wheeze or persistent cough	• Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie flat with legs raised** (if breathing is difficult, allow person to sit)

2. **Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: _____ mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

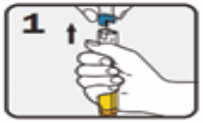
AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, **do NOT stand them up.** Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjector device, if available.

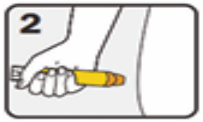
Commence CPR if there are no signs of life

You can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.

How to give EpiPen®



PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"

PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed

JEXT

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue	• Difficult or noisy breathing • Wheeze or persistent cough	• Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie flat with legs raised** (if breathing is difficult, allow person to sit)

2. **Use Adrenaline autoinjector without delay** (eg. JEXT®) (Dose: _____ mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, **do NOT stand them up.** Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjector device, if available.

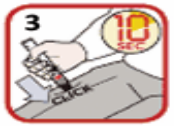
Commence CPR if there are no signs of life

You can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.

How to give JEXT®

Form fist around Jext® and PULL OFF YELLOW SAFETY CAP

PLACE BLACK END against outer thigh (with or without clothing)



PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds

REMOVE Jext®. Massage injection site for 10 seconds

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed.

EURneffy Nasal Device

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or persistent cough	• Pale or floppy
• Difficulty swallowing		• Suddenly sleepy
• Swollen tongue		• Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie flat with legs raised** (if breathing is difficult, allow person to sit)

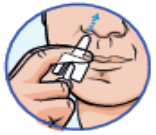
2. **Use EURneffy® nasal device without delay**
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

*** IF IN DOUBT, GIVE ADRENALINE ***

AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, **do NOT stand them up.** Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement after 5 minutes, give a further adrenaline dose using a second EURneffy device into the same nostril. Further adrenaline can also be given using a "spare" adrenaline autoinjector device, if available.

1. Hold the nasal device as shown with your thumb on the bottom of the plunger



2. Insert the tip of nasal spray into the nostril until your fingers just touch your nose. Point as shown.

3. Press plunger firmly UPWARDS, telling the person to breath normally.

Additional instructions:

If there is any wheezing or difficulty in breathing, GIVE ADRENALINE FIRST followed by a prescribed reliever, (with a spacer if needed or available)

SUSPECTED NEW CASES

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or persistent cough	• Pale or floppy
• Difficulty swallowing		• Suddenly sleepy
• Swollen tongue		• Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie flat with legs raised** (if breathing is difficult, allow person to sit)

2. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
3. In a school with "spare" back-up adrenaline autoinjectors, **ADMINISTER** the **SPARE AUTOINJECTOR** if available
4. **Stay with child/young person** until ambulance arrives, **do NOT stand them up**
5. Phone parent/emergency contact. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
6. Commence CPR if there are no signs of life

*** IF IN DOUBT, GIVE ADRENALINE ***

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis. For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: **sparepensinschools.uk**

Schools Allergy Code
Checklist

Whole school approach

- ○ Annual training for all staff delivered, recorded and any refreshers scheduled (Reminder: training must include reducing risk to help prevent allergic reactions, emergency response and supporting wellbeing and inclusion of pupils with allergies)
- ○ School-wide allergy awareness programme (for example assemblies, PHSE content, staff sessions, communication with all parents and pupils)

Clear communication

- ○ Comprehensive Allergy and Anaphylaxis Policy in place
- ○ Allergy and Anaphylaxis Policy made available and clearly signposted e.g. on website
- ○ Date set to review Allergy and Anaphylaxis Policy
- ○ Individual Healthcare Plans created for all pupils and shared as appropriate

Governance and risk management

- ○ Clear governance structure agreed and communicated
- ○ Defined staff roles agreed, including Designated Allergy Lead
- ○ Review process for policies and procedures agreed
- ○ Risk assessments include section on allergy management

Readiness to respond

- ○ Clear policy implemented for adrenaline pen storage and/or carrying
- ○ System in place to record expiry date of adrenaline pens
- ○ Spare pens located appropriately around the school
- ○ Emergency Response Plan written and circulated to all staff
- ○ Rehearsal of Emergency Response Plan scheduled
- ○ Annual anaphylaxis drill planned and scheduled

the allergy team

ISBA INDEPENDENT SCHOOLS' BURSARS ASSOCIATION

BENEDICT BLYTHE FOUNDATION

schoolsallergycode.com