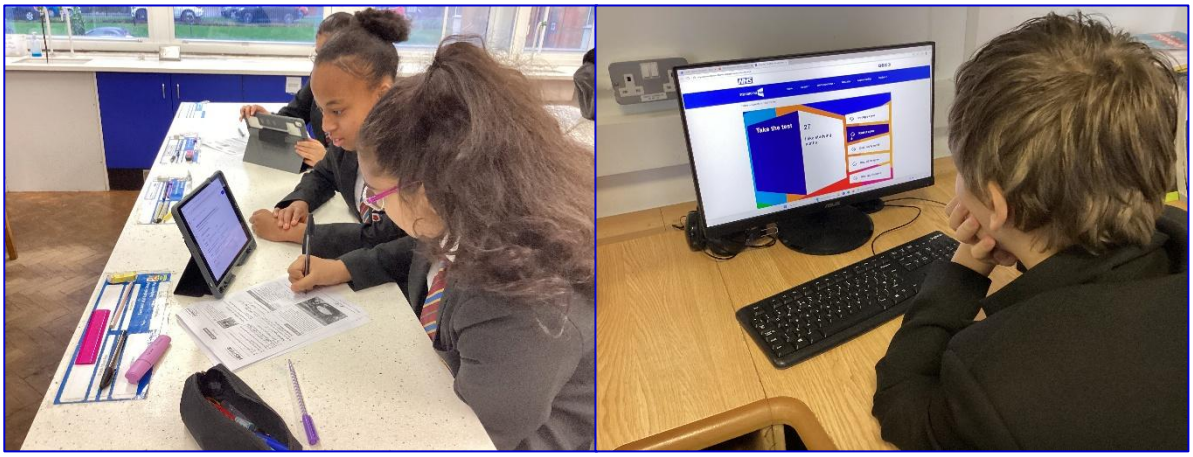
Saint John Wall Catholic School

A Catholic School For All

Mission Statement

'To educate each and every unique child in our care to hear and respond to what God calls them to be'



Allergy and Anaphylaxis Policy

"Be kind and compassionate to one another."

Ephesians 4:32

ALLERGY AND ANAPHYLAXIS POLICY

Saint John Wall Catholic School

CONTENTS:

1. AIMS AND OBJECTIVES

This policy outlines Saint John Wall Catholic School 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 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 school.

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

Medical Policy

Safeguarding and Child Protection Policy

SEND/Disabilities/Accessibility Plan Policy and Practice

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

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.

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

Saint John Wall Catholic School takes a whole-school approach to allergy management.

4.1 Designated Allergy Lead

The Designated Allergy Lead is Miss A Reynolds (Deputy Designated Safeguarding Lead). She reports to the Headteacher and Designated Safeguarding Lead and has strategic responsibility for implementing this policy. 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-];
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment);
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures. [Consider obtaining and recording

confirmation from staff that they have read and understood the policy] on MyConcern;

- 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.
- This policy will be reviewed annually by the Designated Allergy Lead, Miss Reynolds and following any serious allergic incident or near miss to ensure lessons learned are incorporated into school practice. The policy will be published on the school website and made available to parents on request.

Once a year Designated Allergy Lead will check procedures and report to the SMT.

4.2 Medical Lead

Miss Reynolds, (Medical Lead) and Miss Bryan, (Medical lead) are 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. Termly checks of medication undertaken to ensure dates.
- 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.

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 nursing team/medical lead to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity;
- There is a clear structure in place to communicate this information to the relevant parties (i.e. school nursing team, catering team);

- Parents and applicants are informed of catering arrangements during admission events; and
- Plans are made for emergency medication if the child is to be left without parental supervision.

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 ;
- 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. The policy can be located in the policies area on the school website;
- 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
- Food and drinks should not be shared, exchanged, or given to other pupils, as individual dietary needs, allergies, intolerances, medical conditions, religious requirements, and personal preferences may not always be known.

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
- 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 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 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, ensure they have their medication with them on the journey to and from school.
- Pupils will be expected to manage their allergy independently, where appropriate, including carrying and using their prescribed medication, avoiding known allergens, recognising symptoms and seeking immediate assistance if they suspect they are having an allergic reaction.

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. Staff and regular visitors are encouraged to inform the school of any significant allergies so that appropriate emergency arrangements can be made where necessary.

5.2 Staff and visitors

Staff are required to declare any significant allergies during the school's pre-employment and induction process by completing the relevant Human Resources documentation. Staff are responsible for informing Human Resources and the Designated Allergy Lead of any subsequent changes to their allergy or medical needs.

Visitors who have a significant allergy which may require emergency treatment or support whilst on site should notify Reception on arrival so that appropriate arrangements can be made where necessary.

Where appropriate, suitable arrangements will be implemented to minimise identified risks, ensure access to emergency medication and communicate relevant information to appropriate members of staff whilst maintaining confidentiality.

Staff and regular visitors are encouraged to inform the Designated Allergy Lead and of any significant allergies, particularly those which may require emergency treatment or workplace adjustments. Where appropriate, suitable arrangements will be made to minimise identified risks, ensure access to emergency medication and communicate relevant information to appropriate staff whilst maintaining confidentiality.

5.3 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.

5.4 Sharing Allergy Information

The school recognises that effective communication is essential to ensure the safety and wellbeing of pupils with allergies. Information relating to pupils with diagnosed allergies will be shared on a need-to-know basis with relevant staff to enable them to carry out their duties safely whilst maintaining appropriate confidentiality.

Information may be communicated through the following methods:

- Individual Healthcare Plans and Allergy Action Plans, which are made available to relevant staff;
- The school's safeguarding and medical recording system (MyConcern), where appropriate;
- Briefings for teaching staff, support staff, first aiders and pastoral teams;
- Catering staff, who are informed of pupils with dietary allergies to support safe meal provision;
- Trip leaders, educational visit staff, sports coaches and external activity providers before visits, fixtures and residentials;
- Supply teachers, agency staff and regular volunteers where they are responsible for supervising or teaching pupils with allergies;
- Examination staff and invigilators, where a pupil's medical needs may require adjustments or access to medication during examinations;
- New staff induction and annual allergy awareness training.

Only information necessary to safeguard the individual will be shared and all information will be handled in accordance with the UK General Data Protection Regulation (UK GDPR) and Data Protection Act 2018.

Parents and carers are expected to inform the school promptly of any changes to their child's allergy, medication or healthcare needs so that records can be updated without delay.

Following any significant change, the relevant members of staff will be informed as soon as practicable.

Where a pupil has a severe allergy or is considered at high risk of anaphylaxis, reasonable steps will be taken to ensure that staff responsible for the pupil are made aware of the allergy before they begin supervising or teaching that pupil, including temporary or supply staff where appropriate.

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.

The school recognises that severe allergies may constitute a disability under the Equality Act 2010. Where appropriate, reasonable adjustments will be made to ensure pupils with allergies are able to participate fully in school life whilst maintaining their safety and wellbeing

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;
- 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: admittance paperwork filled in by parents with a member of staff and annual reminders to parents to notify of any medical changes (including allergies). When children present at the food counter their is a notification which is shown on screen with the child's dietary needs;

- Food containing the main 14 allergens (see Allergens definition) will be clearly labelled . Other ingredient information will be available on request. ;
- Pre-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging;
- Where changes are made to the ingredients this will be communicated to pupils with dietary needs by the schools catering company and canteen staff;
- Canteen staff will identify any "may contain" notes to all pupils with allergens identified on the school system;
- Food provided at breakfast club and after school club will follow these procedures ;
- If "tuck" shops are set up then staff will provide original packaging with allergen labelling on.

7.2 Food brought into school

Where food is brought into school by staff or pupils, reasonable steps should be taken to ensure allergen information is available where practicable. Pupils with allergies should be encouraged to seek advice if they are unsure whether a food is safe.

7.3 Food bans or restrictions

The school is not an allergen-free environment; however, we will take all reasonable measures to minimise exposure to known allergens and support pupils and staff with identified allergies. Where there is any doubt about the ingredients or allergen content of food, it is the responsibility of the pupil or member of staff to seek clarification before consuming it. The sharing or swapping of food is discouraged to help protect the health and wellbeing of all members of the school community.

7.4 Food hygiene for pupils

- Pupils will be 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; and
- In Catering and Food Technology lessons, pupils are taught about allergens, contamination, and cross-contamination. Staff will take reasonable steps to minimise allergen risks and remain vigilant during practical activities. Where ingredients are brought from home, ingredient labels should be available and can be checked by a member of the Catering Department if required. Pupils should seek advice from staff if they are unsure whether a food product is suitable for their dietary or medical needs.

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. For those who have allergens outside of the main 14 these will be communicated by the school catering company catering company if they have been made aware using the set process;
- If attending another setting where food will be provided, 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

Measures taken to prevent and deal 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;
- Keep food and drink covered.
- Regular site checks for insect nests.

The school care takers 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;
- School trips that include visits to animals will be carefully risk assessed.

11. ALLERGIC RHINITIS/ HAY FEVER

School will follow the medical policy in regard to administration medication and dealing with this. Including but not exclusively, annual reminders about hay fever medication. Medication administration forms and were possible pupils' self-managing and medicating at home.

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 Head of Year, Safeguarding team or Pastoral support etc;
- 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 carry their own, in-date pens at all times;
- 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

This school has 2 spare adrenaline pens to be used in accordance with government guidance.

The locations of spare adrenaline pens are clearly signposted. These are located in the main school office in a secure container. The kit will contain 2x300mcg, 2x150mcg Adrenaline pens (Provided through Kit Medical Subscription)

The Allergy Leads are responsible for:

- Deciding how many spare pens are required
- 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 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 first aid emergency plan;
- If anaphylaxis is suspected administer adrenaline without delay;
- If breathing is difficult allow pupil to sit with legs outstretched, do NOT allow pupil to stand up or walk;
- 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, sit them in the most comfortable position for them, call 999 immediately and explain anaphylaxis is suspected, (commence CPR if there are no signs of life). 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.
- Pupils experiencing a mild allergic reaction will remain under direct supervision for at least 60 minutes as symptoms may progress to anaphylaxis.
- If there is any doubt whether an allergic reaction is anaphylaxis, staff should treat it as anaphylaxis, administer adrenaline without delay and call 999.

15. TRAINING

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

This includes:

- Understanding what an allergy is;
- How to reduce the risk of an allergic reaction occurring;
- How to recognise and treat an allergic reaction, including anaphylaxis- staff will be guided by the school nursing team when delivering training on practice with Auto Injectors;
- 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.

15.3 Unacceptable Practice

- Saint John Wall Catholic School is committed to ensuring that pupils with allergies are supported safely, consistently and without discrimination. The following practices are not acceptable and should not occur under any circumstances:
- Preventing pupils from having immediate access to their prescribed medication, including adrenaline auto-injectors and inhalers.
- Sending a pupil who is experiencing an allergic reaction to seek help alone. Staff must go to the pupil with emergency medication and assistance.
- Delaying the administration of adrenaline where anaphylaxis is suspected.
- Requiring parents or carers to attend school to administer medication or provide medical support where this is the responsibility of the school.
- Ignoring or failing to follow a pupil's Individual Healthcare Plan, Allergy Action Plan or advice provided by healthcare professionals.
- Assuming all pupils with allergies require the same level of support or that allergies can be managed in the same way.
- Excluding pupils from educational visits, sporting fixtures, extracurricular activities, practical lessons or other aspects of school life solely because of their allergy where reasonable adjustments can be made.
- Penalising pupils for attendance where absences are directly related to their allergy, medical appointments or treatment.

- Ignoring or failing to act upon concerns relating to allergy-related bullying, teasing or discrimination.
- Allowing food or activities to proceed without considering the potential risks to pupils with known allergies.
- Failing to communicate relevant allergy information to members of staff responsible for supervising or supporting pupils.
- Preventing pupils, where appropriate, from carrying and managing their own prescribed medication in accordance with their Individual Healthcare Plan.

Any concerns regarding unsafe practice should be reported immediately to the Designated Allergy Lead, who will ensure that appropriate action is taken and, where necessary, review procedures to prevent recurrence

15.4 Awareness of the Allergy and Anaphylaxis Policy

Saint John Wall Catholic School is committed to ensuring that all members of the school community are aware of this policy and understand their role in supporting pupils with allergies.

Awareness of this policy will be promoted through:

- Publication of the policy on the school's website, where it is available to parents, carers, pupils and members of the public;
- Inclusion within the induction programme for all new employees, volunteers, supply staff and regular visitors who have responsibility for pupils;
- Annual allergy awareness training and regular reminders for all staff, including updates following any changes to legislation, school procedures or significant incidents;
- Communication with parents and carers through the school's admissions process, website and other appropriate school communications;
- Sharing relevant procedures and emergency arrangements with pupils, where appropriate, through assemblies, tutor time, Personal Development lessons or other age-appropriate opportunities to promote allergy awareness, inclusion and safe behaviours;
- Briefings for staff before educational visits, residentials, sporting fixtures and other activities where additional allergy risks may be present.

The Designated Allergy Lead is responsible for ensuring that staff are informed of any significant changes to this policy and that appropriate updates are communicated promptly. Following any review of this policy, particularly after a serious incident or near miss, all relevant staff will be informed of any amendments to procedures.

All staff are expected to read, understand and comply with this policy as part of their professional responsibilities. Staff should seek clarification from the Designated Allergy Lead if they are unsure of any aspect of the school's allergy management procedures.

16. ASTHMA

The school recognises that asthma and allergies frequently occur together and that good indoor air quality can help reduce asthma symptoms and attacks. Where reasonably practicable, learning environments will be well ventilated, and known environmental triggers will be minimised. Pupils with asthma will continue to have prompt access to their prescribed inhalers and emergency asthma medication in accordance with the school's Medical Policy. Pupils should have their own medication with them at all times during the day (see medical policy)

17. REPORTING ALLERGIC REACTIONS, SERIOUS INCIDENTS AND NEAR MISSES

All allergic reactions, serious incidents and near misses will be recorded in line with the school's first aid and medical procedures.

Records will include, where appropriate:

- the individual involved;
- the suspected allergen or trigger;
- symptoms observed;
- medication administered;
- whether emergency services were contacted;
- parents/carers informed; and
- any follow-up actions required.

The Designated Allergy Lead will investigate all serious allergic incidents and relevant near misses to identify any lessons learned and determine whether improvements to school procedures, Individual Healthcare Plans, risk assessments or staff training are required.

Parents/carers will be informed of any significant allergic reaction. Where required, incidents will also be reported to the appropriate external agencies in accordance with statutory requirements. Significant incidents will be reported to the Headteacher and Governing Body through the school's established reporting procedures.

Following any serious allergic incident or near miss, this policy will be reviewed where appropriate to ensure lessons learned are reflected in future practice.

Ratified by Governors: 24/06/2026

Next Review Date: 24/06/2027

(This policy will remain in force beyond the review date if no updates are required)

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.
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.