Swanbourne House
Allergy Policy

Name:	Allergy Policy
Applies to:	Whole School including EYFS
Reference no:	Policy 27
Contributors:	School Nurse
Owner:	Deputy Head Pastoral
Approved by:	Head
Nominated Allergen Governor:	Rowena Bolton
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Aims and Objectives

This policy outlines Swanbourne House 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 if someone does. This policy 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.

What is an Allergy?

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response where 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.

Allergic Conditions

Allergic conditions can take a number of different forms and vary considerably in their severity. Common allergic conditions include:

- **Hay fever (allergic rhinitis):** This is triggered by allergens carried in the air (aeroallergens), including pollen, house dust mites, animal fur or feathers, and mould. Symptoms may include sneezing, a runny or blocked nose, and itchy or watery eyes.
- **Skin allergies:** These include conditions such as eczema, contact dermatitis and contact urticaria (hives). They may be triggered by contact with allergens including house dust mites, pollen, nickel, latex and certain chemicals. Symptoms can include itching, hives and dry or flaky skin. Some reactions may be delayed and occur several hours after contact with the allergen.
- **Food allergies:** Food allergies can cause symptoms ranging from mild itching in the mouth to more widespread, whole-body reactions, including anaphylaxis. Some food allergies do not cause an immediate reaction but may result in delayed gastrointestinal symptoms, such as stomach pain, vomiting or diarrhoea, sometimes accompanied by a flare-up of eczema. Although the majority of food-allergic reactions are associated with common allergens including peanuts and tree nuts, cow's milk, egg, wheat, fish and seafood, and sesame, any food has the potential to cause an allergic reaction.
- **Asthma:** Asthma in children is commonly allergic in nature and may be triggered by airborne allergens such as house dust mites, animal dander and pollen. Asthma is common amongst children and young people and should be considered alongside other allergic conditions when assessing and managing a pupil's individual needs. Asthma is covered in detail in the Medical, Health and First Aid Policy.
- **Other allergic conditions:** Less common allergies in children and young people include allergies to insect stings, such as bee and wasp stings, and to certain medicines.

Severity of Allergic Reactions

Allergic reactions can vary considerably in severity, from mild and localised reactions, such as mild hay fever, to more widespread whole-body reactions and, in some cases, anaphylaxis.

Most allergic reactions are not severe. Even in cases of food allergy, many reactions do not affect the Airway, Breathing or Circulation (ABC) and may be managed in accordance with the pupil's individual healthcare or allergy action plan, for example through the use of a non-drowsy oral antihistamine or appropriate local treatments such as nasal sprays or eye drops.

However, some pupils are at risk of anaphylaxis, a potentially life-threatening allergic reaction requiring immediate emergency treatment. Pupils identified as being at risk of anaphylaxis may be prescribed emergency medication, including adrenaline auto-injectors (AAIs).
The most common causes of whole-body allergic reactions, including anaphylaxis, are:

- Food allergens;
- Insect stings, particularly bee and wasp stings;
- Medicines, including some antibiotics and pain-relieving medicines such as ibuprofen; and
- Latex, which may be present in items such as rubber gloves, balloons and swimming caps.

The School will ensure that information about a pupil's known allergies, likely triggers, symptoms and required treatment is appropriately recorded and communicated to relevant staff in accordance with this policy and the pupil's individual healthcare or allergy action plan.

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 hazelnuts, cashew nut, pistachio, almond, walnut, pecan, Brazil nut and macadamia nut)
- Sesame
- Fish
- Shellfish
- Soya
- 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, molluscs, mustard, peanuts, tree nuts, soya sulphites 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 the policy, we will refer to them as Adrenaline Pens.

Allergy Action Plan
This is a document completed by a healthcare professional detailing a person's allergy and their treatment plan. Swanbourne House School uses the BSCAI Allergy Action Plan paediatric template.

Allergen Leadership
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.

- Senior Leader with Responsibility for Allergy Safety: Katie Markey, Deputy Head (Pastoral)
- Swanbourne House Designated Allergen Lead: Jennie Cunliffe, School Nurse
- Stowe Group Nominated Allergen Governor: Rowena Bolton

Roles and Responsibilities

Swanbourne House School takes a whole-school approach to allergy management.

Deputy Head (Pastoral) - Senior Leader with Responsibility for Allergy Safety

- Drive implementation of the Allergy Policy across the School
- Lead the annual review of the policy
- Oversee the recording, investigation and review of allergy-related incidents and near misses
- Ensure allergy safety remains embedded within safeguarding, pastoral care and educational visits
- Provide strategic oversight of allergy awareness training
- Chair the School's Allergy Safety Group
- Report regularly to the Head and Governors regarding allergy safety

Designated Allergen Lead

The Designated Allergen Lead is Jennie Cunliffe. She is managed by Katie Markey (Deputy Head). They are responsible for ensuring safety, inclusion and wellbeing of pupils with an allergy by:

- Making decisions on allergy management across the school
- Championing and practising allergy awareness across the school
- Being the point of contact for staff pupils and parents with questions or concerns about allergy management
- Ensuring allergy information is recorded, up to date and communicated to all staff
- Ensure that staff are appropriately trained and have good allergy awareness
- Reviewing the school's stock of spare adrenaline pens, that the school has the appropriate number for the setting, that they are the correct dose and are stored correctly and that staff are aware of their location
- Annually updating and reviewing the Allergy and Anaphylaxis Policy

Nominated Allergen Governor

The nominated allergy governor has a strategic oversight role, ensuring that the school has effective systems in place to safeguard pupils with allergies and that these are consistently implemented in practice. They do not manage day-to-day procedures but instead provide monitoring, support, and challenge, holding school leaders to account for the quality and effectiveness of allergy management across the school.

- Ensure the school has a robust, up-to-date allergy policy that is consistently applied
- Seek assurance that staff are appropriately trained and prepared to respond to allergic reactions
- Monitor how well procedures are implemented, including the use of individual healthcare plans
- Review reports of allergy incidents and near misses, ensuring lessons are learned
- Act as a link governor, meeting with the allergy lead and reporting back to the governing body
- Provide appropriate challenge to ensure pupil safety remains a priority

School Nurse

The School Nurse is responsible for:

- Obtaining completed Allergy Action Plans from parents/carers, ensuring that they are up to date and reviewed annually
- Ensuring that medication is in date and communicating with parents when personal adrenaline pens are due to expire and keeping an up to date log of adrenaline pens
- Checking spare adrenaline pens are where they should be and that they are in date, replacing them when needed
- Providing adrenaline pen training for staff and pupils

Head of Lower School

The Head of Lower School has day-to-day pastoral responsibility for pupils in Year 4 and below and plays a key role in implementing the Allergy Policy within the Lower School.

- Ensuring Individual Healthcare Plans are understood and implemented consistently by Lower School staff
- Supporting communication with parents
- Ensuring allergy arrangements are embedded into classroom routines
- Supporting educational visits and activities involving younger pupils
- Escalating concerns, incidents or emerging risks to the Deputy Head (Pastoral)

Given the age of many Lower School pupils, this role is particularly important in supporting children who are still developing independence in managing their allergies.

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 Allergen Lead/School Nurse to ensure that:

- That allergy information and special dietary information is collected at the earliest opportunity
- That this information is made available to relevant staff, the School Nurse and catering team
- Parents and applicants are informed of catering arrangements during admission events

Director of Operations

The Director of Operations retains operational responsibility for all non-pastoral services that contribute to allergy safety. This includes but is not limited to:

- Holroyd Howe catering services
- Estates
- Cleaning
- Procurement
- Visitor catering
- Contractor management

The Director of Operations is responsible for ensuring these operational services comply with the School's Allergy Policy and associated procedures. This arrangement recognises that catering is one important element of allergy safety but not its sole focus.

Holroyd Howe

Holroyd Howe remains responsible for:

- Food allergen compliance
- Statutory food information requirements
- Allergen control procedures
- Prevention of cross-contamination
- Staff training within catering
- Provision of allergen information
- Safe meal production

Operational performance is managed through the Director of Operations while strategic expectations are set through the School's Allergy Policy.

Staff

All school staff, including teaching staff, support staff and occasional staff are responsible for:

- Reading, understanding and putting into practice the Allergy Policy and related procedures and asking for support if needed
- Being aware of pupils (and staff if necessary) with allergies and what they are allergic to
- Ensuring that 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
- Attending and completing in-person and online training given by the school

Parents/Guardians

- Inform the school if an allergy diagnosis has been made
- Work with the School Nurse to complete an Individual Healthcare Plan and Allergy Action Plan
- If applicable, provide the school with two labelled Adrenaline devices and any other medication, for example antihistamine
- Ensure pupils have medication which is in date
- Inform the School Nurse of any changes to treatment plan
- Update the school after any Consultant/Hospital visits

Information and Documentation

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.
- 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
    - Details of the medication the pupil has been prescribed

- A copy of parental consent to administer medication
- A photograph of each pupil
- A copy of their Allergy Action Plan

Changes to Pupils' Allergy/Dietary Information

- Any updates must come via the school office to the Designated Allergen Lead
- A pupil's tray colour will only be altered when confirmed by the Designated Allergen Lead
- Staff must not alter tray allocation without confirmation from the Designated Allergen Lead

Risk Assessment

Allergens can be found in various school activities. Staff (including visiting staff) must consider allergies in all activity planning and include it in risk assessments. Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity.

Catering in School

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

- The catering team will endeavour to get to know the pupils with allergies and what their allergies are
- The school has robust procedures in place to identify pupils with food allergies, see Appendix 2.
- Food containing the main 14 allergens (see Allergens definition) will be clearly identified for pupils, staff and visitors to see. Other ingredient information will be available on request
- If the School hosts any 'coffee mornings' or 'bake days' for charity it is important that no food poses a risk. Where products are not made on site by the Catering team, appropriate signage should be in place. This will state the following:

*'This item was not produced at Swanbourne House School; therefore, we cannot guarantee that it **does not** contain nuts or any other allergens.'*

It should be left to the discretion of the person buying the food that they accept the risk that allergens may be present.

Away Fixtures and Trips

- A medical list is required for all trips/fixtures.
- Trip leaders are responsible for:
    - Ensuring that pupils that carry Adrenaline Pens have them with them. No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own pens
    - That they know where the Adrenaline device is at all times
    - That they are aware of the dietary requirements of pupils
    - Receiving a food handover from catering to confirm allergies and dietary requirements

- Supporting pupils at match-tea/fixtures to make a safe choice, and talk to away catering team if required

Boarding

- As documented in the Boarding House Handbook, pupils are asked not to bring any food product containing nuts onto the school site
- Any food that is brought into the Boarding House is stored in the Boarding office and the ingredients are checked by the Head of Boarding

Anaphylaxis and Adrenaline Devices

Anaphylaxis reactions are unpredictable. In addition, up to 20% of anaphylaxis reactions in schools happen in children without a pre-existing diagnosis of allergy. The school emergency adrenaline devices are to be used in an emergency for pupils who are at risk of anaphylaxis and whose own device is not available or not working.

Staff may administer an adrenaline device in an emergency to a pupil who has been prescribed and is in possession of an adrenaline device.

Storage of Adrenaline Devices

- Adrenaline devices must not be locked away
- Spare Adrenaline devices should be kept separate from any pupil's own prescribed Adrenaline devices
- EYFS and Year 1 to Year 4: Adrenaline Devices are kept on their form tutor's desk and pupils are supported in taking their Adrenaline Device around the school with them
- Year 5 to Year 8: The pupil carries their Adrenaline Device with them in their bag

Responding to an Allergic Reaction

If anaphylaxis is suspected adrenaline will be administered without delay, lying the pupil down with their legs raised. They will be treated where they are and medication brought to them. For further up to date First Aid guidance see Appendix 2. Process:

- A pupil's own prescribed medication will be used to treat allergic reactions if immediately available
- This will be administered by the pupil themselves (if age appropriate) or by a member of staff. Ideally the member of staff will be trained, but in an emergency, anyone will administer adrenaline
- If the pupil's own adrenaline pen is not available or misfires, then a spare adrenaline pen will 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 MHRA says 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

Action in an Emergency

If an individual (whether a child, young person, member or staff or visitor) experiences a life-threatening medical emergency, anyone – staff, volunteers or bystanders – may take reasonable action to save their life. The law recognises that rescuers act under extreme pressure. People who attempt to save a life in good faith are protected, even if an injury occurs while giving emergency care (for example, broken ribs during CPR are common and not a sign of wrongdoing). This includes administering adrenaline when an individual is suffering anaphylaxis. Swanbourne House staff should be aware that mistakes, hesitation, or imperfect technique do not amount to serious and wilful misconduct. The expectation is simply that staff act reasonably, to the best of their ability, in an emergency.

Training

Swanbourne House School is committed to training all staff annually to give a good understanding of allergies and this policy. 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 allergies, 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

Wellbeing of Pupils with Allergies

The School recognises that living with an allergy can affect a pupil's emotional wellbeing as well as their physical health. Some pupils may experience anxiety because of the risk of accidental exposure to an allergen and the possibility of a serious allergic reaction or anaphylaxis. This anxiety may be heightened where a pupil is also managing conditions such as asthma or eczema.

The School will seek to support pupils with allergies by providing appropriate reassurance that reasonable steps are being taken to minimise the risk of exposure to known allergens and that robust procedures are in place to respond effectively should an allergic reaction occur.

The School will also be mindful that arrangements designed to keep pupils safe, particularly those relating to food and mealtimes, can sometimes make a pupil feel different or singled out. Wherever possible, allergy management arrangements will therefore be implemented sensitively and inclusively, enabling pupils with allergies to participate fully in school life.

Allergy-Related Bullying

The School will not tolerate bullying or intimidation relating to a pupil's allergy. Allergy-related bullying may include:

- Deliberately excluding a pupil from activities because of their allergy;
- Deliberately exposing, or threatening to expose, a pupil to a known allergen;
- Making fun of, belittling or drawing inappropriate attention to a pupil's need to avoid particular allergens or take other precautions;
- Using a known allergen to frighten, intimidate or threaten a pupil; or
- Threatening or attempting to force a pupil to eat or come into contact with a known allergen.

Any such behaviour will be taken seriously and addressed in accordance with the School's Anti-Bullying Policy. Where the behaviour involves deliberate or threatened exposure to an allergen, the potential seriousness of the resulting harm will be taken into account when responding to the incident.

Supporting Pupils' Wellbeing

The School will promote the wellbeing and inclusion of pupils with allergies through measures including:

- **Regular communication and awareness:** Providing appropriate information to pupils, parents and staff about allergies to maintain awareness and understanding of the potentially serious consequences of allergic reactions.
- **Support for new pupils:** Proactively engaging with new pupils with known allergies and their parents/carers to explain the School's allergy procedures, understand the pupil's individual needs and ensure that appropriate support is in place from the outset.
- **Familiarisation with catering arrangements:** Where appropriate, offering new pupils with allergies the opportunity to become familiar with the kitchen and dining environment and to meet relevant catering staff. This can help to reduce anxiety and enable catering staff to become familiar with pupils who have allergies, food intolerances or coeliac disease.
- **An Allergy Champion:** The School will appoint an appropriately trained member of staff as its **Allergy Champion**, who will act as a point of contact for pupils, parents and staff in relation to allergy management. The Allergy Champion will help to promote good practice, support pupils who may be anxious about their allergy and contribute to maintaining awareness of allergy safety across the School.
- **Listening to pupils:** Pupils with allergies will be encouraged to express any concerns or anxieties they have about managing their allergy at School. Their views will be taken into account, in an age-appropriate manner, when considering the support and arrangements they require.
- **Promoting inclusion:** Pupils with allergies should be able to participate as fully as possible in all aspects of school life, including meals, sport, extracurricular activities, educational visits, residential trips and boarding. Appropriate planning and reasonable adjustments should be made to enable their participation safely and without unnecessary restrictions.

Children and young people should not be prevented from taking part in activities alongside their peers simply because of a risk of coming into contact with one of their allergens. Where an activity would involve most children and young people using a material which might contain an allergen

known to affect one of the group (for example), alternatives will need to be found for the whole group which do not exclude individuals. Staff should consider:

- Old food boxes or packaging may contain traces of allergens;
- Some products contain wheat flour, including ”play dough”
- Some glues contain milk, wheat or soya;
- Bird feed may contain nuts and sesame.

Unacceptable Practice

The School is committed to ensuring that pupils with allergies are appropriately supported and are able to participate fully and safely in school life. The following practices are considered unacceptable and must not occur:

- Preventing pupils from having easy and timely access to their prescribed medication, including adrenaline auto-injectors (AAIs).
- Ignoring the views of a pupil or their parents/carers in relation to the management of their allergy.
- Ignoring medical evidence or the opinion and advice of appropriately qualified healthcare professionals.
- Assuming that every pupil with an allergy requires the same level or type of support. Support should be appropriate to the individual pupil and their needs.
- Assuming that older pupils do not require support simply because they are able to take increasing responsibility for managing their own allergy.
- Assuming that a pupil does not have an allergy because they do not yet have a formal diagnosis, particularly where medical investigation is ongoing.
- Discriminating against a pupil with an allergy by sending them home unnecessarily for reasons associated with their allergy, or preventing them from participating in normal school activities or extracurricular activities, including lunch.
- Sending a pupil who becomes unwell to the School Office, Medical Centre or another location without appropriate supervision. In the event of an allergic emergency, including suspected anaphylaxis, **help must be brought to the pupil rather than the pupil being required to seek help**.
- Penalising pupils for attendance or absence associated with their allergy, including absences for hospital appointments, medical investigations or the management of their condition. Pupils should not be excluded from attendance rewards, including rewards for 100% attendance, where their absence results from a medical condition or allergy. This principle should also be reflected in the School's Attendance Policy.
- Requiring parents/carers, or making them feel obliged, to attend School to administer medication or provide medical support that the School should reasonably be able to provide.
- Allowing a failure by the School to provide appropriate allergy support to have an unnecessary impact on the work or other responsibilities of parents/carers.
- Preventing pupils from participating, or creating unnecessary barriers to their participation, in any aspect of school life because of their allergy. This includes educational visits, residential trips, sport, extracurricular activities and other off-site activities. Parents/carers should not routinely be required to accompany a pupil simply because the pupil has an allergy.

Allergy Safety Group

To ensure effective communication across departments, a termly Allergy Safety Group meeting occurs as a separate agenda item as part of the termly Health & Safety Committee.

Membership

- Deputy Head (Pastoral) (Chair)
- Head of Lower School
- School Nurse (Allergy Champion)
- Director of Operations
- Holroyd Howe Head Chef
- Head of Boarding (or representative)
- Director of Sport

The Group will review:

- Serious incidents and near misses
- Individual Healthcare Plans
- Staff training
- Catering compliance
- Educational visits
- Boarding arrangements
- Policy implementation
- Actions arising from audits or inspections

This forum provides assurance that allergy safety is being actively monitored and continually improved across the School.

Appendix 1: Swanbourne House Mealtime Allergy Identification Procedure

Purpose

To ensure all pupils with allergies are safely identified at mealtimes by all staff by using a coloured tray system.

Main House

Before collecting food from the serving counter in the dining hall, pupils must collect the correct colour tray in line with their dietary requirements.

Tray Colour System

- **Red** – Severe food allergy
- **Yellow** – Food allergy
- **Green** – Dietary requirement (vegetarian, religious requirement)
- **Blue or Black** – No known food allergy

Serving staff/Dining hall duty staff are to check that the pupil has the correct tray and ask pupils what their allergies are so that they can be supported to make safe food choices.

Meal Procedure (Breakfast, Lunch, Dinner)

- **Step 1:** Pupils collect the correctly coloured tray
- **Step 2:** For pupils with red and yellow trays, staff must double-check food choices
- **Step 3:** As pupils leave the dining hall, they return their tray as they would normally do, these are cleaned and made available in separate-coloured stacks of tray at the servery, so they are clearly available and ready to be used again.

Snack and Little Tea

Years 3 and 4

- When collecting snacks from the kitchen, staff must collect a separate snack bag/plate for pupils who have an allergy to the snack. The kitchen staff will prepare this bag/plate with the pupil's name clearly written
- Staff must ensure that the correct snack is given to the correct pupil and check the snack against their allergy list

Year 5

- When collecting snacks from the kitchen, staff must collect a separate snack bag/plate for pupils who have an allergy to the snack. The kitchen staff will prepare this bag/plate with the pupil's name clearly written
- Duty staff are responsible to ensure the named pupil takes their snack from the correct bag

Year 7 and 8

- Snacks at the servery are clearly labelled with the allergens that they consist of
- Pupils that have an allergy to the snack offering have a separate plate/bag with their name on it, which is given to them at the servery by the kitchen or duty staff present

Staff Expectations

- Know which colour tray corresponds to each category
- Monitor tray pick-up carefully, especially for Red and Yellow pupils
- Report any concerns (e.g., children repeatedly choosing the wrong tray) to the Designated Allergen Lead

New, Visiting or Cover Staff

- Must be briefed on the four-colour system before supervising a meal
- A laminated photo list of pupils with allergies/dietary needs must be accessible to staff at each serving session

Manor House

At morning registration pupils are given their wristband by a member of staff, pupils will then have their wristband on ready for morning snack, their wristband will remain on until afternoon registration where it is collected by staff.

Snacks are prepared by catering staff and pupils that have an allergy to the snack have a clearly named separate snack bag which is handed over to staff member who then will ensure that the correct snack to the correct pupil.

Lunch Procedure

- Before leaving their classrooms for lunch or snack, staff must check that all pupils have their wristbands on
- Before pupils are given their food, a visual check is made against the allergen list to confirm that the meal is safe for the pupil

Breakfast Club and Cabin

- Duty staff will have a photo allergen list, and as pupils arrive for breakfast club or cabin, they are given the correct colour wristband by the duty staff which remains on until they are dismissed

Appendix 2

Anaphylaxis

Anaphylaxis is a potentially life-threatening allergic reaction. Anaphylaxis may occur within minutes of exposure to the allergen. It can be life-threatening if not treated quickly with adrenaline. 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 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.

Symptoms of anaphylaxis include

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

Delivering medication

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