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Beechwood Park School

# ALLERGY & ANAPHYLAXIS POLICY

Website: [www.beechwoodpark.com](http://www.beechwoodpark.com)

Policy Number:	BWPS - 031
Policy Applicable To:	<b>Whole School – including EYFS</b>
Policy Revised By:	Carly Jacques / Lisa Daniels
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## OVERVIEW:

### 1. AIMS AND OBJECTIVES

This policy outlines Beechwood Park School's approach to allergy management, including how the whole-school community works to reduce the risk of an allergic reaction happening and the procedures in place to respond if one does. It also sets out how we support our pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an Allergy Aware School.

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

First Aid Policy

Safeguarding

Medial Handbook

Holyroyd Howe – Allergy & Intolerance Management Guide

### 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 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.

**FOOD INTOLERANCES:** this can cause a physical reaction and make an individual feel unwell. It does not involve the immune system, there is no allergic reaction, and it is not life-threatening. A food intolerance only results in symptoms if you eat reasonable amounts of the food (unlike an allergy, where just traces can trigger a reaction).

**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 AAls, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen and Emerade. Emerade is currently not available as it has been recalled due to misfiring incidences. For the purposes of this Policy, we will refer to them as Adrenaline Pens or AAls.

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

**INDIVIDUAL HEALTHCARE PLAN:** A detailed on-line document (via our Medical Alert List – iSAMS) outlining an individual pupil's condition, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. All pupils with an allergy 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. A Medical Alert List will also be created by the School Nursing Team for all off-site trips/residentials/away fixtures.

**SPARE PENS:** Schools can 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. At Beechwood Park there are 5 additional allergy stations; Forest School (roving kit), Woodlands, Pre-Prep (Junior), Main Dining Room and in Surgery (wall mounted boxes).

**The School Medical Team:** The onsite School Medical (or Surgery) Team consists of the School Nurses (often known as Matrons) who are primarily located in the School's Medical Centre (surgery) located upstairs next to the Boarding House. The door is clearly signposted and identifiable with a white cross or white writing on a green background stating that there is an Anaphylaxis kit inside. The School Nurses are registered with the Nursing and Midwifery Council (NMC), revalidating every three years. They receive an annual CPR/Anaphylaxis update.

**The Catering Team:** The onsite catering team consists of the school's catering contractor, Holroyd Howe, who provide all meals and snacks to pupils, boarders, staff, and visitors.

#### 4. ROLES AND RESPONSIBILITIES

Beechwood Park School takes a whole-school approach to allergy management.

##### 4.1 The Senior Leadership Team (SLT), Head of Operations and Head of Catering

Supported by the Medical Team, work together on leading the school's approach to allergy management from a pastoral and health and safety perspective. 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 the Medical Team records all allergy information accurately, keeps it up to date, and communicates it effectively to all staff.
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment)
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures
- Ensuring that parents and carers are informed of events that involve food at school other than that served by the School's Catering Team. Note: the Parents' Association (BPSPA) will inform families about events including Fun Night, Christmas Fayre etc. At these events, children are supervised by their parents, who are responsible for checking for allergens. BPSPA asks that only nut-free vendors are invited on site.
- Ensuring a record of any allergic reactions or near-misses and ensuring an investigation is held as to the cause and put in place any learnings
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy and reporting to the Health & Safety Committee.

#### **4.2 The School Medical Team**

The Lead Nurse with support from the School Nursing Team 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 Head of Operations and Senior Leadership Team on how this information is disseminated to all school staff, including the Catering Team, occasional staff and staff running clubs
- Ensuring the information from families is up-to-date, and reviewed at least annually
- Coordinating medication with families and ensuring medication is in date. It is the parents and carers responsibility to ensure medication is up to date, however the Medical Team also have systems in place to check this and notify the parents when they see the expiry date is approaching.
- Keeping a record to include Adrenaline Pens prescribed to pupils and Spare Pens, including brand, dose and expiry date. The location of Spare Pens is also documented.
- Regularly checking spare pens are where they should be, and that they are in date (termly) and replacing the spare pens when necessary
- Reviewing the stock of the school's spare adrenaline pens (check the school has enough and the locations are correct) and ensuring staff know where they are
- Providing on-site adrenaline pen training for other members of staff and pupils and refresher training as required e.g. before school trips. Formal training is arranged by the HR Department.
- Co-ordinating with the Catering Team to keep them updated on all pupil allergy information, including any changes/additions.
- Ensuring pupils' Adrenaline Pens, allergy cards, and other medication e.g.; antihistamines, inhalers etc are included in first aid kits for all off-site activities.
- Notifying parents that Adrenaline Pens and inhalers are not provided for weekend fixtures, as parents are responsible for bringing their own.

### **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 SLT, Head of Operations and School Medical Team to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity and that this is in place before a school visit, an Open Day or Taster Days if food is offered or likely to be eaten.
- There is a clear structure in place to communicate this information to the relevant parties (i.e. the school medical and catering team, Holroyd Howe)
- Visitors (for example at Open Days and events) are aware of the catering set up and if food is to be offered and plans for medication if the child is to be left without parental supervision

### **4.4 All staff**

All school staff, to include teaching staff, support staff, domestic & catering 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
- 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 e.g. obtaining it from Surgery or carrying it on their behalf when off-site depending on the age of the pupil
- Staff embarking on food projects MUST take responsibility for checking with the Medical Team the dietary needs of their class/year group/club/trip list etc.
- Being able to recognise and respond to an allergic reaction, including anaphylaxis
- Taking part in training as required (at least once a year) and to tell a manager if you have not received any in the last 12 months
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times
- Preventing and responding to allergy-related bullying, in line with the school's Anti-Bullying policy

### **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 Admissions Team (upon joining the school) or School Medical Team (if their child is a current pupil) with information in writing 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
- 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 (in-line with Holroyd Howe Policies)
- Providing any medical notes or documentary evidence they have to assist the school in supporting their child.

- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice
- Encouraging their child to be allergy aware

#### **4.6 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, i.e. spoon or syringe), inhalers or creams which must be kept in Surgery. All medication must be signed in directly with the School Nurses and kept in original packaging, including boxes. Tablets must not be in cut strips. If parents wish, a second set of Adrenaline Pens can be kept with the child (if appropriate for their age), but this is in addition to the two pens kept in Surgery.
- Ensure medication is in-date and replaced at the appropriate time
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too. An allergy review form is sent to parents annually (usually at the start of the new school year – September) by the School Nurses for allergy/medical updates.
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring e.g. not eating the food they are allergic to.
- Supply Adrenaline Pens (and inhalers) for weekend fixtures as parents will be taking pupils to these events themselves, therefore parents are asked to provide their own devices from home.

#### **4.7 All pupils**

All pupils at the school should:

- Be allergy aware
- Understand the risks allergens might pose to their peers
- Learn how they can support their peers and be alert to allergy-related bullying.

#### **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. The school recognises that this will depend on age and may not be appropriate with very young children
- Avoiding their allergen as best as they can
- Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction
- If age-appropriate, to carry two adrenaline auto-injectors with them at all times. They must only use them for their intended purpose
- Understand how and when to use their adrenaline auto-injector
- Talking to the School Medical Team 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

## **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. This photo list is maintained by the School Nurses and available for all staff to view via a 'live' list on BeechNet Medical. All staff are regularly reminded of these pupils.

### **5.2 Individual Healthcare Plans**

Each pupil with an allergy has an Individual Healthcare Plan (via Medical Centre – iSAMS). 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 (via the consent section of medical records)
- A photograph of each pupil (via iSAMS)
- A copy of their Allergy Action Plan (via Medical Centre – iSAMS)

## **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 or cooking / baking.
- Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk.
- Running activities or clubs where they might hand out snacks or food "treats". Ensure safe food is provided or consider an alternative non-food treat for all pupils.
- Planning special events, such as cultural days and celebrations

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity.

## **7.FOOD, INCLUDING MEALTIMES & SNACKS**

### **7.1 Catering in school**

The school, working in partnership with our catering provider Holroyd Howe 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 via Holroyd Howe.
- 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 and work and work with the Medical Team to ensure their allergies are supported by all school staff
- The lists of those pupils with severe allergies are consistently referred to by the Catering Team.
- The catering team will endeavour to provide varied meal options to students and staff with allergies.
- All pupils with allergies are required to collect a 'Think of Me' wooden spoon before joining the lunch queue, this is supervised by staff. When collecting their snack, a red plated individual snack is available for them to collect from the supervising member of staff. Food allocation is supervised by staff. These methods of identification are especially important where the pupils are younger and less able to take responsibility themselves.
- The school has robust procedures in place to identify pupils with food allergies. The Catering Team use a colour coding system to identify special diets. The colour code is as follows:
  - **RED:** pupil has had a severe reaction / anaphylactic shock or has been medically diagnosed
  - **AMBER:** Pupil has an allergy or intolerance
  - **BLUE:** Pupil excludes foods due to preferences including religious beliefs

### 7.3 Pupils in the **RED** category

- A meeting will be arranged between the Catering Team and the pupil's parents to discuss the pupil's allergy, including a tour of the kitchen production and service areas, particularly when the pupil is at risk from trace allergens due to potential cross-contamination (e.g., at self-service salad bars and dessert counters).
- A pre-plated meal will be provided for the pupil. While the Catering Team (Holroyd Howe) can prepare meals that exclude identified allergens, they cannot guarantee the absence of trace allergens due to shared storage and preparation areas. However, all reasonable steps will be taken to minimise the risk of cross-contamination. Pre-plated meals are prepared in separate areas or at different times from meals containing the pupil's allergens, and the menu cycle is carefully planned to ensure consistency and safety.
- The Catering Team (Holroyd Howe) does not use nuts in any food they prepare and serve. However, they cannot guarantee that all dishes or products are completely free from nuts or nut derivatives, due to precautionary allergen statements (e.g., "may contain") provided by suppliers.
- In some cases, pupils in the RED allergy category who are allergic to nuts may tolerate products with precautionary statements such as "made in a factory containing nuts." If agreed during the meeting with the school, parents may sign a disclaimer permitting the pupil to select meals rather than receive a pre-plated meal.

### 7.4 Pupils in the **AMBER** or **BLUE** category



- Pupils within these categories may request allergen information from a member of the Catering Team, who will provide details using the team's daily allergen checker (Allergy Champion).

## **7.5 Main 14 Allergens**

- Food containing any of the main 14 allergens (see Allergens definition) will be clearly labelled for visibility by pupils, staff, and visitors. Additional ingredient information will be available upon request. For allergies outside of the main 14, Holroyd Howe will carry out a risk assessment to determine if the allergen(s) can be safely managed and whether a pre-plated meal is necessary. The school may request a written medical letter from parents to support this assessment.
- Food packaged to go 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 Catering Team.
- Suppliers will use precautionary allergy statements where there is a risk of cross contamination. Examples of precautionary allergy statements are: may contain, used in a factory that handles or contains traces of. If the supplier has used a precautionary allergy statement our catering provider, Holroyd Howe will put a MC (may contain) mark on to their back of house labelling if it is not possible to keep food in the original packaging to ensure this is clear.
- Food provided at breakfast club, after school clubs, boarding tuck etc. will follow these procedures.

## **7.6 Food brought into school**

- The school has staff and pupils with a wide range of allergies to different foods. Pupils are not allowed to bring food into School.
- Food is not permitted to be taken on a school trip by pupils.
- In the Boarding House, birthdays are celebrated, and parents may supply a moderate amount of party food for the occasion. This food must not be homemade and must have a full list of ingredients clearly visible for the head of boarding to check against the list of boarders with allergies.
- Any food brought in by staff or for staff must not contain nuts. Labels on all food items should be checked carefully.
- All food brought into school for social or fundraising events must comply with this policy and be nut-free.
- Staff are discouraged from bringing in or distributing 'treats' for pupils. If a special treat is appropriate (e.g. during Christmas), a non-food item is recommended.

## **7.7 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
- In the Boarding Houses, pupils may prepare light snacks such as toast and hot chocolate. These items are provided by the school's Catering Team and are prepared under the supervision of the Boarding Team.

## **8. SCHOOL TRIPS**

- Trip leaders are responsible for ensuring the safe provision of meals

- Staff leading the trip will have a register of pupils with allergies with medication details. They should also be aware of any members of staff with allergies who are accompanying the trip.
- Allergies will be considered on the trip risk assessment and catering provision put in place
- Parents may be consulted if considered necessary, or if the trip requires an overnight stay
- Staff accompanying the trip will be trained to recognise and respond to an allergic reaction. This training is arranged by the HR Department.
- Allergens will be clearly labelled on catered packed lunches provided by Holroyd Howe.
- If attending Match Tea at another school, details of their dietary requirements will be sent with their coach/staff member (Medical Alert List – created by the School Nurses) to ensure they have a safe meal / snack.
- If a pupil with an allergen is attending Match Tea or an activity at another school, details of their dietary requirements will be sent with their coach/staff member (Medical Alert List – created by the School Nurses) to ensure they have a safe meal / snack.

## **9. INSECT STINGS**

Staff and pupils with a known insect venom allergy should:

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

The school's Head of Grounds 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 is normally the dander that causes a person with an animal allergy to react.

Precautions to limit the risk of an allergic reaction include:

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

## **11. ALLERGIC RHINITIS/HAY FEVER**

- With parental consent, the school may administer homely remedies, including antihistamines. Consent is obtained via the online medical form when a pupil joins the school. Regular antihistamine administration is only provided to boarding pupils, as these medications can be given at home before school and typically last for 12 hours.
- Before administering any homely remedies, a member of the Medical Team, or a designated first aider for away/residential trips will confirm whether the pupil has received any medication in the past 24 hours to ensure safe dosing.

## **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 Tutor/ House Parent etc
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives
- Bullying related to allergy will be treated in line with the school's anti-bullying policy

## **13. ADRENALINE PENS**

The school follows government guidance on the use of Adrenaline Pens in schools.

[Guidance on the use of adrenaline auto-injectors 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. These are kept in Surgery (in line with their age and stage)
- With parental consent and if age-appropriate, pupils may also carry an additional two Adrenaline Pens in a bag or bum-bag. This bag will also contain their Individual Healthcare Plan, Allergy Action Plan, and a photo label on the outside.
- A competency assessment must be completed by the Medical Team before a pupil is permitted to carry their own Adrenaline Pen.
- Regular checks are made to ensure adrenaline pens are where they should be, are in date, and stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator). Any used or out of date pens will be disposed of as sharps.
- Used or out of date pens will be disposed of as sharps

### **13.2 Spare pens**

This school has 5 emergency anaphylaxis kits to be used in accordance with government guidance on the use of Adrenaline Auto-Injectors in schools.

The kits are wall mounted, clearly signposted and are stored in:

- Main Dining Room
- Woodlands Nursery (kitchen)
- Junior/Pre-Prep (staff room)
- Surgery (accessible during opening hours)
- A roving kit is also taken to Forest School by the Forest School Leader

The School Nursing Team are responsible for:

- Deciding how many spare Adrenaline Pens are required
- Ensuring that pupils' personal pens are included in grab bags for school trips and matches, and that additional pens are stored in the Surgery.
- What dosage is required, based on the Resuscitation Council UK's age-based guidance

- Which brand(s) to buy. Schools are recommended to buy a single brand, if possible, to avoid confusion. At Beechwood Park we use EpiPens.
- The purchasing of spare adrenaline pens which can be obtained at low cost from a local pharmacy. See government guidance above
- Distribution around the site and clear signage

### 13.3 Adrenaline pens on school trips and match days

- No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own pens. 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 (Surgery has storage bags for this purpose)
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction
- Consider whether to take Spare pens to sporting fixtures and on trips

## 14. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

- If a pupil has an allergic reaction they will be treated in accordance with their Allergy Action Plan and a member of staff will instigate an emergency response.
- If anaphylaxis is suspected adrenaline will be administered without delay, lying the pupil down with their legs raised as described in the Appendix 1. They will be treated where they are and medication brought to them.
- A pupil's own prescribed medication will be used to treat allergic reactions if immediately available.
- This will be administered by the pupil themselves [if age appropriate] or by a member of staff. Ideally the member of staff will be trained, but in an emergency, **anyone** will administer adrenaline.
- If when on the school site, the pupil's own adrenaline pen is not available or misfires, then a spare adrenaline pen will be used. If on a trip, parents are asked to send two
- 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 (location of EpiPens – Appendix 3).
- Ambulance control may authorise the use of the spare pen. 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 to tell them you have done so.
- 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.

## **15. TRAINING**

### **15.1 The Catering Team – Holroyd Howe**

All members of the Catering Team complete food allergy training before or on their first day of employment, including instruction on the school's allergy procedures. Each service includes at least two trained 'Allergy Champions,' identifiable by their 'Ask Me About Allergens' badge. The school is committed to raising awareness and ensuring all staff have a solid understanding of allergies and allergy management.

### **15.2 The School**

Beechwood Park 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
- How the school manages allergy, for example Emergency Response Plan (Appendix 1), 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

## **16. ASTHMA**

It is vital that pupils with allergies keep their asthma well controlled because asthma can exacerbate allergic reactions. The school follows the Department of Health document 'Guidance on the Use of Emergency Inhalers in Schools'. Pupils with asthma will be identified from the School's Medical Questionnaire and parents are asked to complete a 'Respiratory Disorder/Asthma Care Plan'.

- A 'live' list of pupils with asthma is compiled by the School Nurses and available for all staff to access via BeechNet Medical.
- Emergency Asthma Packs containing a spare inhaler and spacer, along with information regarding assessment and treatment of an asthma attack, are available in School should a pupil with asthma require an inhaler and theirs is not available. These are located in each area of the school (Appendix 3):
  - Woodlands
  - Pre-Prep (Juniors)
  - Prep (Middle)
  - Prep (Upper)
  - All sports areas - Front Field Pavillion, Back Field Pavillion, Sports Hall Garage and Swimming Pool
  - Each of the school buses/minibuses
  - Music Department and Surgery

IF IN ANY DOUBT, CALL AN AMBULANCE (999).

## **17. MONITORING AND REVIEW**

- The Head of Operations will monitor the implementation of this policy to identify areas for improvement and training needs.
- All allergic reactions classed as mild to moderate will be recorded by the Medical Team on the School's Management Information System (iSAMS Medical Centre).
- Any allergic reaction classed as serious, where an anaphylactic reaction has occurred, (see Appendix 1) will be recorded on iSAMS, CPOMS and in the Accident Book due to the need for the pupil or member of staff to be sent to hospital for further treatment.
- The Chief Operating Officer will be notified and will determine the appropriate course of action and include such incidents in the updates to the School's Health and Safety Committee, which meets on a half-termly basis.
- The Health and Safety Committee will consider any patterns or incidents which may require further investigation or necessitate a change in procedures. The Health and Safety Committee report to the Medical Governor of the Governing Board via the Medical, Health and Safety Committee.

## **18. MANAGING ALLERGIC REACTIONS**

Allergic reactions vary. Bear in mind the following:

- Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.
- Do not 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 (age-appropriate dose – check the details on the box)
- Make a note of the time
- Phone parent or guardian (ask another staff member to do this, if available)

- 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:

#### **A – Airway**

- Persistent cough
- Vocal changes (hoarse voice)
- Difficulty swallowing
- Swelling in throat, tongue or upper airway

#### **B – Breathing**

- Difficult or noisy breathing
- Wheezing

#### **C – Circulation**

- Feeling lightheaded or faint
- Clammy skin
- Confusion, sudden sleepiness
- Unresponsive/ unconscious (due to a drop in blood pressure)

IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE.

### **Delivering adrenaline**

- Take the medication to the patient, rather than moving them.
- The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
- It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or items in a pocket.
- Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
- 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 999 you have given adrenaline for anaphylaxis.
- Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).

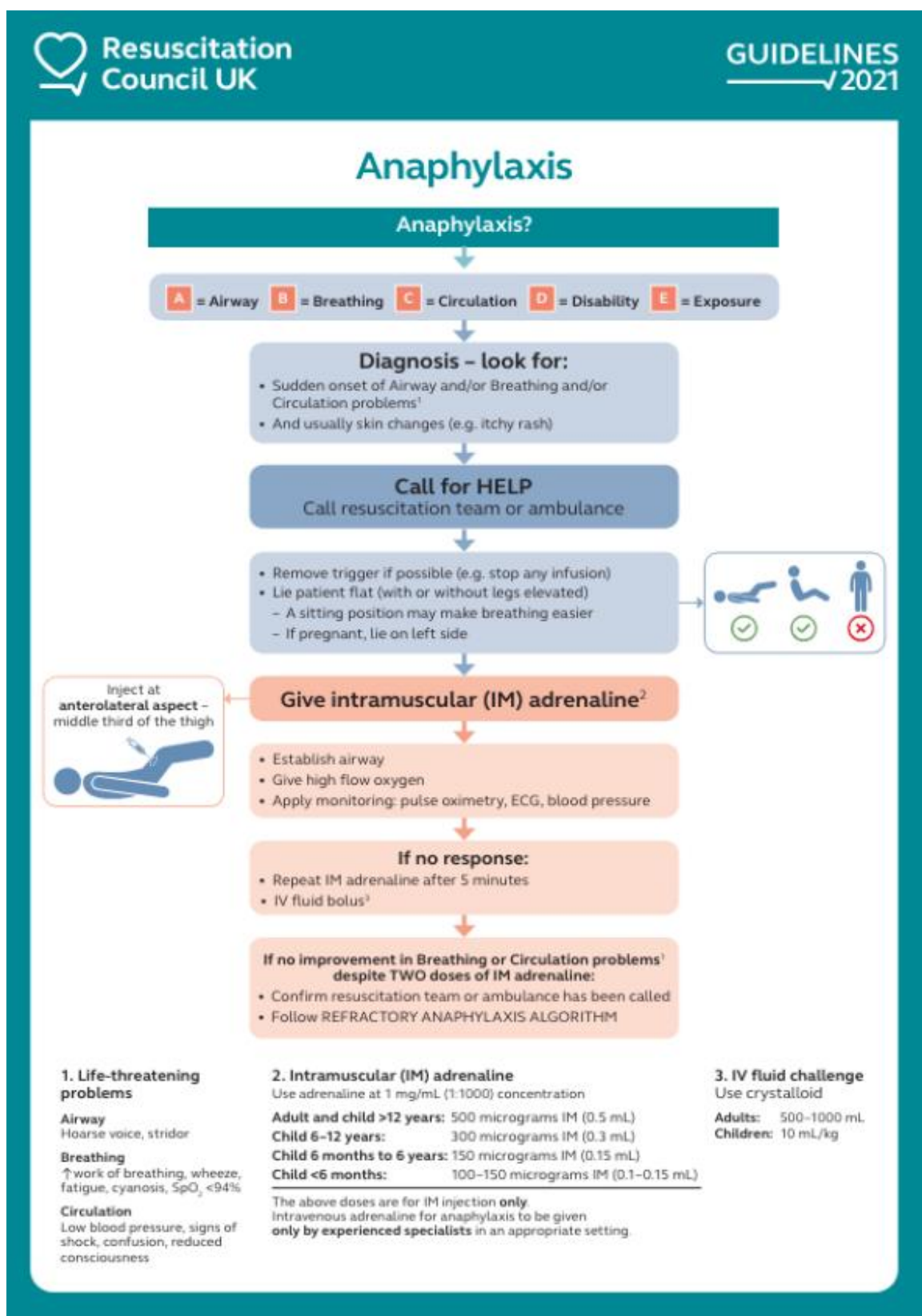
- Call the pupil's emergency contact (or ask someone else to do this while you stay with the patient, if you have an additional member of staff with you).
- If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
- Start CPR if necessary (AED location – Appendix 3).
- Hand over used devices to paramedics and remember to get replacements (school Nurses will restock school supplies, Parents will be asked to provide pupil specific devices).

## **19. ADDITIONAL INFORMATION AND GUIDANCE**

For more information see the Government's Guidance for the use of:

- Department of Health document 'Guidance on the Use of Adrenaline auto-injectors in schools' Using emergency adrenaline auto-injectors in schools - GOV.UK
- Department of Health document 'Guidance on the Use of Emergency Inhalers in Schools' Emergency asthma inhalers for use in schools - GOV.UK





# Be Allergy Aware & Save a Life

Anaphylaxis is a serious and life-threatening reaction to allergens such as food, insect stings, medication & latex.

Recognise the **ABC symptoms** and act quickly - you could save a life.

## WHAT TO LOOK FOR

- A Airway**
- Persistent cough
  - Vocal changes (hoarse voice)
  - Difficulty swallowing
  - Swelling in throat, tongue or upper airway
- B Breathing**
- Difficult or noisy breathing
  - Wheezing
- C Consciousness/Circulation**
- Feeling lightheaded or faint
  - Clammy skin
  - Confusion, sudden sleepiness
  - Unresponsive/ unconscious [due to a drop in blood pressure]

These severe symptoms may occur alongside milder stomach or skin symptoms.

**Anaphylaxis may occur without any skin symptoms.**

## WHAT TO DO

1. Lay the person flat and raise their legs - do **NOT** allow them to stand or walk anywhere.  
A. If unconscious, place them in the recovery position  
B. If breathing is difficult, allow them to sit up
2. Administer an adrenaline auto-injector without delay [refer to device label for instructions]
3. Phone 999 and tell them the person is suffering from anaphylaxis (anna-fill-ax-is)
4. If there is no improvement of symptoms after 5 minutes, a second dose of adrenaline can be given

**Medical observation in hospital is recommended after anaphylaxis**



01252 542029



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anaphylaxis.org.uk

# ASTHMA ATTACKS IN SCHOOLS

**Selles Medical**

## WHAT IS ASTHMA?

Asthma is caused by swelling (inflammation) of the breathing tubes that carry air in and out of the lungs. This makes the tubes highly sensitive, so they temporarily narrow.

**Normal Airway**      **Asthma Attack**

## WHO DOES IT AFFECT?

It affects people of all ages and often starts in childhood, although it can also develop for the first time in adults.

There's currently no cure, but there are simple treatments that can help keep the symptoms under control so it does not have a big impact on your life.

## SYMPTOMS OF ASTHMA

The main symptoms of asthma are:

- Chest pain or tightness
- Wheezing & shortness of breath

The symptoms can sometimes get temporarily worse. This is known as an asthma attack.

## COMMON TRIGGERS

Symptoms may happen randomly or after exposure to a trigger.

Common asthma triggers include:

- Allergies (to house dust mites, animal fur or pollen, for example)
- Smoke, pollution and cold air
- Exercise
- Infections like colds or flu

Identifying and avoiding your asthma triggers can help you keep your symptoms under control.

## INHALERS

Inhalers can help:

- relieve symptoms when they occur (reliever inhalers)
- stop symptoms developing (preventer inhalers)

Inhalers, which are devices that let you breathe in medicine, are the main treatment. Tablets and other treatments may also be needed if your asthma is severe.

You'll usually create a personal action plan with a doctor or asthma nurse.

This includes information about your medicines, how to monitor your condition and what to do if you have an asthma attack.

If using reliever and preventer inhalers does not control your asthma, you may need an inhaler that combines both.

Combination inhalers are used every day to help stop symptoms occurring and provide long-lasting relief if they do occur.

## WHAT TO DO DURING AN ASTHMA ATTACK

If you think you're having an asthma attack, you should:

1. Sit upright (do not lie down) and try to take slow, steady breaths. Try to remain calm, as panicking will make things worse.
2. Take 1 puff of your reliever inhaler (usually blue) every 30 to 60 seconds, up to a maximum of 10 puffs.
3. Call 999 for an ambulance if you do not have your inhaler with you, you feel worse despite using your inhaler, you do not feel better after taking 10 puffs or you're worried at any point.
4. If the ambulance has not arrived within 15 minutes, repeat step 2.

Never be frightened of calling for help in an emergency.

Try to take the details of your medicines (or your personal asthma action plan) with you to hospital if possible.

If your symptoms improve and you do not need to call 999, get an urgent same-day appointment to see a GP or asthma nurse.

This advice is not for people on SMART or MARI treatment. If this applies to you, ask a GP or asthma nurse what to do if you have an asthma attack.

## ASTHMA ATTACK SYMPTOMS

Signs that you may be having an asthma attack include:

1. Your symptoms are getting worse (cough, breathlessness, wheezing or tight chest)
2. Your reliever inhaler (usually blue) is not helping
3. You're too breathless to speak, eat or sleep
4. Your breathing is getting faster and it feels like you cannot catch your breath
5. Your peak flow score is lower than normal
6. Children may also complain of a tummy or chest ache

The symptoms will not necessarily occur suddenly. In fact, they often come on slowly over a few hours or days.

## REMEMBER

Always inform paramedics of:

- The child's name
- The number of puffs taken by the pupil
- The total length of time of the asthma attack

Use of an emergency inhaler should always be recorded and include details of:

- Where the attack took place
- When the attack took place
- How much medication was given and by whom

Source: NHS (National Health Service)  
<https://www.nhs.uk/conditions/asthma/>

01482 317900

[www.sellesmedical.co.uk](http://www.sellesmedical.co.uk)

### **Appendix 3. Location of Emergency Equipment**

**EpiPens** (age specific: Junior 'green' box' EpiPen for under 6yrs and 'yellow box' EpiPen for over 6yrs, including adults)

- Surgery - wall mounted emergency box (x4 devices - x2 under 6yrs/x2 over 6yrs)
- Main Dining Room - wall mounted emergency box (x2 devices - x1 under 6yrs/x1 over 6yrs)
- Woodlands Kitchen - wall mounted emergency box (x2 devices - x1 under 6yrs/x1 over 6yrs)
- Pre-Prep (Junior) Staff Room - wall mounted emergency box (x2 devices - x1 under 6yrs/x1 over 6yrs)
- Forest School (kept by Becky, Forest School Lead) - Mobile emergency box (x2 devices - x1 under 6yrs/x1 over 6yrs)

(we also have child specific devices on the wall in surgery which are stored in individual pouches for 9 children who require them).

**If you need to use an emergency EpiPen call 999 for ambulance support.**

**Inhalers** (blue 'reliever' inhalers can only be used by someone who has asthma, or a respiratory condition, and have been prescribed an inhaler by a medical professional)

- Surgery - wall mounted emergency box
- Woodlands Kitchen - wall mounted emergency box
- Pre-Prep (Junior) Staff Room - wall mounted emergency box
- Middle School (Annex Corridor) - wall mounted emergency box
- Upper School (English/Library Corridor) - wall mounted emergency box
- Music Department Office - wall mounted emergency box
- Forest School (kept by Becky) - Mobile emergency box
- Swimming Pool - Emergency box
- Back Field Pavillion - Emergency box
- Front Field Pavillion - Emergency box
- Sports Hall Garage - Emergency box
- Buses - X6 devices

**If you have any concerns about someone's breathing call 999 for ambulance support**

We have **two AEDs**, an internal device in the annex corridor and an external device by the main sports hall door (anyone can call 999 and receive the code from the emergency operator to release the external device).