LORD WANDSWORTH COLLEGE

St Neot's Prep School

ALLERGY SAFETY POLICY

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1. AIMS AND OBJECTIVES

This policy outlines Lord Wandsworth College Group's (LWCG) approach to allergy management, in line with the Benedict's Law and the Department for Education's statutory guidance published in 2026 (Allergy safety in schools statutory guidance).

This policy outlines how the whole-LWCG community works to reduce the risk of an allergic reaction occurring, and the procedures in place to respond effectively 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 group.

This policy applies to all staff, pupils, parents and visitors to LWCG sites and should be read alongside the corresponding First Aid Policy.

2. WHAT IS AN ALLERGY?

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

An allergy is different to an intolerance. Whilst an intolerance may cause uncomfortable symptoms it does not involve the immune system.

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, referred to as the "main 14" in this template. 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 Devices or ADs to include other adrenaline devices such as EURNeffy (see below).

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

ASTHMA: Asthma is a common, long-term condition which effects the lungs. People with asthma have airways that are more sensitive and can become inflamed and narrow on exposure to certain triggers. This can lead to difficulty in breathing.

ASTHMA ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's asthma, information about triggers, symptoms, medicines to be used if they have asthma symptoms, and when to seek emergency help when they have an asthma attack.

DESIGNATED ALLERGY LEAD: The member of staff responsible for overseeing allergy and asthma management across the Group and acting as the main point of contact for pupils, parents and staff. This is referred to as the named senior leader in the statutory guidance.

EMERGENCY RESPONSE PLAN: A document (also known as a Critical Incident Plan) that outlines a school's procedure for managing an emergency and should be fit for purpose to manage a serious allergic reaction (anaphylaxis).

EURNEFFY: EURNeffy (also known as Neffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector.

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 that requires active management 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 or to be taken to mitigate those risks. Allergy should be included in all risk assessments for events on and off-site.

SPARE ADRENALINE DEVICES: Schools are able to purchase spare adrenaline **devices**. These should be held as a back-up, in case pupils' prescribed adrenaline **devices** 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

Lord Wandsworth College takes a whole-Group approach to allergy management.

4.1 Named Allergy Governor

The Named Allergy Governor is Fiona Gill**.** They work in partnership with the Designated Allergy Lead to ensure allergy safety is overseen at governing body level. They are responsible for:

- Ensuring allergy-related risks are included on the LWCG risk register and actively managed by the governing body;
- Providing strategic oversight of the Group's Allergy Safety Policy, ensuring it is reviewed at least annually and published on the Group's websites;
- Acting as the governing body's named point of contact for allergy-related matters;

- Satisfying themselves that the Group's allergy management arrangements meet legal and statutory requirements and reflect best practice;
- Receiving regular updates from the Designated Allergy Lead and ensuring the governing body is appropriately sighted on allergy compliance; and
- Reviewing records of allergic reaction incidents and near-misses at the termly Health and Safety meeting and at Regulatory and Safeguarding Committee meetings and ensuring the Group acts on any learnings to reduce the risk of future incidents.

4.2 Designated Allergy Lead

The Designated Allergy Lead is the Chief Operations Officer, Will Dixon. They report into the Heads and the Named Allergy Governor. They are responsible for:

- Leading the publication and implementation of a Group-wide Allergy Safety Policy;
- Ensuring the safety, inclusion and wellbeing of pupils, staff and visitors with an allergy;
- Taking decisions on allergy management across the Group;
- Championing and practising allergy and asthma awareness across the Group;
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management;
- Ensuring allergy information is recorded, up-to-date and communicated to all staff;
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment);
- Ensuring staff, pupils and parents have a good awareness of the Group's Allergy Safety Policy, and other related procedures
- Reviewing the Group's stock of spare adrenaline devices (checking there is an appropriate number for the settings, that they hold the correct dose, that spare adrenaline devices are stored appropriately) and ensuring staff know where they are;
- Keeping a record of any allergic reactions or near-misses, reporting these to the governing body and appropriate authority (e.g. under RIDDOR) where necessary, investigating the incidents and ensuring that the findings of investigations into incidents are (where necessary) used to update relevant policies and procedures.
- Regularly reviewing and updating the Allergy Safety Policy; and

The Designated Allergy Lead will monitor implementation of this policy, review procedures at regular intervals and report to the senior leadership team and Named Allergy Governor as appropriate.

4.3 Senior Nurse/ School Nurse

The Senior Nurse/ School Nurse is responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans, Asthma Action Plans and Individual Healthcare Plans) and information from families to ensure that

arrangements are in place before the pupil starts, or within 2 weeks for a mid-year transfer, liaising with the admissions team as needed;

- Working with The People Team to keep an updated list of staff with allergies (and creating an individual healthcare plan if necessary) and ensuring arrangements are in place to support them;
- Supporting the Designated Allergy Lead with disseminating this information to all LWCG 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;
- Keeping an adrenaline device register to include adrenaline devices prescribed to pupils and the LWCG's stock and location of spare adrenaline devices, including brand, dose and expiry date.;
- Regularly checking spare adrenaline devices are where they should be, are easily accessible in case of emergency, and that they are in date;
- Replacing the spare adrenaline devices when necessary;
- Providing on-site adrenaline device training for staff and pupils and refresher training as required e.g. before trips; and

4.4 Admissions Team

The admissions team is likely to be the first to learn of a potential pupil's allergy. They should work with the Designated Allergy Lead and LWCG nursing teams/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. LWCG nursing teams, catering teams);
- Where food is provided during admission events, attendees are given an appropriate opportunity in advance to declare any allergies or dietary requirements.
- Plans are made with the Health Centre for emergency medication if the child is to be left without parental supervision; and

4.5 All staff

All staff, including teaching staff, Business staff, occasional staff (for example sports coaches and music teachers) are responsible for:

- Championing and practising allergy and asthma awareness across the Group;
- Reading, understanding and putting into practice the Allergy Safety 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, including carrying it on their behalf if necessary;
- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training;
- Taking part in compulsory annual training as required. Whilst it is LWCG'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 LWCG's anti-bullying policies;
- Forwarding any communication or information that comes directly to them from parents regarding allergens to the Senior Nurse; and LWCG Catering Manager
- Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving the LWCG site for a match or trip.

4.6 All parents

All parents and carers (whether their child has an allergy or not) are responsible for:

- Being aware of and understanding the Group's Allergy Safety Policy and considering the safety, inclusion, and wellbeing of pupils with allergies;
- Providing the Senior Nurse/ School Nurse 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 College of any related conditions, for example asthma, hay fever, rhinitis or eczema;
- Considering and adhering to any food restrictions or guidance the Group has in place when providing food, for example in packed lunches, as snacks or for fundraising events;
- Refraining from telling LWCG their child has an allergy or intolerance if this is a preference or dietary choice; and
- Encouraging their child to be allergy aware.

4.7 Parents of children with allergies

In addition to paragraph 4.6, the parents and carers of children with allergies should:

- Work with LWCG 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 devices and any other medication, for example antihistamine (with a dispenser, i.e. 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 devices, if prescribed, on the journey to and from school;
- Update LWCG with any changes to their child's condition and ensure the relevant paperwork is updated too;
- Provide LWCG 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, advocate for themselves, and take reasonable steps to reduce the risk of an allergic reaction occurring e.g. not eating the food to which they are allergic.

4.8 All pupils

All pupils in LWCG should:

- Be allergy aware;
- Understand the risks that allergens might pose to their peers and respect measures to support them;
- Learn how they can support the wellbeing of their peers and be alert to allergy-related bullying.

Older pupils should:

- learn how to recognise an allergic reaction and support their peers and staff in case of an emergency; and
- Students who are considered mature enough to understand and manage their own dietary requirements should check ingredient information and ensure that any food they bring onto site or purchase complies with their individual dietary restrictions, allergy management plans, or medical advice. Parents and carers are responsible for ensuring that food provided from home is appropriate for their child. The Group cannot accept responsibility for food obtained from external sources or brought onto site by pupils.

4.9 Pupils with allergies

In addition to paragraph 4.8, pupils with allergies, as appropriate to their age and capability, 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 LWCG 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;
- Understanding how and when to use their adrenaline auto-injector and only using them for their intended purpose;

- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any LWCG 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;
- If leaving the school site with permission during the school day knowing what to do if they have an allergic reaction off the school premises including how to treat themselves and how to raise the alarm to get help]; and
- Ensuring they have their medication with them on the journey to and from school.

5. INFORMATION AND DOCUMENTATION

5.1 Register of pupils and staff with an allergy

LWCG has a register of pupils and record of staff who have a diagnosed allergy. This includes children and staff who have a history of anaphylaxis or have been prescribed adrenaline devices, as well as pupils and staff with an allergy where no adrenaline devices have been prescribed.

5.2 Individual Healthcare Plans

Each pupil with an allergy requiring active management by LWCG, whether they have a prescribed adrenaline device or not, has an Individual Healthcare Plan. The information on this plan includes:

- Known allergens, risk factors for allergic reactions and any adaptations needed;
- A history of their allergic reactions;
- If the pupil has asthma and any other medical conditions and necessary detail;
- Details of the medication that the pupil has been prescribed, including their dose, this should include adrenaline devices, antihistamine etc;
- A copy of parental consent to administer medication, including the use of spare adrenaline devices in case of suspected anaphylaxis, and asthma inhalers;
- An indication of how the child's condition may impact on their learning or wellbeing;
- If the child is able to take responsibility for their condition including in an emergency;
- A photograph of each pupil and emergency contact details; and
- A copy of their Allergy and/or Asthma Action Plan.

6. ASSESSING RISK

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

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food lessons or cooking;
- Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk;

- Running activities or clubs where they might hand out snacks or food “treats”. Ensure safe food is provided or consider an alternative non-food treat for all pupils; and
- Planning special events, such as cultural days and celebrations.

Inclusion of pupils with allergies must be considered as a relevant factor alongside their safety and where possible they should not be excluded. If necessary, staff should adapt the activity to remove any risk. LWCG will ensure compliance with the Equality Act 2010.

7. FOOD, INCLUDING MEALTIMES & SNACKS

7.1 Catering

The Group is committed to providing safe and inclusive meals and snacks for all students, staff and visitors, including those with food allergies.

- Due diligence is carried out with regard to allergen management when constructing menus. All suppliers are onboarded by Avendra (procurement specialists). All products are then listed on a central ordering system with details displayed and it is then transferred by the system when constructing menus.
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training;
- Catering staff are available to discuss the provision of allergen safe meals with parents/ carers;
- 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 LWCG staff;
- The catering team will endeavour to provide varied meal options to students and staff with allergies;
- LWCG has robust procedures in place to identify pupils with food allergies.
- Dishes and menus containing the main 14 allergens (see Allergens definition) will be clearly labelled using full words, not symbols or abbreviations. Other ingredient information will be available on request.
- Information on allergens will be available for the pupil to check independently;
- 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 which involve the introduction of a known allergen this will be communicated to pupils with dietary needs by catering staff and via the electronic displays mounted at the serveries.
- Where manufacturers declare an ingredient or finished product 'May contain' one or more of the "main 14" allergens, this information is declared to all pupils and/or staff via menus and individual product labels.

- Where a pupil or staff member who must also avoid food declared as 'May contain', they are provided with a suitable alternative.
- All LWCG sites are nut aware and aim to be nut free sites.
- All food and drink offered through LWCG retail outlets (Zanetas, Wild Acres and Tuck Shops) are managed in accordance with the same food safety and allergen management procedures applied across the College's catering operation.
- Any food prepared on site for sale will have relevant allergen information clearly identified and made readily available to pupils and staff.
- Outlets also provide a range of products suitable for individuals with specific dietary requirements relating to one or more of the 14 regulated allergens. Pre-packaged products purchased from approved suppliers will be provided with the manufacturer's original allergen labelling intact and clearly visible.
- Pupils and staff with food allergies or intolerances are encouraged to check allergen information and, where necessary, seek advice from a member of the Catering Team before making a purchase.
- **St Neot's**
- The core procedures enabling the Catering Team to provide meals, snacks and drinks which meet the Early Years Foundation Stage statutory guidance for each child from an allergic perspective are:
    - Prior to a child starting at St Neot's, obtaining relevant information concerning any specific dietary requirements including food allergies and sharing this with all staff involved in the preparing and handling of food;
    - At each mealtime and snack time establishing who is responsible for checking that food and drink provided meets the need for each child;
    - Ensuring there is always a member of staff with a valid paediatric first aid certificate present whenever a child/children are eating;
    - For there to be ongoing communication with parents and/or carers to develop allergy action plans - particularly with the intention of keeping all information up-to-date and these updates shared with all staff involved in preparing and handling of food;
    - Children to be within the sight and hearing of a staff member whilst eating - where possible staff should sit facing children whilst they eat to identify any unexpected allergic reactions.

7.2 Food brought into school

LWCG is Allergen Aware. We have students with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food

All food brought to the LWC site must contain the manufacturers ingredients label. At the LWC site, homemade food and food containing nuts are not to be brought onto site.

At the St Neot's site, the Nursery Holiday Club packed lunches are checked when they arrive. All parents are communicated to that if they do bring in their own snacks then they must be nut and sesame free.

7.3 Food hygiene for pupils

- LWCG will encourage pupils to wash their hands with soap and warm water before and after eating;
- Parents/carers and pupils will be advised that water bottles and packed lunches should be clearly labelled and food should not be shared or swapped; and
- Throwing food is not allowed.
- Where pupils have access to kitchens or food preparation areas, they are expected to follow good food-hygiene practices and any displayed instructions. Food must be stored appropriately in sealed, clearly labelled containers, with allergen-containing items kept separate where practicable. Separate utensils, chopping boards and preparation surfaces should be used to minimise cross-contamination, and all equipment and surfaces must be thoroughly cleaned before and after use. Pupils with known allergies must not share food, utensils or equipment, and appropriate staff supervision will be provided according to the pupils' age and 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 if they themselves have 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 Those pupils and staff identified by the trip organiser and communicated to the Catering Department as having a food-related allergy will receive their meal in a white bag (all others in brown) with both their name and relevant allergy clearly written on the outside of the bag.
- If attending Match Tea at another school, details of their dietary requirements will be sent ahead to ensure they have a safe meal; and
- See Adrenaline Devices section for School Trips and Sports Fixtures.

9. INSECT STINGS

Insect sting (including bee and wasp sting) allergy can cause anxiety and needs careful management.

The health centre and boarding houses hold antihistamine over the counter medication and insect bite/sting relief cream for use for those who have consent provided by parent/guardians. If they do receive a bite or sting, the health centre/matron/houseparent should be asked for advice. For anaphylaxis to the sting, their AAI care plan should be followed.

Those with a known insect venom allergy should:

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

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

Precautions to limit the risk of an allergic reaction include:

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

11. ALLERGIC RHINITIS/ HAY FEVER

LWCG is a rural setting, some pupils note an increase in their hay fever and pollen allergies when on site.

All those with known pollen allergies are advised to take regular antihistamine medication for the duration of their seasonal allergen period. This can be purchased over the counter or prescribed by the GP.

Allergic rhinitis is the broader term used to describe all year-round triggers such as dust mites or pet dander.

- Seasonal: trees, grass, weed pollens usually during warmer months.
- All year rhinitis: dust mite, mould spores and pet furs.

Symptoms include sneezing, runny or blocked nose, itchy, red or watery eyes, itchy throat, nose or ears, fatigue and headaches from poor sleep and sinus pressure.

Advice for management:

- Applying a thin layer of Vaseline around nostrils to trap pollens, wear sunglasses outside.
- Keep windows and doors closed during high pollen counts.
- Damp dust surfaces.
- Use allergy protectors for pillows and mattresses.

For those with known allergy to pollens, to take regular antihistamines as prescribed, and seek GP advice for nasal corticosteroids/eye drops if further treatment is required.

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.

- Staff are alert to the possibility of allergy-related bullying and are proactive in safeguarding the wellbeing and inclusion of pupils with allergies;
- No child should be excluded from taking part in a LWCG activity, whether on the school premises or a school trip because of their allergies;
- Pupils with allergies may require additional pastoral support including regular check-ins from their Tutor.
- Affected pupils will be given consideration in advance of wider LWCG discussions about allergy and LWCG Allergy Awareness initiatives;
- Bullying related to allergy will be treated in line with the LWCG anti-bullying policies; and
- Uniform policies take into account that children may need emergency medication near them at all times.

13. ADRENALINE DEVICES

See the government guidance on Adrenaline Devices in Schools.

13.1 Storage of adrenaline devices

- Pupils prescribed with adrenaline devices will have easy access to two, in-date devices at all times;
- At LWC Pupils who have a severe allergic reaction and who are prescribed an Adrenaline Auto Injector should carry two AAIs with them at all times. Generic AAIs are kept in all boarding houses, Julyans and the Health centre in Orange allergy packs also holding emergency inhaler and spacer device. AAI use by dates should be checked. regularly and house staff should liaise with the Health Centre staff for renewal for pupils registered with the LWC doctor. Parents of Day & Flexi boarders should see their own GP. The nurse who leads in this field keeps track of these dates and contacts house/pupil/parents as another reminder.

- At St Neot's Pupils prescribed with adrenaline pens will have easy access to two, in-date pens at all times. Pupils in Pre Prep will have adrenaline pens in the class and the responsible adult in charge of the class will carry these during specialist lessons and break times.

- Children in Main School (Years 3-8) will have their Adrenaline pen on them at all times when in and around school. There are also 4 x adrenaline pens readily available for anyone experiencing symptoms of Anaphylaxis stored at the Main Reception desk.

- In the event of an anaphylactic reaction (considered an extreme emergency) the administration of adrenaline by injection (1:1000) can be given or supplied without the direction of a medical practitioner or a PGD (patient group directive), for the purpose of saving life. The administration of adrenaline by injection (1:1000) is among the drugs listed under Article 7 of the Prescription Only Medicines (Human Use) Order 1997 for the administration by anyone in an emergency for the purpose of saving life.

- Spot checks will be made to ensure adrenaline devices are where they should be and in date;
- Adrenaline devices must not be kept locked away or in rooms with restricted access;
- Adrenaline devices 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 devices should be disposed of as sharps.

13.2 Spare adrenaline devices

LWC has ten spare adrenaline devices to be used in accordance with government guidance.

The locations of spare adrenaline devices are clearly signposted. These are: one per boarding house, one in Julyans and one in the Health Centre.

St Neot's has four spare adrenaline devices located in the KITT anaphylaxis box at Main Reception.

The Allergy Lead and Senior Nurse are responsible for:

- Deciding how many spare devices are required;
- 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;
- The purchasing of spare adrenaline devices. See government guidance above; and
- Distribution around the LWCG site and clear signage.

13.3 Adrenaline devices on off-site activities

- No child with a prescribed adrenaline devices 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 devices 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 devices 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 devices and asthma inhalers to off-site activities. This should be recorded as part of the risk assessment process.

14. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See the appendix to this policy for details of how to recognise and respond to an allergic reaction.

In all cases:

- A pupil with a known allergy should be treated in accordance with their Allergy Action Plan and/or Individual Healthcare Plan.
- If anaphylaxis is suspected adrenaline should be administered without delay, using the school's spare device if needed. In exceptional circumstances, a spare adrenaline device can be administered to anyone for the purposes of saving their life, even without consent.
- 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 the pupil in an ambulance and remain until a parent or guardian arrives.

Depending on the circumstances, it may be necessary to instigate the school's wider Incident Management Plans.

15. TRAINING

LWCG is committed to ensuring that all staff receive regular (at least annual) allergy awareness training. This training should cover all staff, including teaching staff, support staff, catering staff, site staff and others who may oversee children at breakfast or after-school clubs.

This training will cover:

- 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 to treat an asthma attack using a reliever inhaler;
- How LWCG manages allergy, for example understanding LWCG's Allergy Safety Policy, emergency response, documentation, communication etc;
- How to check who has an allergy, and how to use an IHP and Allergy or Asthma Action Plan;
- Where adrenaline devices are kept (both prescribed devices and spare devices) 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;
- How to report an allergic reaction or near miss; and

- Taking part in an anaphylaxis drill. This involves an exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the whole school response.

16. ASTHMA

LWCG understands that it is vital that pupils with allergies keep their asthma well controlled. Asthma can exacerbate allergic reactions and poorly managed asthma increases the severity of an allergic reaction.

- Staff will be aware of common asthma triggers which may include airborne allergens such as pollen, house dust mite, mould spores or pet dander and food allergens.
- All pupils with asthma will have an Asthma Action Plan. Where relevant, an Asthma Action Plan will be in addition to an Allergy Action Plan.
- The Asthma Action Plan will be included in the pupil's Individual Healthcare Plan and will include medical and parental consent for staff to administer medicines, including an emergency reliever inhaler in the event of an asthma attack.
- Children and young people known to have asthma should have their own reliever inhaler at school at all times and on the journey to and from school.
- Where a pupil is able to manage their asthma themselves, they should keep their inhaler on them. If they cannot, it should be stored in a clearly labelled, easily accessible location.
- At LWC, emergency Inhalers along with a spacer device are kept in each boarding house, Julyans and the health centre in the orange Emergency medication box. Consents for those pupils to use them are also held in the box. Expiry dates are recorded by the health centre and replaced as necessary. These are checked by the nursing team and matrons.
- At St Neot's, emergency inhalers are kept in the Health Hub and some designated first aid bags that are signed for by staff. They are checked by the School Nurse

17. REPORTING ALLERGIC REACTIONS

LWCG will log all allergic reaction incidents and near-misses as soon as is feasible after they occur. The record should be made by the member of staff who dealt with the incident.

- Each record should include: Who was affected, what happened, when and where, why the incident occurred (as far as is known), how staff and the pupil responded; what was done to support the individual; whether emergency services were called and how the incident concluded
- All incident reports should be shared with:
    - the pupil's parents or carers, who will be given the opportunity to discuss the incident and contribute their views to the review; and
    - the Named Allergy Governor and the governing body, so they can consider what lessons to learn and whether policy changes are required.
- Any learning from an incident should be shared appropriately with staff so they can act on it.
- It may be necessary to share the report with other agencies, for example:

- schools that operate as food businesses must report any allergen-related food safety incidents to their local authority;
- Incidents arising directly from a work activity that result in death or immediate hospitalisation must be reported to the Health and Safety Executive under RIDDOR.

- Following any incident or near miss the school will meet with the child or young person and their parents/ carers to ensure they are confident the setting remains safe and if any changes are needed to their individual healthcare plans.
- LWCG recognises the impact of an incident or near miss not just on the individual and their family, but also on staff who responded and children who witnessed it and will offer appropriate support.

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 devices
- Give antihistamine. Note: if any signs of anaphylaxis are present, give adrenaline without delay.
- Make a note of the time
- Inform parent or guardian
- Continue to monitor the pupil for at least 60 minutes in case the reaction gets worse

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. Treat the patient where they are. 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. Pupils may be able to do this themselves, but some will require or want adult support. Whilst all members of staff should be trained, in an emergency, anyone can administer adrenaline.
5. Make a note of the time you gave the first dose.
6. Call 999 for an ambulance (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
7. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
8. Call the pupil's emergency contact.
9. 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.
10. Start CPR if necessary.

11. Hand over used devices to paramedics and remember to get replacements.
12. 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.

For more information see the Government's Guidance for the use of adrenaline auto-injectors in schools.