WOODBRIDGE SCHOOL

Allergy and Anaphylaxis Policy – Whole School (including Prep and EYFS)

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Contents

1. Introduction

A severe allergic reaction can cause risk to life but even a mild to moderate reaction or near-miss can have widespread consequences.

Having this Allergy and Anaphylaxis Policy ensures everyone at Woodbridge School:

- Is clear on procedures.
- Understands their responsibility for reducing the risk of allergic reactions happening.
- Knows how to respond appropriately if an allergic reaction occurs.

2. Aims and Objectives

This policy outlines Woodbridge School's approach to allergy management in line with the Department for Education's draft [statutory] guidance published in 2026 (Supporting children and young people with medical conditions and allergy). It also anticipates the likelihood of Benedict's Law coming into force in 2027.

Benedict's Law will introduce a consistent national framework for allergy safety in schools, requiring whole-school allergy policies, mandatory staff training, access to adrenaline devices, and the creation of Individual Healthcare Plans for pupils with allergies.

This policy outlines how the whole-school 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 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, Medical Information and Guidelines, Supporting Pupils with Medical Conditions Procedure, Lettings Terms and Conditions

3. 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.

4. 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.

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, through clothing. 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 adrenalin devices (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 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 school 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 Major 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 (IHC): 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 to mitigate those risks. Allergy should be included on all risk assessments for events on and off the school 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.

5. Roles and Responsibilities

Woodbridge School takes a whole-school approach to allergy management.

5.1. Named Allergy Governor

The Named Allergy Governor is Benita Ogg. 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 school's risk register and actively managed by the governing body;
- Providing strategic oversight of the school's Allergy Safety Policy, ensuring it is reviewed at least annually and published on the school's website;
- Acting as the governing body's named point of contact for allergy-related matters;
- Satisfying themselves that the school'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 and ensuring the school acts on any learnings to reduce the risk of future incidents.

5.2. Designated Allergy Lead

The Designated Allergy Lead is Benjamin Capjon . They report to the Head. They are responsible for:

- Leading the publication and implementation of a school-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 school;
- Championing and practising allergy and asthma awareness across the school;
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management;
- Ensuring allergy information is recorded, up-to-date and communicated to all staff;
- 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 Safety Policy, and other related procedures ;
- Reviewing the school's stock of spare adrenaline devices (checking the school has an appropriate number for the setting, 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 used to update relevant policies and procedures.
- Regularly reviewing and updating the Allergy Safety Policy; and
- Ensuring there is an anaphylaxis drill at least once a year and that lessons learned are

used to update the allergy safety policy and school procedures as appropriate.

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.

5.3. School Nurse / Prep Matron

The School Nurse and Prep Matron are 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 department 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;
- Support the Designated Allergy Lead 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 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 school'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; and
- Providing on-site adrenaline device training for staff and pupils and refresher training as required e.g. before school trips. Pupils will be provided with storage bags to keep their devices in. This will maintain continuity with all allergy storage.

5.4. Admissions Team

The Admissions team are likely to be the first to learn of a pupil or visitor's allergy. They should work with the Designated Allergy Lead and School Nurse / Prep Matron to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity. This should be in place before a school visit, an Open Day 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. School Nurse, Prep Matron, Catering Team).
- Parents and applicants are informed of catering arrangements during admission events;
- Plans are made for emergency medication if the child is to be left without parental supervision; and
- There is liaison with the child's previous school, or future school to ensure a smooth transition between settings.

5.5. All Staff

All school staff, to include teaching staff, support staff, occasional staff (for example sports coaches and visiting music teachers) are responsible for:

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

5.6. 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 Nurse / Prep Matron or Form Tutor with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema.
- Considering and adhering to any food restrictions or guidance the School has in place when providing food, for example in packed lunches, as snacks or for fundraising events.
- Refraining from telling the School their child has an allergy or intolerance if this is a preference or dietary choice.
- Encouraging their child to be allergy aware.
- Informing School of any religious dietary requirements.

5.7. Parents of Children with Allergies

In addition to point 5.6, the parents and carers of children with allergies should:

- Work with 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 devicecs and any other medication, for example antihistamine (with a dispenser, ie. spoon or syringe), inhalers or creams.
- Ensure medication is in-date and replaced at the appropriate time;
- Ensure their child has access to their allergy medication, including two adrenaline devices, if prescribed, on the journey to and from school;
- Update School with any changes to their child's condition and ensure the relevant paperwork is updated too;
- Provide the school with an up-to-date photograph of their child and sign the associated permission for it to be shared appropriately as part of their allergy management;
- 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; and
- To make sure their age-appropriate child knows how to self-inject their AAI in an emergency.

5.8. All Pupils

All age-appropriate pupils at the School should:

- Be allergy aware;
- Understand the risks allergens might pose to their peers and respect measures to support them;
- Learn how they can support the wellbeing of their peers and be alert to allergy-related bullying;
- Older pupils will learn how to recognise and respond to an allergic reaction and to support their peers and staff in case of an emergency; and
- If pupils are likely to buy or bring in food from home and are old enough to check the ingredients, they must adhere to food restrictions and not bring in any food items that contain nuts.

5.9. Pupils with Allergies

In addition to point 5.8, age-appropriate pupils with allergies are responsible for:

- Knowing what their allergies are and how to mitigate personal risk;
- Avoiding their allergen as best as they can;
- Understanding the importance of following Woodbridge School's specific processes at mealtimes and how that mitigates risk;
- Understand 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. They must only use them for their intended purpose.

- Understand how and when to use their adrenaline auto-inhector.
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any School processes or systems related to their allergy.
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies.
- Pupils permitted to leave the School site during the School day should know what to do if they have an allergic reaction off School premises. This should include how to treat themselves and raise the alarm to get help.

6. Information and Documentation

The School 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.

Each pupil with an allergy requiring active management by the School has an Individual Healthcare Plan. The information on this plan includes:

- Known allergens and risk factors for allergic reactions and any adaptations needed;
- A history of their allergic reactions;
- If the pupil has asthma and any other medications and necessary detail;
- Details of the medication that the pupil has been prescribed including 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 – found under parental consent in iSAMS;
- 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 Action Plan, if available.

7. 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 tech 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.
- Planning special events, such as cultural days and celebrations.
- Immunisation vaccines

Inclusion of pupils with allergies must be considered alongside safety and they should not be

excluded. If necessary, staff should adapt the activity. The School will ensure compliance with the Equality Act 2010.

8. Food, including mealtimes and snacks

8.1. Catering in School

The School is committed to providing a safe meal for all students, staff and visitors, including those with food allergies.

- Due diligence is carried out with regard to allergen management when appointing catering staff.
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training.
- Woodbridge School Prep adheres to the EYFS nutrition guidance for children aged 1 to 5 years and to dietary, allergy and anaphylaxis requirements. In terms of Safer Eating Practices:
    - A member of staff with a full Paediatric First Aid certificate is always present when children are eating
    - Before admission, information on each child's dietary requirements, allergies, intolerances, health needs and preferences is obtained and shared with all relevant staff. Allergy action plans are agreed with parents/carers and, where appropriate, health professionals, and kept up to date
    - Food is always prepared in a way that is safe and appropriate for each child's developmental stage, following NHS guidance on weaning and allergy management. Assumptions are not to be made based on age.
    - Food is prepared and served in line with government advice on food safety, choking prevention, and allergy awareness. This includes avoiding high-risk foods (e.g. whole grapes, nuts), ensuring children are safely seated, and maintaining a calm, designated eating space.
    - Children remain within sight and hearing of staff during meals. Staff sit facing children where possible to monitor safe eating, prevent food sharing, and respond quickly to allergic reactions or choking.
    - Any choking incident requiring intervention are recorded, shared with parents/carers, and periodically reviewed to identify trends and prevent recurrence.

- Anyone preparing food for pupils 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 all School staff.
- Woodbridge School has robust procedures in place to identify pupils with food allergies. The School Nurse and Prep Matron prepare photographic reports regarding anaphylaxis and allergies / intolerances for the Catering Manager, who

relays this information to the catering staff. Parents are encouraged to arrange a visit to the kitchen and discuss with the Catering Manager their child's dietary needs.

- The Prep School have coloured trays at lunch times to distinguish specific diets, and salad bar items containing allergens are placed on a different coloured tablecloth.
- 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 is available on request.
- Food packaged to go will comply with Pre-Packed for Direct Sale 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 updating the menus and having signage to make people aware that the dish has a change of allergen
- The School kitchens do not actively use nuts in recipes; however we cannot guarantee that some products sourced may not contain nuts.
- Like the Catering Unit, the School Tuck Shop purchasing list is restricted to products only with "may contain nuts" on their ingredients.

8.2. Food brought into School

The guidance around Natasha's Law normally applies to registered food businesses that produce prepacked direct sale food. If staff / students are bringing in unwrapped cakes to celebrate birthdays or students wish to bring in cakes for a charity event, it is not a requirement to provide information for consumers about allergens present in the food ingredients.

However, it is obviously best practice for anybody bringing in or involved in these events to have good knowledge of the ingredients of what is being served, so people can make a safe choice.

Any external hirers of School facilities cannot, without prior written consent, provide their own catering or refreshments.

8.3. Foods to avoid or restrictions

This is an Allergen Aware school. We have pupils with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food. Banning food is almost impossible to enforce and can lead to a sense of complacency or give a false sense of security. Reminding everyone to be allergy aware and to remain vigilant is vital. It is also important not to give the impression of one allergen being more dangerous than others.

8.4. Food hygiene for pupils

- Pupils are encouraged to wash their hands with soap and warm before and after eating;
- Touchless hand-sanitising stations are available in the dining areas. Pupils are encouraged to use these before entering food serving and eating areas;
- Sharing, swapping or throwing food is not allowed;

- Water bottles and packed lunches should be clearly labelled;
- Boarding Pupils are allergy aware and strict hygiene measures are adhered to with regards to the storage of food in the School House Kitchen. The Head of Boarding is responsible for maintaining such hygiene measures.

9. School Trips and Sports Fixtures

- Staff leading the trip will have a register of pupils with allergies with medication details. Staff should notify the trip leader if they themselves have any allergies;
- Allergies will be considered on the risk assessment and a suitable 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.
- If attending Match Tea at another school, details of their dietary requirements will be sent ahead to ensure they have a safe meal.

10. Insect Stings

Pupils (and staff) 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;
- Take their adrenaline devices out to the games field with them. Prep staff will oversee taking the adrenaline devices on behalf of Prep pupils.

The Estates Team and school community 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 refrain from approaching the nest.

11. Animals

It is normally the dander (flakes of skin) 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;
- Areas visited by animals will be cleaned thoroughly;
- Anyone in contact with an animal will wash their hands after contact;
- If an animal lives in School accommodation, parents will be made aware, and consideration and adaptations will be made;
- School trips that include visits to animals will be carefully risk assessed.

12. Allergic Rhinitis / Hay Fever

If a pupil is a sufferer, they will see their own GP and get a private prescription for any treatments, or an antihistamine can be administered by the School Nurse/ Prep Matron to aid relief.

13. 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 School activity, whether on the School premises or a School trip because of their allergies;
- Pupils with allergies may require additional pastoral support and if this is so, School Nurse / Prep Matron / Tutor will contact parents for advice.
- 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.

14. Adrenaline Devices

See the government guidance on Adrenaline Devices in Schools.

14.1. Storage of adrenaline devices

- Pupils prescribed with adrenaline devices will have easy access to two, in-date pens at all times in the Prep School. Pupils in the Senior School must take responsibility for carrying their own adrenaline devices, especially when travelling to and from School;
- In the Prep School personal adrenaline devices are stored in the School Office. Each one is named, with a photo and with a Health Care Plan. Spare emergency adrenaline devices are stored in Prep School Office, Matron's Room and the School Hall;
- In the Senior School, emergency adrenaline devices are stored in the Medical Centre, at Reception, and the Tuckwell kitchen;
- 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; and
- Used or out of date pens will be disposed of as sharps or returned to parents if requested.

14.2. Spare adrenaline devices

School has spare adrenaline devices to be used in accordance with government guidance. The locations of spare adrenaline devices are clearly signposted and are stored in various locations around the School site as per 14.1.

The School Nurse / Prep Matron are responsible for:

- Deciding how many spare adrenaline devices are required, including having enough to cover offsite trips.
- What dosage is required, based on the Resuscitation Council UK's age-based guidance.
- Which brand(s) to buy. The School aims to buy a single brand if possible to avoid confusion;
- The purchasing of spare adrenaline devices. See government guidance above; and
- Distribution around the site and clear signage

14.3. Adrenaline devices on off-site activities

- No child with a prescribed adrenaline device 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 transport 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;
- The School Nurse / Prep Matron will provide spare adrenaline devices to sporting fixtures and on trips if required.
- School Nurse / Prep Matron / Tutor to liaise with the Educational Visits Coordinator if there are any concerns.

15. Responding to an Allergic Reaction / Anaphylaxis

See appendix 2 on recognising and responding 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.
- 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 stay until a parent or guardian arrives.

Depending on the circumstances, it maybe necessary to instigate the School's wider Major Incident Plan.

16. Training

The School 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 and any others who may oversee children. Training will be a mixture of formats including online and in person. The 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 the school manages allergy, for example understanding the School's Allergy and Anaphylaxis Policy, emergency response, communication etc;
- How to check who has an allergy, and how to use an Individual Healthcare Plan 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 and allergic reaction or near miss; and
- Taking part in an anaphylaxis drill.

17. Asthma

The school 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.

Care of asthma is included in detail within the Medical Conditions Procedure.

18. Reporting Allergic Reactions

The School will log all allergic reaction incidents and near-misses as soon as is feasible after they occur via the Evolve reporting system.

- 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.
- The school 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.

19. Compliance and Monitoring arrangements

This policy will be subject to a thorough review process including consideration at the Health & Safety, and Compliance & Risk Committees on an annual basis. This will ensure that practice across whole School is in line with this policy, the Complaints procedure and with current guidance and legislation.

Appendix I – Anaphylaxis Risk Assessment

Woodbridge School, Prep and Senior - Anaphylaxis Risk Assessment

This form should be completed by the School Nurse/ Prep Matron with the parents and the child, if appropriate. It should be shared with everyone who has contact with the child/young person.

Child/Young person:	Date of Birth:
Setting/School: Prep / Senior	Class Teacher/Tutor/ Housemaster/mistress
Name and role of other professionals involved in this Risk Assessment	
Date of Assessment:	Reassessment due:

I give permission for this to be shared with anyone who needs this information to keep the child/young person safe:

Signatures:

School Nurse/ Prep Matron…… Date

Parents Date

Young person Date

For continuing years

School Nurse/Matron Date

Young person Date
What is ……. allergic to?..... …… Under which conditions is the allergy? Ingestion ☐ Direct contact ☐ Indirect contact ☐ Does ……. already have an Individual Healthcare Plan? YES ☐ NO ☐
Summary of current medical evidence seen as part of the risk assessment (copies attached):
Describe the container the medication is kept in:
Outcome of Risk Assessment **Is an individual health care plan required? YES ☐ NO ☐**
Key Questions - Please consider the activities below and insert any considerations than need to be put in place to enable the child to take part.
Crayons/painting:
Creative activities, i.e. craft paste/glue, pasta
Science type activity: i.e. bird feeders, planting seeds, food
Musical instrument sharing (cross contamination issue):
Cooking (food prep area and ingredients):
Meal time:

kitchen prepared food (is allergy information available): sandwiches:
Snacks (is allergy information available):
Drinks:
Celebrations: e.g. Birthday, Easter:
Hand washing (secondary school how accessible is this for the child):
Indoor play/PE (AAIs to be with the child):
Outdoor play/PE (AAIs to be with the child):
Games field (AAIs to be with the child):
Forest school (AAIs to be with the child):
Offsite trips (are staff who accompany trip trained to use AAI):
Does the child know when they are having a reaction?
What signs are there that the child is having a reaction?
What action needs to be taken?
If the medication is stored in one secure place are there any occasions when this will not be close enough if required? Yes No If Yes state when and how this can be adjusted:
If the child is old enough – can the medication be carried by them throughout the day? Yes ☐ No ☐ If No state reason:
How many AAIs are required in the setting?
How many staff need /are required to be trained to meet this child's need?
What is the location of the backup AAI?
Is a generic AAI available in school?

Appendix 2 – Managing Allergic Reactions and Responding to Anaphylaxis

MANAGING ALLERGIC REACTIONS

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen.

Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

- Swollen lips, face or eyes.
- Itchy or tingling mouth.
- Hives or itchy rash on skin.
- Abdominal pain.
- Vomiting.
- Change in behaviour.

Response:

- Stay with pupil.
- Call for help.
- Locate adrenaline pens.
- Give antihistamine.
- Make a note of the time.
- Phone parent or guardian.
- Continue to monitor the pupil.

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called ANAPHYLAXIS.

Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

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.

RESPONDING TO ANAPHYLAXIS

SYMPTOMS OF ANAPHYLAXIS

A – Airway

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen Tongue

B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

C - Circulation

- Persistent dizziness
- Pale or floppy
- Sleepy
- Collapse or unconscious

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

DELIVERING ADRENALINE

1. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
3. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
5. Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
6. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
7. Call the pupil's emergency contact.
8. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
9. Start CPR if necessary.
10. Hand over used devices to paramedics and remember to get replacements.

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