RISHWORTH SCHOOL

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ALLERGY AND ANAPHYLAXIS POLICY

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1. AIMS AND OBJECTIVES

This policy outlines Rishworth 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 students 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, students, parents and visitors to the school and should be read alongside these other policies:

First Aid including Paediatric, Care of Boarders and Administration of Medicine 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.

3. DEFINITIONS

ANAPHYLAXIS: Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

ALLERGEN: A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by UK law to be highlighted on pre-packed food. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

ADRENALINE AUTO-INJECTOR: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAIs, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen.

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan. Rishworth School includes the BSACI Allergy Action Plan within the Individuals Healthcare Plan. The document includes versions for: people without a prescribed adrenaline pen, and people prescribed with different brands of adrenaline pen. Paediatric Allergy Action Plans - BSACI.

DESIGNATED ALLERGY LEAD: The member of staff responsible for overseeing allergy management across the school and acting as the main point of contact for students, parents and staff.

NEFFY: Neffy (official name in the UK is EURNeffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector approved. The Neffy is licenced for use in the UK from July 2025)

INDIVIDUAL HEALTHCARE PLAN: A detailed document outlining an individual student's medical conditions, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/guardians and, where appropriate, students. All students with an allergy should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.

RISK ASSESSMENT: A detailed document outlining an activity, the risks it poses, and any actions taken to mitigate those risks. Allergy should be included on all risk assessments for events on and off the school site.

SPARE ADRENALINE PENS: Schools are able to purchase spare adrenaline pens. These should be held as a back-up, in case students' prescribed adrenaline pens are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

4. ROLES AND RESPONSIBILITIES

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

4.1 Designated Allergy Lead

The Designated Allergy Lead is Kathryn de Ferrer. They report into the Head and then the Lead Governor for Safeguarding. They are responsible for:

- Ensuring the safety, inclusion and wellbeing of students 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, students and parents with concerns or questions about allergy management
- Ensuring allergy information is recorded, up-to-date and communicated to all staff. The School Matron will support the Designated Allergy Lead in this role, to ensure that records are up to date and communicated to staff as necessary;
- 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, students and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures. Staff are asked to read the Allergy and Anaphylaxis Policy when it is published / reviewed and to sign to say they have understood the policy.;
- Reviewing the school's stock of spare adrenaline pens (check the school has an appropriate number for the setting, that they hold the correct dose, that spare adrenaline pens are stored appropriately) and ensuring staff know where they are;
- Keeping a record of any allergic reactions or near-misses, reporting these to the appropriate authority (e.g. under RIDDOR) where necessary and ensuring the circumstances are investigated and learnings shared;
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy, at least bi-annually, or more frequently where there is a change in legislation or as a lessons learned activity;
- Ensuring there is an anaphylaxis drill once a year.

At regular intervals the Designated Allergy Lead will check procedures and report to the SLT and the Governor Safeguarding and Pastoral Sub-Committee.

4.2 School Matron (Healthcare Lead)

Diane Robinson the School Matron is responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families;
- Supporting the Designated Allergy Lead with disseminating this information to all school staff, including the catering team, occasional staff (supply staff) and those running clubs;
- Ensuring the information from families is up-to-date and reviewed annually; Coordinating medication with families and ensuring medication is in date. Whilst it's the responsibility of parents/guardians to ensure medication is up to date, the School Matron will record when the medication is due to expire and notify the parents/guardians to ensure replacement medication is received;
- Keeping an adrenaline pen register to include adrenaline pens prescribed to students and the school's stock of spare adrenaline pens, including brand, dose and expiry date. The location of spare adrenaline pens is also documented;
- Regularly checking spare adrenaline pens are where they should be, and that they are in date;
- Considering the safety, inclusion and wellbeing of students with allergies at all times. Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy;
- Ensuring that students have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving school site, for a match or trip;

4.3 All parents

All parents and guardians(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 students with allergies;
- Providing the school the School Matron 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;

4.4 Parents of children with allergies

In addition to point 4.5, the parents and guardians 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;
- Ensure medication is in-date and replaced at the appropriate time;
- Ensure their child has access to their allergy medication, including two adrenaline pens if prescribed, on the journey to and from school;
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too;
- Provide the school with an up-to-date photograph of their child and sign the associated permission for it to be shared appropriately as part of their allergy management;
- 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 to which they are allergic;

4.5 All students

All students at the school should:

- Be allergy aware;
- Understand the risks allergens might pose to their peers and respect measures to support them;
- Learn how they can support their peers and be alert to allergy-related bullying;
- Older students will learn how to recognise an allergic reaction and support their peers and staff in case of an emergency;

4.6 Students with allergies

Students with allergies are responsible for:

- Knowing what their allergies are and how to mitigate personal risk;
- Avoiding their allergen as best as they can;
- Understanding the importance of following the school specific processes of lunch and how that mitigates risk;
- Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction;
- Carrying two adrenaline auto-injectors with them at all times, if age and capability appropriate. They must only use them for their intended purpose;
- Understanding how and when to use their adrenaline auto-injector;
- Talking to the Designated Allergy Lead/School Matron 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;
- Students 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;
- If age and capability appropriate, ensuring they have their medication with them on the journey to and from school;

5. INFORMATION AND DOCUMENTATION

5.1 Register of students with an allergy

The school has a register of students who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as students with an allergy where no adrenaline pens have been prescribed.

5.2 Individual Healthcare Plans

Each student with an allergy has an Individual Healthcare Plan. The information on this plan includes:

- Known allergens and risk factors for allergic reactions;
- A history of their allergic reactions;
- Detail of the medication the student has been prescribed including dose, this should include adrenaline pens, antihistamine etc;
- A copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis;
- A photograph of each student;
- A copy of their Allergy Action Plan. See definitions for the BSACI templates.

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 students;
- Planning special events, such as cultural days and celebrations;

Inclusion of students with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity. The school will ensure compliance with the Equality Act 2010.

7. FOOD, INCLUDING MEALTIMES & SNACKS

7.1 Catering in school

The school is committed to providing safe meals for students, staff and visitors, including those with food allergies.

Rishworth School has a single production kitchen with no separate facilities to cook allergen-free meals. However, the kitchen maintains careful procedures to minimise the risk of cross contamination both at the preparation and the serving stage. It also maintains procedures to minimise the risk of meals containing allergens being wrongly served to individuals with allergies/intolerances.

- Due diligence is carried out regarding allergen management when appointing catering staff;

- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training;
- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures;
- The catering team will endeavour to get to know the students with allergies and what their allergies are, supported by school staff;
- The catering team will endeavour to provide varied meal options to students and staff with allergies;
- The school has robust procedures in place to identify students with food allergies, these include; visual check from catering staff who serve the students daily. A senior member of staff with in-depth knowledge of the students is responsible to supervise the service.
- Photos of students with allergies are available for reference;
- In the case of absence of the supervising member of staff a colleague who works on the servery daily will deputise;
- Food containing the main 14 allergens (see Allergens definition) will be clearly labelled. Other ingredient information will be available on request. The allergen matrix is signed off by the most senior chef;
- Freshly prepared and stored food is labelled using industry-approved allergy labels allowing the identification of 14 main allergens;
- For students or staff with allergies to food other than the “main 14” will have a dedicated meal individually prepared for them if necessary;
- Pre-packaged food will comply with PPDS legislation (Natasha’s Law) requiring the allergen information to be displayed on the packaging;
- Where changes are made to the ingredients this will be communicated to students with dietary needs by catering staff and signage on the servery;
- An allergen matrix is prepared for every meal detailing all items on the menu and the allergens they contain (or may contain). This is made available (to staff and students) at each meal for reference;
- Food provided at breakfast and after school will follow these procedures (or adapt accordingly but ensure procedures to ensure safety are outlined);
- No nuts are used as ingredients in the kitchen at all;
- Any externally manufactured items that identify ‘may contain nuts’ or ‘not suitable for individuals with a nut allergy’ are clearly identified at the counter;
- The kitchen maintains a stock of dairy-free and gluten-free products stored in allocated area of the dry stores. Where possible an alternative gluten free option is made available for desserts, where this is not possible fruit is freely available;
- The salad bar is a source of potential cross contamination and is self-service. If a student has a severe allergy, they are not to eat from this area and are to request salad items from the kitchen;
- Students with an intolerance or non-anaphylactic allergy are free to discuss with the chef which items from the main counter will be suitable for them to eat each day;
- Staff and visiting adults, with allergies or intolerances are invited to discuss with the chef on duty what may be suitable for them to eat if they are unsure;

7.2 Food brought into school

PTA Events

If Rishworth School is managing a PTA event that involves serving food, strict guidance and safety protocols must be followed when handling food allergies. The PTA must ensure they follow the UK food safety regulations and the school safeguarding policies. Managing food allergies effectively to protects children from severe allergic reactions (anaphylaxis).

Before planning any food event, the PTA **must** request the current, validated list of student allergies and dietary requirements from the School Matron or Designated Allergy Lead.

The PTA must follow the following legal compliance and allergen rules:

UK food law requires all food businesses and community organizers to manage and communicate allergen information clearly.

- **The 14 Major Allergens:** You must be able to identify and declare the presence of any of the 14 legal allergens (including nuts, dairy, eggs, gluten, soya, and sesame) in any food you sell or give away;
- **Natasha's Law (PPDS):** If your PTA pre-packs food into bags, boxes, or containers before customers order them (Prepacked for Direct Sale), each item **must** have a label showing the full ingredients list with allergens **bolded**;
- **Loose Foods:** For open cake stalls or buffet-style food, you do not need individual labels, but you **must** display clear signage telling students or parents how they can find allergen information;
- **Traces Warning:** Never guarantee a food is "100% free from" an allergen if it was baked in a home kitchen, as cross-contamination cannot be legally ruled out;

7.3 Food bans or restrictions

- This school is an Allergen Aware school. We have students with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food;
- We try to restrict sesame seeds, peanuts and tree nuts as much as possible on the site and check all foods coming into the kitchen and premise;
- All food coming onto school premises or taken on a school trip or to a fixture should be checked to ensure sesame seeds, peanuts and tree nuts are not an ingredient in another product. Please check the label on all foods brought in. Common foods that contain these goods as an ingredient include: packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces;

7.4 Food hygiene for students

- Students will wash their hands before and after eating;
- Sharing, swapping or throwing food is not allowed;
- Water bottles should be clearly labelled;

7.5 Food in the Boarding Areas

Each boarding house has a dayroom which provides boarders with the facilities to prepare snacks and hot drinks. To ensure compliance with **UK National Minimum Standards (Standard 8)** and **Independent Schools Inspectorate (ISI) health and safety regulations**, all boarders must strictly observe the following rules.

Allergen aware zone: Rishworth restricts nuts, sesame seeds and nut-based products (e.g., Nutella, peanut butter, certain cereal bars). Bringing these into the house will result in immediate confiscation.

Dietary/ Allergies/Medical Information: All boarding staff are aware of all boarders dietary/allergy requirements. Further information is available on Healthcare Plans /iSAMS.

Individual Healthcare Plans (IHPs): Every allergic boarder must have individual healthcare plan which is available to all boarding staff in the boarding houses.

- **The Tupperware Rule:** All personal food brought into the house from home or trips to the supermarket **must be stored in the kitchen** inside an airtight, hard-plastic box labelled clearly with the boarder's name**;**
- **No Bedroom Storage:** Perishable food must never be stored in bedrooms or wardrobes due to pest control and hygiene regulations. Non-perishable snacks kept in bedrooms must be sealed in small, named containers;
- **Shared Fridge Rules:** Any food placed in the communal refrigerator must be clearly labelled and dated. Any undated, out-of-date, or unlabelled items will be disposed of by the house staff on their daily inspection;
- **Takeaways:** Boarders may purchase food from local shops and order takeaways on designated evenings. Deliveries must be collected from the school reception or designated collection point. Food must not create allergy risks, attract pests or compromise hygiene standards. House staff may restrict any item where health, safety or safeguarding concerns arise;
- **Birthday cakes:** If boarding staff are purchasing birthday cakes, they **MUST** ensure that they have checked the ingredients for any known boarders' allergies/dietary requirements;
- **Immediate Wash-Up:** All boarders must wash, dry, and put away all cutlery, crockery, and pans **immediately** after use. This will prevent cross contamination. Leaving items in the sink is a breach of house rules;
- **Wipe Surfaces:** All boarders must wipe down the microwave, toaster trays, and countertops if they spill food or liquids this will prevent cross contamination;

8. EDUCATIONAL VISITS AND SPORTS FIXTURES

- Staff leading the trip will notify the School Matron of the students attending the trip. The School Matron will create a list of all the allergies and details of any medication necessary for the trip. The Chef Manager will be notified by the School Matron of any allergies/dietary requirements for the trip;
- Allergies will be considered on the risk assessment and catering provision put in place;
- Parents, and students where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay;
- Staff (and some students, 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. Teaching staff must be aware of the allergy/intolerant students to help ensure that they are only served their labelled food on trips;
- If attending 'Match Tea' at another school, details of their dietary requirements will be sent ahead to ensure they have a safe meal;
- See Adrenaline Pens section for School Trips and Sports Fixtures;

9. INSECT STINGS

All students with a known insect venom allergy should adhere to the following guidance:

- 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;
- Cover their skin with long sleeved clothing if possible.

The school Site Manager (Martin Tynan) will monitor the grounds for wasp nests and unmanaged bee colonies. The school also maintains managed honeybee hives on site, which are located in designated areas and managed by trained personnel. Students (with or without allergies) should notify a member of staff if they discover a wasp nest, unmanaged bee colony, or unusually high levels of insect activity, and should avoid the area until it has been assessed.

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 student 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, a risk assessment is completed and students, 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;

11. ALLERGIC RHINITIS/ HAY FEVER

If there is a situation where a student needs to be administered medication for their allergic rhinitis or hay fever during the school day, parents/guardians should contact the school to discuss their requirements with the School Matron. All medication should be accompanied by clear written guidance and written consent from parents/guardians or the families Registered Medical Practitioner. This written consent should state the student's name, the medication, the dosage and the time when the medication is to be administered.

Alternatively, parents can complete a parental consent form for the administering of medication in school which is available from the Matronic Department. Once a parent/guardian has completed the administering of medication consent, the consent form should be scanned and saved in documents in iSAMS (Medical Centre Module).

All medication should be handed to Matron and will be kept in Matronic Department. The medication will be administered under Matron's supervision and will be recorded in each student's individual medical records on the iSAMS (Medical Centre Module). Matron will notify parents/guardians by Rishworth Post daily, of any medication administered during the school day.

12. INCLUSION AND MENTAL HEALTH

Allergies can have a significant impact on mental health and wellbeing. Students 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;
- Students with allergies may require additional pastoral support including regular check-ins from their HOY/ House Parent etc;
- Affected students 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

See the government guidance on Adrenaline Pens in Schools.

13.1 Storage of adrenaline pens

- Students prescribed with adrenaline pens are expected to always carry 2 x AAI's with them;
- Parents are also asked to provide the school with 2 additional adrenaline pens which will be stored in the Matronic Department. The adrenaline pens are stored in a pouch which is labelled with the student's name, allergy information and their HCP'S;
- Spot checks will be made to ensure adrenaline pens are where they should be and in date;
- Adrenaline pens must not be kept locked away;
- Adrenaline pens should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator); and
- Used or out of date pens will be disposed of as sharps;

13.2 Spare adrenaline pens

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

The locations of spare adrenaline pens are clearly signposted. These are:

- Matronic Department Triage room (wall mounted emergency anaphylaxis care station with two 300mcg EpiPens);
- Admin Block, next to the defibrillator (wall mounted emergency anaphylaxis care station with two 300mcg EpiPens);
- Dining room (wall mounted emergency anaphylaxis care station with two 300mcg EpiPens);
- Sports Hall entrance area (wall mounted emergency anaphylaxis care station with two 300mcg EpiPens). In addition to this the sports staff will carry an emergency anaphylaxis pouch containing two 300mcg EpiPens for sports fixtures;

The Designated Allergy Lead and School Matron are responsible for:

- Deciding how many spare pens 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 pen;
- Distribution around the site and clear signage;

13.3 Adrenaline pens on off-site activities

- No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own devices. It is the trip leader's responsibility to check they have them;
- Adrenaline pens will be kept close to the students at all times e.g. not stored in the hold of the coach when travelling or left in changing rooms;
- Adrenaline pens will be protected from extreme temperatures;
- Staff accompanying the students will be aware of students with allergies and be trained to recognise and respond to an allergic reaction;
- Consider whether to take spare adrenaline pens to off-site activities. This should be recorded as part of the risk assessment process;

14. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See appendix on recognising and responding to an allergic reaction

If a student has an allergic reaction:

Treat the student in accordance with their Allergy Action Plan

- Assess for signs & symptoms of anaphylaxis; signs of airway obstruction, increased work of breathing and reduced consciousness level. **If anyone (or more) of these signs are present, follow the Emergency Response to Anaphylaxis.**
- Stay Calm and Call for Help: School Matron Tel: 07816 985 923
  Allergy Lead Tel: 07973 889197.

  For evenings and weekends, the boarding house staff will co-ordinate any anaphylaxis emergencies and are contactable via the medical mobile number Tel: 07816 985 923

- Remove allergen if possible (e.g. excess of food, venom sting)
- Treat the student where they are. Lie them down with their legs raised and bring medication to them;
- If anaphylaxis is suspected administer adrenaline without delay. Use student's own prescribed medication if immediately available;
- Student can administer the adrenaline pen themselves (if able to) or a member of staff can administer the pen. Ideally the member of staff will be trained, but in an emergency, anyone can administer adrenaline;
- School Matron will collect the emergency anaphylaxis kit and student's allergy action plan. Allergy Lead or their delegated alternative will contact parents and will co-ordinate onlookers, arrival of emergency services and a member of staff to escort the student to hospital in the ambulance and stay with the student until parents arrive at the hospital;
- If the student's own adrenaline pen is not available or misfires, then use a spare adrenaline pen;

- If anaphylaxis is suspected but the student does not have a prescribed adrenaline pen or Allergy Action Plan, lie the student down with their legs raised, call 999 and explain anaphylaxis is suspected. Inform the operator that spare adrenaline pens are available and follow instructions from the operator. The MHRA says that in exceptional circumstances, a spare adrenaline pen can be administered to anyone for the purposes of saving their life;
- If, after 5 minutes, there is no improvement, use a second adrenaline pen and call the emergency services again and inform them that a second dose of adrenaline has been given;
- Do not move the student 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 should accompany them in an ambulance until a parent or guardian arrives;
- Used adrenaline pens should be given to the emergency services for disposal;

14. TRAINING

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

This includes:

- Understanding what an allergy is;
- How to reduce the risk of an allergic reaction occurring;
- How to recognise and treat an allergic reaction, including anaphylaxis. (Guidance for how to use an AAI and a trainer pen are located in the staff room)
- How the school manages allergy, for example Emergency Response Plan, documentation, communication etc;
- Where adrenaline pens are kept (both prescribed pens and spare pens) and how to access them;
- The importance of inclusion of students with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying;
- Understanding food labelling;
- Taking part in an anaphylaxis drill;

The school will carry out an anaphylaxis drill once a year.

This includes:

- An exercise simulating an event where a student or member of staff has an allergic reaction and testing the whole school response.

15. ASTHMA

It is vital that students with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions. Guidance for dealing with asthma in school is available in the school First Aid, Care of boarders and Administering of Medication policy.

Emergency salbutamol inhalers are stored in the Matronic Department (wall mounted emergency care station) and in Sports Hall and sports staffs first aid kits.

16. REPORTING ALLERGIC REACTIONS

The school will log allergic reaction incidents and near-misses.

All allergic reaction incidents will be recorded in the student's individual medical files in the medical centre (iSAMS)

RISHWORTH SCHOOL

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

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.

RISHWORTH SCHOOL

RESPONDING TO ANAPHYLAXIS

SYMPTOMS OF ANAPHYLAXIS

A-Airways	B – Breathing	C- Circulation
Persistent cough	Difficult or noisy breathing	Persistent dizziness
Hoarse voice	Wheeze or cough	Pale or floppy
Difficulty swallowing		Sleepy
Swollen Tongue		Collapse / unconscious

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

- Assess for signs & symptoms of anaphylaxis; signs of airway obstruction, increased work of breathing and reduced consciousness level. **If any one (or more) of these signs are present, follow the Emergency Response to Anaphylaxis;**
- Stay Calm and Call for Help: School Matron Tel: 07816 985 923
  Allergy Lead Tel: 07973 889197.
  For evening and weekend, the boarding house staff will co-ordinate any anaphylaxis emergencies and are contactable via the medical mobile number Tel: 07816 985 923
- Remove allergen if possible (e.g. excess of food, venom sting)
- Treat the student where they are. Lie them down with their legs raised and bring medication to them;
- If anaphylaxis is suspected administer adrenaline without delay. Use student's own prescribed medication if immediately available (Adrenaline can be injected through clothing.)
- Students can administer the adrenaline pen themselves (if able to) or a member of staff can administer pen. Ideally the member of staff will be trained, but in an emergency, anyone can administer adrenaline;
- School Matron will collect the emergency anaphylaxis kit and student's allergy action plan. Allergy Lead or their designated alternate will contact parents and will co-ordinate onlookers, arrival of emergency services and a member of staff to escort the student to hospital in the ambulance and stay with the student until parents arrive at the hospital;
- If the student's own adrenaline pen is not available or misfires, then use a spare adrenaline pen;
- If anaphylaxis is suspected but the student does not have a prescribed adrenaline pen or Allergy Action Plan, lie the student down with their legs raised, call 999 and explain anaphylaxis is suspected. Inform the operator that spare adrenaline pens are available and follow instructions from the operator. The MHRA says that in exceptional circumstances, a spare adrenaline pen can be administered to anyone for the purposes of saving their life;
- If, after 5 minutes, there is no improvement, use a second adrenaline pen and call the emergency services again and inform them that a second dose of adrenaline has been given;
- Do not move the student 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 should accompany them in an ambulance until a parent or guardian arrives;

- Used adrenaline pens should be given to the emergency services for disposal;

Dear Parent/Guardian

Re: Use of Emergency Adrenaline Auto-Injectors (AAIs) in School

We are writing to inform you about our school's procedures for managing severe allergic reactions (anaphylaxis) in line with Benedict's Law & Children's Wellbeing and School Act which is due to come into effect in September 2026.

While your child may **not** have a diagnosed allergy, it is important to be aware that in rare circumstances, a severe allergic reaction can occur unexpectedly. In such an emergency, our trained staff may need to use an emergency adrenaline auto-injector (AAI) kept on site.

These emergency AAIs are legally held by schools for use in emergencies. All staff have anaphylaxis awareness training annually and are permitted to administer an AAI in an emergency. This would only happen if:

- Your child was showing clear signs of a severe allergic reaction.
- Your son/daughter's personal AAI (if already prescribed an AAI) was not immediately available or not working.
- Emergency services had been called.

The use of a spare AAI could be lifesaving, and we want to ensure you are aware of this precautionary measure.

If you have any questions or concerns about this policy;

Please contact: Mrs Kathryn de Ferrer (Designated Allergy Lead) at the school.

Thank you for your understanding and support in helping us keep all children safe at Rishworth School.

Yours sincerely,

Kathryn de Ferrer

Deputy Head Pastoral, DSL & Allergy Lead