

Allergy Safety Policy

ISI Regulation	3: Welfare, Health and Safety of Pupils
Reviewed by	Ed Griffiths, Deputy Head Pastoral & Natalie Abraham, Lead Nurse
Date	September 2026
Date of Next Review	September 2027

1. Introduction

The following policy has been amended to reflect the recent introduction of the statutory requirements for schools set out in **Section 34 of the Children's Wellbeing and Schools Act 2026**.

This policy is primarily focused on the systems and procedures implemented at WHS in order to effectively manage the risks associated with allergies and anaphylaxis.

More information on food allergens and food intolerances in general and how they should be managed in the catering environment, is included in the **Food Allergies** section on *myGDST*.

SLT Allergy Champion: Mr Ed Griffiths

Governor Allergy Champion: Mrs Sally Lawrence

'Nut Free' Policies

In line with guidance from [AllergyUK](#) and [AnaphylaxisUK](#) WHS is not a 'Nut free' school but is an **Allergen Aware school**.

This is because of the following;

- It is not possible to guarantee or enforce a nut free zone,
- Staff cannot monitor all lunches and snacks brought in from home,
- It may make staff and pupils less vigilant about checking ingredients' labels,
- It can create a false sense of security for staff and pupils with nut allergies,
- It does not safely prepare children for environments where nuts may be present,
- It does not consider the needs of staff and pupils with different food allergies (of which there are many) and it is not practical to restrict them all.

However, caterers will continue to be asked not to use nuts or nut products in school meals, and staff, pupils and visitors will be actively discouraged from:

- bringing nuts, nut products or food containing nuts into school e.g. for snacks, bake sales or birthday treats
- or from taking them on school trips / off site sporting fixtures (snacks / packed lunches)

- or using them in lessons or extra curricula

because they are one of the most common allergens for causing severe allergic reactions.

2. Allergen Awareness

The staff at WHS are 'Allergen Aware'. This means that:

- They take all allergies seriously. However, they also understand that it is not possible to eliminate allergens or guarantee that any specific allergen will not be present on the school premises or off-site venues visited e.g. on school trips or sporting fixtures. Instead, if they know a pupil, member of staff or a visitor has an allergy, they will take reasonable steps to ensure that they are not exposed to that allergen.
- They take a whole school approach – allergies are considered in all aspects of school life – lessons, school trips, extra-curricular activities, before and after school clubs, special events, transport in coaches and school minibuses, and of course meal / snack provision, and appropriate steps taken to reduce the risks.
- They are committed to ensuring that all children with allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy, and learn how to manage their conditions.
- WHS will
 - Ask parents to inform them if their child has, or is suspected of having any allergies
 - Ask staff to make them aware if they have any allergies
 - Encourage visitors to inform them if they have any allergies

in order that the school can take the necessary steps / inform the relevant people to minimise the affected persons exposure to their allergens and treat them appropriately in the event of an allergic reaction.

- WHS will implement **whole school annual allergy awareness training**, including training for: teaching staff, support staff, peripatetic teachers, supply staff, volunteers, catering teams, breakfast and afterschool club staff. Third party providers/lettings will be required to provide their own allergy management policy that includes appropriate training. Training will include: recognising allergic reactions, reading labels, cross contamination control, emergency adrenaline use, use of "spare" asthma inhalers, and incident reporting requirements.
- All WHS staff complete level 1 *Anaphylaxis and Allergy Awareness* training, and all staff that regularly handle, prepare and serve food, e.g. Catering staff and Food Technology staff, complete more detailed *Allergy Awareness* training courses.
- WHS stores pupil's emergency medication and Individual Healthcare Plans in appropriate locations. All staff will be trained in how to administer adrenaline in an emergency as support is provided by the school nursing team as well as fully trained first aiders on site at all times. Trip leaders will receive refresher training by a member of the school nursing team ahead of all trips.

WHS also has generic Emergency Adrenaline Auto-Injectors that can be administered to any individual at risk of or experiencing symptoms of anaphylaxis. (MHRA Regulation 238 of the Human Medicine Regulations, <https://www.anaphylaxis.org.uk/spare-pens-in-schools>)

3. Allergies, Food Intolerances and Coeliac Disease – What's the Difference?

An **allergy** is the response of an allergic person's immune system to a substance (allergen) that is normally harmless.

- Allergic reactions can range from mild to severe (anaphylaxis) and can be fatal. Even a tiny amount of the allergen can trigger a severe reaction in a highly allergic person.
- Allergic reactions can occur within minutes of contact with the allergen.
- Allergies are common, particularly in children.
- Some allergies go away as a child gets older, although many are lifelong.
- It is essential that people with severe allergies avoid contact with their allergens and carry emergency medication (Adrenaline Auto-Injectors (AAI and antihistamine) at all times.

Food intolerances are much more common than food allergies. The body has difficulty digesting certain foods and has an unpleasant physical reaction to them. Symptoms usually occur if a substantial amount of the food is eaten, the onset of symptoms happens gradually, may last for several hours, and whilst unpleasant are not life threatening. Avoidance is the mainstay of managing the condition.

Coeliac Disease is neither an allergy or a food intolerance, it is a serious lifelong autoimmune disease which causes the body's immune system to attack itself when gluten, a protein found in wheat, barley and rye is eaten. This causes damage to the lining of the gut which prevents the body properly absorbing nutrients from food. Coeliac symptoms can manifest themselves at any age.

Coeliacs need to follow a gluten free diet which excludes wheat, rye and barley. Although oats contain a different protein, they are often milled in the same factories as wheat, rye and barley and can be contaminated, therefore they are best avoided by coeliacs.

4. Allergies - Causes

The main causes of allergies are:

- Tree and grass pollen (hay fever)
- House dust mites
- Food
- Animal fur, particularly from pets like cats and dogs
- Insect stings, such as bee and wasp stings
- Some drugs / medicines

In some people, exercise can trigger an allergic reaction, either on its own or in combination with other factors such as food or drugs.

Fourteen types of food are responsible for the majority of food allergies. By law these must be clearly identified on food labels:

- Peanuts
- Tree nuts e.g. walnuts, almonds, Brazil nuts, hazelnuts
- Milk
- Eggs
- Fish
- Molluscs e.g. mussels
- Crustaceans e.g. prawns
- Cereals containing gluten e.g. wheat and barley
- Soya / soybeans
- Sesame
- Celery
- Mustard
- Lupin
- Sulphur dioxide and sulphites

Other foods can also trigger serious allergic reactions in a small proportion of people e.g.:

- Legumes such as peas and chickpeas
- Fruits and vegetables e.g. onions, tomatoes and citrus fruits
- Seeds e.g. sunflower seeds, poppy seeds and pine nuts
- Herbs and spices e.g. cinnamon, garlic and chives

If anyone is allergic to foods not included in the 'top 14' it's important to carefully check ingredient lists and ingredient labels as they will **not** be highlighted on caterer's allergen trackers or warning labels.

5. Allergic Reactions

Mild allergic reactions often present as:

- Rashes – red, itchy, raised in nature, wheals
- Swelling of the lips, eyes, other parts of face or body
- Tingling when an allergen has been touched
- Sneezing / coughing / mild wheezing
- Vomiting, abdominal cramping
- Diarrhoea

Treatment

Where available follow the pupil's Allergy Action Plan, otherwise:

- Administration of antihistamine medication e.g. Cetirizine or Loratadine
- If person is wheezing and has an inhaler (or has severe asthma) give 6 – 10 puffs of salbutamol inhaler

- Monitor the person to ensure that the symptoms are improving within 30 minutes.
- Parents should be informed of the reaction and treatment given.
- The incident should be recorded on CPOMS and Sphera.

Severe Allergic Reactions

Anaphylaxis (or anaphylactic shock) is a severe and potentially life threatening allergic reaction to a trigger. The whole body is affected, often within minutes of exposure to the substance which causes the allergic reaction (allergen) but sometimes after several hours. It requires urgent emergency treatment to preserve life, usually initially with an adrenaline injection and then ongoing medical treatment.

<http://www.anaphylaxis.org.uk/>

Symptoms

- Generalised flushing of the skin
- Nettle rash (hives) anywhere on the body
- Swelling of the throat and mouth
- Difficulty in swallowing or speaking.
- Alterations of heart rate
- Difficulty in breathing due to severe asthma or throat swelling.
- Abdominal pain and cramps, nausea and vomiting.
- Sudden feeling of weakness, lightheaded, faintness caused by sudden drop in blood pressure.
- Sense of impending doom
- Collapse and unconsciousness.

Treatment

Where available follow the pupil's Allergy Action Plan

People **known to be at risk** from anaphylaxis are prescribed with Adrenaline Auto-Injectors (AAI) or Neffy nasal sprays. In an emergency, adrenaline (also called epinephrine) should be administered as per guidance. Adrenaline acts quickly to constrict blood vessels, relax the smooth muscles in the lungs to improve breathing, stimulate the heartbeat and help to stop swelling around the face and lips and raise blood pressure.

If an AAI/Neffy is administered the emergency services must be called without delay, even if the person appears to have recovered as symptoms may return after a short period and more than one injection of adrenaline may be required to control the reaction.

Parents should be informed of the reaction and treatment given as soon as possible.

The incident should be recorded on CPOMS and Sphera.

ALLERGIC REACTION AND ANAPHYLAXIS MANAGEMENT PLAN

GREEN ZONE – MILD REACTION

Nettle type rash (urticaria or hives). Red, itchy, raised in nature
Swelling of the lips, eyes, other parts of face or body (angioedema)
Tingling of the lips, throat, tongue or throat
General redness and warmth

ACTION

Antihistamine - Cetirizine or Loratidine
Contact parents
Stay with the child until improved

GUT REACTIONS –

Vomiting, Tummy ache, Diarrhoea

CHEST REACTIONS –

Sneezing and/or coughing
Throat tightness/Lump at the back of the throat
Mild wheezing
Hayfever type symptoms

ACTION

Call for help from Nurse/First aider
Give antihistamine medication straight away – Cetirizine or Loratidine
Repeat Dose if required
If child has a mild wheeze and has an inhaler (or has severe asthma and not wheezing) also give 6-10 puffs of Salbutamol (blue inhaler)
Observe for development of Anaphylaxis
Contact parents
Stay with the child

SEVERE – ANAPHYLAXIS

Can occur with or without the mild or moderate symptoms
Difficulty in swallowing or speaking
Gasping or choking
Severe wheeze or chest tightness
Dizziness/undue sleepiness/collapse

ACTION

Give AAI into upper outer thigh or Neffy into 1 nostril, following the instructions carefully

Dial 999 Contact parents Stay with the child

**Remember in all cases:
Keep Calm
Stay with the child
Lay child flat
Repeat dose of antihistamine after 20-30 minutes if skin symptoms are persisting
Inform parents and ask them to be with the child
Ensure the child rests under supervision for at least one hour after the reaction
has resolved to ensure no further symptoms**

Responsibilities

6. Parents' Responsibilities

- Parents should inform the school in writing if their child has any history of food intolerances, allergic reactions, anaphylaxis or they have been prescribed an AAI or Neffy either via the '*Pupil Health Assessment Form*' in Admissions+ which they complete when their child joins the school, or via email as soon as they become aware of the condition.
- If a pupil suffers a severe allergic reaction or an episode of anaphylaxis outside of school, parents should inform the School Nurse.
- Parents should sign a consent form for the administration of antihistamine tablets or oral liquid, via the '*Pupil Health Assessment Form*' in Admissions+
- Parents of pupils who have been prescribed an AAI Device should sign a '*Consent for the Use of Emergency Adrenaline Auto-Injector Devices*' usually via the '*Pupil Health Assessment Form*'/Admissions+
and update on an annual basis. (see Appendix 1)
- Parents will be sent a reminder to provide the school with any updates to their child's Allergy Action Plan annually.
- Parents of senior school age pupils should remind them of the importance of carrying 2 AAI/Neffy with them at all times, including on journeys to / from school, and to any off-site sports activity or school trip. At least 1 AAI/Neffy must be supplied to the school nurse to be kept as an emergency spare. For years 7 – 11 this will be kept in a yellow allergy bag with the care plan and any other relevant medication. 2 in date AAI/Neffy are required for each pupil to be able to attend an off site trip or fixture.
- Parents with children in the Junior school must provide the school with 2 AAI/Neffy, which will be kept in a yellow allergy bag at junior reception whilst they are on site and will be taken on any off-site sports activities or school trips. Parents should also

ensure their children have immediate access to 2 AAI/Neffy on their journeys to/from school.

- Parents are responsible for ensuring that the AAI devices in school are in date and replaced as necessary. They can use the links to their brand of AAI where an expiry reminder is available.
- At the end of each academic year the AAI stored by the school will be returned to parents who are responsible for returning in-date AAI's & medication to the school nurse at the beginning of the autumn term.

7. Pupil's Responsibilities

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- 6th Form pupils are expected to take responsibility for carrying their 2 AAI/Neffy with them at all times, including during the school day, on off-site sports activities and school trips, and on their journeys to / from school.
- Pupils are asked not to bring **nuts** or any foods containing **nuts** into school or take on any school trips / off site sporting fixtures, in order to reduce the risk to people who suffer from severe allergic reactions to these allergens.

8. School's Responsibilities

Training

- See section 10

Identification of pupils and catering provision

- All staff who teach, supervise or care for pupils (either regularly or occasionally) with known allergies and all First Aiders will be informed of the names / identity of these pupils so they can take appropriate steps to reduce their exposure to their allergens, and know the importance of taking immediate action in the event of signs of an allergic reaction. A list of all students with allergies is kept on Firefly for staff to access and is updated weekly or more frequently as required.
- An allergen risk assessment will be carried out for all curriculum activities that may involve the use of food or other allergen containing products e.g play doh, glues, raw potatoes

JUNIORS

- The school has a system to easily identify junior school pupils who have an allergy:
All junior school pupils with a known allergy will wear a green 'allergy alert' wristband whilst attending school inc. off site fixtures and school trips. These wrist bands will also be worn whilst attending on site afterschool clubs.
- At lunch times, each junior school child with a food allergy or dietary need will wear a yellow lanyard identifying the name of the pupil, a photograph and list of allergens/dietary needs. The school will ensure the pupil wears the lanyard at all times when they are eating lunch. Photographs/details of pupil's with food allergies/dietary needs is also displayed behind the food service counter in the dining room.
- The catering team clearly display menus identifying the 14 allergens stipulated by law contained within each dish/snack. The School Nurse meets with the Catering Manager at least annually, with weekly updates emailed to fully inform them of each pupil's food allergies / dietary needs. An updated food allergy/dietary need report from SIMS is emailed to the catering manager on a weekly basis by the data manger.

SENIORS

- All senior school pupils with a known allergy have 'allergy' identified on their ID card which they must where with their lanyard at all times whilst attending school.
- When days trips the identity of these pupils will be made known to the trip leader
- When attending sports fixtures the identity of the pupils will be made known to the fixture leader who will be responsible for sharing this information with the other school/s as appropriate.
- As part of induction, all new pupils with identified allergies are introduced to the catering team and shown where the allergen information is displayed.
- Individual meetings are arranged with catering, parent, pupil and school nurse if specific needs are required.

Recording of information

- The school will collate information regarding each pupil's allergies and food intolerances via the '*Pupil Health Assessment Form*' which parents complete before their child joins the school. The information should be recorded on SIMS so that it is available to all the school's electronic management systems, e.g. CPOMS, EVOLVE. This information should be updated annually, and more frequently if the school becomes aware that the child has developed a new condition.
- All pupils with allergies will have an up to date IHP which includes (where appropriate) their Allergy Action Plan, Asthma plan, AAI consent, any curriculum adjustments required and any related mental health needs

- Once the school is aware that a pupil has been medically diagnosed as being at risk of anaphylaxis or has a history of allergic reactions prior to admission to the school, the School Nurse should ensure that an Allergy Action Plan is completed. NB if the child has a BSACI care plan this is sufficient. An IHP may also be required if active management of the pupil's allergy is required in school.
- A meeting/call should be arranged between the School Nurse, parents and pupil, preferably prior to the pupil joining the school, so they can discuss their Care Plan and the individual pupil's needs in school.
- In the event of an allergy incident or near miss affecting either pupils, staff or visitors, all details should be recorded on **Sphera** (accident reporting system). Teaching and catering staff should be reminded of the importance of letting the school nurses know of any minor incidents or near misses in order that the record can be made on this system.
- In the event of a serious allergy incident an investigation should take place in order to identify any steps that could be taken to prevent this happening in the future.
- All allergy related information will be handled securely with appropriate access controls as per UK GDPR guidance

Emergency response

- All staff are trained in the use of AAI/Neffy as part of their induction
- Lists of first aiders and persons trained to deal with anaphylactic reactions can be found on Firefly
- Copies of care plans are available for staff in the yellow allergy bags and on SIMS

Storage & accessibility to AAI/Neffys

- Junior school pupil's AAI/Neffys will be kept in individual yellow allergy bags at Junior reception where they are fully accessible to all adults.
- Senior school pupils in years 7-11 will keep 1 AAI/Neffy in their yellow allergy bag at senior reception and should keep at least 1 AAI/Neffy on their person at all times
- Sixth form pupils should carry their own 2 AAI/Neffys with them at all times
- The school will regularly remind senior school pupils of the importance of carrying their AAI/Neffy with them at all times whilst they are at school, to any off-site sports activity or school trip, and on journeys to / from school. Parents will be requested to remind their children too, and to ensure pupils have immediate access to AAI/Neffy on their journeys to/from school.
- The school nurse will make occasional checks that pupils have their AAI/Neffys in school. If a pupil has a known allergy and no named AAI/Neffy is in school for them then the parent/guardian will be contacted and asked to bring a spare AAI/Neffy into school.



Pupils will not be allowed to go on off-site activities / school trips if they don't have 2 in date AAI/Neffy devices with them.

- Whilst school staff will take care of pupil's AAI/Neffys, the school cannot accept responsibility for any loss or damage to the AAI/Neffy, and parents should check details such as its condition and expiry date regularly.
- Schools will purchase a small number of 'Emergency Adrenaline Auto-Injectors' appropriate for use on the age of the pupils in the school, ensure they are readily available at all times, and are replaced when they have reached their expiry date.

Staff & visitors

- Visitors are encouraged to let the school know about any allergies they may have when signing in, in order that they can take the necessary steps to minimise exposure to their allergens and treat them appropriately in the event of an allergic reaction.
- Staff should let the school nurses know if they have any allergies that the school should be aware of. An '*Allergy and Food Intolerance Notification Form*' will be included in the staff induction pack and should be completed and passed to the school nurse and catering manager if appropriate.
- Staff are also asked to complete a Microsoft allergy notification form annually which is shared with catering and school nursing team.

Off-site Activities / School Trips

- Staff organising / leading off-site activities / school trips / educational visits must liaise with the school nurse in good time (min. 2 weeks prior) to ensure that they are well informed about all the medical conditions of the pupils prior to the trip / visit and that any adjustments required can be discussed.
- The school nurse should check which pupils are participating in off-site activities / school trips / educational visits using the Evolve system and inform the trip leader about any pupils who suffer from allergies. The trip leader is responsible for including the specific medical needs of any pupil in the trip / visit risk assessment.
- The trip leader will have access to any IHP's as necessary. It may be necessary for the IHP to be adjusted for specific trips
- Staff must make sure that pupils take their emergency medication with them on school trips, including to off-site sports pitches/facilities and sports fixtures. **Pupils will not go on school trips if they have not brought their own emergency medication with them.**
- A trip's risk assessment will be carried out to decide if a spare AAI pen should accompany the trip

- The first aider accompanying the trip needs to have been trained and be confident in how to administer an AAI.
- Designated member/s of staff should be allocated to check the food choices of each pupil with food allergies / intolerances on school trips.

Allergy Bullying

A group of organisations (Anaphylaxis UK, Allergy UK and the BSACI) reported in 2021 that 32% of children surveyed reported being bullied due to food allergies.

Allergy bullying can have profound consequences on the lives of its victims. They can suffer short-term physical consequences including stress-related reactions that heighten sensitivities as well as long-term effects such as anxiety and depression. Allergy bullying can result in pupils being fearful about attending school and the emotional toll can cause academic performance to suffer.

The school does not tolerate bullying of any kind inc. allergy related bully and this is reflected in our pastoral policies.

More information about Allergy Bullying and ways to help pupils who suffer from allergies can be found here:

- [What are the impacts of allergy bullying?](#)
- [Bullying and food allergies](#)

9. Staff Training

- All staff must be trained annually in allergen awareness, early recognition of symptoms and action to take in event anyone suffers an allergic reaction. All training should be recorded.
- All staff will be trained in anaphylactic emergency care including the circumstances when AAI/Neffys should be used and how to administer them. NB Any member of staff, whether trained or not, can administer an AAI for the purpose of saving a life (Human Medicines Regs 2012, sec 238 and schedule 19). There are instructions on the side of every AAI/Neffy explaining how to use it. However, it is always better for staff to be trained so that they are confident to act quickly and know how to use the device correctly.
- All staff must know where the emergency medication / spare Adrenaline Auto-Injectors are kept
- Anaphylaxis Emergency Drills will be performed bi annually to enhance training

a. All Staff

All school staff must complete the following e-learning course (or an equivalent course):

IHASCO Anaphylaxis and Allergy available on GDSTLearn

Wimbledon High School
Mansel Road, London, SW19 4AB
wimbledonhigh.gdst.net

Senior School
T 020 8971 0900
E info@wim.gdst.net

Junior School
T 020 8971 0902
E infojuniors@wim.gdst.net

Head Ms Fionnuala Kennedy
T 020 8971 0920
E heads-pa@wim.gdst.net

<https://training.gdst.net/elearning/Course/Detail?CourseId=51>

b. Staff Leading or Accompanying School Trips / Educational Visits

- All staff accompanying **school trips** will have a discussion with the School Nurse, prior to the trip, on how to prevent an allergic reaction and treatment should a pupil suffer from an allergic reaction/anaphylactic shock, including the use of Adrenaline Auto-Injectors if pupil's suffering from serious allergies are going on the trip.
- In addition to completing the Anaphylaxis and Allergy e-learning course, all **trip leaders on residential and overseas trips** should complete the IHASCO **Food Allergy Awareness** e-learning course (available on [GDST Learn](#))

c. Catering Staff and All Staff Who Prepare Food, Serve Pupils or Supervise Food Service, e.g. lunch time supervisors, TAs serving breaktime snacks, staff working **breakfast clubs, **after school clubs** and tuck shops/snack bars.**

All **catering** staff and all staff who prepare food, serve pupils or supervise food service must complete the **Navitas Allergy Awareness Course**, a Level 2 qualification (contact [Clare Cunningham](#) for access details) so that they are aware of the very serious risks associated with food allergies, and the actions that must be taken to prevent allergen cross contamination.

They must also receive training on the school's systems to identify pupils with food allergies and food labelling systems and the importance of reporting all allergy incidents or near misses to their manager and the school nurse in order that they can be recorded on Sphera (accident reporting system).

d. Refresher Training

As Allergies are such a serious issue, it's important that staff **refresh** their training on an **annual** basis.

10. Adrenaline Auto-Injectors & Neffy

The **Adrenaline Auto-Injectors** (AAIs) prescribed in the UK at present are Emerade, EpiPen and Jext. These injectors are easy to use and designed for self-administration or administration by any suitably trained individual. When administered they open up the airways, reduce swelling and raise the blood pressure.

In the event that someone with a history or an acknowledged risk of an anaphylactic reaction (they will usually have been prescribed with an AAI) has a serious allergic reaction the AAI should be administered with the **minimum of delay** as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once the symptoms have become severe.

In the event that someone presents with symptoms of allergy or anaphylaxis without a previous medical history of allergy, staff should call 999 as soon as possible and take the advice given by the emergency services. **Note: AAI's can be used on any individual who displays symptoms of anaphylaxis and therefore staff should not delay administration of the AAI if person is showing signs or symptoms of anaphylaxis.** School Nurses should assess the casualty and follow their Code of Practice regarding administration of an AAI.

- Click [here](#) for an infographic on correct use of AAI's – MHRA - June 2023
- Click [here](#) for a video on correct use of AAI's – MHRA - June 2023

AAI's are single use only and must be disposed of as sharps. Used AAI's can be given to ambulance paramedics on arrival or can be disposed of in a sharps bin (usually available in the Medical room).

If an AAI has been prescribed, it must be available to the pupil at all times, with no exceptions, i.e. never locked away in a cupboard, or stored in an office or room where access is restricted. AAI's should be stored at room temperature, protected from direct sunlight and temperature extremes.

Neffy – This is a needle free adrenaline spray that works as well as a needle-injector and is designed to be safe and easy to use at the first sign of symptoms.

The following link explains when to use Neffy including a video on how to administer;
<https://www.neffy.com/about/>

Action in the Event of Pupil's emergency medication being out-of-date

- In these circumstances the 'spare' AAI's can be used and all relevant people will be made aware.
- Parents will be asked to provide in date replacements asap
- The pupil should **not** participate in any school trips or off-site sports activities until a replacement has been provided as the risks may be increased and management of an incident could be more difficult than on the school premises.
- Out-of-date auto-injectors must **not** be used as their expiry date is based upon data which establishes that the efficacy / potency of the adrenaline may decrease beyond this point, unless specific information is received, regarding an extension of expiry dates.

Action in the event that pupil's do not have a spare Adrenalin Auto-Injector due to supply shortages

WHS will ensure the pupil's parents have given consent (see Appendix 1) for the use of the school's emergency AAI within the last 12 months and this is recorded on SIMS. Document that the child does not have a spare due to supply issues.

Any UK Government Public Health guidance will be followed.

Emergency Adrenaline Auto-Injectors

WHS keeps spare Adrenaline Auto-Injectors (AIs) for use on children with serious allergies in case of emergencies. Emergency AI devices are available in **Dining Hall, Sports Hall, Junior reception, Café Sixth, Medical suite and Nursery Road Medical Suite** for use on all pupils whose usual AI is not available for any reason, providing their parents/guardians have signed a '**Consent for Use of Emergency Adrenaline Auto-Injector Device**' form (see Appendix 1).

WHS has a documented protocol for the use of emergency AIs which includes the following:

- Arrangements for the supply, storage, care, and disposal of spare AIs in line with the DfE's guidance 'Supporting Pupils with Medical Conditions'.
- A register of pupils who have been prescribed an AIs (or where a doctor has provided a written plan recommending AIs to be used in the event of anaphylaxis).
- Written consent from the pupil's parent/legal guardian for use of the spare AIs, as part of a pupil's Allergy Action Plan.
- Appropriate support and training for staff in the use of the AI.
- Keeping a record of use of any AIs, and informing parents or carers that their pupil has been administered an AI and whether this was the school's spare AI or the pupil's own device.
- The school's emergency AIs should not be sent on a school trip. If a pupil has forgotten their own AI, they should not go on the activity / trip.

The Department of Health has issued guidance, available [here](#), on the use of AIs in schools.

The Anaphylaxis Campaign's webpage regarding emergency AIs can be accessed [here](#).

The 'Spare Pens in Schools' website can be accessed [here](#).

Using an Adrenaline Auto-Injector in an Emergency

- Click [here](#) for an infographic on correct use of AIs – MHRA - June 2023
- Click [here](#) for a video on correct use of AIs – MHRA - June 2023
- <http://www.anaphylaxis.org.uk/what-to-do-in-an-emergency/>
- Check name and expiry date of Adrenaline Auto-Injector
- Read instructions on the auto-injector.
- Remove the safety cap.
- Hold the auto-injector in the fist, not between finger and thumb.

- Hold device about 10cm from outer thigh, jab firmly against outer thigh, through clothes if necessary (avoiding seams) and listen for the 'clicking'. Hold in place for TEN seconds. (FIVE seconds for Emerade)
- Remove the auto-injector and massage the area for a further ten seconds.

For short videos see these links: <http://www.epipen.co.uk> <http://www.jext.co.uk/>
<http://www.emerade.co.uk/>

Practical Points

- Talk to the person and try to keep them as calm as possible and ensure they do not get up or rush around.
- Send for the School Nurse or a member of staff trained in anaphylactic care.
- Send for the emergency medication (e.g. AAI, asthma inhaler).
- If person is alert and able to swallow help them to self-administer their Adrenaline Auto-Injector or administer it yourself. Remember to give the auto-injector sooner rather than waiting, adrenaline will do no harm but could save a life if given early enough. Follow the instructions on the Adrenaline Auto-Injector. Note the time it was given and write this on the auto-injector itself or on the back of affected person's hand.
- Send someone else to phone for the Emergency Services. When dialling 999/112, say that the person is suffering from anaphylaxis (pronounced anna-fill-axis), stating '*an anaphylactic episode is taking place*' and whether or not an Adrenaline Auto-Injector has been used. If the person's condition deteriorates after making the initial 999/112 call, a second call to the emergency services should be made to ensure an ambulance has been dispatched.
- Keep yourself calm. Reassure the affected person that help is on its way.
- Stay with the affected person and observe response to the adrenaline until Emergency Services arrive. Be prepared to resuscitate if necessary.
- If affected person is a pupil, send someone to phone their parents to advise of the situation.
- Make sure the used auto-injector and pupil's care plan (Allergy Action Plan) accompany them to hospital.
- A member of staff will need to accompany the pupil to hospital and stay until parents arrive.
- Try to ascertain what may have caused the reaction and tell the ambulance crew.
- Following any anaphylactic episode all staff involved should meet and discuss what occurred, offer support to each other, look at how the healthcare plan (Allergy Action Plan) worked and take action to improve the planning if necessary.

11. Allergy Management Checklist

- Does your school have an Anaphylaxis Emergency response plan
- Has your school purchased spare AAIs?
- Does each child have a completed and signed Allergy Action Plan?
- Have ALL school staff been trained in allergy / anaphylaxis awareness, recognition of signs of allergic reactions and action to take?
- Does the school plan include where and how to store AAIs?
- Is there a schedule to check the expiry dates on spare AAIs and each child's AAI?
- Does the policy cover catering for children with allergies?
- Does the policy include pupil allergy awareness?
- Do relevant risk assessments (eg catering, food technology, educational visits and off-site activities) include the risk of allergies?
- Does your policy cover safeguarding children with allergies, including bullying?

12. Further Information

- <https://www.nhs.uk/conditions/allergies/>
- <http://www.anaphylaxis.org.uk>
- <http://www.anaphylaxis.org.uk/our-factsheets/>
- <https://www.anaphylaxis.org.uk/schools/schools-help>
- <https://www.allergyuk.org/>
- [Spare Pens in Schools](#)
- <https://www.rcpch.ac.uk/resources/allergy-care-pathway-anaphylaxis>
- Dept of Health [Guidance on the Use of Adrenaline Auto-Injectors in Schools](#)
- MHRA – [Guidance on the Use of Adrenalin Auto Injectors](#) – June 2023
- The [Food Allergies](#) section of *myGDST*.
- <https://theallergyteam.com/>

Appendix 1

CONSENT: Use of Emergency Adrenaline Auto-Injector Device for Children Already Prescribed Adrenaline Auto-Injector Devices

From 1st October 2017 the **Human Medicines (Amendment) Regulations 2017** allows schools to buy adrenaline auto-injector (AAI) devices without a prescription, for use in emergencies.

The emergency AAI should only be used on pupils who are known to be at risk of anaphylaxis, and for whom both medical authorisation and written parental consent for use of the emergency AAI has been given.

Child's name

1. I confirm that my child is known to be at risk of anaphylaxis and has been prescribed an AAI. Please state brand and strength of AAI device your child has been prescribed with

.....

2. I confirm that medical authorisation has been given for an emergency AAI to be used on my child in an emergency (please attach a copy of the authorisation to this document)
3. In the event of my child displaying symptoms of anaphylaxis, and if their AAI is not available or unusable, I consent to my child receiving adrenaline from an emergency auto-injector device held by the school for such emergencies.

Signed by Parent / Guardian

Date