



Prince Henry's Grammar School
COLLABORATIVE LEARNING TRUST



SCHOOL ALLERGY POLICY FOR STUDENTS

Purpose and scope of this policy

Prince Henry's Grammar School welcomes and supports children and young people with medical and health conditions. We aim to include all students with medical conditions in all school activities, including off site visits, differentiated as appropriate. We recognise that some medical conditions may be defined as disabilities and consequently come under the Equality Act 2010.

Introduction

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more serious reaction called anaphylaxis. Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs. Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation). It is possible to be allergic to anything which contains a protein; however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to): Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how Prince Henry's Grammar School will support students with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

Role and responsibilities

Parent/Carer Responsibilities

- On admission to Prince Henry's, it is the parent/carer's responsibility to inform the school of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents/Carers are to supply a copy of their child's Allergy Action Plan to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. GP or allergy specialist.
- Parents/Carers are responsible for ensuring that any required medication is supplied to their child, in date and replaced as necessary.
- Parents/Carers are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan is to be kept updated accordingly.

Staff Responsibilities

- Relevant staff will cover anaphylaxis as part of their first aid training. Internally there will be an annual refresher session covering identification and treatment of anaphylaxis via an annual first aid team meeting.
- Staff must be aware of the students in their care who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- The school's catering payment system will be used to highlight relevant allergies at the point of payment and food being purchased checked to ensure no accidental purchases are made by the student.
- The school will keep a register of students who have been prescribed an adrenaline autoinjector (AAI) and a record of use of any AAI(s) and emergency treatment given.

- A 'Consent Form' (APPENDIX 1) will be sent to parents/carers when their child starts at the school (or ad-hoc for new arrivals throughout the years) seeking permission for use of the school's emergency AAls, should a student require one and theirs either being unavailable or non-functioning.

Student Responsibilities

- Students are expected to have a good awareness of their symptoms and to let a staff member know as soon as they suspect they are having an allergic reaction.
- Students who are trained and confident to administer their own AAls are to take responsibility for carrying them on their person at all times.

Individual Health Care Plans/ Allergy Action Plans

Allergy Action Plans may be in the format of an Individual Health Care Plan (IHP) and have been designed to facilitate first aid treatment of anaphylaxis, by either the allergic person or someone else without any special medical training or equipment apart from access to an AAI.

Staff allergy training

All relevant staff should be trained on what to do in the event of an allergic reaction, either giving first aid themselves or being able to call for help.

Allergy training should be refreshed yearly to ensure confidence and competence. Acting fast is key in reducing the risk of a serious allergic reaction.

Where possible, allergy training should include a practical session (trainer AAls are available to order through the manufacturer's website.) Training should include a basic understanding of allergic disease and its risks which include:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAls) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance
- Knowing who is responsible for what
- Associated conditions e.g. asthma
- Managing Allergy Action Plans and ensuring these are up to date

Emergency Treatment and Management of Anaphylaxis

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen. Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth • swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.

- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is **anaphylaxis**. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the student has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction. Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

ACTION

Keep the child where they are, call for help and do not leave them unattended.

- LIE CHILD FLAT WITH LEGS RAISED – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY and note the time given. AAI should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL 999 and state ANAPHYLAXIS (ana-fil-axis).
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible. Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop. All students must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

Be Allergy Aware & Save a Life

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

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

WHAT TO LOOK FOR

A AIRWAY

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

B BREATHING

- Sudden onset wheezing
- Breathing difficulty
- Noisy breathing
- Persistent cough

C CIRCULATION

- Dizziness or feeling faint
- Sudden sleepiness, confusion
- Pale clammy skin
- Loss of consciousness or collapse

These severe symptoms may occur alongside milder skin, mucosal or gut symptoms.

Anaphylaxis may occur without skin symptoms (e.g. hives or swelling).

WHAT TO DO



Lay the person flat and raise their legs - do **NOT** allow them to stand or walk anywhere.



If unconscious, place them in the recovery position



If breathing is difficult, allow them to sit up supported



Administer adrenaline without delay (use prescribed AAI or intranasal EURneffy) Refer to device label for instructions.



Phone 999 and tell them the person is suffering from **ana-fil-ax-is**



If symptoms don't improve after five minutes, or symptoms get worse, a second dose of adrenaline can be given

Medical observation in hospital is recommended after anaphylaxis.



www.anaphylaxis.org.uk

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Anaphylaxis UK, a charity registered in England and Wales [1085527] and in Scotland – charity number: SC051390

anaphylaxis UK

A brighter future for people with serious allergies

Spare pens in schools

Under existing UK legislation, a school's "spare" AAI can, in principle be used in the event of an emergency to save the life of someone who develops anaphylaxis unexpectedly, even when parent/carer consent has not been obtained, for example in a child presenting for the first time with anaphylaxis due to an unrecognised allergy.

Note, however, that this provision is to be reserved for exceptional circumstances only, that could not have been foreseen.

If anaphylaxis is suspected in an undiagnosed individual call the emergency services and state that you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

Supply, storage and care of medication

Except in exceptional circumstances and where pre-agreed, students MUST take responsibility for, and carry, their own two AAIs on them at all times (in a suitable bag/container). For Students unable to take responsibility for their own medication or in the event of a device failing, Prince Henry's will carry a minimum of 2 spare AAIs in a centralised location on the main school site.

Students are to assume responsibility for their emergency kit under the guidance of their parents/carers. However, symptoms of anaphylaxis can come on very suddenly, so school staff need to be prepared to administer medication if the young person cannot.

Storage of school emergency AAIs

The school emergency AAIs will be stored at room temperature in the main reception office, protected from direct sunlight and temperature extremes.

Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. The sharps bin is kept in the First aid room.

School trips

Although staff leading school trips will ensure they carry all relevant emergency supplies to cover basic first aid incidents, they do not carry spare AAIs. Therefore, trip leaders are to check that all students with medical conditions, including allergies, carry their medication. Students unable to produce their required medication will not be able to attend the excursion.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic students and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning, and the trip leader should discuss with parents/carers the child's needs and action to be taken in an emergency. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Allergy awareness and nut bans

Prince Henry's Grammar School supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They do not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many

allergens that could affect students, and no school could guarantee a truly allergen free environment for a child living with a food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures that students, teachers and all other staff are aware of what allergies are, the importance of avoiding the nine students' allergens, the signs and symptoms, how to deal with allergic reactions and the importance of ensuring that policies and procedures are in place to minimise risk.

Appendix 1 - Consent Form (This may be presented in electronic format)

CONSENT FORM USE OF EMERGENCY ADRENALIN AUTO-INJECTOR

Prince Henry's Grammar School

Child showing symptoms of severe allergic reaction / anaphylaxis

- 1) I can confirm that my child has been diagnosed with allergies and has been prescribed an adrenaline auto-injector.
- 2) I will ensure that my child has a working, in date adrenaline auto-injector, clearly labelled with their name, which they will carry with them in school every day.
- 3) In the event of my child displaying symptoms of anaphylaxis and their auto-injector is not available or is unusable, I consent for my child to receive adrenaline from the emergency adrenaline auto-injector held by the school for such emergencies.

Name of Parent/Carer (print):

Signed:

Date:

Emergency Contact Number:

Child's name:

Date of Birth:

Form: