



Hutchesons' Grammar School

Allergy (including Anaphylaxis) Policy

Policy Owner: Mrs L Alexander, Mrs A Mustafa
(Matrons), Mrs G Clarke (Depute Rector)

Policy Approval: Mr M Ronan, Rector

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Background

This policy acknowledges the resources shared by Allergy UK, a national charity, which supports people living with allergies.

Around 5-8% of children in the UK live with a food allergy, and most school classrooms will have at least one allergic pupil. These young people are at risk of anaphylaxis, a potentially life-threatening reaction which requires an immediate emergency response. It is essential that staff recognise the signs of an allergic reaction and are able to manage it safely and effectively.

Allergy is the response of the body's immune system to normally harmless substances such as foods, pollen and house dust mites. Whilst these substances (allergens) may not cause any problems in most people, in allergic individuals their immune system identifies them as a 'threat' and produces an inappropriate response. This can be relatively minor, such as localised itching, but it can be much more severe causing anaphylaxis which can lead to upper respiratory obstruction and collapse. Common triggers are nuts and other foods, venom (bee and wasp stings), drugs, latex and hair dye. Symptoms often appear quickly and the 'first line' emergency treatment for anaphylaxis is adrenaline which is administered with an Adrenaline Auto-Injector (AAI).

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame and certain insect stings (particularly bee stings).

The key to prevention of anaphylaxis in school is knowledge of the pupil who has been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Partnerships between school and parents/guardians are important in helping the pupil avoid exposure.

Adrenaline given through an adrenaline autoinjector (such as an Epipen[®], Emerade, or Jext) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

Purpose

- To provide, as far as practicable, a safe and supportive environment in which pupils at risk of anaphylaxis can participate equally in all aspects of the pupil's schooling.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy/guidelines in the school community.

- To engage with parents/guardians of each pupil at risk of anaphylaxis in assessing risks, and developing risk minimisation strategies for the pupil.
- To ensure that staff have knowledge about allergies, anaphylaxis and the school's guidelines and procedures in responding to an anaphylactic reaction.

Individual Anaphylaxis Health Care Plans

The Matron will ensure that an Individual Anaphylaxis Health Care Plan is developed in consultation with the pupil's parents/guardians for any pupil who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Health Care Plan will be in place as soon as practicable after the pupil is enrolled and where possible before their first day of school.

The pupil's Individual Anaphylaxis Health Care Plan will be reviewed, in consultation with the student's parents/guardians:

- Annually, and as applicable,
- If the pupil's condition changes,
- Immediately after the pupil has an anaphylactic reaction.

It is the responsibility of the parent/guardian to:

- Provide the school with a spare Epipen/Emerade/Jext.
- Inform the school if their child's medical condition changes, and if relevant, provide an updated medical report from their Doctor.
- Ensure that medicines are supplied in date and replaced as appropriate.

Communication

Matron will be responsible for providing information to all staff, pupils and parents/guardians about anaphylaxis and development of the school's anaphylaxis management strategies. The information will be logged in the school MIS and the Catering department will be alerted.

In the **Primary School**, there is list of the pupils, with their photograph, who are at risk of anaphylaxis displayed in the staff rooms and offices. Class teachers are also informed of any pupil in their class who carries an auto-injector.

In the **Secondary School** at the start of each term the school staff are emailed a list of all pupils with their picture.

Supply staff and volunteers will be informed on arrival at the school if they are caring for a pupil at risk of anaphylaxis and their role in responding to an

anaphylactic reaction. In addition, there will be allergen information on food sold and catering staff will also have a flag on the system at point of sale.

Staff Training and Emergency Response

Teachers and other school staff who have contact with the pupil at risk of anaphylaxis, are encouraged to undertake training (given by Matrons) in anaphylaxis management including how to respond in an emergency.

At other times while the pupil is under the care or supervision of the school, including trips, play time and special event days, the Head teacher must ensure that there is a sufficient number of staff present who have up to date training and know how to recognise, prevent and treat anaphylaxis. Training will be provided by Matron to these staff as soon as practicable after the pupil enrolls. Wherever possible, training will take place before the pupil's first day at school.

The school's first aid procedures and pupil's Care Plan will be followed when responding to an anaphylactic reaction.

Pupils Carrying Epipens:

Pupils in the **Primary School** are asked to provide two Epipens. One is kept in the medical room with their individual care plan and one is to be carried around the school with them in a special carry case supplied by Matron.

Piriton is not carried around the school but is readily available from the medical room, with the exception of the Pre-School, who carry Piriton around with the child.

Pupils in the **Secondary School** are asked to carry two Epipens on them at all times. There is a spare Epipen in the medical room.

Allergy Response Boxes:

These contain spare Epipens, Piriton and a Ventolin inhaler.

These can be used for **anyone** having a severe and life threatening allergic reaction. These boxes are kept in the following places:

Primary School – Medical Room, Pre-School, Dining Room

Secondary School – Medical Room, PE base, Drama Staff Base, Music Department, Lunch Room, Main School Office, Dining Room

Norwood playing fields – in the kitchen area.

H@PP - Main Office

Risk Minimisation

The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them. The table below provides examples of risk minimisation strategies.

Setting	Considerations
Classroom	<ul style="list-style-type: none">• Liaise with parents/guardians about food related activities ahead of time.• Use non-food treats where possible. If food treats are used in class, it is recommended that parents/guardians provide a box of safe treats for the pupil at risk of anaphylaxis.• Staff are asked not to give out treats containing nuts to any pupil.• Never give food from outside sources to a pupil who is at risk of anaphylaxis.• Be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons).• Have regular discussions with pupils about the importance of washing hands, eating their own food and not sharing food.• Supply teachers should be made aware of the pupil's Individual Care Plan. <p>Hutchesons' Grammar School cannot guarantee a nut-free environment. However, in the secondary school steps are in place to reduce the risk to the pupils with severe allergies. In the Primary school pupils are asked not to bring any nuts or nut products into school.</p>

Lunchrooms	<ul style="list-style-type: none">• In the Primary school pupils are strongly encouraged to bring a packed lunch from home if they are at risk of anaphylaxis.• With permission from parents/guardians all lunch room staff should be briefed about pupils at risk of anaphylaxis, preventative strategies in place and the information in their Individual Care Plans. Liaise with parents/guardians about food for the pupil. Information about allergies are also noted on the pupil account details and staff selling products are able to see this at point of sale.• Products labelled 'may contain traces of peanuts/tree nuts' should not be served to the pupil known to be allergic to peanuts/tree nuts.• Be aware of the potential for cross contamination when storing, preparing, handling or displaying food.• Ensure tables and surfaces are wiped clean regularly.• Food allergens should be displayed for all to see.
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Playground	<ul style="list-style-type: none"> • Pupils should be discouraged from sharing food. • A pupil with anaphylactic responses to insects should wear shoes at all times. • Keep outdoor bins covered. • Pupils should keep open drinks (e.g. drinks in bottles/cans) covered while outdoors. • Staff trained to provide an emergency response to anaphylaxis should be readily available during non-class times (e.g. break and lunch). • Playground supervisors in Kingarth St should be aware of pupils who are at risk of anaphylaxis. • The adrenaline autoinjector should be easily accessible from the playground. • Staff on duty need to be able to communicate that there is an anaphylactic emergency without leaving the child experiencing the reaction unattended.
On-site events (e.g. sporting events, in school)	<ul style="list-style-type: none"> • For special occasions, class teachers should consult parents/guardians in advance to either develop an alternative food list or request the parents/guardians to send in acceptable food for the pupil. • Parents/guardians of other pupils should be informed in advance about foods that may cause allergic reactions in pupils at risk of anaphylaxis as well as being informed of the school's allergen minimisation strategies. • Staff must know where the adrenaline autoinjector is located and how to access if it required. • Staff should avoid using food in activities or games, including rewards. • For sporting events it is essential to take the pupil's adrenaline autoinjector. The autoinjector should be stored in a cool, dry place to protect it from the elements.

<p>Off-site school settings – field trips, excursions</p>	<ul style="list-style-type: none"> • The pupil’s adrenaline autoinjector, Individual Care Plan and means of contacting emergency assistance must be taken on all field trips/excursions. A spare EpiPen is given to the teacher responsible for the pupil. • One or more staff members who have been trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector should accompany the pupil on field trips or excursions. All staff present during the field trip or excursion need to be aware if there is a pupil at risk of anaphylaxis. • Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction. • The school should consult parents/guardians in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/guardian to send a meal (if required). • Consider the potential exposure to allergens when consuming food on buses.
<p>Off-site school settings– camps and remote settings</p>	<ul style="list-style-type: none"> • When planning residential trips, a risk management plan for the pupil at risk of anaphylaxis should be developed in consultation with parents/guardians and trip organiser. • Campsites/accommodation providers and airlines should be advised in advance of any student with food allergies. • Staff should liaise with parents/guardians to develop alternative menus or allow students to bring their own meals. • Camp providers should avoid stocking peanut or tree nut products, including nut spreads. Products that ‘may contain’ traces of peanuts/tree nuts may be served, but not to the pupil who is known to be allergic to peanuts/tree nuts. • Use of other substances containing allergens (e.g. soaps, lotions or sunscreens containing nut oils) should be avoided.

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| | <ul style="list-style-type: none">• The pupil's adrenaline autoinjector and Individual Care Plan and a mobile phone must be taken on the trip.• A team of staff who have been trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector should accompany the pupil on the trip. However, all staff present need to be aware if there is a pupil at risk of anaphylaxis.• Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.• Be aware of what local emergency services are in the area and how to access them. Liaise with them before the trip.• The adrenaline autoinjector should remain close to the pupil at risk of anaphylaxis and staff must be aware of its location at all times. One Epipen should be carried in the school first aid kit and older pupils should carry a second Epipen on their person.• In the case of younger pupils one Epipen must be given to the leader/responsible adult they are with at any given time and a second Epipen in the first aid kit.• A pupil with allergies to insect venoms should always wear closed shoes when outdoors.• Cooking and art and craft games should not involve the use of known allergens.• Consider the potential exposure to allergens when consuming food on buses/airlines and in cabins. |
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Allergic Reaction Flow Chart

Mild/Moderate Reaction

- Swollen lips
- Flushed, itchy, blotchy skin
- Abdominal pain and nausea
- Swelling around eyes
- Fast breathing

Call Matron. **Do not leave pupil alone.**
If sending pupil to matron send with a responsible pupil.

If Matron not available, contact School Office who will contact YT or SMT who will continue below.

Give antihistamine dose as stated on label. Stored in Matron's office

If asthmatic, give reliever (blue inhaler) via spacer (2 puffs). Another 8 puffs can be given, 1 per minute. Stored in Matron's office

Contact parent/carer to inform them that their child has had a mild allergic reaction.

Supervise closely

If no improvement after 10 minutes, repeat dose of antihistamine.

If condition worsens to severe reaction, follow guidance on right.

Severe Reaction

- Swollen tongue
- Hoarse voice, difficulty swallowing
- Cough, difficulty breathing, noisy, laboured breathing
- Change in colour pale, clammy
- Feeling faint
- Deteriorating consciousness
- Collapse

Lie pupil down and raise pupil's feet

DO NOT LEAVE PUPIL ALONE

A prescribed Epipen should be administered by either the pupil themselves or trained staff member.

DO NOT USE ANYONE ELSE'S EPIPEN

- Dial 999
- Follow instructions from ambulance control
- Inform school office & tell them location of emergency.
- Stay with pupil
- Contact parents/carers
- Inform SLT