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CONTENTS:

1. AIMS AND OBJECTIVES

This policy outlines Duke of Kent 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 pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an allergy aware school.

This policy applies to all staff, pupils, parents and visitors to the school and should be read alongside these other policies:

First Aid Policy, Supporting Pupils at School with Medical Conditions 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. For the purposes of this Policy we will refer to them as AAIs.

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan. We recommend the BSACI Allergy Action Plan paediatric templates which

include 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 pupils, 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.

INDIVIDUAL HEALTHCARE PLAN (IHCP): A detailed document outlining an individual pupil's medical conditions, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. All pupils with an allergy 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 pupils' 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

Duke of Kent School takes a whole-school approach to allergy management.

4.1 Designated Allergy Lead

The Designated Allergy Lead is Tom Southee. They report to Sue Knox, Head Teacher. They are responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils 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, pupils and parents with concerns or questions about allergy management;
- Ensuring allergy information is recorded, up-to-date and communicated to all staff. Although they have ultimate responsibility, the collation of information is delegated on a day to day basis to Chloe Sarjant, Lead School Nurse;
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment);
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures.

- 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 (with the assistance of Chloe Sarjant, Lead School Nurse); and
- Promote staff participating in an anaphylaxis drill up to annually.

At regular intervals the Designated Allergy Lead will check procedures and report to the SMT.

4.2 **School nurse/ Healthcare team/ Medical Lead**

Chloe Sarjant, Lead School Nurse, (with the assistance of Maya Garside, School Nurse) is responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families (this is likely to involve liaising with the admissions team for new joiners);
- Supporting the Designated Allergy Lead with disseminating this information to all school staff, including the catering team, occasional 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 within the expiry date. Whilst it's the responsibility of parents/carers to ensure medication is up to date, the nursing team will notify the parents/carers when they see the expiry dates are approaching in respect of medicines held by the school.
- Keeping an adrenaline pen register to include adrenaline pens prescribed to pupils and the school's stock of spare adrenaline pens, including brand, dose and expiry date. The location of spare adrenaline pens is documented below.
- Regularly checking spare adrenaline pens are where they should be, and that they are in date;
- Replacing the spare adrenaline pens when necessary;
- Providing on-site adrenaline pen training for staff and pupils and refresher training as required, and to run through anaphylaxis drill during "sharing best practice" session each Autumn Term

4.3 **Admissions Team**

The Registrar/admissions team is likely to be the first to learn of a pupil or visitor's allergy. They will work with the Designated Allergy Lead and school nursing team lead to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity. We acknowledge this should be in place before a school visit, an Open Day or Taster Days if food is offered or likely to be eaten;

- There is a clear structure in place to communicate this information to the relevant parties (i.e. school nursing team, catering team);
- Parents and applicants are informed of catering arrangements during admission events; and
- Plans are made for emergency medication if the child is to be left without parental supervision.

4.4 **All staff**

All school staff, **including teaching staff, support staff, occasional staff (for example sports coaches, music teachers and those running breakfast and afterschool clubs)** are responsible for:

- Championing and practising allergy awareness across the school;
- Reading, understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures, and asking for support if needed;
- Being aware of pupils (and staff, when necessary) with allergies and what they are allergic to;
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate;
- Ensuring pupils always have access to their medication or carrying it on their behalf. **Pupils in Pre Prep have medication stored in red bum bags which are transported around the school site by Pre Prep Staff any time they leave the Pre Prep department.** Pupils in Prep School and beyond are responsible for ensuring they are carrying their antihistamine or AAIs with them at all times.
- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training;
- Taking part in training and anaphylaxis drills as required (at least annually). Whilst it is the school's responsibility to ensure staff have received annual training, **if the member of staff is aware they have not received any allergy training in the last 12 months they should alert a manager;**
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times. Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy;
- Forwarding any communication or information that comes directly to them from parents regarding allergens to the School Nurse
- Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving school site, for a match or trip.
- Administer prompt allergy first aid care/follow the guidance in this policy as needed in the event of an emergency

4.5 **All parents**

All parents and carers (whether their child has an allergy or not) are responsible for:

- Being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies;
- Providing the Lead School Nurse Chloe Sarjant 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; and
- Encouraging their child to be allergy aware.

4.6 **Parents of children with allergies**

In addition to point 4.5, the parents and carers 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; and
- 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.

4.7 **All pupils**

All pupils at the school should:

- Be allergy aware;
- Understand the risks allergens might pose to their peers and respect measures to support them;
- Learn how they can support their peers and be alert to allergy-related bullying;
- Older pupils will learn how to recognise an allergic reaction and support their peers and staff in case of an emergency; and
- For a small number of pupils regularly bringing food in from home for health/wellbeing reasons (as agreed with the Lead School Nurse and SLT), they must adhere to food restrictions as advised by the Lead School Nurse. They should NOT share their food with other pupils
- For pupils bringing in food items from home for consumption by other members of the school community (for example bake-off competition), they MUST provide a full list of ingredients to display alongside their food.

4.8 **Pupils with allergies**

In addition to point 4.7, pupils with allergies are responsible for:

- Knowing what their allergies are and how to mitigate personal risk (we acknowledge this is more reliable as pupils grow older; it would not be assumed for example that a child in Pre Prep is fully able to advocate for themselves with regards to their allergies);
- Avoiding their allergen as best as they can;
- Understanding the importance of following the school specific processes of lunch **(pupils with allergies to pick up a white tray to signify to servers that they have a dietary need)** and snack services and how that mitigates risk;
- Understanding that they should notify the nearest 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** or a member of staff **(for example Lead School Nurse or their form tutor)** 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;

- If age and capability appropriate, ensure they have their medication with them on the journey to and from school.

5. INFORMATION AND DOCUMENTATION

5.1 Register of pupils with an allergy

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

5.2 Individual Healthcare Plans

Each pupil 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 pupil 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 pupil; and
- 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 pupils; and
- Planning special events, such as cultural days and celebrations.

Inclusion of pupils 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 a safe meal for all students, staff and visitors, including those with food allergies.

- Due diligence is carried out with regard to allergen management when appointing catering staff;
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training;
- The school adheres to the new Early Years Foundation Stage statutory guidance and has a separate policy "Early Years Safer Eating" which contains full details about allergies and the management of allergies in our EYFS setting.
- 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 pupils 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 pupils with food allergies:
    - A "Think of Me" list of relevant pupils, their allergies, and their photographs is held by the Catering Manager (not visible in public for confidentiality reasons). This is maintained by the Lead School Nurse and updated frequently.
    - A full allergy register (including pupil photos) is available to all staff on the Google Staff Share (in the Medical folder): maintained an updated regularly by the Lead School Nurse
    - Relevant pupils in Prep School and Senior School are required to collect a white tray at meal times to indicate to catering staff that they have a dietary requirement or allergy
- Food containing the main 14 allergens (see Allergens definition) will be clearly labelled . Other ingredient information will be available on request.
    - **celery, cereals containing gluten (eg wheat), crustaceans (shellfish), egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame**
- The following are additional allergens of current pupils
    - **apple, aubergine, coconut, coffee, green beans, pear, pineapple, radish, sweetcorn**
- 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 pupils with dietary needs by The Catering Manager/Lead School nurse.

- All food products are sourced and purchased by the school's caterers and their ordering system will flag products with allergens or where products may contain traces of an allergen. Therefore, when products are received the caterers will already be aware of any allergen or potential allergen and can be added to the allergen list - (FS13 Allergen Checker List) This process covers breakfast, lunch, supper, events, trips, sports fixtures and purchases for the senior Tuck Shop.
- The school's caterers have a policy not to order any ingredients containing nuts or sesame.

7.2 **Food brought into school**

- We do not encourage food to be brought into school on a regular/daily basis to minimise allergy risk. However, an exception may be made for a specific pupil after consultation with the Lead School Nurse, the catering manager, and SLT in the event of a specified health/medical need, for example a pupil with ARFID who may struggle to eat well from the usual school menu (see separate ARFID policy). The plan for this pupil's meal provision must be clearly documented.
- We do not allow children to bring in birthday cakes to school; other methods of celebration should be sought.
- There are occasional exceptions to the "no food from home" rule; for example fundraising events (e.g. cake sales) and the annual house bake off competition. These are important community events benefiting the pupils' enjoyment, learning and integration with their school house. Strict allergy safety rules are shared in advance. Food brought in must not contain any nuts or peanuts or sesame in any form. The 14 common allergens should also be labelled, or a full ingredients list be given (for example for cake sales).
- School trips occasionally allow pupils to bring their own snacks. Again, strict allergy advice must be given in advance regarding which foods should not be brought in, **and the importance of pupils not sharing their snacks.**
- All food used for curriculum based activities will be provided by the School's caterers

7.3 **Food bans or restrictions**

While you may wish to restrict certain foods on site, messaging around this needs careful consideration. For example, bans are almost impossible to enforce but can lead to a sense of complacency or give a false sense of security. Reminding everyone to be allergy aware and to remain vigilant is vital. It is also important that you don't give the impression of one allergen being more dangerous than others.

- **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 **peanuts and tree nuts and sesame** as much as possible on the site and check all foods coming into the kitchen; and
- All food coming onto school premises or taken on a school trip or to a match should be checked to ensure **peanuts, tree nuts and sesame** 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 pupils**

- Pupils will wash their hands before and after eating;
- Sharing, swapping or throwing food is not allowed;
- Water bottles and packed lunches should be clearly labelled; and
- The school's caterers have separate food preparation areas, with a separate dry food store and a number of refrigeration units for food storage which limit the risk of cross contamination. In the Early Years Foundation Stage, staff will follow the school's Safer Eating policy which includes appropriate food hygiene procedures. The school also has a Cookery Studio where lessons are taught during the day and an after school cooking club is held weekly. Food hygiene and safe practice for these activities is covered within the risk assessment held in The Cookery Studio.

8. EDUCATIONAL VISITS AND SPORTS FIXTURES

- Staff leading the trip will have a register of pupils with allergies and details of their medication provided by Lead School Nurse Chloe Sarjant ahead of trip departure; this forms part of the "medical conditions list" which is attached to each Trip's Risk Assessment. It is essential that the trip staff read the information shared by the Lead School Nurse thoroughly, and share information with other staff attending the trip as relevant.
- Allergies will be considered on the risk assessment and catering provision put in place;
- Parents, and pupils where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay;
- Staff (and some pupils, if appropriate) accompanying the trip will be trained to recognise and respond to an allergic reaction (annual allergy training from The Allergy Team UK to be completed each September).
- Allergens will be clearly labelled on catered packed lunches. Pupils and staff with allergies outside of the "main 14" will also be recognised and the same allergy protocols will apply to ensure they receive a safe meal;
- If attending Match Tea at another school, details of their dietary requirements will be sent ahead to the relevant school by Lead School Nurse Chloe Sarjant; cc-ing the relevant sports staff attending the match to ensure they are aware. **Allergies are also listed by CS on the team sheet print offs left out for games staff to collect from the medical room** (along with red bags/allergy medication) before they depart.
- See Adrenaline Pens section for School Trips and Sports Fixtures.

9. INSECT STINGS

Any pupils with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and when possible keep arms and legs covered;
- Avoid wearing strong perfumes or cosmetics; and
- Consider keeping food and drink covered.
- Seek assistance from the nearest first aid trained member of staff in the event of a sting (attend the medical room with a friend to ensure safe arrival if well enough and if within School Nurse hours)

Grounds staff will monitor the grounds for wasp or bee nests. Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.

10. ANIMALS

It's normally the dander (flakes of skin) saliva or urine that causes a person with an animal allergy to react.

At Duke or Kent School, we have a school cat "Sydney" on site, who lives within the school building, and also on occasion have a visiting dog for wellbeing purposes. In addition, some other resident staff have pets.

Precautions to limit the risk of an allergic reaction include:

- A pupil 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 be encouraged to wash their hands after contact;
- If an animal lives on site, for example in a Boarding House, pupils, parents and staff will be made aware and consideration and adaptations will be made; and
- School trips that include visits to animals will be carefully risk assessed.

11. ALLERGIC RHINITIS/ HAY FEVER

- It is a parents duty to inform the School Nurse if their child has seasonal allergies (including to tree pollen or grass pollen) and how the child's allergy should be managed
- In many cases, hay fever is managed with oral antihistamines (in tablet or suspension form). The school requests that pupils who are suffering symptoms of hay fever which may impact their comfort during the school day, take their usual antihistamine at home before attending school each day, to avoid symptoms building up before treatment

- When discussing allergies and their child's hay fever management with the School Nurse, it is recognised that parents often refer to antihistamines by their brand names. It is essential that clarification is sought on which specific medication they are referring to (for example "Piriton" is the brand name for Chlorphenamine maleate and should not be confused with "Piriteze", the brand name for Cetirizine hydrochloride).

- The School Nurse stocks cetirizine hydrochloride antihistamine in suspension and tablet form. This will be administered to symptomatic pupils on an ad hoc basis (as long as they have parental consent as given in the initial medical questionnaire completed upon enrolment) if they have not already taken an antihistamine that day.

- Chlorphenamine Maleate is also available, but this has side effects of drowsiness, and therefore, verbal parental consent will be sought before administration

- Pupils who require a regular "top up" of their antihistamine to manage their symptoms (for example a regular lunch time dose of cetirizine throughout the summer term) should arrange for a supply of their antihistamine to be delivered to school, and not rely on school stock. If parents require any antihistamine (or other allergy remedies such as nasal sprays, eye drops) to be administered to their child during the school day, then medication should be supplied in the original packaging, within it's expiry date, with an accompanying parental medication consent form. The School Nurse will administer in accordance with Section 7 of the First Aid Policy (13a)

- In some instances, cetirizine or chlorphenamine maleate will not be sufficiently strong enough to resolve symptoms of tree pollen or grass pollen or other environmental allergies. In this case, parents are advised to seek advice from their pharmacist or GP. Fexofenadine is an alternative antihistamine which can provide relief for children with persistent symptoms. It is recognised that during Spring and Summer Terms, the outside environment at Duke of Kent School can prove challenging for children with moderate to severe allergies to various pollen. In serious cases, where symptoms are hard to manage with medication alone, it is recognised that it may be necessary to limit the time a pupil spends outdoors during this time. This may mean less involvement in outdoor learning, outdoors games lessons, and at break time. Change of timetable/attendance at school due to an allergy will be discussed between parents and the Lead School Nurse and agreed with a member of SLT. Every possible effort should be made to return a pupil to full engagement in outdoor activities as soon as possible without compromising their health.

- Staff should check the medical conditions list supplied by the Lead School Nurse prior to taking out a school trip. This will indicate if a pupil has an allergy such as hay fever, and how it is to be managed. There may be occasions when antihistamine will need to be administered during a school trip (Lead School Nurse to inform relevant staff in this instance).

12. INCLUSION AND MENTAL HEALTH

Allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety and depression and are more susceptible to bullying.

- **No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip;**
- Pupils with allergies may require additional pastoral support including regular check-ins from their form tutor or the School Nurse
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives; and
- 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

- **Pupils prescribed with adrenaline pens will have easy access to two, in-date pens at all times;**
- Pupils with prescribed adrenaline pens are required to carry x2 pens on their person at all times in line with government guidance. Depending on their age, this is managed in different ways:
    - **Pre Prep Pupils (Nursery to Year 2)**: Adrenaline pens to be stored in a "RED BUM BAG" which is carried by Prep Prep Staff whenever the relevant child leaves the Pre Prep Department (eg to lunch, to music, art, games etc). When the pupil is in class, their red bum bag hangs on a hook on the side of the medical cupboard in the center of the Pre Prep department. Parents are also encouraged to supply the school with a third/spare AAI which is stored in the emergency medication cupboard in the front office (which is never locked). This spare pen is packed in the first aid bag for any school trips the pupil attends
    - **Prep Pupils (Year 3 to 6)**: Are encouraged to take responsibility for carrying their (two) adrenaline pens with them at all times. They are provided with a red bum bag to store their pens in which is named so it can be returned if mislaid. Parents are also encouraged to supply the school with a third/spare AAI which is stored in the emergency medication cupboard in the front office (which is never locked). This spare pen is packed in the first aid bag for any school trips or away sports fixtures the pupil attends
    - **Senior Pupils (Years 7 to 11):** Are expected to take responsibility for carrying two adrenaline pens with them at all times. It is advised that they may best do this by placing the pens in their inside blazer pocket (Pupils are advised NOT to leave AAIs in school bags, given the number of occasions when pupils are located separately from their bag during a regular school day - for example at meal times). Parents are also encouraged to supply the school with a third/spare AAI which is stored in the emergency medication cupboard in the front office

(which is never locked). This spare pen is packed in the first aid bag for any school trips or away sports fixtures the pupil attends

- 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 six spare adrenaline pens (AAIs) to be used in accordance with government guidance.

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

- **FRONT OFFICE (Red emergency bag):**
  - EPIPEN 300mcg x1 (for Prep & Senior Pupils, Staff and Visiting Adults)
  - EPIPEN 150mcg x1 (for Pre-Prep, and visiting children aged 6 and below)
- **STAFF ROOM**
  - EPIPEN 300mcg x1 (for Prep & Senior Pupils, Staff and Visiting Adults)
  - EPIPEN 150mcg x1 (for Pre-Prep, and visiting children aged 6 and below)
- **NESS HALL FOYER**
  - EPIPEN 300mcg x1 (for Prep & Senior Pupils, Staff and Visiting Adults)
  - EPIPEN 150mcg x1 (for Pre-Prep, and visiting children aged 6 and below)

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.** One is carried by the child. The second (their "spare" usually stored in the front office and accessible at all times) is packed in the first aid bag (by the School Nurse) **It is the trip leader's responsibility to check they have them**
- Adrenaline pens will be kept close to the pupils 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 pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction; and
- Spare adrenaline pens will be available for off-site activities if deemed necessary by the Lead Nurse.

14. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See appendix on recognising and responding to an allergic reaction

If a pupil has an allergic reaction:

- Treat the pupil in accordance with their Allergy Action Plan;
- Instigate the school's Emergency Response Plan (see First Aid Policy 3.7 to 3.10)
- If anaphylaxis is suspected, administer adrenaline without delay;
- Treat the pupil where they are. Lie them down with their legs raised and bring medication to them;
- Use pupil's own prescribed medication if immediately available;
- Pupils can administer the adrenaline pen themselves [if able to] or a member of staff can administer pen/AAI. Ideally the member of staff will be trained, but in an emergency, anyone can administer adrenaline;
- If the pupil's own adrenaline pen is not available or misfires, then use a spare adrenaline pen;
- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or Allergy Action Plan, lie the pupil 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 pupil until a medical professional/ paramedic has arrived, even if they are feeling better; and
- **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.**

15. TRAINING

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

By the end of September 2026, **All school staff** will complete an approved E Learning Course "Managing Allergy and Asthma in Schools" from The Allergy Team UK

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. Staff will be given the opportunity to practise with a training adrenaline auto-injector at Sharing Best Practice in the autumn term, or can request this from Lead School Nurse Chloe Sarjant at a convenient time;
- How the school manages allergy, for example Emergency Response Plan, documentation:
    - Staff to write up minor incidents in the "Daily Record Book" in the medical room (**staff to print your name after each entry so we know who dealt with the scenario)**, more serious incidents in the correct Accident Book (liaise with Lead School Nurse). Send an **email to parents ASAP to explain what happened, cc-ing the Lead School Nurse Chloe Sarjant so she can manage follow-up care and communication.**
- Where adrenaline pens are kept (both prescribed pens and spare pens) and how to access them;
    - Pupils carry x1 of their own (red bum bag in Pre Prep carried by staff, red bum bag in Prep carried by pupil, Senior pupils in blazers), and additional x1 AAI in the cupboard in the front office
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying;
- Understanding food labelling; and
- Taking part in an anaphylaxis drill (Sharing Best Practice).

15.2 **The school will aim to carry out an anaphylaxis drill once a year.**

This includes:

- An exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the whole school response or group discussion on how the scenario would be best managed in line with policy.

16. ASTHMA

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions. [See First Aid Policy 13a section 6.2].

17. REPORTING ALLERGIC REACTIONS

The school will log allergic reaction incidents and near-misses in the Accident Book which is reviewed termly in the Health & Safety Committee meetings.

APPENDIX (Information from The Allergy Team UK)

ALLERGIES, SYMPTOMS AND TREATMENT

WHAT IS AN ALLERGY?

An allergy is when your body reacts to something that is normally harmless and releases a chemical called histamine. This triggers the symptoms of an allergic reaction.

Common allergens include venom from stinging insects such as wasp and bees, medication, latex, animals, pollen and food. These can cause serious allergic reactions.

A food allergy is different to a food intolerance or a dietary choice because it involves the immune system and serious reactions, called anaphylaxis, can be life-threatening.

There are two types of food allergy: Delayed or non-IgE mediated allergy and Immediate or IgE-mediated allergy.

Delayed allergy can cause unpleasant symptoms, often hours later, such as tummy pain and an itchy rash.

Immediate allergy is more serious: the symptoms of an allergic reaction often happen within minutes of being exposed to an allergen and can be life-threatening.

Some allergies are outgrown, others can develop in later life. It is possible to have an allergic reaction even if you don't have any history of allergy or to an unknown allergen.

People with a food allergy must avoid their allergen. Even just a trace of the food they are allergic to, can cause an allergic reaction

COMMON ALLERGENS:

You can be allergic to any food but the majority of reactions are caused by 9 foods:

1. Milk
2. Shellfish
3. Soya
4. Treenuts
5. Peanuts
6. Sesame
7. Wheat (gluten)
8. Fish
9. Eggs

MANAGING ALLERGIC REACTIONS

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 person
- Call for help
- Locate adrenaline pens
- Give antihistamine
- Make a note of the time
- Phone emergency contact
- Monitor in case things become more serious

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 especially if they have uncontrolled asthma.

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of allergic reaction is called ANAPHYLAXIS.

Anaphylaxis is uncommon, and people experiencing it almost always fully recover. In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

Anaphylaxis usually occurs within minutes of eating a food but can begin 1-2 hours later.

RESPONDING TO ANAPHYLAXIS

SYMPTOMS OF ANAPHYLAXIS:

AIRWAY	**BREATHING**	**CIRCULATION**
Persistent cough	Difficult or noisy breathing	Persistent dizziness
Hoarse voice	Wheeze or cough	Pale or floppy
Difficulty swallowing		Sleepy
Swollen tongue		Collapse or unconscious

IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE (if in doubt, give adrenaline!).

DELIVERING ADRENALINE

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

For more information see the Government's Guidance for the use of adrenaline auto-injectors in schools. https://assets.publishing.service.gov.uk/media/5a829e3940f0b6230269bcf4/Adrenaline_auto_injectors_in_schools.pdf

ADRENALINE PENS IN SCHOOL

ADRENALINE PENS

Adrenaline pens are prescribed to some people who have an allergy. They are pre-filled, single-use devices for delivering adrenaline. Sometimes they are referred to as adrenaline auto-injectors or AAIs. You might also know them by the brand name EpiPen.

There are 2 brands prescribed in the UK: EpiPen and JEXT.

They do the same job but are used in slightly different ways.

Adrenaline pens come in two doses: a lower dose for young children (weighing 15-25 or 30 kgs) and a higher dose for people over 25kgs. If you don't know the child's weight, government guidance recommends using the higher does for children 6 years and older.

The dose, brand and instructions for using the adrenaline pen will be included on a pupil's Allergy Action Plan.

You can watch our training videos at any time. Further guidance and instructions on how to order trainer pens can be found on the websites for EpiPen and Jext.

IN AN EMERGENCY

1. You **don't have to be trained** to deliver adrenaline, but it is best to learn and to practice using trainer pens.

2. You **can use a different brand** of adrenaline pen to the one someone has been prescribed, as long as you use the correct dose for their weight.

3. If you only have an **expired adrenaline pen** accessible, it is best to use this rather than none at all. However, you shouldn't use a device where the liquid inside is dis-coloured or grainy (there is a window for checking this).

4. Spare adrenaline pens can be used on any pupil in exceptional circumstances, if anaphylaxis occurs unexpectedly, for the purpose of saving their life. Please refer to our Spare Pens in School FAQ for more information.

APPENDIX: IHCP for Allergy:


DUKE of KENT
SCHOOL

NAME – Individual Healthcare Plan for allergy	
Date of birth:	Current photo
Year / class:	
Emergency contacts:	
Staff who need to be aware:	

Allergy (and any other medical conditions):

Note what allergy the child or young person has.

Note any known allergens.

Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.

How the allergy (and other medical conditions) is managed:

Note any care or action plans or prescribed medication issued by healthcare professionals.

If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.

Note the extent to which the child or young person is able to take responsibility for managing their allergy.

Impact on education:

Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.

Indicate how the allergy may impact on the child or young person's learning.

Indicate how the allergy may impact on the child or young person's emotional wellbeing.

If relevant, note any interaction between allergy and SEN.

Arrangements for support:

Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.

Outline measures to reduce the risk of contact with known allergens.

Give details of the specific support or adaptations to manage food allergy at meal and snack times.

Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.

Visits and trips: *Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.* *Note any requirement for a risk assessment and prompts for specific issues which should be considered.*	
Emergency response: *Where an Allergy Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.* *Otherwise summarise the signs or symptoms which would indicate an emergency.* *Set out what to do in an emergency, including whom to contact.* *If relevant, note where "spare" adrenaline devices are located:* **Spare "Emergency" AAIs are located in the front office (pupil-specific), medical room (emergency bag), Staff room and Ness Hall**	
Last discussed with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**:

NAME – Individual Healthcare Plan for allergy **Annex: Medication needed while in school / college / setting**	
Non-prescription medication: *Record any non-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Parental consent:	**Date**:
Prescription medication: *Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Prescribed by:	**Date**:
Parental consent:	**Date**:
Use of "spare" adrenaline devices: *Note whether parental consent has been given to administer adrenaline (e.g. using "spare" adrenaline devices) in an emergency.*	
Parental consent:	**Date**:
Use of "spare" salbutamol inhaler: *If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a "spare" salbutamol reliever inhaler.*	
Parental consent:	**Date**: