Habs

HABERDASHERS'
ELSTREE SCHOOLS

Allergy and Anaphylaxis Policy

Regulation	Non-regulatory
Reviewed by	School Nurse
Last Review	Summer 2026
Next Review	Summer 2027

1 Related Information

1.1 Availability of Statutory Policies

All statutory policies are available on the school's website.

1.2 Supporting Documents

The following related information is referred to in this policy:

First Aid Policy
Educational Visits Policy
Storage and Administration of Medicines Policy
Benedict's Law - Benedict's Law - Benedict Blythe Foundation

1.3 Terminology

School means Haberdashers' **Girls'** School and/or Haberdashers' Boys'_School, which are operated by Haberdashers' Aske's Elstree Schools Limited, the School Trustee of Haberdashers' Aske's Charity.

Junior School means Haberdashers' Girls' School.

Prep and Pre-Prep means Haberdashers' Boys' School.

Parents includes one or both parents, a legal guardian, or education guardian.

Student or **Students** means any student or students in the school at any age.

2 Aim

This policy aims to give guidance on the effective management of pupils who have allergies and are at risk to severe, life-threatening anaphylaxis. The school aims to support the safety and well-being of students with specific allergies in all aspects of school life.

3 Introduction

When a student with allergies joins the school, parents will complete the medical section of the on-boarding forms which will also prompt parents to submit their child's Allergy Action Plan. If a current student receives a new diagnosis of anaphylaxis, parents/guardians will notify the school via the Parent App by completing the New Medical Condition form. On receipt of the form, the school nursing team will contact the parents to request a copy of the Allergy Action Plan. The Allergy Action Plan will include specific details of the student's allergy history, symptoms and triggers, day-to-day management, and type of prescribed medication.

Parents/guardians of students with a severe allergy will be sent The British Society for *Allergy* & Clinical Immunology (*BSACI*) *Allergy Action Plan* (Appendix A: EpiPen and Appendix B: Jext). to be completed by their health care professional in conjunction with the

parent/guardian to form the students Individual Health Care Plan (IHCP). In exceptional circumstances these can be completed by the parent/guardian upon receiving permission from the Medical Centre.

The Allergy Action Plan will be kept on the student's electronic health record in the Health Centre module on iSAMS as well as on Teams for trip leaders/first aiders to access for off-site visits and on-site out-of-hours activities.

Allergy Action Plans should be reviewed and updated at least annually by the child's allergy specialist or GP. Parents/guardians are to inform the school nurse if an episode of anaphylaxis occurs outside school and if there are any changes in allergy management.

Parents/guardians are responsible for ensuring prescribed Adrenaline Auto-Injectors (AAIs) are in date, replaced as necessary, and that their child carries two on their person at all times in an appropriate bag.

Parental consent for the use of emergency spare AAIs will be shown in the student's electronic health records and on their Allergy Action Plan.

The school will keep a register of those students prescribed AAIs, which is available to all staff and highlighted on a student's iSAMS medical flag.

All staff are required to complete the online training on Anaphylaxis and what to do in the event of an emergency.

4 What is Anaphylaxis?

Anaphylaxis is a severe and often sudden allergic reaction. It can occur when someone with allergies is exposed to something, they are allergic to (known as an allergen). Reactions usually begin within minutes and rapidly progress but can occur up to 2-3 hours later.

Anaphylaxis is potentially life-threatening and always requires an immediate response.

Common anaphylaxis triggers include:

- Foods – including nuts, sesame seeds, soya, gluten, dairy, fish, shellfish, eggs, lentils and kiwi fruit.
- Medicines – penicillin, aspirin, NSAIDs, anaesthetics
- Insect stings – particularly wasp and bee stings
- Latex – a type of rubber
- Exercise may trigger a reaction, either independently or in combination with other factors.

In some cases, there is no obvious trigger. This is known as idiopathic anaphylaxis.

4.1 Signs of Anaphylaxis

<u>Airway</u>

- Persistent cough
- Hoarse voice
- Difficulty swallowing

- Swollen tongue

Breathing

- Difficult or noisy breathing
- Wheeze or persistent cough (like an asthma attack)

Consciousness

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconsciousness

Anaphylaxis may occur without skin symptoms: always consider anaphylaxis in someone with a known food allergy who has sudden breathing difficulty.

In addition to the signs of anaphylaxis listed above, mild/moderate reactions may occur. These symptoms can also occur on their own. If a student displays a mild/moderate reaction oral antihistamine medication can be given as instructed on their Allergy Action Plan. The student is to be closely monitored for the development of severe symptoms.

4.2 Common Symptoms of mild / moderate allergy reaction

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash (hives or urticaria)
- Abdominal pain, nausea or vomiting.
- Sudden change in behaviour
- Widespread flushing of the skin

5 Action to take in the event of Anaphylaxis.

Every member of staff is responsible for ensuring they have completed the online anaphylaxis training and that they are able to respond immediately in the event of an anaphylactic reaction.

Pre-loaded adrenaline auto-injectors (AAIs) are prescribed for people believed to be at risk of anaphylaxis. Because severe allergic reactions can occur rapidly, the prescribed AAI must always be immediately available. The injection should be given as soon as symptoms of anaphylaxis are present.

Adrenaline treats both the symptoms of the reaction and can also stop it from becoming worse. Other “allergy” medicines (such as antihistamines) may help with mild/moderate symptoms but are not effective for severe reactions (anaphylaxis).

Adrenaline can be safely injected into the thigh muscle by non-healthcare workers **using an adrenaline auto-injector (AAI)**. Using an AAI can buy valuable time while waiting for an ambulance to arrive.

AAIs can be administered through clothes and should be injected into the outer mid-thigh, in line with the manufacturer’s instructions.

If in doubt, give adrenaline. A dose of adrenaline administered with an AAI into the outer mid-thigh muscle is safe and potentially lifesaving.

5.1 If one or more signs of anaphylaxis are present:

- Lay the student flat with legs raised (if breathing is difficult, allow student to sit) do NOT stand the student up.
- Use adrenaline autoinjector without delay. Check you have the correct auto-injector for the student. Administer the pre-loaded adrenaline auto-injector into the mid-outer thigh, as per instructions on the device. Note the time given.
- Dial 999 for an ambulance and say anaphylaxis "ANA-FIL-AX-IS".

5.2 After giving adrenaline:

- Stay with the child until the ambulance arrives, do NOT stand the child up.
- Commence CPR if there are no signs of life.
- Phone parent/emergency contact
- If no improvement after 5 minutes, give a further adrenaline dose using a second auto injectable device and administer into the other thigh.

If a student/staff is showing signs of anaphylaxis for the first time call 999, explain their symptoms and explain that we are a school and have a spare adrenaline auto-injector and ask permission to use it

If the student/staff's condition does not improve or deteriorates after the first 999 call, a second call should be placed to ensure an ambulance has been dispatched.

Inform parents/guardians or emergency contact that the student/staff has been treated for a suspected anaphylaxis and of the hospital destination when confirmed with paramedics. Medical observation in hospital is recommended after anaphylaxis.

The adrenaline auto-injectors should be sent to the hospital with the student along with documentation stating the time it was given.

In the event of a mild/moderate reaction. Stay with the child, call for help and locate the child's adrenaline autoinjectors. Antihistamine can be given, and their parent/emergency contact called.

6 Management of Anaphylaxis in School

The school are allergen-aware and request that all parents, students and staff do not bring any products containing nuts and sesame to school. The same guidance is followed by the school catering department.

Parents/guardians submit allergen and dietary information to the Medical Centre at the school and, in the case of severe allergies, will ask the parents/guardians to complete an Allergy Action Plan. The school's catering company Holroyd Howe will receive this information from the Medical Centre and ensure that they will cater to the needs of the child.**Current guidance from the Medicines and Healthcare products Regulatory Agency (MHRA)** recommends that 2 AAI devices are prescribed, which patients should always have available.

6.1 Girls' School

Senior school students are to carry their AAIs and Allergy Action Plan on their person and an inhaler in their bag/on their person if one is required. Junior school students are to carry their AAIs in a waist pouch or small across-the-body bag with a copy of their plan. If they need an inhaler, that should also be readily available with their AAI's.

Whenever the student is on a school trip/fixture or off-site activity, they must take two prescribed AAIs to the event and any other medication they may require such as an inhaler . **They will not be able to join in the off-site activity if they do not have two AAIs with them.**

A small supply of Cetirizine and Piriton will be sent on every trip with a register of pupils with anaphylaxis, stating their allergens and their first-line anti-histamine defence medication.

It is the parents/guardian's responsibility to ensure that their child carries their AAIs, that they are in date and are the correct dose.

The school nurse must be informed of any change in treatment via Parent App.

Emergency Kitt Medical AAIs can be administered to a student at risk of anaphylaxis but whose device is not available, requires a second dose or advised by the emergency services. All staff are informed of these locations and of students with severe allergies.

Emergency Kitt Medical AAIs are stored in four locations: i

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- Outside Senior Health Centre
- Dining Hall
- Junior School first aid room
- Swimming pool entrance corridor

The emergency Kitt Medical boxes contain:

- x2 0.15mgJunior Jext devicespens
- x2 0.3mg Jext devices

The Kitt Medical boxes are unlocked with the key in the "break glass" container on the wall next to the Kitt Medical box. The kits are checked half termly for their integrity.

6.2 Boys School

6.2.1 Pre-Prep students

Students need to have two AAIs with their antihistamine and an inhaler if needed in a labelled box along with their plan, which will be kept in a central location in the Pre- Prep School and taken by the teacher for PE, and any off-siteactivities, including going to the Girl's School.

6.2.2 Prep School students

Students are to always carry their two AAIs in a labelled box/bag in their school bag with a copy of their plan. If they need an inhaler, that should also be readily available with their AAI's. Any other medication such as antihistamine, will need to be brought into school for residential trips and off-site activities. If your child travels on the coach and would require an inhaler if he should have anaphylaxis, then he should have a spare one for the coach.

A bottle of cetirizine is kept in the Pre-Prep.

6.2.3 Senior School students

Students are to always carry two AAIs (Adrenaline Auto Injector) on their person and an inhaler in their bag/on their person if one is required.

Whenever the student is on a school trip/fixture or off-site activity, they must take two prescribed AAIs to the event and any other medication they may require such as inhaler or antihistamine.
They will not be able to join in the off-site activity if they do not have two AAIs with them.

It is the parents/guardian's responsibility to ensure that their child carries their AAIs, that they are in date and are the correct dose.

We do not require an additional AAI to be stored in school unless a parent/student would prefer to.

The school has generic AAI's which can be administered to students experiencing anaphylaxis in an emergency. The spare AAI's held by the school are not intended to replace the students own AAI's They are available for exceptional circumstances. The emergency medication is located at the Medical Centre with the defibrillator, in the Bates Dining Hall, behind the serving counter, at Prep Reception and in the Reception of the Medburn Centre.

Kitchen/dining staff are provided with a list of students, and their photos, who have serious allergic reactions to food.

6.3 Catering on Site

The school's catering contractor will ensure that food provided will not contain or be cross contaminated with nuts or sesame. Catering staff have lists of all allergens contained in the food prepared that day, cooking and serving procedures will be compliant with Food Safety Standards to ensure no cross contamination.

Any food brought on-site or to be consumed off-site for school trips or fixtures which is not provided by the school's catering contractor, must be risk assessed to ensure no nuts, no sesame, and that procedures for preparation, cooking, and serving ensures no cross-contamination of allergens, and that allergens are clearly identifiable.

7 Allergy Action Plans

All students with a prescribed adrenaline auto-injector and known severe allergy have an IHCP in the form of an *Allergy Action Plan* (Appendix A: EpiPen and Appendix B: Jext).

A list of Students requiring an AAI is kept with emergency medication.

Copies of their individual allergy action plans (AAP's) are also available on Teams for trip leaders taking a student on a school trip.

The Allergy Action plans provide staff with information on:

- The pupils name, date of birth, and allergy
- Signs of severe allergy and mild/moderate reactions

- How to administer an adrenaline auto-injector
- Emergency contact details
- Parental consent to administer any medications listed on the plan including a spare back-up adrenaline autoinjector.

It is the responsibility of the student's parents/guardians to share the student's Allergy Action Plan (AAP) with the school and to inform the school of any changes to the students AAP.

8 Staff Training

All staff are required to comply with Benedict's Law, by completing the online anaphylaxis training annually, so all staff are available to respond appropriately in the event of an anaphylactic reaction.

Holroyd Howe provide catering for the school, all members of the team complete allergy training arranged by the catering company. "Allergy champions" complete additional training, this group of staff are recognised by wearing a pink "ask about allergens" badges. They encourage the children with food allergies or intolerances to seek assistance if needed.

Holroyd Howe have a strict allergy process when food is prepared. Each chef/person creating the dish will complete their own allergen sheet with all components that have been used to produce the dish. These Allergy sheets are used at service time should a customer/student require any information on the contents of the dish. All dishes use a new sheet every time a dish is prepared, the previous one is not used, and forms are kept for 12 months.

8.1 Girls' School Dining Room Arrangements

Junior School

KS1 – Rainbow- Year 2:

All students to wear coloured wrist bands to indicate their allergies to catering staff – all service is supervised.

KS2 – Year 3 – Year 6:

All students with allergies are served their food at the allergen counter in the dining room. It is the student's responsibility to attend the allergen counter and discuss their allergens with the allergy champion serving at the counter. At the beginning of each academic year students with allergies will be given a tour of the dining room where this process will be clearly explained.

Senior School

All students in the senior school are responsible for approaching the allergy champions to ask about allergies and are welcome to use the allergy counter.

8.2 Boys' School Dining Room Arrangements

Pre–Prep

All students to wear coloured wrist bands to indicate their allergies to catering staff – all service is supervised.

Prep School

All students with allergies are served their food at the allergen counter in the dining room. It is the student's responsibility to attend the allergen counter and discuss their allergens with the allergy champion serving at the counter. At the beginning of each academic year students with allergies will be given a tour of the dining room where this process will be clearly explained.

Senior School

All students in the senior school are responsible for approaching the allergy champions to ask about allergies and are welcome to use the allergy counter.

9 School Trips and Sport Fixtures

The names of the students who have anaphylaxis and require an adrenaline auto-injector will appear on the trip leaders EVOLVE notes in "trip notes". It is the responsibility of the trip leaders to check their own student list from Evolve and obtain the Allergy Action Plans from Teams.

Any student going on a school trip must always carry two adrenaline auto-injectors with them. It is the pupil and parent/guardian responsibility to ensure they have both devices for the trip or fixture. Students will be unable to go on the school trip if they do not have their own named auto-injectors.

The trip leaders remind students and their parents/guardians of the need to bring their adrenaline auto-injectors and medications needed with them for trips AND residential trips.

In line with the school's allergy policy, no nuts, nut-based products, or sesame are to be brought on school trips by either staff or students.

The trip leader is responsible for ensuring that food provided on school trips is safe for those students attending with allergies.

In the Girl's School, a small supply of Cetirizine and Piriton will be sent on the school trips with a register of those with anaphylaxis, their allergens and their first-line antihistamine defence medication.

In the junior school, pre prep and prep all staff will have access to an antihistamine for sports fixtures. In the senior schools, it is the student's responsibility to ensure they have all the medication required.

Appendix A

Allergy Action plan including use of EpiPens

bsaci improving allergy care

ALLERGY ACTION PLAN

RCPCH Royal College of Paediatrics and Child Health | Anaphylaxis Campaign | AllergyUK

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:** ..... **(If vomited, can repeat dose)**
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms. ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue	• Difficult or noisy breathing • Wheeze or persistent cough	• Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie child flat with legs raised** (if breathing is difficult, allow child to sit)

2. **Use Adrenaline autoinjector <u>without delay</u>** (eg. EpiPen®) (Dose: ..... mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do <u>NOT</u> stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjectilable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: .....

Print name: .....

Date: .....

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit:
sparepensinschools.uk

How to give EpiPen®

PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"

Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"

PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and authorisation to travel with emergency medications has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....

..... **Date:** .....

Appendix B

9.1 Allergy Action Plan including use of Jext

bsaci improving allergy care

ALLERGY ACTION PLAN

RCPCH Anaphylaxis Campaign AllergyUK

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:** ..... **(If vomited, can repeat dose)**
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue	• Difficult or noisy breathing • Wheeze or persistent cough	• Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie child flat with legs raised** (if breathing is difficult, allow child to sit)

2. **Use Adrenaline autoinjector without delay** (eg. Jext®) (Dose: ..... mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjectilable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

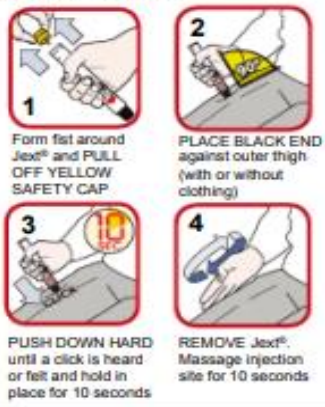
Signed: .....

Print name: .....

Date: .....

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit:
sparepensinschools.uk

How to give Jext®



Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and authorisation to travel with emergency medications has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....

..... **Date:** .....