Clitheroe Royal Grammar School

Allergy and Anaphylaxis Policy

Staff member responsible: Deputy Headteacher

Governors' Committee: Students and Staffing

Linked policies: Medical needs policy, First Aid Policy, Equalities Policy, Health and Safety Policy, Safeguarding and Child Protection Policy, SEND Policy

1. AIMS AND OBJECTIVES

This policy outlines Clitheroe Royal Grammar 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 ones does. It also sets out how we support our students 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, students, parents and visitors to the school and should be read alongside these other policies:

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 Adrenaline Pens.

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

DESIGNATED ALLERGY LEAD: The member of staff responsible for overseeing allergy management across the school and acting as the main point of contact for students, 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.

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

4.1 Designated Allergy Lead

The Designated Allergy Lead is the Deputy Headteacher: Head of Main School. Jasmine Renold. They report to the Headteacher. They are responsible for:

- Ensuring the safety, inclusion and wellbeing of students 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, students and parents with concerns or questions about allergy management;
- Ensuring allergy information is recorded, up-to-date and communicated to all staff;
- 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, students 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 where necessary and ensuring the circumstances are investigated and learnings shared;
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy; and
- Ensuring there is an anaphylaxis drill once a year.
- Providing on-site adrenaline pen training for staff and students and refresher training as required.

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

4.2 School Business Administrators

The School Business Administrators on both sites are 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 (at a minimum) Coordinating medication with families and ensuring medication is in date.
- Keeping an adrenaline pen register to include adrenaline pens prescribed to students and the school's stock of spare adrenaline pens, including brand, dose and expiry date. The location of spare adrenaline pens should also be documented;
- Regularly checking spare adrenaline pens are where they should be, and that they are in date;
- Replacing the spare adrenaline pens when necessary;
- Ensuring that students have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving school site, for a match or trip.

4.3 Admissions Team

The admissions team is likely to be the first to learn of a student or visitor's allergy. They should work with the Designated Allergy Lead and the school business administrators to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity – this is done using the admissions forms and HCPs on admission.
- There is a clear structure in place to communicate this information to the relevant parties (i.e. pastoral teams, catering team);
- Parents and applicants are informed of catering arrangements during admission events; and
- Plans are made for emergency medication if the young person is to be left without parental supervision.

4.4 All staff

All school staff, including teaching staff support staff and occasional staff 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 students (and staff, when necessary) with allergies and what they are allergic to;
- Considering the risk to students with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate;
- 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 once a year). 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 students 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/ Healthcare Team; and
- Ensuring that students have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving school site, for a match or trip.

4.5 All parents

All parents and carers (whether their young person 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 students with allergies;
- Providing the school with information about their young person'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 young person has an allergy or intolerance if this is a preference or dietary choice; and
- Encouraging their young person to be allergy aware.

4.6 Parents of young people with allergies

In addition to point 4.5, the parents and carers of young people 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 young person 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 young 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 young person's condition and ensure the relevant paperwork is updated too;
- Provide the school with an up-to-date photograph of their young person and sign the associated permission for it to be shared appropriately as part of their allergy management; and
- Support their young person 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 students

All students 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 students will learn how to recognise an allergic reaction and support their peers and staff in case of an emergency; and

4.8 Students with allergies

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

- Knowing what their allergies are and how to mitigate personal risk
- Avoiding their allergen as best as they can;
- Understanding the importance of following the school specific processes of lunch and snack services and how that mitigates risk;
- Understanding that they should notify a 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 prescribed). 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 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; and
- If age and capability appropriate, ensuring they have their medication with them on the journey to and from school.

INFORMATION AND DOCUMENTATION

4.9 Register of students with an allergy

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

4.10 Individual Healthcare Plans

Each student 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 student 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 student; and a copy of their Allergy Action Plan.

5. 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 students; and
- Planning special events, such as cultural days and celebrations.

Inclusion of students 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.

6. FOOD, INCLUDING MEALTIMES & SNACKS

6.1 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;
- 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 students 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 students with food allergies, using photographs of students and the catering electronic devices.
- Food containing the main 14 allergens (see Allergens definition) will be clearly labelled . Other ingredient information will be available on request.
- 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 students with dietary needs by the catering manager;

6.2 Food brought into school

- Students are regularly reminded that they should not bring nuts or nut-based products into school, or take them on school trips, sports fixtures or other school activities. This includes snacks, cakes, spreads and any other food where nuts are a main ingredient.
- Where food is brought into school for sharing, including for birthdays, fundraisers, parent/carer events, trips or fixtures, a clear list of ingredients must be provided. Homemade items should

include a written list of ingredients, including any potential allergens, so that staff can make appropriate checks before food is shared.

7. EDUCATIONAL VISITS AND SPORTS FIXTURES

- Staff leading the trip will have a register of students with allergies and details of their medication. Staff should notify the trip leader of any allergies;
- Allergies will be considered on the risk assessment and catering provision put in place;
- Parents, and students where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay;
- Staff (and some students, if appropriate) accompanying the trip will be trained to recognise and respond to an allergic reaction;
- Allergens will be clearly labelled on catered packed lunches.
- See Adrenaline Pens section for School Trips and Sports Fixtures.

8. ALLERGIC RHINITIS/ HAY FEVER

- For students with known pollen allergies or hay fever, the school will take reasonable steps to reduce exposure where practical, particularly during periods of high pollen. This may include seating students away from open windows, allowing access to tissues, water and prescribed medication, and making reasonable adjustments for outdoor activities, PE, trips or sports fixtures where symptoms are significant.
- Parents/carers should ensure that any required medication, such as antihistamines, nasal sprays or eye drops, is provided in line with the school's medication procedures. Where symptoms are severe or linked to asthma, this should be recorded in the student's individual healthcare plan or allergy/asthma action plan.

9. INCLUSION AND MENTAL HEALTH

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

- No young person with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip;
- Students with allergies may require additional pastoral support including regular check-ins from the pastoral team;
- Affected students 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.

10. ADRENALINE PENS

See the government guidance on Adrenaline Pens in Schools.

10.1 Storage of adrenaline pens

- Students prescribed with adrenaline pens will have easy access to two, in-date pens at all times;
- The student's spare adrenaline pens are stored in the central office in a named box;
- 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.

10.2 Spare adrenaline pens

This school has spare adrenaline pens to be used in accordance with government guidance.

The locations of spare adrenaline pens are clearly signposted. These are: in the central school offices on both sites. There are also 2 spare adrenaline pens in the Defib bags.

The Allergy Lead is responsible for:

- Deciding how many spare pens are required on site and for school trips;
- Distribution of spare pens around the site and clear signage.

10.3 Adrenaline pens on off-site activities

- No young person with a prescribed adrenaline pen will be able to go on a school trip without two of their own devices. It is the trip leader's responsibility to check they have them;
- Adrenaline pens will be kept close to the students 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 students will be aware of students with allergies and be trained to recognise and respond to an allergic reaction; and
- Consider whether to take spare adrenaline pens to off-site activities. This should be recorded as part of the risk assessment process.

11. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See appendix on recognising and responding to an allergic reaction

If a student has an allergic reaction:

- Treat the student in accordance with their Allergy Action Plan;
- Instigate the school's Emergency Response Plan [Appendix 1];
- If anaphylaxis is suspected administer adrenaline without delay [see poster in Appendix 2];
- Treat the student where they are. Lie them down with their legs raised and bring medication to them;
- Use student's own prescribed medication if immediately available;
- Student can administer the adrenaline pen themselves [if able to] or a member of staff can administer pen. Ideally the member of staff will be trained, but in an emergency, anyone can administer adrenaline;
- If the student's own adrenaline pen is not available or misfires, then use a spare adrenaline pen;
- If anaphylaxis is suspected but the student does not have a prescribed adrenaline pen or Allergy Action Plan, lie the student 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 student 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.

12. TRAINING

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

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 are given the opportunity to practise with a training adrenaline auto-injector;
- How the school manages allergy, for example Emergency Response Plan, documentation, communication etc;
- Where adrenaline pens are kept (both prescribed pens and spare pens) and how to access them;
- The importance of inclusion of students 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.

12.2 The school will carry out an anaphylaxis drill once a year.

This includes:

- An exercise simulating an event where a student or member of staff has an allergic reaction and testing the whole school response.

13. REPORTING ALLERGIC REACTIONS

The school will log allergic reaction incidents and near-misses. These will be logged on EVERY system.

Date of last review: July 2026
Date of approval by Governors: July 2026

Date of next review: January 2028

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**.

Anaphylaxis is uncommon, and a young person 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 20 minutes of eating a food but can begin 2-3 hours later.

Appendix 1

Emergency Response Plan for Anaphylaxis

1. **Recognise possible anaphylaxis.** Treat as an emergency if the person has signs such as difficulty breathing, wheezing, persistent coughing, swelling of the lips, tongue or throat, difficulty swallowing or speaking, dizziness, collapse, becoming pale/floppy, sudden sleepiness, or symptoms following exposure to a known allergen. A rash or swelling may not always be present.
2. **Call for help immediately.** Alert nearby staff, send a responsible person to get the student's adrenaline auto-injectors and/or the school's spare adrenaline auto-injector, and ask another person to contact Reception/First Aid. Do not send the student to the medical room.
3. **Keep the person still and in the correct position.** The person should stay where they are. They should lie flat with legs raised. If they are struggling to breathe, they may sit slightly upright, but they must not stand, walk or be moved.
4. **Give adrenaline without delay.** Use the person's prescribed adrenaline auto-injector, or the school's spare auto-injector where permitted and appropriate. Follow the instructions on the device and inject into the outer mid-thigh. Adrenaline can usually be given through clothing. If the member of staff is alone, they should give adrenaline first, then call 999.
5. **Call 999.** Ask for an ambulance and clearly say: "Anaphylaxis." Give the school address, exact location of the person on site, the person's age, symptoms, allergen if known, and the time adrenaline was given.
6. **Send staff to support access.** A member of staff should go to meet the ambulance, open gates where needed, and direct paramedics to the person as quickly as possible.
7. **Stay with the person and monitor them.** Reassure them and keep them lying down. Do not give food or drink. Record the time adrenaline was given and continue to monitor breathing, alertness and symptoms.
8. **Give a second dose if needed.** If symptoms do not improve after 5 minutes, or if symptoms return, give a second adrenaline auto-injector if available. Use a second device and record the time it was given.
9. **Manage other students and onlookers.** Move other students away calmly, maintain privacy and reduce distress. Staff should discourage any filming, photographing or posting about the incident.
10. **Contact parents/carers or next of kin.** Once emergency treatment is underway and 999 has been called, a designated member of staff should contact the student's parents/carers or the adult's emergency contact.
11. **Hospital transfer.** Anyone who has received adrenaline must be assessed in hospital, even if they appears to recover. A member of staff should accompany a student to hospital if parents/carers have not arrived.
12. **After the incident.** Used adrenaline auto-injectors should be handed to paramedics. The incident must be recorded, reported and reviewed. The school should consider what happened, whether procedures were followed, whether any further support is needed for students or staff who witnessed the incident, and whether changes are required to prevent future incidents.

Appendix 2

HOW TO USE AN EPIPEN®
STEP BY STEP

EVERY SECOND COUNTS IN ANAPHYLAXIS

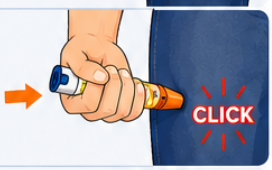
⚠ Use an EpiPen immediately if someone has signs of a severe allergic reaction (anaphylaxis).

1 CALL FOR HELP
- Call **999** immediately.
- Say: "Anaphylaxis. An EpiPen is about to be administered."

2 REMOVE THE SAFETY CAP
- Hold the EpiPen in your fist with the orange tip pointing downwards.
- Pull off the blue safety cap.

3 POSITION THE EPIPEN
- Place the orange tip against the outer mid-thigh.
- It can be given through clothing if needed.

4 INJECT
- Push down hard until you hear a **CLICK**.
- Keep pushing firmly.



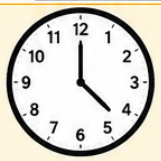
5 HOLD
- Hold in place for **3** seconds (count slowly to 3).

6 REMOVE & MASSAGE
- Remove the EpiPen.
- Massage the injection site for about 10 seconds.

7 RECORD TIME
Record the time the first dose was given immediately.

TIME GIVEN: ____ : ____

(24 HOUR CLOCK)



AFTERCARE – WHAT TO DO NEXT

POSITION THE PERSON
- Breathing difficulties – sit up.
- Feeling faint / low blood pressure – lie flat and raise legs.
- Unconscious but breathing – place in the **recovery position**.
- **Do not allow them to stand or walk.**

GET EMERGENCY HELP
- Everyone needs hospital treatment even if they feel better.
- Stay with the person.
- Call **999** if you haven't already.

SECOND DOSE IF NEEDED
- If symptoms do not improve or return after **5** minutes, give a second EpiPen.
- Continue to monitor.

FURTHER TREATMENT
- Emergency clinicians may give oxygen, fluids, antihistamines, steroids and other medication.
- The person will be observed in hospital (usually 4–12 hours) as symptoms can come back.

COMMON SIDE EFFECTS (USUALLY SHORT-LIVED)
Fast heartbeat · Shaking · Headache · Feeling anxious

WHEN TO USE AN EPIPEN
Use immediately if someone has ANY of these after exposure to a possible allergen:

- Difficulty breathing / wheeze
- Swelling of lips, tongue or throat
- Persistent coughing
- Feeling faint / collapsing
- Widespread hives or flushing (especially with breathing problems)
- Severe vomiting
- Sudden confusion / loss of consciousness

⚠ **If in doubt, give the EpiPen.**

AFTER AN EPIPEN HAS BEEN USED
- ✓ Inform parents/carers immediately.
- ✓ Record the incident in CPOMS and the medical log.
- ✓ Replace the used EpiPen as soon as possible.
- ✓ Review the student's care plan and trigger avoidance.
- ✓ Debrief staff involved and update training if needed.

BLUE TO THE SKY, ORANGE TO THE THIGH

REMOVE BLUE CAP → ORANGE TIP TO OUTER THIGH → CLICK & HOLD FOR 3 SECONDS → CALL 999