TRING PARK SCHOOL FOR THE PERFORMING ARTS

ALLERGY SAFETY AND ANAPHYLAXIS POLICY

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Approval Body	Senior Leadership Team / Governing Body
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1. Introduction

Tring Park School is committed to providing a safe, supportive and inclusive learning environment for all pupils, including those with allergies and other medical conditions.

Recognising the increasing prevalence of allergies, including life-threatening allergies, within school-aged populations, the School works in partnership with pupils, parents, staff and healthcare professionals to minimise risk and provide a safe educational environment.

The School adopts a whole-school approach to allergy management that focuses on:

- Prevention
- Education
- Awareness
- Communication
- Inclusion
- Effective emergency response

The School aims to ensure that pupils with allergies are able to participate fully in all aspects of school life whilst maintaining their safety and wellbeing.

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2. Purpose

The purpose of this policy is to:

- Minimise the risk of allergic reactions occurring within the School.
- Ensure pupils with allergies are safe and appropriately supported.
- Promote an allergy-aware school culture.
- Ensure staff understand their responsibilities.
- Provide clear procedures for responding to allergic reactions and anaphylaxis.
- Meet current Department for Education guidance relating to allergy safety in schools.

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3. Scope

This policy applies to:

- Pupils

- Staff
- Governors
- Volunteers
- Agency and supply staff
- Contractors working alongside pupils
- Visitors to the School
- School activities both on and off site

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4. Definitions

Allergy

An immune system response to a normally harmless substance.

Allergen

A substance capable of triggering an allergic reaction.

Anaphylaxis

A severe, potentially life-threatening allergic reaction requiring immediate emergency treatment.

Adrenaline Auto-Injector (AAI)

A pre-loaded adrenaline device used to treat anaphylaxis, including EpiPen® and Jext®.

Allergy Action Plan

A medical document prepared by a healthcare professional outlining an individual's allergy and emergency treatment.

Individual Healthcare Plan (IHCP)

A school-based document detailing arrangements required to support a pupil's medical condition.

Near Miss

An event which had the potential to result in harm but where injury or illness was avoided.

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5. Roles and Responsibilities

Governing Body

The Governing Body is responsible for:

- Maintaining strategic oversight of allergy management.
- Ensuring allergy risks are appropriately managed.
- Reviewing serious incidents and near misses.
- Ensuring an annual review of this policy.

Designated Allergy Lead

The Designated Allergy Lead is:

Anselm Barker

Responsibilities include:

- Leading implementation of this policy.
- Promoting allergy awareness across the School.
- Supporting staff training.
- Reviewing incidents and near misses.
- Ensuring adequate provision of spare adrenaline devices.
- Reporting to senior leaders and governors.

Lead Nurse

The Lead Nurse is:

Charlotte Robinson

Responsibilities include:

- Maintaining allergy records.
- Creating and reviewing Individual Healthcare Plans.
- Collating Allergy Action Plans.
- Managing medication records.
- Maintaining the AAI register.
- Monitoring spare adrenaline devices.
- Recording incidents and near misses.
- Providing allergy information to relevant staff.
- Checking medication held in school each term and notifying parents regarding approaching expiry dates.

All Staff

All staff must:

- Complete annual allergy training.
- Be familiar with pupils in their care who have allergies.
- Follow Individual Healthcare Plans.
- Know how to respond to allergic reactions.
- Ensure pupils have access to emergency medication.
- Consider allergies when planning activities.
- Promote inclusion and challenge allergy-related bullying.

Parents and Carers

Parents and carers must:

- Inform the School of allergies and relevant medical history.
- Provide up-to-date Allergy Action Plans.
- Supply prescribed medication.
- Ensure medication remains in date.
- Notify the School of any changes in medical needs.
- Support completion of Individual Healthcare Plans.

Pupils

Pupils are encouraged to:

- Understand their allergies.
- Avoid known allergens.
- Inform staff immediately if symptoms occur.
- Carry medication where agreed.
- Support peers with allergies.

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6. Identification and Documentation of Allergies

The School will maintain:

- A register of pupils with allergies.
- Records of prescribed AAIs.

- Individual Healthcare Plans.
- Allergy Action Plans.
- Records of adverse reactions and near misses.

Information will be reviewed annually and whenever medical circumstances change.

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7. Risk Assessment

Allergy risks must be considered as part of:

- Curriculum activities
- Food technology lessons
- Science experiments
- Boarding house activities
- Sports fixtures
- School productions
- Educational visits
- Fundraising events
- Cultural celebrations
- Animal visits

Individual risk assessments will be undertaken where necessary.

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8. Food, Catering and Mealtimes

Allergy Aware Approach

Tring Park School adopts an Allergy Aware approach.

While the School requests that foods containing nuts are not brought onto site where possible, the School recognises that no educational setting can guarantee a completely allergen-free environment.

The emphasis is therefore placed upon:

- Awareness
- Education
- Vigilance
- Good communication
- Shared responsibility

Catering Arrangements

The School will:

- Ensure compliance with food allergen legislation.
- Provide allergen information for meals.
- Train catering staff in allergen management.
- Minimise cross-contamination risks.
- Clearly identify pupils with significant allergies.
- Facilitate meetings between families and catering staff where required.

The Lead Nurse will provide the Catering Manager with an up-to-date list and photographs of pupils at risk of anaphylaxis and pupils with less severe allergies.

Food Hygiene

Pupils will be encouraged to:

- Wash hands before and after eating.
- Avoid sharing food.
- Clearly label packed lunches and drinks.
- Dispose of food responsibly.

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9. Educational Visits and Off-Site Activities

All educational visits must include consideration of allergy risks.

Trip leaders must:

- Identify pupils with allergies.
- Carry emergency information.
- Ensure medication is available.
- Brief accompanying staff.
- Include allergy management within risk assessments.

For overnight visits:

- Additional planning will be undertaken.
- Catering arrangements will be agreed in advance.
- Parents will be consulted where appropriate.

Where required medication is unavailable, a pupil may be unable to attend a visit if safe participation cannot otherwise be assured.

10. Insect Stings and Environmental Allergens

Pupils with insect venom allergies should:

- Avoid walking barefoot outdoors where possible.
- Avoid strong perfumes.
- Keep food and drinks covered outdoors.

The Estates Team will monitor school grounds and arrange removal of wasp or bee nests where necessary.

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11. Animals

Where animals are brought onto site:

- A risk assessment will be completed.
- Allergic pupils will be identified.
- Handwashing facilities will be available.
- Areas used by animals will be cleaned appropriately.

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12. Asthma, Eczema and Allergic Rhinitis

The School recognises that poorly controlled asthma may increase the severity of allergic reactions.

Reasonable adjustments may be made for pupils with:

- Asthma
- Eczema
- Hay fever
- Allergic rhinitis

Support may include medication access, environmental adjustments and pastoral support.

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13. Inclusion, Wellbeing and Safeguarding

The School is committed to ensuring pupils with allergies:

- Are fully included in school life.
- Are protected from bullying.
- Feel safe and supported.
- Can access educational opportunities on an equal basis.

Allergy-related bullying will be addressed in accordance with the Behaviour and Anti-Bullying Policy.

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14. Medication and Adrenaline Auto-Injectors

Prescribed Medication

Where appropriate, pupils will be encouraged to carry two prescribed AAIs at all times.

For pupils unable to self-carry:

- Medication will be stored in a clearly labelled kit.
- Medication must be accessible within five minutes.
- Medication will never be locked away.

Each medication kit should contain:

- Two AAIs
- Allergy Action Plan
- Antihistamine (if prescribed)
- Asthma inhaler (if prescribed)
- Any required administration equipment

Storage

AAIs will be:

- Stored at room temperature.
- Protected from direct sunlight.
- Checked regularly for expiry.

Disposal

Used or expired AAIs will be disposed of as clinical sharps.

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15. Spare Adrenaline Auto-Injectors

The School maintains spare AAIs for emergencies.

Current locations are:

- Mansion Boarding House Office
- Clockhouse Boarding Office
- Elizabeth House Boarding Office
- Medical Centre
- Catering Department
- Academic Staff Room
- Park Studios Hub
- Main Reception

Spare devices must remain:

- Clearly labelled
- Accessible
- Known to staff
- Regularly checked

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16. Emergency Response to Allergic Reactions and Anaphylaxis

Mild to Moderate Symptoms

Symptoms may include:

- Swelling of lips, face or eyes
- Hives
- Itching
- Abdominal pain
- Vomiting

Response

- Stay with the pupil.
- Call for assistance.
- Locate emergency medication.
- Administer medication in accordance with the Allergy Action Plan.
- Monitor closely.
- Inform parents.

Suspected Anaphylaxis

Symptoms may include:

Airway

- Hoarse voice
- Swollen tongue
- Difficulty swallowing

Breathing

- Wheezing
- Noisy breathing
- Persistent cough

Circulation

- Dizziness
- Collapse
- Reduced consciousness
- Pale appearance

Emergency Action

1. Administer adrenaline immediately.
2. Call 999 and state "ANAPHYLAXIS".
3. Record the time adrenaline was administered.
4. Keep the pupil lying flat where possible.
5. Administer a second AAI after 5 minutes if symptoms persist.
6. Begin CPR if necessary.
7. Inform parents.
8. Ensure hospital assessment following treatment.

If in doubt, administer adrenaline first.

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17. Staff Training

All staff will receive annual allergy and anaphylaxis training.

Training will include:

- Understanding allergies
- Recognising symptoms

- Emergency response procedures
- Use of AAIs
- Medication storage
- Incident reporting
- Risk reduction strategies

New staff will receive training during induction.

Annual anaphylaxis drills will also be undertaken.

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18. Recording, Monitoring and Reporting Incidents

All allergic reactions and near misses will be recorded.

Records will include:

- Date and time
- Individual involved
- Symptoms
- Treatment administered
- Outcome
- Follow-up actions

Where applicable, incidents will be reported under statutory reporting requirements.

Incidents and near misses will be reviewed to identify learning opportunities and improve practice.

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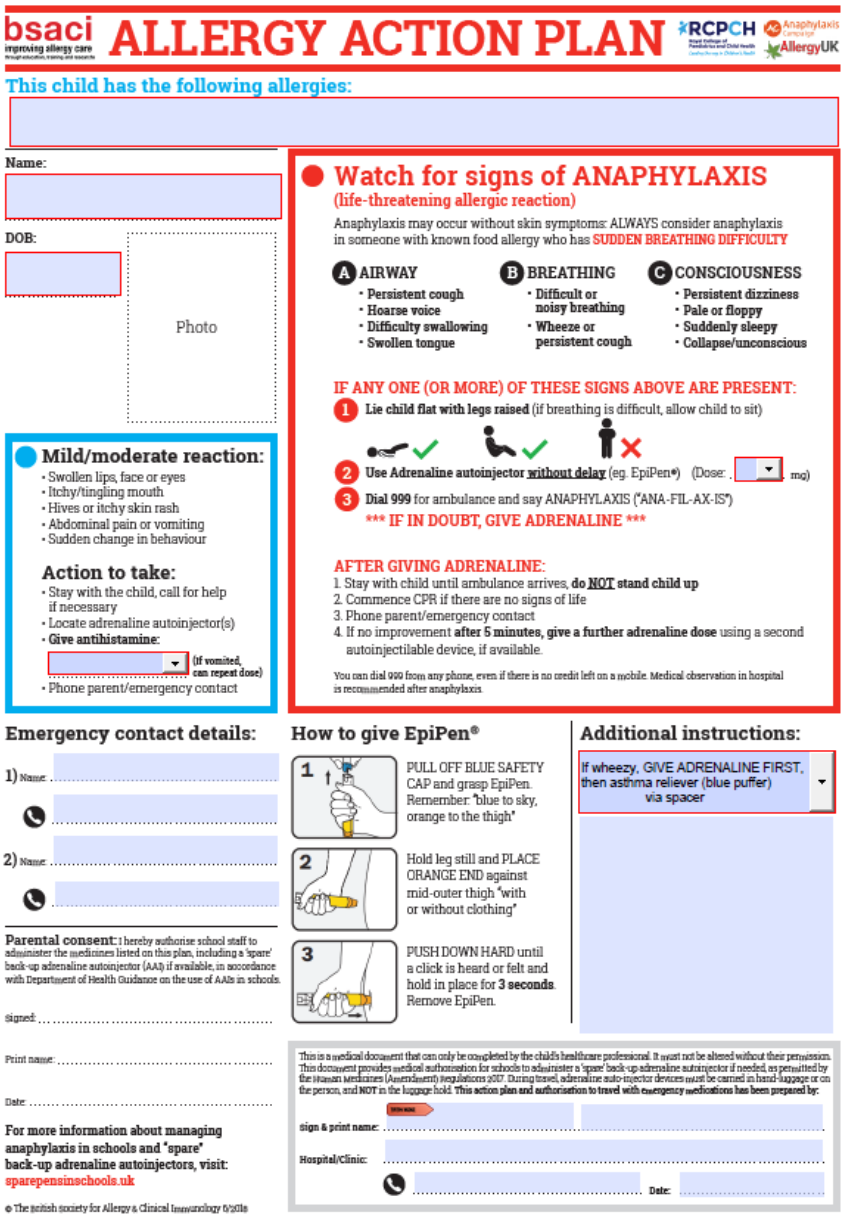
19. Policy Monitoring and Review

This policy will be reviewed:

- Annually
- Following significant changes in legislation or guidance
- Following a serious incident or near miss
- Where operational improvements are identified

Appendix A

Recognising and Responding to Anaphylaxis



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. 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 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

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How to give EpiPen®

1. PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"
2. Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"
3. 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

Name – Individual Healthcare Plan for allergy	
Date of birth:	
Year / class:	
Emergency contacts:	
Allergy:	

How the allergy is managed:

Allergy Action plan in place carries EpiPen x 2

Nut free school and boarding area

Spare Emergency EpiPen points around school staff aware

Pupil is aware of triggers and knows how to administer their emergency medication.

Impact on education:

Risk of anaphylaxis meaning time away from school

Arrangements for support:

All staff trained and aware of emergency EpiPen points

Pupil aware of medical staff and medical centre

Catering team aware of pupils with allergies and intolerances

Visits and trips:

Trip leaders provided with a list of pupils with medical conditions in advance of the trip, with pupils with allergies clearly highlighted.

Trip Leader will brief accompanying staff with details of pupils with allergies.

Pupil to carry two EpiPens at all times

Trip Leader to check that pupils have all necessary emergency medication before the trip party leave school.

Emergency response:

Mild/moderate allergic reaction:

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

Action:

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

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

AIRWAY	BREATHING	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**
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 2nd adrenaline dose** using a second autoinjector 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.

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Last discussed with parents:	
Issued by:	**Date**
Next planned review:	**Date**:
	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**:

NAME – Individual Healthcare Plan for allergy Annex: Care or Action Plans issued by healthcare professionals	
Allergy / Asthma Action Plan: *Attach any Action Plan to the IHP for use in an emergency.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Issued by:	**Date**: