

THE ROCHE SCHOOL
Anaphylaxis and Allergy Policy

This policy which applies to the whole school is saved on the school shared system and upon request a copy (which can be made available in large print or other accessible format if required) may be obtained from the School Office.

Information Sharing Category	School Shared System (Public copy provided on request)
Date Published	October 2025
Authorised by (if required)	SLT team
Review/Update Date	October 2026
Responsible Area	Antoinette McQuaid

Introduction

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

This policy aims to inform staff and parents of the procedures we have in place to eliminate the risk of anaphylaxis and the steps to follow if a child or adult has an allergic reaction.

The Roche School is committed to ensuring the safety and well-being of those members of the school community suffering from specific allergies and who are at risk of anaphylaxis. The school cannot guarantee a completely allergy free environment but aims to minimise the risk of exposure, encourage self-responsibility and plan for an effective response to possible emergencies. We aim to work closely with parents and the catering company (Harrisons) responsible for the delivery of school meals. A link member of staff oversees the training, communication and implementation of the school's policy-Antoinette McQuaid and Louise Gilmartin.

We have a 'nut free' policy in place and ask that parents and staff are vigilant in ensuring that snacks and birthday cakes sent in for special occasions are nut free.

Children are frequently reminded never to share food and are made aware of the children in their class and year group who have allergies.

Children with allergies are not segregated from their peers at lunchtimes.

Statement of Intent

The Roche School is committed to providing a safe, inclusive and supportive environment for all pupils with allergies and medical conditions, including those at risk of anaphylaxis.

The School recognises that allergies can be life-threatening and that effective management requires a whole-school approach involving staff, pupils, parents, catering providers and healthcare professionals.

This policy is written with reference to:

The Roche School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. It is our aim that all children fulfil their potential

- Supporting Pupils at School with Medical Conditions
- Department for Education allergy guidance
- Department of Health guidance on emergency adrenaline auto-injectors
- Equality Act 2010
- Children and Families Act 2014
- EYFS requirements where applicable

The School aims to:

- reduce the risk of allergen exposure;
- ensure rapid and effective response to allergic reactions;
- ensure all staff are appropriately trained;
- support pupils to participate fully in school life safely and confidently.

Definitions

Allergy

An immune system reaction to a substance (allergen).

Anaphylaxis

A severe and potentially life-threatening allergic reaction requiring immediate medical treatment.

Adrenaline Device (AD)

Includes adrenaline auto-injectors (AAIs) such as EpiPen or Jext and any future approved adrenaline delivery devices.

What is anaphylaxis?

Anaphylaxis is the name given to a severe allergic reaction that is potentially life-threatening. Allergies to peanuts and tree nuts are the most common trigger for such reactions, but a number of other allergens can cause anaphylaxis, including egg, milk, fish, sesame, soya, penicillin, latex, kiwi fruit and insect stings. It can be life-threatening if it is not treated quickly with adrenaline. However, experts agree that it is very definitely manageable with precautionary procedures and support from school staff.

The number of children at risk of anaphylaxis is on the increase. One in 50 children in the UK are allergic to peanuts, and the number of those affected by other anaphylaxis-related allergens appears to be rising. Such children are not ill in the usual sense of the word, but otherwise healthy children who may become very unwell if they come into contact with a certain food or substance.

The symptoms can vary considerably. The milder reactions can involve itchiness or swelling in the mouth, an uncomfortable skin rash, sickness or nausea. Serious symptoms include a severe drop in blood pressure, in which the person affected becomes weak and debilitated,

severe asthma, or swelling which causes the throat to close.

Other symptoms which may be present during anaphylaxis are:

- flushing of the skin
- hives
- mounting fearfulness
- difficulty in swallowing or speaking
- changes in heart rate
- stomach pain
- collapse and unconsciousness
- vomiting and diarrhoea

Anaphylaxis is treated with adrenaline – also known as epinephrine. This is available on prescription in the form of pre-loaded injection ‘pens’, the most common being the ‘Epipen’ or ‘Jext’ . In this policy these pens are also referred to as AAI pens. In the event of a severe allergic reaction, the adrenaline should be injected into the muscle of the upper outer thigh, and an ambulance should be called. Milder reactions are sometimes treated with an antihistamine such as Piriton. In any case, careful vigilance should be maintained, as mild symptoms are often the sign that a serious reaction is imminent.

Individual Anaphylaxis and Allergy Plans

Following diagnosis or as soon as possible after enrollment to the school we ask parents to provide us with an individual healthcare plan which includes the following information

- Information about the diagnosis including the type of allergy and severity when applicable.
- Contact details for the parents and carers.
- The procedure for managing in the event of emergency
- Permission for administering any medication including the use of spare adrenaline autoinjectors held in the school for emergency use when a child’s own AAI device is not available or faulty.
- A care plan approved by the GP/Consultant or the BSACI format if preferred.

Details of childrens medical conditions are held on the central database and are distributed to the class teachers at the start of term in the form of Pupil Passports. Each child is photographed and their picture along with the details of their allergies is available for staff to refer to in the staff rooms at 11 Frogmore-Main school and Hilden House. A separate copy is kept to the catering kitchen in room and stored for referral by the catering staff by Michael Mburu, head chef.

Children are issued with a lanyard detailing the food they are allergic to and from Reception must show the lanyard to the catering staff and say what they are allergic to. In the Nursery the children are served their food by the Nursery staff who ensure it is suitable. We believe that it is vital that children have the confidence to check that the food they are requesting is

suitable for them both within the school environment and in the community also. Outside of school children attend birthday parties, play dates and go to restaurants and developing increasing self-responsibility for managing their allergy will help to keep them safe. In addition to the lunchtime supervisors there is always a class teacher on duty at lunchtime to supervise and support the children. Children who carry epipens or jext devices are asked to take their devices stored in the orange bun bags to the lunchroom every day. Teachers are asked to help the children with this and give reminders where necessary.

A separate list of children at risk from anaphylaxis is maintained by the link member of staff, the lead paediatric first aider (and the Medical Co-ordinator Louise Gilmartin) and the catering company. This list has details of the allergies and the expiry dates of the AAI devices where prescribed. A copy of this information is posted in the lunchroom also.

We ask parents to supply us with 2 AAI pens and an anti-histamine such as Piriton. These pens and the anti-histamine are kept in individual orange medical bags and must be taken by the child to the lunchroom, to the Games sessions in the park and on trips. Children moving between Hilden House/Point Pleasant and the main school building are required to take their orange pouches with them at all times.

Staff are reminded that it is advisable to take swift action when there is a concern about anaphylaxis and that administering an anti-histamine and adrenaline will not in itself harm the child.

Staff in danger from Anaphylaxis

Staff working in the school are expected to take responsibility for the management of their condition and inform the link members of staff of their care plan.

* Susie Prus is allergic to wasp stings and keeps her AAI pens in her handbag which is located in Hilden House in the Art room. As she has previously had anaphylaxis swift action will be required in the event of a wasp sting. The spare epipens (age 6+) are suitable and should be used if needed.

- Alba Vellido-allergic to peaches. AAI devices are kept in her desk (2nd drawer) in her classroom.

Minor Reactions

There are some children who have a 'minor' intolerance to certain foods and can eat these food in moderation. Parents need inform us if this is the case and give clear guidelines as to the amount, frequency and types of food their children can tolerate. We expect the children to be informed by their parents so they are clear about what they can and cannot eat.

Some children may have food intolerances and may not be in danger of anaphylaxis but need to avoid certain foods e.g gluten. The school is equally committed to supporting these children and along with the catering staff can guide them when making their food choices.

Staff responsibility

- Ensure the children keep their AAIs with them at all times when on trips, moving between sites and in the lunchroom.
- Check the expiry dates on the pens and remind parents when they need renewal.
- Attend annual training and make sure they are familiar with the emergency procedures for dealing with both mild and severe reactions.

- Be vigilant in monitoring the snacks the children bring from home to avoid any contamination likely to affect a child at risk from anaphylaxis.

- Inform the catering staff when going on a day trip of the need for allergen free lunches for specific children.

Prevention and Risk Reduction

The School does not guarantee an allergen-free environment.

However, reasonable steps will be taken to reduce risk, including:

- careful management of catering provision;
- allergen labelling;
- hygiene and handwashing procedures;
- cleaning of eating areas;
- risk assessments for activities and trips;
- controls for food brought into school;
- staff awareness of high-risk pupils.

The School may implement specific allergen restrictions where deemed necessary following risk assessment.

Spare Adrenaline Auto-Injector pens

Legislation passed on October 1st allows schools to hold spare AAI pens for use in emergencies. In the Roche School we have 4 non prescribed AAI devices kept in clear pouches in the first aid cupboard in the staff room. There are 2 devices for children up to the age of 6 and 2 for ages 6 and over. There is also a spare bottle of piriton for general use if needed. There are AAI devices available for emergency use in Hilden House.

Training

Training takes place on a yearly basis.

Training will include:

- recognising allergic reactions;
- recognising anaphylaxis;
- use of adrenaline devices;
- emergency procedures;
- reducing allergen exposure;

- recording and reporting incidents.

Trips

The catering company is informed in advance of class day trips and is responsible for supplying a packed lunch for the children. Children with allergies will be provided with a packed lunch suitable for their needs.

Overnight trips need to be carefully planned and the lead teacher must co-ordinate with the catering staff at the residential centre and inform them of the specific children with allergies as well as ensuring that they can accommodate the needs of these children. Trips to places where the children will be expected to eat in cafes needs careful planning and the steps taken to ensure the child's safety will be recorded in the school's risk assessment form completed in advance of the trip and signed off by the Head Teacher or Deputy Head. Every trip will have a member of staff trained in Anaphylaxis.

Trip leaders must ensure:

- medication is immediately accessible;
- supervising staff understand emergency procedures;
- emergency contact details are available;
- venue providers are informed where appropriate.

Sports Fixtures

Where fixtures are held away from the school's usual venue it is the responsibility of the Head of Sport to make sure the orange pouches are taken to the venue and kept in an accessible place.

Parents

Parents have a responsibility to

- Inform us in writing of their child's allergies including the degree and severity of their allergy.
- Supply the school with a care plan and any medicines required ie: anti-histamine, AAI pens that are in date and asthma medication where required.
- Keep the school informed of any changes in the treatment required for their child or if there is an increase or decrease in the child's reaction to an allergen.
- Make sure that AAI pens kept in school are in date and refreshed in plenty of time.

Catering Company

The catering company is expected to provide meals that are always nut free. The staff are expected to be able to recognise the children who have food allergies, referring to the photos given to them at the beginning of the year and the lanyards worn also. They are expected to know what ingredients have been used and serve food to these children that is suitable for them. They must also be vigilant for instances and times when cross contamination of food

may occur. E.g: Use separate tongs for each dish. We expect the catering staff to be alert to any signs of an allergic reaction and to get the necessary help needed.

The School and catering providers will:

- comply with food information legislation;
- identify allergens in menus;
- minimise cross-contamination risks;
- communicate clearly with parents;
- ensure staff understand emergency procedures.

Pupils must not share food.

In an emergency

If a child has an allergic reaction ideally they are removed from the classroom/lunch room to a nearby quiet location where they can be attended to safely. However this may neither be possible or suitable and in such cases the child must be treated in situ.

Mild-moderate allergic reaction:

- Swollen lips, face or eyes^[1]_[SEP]
- Itchy / tingling mouth
- Abdominal pain or vomiting
- Hives or itchy skin rash
- Sudden change in behaviour

ACTION:

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

Watch for signs of ANAPHYLAXIS

Airway: Persistent cough, hoarse voice, difficulty swallowing, swollen tongue

Breathing: Difficult or noisy breathing, wheeze or persistent cough

Consciousness: Persistent dizziness/ pale or floppy, suddenly sleepy, collapse, unconscious

The Roche School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. It is our aim that all children fulfil their potential

If any one or more of these signs are present:

1. Lie the child flat or allow the child to sit if breathing is difficult.
2. Use the Adrenaline autoinjector without delay
3. Dial 999 for ambulance and say anaphylaxis.

After giving Adrenaline:

1. Stay with the child until the ambulance comes, do not stand the child up.
2. Commence CPR if there is no signs of life.
3. Phone parent/emergency contact
4. If there is no improvement after 5 minutes then give 2nd adrenaline dose.

Children who have had a serious reaction must always go to hospital even when or if they apparently recover. Some reactions are immediate whereas other reactions may occur hours later.

Record keeping

In the event of a child having even a minor reaction detailed records of what happened must be completed and Antoinette McQuaid and Louise Gilmartin informed as soon as possible. A thorough investigation will be undertaken to determine how the reaction came to happen and any changes in policy deemed necessary will be implemented immediately.

Links to other policies:

Accident and Incident Policy
Administering Medicine Policy
Child Protection and Safeguarding
Cleaners and Hygiene Policy
First Aid Policy
Risk Assessments Policy
Supporting Pupils with medical conditions
Educational Visits and Ratio Policy.

Record of instances where an allergic reaction has occurred.

Name:	
Date:	
Name of people involved.	
What happened? Indicate time, place, context.	
Symptoms displayed	
Action taken:	
Review and state any changes that	

need to take place.	
---------------------	--

Signed:

Date:

Allergy Action Plan

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name: _____
DOB: _____

Photo

Emergency contact details:

1) _____
2) _____

Child's Weight: _____ Kg

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 AAls in schools.

Signed: _____
(PRINT NAME)
Date: _____

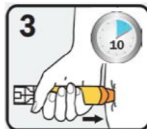
How to give EpiPen®



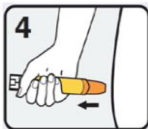
1 Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP



2 SWING AND PUSH ORANGE TIP against outer thigh (with or without clothing) until a click is heard



3 HOLD FIRMLY in place for 10 seconds



4 REMOVE EpiPen®. Massage injection site for 10 seconds

! ; 9? * 0 = % @ - . | 7 2 8 6 0 4 " ' 7 0 ? & @ W " } . # * 8 , / " " - ? 8 0 C D E F G H +

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



Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

! " # \$ % & ' () * + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G H I J K L M N O P Q R S T U V W X Y Z [\] ^ _ ` { | } ~ ¡ ¢ £ ¤ ¥ ¦ § ¨ © ª « ¬ ® ¯ ° ± ² ³ ´ µ ¶ · ¸ ¹ º » ¼ ½ ¾ ¿

- AIRWAY:** Persistent cough, hoarse voice, difficulty swallowing, swollen tongue
- BREATHING:** Difficult or noisy breathing, wheeze or persistent cough
- CONSCIOUSNESS:** Persistent dizziness / pale or floppy, suddenly sleepy, collapse, unconscious

If ANY ONE (or more) of these signs are present:

1. Lie child flat: (if breathing is difficult, allow child to sit)
 2. Use Adrenaline autoinjector (eg. EpiPen) **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.

Additional instructions:

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.

This plan has been prepared by:

SIGN & PRINT NAME: _____
Hospital/Clinic: _____
Date: _____