



Westbourne  
House School

CHICHESTER

## **ALLERGIES, ANAPHYLAXIS & AUTO-INJECTOR POLICY & PROTOCOL (including safer eating, food safety and choking prevention)**

**This is a medical protocol of Westbourne House School, which incorporates the Prep School, Pre-Prep, Early Years Foundation Stage, as well as provision for boarding, and should be read in conjunction with the school's First Aid Policy**

This document describes the school's approach to allergies, anaphylaxis and auto-injectors, including Appendix 1 (Safer eating, food safety and choking prevention.) The Policy and Protocol is intended as guidance for all staff and for awareness of parents and pupils.

Anaphylaxis is a severe and potentially life-threatening reaction to a trigger such an allergy.

Pupils with allergies and anaphylaxis are welcome at Westbourne House School; both as day and boarding pupils. They will be encouraged to take a full part in all activities in the school, including school trips.

The School Nurse will identify these children from the medical questionnaire that new parents are asked to complete when their child joins Westbourne House School. It is the parent's responsibility to notify the school Nurse of any changes to their child's care or needs throughout the school year.

As a school, we take all reasonable precautions to ensure that a child at risk avoids all contact with the allergen. Our internal catering is nut-aware, and we ask that no food is bought into school or boarding houses for birthdays, celebrations etc. Appropriate measures are also taken during cooking activities and Food Technology lessons throughout the school. If there is a religious festival or celebration that we are made aware of, and pupils wish to observe, then every effort will be made by our catering department to cater to these needs.

The School Nurse compiles a list of pupils with important medical needs at the start of each new school year, which is updated, as and when necessary, during the year. The catering staff and food technology teachers have access to the food allergens list. In addition to this list, the School Nurse provides the catering staff, with individual photographs to help them identify children with severe allergies requiring an AAI. This is also displayed for all staff to read on the Staff Room notice board.

The school will work closely with the pupils and parents. Individual health care plans will be created by the School Nurse for each pupil with anaphylaxis and then circulated amongst staff as necessary, these will be reviewed annually by both the School Nurse and the parents.

Parents of pupils prescribed an Auto-injector will be expected to provide this medication. A spare will be kept in a named bag in the medical centre and will be sent with a responsible adult to any off-site event. Pupils are encouraged to always carry their auto-injector on their person.

The School Nurse and parents are responsible for checking the expiry date of the Auto-injector pens. Spare medication for boarders will be kept in the boarding house where the child boards – this must include an Auto-injector where prescribed.

In 2017, the law was changed: the Human Medicines (Amendment) Regulations 2017 now allows schools to obtain, without a prescription, “spare” AAI devices for use in emergencies. At Westbourne House, we have spare Auto-Injectors in Reception and the Medical Centre in Main School and in the Medicine Cupboards in Pre-Prep School. The “spare” AAI(s) can be used if the pupil’s own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered).

Staff should be aware that anaphylaxis can occur in those not diagnosed or known to be at risk and, in June 2023, the MHRA clarified that schools are permitted to use the spare AAI on any person NOT known to be at risk of anaphylaxis in an emergency, but where possible, advice should be sought when dialling 999.

All staff will have access to a protocol of information on how to help a pupil who has an anaphylactic episode. They are all encouraged to read the pupil’s individual HCP (Health Care Plan), available from the School Nurses. Staff are to attend regular anaphylaxis training and should complete a competency to administer an Auto-Injector pen. Training pens are held by the School Nurses.

In the event of an off-site school trip, all staff involved are notified by the School Nurse of any pupils within the group who are living with severe allergies which may result in anaphylaxis, especially those prescribed an Auto-injector.

Staff will also be reminded to collect the Auto-injector and from the medical centre. If the trip is residential, in addition to the Auto-injector staff must also take the pupil’s individual health care plan which they must familiarise themselves with prior to departure. The School Nurse will inform any school hosting an away match of children visiting them from Westbourne House with severe allergies.

### **Anaphylactic Shock Protocol**

An anaphylactic episode is a medical emergency. In its most severe form, it is life threatening. Each diagnosed pupil with anaphylaxis has a care plan with individual signs and symptoms and management. All staff are made aware of who these children are by the Medical Conditions list on the Staff Room notice board, which the School Nurse updates as necessary.

Children who are prescribed an Auto-injector **MUST** carry it with them, including whenever they go off the school site whether it is for a school trip or an away match. A spare AAI and antihistamine of choice should be supplied by parents and held in the medical centre and taken off site by the responsible adult accompanying them.

**General signs and symptoms of an allergic reaction:**

*(see pupils Individual Health care plan for details)*

Any of the following may occur within seconds or minutes after exposure


- Tingling or numbness around the mouth
- Difficulty swallowing
- Sneezing
- Itching
- Generalised flushing of the skin
- Widespread red, blotchy skin eruption
- Swelling of the tongue, face and neck
- Difficulty breathing ranging from a tight chest to severe difficulty. The casualty may wheeze or gasp for air.
- Pounding heart – pulse rapid but weak
- May feel sick or vomit
- Sudden feeling of weakness or floppiness
- May lose consciousness

Management:

- **DO NOT LEAVE THE CASUALTY**
- Be aware of the individual health care plan
- Inform School Nurse immediately if on school site
- Observe signs and symptoms continually
- Give antihistamine (as per pupil's Care Plan).
- If on-site, the School Nurse/matron/houseparent will administer antihistamine. If off-site it will be found in the pupil's emergency bag if supplied by parents.
- Sit pupil up to aid breathing, or lie pupil down with legs raised if feeling faint
- If there are no signs of recovery and symptoms become worse e.g. blotchy skin becoming raised and red, pale, drowsiness, difficulty swallowing and or breathing, losing consciousness **dial 999 for an ambulance and inform emergency services of anaphylactic shock**

Look for signs of Anaphylaxis (**Severe Life-threatening allergic reaction**):

<b>A</b> irway	<b>B</b> reathing	<b>C</b> onsciousness/Circulation
<ul style="list-style-type: none"> <li>• Persistent Cough</li> <li>• Vocal changes (hoarse voice)</li> <li>• Difficulty in swallowing</li> <li>• Swollen Tongue</li> </ul>	<ul style="list-style-type: none"> <li>• Difficult or noisy breathing</li> <li>• Wheezing (like an asthma attack)</li> </ul>	<ul style="list-style-type: none"> <li>• Feeling lightheaded or faint</li> <li>• Clammy skin</li> <li>• Confusion</li> <li>• Unresponsive/unconscious (due to a drop in blood pressure)</li> </ul>

 <p><b>How to give EpiPen®</b></p> <p><b>1</b> Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE</p> <p><b>2</b> Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)</p> <p><b>3</b> PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®</p>	<ul style="list-style-type: none"> <li>• Administer the child's prescribed Auto-injector and make a note of the time administered and write time on used AAI.</li> <li>• If no improvement after 5-10 minutes or if the condition worsens then a second auto-injector can be administered</li> <li>• The patient must go to hospital even if they recover. The Auto-injector(s) must stay with the patient.</li> <li>• Be prepared to commence Cardiopulmonary resuscitation (CPR) whilst awaiting the arrival of an ambulance.</li> <li>• Contact parents as soon as possible.</li> <li>• This episode MUST be documented in the child's school medical notes.</li> </ul>
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**Monitoring and review**

The school will review and monitor the effectiveness and compliance of this protocol (in conjunction the school's First Aid Policy). This protocol will be kept up-to-date and amended to take account of legislative and regulatory changes.

This policy will be **reviewed annually**, or sooner following any relevant incident, change in legislation, or update in EYFS or BSACI guidance.

<b>Last Review Date</b>	<b>Next Review</b>	<b>Reviewer(s)</b>
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	<b>Date</b>	
September 2025	September 2026	School Nurses Head of Pre-Prep

## Appendix 1:

### Safer Eating, Food Safety and Choking Prevention Protocol:

#### Purpose

This policy outlines the EYFS requirements for safer eating and how our setting ensures that all food provided to children is safe, suitable for their individual needs, and prepared in a way that promotes health, development, and safety. It also explains our procedures for preventing and responding to choking, allergies, and intolerances.

#### First Aid and Supervision

- A member of staff holding a **current full Paediatric First Aid certificate** will always be present while children are eating or drinking.
- Children will always remain **within sight and hearing** of staff during mealtimes and snack times.
- Staff will be alert to the risk of choking, which can occur silently, and will position themselves facing children whenever possible.

#### Dietary and Health Information

- Before a child starts at the setting, parents and/or carers must provide written information about:
  - Any **special dietary requirements** or preferences
  - **Food allergies or intolerances**
  - Any **health or medical needs** relevant to eating or drinking
- This information is:
  - Collected from information obtained from the medical questionnaire
  - Recorded and kept securely on file on ISAMS
  - Clearly communicated to **all staff involved in food preparation, serving, or supervision** in the form of a list circulated by the school nurse.
  - Reviewed regularly and **updated immediately** if circumstances change

#### Food Preparation and Developmental Needs

- Food and drink will be prepared in a way that is appropriate for each child's **age and stage of development**, supporting independence and self-feeding where appropriate.
- We work closely with parents/carers to support children's progression to new textures and food types **at a pace suited to the child**.
- Food will be prepared and served in a way that **minimises the risk of choking**, including cutting food to safe sizes and avoiding high-risk items where necessary.

## Allergy and Intolerance Management

- Where allergies or intolerances are known, the nurses will communicate this information with staff and if moderate-severe, will develop a written **Allergy Action Plan** in consultation with parents/carers and, where relevant, health professionals.
- We will refer to the **British Society for Allergy and Clinical Immunology (BSACI) Allergy Action Plan** template.
- All staff will:
  - Be familiar with and know where to find children's allergy action plans. (ISAMS)
  - Understand the **differences between allergies and intolerances**
  - Be able to recognise the **symptoms of allergic reactions and anaphylaxis**
  - Know how to respond in an emergency, including use of prescribed medication (e.g. EpiPen) if authorised

## Responsibilities at Mealtimes

- Each room or group will have a **designated member of staff responsible** for verifying that food provided to each child complies with their dietary and allergy requirements.
- A **designated eating area** will be used where distractions are minimised to ensure safety and calm mealtimes.
- Children will be seated securely in a **highchair or low chair appropriate to their size and developmental stage**.
- Staff will monitor that:
  - Food is not shared between children
  - Children are eating safely and comfortably
  - Any signs of choking or allergic reaction are identified immediately

## Recording and Reviewing Incidents

- Any **choking incident** or allergic reaction requiring intervention will be:
  - Reported to the School Nurses who will attend if required and review the child.
  - **Recorded** on ISAMs with details of where, when, and how it occurred
  - **Reported** to parents and/or carers as soon as possible
  - **Reviewed** jointly by the Bursar (H&S), nurses and DSL to identify any trends or risk factors
- Any necessary actions or policy adjustments will be implemented promptly to reduce future risks.

## Training and Awareness

- All staff receive **induction training** in food hygiene, allergy awareness, and choking prevention.

- Refresher training is completed **annually** or sooner if guidance changes.
- Paediatric First Aid certificates are renewed **every three years**.
- Additional training is provided for LifeVac devices which are available as a very last resort and **only to be used on an unconscious, non-breathing casualty**.
- Copies of all current allergy and dietary plans are displayed in food preparation and serving areas (confidentially and securely).

### **Partnership with Parents and Carers**

- Ongoing communication is maintained with parents/carers to discuss:
  - The child's current stage of feeding or weaning
  - Any new foods introduced at home
  - Any changes to allergies, intolerances, or dietary needs
- Assumptions are **never made based on age**; individual development and parental guidance are always respected.