REDDIFORD SCHOOL

Allergy and Anaphylaxis

This policy has due regard to:
Children and Families Act 2014, Section 100
(duty to support pupils with medical conditions)
Equality Act 2010 (reasonable adjustments and disability discrimination duties)
Supporting Pupils with Medical Conditions at School
(DfE statutory guidance December 2015)
Supporting Children and Young People with Medical Conditions and Allergy
(DfE draft statutory guidance March 2026)
Allergy Safety in Schools DfE statutory guidance July 2026
(Benedict's Law February 2026)
Human Medicines (Amendment) Regulations 2017 relating to emergency adrenaline auto-injectors in schools
Food Information Regulations and Prepacked for Direct Sale allergen labelling requirements (Natasha's Law October 2021)
Health and Safety at Work etc. Act 1974
SEND Code of Practice 0-25 January 2015
UK GDPR and Data Protection Act 2018
Keeping Children Safe in Education September 2026
EYFS Statutory Framework (July 2026)

Together with Reddiford's:
First Aid Policy, Health & Safety Policy, EYFS Nutrition Policy, Safeguarding Policy, Behaviour Policy, Anti-Bullying Policy, PSHE Policy, RSHE Policy, Wellbeing & Mental Health Policy and Equal Opportunities Policy.

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1. Aims and Objectives

This policy outlines Reddiford 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 pupils 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, children, parents, Governors and visitors.

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 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, chemicals, grasses, weeds, trees, pets and insect venom can also cause allergic reactions.

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 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 (AAI)

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. The school will follow current Medicines and Healthcare products Regulatory Agency (MHRA) and manufacturer guidance regarding licensed adrenaline auto-

injector devices and prescribed brands. Staff will be trained using the device prescribed for pupils (e.g. EpiPen or Jext Pen) whenever possible.

Allergy Action Plan

This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan. (See Appendix 1 - British Society for Allergy & Clinical Immunology (BSACI) Allergy Action Plan).

Individual Healthcare Plan

A detailed document outlining an individual pupil's condition, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents and where appropriate, pupils. All pupils with an allergy which requires active management 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 that risk. Allergy should be included on all risk assessments for events on and off the school site.

Spare Pens

From 2017 schools have been able to purchase spare adrenaline pens. These should be held as a back-up, in case pupils' own 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

Reddiford School takes a whole-school community approach to allergy management.

Headteacher

The headteacher has overall responsibility for management of this policy and for oversight of the Designated Allergy Lead and their work in this area.

Designated Allergy Lead

The Designated Allergy Lead is the Deputy Head Academic/Deputy DSL, who reports to the Headteacher. A nominated Governor with responsibility for pupil welfare provides oversight and reports to the Governing Body.

They are responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils with 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 with concerns or questions about allergy management.
- 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, pupils and parents have a good awareness of the school's Allergy and Anaphylaxis Policy and other related procedures.
- Monitoring records of any allergic reactions or near-misses and ensure an investigation is held as to the cause and put in place any learnings.
- Ensuring the Allergy and Anaphylaxis Policy is published on the school website, reviewed and communicated to the school community.
- At regular intervals the Designated Allergy Lead will check procedures and report to the Senior Management Team.

Heads of Department

They are responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans).
- Liaising with parents and healthcare professionals to prepare, review and update pupils' Individual Healthcare Plans annually or whenever required.
- Ensuring allergy information is recorded, up-to-date and communicated to all staff (although they have ultimate responsibility, the collation of information may be delegated to another member of staff, for example the welfare coordinator, or the registrar during the admission process or department secretaries).
- Being the overarching point of contact for children and parents with concerns or questions about allergy management.

Welfare Coordinator

The Welfare Coordinator is responsible for:

- Reviewing the stock of the school's spare adrenaline pens (check the school has enough and the locations are correct) and ensuring staff know where they are. The location of spare AAI pens should also be documented.
- Regularly checking spare pens are where they should be, and that they are in date.
- Replacing the spare pens when necessary.
- Keeping an adrenaline pen register to include adrenaline pens prescribed to pupils and spare AAI pens, including brand, dose and expiry date.
- Ensuring that adrenaline pens, asthma inhalers and any other medication provided by parents are in date.

- Supporting the Heads of Department on how children's allergy information is disseminated to all school staff, including catering, lunch, associate, peripatetic, visiting and extracurricular staff.

First Aid Staff (Teaching Assistants)

Staff responsible for first aid provision within the school are responsible for:

- Coordinating medication with parents. Whilst it is the parent's responsibility to ensure medication is up to date, first aid staff should also have systems in place to check this and notify parents when they see the expiry date is approaching.
- Providing on-site adrenaline pen training for other members of staff/children and refresher training as required e.g. before school trips.

Administrative Staff

The Registrar or department secretaries are often among the first members of staff to become aware of a pupil's or visitor's allergy. They should work closely with the Bursar and Designated Allergy Lead to ensure that:

- A clear process is in place to collect allergy and dietary information at the earliest opportunity for all new pupils. This information should be obtained before any school visit, Assessment Day, Taster Day, or start date, particularly where food may be provided or consumed.
- Where a child with an allergy is attending an Assessment or Taster Day, prospective parents are required to provide the school with an up-to-date Allergy Action Plan or Individual Healthcare Plan, together with any prescribed allergy medication.
- Robust procedures are in place to communicate allergy and dietary information to all relevant staff, including Heads of Department, department secretaries, class teachers, teaching assistants, catering staff and any other staff responsible for the child's care or supervision.
- Visitors, including prospective parents attending tours and staff or pupils from other schools participating in sporting fixtures or other events, inform the Registrar or relevant department secretary of any allergies upon arrival. This will enable appropriate precautions to be taken and ensure that suitable procedures are followed in the event of an allergic reaction during their visit.

Bursar

The Bursar is responsible for ensuring that all pupil and staff medical and allergy information is accurately recorded and maintained on the school's management information system (iSAMS). This includes Allergy Action Plans, Individual Healthcare Plans and any other relevant medical documentation.

The Bursar should also verify that the school catering company (Yum Yum) has the correct allergy information for all pupils and staff who opt to have a school lunch.

All Staff

Relevant allergy information will be shared with all school staff (teaching and support), including volunteers, temporary staff, peripatetic staff and providers of extracurricular activities where necessary to safeguard pupils.

All staff, including visiting and associate staff, are responsible for:

- Championing and practising allergy awareness across the school.
- Understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures and asking for support if needed.
- Being aware of pupils with allergies and what they are allergic to.
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in an activity is necessary and/or appropriate. This includes religious festival celebrations, annual events such as fayres or sports day and all educational visits.
- Ensuring pupils always have access to their medication or carrying it on their behalf when off site.
- Being able to recognise and respond to an allergic reaction, including anaphylaxis.
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times.
- Preventing and responding to allergy-related bullying, in line with the school's behaviour and anti-bullying policies.

All Parents

All parents (whether their child 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 pupils with allergies.
- Providing the school admin staff with information about their child'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.
- Refraining from telling the school their child has an allergy or medical intolerance if this is a preference or dietary choice.
- Ensure that all relevant allergy information and dietary requirements are fully disclosed and provided directly to the school's catering company (Yum Yum) and that any changes are communicated promptly to ensure the safety and wellbeing of their child.
- Considering and adhering to any food restrictions or guidance the school has in place

when providing food, for example in packed lunches, as snacks, birthday treats or for fundraising events.
- Encouraging their child to be allergy aware.

Parents of Children with Allergies

In addition to the section above, the parents of children 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 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.
- Update the school with any changes to their child's condition and ensure the relevant paperwork is updated too.
- Sign the Individual Healthcare Plan so that their child's allergy information and photograph can be shared appropriately as part of their allergy management.
- Support their child 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 they are allergic to.

All Pupils

All pupils at the school should:

- Be aware of allergies and the potential impact they can have on others.
- Understand the risks that allergens may pose to their peers.
- Learn how to support classmates with allergies and recognise the importance of preventing allergy-related bullying.
- Develop an age-appropriate understanding of how to recognise and respond to an allergic reaction. Older pupils should learn how to support their peers and alert a member of staff in an emergency.
- Where pupils bring food from home and are old enough to do so safely, be encouraged to check ingredient labels and food contents. They should also be made aware of known allergens within the school community and understand the importance of avoiding the sharing of food.

Pupils with Allergies

In addition to the responsibilities outlined above, pupils with allergies are expected to:

- Where appropriate to their age and level of understanding, know what their allergies are and how to minimise their personal risk.
- Take reasonable steps to avoid exposure to known allergens.

- Inform a member of staff immediately if they feel unwell or believe they may be experiencing an allergic reaction.
- Understand how and when to use their prescribed adrenaline auto-injector (AAI), where age and understanding make this appropriate.
- On Year 5 and Year 6 residential trips, where deemed appropriate following a risk assessment, always carry two prescribed adrenaline auto-injectors with them. These should only be used for their intended purpose and in accordance with staff supervision and medical guidance.
- Speak to the Designated Allergy Lead or another member of staff if they have any concerns about school procedures, practices, or arrangements relating to their allergy management.
- Report any behaviour that makes them feel uncomfortable, unsafe, or excluded because of their allergy, including any form of allergy-related bullying.
- Understand what actions to take if they experience an allergic reaction away from school premises, including how to administer medication (where appropriate), seek help and raise the alarm in an emergency.

5. Information and Documentation

Register of Pupils with an Allergy

The school has a register of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as those with an allergy where no adrenaline pens have been prescribed. The allergy register is maintained by the Welfare Coordinator; the Bursar also records this information on the school management system (iSAMS).

Every pupil with a diagnosed allergy requiring ongoing management will have an Individual Healthcare Plan (IHP) created in partnership with parents, healthcare professionals and where appropriate, the pupil. All IHPs will be reviewed at least annually and immediately following any allergic reaction, anaphylaxis episode, change in diagnosis, change in treatment, change in prescribed medication, or change in educational provision.

The information on this plan will include:

- Child's name, date of birth and class.
- A photograph of each pupil.
- Known allergens and risk factors for allergic reactions.
- A history of their allergic reactions.
- Detail of the medication the pupil has been prescribed including dose, this should include adrenaline pens, antihistamine, inhalers etc.
- Preventative measures to be taken in school and off site e.g. trips and sports events.
- Emergency contact details.

- A copy of their BSACI Allergy Action Plan (see Appendix 1).
- Parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis.
- Parental consent to share their child's Individual Healthcare Plan, Allergy Action Plan and photograph to help manage their child's allergy.

Where a pupil's only medical condition is allergy, the BSACI Allergy Action Plan should be incorporated within the Individual Healthcare Plan and kept with the IHP.

6. 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 in food or substances, 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 pupils.
- Planning special events, such as cultural days and celebrations.

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity. Subject Coordinators, Trip Leaders and staff who run clubs should all complete risk assessments to ensure that activities are carefully planned to reduce the risk of pupils coming into contact with frequent allergens.

7. Food, Including Mealtimes and Snacks

<u>Mealtimes</u>

Reddiford School is committed to providing a safe and healthy hot meal for all pupils, including those with food allergies. Due diligence is carried out with regard to allergen management when appointing lunch staff and catering companies. The school has partnered with Yum Yum to provide hot lunches for pupils and staff. These meals are prepared off site and delivered to school to be served by Reddiford lunch staff.

- All catering and lunch staff will receive relevant and appropriate food hygiene and allergen awareness training.
- Anyone preparing and serving food for pupils with allergies will follow good hygiene practices, food safety and allergen management procedures.

- Children's allergy information (Individual Healthcare Plans and/or Allergy Action Plans) will be shared with the lunch staff so that they can support pupils with allergies.
- The school has robust procedures in place to identify children with food allergies during lunch time, these include:
    - A visual check from a member of staff familiar with the pupils who have allergies.
    - Photos of pupils and their Individual Healthcare Plans and/or Allergy Action Plans are kept in folders in the lunch hall/room. These can be accessed by the lunch duty teacher and lunch staff.
- Food containing the main 14 allergens (see Allergens definition) will be clearly identified for pupils, staff and visitors. (Yum Yum provide a three-week rotation menu which includes an Ingredients & Allergen list which is shared with lunch staff).
- Other ingredient information will be available on request. Where other allergens are known which affect specific individuals within school, these will be added to the allergen list for communication purposes.
- Food packaged to go will comply with pre-packed for direct sale (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 pupils with dietary needs by the lunch staff serving food.
- Where products display the "may contain allergens" label these will only be used where there are no high-risk pupils or staff on site. This will be determined by a dynamic risk assessment.
- Food provided at any early and after school club activity will follow these procedures.
- All lunch staff will be responsible for ensuring allergen management during mealtimes.

Food Brought into School

With the support of teaching staff, all food bought onto school premises by pupils must:

- Be stored in a suitable, safe location and in appropriate containers to prevent exposure.
- If for sharing (e.g. birthday treats for the class), the staff member receiving the food must check the ingredients and decide on the suitability of it to be bought onto a school site.
- If ingredients are unknown and a dynamic risk assessment confirms a high risk the food product must not be accepted.
- Children should be reminded of suitable locations in school for consuming food.
- Where ad-hoc activities take place such as fayres or celebrations a risk assessment which includes allergies should be undertaken during the planning stage.

Food Bans or Restrictions

Reddiford is an Allergen Aware School, and it is essential that all members of the school community remain informed, vigilant and considerate when on school premises. We have pupils and staff with a wide range of food allergies, some of which can result in serious or life-threatening reactions. We therefore ask everyone to take a responsible approach when bringing food into school.

- Whilst peanuts and tree nuts are not permitted on school premises, the school cannot guarantee a completely nut-free environment. All members of the school community remain responsible for maintaining vigilance and adhering to allergy management procedures.
- All food brought onto school premises, taken on educational visits, or provided for sporting events should be carefully checked before being brought into school. Please ensure that peanuts, tree nuts, or other identified high-risk allergens are not included as ingredients, even in small quantities.
- Parents, staff and visitors are responsible for checking food labels before bringing products into school. Common products that may contain nuts or nut-derived ingredients include cereal bars, chocolate bars, confectionery, nut butters, chocolate spreads, bakery products, sauces and pre-packaged snacks.
- Where there is any doubt about the ingredients contained within a product, it should not be brought onto school premises.

By working together to maintain a safe and allergen-aware environment, we can help protect the health, safety and wellbeing of all members of our school community.

Food Hygiene for Pupils

Children are expected to:

- Wash their hands before and after eating.
- Be aware that sharing, swapping or throwing food is not allowed.
- Have water bottles and packed lunches which are clearly labelled.

8. School Trips and Sports Fixtures

Staff leading the trip or sports activity will:

- Have a register of pupils with allergies with medication details.
- Have considered allergies on the risk assessment and suitable catering provision put in place if required.
- Consult with parents if the trip requires an overnight stay.
- Be trained to recognise and respond to an allergic reaction.

- Ensure allergens are clearly labelled on catered packed lunches. If you have a pupil with an allergy to a food outside the "main 14" you should have a clear system in place to ensure they always receive a safe meal.
- Ensure pupils' prescribed allergy medication or AAIs and spare pens are taken for all off site activities.

9. Insect Stings

Pupils with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and when possible, keep arms and legs covered.
- Avoid wearing strong perfumes or cosmetics.
- Keep their food and drink covered.

The school site management will monitor the grounds for wasp or bee nests. Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.

10. Animals

It is normally the dander (flecks of skin) that causes a person with an animal allergy to react. Precautions to limit the risk of an allergic reaction include:

- A pupil with a known animal allergy should avoid the animal they are allergic to.
- If an animal comes on site a risk assessment will be done prior to the visit.
- Areas visited by animals will be cleaned thoroughly.
- Anyone in contact with an animal will wash their hands after contact.
- School trips that include visits to animals will be carefully risk assessed.

11. Allergic Rhinitis/Hay fever

To manage seasonal pollen allergy and hay fever and persistent nasal allergy due to house dust mites or other allergens the school will:

- Be aware of the heightened risk during grass cutting and growing seasons when completing risk assessments.
- Ensure that sufficient cleaning routines are in place within school which include high cleans during holiday periods which minimise exposure to pupils and staff.
- Move lessons inside (where possible) when pollen counts are high.
- Be vigilant for the signs and symptoms of allergies and hay fever resulting from exposure and be aware of the necessary actions to take.

12. Inclusion and Mental Health

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

- No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip.
- Pupils with allergies may require additional pastoral support including regular check-ins from their class/form teacher.
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives.
- Bullying related to allergy will be treated in line with the school's behaviour and anti-bullying policies.

13. Adrenaline Pens

See the government Allergy Safety in Schools (July 2026) statutory guidance on adrenaline pens in schools for further information.

Storage of Adrenaline Pens

- Pupils prescribed with adrenaline pens will have easy access to two, in-date pens at all times.
- Allergy action plans and emergency procedures will be tailored to the specific needs of the individual child or staff member and will be communicated appropriately.
- 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 and should be no more than five minutes away from the child.
- 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).
- Used or out of date pens will be disposed of as sharps.
- Adrenaline Pens are returned to parents at the end of the summer term or when they have expired.

Spare Pens and Salbutamol Inhalers

The school stores spare adrenaline pens (including salbutamol inhalers) to be used in accordance with government guidance. The spare adrenaline pens and inhalers are clearly signposted and are stored with the department secretaries at all three sites and inside the school minibus. The recommended dose of adrenaline auto-injectors (AAIs) for children under 6 years of age is 150 micrograms (e.g. EpiPen® Junior or Jext® 150). For individuals aged 6 years and over, the recommended dose is 300 micrograms (e.g. EpiPen® or Jext® 300).

The Welfare Coordinator is responsible for:

- Deciding how many spare pens and salbutamol inhalers are required.
- What dosage is required, based on the Resuscitation Council UK's age-based guidance.
- Which brand(s) to buy. Schools are recommended to buy a single brand, if possible, to avoid confusion.
- The purchasing of spare adrenaline pens and/or inhalers which can be obtained at low cost from a local pharmacy. See government guidance above.
- Distribution around the site and clear signage.

Adrenaline Pens on School Trips and Off-Site Sports

- Children with a prescribed adrenaline pen will not be able to go on a school trip or off site without two of their own AAI pens.
- Adrenaline pens will be kept close to the pupils 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 pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction.
- Staff arranging trips/off site activities should take spare pens to sporting lessons/fixtures and on trips.

14. Responding to an Allergic Reaction / Anaphylaxis

Please refer to Appendices 1-3 for information on how to recognise and respond to an allergic reaction.

- If a pupil has an allergic reaction, they will be treated in accordance with their Allergy Action Plan, and a member of staff will instigate the school's emergency response procedures.
- If anaphylaxis is suspected adrenaline will be administered without delay, lying the pupil down with their legs raised as described in the Appendices 1 - 3. They will be treated where they are and medication brought to them.
- A pupil's own prescribed medication will be used to treat allergic reactions if immediately available.
- This will be administered by the pupil themselves (if age appropriate) or by a member of staff. Ideally the member of staff will be trained, but in an emergency, anyone will administer adrenaline.
- If the pupil's own adrenaline pen is not available or misfires, then a spare adrenaline pen will be used.
- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or Allergy Action Plan, a member of staff will ensure they are lying down with their legs

raised, call 999 and explain anaphylaxis is suspected. They will inform the operator that spare adrenaline pens are available and follow instructions from the operator. (In exceptional lifesaving circumstances and consistent with Regulation 238 of the Human Medicines Regulations 2012, a spare school AAI may be administered where anaphylaxis is suspected, even if the individual has not previously been diagnosed with an allergy).

- The pupil will not be moved until a medical professional/ paramedic has arrived, even if they are feeling better.
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff will accompany the pupil in an ambulance and stay until a parent arrives.
- Following the administration of adrenaline, parents will be informed immediately and an ambulance will always be called, even if symptoms appear to improve.

Recording, Reporting and Learning from Incidents

The school is committed to fostering a culture of continuous improvement in allergy management. All allergy-related incidents, near misses, and medication errors will be taken seriously, appropriately recorded, investigated and used as opportunities to strengthen procedures and reduce future risk.

This will include:

- All allergic reactions, anaphylaxis events, medication errors and near misses will be recorded.
- Investigations will identify contributory factors and required improvements.
- Findings will be shared with relevant staff.
- Trends will be monitored by the Designated Allergy Lead and reported to the Senior Management Team and Governors annually.
- Risk assessments, training and procedures will be updated following incidents.

15. Training

All staff, including when new staff join the school, will receive allergy awareness training appropriate to their role. Training will include recognition of anaphylaxis, emergency response procedures, use of AAIs, allergy inclusion, bullying prevention and lessons learned from previous incidents and near misses. Refresher training will be delivered whenever substantial changes occur to procedures or pupil needs.

This includes:

- Have an awareness of allergy and related conditions, including food allergies, asthma, eczema, hay fever and other allergic diseases and recognise that these conditions may co-exist.
- Understand the differences between food allergy, food intolerance and coeliac disease.
- Know how allergic reactions occur, the risks they pose, and the measures that can be taken to minimise exposure to allergens.
- Be able to identify common allergy triggers and understand the importance of checking food labels and ingredient information.
- Recognise the signs and symptoms of allergic reactions, including severe reactions such as anaphylaxis.
- Know how to respond appropriately to an allergic emergency, including:
    - summoning emergency medical assistance and informing parents/carers;
    - locating and administering emergency medication, including adrenaline auto-injectors and asthma reliever inhalers;
    - using prescribed and spare emergency medication safely and effectively.
- Know the location of prescribed and spare adrenaline auto-injectors and how to access them quickly in an emergency.
- Understand the school's Allergies and Anaphylaxis Policy and procedures for managing allergies, including record-keeping, communication, emergency response arrangements and reporting requirements.
- Know how to access allergy-related information, identify pupils with known allergies, and use Allergy or Asthma Action Plans.
- Understand their role and responsibilities in reducing the risk of allergen exposure and maintaining a safe environment for pupils and staff with allergies.
- Know how to report allergic reactions, episodes of anaphylaxis, medication errors and near-miss incidents.
- Understand the wider impact that allergies can have on a child's physical health, emotional wellbeing, inclusion and participation in school life, including awareness of the potential for allergy-related bullying.

16. Unacceptable Practice

The following practices are not permitted:

- Preventing pupils from accessing prescribed emergency medication.
- Leaving pupils experiencing an allergic reaction unattended.
- Excluding pupils from activities solely because of an allergy without consideration of reasonable adjustments and risk assessment.
- Storing emergency medication in locked locations.
- Permitting expired emergency medication to remain available for routine use.
- Failing to share necessary allergy information with relevant staff.

17. Asthma

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions. Children or staff with asthma must have the risks assessed, control measures identified and recorded where necessary.

18. Useful Links

- The Allergy Team
- Allergy UK | National Charity
- Anaphylaxis UK | Supporting people with serious allergies | Anaphylaxis UK
- Asthma + Lung UK
- Natasha's Law – Allergy Awareness & Food Safety | Natasha's Foundation — The Natasha Allergy Research Foundation
- Benedict's Law - Benedict Blythe Foundation

19. Monitoring and Review

The Governing Body is responsible for overseeing the implementation and effectiveness of this policy. Any issues arising that fall outside the remit of the Governing Body, or which relate to other areas of school practice, will be referred to the appropriate member of staff, committee, or external agency as necessary.

This policy will be reviewed annually and following any serious allergic incident, significant near miss, legislative change, or update to national guidance. Outcomes from reviews, investigations and emerging best practice will be used to strengthen allergy management arrangements across the school.

To support effective oversight, Governors will receive an annual report that includes:

- the number of pupils with diagnosed allergies;
- staff training compliance rates;
- incidents involving the use of adrenaline auto-injectors;
- details of allergic reactions and near misses;
- actions taken in response to investigations and identified areas for improvement.

The information gathered through monitoring and reporting will be used to evaluate the effectiveness of current procedures, identify trends, and inform continuous improvement in the school's allergy management practices.

Appendix 1 – BSACI Allergy Action Plan

bsaci improving allergy care

ALLERGY ACTION PLAN

RCPCH Anaphylaxis Campaign AllergyUK

This child has the following allergies:

Name:

DOB:

Photo

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
- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING
- Difficult or noisy breathing
- Wheeze or persistent cough

C CONSCIOUSNESS
- 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.

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

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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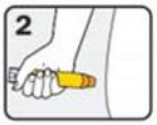
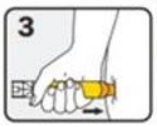
How to give EpiPen®

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

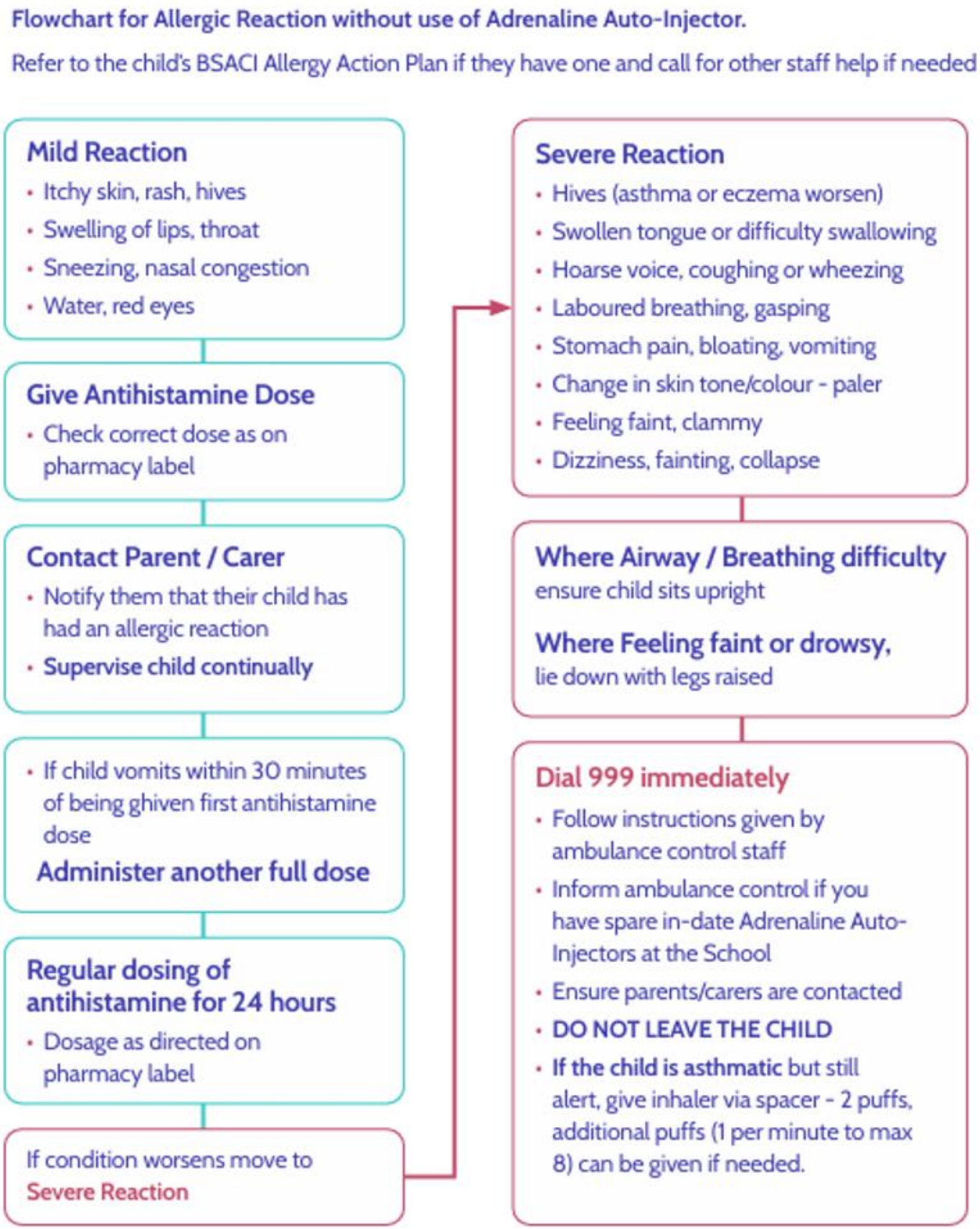
This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (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: .....

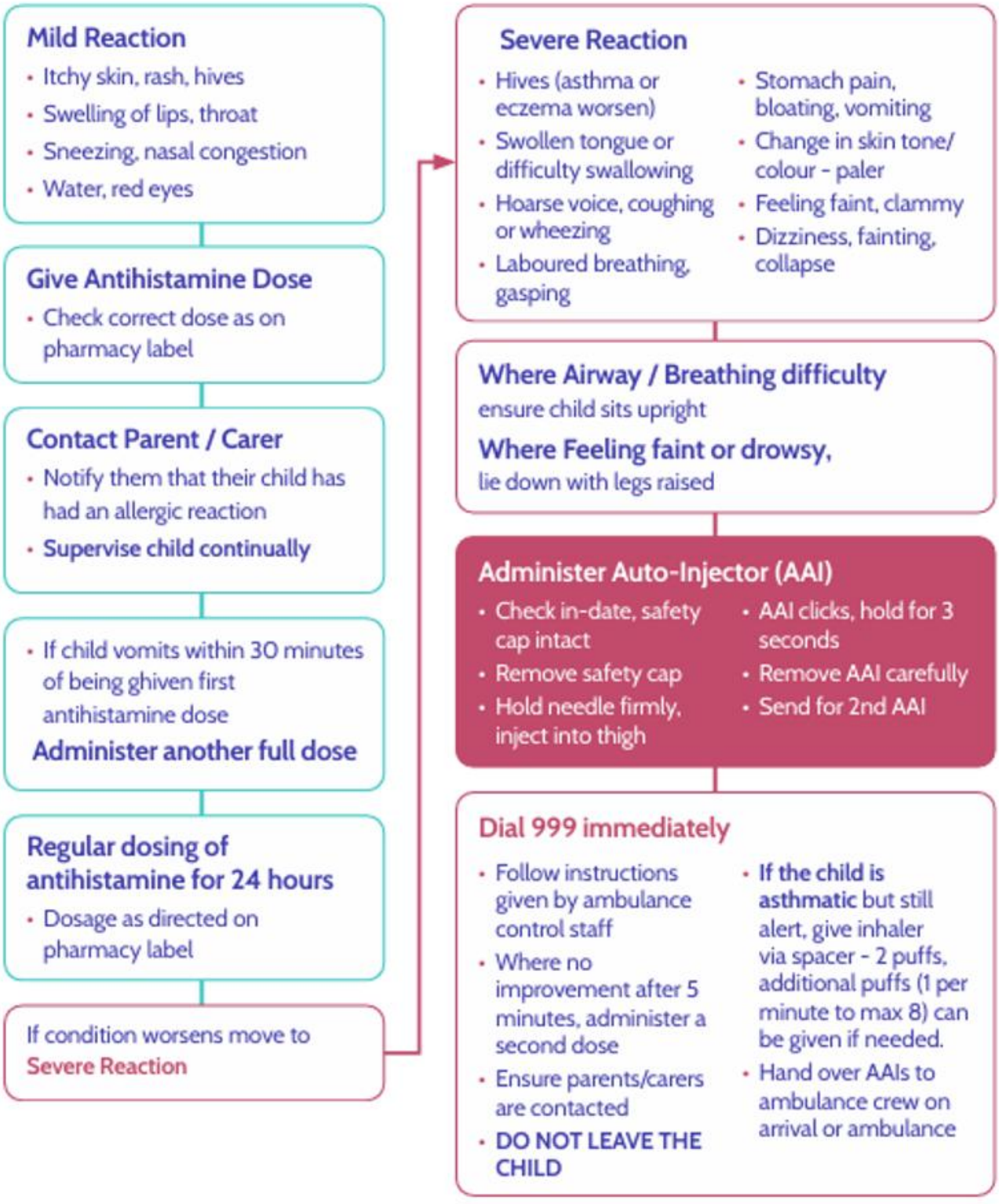
Hospital/Clinic: .....

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

Appendix 2 – Flowchart for Allergic Reaction Without AAI



Appendix 3 – Flowchart for Allergic Reaction With AAI

Flowchart for Allergic Reaction with use of Adrenaline Auto-Injector.

Refer to the child's BSACI Allergy Action Plan if they have one and call for other staff help if needed