

POLICY FOR MANAGEMENT OF ALLERGIES AND ANAPHYLAXIS

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1. AIMS AND OBJECTIVES

This policy outlines the Trust'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 one does. It also sets out how we support our students/pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an Allergy Aware School.

Statutory Basis and Governance

This policy has been prepared with regard to the Department for Education (DfE) statutory guidance Allergy safety in schools (July 2026), issued under section 100 of the Children and Families Act 2014 as amended by section 34 of the Children's Wellbeing and Schools Act 2026. The Trust, as a proprietor, will ensure that every academy implements this policy, publishes it on its website and keeps it under review. Each academy will have a named senior leader responsible for allergy safety. Allergy-related risks will be included on the academy risk assessment and actively monitored by the Trust and Local Governing Committee through the agreed scheme of delegation.

This policy also supports duties under the Health and Safety at work Act 1974, Equality Act 2010, safeguarding legislation and guidance, the SEND Code of Practice and, where relevant, the Early Years Foundation Stage statutory framework.

This policy applies to all staff, students/pupils, parents/carers, Governors/Trustees and visitors in the Trust and should be read alongside these other policies:

- Health and Safety Policy
- Managing Medical Conditions policy
- First Aid policy
- Safeguarding policy

2. WHAT IS AN ALLERGY?

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

3. DEFINITIONS

3.1 Anaphylaxis

Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

3.2 Allergen

A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

3.3 Conditions within and outside the scope of this policy

Allergy includes food allergy, asthma, eczema, allergic rhinitis, contact allergy, airborne allergy, medicine allergy, insect venom allergy and other clinically recognised hypersensitivity conditions that may cause serious harm. Coeliac disease is an autoimmune condition, not an allergy or food intolerance, and cannot itself cause anaphylaxis. Coeliac disease and food intolerance will normally be managed through a school's wider medical conditions and catering arrangements, including strict dietary avoidance and cross-contamination controls where required.

3.4 The 14 allergens

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.

3.5 Adrenaline Auto-Injector

Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAI's, adrenaline pens or by the brand name EpiPen. There are three brands licensed for use in the UK: EpiPen, Jext Pen and Emerade. Emerade is currently not available as it has been recalled due to misfiring incidences.

3.6 Allergy Action Plan

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

3.7 Individual Healthcare Plan

A detailed document outlining an individual student/pupil's condition, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, students/pupils. All students/pupils with an allergy should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.

An Individual Healthcare Plan (IHP) will be prepared where an allergy has a functional impact in school, poses a risk of harm, and requires arrangements that are additional to or different from those made generally. A formal diagnosis is not required where allergy is suspected and support is needed. The IHP is a school-owned operational document, developed with the student/pupil and parents/carers and informed by healthcare advice. It must refer to and attach the latest Allergy Action Plan, Asthma Action Plan or care plan issued by a healthcare professional and must not replace or rewrite clinical instructions.

The IHP will normally record the student/pupil's details and photograph; known or suspected allergens; impact on health, education and wellbeing; any interaction with SEND; support and reasonable adjustments; meal and snack arrangements; arrangements for visits and trips; emergency response; medication, storage, access and consent; the issuing healthcare professional and date of relevant clinical plans; who needs access to the plan; and review dates. It will be reviewed at least annually and sooner following a serious incident, near miss, changed medication, updated clinical advice, transition or significant change in need.

3.8 Risk Assessment

A detailed document outlining an activity, the risks it poses, and any actions taken to mitigate those risk. Allergy should be included on all risk assessments for events on and off the school site.

3.9 Spare Pens

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

The Trust takes a whole-school community approach to allergy management.

4.1 **Headteacher**

Has overall responsibility for management of this policy on school sites and for oversight of the Designated Allergy Lead and their work in this area.

4.2 **Designated Allergy Lead**

Each school must have a Designated Allergy Lead who reports into the Headteacher (Primary) or nominated Deputy / Assistant Headteacher (Secondary).

They are responsible for:

- Ensuring the Allergy Management Checklist (see Appendix A) is populated with actions and evidence and shared with the Headteacher.
- Ensure that the process for using coloured, photo ID lanyards is embedded into school at every opportunity where food is provided not just at lunchtime (primaries).
- Ensuring the safety, inclusion and wellbeing of students/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, students/pupils and parents/carers with concerns or questions about allergy management.
- 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 school nurse or administrator).
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment).
- Ensuring staff, students/pupils and parents/carers have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures.
- 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.
- Keep a record of any allergic reactions or near-misses and ensure an investigation is held as to the cause and put in place any learnings.
- Regularly reviewing the policy and informing the Trust of suggested changes for consideration.
- Ensuring there is an Anaphylaxis Drill once a year to test the procedure is sufficiently robust.

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

The Designated Allergy Lead must be a named member of the SLT. The Trust will determine and document how oversight, monitoring, support and challenge operate across individual academies. The Local Governing Committee or Trust will receive periodic reports on implementation, training, serious incidents and near misses.

4.3 **First Aid Team**

The person responsible for first aid provision within the school is responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families (this is likely to involve liaising with the Admissions Team for new joiners).
- Support the Designated Allergy Lead on how this information is disseminated to all school staff, including the Catering Team, occasional staff and staff running clubs.
- Ensuring the information from families is up-to-date and reviewed annually (at a minimum).
- Coordinating medication with families. Whilst it is the parents/carers responsibility to ensure medication is up to date, the first aid team should also have systems in place to check this and notify the parents/carers when they see the expiry date is approaching.
- Keeping an adrenaline pen register to include Adrenaline Pens prescribed to students/pupils and Spare Pens, including brand, dose and expiry date. The location of Spare 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.
- Providing on-site adrenaline pen training for other members of staff and students/pupils and refresher training as required eg before school trips.

4.4 **Admissions Team**

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

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity (this should be in place before a school visit, an Open Day or Taster Days if food is offered or likely to be eaten).
- There is a clear structure in place to communicate this information to the relevant parties (ie school nursing team, catering team).
- Visitors (for example at Open Days and events) are aware of the catering set up and if food is to be offered and plans for medication if the child is to be left without parental supervision.

Identification of staff, visitors and transition arrangements

The school will identify and support staff and visitors with allergies where appropriate. Staff allergy arrangements should be in place when employment begins. Visitors and regular volunteers will be asked in advance, where possible, about allergies relevant to their visit, particularly where food may be served. Appropriate emergency and risk-reduction arrangements will be communicated to those who need to know.

For students/pupils joining the school, information will be sought from parents/carers, the student/pupil and the previous setting, including existing IHPs and clinical action plans. Arrangements should be ready for the beginning of term. For mid-term admissions, every effort will be made to put suitable arrangements in place for the student/pupil starts school. A new IHP will be produced for the receiving school, informed by but not simply copied from the previous setting.

4.5 All Staff

All school staff, to include teaching staff, support staff, domestic staff, occasional staff (for example sports coaches, music teachers and those running breakfast and afterschool clubs) 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 students/pupils with allergies and what they are allergic to.
- Considering the risk to students/pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate. This includes religious festival celebrations, annual events such as fayres or sports day and all educational visits.
- Ensuring students/pupils always have access to their medication or carrying it on their behalf.
- Being able to recognise and respond to an allergic reaction, including anaphylaxis.
- Taking part in training and anaphylaxis drills as required.
- Considering the safety, inclusion and wellbeing of students/pupils with allergies at all times.
- Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy.

4.6 All Parents/Carers

All parents/carers (whether their child has an allergy or not) are responsible for:

- Being aware of and understanding the Trust's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of students/pupils with allergies.
- Providing the school reception 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.
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events.
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice.
- Encouraging their child to be allergy aware.

4.7 Parents of Children with Allergies

In addition to point 4.6, the parents/carers 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 or their child with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, ie spoon or syringe), inhalers or creams.
- Ensure medication is in-date and replaced at the appropriate time.
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too.
- Provide the school with an up-to-date photograph of their child and sign the associated permission for it to 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 eg not eating the food they are allergic to.

4.8 All Students/Pupils

All students/pupils at the school should:

- Be allergy aware.
- Understand the risks allergens might pose to their peers.
- Learn how they can support their peers and be alert to allergy-related bullying.
- Older students/pupils will learn how to recognise and respond to an allergic reaction and to support their peers and staff in case of an emergency.
- Where students/pupils are able to buy or bring in food from home and are old enough to check the ingredients information about monitoring food contents will be provided and alerting to them to known allergens.

4.9 Students/Pupils with Allergies

In addition to point 4.8, students/pupils with allergies are responsible for:

- Where their age and ability allows, knowing what their allergies are and how to mitigate personal risk.
- Avoiding their allergen as best as they can.
- Understand that they should notify a member of staff if they are not feeling well or suspect they might be having an allergic reaction.
- If age-appropriate, to carry two adrenaline auto-injectors with them at all times. They must only use them for their intended purpose.
- Understand how and when to use their adrenaline auto-injector.
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy.
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies.
- Students/pupils permitted to leave the school site during the day should know what to do if they have an allergic reaction off school premises. This should include how to treat themselves and raise the alarm to get help.

5. INFORMATION AND DOCUMENTATION

5.1 Register of Students/Pupils with an Allergy

The school has a register of students/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.

Each student/pupil with an allergy has an Individual Healthcare Plan. The information on this plan includes:

- Known allergens and risk factors for allergic reactions.
- A history of their allergic reactions.
- Detail of the medication the student/pupil has been prescribed including dose, this should include adrenaline pens, antihistamine etc.
- A copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis.
- A photograph of each student/pupil.
- A copy of their Allergy Action Plan. See definitions for the BSACI templates.

5.2 Information sharing and confidentiality

Health information is a special category data under UK GDPR. The school will hold, use and share allergy information only where necessary to keep the individual safe, included and properly supported. Information will be shared in a controlled and respectful way with staff who need it, while maintaining confidentiality, version control and ready access in an emergency. The student/pupil and parents/carers will be involved in decisions about

sharing information. Up to date photographs and known allergens may be displayed in staff-only food preparation, serving, science, food technology, art or craft areas where this is necessary for safety.

6. ASSESSING RISK

- 6.1 Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:
- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food tech or cooking.
 - Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk.
 - Running activities or clubs where they might hand out snacks or food “treats”. Ensure safe food is provided or consider an alternative non-food treat for all students/pupils.
 - Planning special events, such as cultural days and celebrations

Inclusion of students/pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity. The Trust has a template generic risk assessment which is attached as Appendix 1 which should be modified by each academy to reduce the risk of undiagnosed students/pupils coming into contact with frequent allergens.

The school-wide allergy risk assessment will cover food provided by the school and food brought in by others; airborne and contact allergens; curriculum materials and activities; animals; external visits; wraparound care; events and celebrations; and emergency access to medication. Examples of hidden allergens include traces in old food packaging, wheat in play dough, milk/wheat/soya in some glues, and nuts or sesame in bird feed. Where an allergen creates a risk, a safe alternative should normally be used for the whole group so that the student/pupil is not excluded.

6.2 Air Quality

The school will consider indoor and outdoor air quality, ventilation, mould, dust, pollen, animal dander and pollution as potential triggers for allergy and asthma within its wider health and safety risk assessment. Reasonable control measures will be identified for students/pupils and staff whose known allergy or asthma may be affected.

7. FOOD, INCLUDING MEALTIMES AND SNACKS

7.1 Catering in School

Trust schools are committed to providing a safe meal for all students/pupils, including those with food allergies.

- Due diligence is carried out with regard to allergen management when appointing catering staff/companies.
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training including training in the coloured photo ID lanyard process (primaries) and the requirement to read allergens on lanyard before offering food.
- Anyone preparing food for students/pupils with allergies will follow good hygiene practices, food safety and allergen management procedures.
- The catering team will endeavour to get to know the students/pupils with allergies and what their allergies are supported by all school staff.
- The school has robust procedures in place to identify students/pupils with food allergies, these are:
 - Two methods in place, one should be a visual check from a member of staff familiar with the students/pupils who have allergies.

- Photos of students/pupils with allergies should also be available.
- A back up plan should be in place and documented in case of staff absences.
- Methods of identification.
- Food containing the main 14 allergens (see Allergens definition) will be clearly identified for students/pupils, staff and visitors to see. 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 PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging.
- Where changes are made to the ingredients this will be communicated to students/pupils with dietary needs by the catering lead.
- Where products display the "may contain allergens" label these will only be used where there are no high-risk students/pupils or staff on site. This will be determined by a dynamic risk assessment.
- Food provided at any breakfast club and after school club/activity will follow these procedures.
- Catering leads (whether directly employed by school or through a SLA) will be responsible for ensuring allergen management. When SLA's are being agreed with caterers, then allergy management must be an integral part of the arrangements.

Leaders will actively assure themselves that catering controls comply with food information law. All food supplied regularly and in an organised way by the school or its caterer must have clear, accurate and accessible allergen information. Prepacked for direct sale food must carry the food name, a full ingredients list and clear emphasis of any of the 14 regulated allergens. Non-prepacked food must have clear and accessible information about the presence of those allergens. Short-notice substitutions must still meet allergen requirements and must be clearly communicated.

Staff handling or serving food will be trained to read labels and prevent allergen cross-contact, including preparation and serving arrangements, cleaning with warm soapy water, and the use of clean utensils and surfaces. Unlabelled food presents a greater uncertainty than food carrying precautionary 'may contain' labelling and must be subject to appropriate checks and risk assessment.

Students/pupils with food allergies will not be routinely segregated from peers at mealtimes. The school will use at least 2 robust identification checks appropriate to the age and size of the school, with a documented contingency for staff absence. Reasonable adjustments will be made so that eligible students/pupils with allergy can access their free school meal entitlement, and these arrangements will be recorded in the IHP where needed.

7.2 Early Years Safer Eating

Where the school provides for children within the EYFS, information about allergies, intolerances and special dietary needs will be obtained before admission, kept up to date and shared with all staff who prepare, handle or supervise food. At every meal and snack time, responsibility for checking that each child receives suitable food will be clear. A member of staff holding an appropriate paediatric first aid certificate will be present in the room while children are eating, in line with the EYFS statutory framework.

7.3 Food Brought into School

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

- Be stored in a suitable, safe location and in appropriate containers to prevent exposure.
- If for sharing, the staff member receiving the food must check the ingredients and decide on the suitability of it to be brought onto a school site.

- If ingredients are unknown and a dynamic risk assessment confirms a high risk, the food product must not be accepted.
- Students/pupils 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.

7.4 Food Bans or Restrictions

Some schools within the Trust may feel the need to restrict certain foods on site, messaging around this needs careful consideration. For example, bans are almost impossible to enforce but can lead to a sense of complacency or give a false sense of security. Reminding everyone to be allergy aware and to remain vigilant is vital. It is also important that you don't give the impression of one allergen being more dangerous than others.

If there is a need to restrict certain foods the recommended wording is as follows:

- This school is an Allergen Aware school. We have students/pupils with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food.
- We try to restrict peanuts and tree nuts and other food which are of high risk to individuals as much as possible on the site and check all foods coming into the kitchen.
- All food coming onto school premises or taken on a school trip or to a sports match should be checked to ensure high risk items are not an ingredient in another product. Please check the label on all foods brought in. Common foods that contain these goods as an ingredient include packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces.

7.5 Food Hygiene for Students/Pupils

Students/pupils 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 will:

- Have a register of students/pupils with allergies with medication details.
- Have considered allergies on the risk assessment and catering provision put in place.
- Consult with the parents/carers if the trip requires an overnight stay.
- Be trained to recognise and respond to an allergic reaction.
- Ensure allergens will be clearly labelled on catered packed lunches. If you have a student/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.
- Adhere to Adrenaline Pens section for School Trips and Sports Fixtures.
- Ensure that where food is made available to students/pupils, for secondary students/pupils and staff, their individual risk assessment covers the identified risk, or for primary pupils, the coloured photo ID lanyard system is in place.

9. INSECT STINGS

Students/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. Students/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 student/ 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/ HAYFEVER

To manage seasonal pollen allergy and hay fever and persistent nasal allergy due to house dust mites or other allergens Trust schools 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 students/pupils and staff.
- Move lessons inside 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. Students/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.
- Students/pupils with allergies may require additional pastoral support including regular check-ins from their class/form teacher.
- Affected students/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 anti-bullying policy

13. ADRENALINE PENS

For the purposes of this policy, 'adrenaline device' includes a prescribed adrenaline auto-injector and any licensed non-injectable nasal adrenaline device. Current law permits schools to purchase adrenaline auto-injectors, but not nasal devices, as school 'spares'. If a student/pupil prescribed a nasal device experiences anaphylaxis and their own device is unavailable, the school's spare auto-injector may be used in an emergency.

[See the government guidance on Adrenaline Pens in Schools.](#)

13.1 Storage of Adrenaline Pens

Students/pupils prescribed with adrenaline pens will have easy access to two, in-date pens at all times.

- Prescribed adrenaline devices must be rapidly accessible at all times, including journeys to and from school where school is responsible for the student/pupil, classrooms, dining areas, playgrounds, sports fields, wraparound care, evacuations, visits and trips. Clinical advice is that individuals at risk of anaphylaxis carry 2 devices. If a student/pupil cannot safely keep them personally, they must be stored in an unlocked, accessible location close enough to be brought to the student/pupil and administered within 5 minutes.
- 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.
- 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.

13.2 Spare pens

Trust schools have access to spare adrenaline pens too be used in accordance with government guidance.

The school will stock spare adrenaline auto-injectors of the correct dose for its student/pupil population. Spares will be stored in clearly labelled pairs, readily accessible and unlocked, and located so that adrenaline can be brought to any person who needs it within 5 minutes. Larger or multi-site schools will provide additional pairs where required. Spare devices supplement and do not replace an individual's own prescribed devices.

The designated person will document the brand, dose, quantity and location of spare devices; check them regularly for expiry and condition; arrange timely replacement; and ensure used or expired auto-injectors are disposed of through paramedics, a pharmacy or an approved sharps collection route. Emergency asthma inhalers and spacers should, where held, be stored alongside spare adrenaline devices but used only in accordance with the separate statutory guidance and written consent requirements.

The adrenaline pens are clearly signposted and are stored with first aid facilities.

The first aid lead is responsible for:

- Deciding how many spare pens are required.
- What dosage is required, based on the Resuscitation Council UK's age-based guidance (see page 11).
- Which brand(s) to buy. Trust schools are recommended to buy a single brand if possible to avoid confusion.
- The purchasing of spare adrenaline pens which can be obtained at low cost from a local pharmacy. See government guidance above.
- Distribution around the site and clear signage.

13.3 Adrenaline Pens on School Trips and Match Days

- No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own pens.
- Adrenaline pens will be kept close to the students/pupils at all times eg not stored in the hold of the coach when travelling or left in changing rooms.
- Adrenaline pens will be protected from extreme temperatures.
- Staff accompanying the students/pupils will be aware of students/pupils with allergies and be trained to recognise and respond to an allergic reaction.
- Staff arranging trips are to consider whether to take spare pens to sporting fixtures and on trips.

14. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

All staff should be aware of appropriate action to take when anaphylaxis is suspected. Appendix 2 from the Department for Education guidance on recognising and responding to an allergic reaction gives clear instructions which should be advertised in suitable locations in school. If a student/pupil has an allergic reaction they will be treated in accordance with their Allergy Action Plan and if anaphylaxis is suspected an Auto Injector administered and a member of staff will instigate the school's Emergency Response Plan.

If a mild to moderate allergic reaction occurs that does not affect Airway, Breathing or Circulation it may be treated in accordance with the individual's plan, normally with an oral antihistamine. The person must not be left unattended and must be observed in a safe place for at least 60 minutes because symptoms can worsen into anaphylaxis. Parents/carers or the emergency contact must be informed.

For any Airway, Breathing or Circulation symptoms, or where there is doubt, treat as anaphylaxis: give adrenaline immediately, then call 999. Do not delay adrenaline while contacting emergency services. If there is no improvement after 5 minutes, give a second dose using a second device. Never give an asthma reliever inhaler instead of adrenaline for suspected anaphylaxis. Bring help and medication to the person, keep them flat with legs raised unless breathing difficulty requires them to sit with legs outstretched, and do not let them stand or walk. Start CPR if there are no signs of life.

In a life-threatening emergency, anyone may take reasonable action to save a life. Prior consent is not required before using a school spare adrenaline device in an emergency, although advance consent should normally be sought and recorded. Anyone who receives adrenaline must be taken to hospital by ambulance, even if they appear to have recovered. A student/pupil's own prescribed medication will be used to treat allergic reactions if immediately available.

This will be administered by the student/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 student/pupil's own adrenaline pen is not available or misfires, then a spare adrenaline pen will be used.

Where the student/pupil does not have a prescribed adrenaline pen, known allergies or Allergy Action Plan but shows mild signs of anaphylaxis which have no impact on their Airway, Breathing or Circulation, 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. The MHRA says that in exceptional circumstances, a spare adrenaline pen can be administered to anyone for the purposes of saving their life.

The student/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 student/pupil in an ambulance and stay until a parent/carer arrives.

15. TRAINING

- 15.1 All staff present when students/pupils are scheduled to be on site will receive allergy awareness and emergency response training at least annually. This includes permanent,

temporary, supply, cover, peripatetic and agency staff, regular volunteers, catering staff and staff supervising breakfast or after-school provision. Allergy awareness training is additional to, and not replaced by, general first aid training. Allergy arrangements will form part of induction, and the school will ensure that supply and cover staff have the information and training needed for their role.

- 15.2 Training will cover allergy, asthma, eczema and hay fever; the distinction between allergy, food intolerance and coeliac disease; triggers and symptoms; recognition of anaphylaxis and acute asthma; location and use of prescribed and spare emergency medicines; calling emergency services and informing parents; use of Allergy and Asthma Action Plans; risk reduction responsibilities; wellbeing and bullying; and reporting reactions, serious incidents and near misses. Staff will have practice opportunities to use trainer devices relevant to those held or prescribed in school.
- 15.3 Trust schools are committed to training all appropriate staff annually to give them a good understanding of allergy. This includes:
- Understanding what an allergy is.
 - How to reduce the risk of an allergic reaction occurring.
 - How to recognise and treat an allergic reaction, including anaphylaxis.
 - How the school manages allergy, for example Emergency Response Plan, documentation, communication etc.
 - Where adrenaline pens are kept (both prescribed pens and spare pens) and how to access them.
 - The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying.
 - Understanding food labelling.
 - Taking part in an anaphylaxis drill.
- 15.4 Trust schools will carry out an anaphylaxis drill as required dependant on the risks identified. This includes:
- An exercise simulating an event where a student/pupil or member of staff has an allergic reaction and testing the whole school response. The drill will be documented and used for continual improvement and therefore reduction in risk.

16. SERIOUS INCIDENTS AND NEAR MISSES

A serious incident is an event in which a student/pupil, staff member or visitor with an allergy is harmed or placed at immediate and significant risk of harm, including where emergency medication, urgent clinical intervention or emergency services are required. A near miss is an allergy-related error, omission or system failure that did not cause harm but clearly had the potential to do so.

Serious incidents and near misses will be recorded as soon as feasible, including who was affected; what happened, when and where; the known or suspected cause; how people responded; medication or support given; whether emergency services attended; and the outcome. The report will be shared promptly with the Designated Allergy Lead, the Trust and, as appropriate, the student/pupil and parents/carers. They will be invited to contribute to a no-blame lessons-learned review. Relevant IHPs, risk assessments, training and this policy will be reviewed and amended where necessary.

Reports will be made to external bodies where legally required or appropriate. This may include the HSE under RIDDOR where the reporting criteria are met, and the relevant healthcare professional where an incident concerns delivery of a clinical care or action plan. The Local Governing Committee or Trust will receive periodic anonymised reports and assurance on actions taken.

Following a serious incident or near miss, the school will consider the wellbeing and support needs of the individual, family, staff and witnesses, while respecting privacy. A safeguarding referral will only be made where the incident indicates a concern that the child may be at increased risk of neglect, abuse or exploitation because of their medical condition, such as repeated failure to provide essential medication.

17. ASTHMA

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

18. UNACCEPTABLE PRACTICE

The following are unacceptable: preventing easy access to medication; ignoring the views of the student/pupil or parents/carers, medical evidence or healthcare advice; assuming all students/pupils with allergy need identical support; assuming older students/pupils need no support; dismissing suspected allergy because diagnosis is pending; sending an unwell student/pupil with potential for anaphylaxis to the office or First Aid room without suitable supervision; penalising allergy-related absence; requiring parents/carers to attend to administer medication because the school has not made suitable arrangements; segregating or unnecessarily excluding a student/pupil from meals, activities, clubs, visits or trips; or requiring a parent to accompany a student/pupil as a condition of participation where reasonable school arrangements can be made.

19. MONITORING AND REVIEW

This policy will be published on each academy website.

The Trustee Standards Committee has the responsibility for implementing, monitoring and reviewing this policy. Any issues, which arise, which do not fall within the remit of this Committee or are relevant to other areas of the Trust, will be brought to the attention of the relevant committees and /or individuals.

The Trustees will review this policy in line with the procedure for policy review.

Date for review - if no other reason for review (see policy review procedure) **this policy will be reviewed annually**. The policy will be reviewed sooner following a serious incident or near miss, significant change in circumstances, updated clinical or statutory guidance, or evidence that arrangements are not effective. Review will take account of incidents, near misses, drill outcomes and feedback from students/pupils, parents/carers and staff with allergies.

Appendix 1

MANAGEMENT OF HEALTH AND SAFETY AT WORK REGULATIONS 1999



RISK ASSESSMENT FOR GENERIC ALLERGY MANAGEMENT

Assessment Date _____

Name of Assessor 1: Claire Spooner

Name of Assessor 2: _____

Area/Department
Assessed _____

Line
Manager _____

The assessment should be reviewed periodically and if accidents or near misses occur. The list given is by no means an exhaustive one.

Review Dates

Signed and Accepted by: _____

Date	Who By

Hazard	How might people be harmed and who may be injured	Control measures currently in place	WORST CASE OUTCOME	Is the level of risk assessed and managed to a reasonably practicable level	If not, what further controls required and person responsible for embedding them
High risk employees and staff	Inadvertent exposure to an allergen could cause an individual health issues	Where schools are aware of pupils or staff who have already identified allergens a specific risk assessment to identify exposure opportunities and suitable controls will be created and shared where required Section 4.5 of H&S policy states need for individual risk assessment	Anaphylactic shock		Actions: Persons responsible: Date for completion:
Storage of allergens	Where schools store food which may contain allergens the risk of exposure is increased	Access to school cooking facilities is restricted Where teaching staff use food products to deliver the curriculum, they will ensure that foods are not known to be harmful to pupils or staff Staff will be notified of pupils' medical needs prior to child starting school	Anaphylactic shock		Actions: Persons responsible: Date for completion:
Donations of food products	During festivals or specific events parents and members of the local community may donate products to school which could contain allergens and therefore cause harm	Through communications in newsletters parents and carers will be aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies By providing the school reception staff with information about pupils medical needs, including dietary requirements and allergies, they are enabled to ask about ingredients and make judgement on its risk. Communications in the run up to events will contain reminders on allergens	Anaphylactic shock		Actions: Persons responsible: Date for completion:

Hazard	How might people be harmed and who may be injured	Control measures currently in place	WORST CASE OUTCOME	Is the level of risk assessed and managed to a reasonably practicable level	If not, what further controls required and person responsible for embedding them
First Aid provision	Lack of access to emergency and appropriate care could result in a child or staff members condition worsening/deteriorating rapidly	An emergency response plan will be put in place where required which includes safe and accessible storage and access to adrenaline pens (aka epi-pens) Adrenaline pens use by dates will be checked by the first aid lead regularly and replacements requested through the parents. Pupils with serious anaphylaxis will not be allowed into school without a in date adrenaline pen Location of adrenaline pens will be clear using signage (see example below) Similar to fire drills an emergency response drill will be undertaken regularly to ensure that procedures are robust and improvements can be made	Anaphylactic shock		Actions: Persons responsible: Date for completion:
Lack of understanding	Pupils and parents who are unaware of allergies and the necessary controls could cause serious health complications to others in school or themselves	School will ensure that appropriate communications are in place to parents and pupils which may include: - Allergy awareness in PHSE curriculum -Inclusion within food technology lessons -Informing parents of controls through newsletters -Using new starter days and parents evenings to communicate -Class teachers to have regular conversations with pupils in class where appropriate	Anaphylactic shock		Actions: Persons responsible: Date for completion:
Lack of understanding/ training	Staff who are unaware of the risks of exposure to allergens or the specific controls within school to keep pupils	Staff will be informed of individual pupils needs through XXXXXX which will ensure they have confidence in the controls in place and what to do in an emergency	Anaphylactic shock		

Hazard	How might people be harmed and who may be injured	Control measures currently in place	WORST CASE OUTCOME	Is the level of risk assessed and managed to a reasonably practicable level	If not, what further controls required and person responsible for embedding them
	safe could inadvertently put others at risk of serious harm	Updates and reminders to staff will be arranged through XXXXXXXX each XXXXXXXX (regularity) Photographs of pupils will be used in communications to aid identification All staff who run outside school clubs or lead on ad-hoc events such as sporting events will be provided with the necessary information			
Housekeeping and waste removal	Kitchen waste could contain allergens where exposure has been managed through catering staff. The waste could be stored within general school circulation areas which then exposes pupils and staff to the allergens	Cleaning and catering staff will be reminded of the need to dispose of waste directly from kitchen to waste areas which are not easily accessible Staff to be reminded to wash hands/gloves after handling food waste	Anaphylactic shock		Actions: Persons responsible: Date for completion:
Kitchen facilities and cooking	Catering on school sites creates potential for allergens to be stored on site and distributed to pupils	Where an external caterer is used the process for managing allergens will be part of the procurement process and will remain the caterer's responsibility however staff with concerns should report to the Head Teacher Where schools cater in-house, all staff will be trained on appropriate food standards and management of allergens to protect against cross contamination.	Anaphylactic shock		Actions: Persons responsible: Date for completion:

Hazard	How might people be harmed and who may be injured	Control measures currently in place	WORST CASE OUTCOME	Is the level of risk assessed and managed to a reasonably practicable level	If not, what further controls required and person responsible for embedding them
COSHH	Latex is a known allergen and can be found in gloves, balloons, science equipment and rubber mats on site	All PPE gloves are ordered as non-latex Balloons will only used when it is known that pupils do not have allergies and where possible non latex balloons will be used regardless Science and teaching staff are responsible for ensuring that equipment does not contain latex Staff are aware of signs and symptoms of a anaphylaxis and would take appropriate action if necessary	Anaphylactic shock		Actions: Persons responsible: Date for completion:
COSHH	Trees on school sites can harvest nuts such as hazelnuts, almonds and walnuts which can cause anaphylaxis to staff and pupils	Grounds are checked by site staff for signs of tree nuts and where identified staff are informed and risk assessments completed when necessary.	Anaphylactic shock		Actions: Persons responsible: Date for completion:
Construction Design Management COSHH	Dust exposure and airborne allergens can cause allergic asthma to individuals	When construction work is taking place on school sites a risk assessment will be completed prior to the start on site by the Principal Contractor which should consider dust and allergen exposure and suitable control measures such as local exhaust ventilation, watering and physical barriers	Acute breathing difficulties		Actions: Persons responsible: Date for completion:
COSHH	Expiration dates on medication may expire unknowingly and therefore be not effective in an emergency	First aid lead is responsible for checking expiry date and recording it Spare pens to be kept on site Parents are reminded at reviews to ensure epi-pens are within expiry date	Anaphylactic shock		Actions: Persons responsible: Date for completion:

Hazard	How might people be harmed and who may be injured	Control measures currently in place	WORST CASE OUTCOME	Is the level of risk assessed and managed to a reasonably practicable level	If not, what further controls required and person responsible for embedding them
COSHH	Stings and bites can occur through insects in classrooms or outside during breaks, PE lessons and sporting occasions	Site staff regularly check grounds for signs of infestation or nests, if discovered appropriate action to remove is taken and actions shared with staff Staff report any concerns when using areas Insect spray available on site to remove where not able to safely expel from classroom	Anaphylactic shock		Actions: Persons responsible: Date for completion:

Recognise the signs of anaphylaxis



- Tightening of the throat
- Hoarse voice
- Difficulty swallowing
- Swollen tongue



- Sudden wheezing
- Difficult or noisy breathing
- Persistent cough



- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

If any one (or more) of these signs are present: **Don't delay**

① Lie flat with legs raised (if breathing is difficult, allow to sit)



② Give adrenaline device without delay
(use the school's spare device if needed)



Scan this code for instructions on how to use adrenaline devices

③ Immediately dial 999 for ambulance
and say ANAPHYLAXIS (ana-fill-axis)



After giving adrenaline:

- Stay with person until ambulance arrives, do NOT stand them up.
 - Keep them lying down, even if things seem to be getting better.
- Phone parent/emergency contact.



If no improvement after 5 minutes, give another dose of adrenaline using a second device, if available.

Commence CPR at any time if there are no signs of life



ALWAYS GIVE ADRENALINE DEVICE FIRST if someone has **SEVERE AND SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice).
THEN SEEK MEDICAL HELP. Anaphylaxis can occur without skin symptoms

Appendix A of Allergy and Anaphylaxis Policy

Four Cs Multi-Academy Trust

School name: _____

ALLERGY MANAGEMENT CHECKLIST

Area	Outcome	Actions required	Responsibility, time frame and evidence
Whole school approach	Annual training has been delivered to all staff in accordance with section 15 of the Management of Allergies and Anaphylaxis policy.	All staff will have completed National College training each September. Practical administration training of auto injectors completed to all staff scheduled to be present when pupils on site and repeated annually	
Whole school approach	Appropriate school wide allergy awareness programme has been created and delivered.	Develop a school specific wide allergy awareness programme.	
Whole school approach	Pupils and staff with serious allergies are not provided access to harmful substances or foods	All staff are able to identify pupils or staff with severe allergies and aware of the sources which create a risk Head Teachers to communicate with staff, parents/carers and pupils foods which are not to be bought onto the school site Caterers are informed of coloured photo ID lanyard systems to be used across primary schools to reduce risk of external staff providing contact with allergens	

Area	Outcome	Actions required	Responsibility, time frame and evidence
		In line with Food Standards all foods in secondary schools will have allergens clearly labelled	
Whole school approach	The risk of anaphylaxis in pupils and staff with serious allergies is reduced to as low as possible	All primary schools use the coloured, photo ID lanyard system every time food is provided to pupils. This includes ad-hoc events, celebrations and cookery lessons All secondary schools to develop suitable arrangements to reduce access and potential anaphylaxis All staff made aware that all ad-hoc events where food is to be provided must go through catering providers. All staff made aware of foods required to be restricted on site All staff aware that sharing of foods with other staff for goodwill is acceptable if eaten in staff rooms and areas not used by pupils and ingredients are clearly communicated to those staff with allergens Staff with allergies to consider risks when eating foods which are not prepacked	

Area	Outcome	Actions required	Responsibility, time frame and evidence
		All staff aware that providing food to large groups of staff team must go through catering providers All out-of-school clubs to have robust menus, risk assessment and procedures in place and not expose any pupil with allergens, however minor, to the source Where food is provided to schools from external agencies a risk assessment will be completed which will include all processed foods must be clearly labelled and checked to ensure they don't contain allergens at the point of delivery Where PTA/parents are responsible all for the children on site permission from the Head must be sought following a risk assessment All Staff are aware that any foods containing nuts must not be stored on site. Where parents unknowingly gift prepacked foods (such as chocolate) with nuts these must remain unopened on site and removed at the end of the day All staff aware that milk should always be in a labelled bottle	

Area	Outcome	Actions required	Responsibility, time frame and evidence
Whole school approach	Prevention of cross contamination of allergens	All staff made aware the no foods will be stored in kitchens which are managed through external caterers	
Whole school approach	Delivery of the curriculum is safe from an allergen perspective	Following a review of the foods required to deliver the curriculum a risk assessment is completed based on the risk to pupils and staff with known allergies Catering company to always be used to provide ingredients	
Whole school approach	Pupils and staff on trips will still be protected from allergen risks	Educational Visits Co-ordinators aware that where food is to be available risk assessment will be completed as part of EVC role and coloured photo ID lanyard procedures are to be in place for primary schools	
Communication	Management of Allergy and Anaphylaxis policy has been made available to all staff	Policy is on school website. Policy shared, read and understood by all staff	
Communication	As required, IHP's have been created for all pupils and shared appropriately.	Pupils with allergies who require a IHP have one in place.	
Risk Management	Designated Allergy Lead has been identified and trained appropriately. They are aware of their responsibility as stated in section 4.1 of the Management of Allergies and Anaphylaxis policy.	Agree Designated Allergy Lead and complete sufficient training to enable competence dependant on needs and risks of each school community	

Area	Outcome	Actions required	Responsibility, time frame and evidence
Risk Management	Appropriate risk assessments for all pupils/children with allergies have been created and shared with staff.	Risk assessments for pupils with allergies have been created or included within IHP – started with auto injectors and then others if necessary	
Readiness to respond	Clear procedures for adrenaline storage and access are communicated and in place.	Suitable accessible locations are marked on a site plan Responsibility for monitoring accessibility and expiry is confirmed with Allergy Lead	
Readiness to respond	Designated First Aid staff are aware of their responsibilities as stated in section 4.2 of the Management of Allergies and Anaphylaxis policy.	First Aid staff are to be made aware of their responsibilities following their training and the annual refresher. First Aid staff are aware of individuals in school with serious allergies and emergency procedures	
Readiness to respond	An emergency response plan has been created, communicated with staff and a satisfactory drill completed.	An emergency response plan is to be created and communicated to appropriate people. A drill has been completed, clear actions completed and recorded	