Greenhill Primary School

Allergen and Anaphylaxis Policy

Date approved by GB	**Autumn 2026**
Date to be reviewed	**Autumn 2027**

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Statement of intent

Greenhill Primary School strives to ensure the safety and wellbeing of all members of the school community. For this reason, this policy is to be adhered to by all staff members, parents and pupils, with the intention of minimising the risk of anaphylaxis occurring whilst at school.

The school will work in partnership with parents to identify allergens, assess risk and put appropriate control measures in place so that pupils with allergies can attend school safely and participate fully in school life.

The school will not be able to guarantee a completely allergen-free environment. However, the school will take all reasonable steps to minimise exposure to allergens, promote awareness and self-management where appropriate, and ensure that robust emergency procedures are in place for both known and unexpected allergic reactions.

The school will maintain this policy as a dedicated allergy safety policy, separate from its wider policy on supporting pupils with medical conditions, because of the specific and potentially life-threatening risks associated with anaphylaxis.

1. Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- Department of Health 'Guidance on the use of adrenaline auto-injectors in schools'
- Children's Wellbeing and Schools Act 2026
- DfE 'Allergy safety in schools' Statutory Guidance July 2026

This policy will be implemented in conjunction with the following school policies and documents:

- Health and Safety Policy
- Whole-school Food Policy
- Supporting Pupils with Medical Conditions Policy
- Animals in School Risk Assessment
- Educational Visits Policy
- Allergen and Anaphylaxis Risk Assessment

2. Definitions

For the purpose of this policy:

Allergy – is a condition in which the body has an exaggerated response to a substance. This is also known as hypersensitivity.

Allergen – is a normally harmless substance that triggers an allergic reaction for a susceptible person.

Allergic reaction – is the body's reaction to an allergen and can be identified by, but not limited to, the following symptoms:

- Hives

- Generalised flushing of the skin
- Itching and tingling of the skin
- Tingling in and around the mouth
- Burning sensation in the mouth
- Swelling of the throat, mouth or face
- Feeling wheezy
- Abdominal pain
- Rising anxiety
- Nausea and vomiting
- Alterations in heart rate
- Feeling of weakness

Anaphylaxis – is a sudden, severe and potentially life-threatening allergic reaction involving Airway, Breathing and/or Circulation problems. Skin symptoms may also be present, but are not always present. This kind of reaction may include the following symptoms:

- Persistent cough
- Throat tightness
- Change in voice, e.g. hoarse or croaky sounds
- Wheeze (whistling noise due to a narrowed airway)
- Difficulty swallowing/speaking
- Swollen tongue
- Difficult or noisy breathing
- Chest tightness
- Feeling dizzy or faint
- Suddenly becoming sleepy, unconscious or collapsing
- For infants and younger pupils, becoming pale or floppy

3. Roles and responsibilities

The governing board is responsible for:

- Ensuring that policies, plans, and procedures are in place to support pupils with allergies and those who are at risk of anaphylaxis and that these arrangements are sufficient to meet statutory responsibilities and minimise risks.
- Ensuring that the school's approach to allergies and anaphylaxis focusses on, and accounts for, the needs of each individual pupil.
- Ensuring that risks relating to pupils with allergies are included on the school risk register and are actively managed.
- Ensuring that staff are properly trained to provide the support that pupils need, and that they receive allergy and anaphylaxis training at least annually.
- Monitoring the effectiveness of this policy and reviewing it on an annual basis, and following any serious allergy incident or near miss.

The headteacher is responsible for:

- Ensuring that there is a named senior leader responsible for allergy safety and the implementation of this policy.
- Ensuring that parents are informed of their responsibilities in relation to their child's allergies.
- Ensuring that all relevant risk assessments, e.g. to do with food preparation, have been carried out and controls to mitigate risks are implemented.
- Ensuring that all designated first aiders are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis.
- Ensuring that all staff members are provided with information regarding allergic reactions and anaphylaxis, including the necessary precautions and how to respond.
- Ensuring that catering staff are aware of pupils' allergies and act in accordance with the school's policies regarding food and hygiene, including this policy.

The school business manager is responsible for:

- Ensuring that there are effective processes in place for medical information to be regularly updated and disseminated to relevant staff members, including supply and temporary staff.
- Seeking up-to-date medical information about each pupil via a medical form sent to parents on an annual basis, including information regarding any allergies.
- Contacting parents for required medical documentation regarding a pupil's allergy.

All staff members are responsible for:

- Attending allergy and anaphylaxis training at least annually.
- Being familiar with and implementing pupils' individual healthcare plans (IHPs) as appropriate.
- Responding immediately and appropriately in the event of a medical emergency.
- Reinforcing effective hygiene practices, including those in relation to the management of food.
- Monitoring all food supplied to pupils by both the school and parents.
- Ensuring that pupils do not share food and drink in order to prevent accidental contact with an allergen.

The kitchen manager is responsible for:

- Monitoring the food allergen log and allergen tracking information for completeness.
- Reporting any non-conforming food labelling to the supplier, where necessary.
- Ensuring the practices of kitchen staff comply with food allergen labelling laws and that training is regularly reviewed and updated.
- Recording incidents of non-conformity, either in allergen labelling, use of ingredients or safe staff practice, in an allergen incident log.
- Acting on entries to the allergen incident log and ensuring the risks of recurrence are minimised.

Kitchen staff are responsible for:

- Ensuring they are fully aware of the rules surrounding allergens, the processes for food preparation in line with this policy, and the processes for identifying pupils with specific dietary requirements.
- Ensuring they are fully aware of whether each item of food served contains any of the main 14 allergens, as is a legal obligation, and making sure this information is readily available for those who may need it.
- Ensuring that the required food labelling is complete, correct, clearly legible, and is either printed on the food packaging or attached via a secure label.
- Reporting to the kitchen manager if food labelling fails to comply with the law.

All parents are responsible for:

- Notifying the school of their child's allergens, the nature of the allergic reaction, what medication to administer, specified control measures and what can be done to prevent the occurrence of an allergic reaction.
- Keeping the school up to date with their child's medical information.
- Providing written consent for the use of a spare AAI.
- Providing the school with written medical documentation, including instructions for administering medication as directed by the child's doctor.
- Raising any concerns they may have about the management of their child's allergies with the classroom teacher.

All pupils are responsible for:

- Ensuring that they do not exchange food with other pupils.
- Avoiding food which they know they are allergic to, as well as any food with unknown ingredients.
- Notifying a member of staff immediately in the event they believe they are having an allergic reaction, even if the cause is unknown, or have come into contact with an allergen.

4. Identifying individuals with allergies

The school will keep a record of all individuals with allergies, including whether they have an IHP or an allergy action plan.

Individual Healthcare Plans (IHPs)

Children and young people should have an Individual Healthcare Plan (IHP) if:

- they have an allergy which has a functional impact on them in their school, college or setting;
- they are at risk of harm as a result of their allergy and
- they require arrangements which are additional to or different from those made generally.

The school will develop an IHP in collaboration with the child or young person and their parents, taking account of any advice received from healthcare professionals. IHPs are not clinical documents.

Where children and young people have an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, the IHP should refer to or attach it. Whenever an updated Action Plan becomes available, the child or young person's Individual Healthcare Plan should be reviewed to incorporate it.

The IHP is an essential communication tool to provide the child or young person and their parents with clarity about the arrangements which will be in place.

The school will capture key information about their allergy. A formal diagnosis will not be required before appropriate arrangements are put in place. This will include the following:

- Emergency contact details for the pupil's parents or family
- An up-to-date photograph of the pupil
- What the pupil's known allergens are and whether the allergen is ingested, inhaled or absorbed
- Whether the pupil has an allergy action plan attached to their IHP
- Whether the pupil has been prescribed adrenaline devices and, if so, what make and dosage it is
- Whether there is prior medical and parental consent for a spare adrenaline device or emergency reliever inhaler to be used – notwithstanding that in an emergency situation that could not be foreseen, a spare adrenaline device can be used without prior parental consent

- Whether the pupil also has asthma, and if so, an asthma plan will be attached to the IHP which includes whether there is parental consent to use an emergency asthma reliever inhaler in an emergency

The school will use its best endeavours to gather information about known allergies, e.g. by asking a pupil's previous setting for relevant information and by asking the pupil and their parents to provide information.

Where pupils with allergies are starting at the school, arrangements will be put in place for the start of the relevant school term. In other cases, e.g. pupils moving to the school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

For staff members with allergies, arrangements will be put in place when they commence work.

For visitors with allergies, information will be sought in advance of their visit wherever possible.

The school will keep a list of individuals with known allergies in places where food may be served or handled. Such lists will be kept in areas accessible to staff only.

5. Managing exposure to allergens

The school will take reasonable steps to manage the risk of individuals with known allergies coming in to contact with allergens while on the school site or during school activities.

This includes considering potential exposure to allergens through food, environmental factors, classroom activities, animals, and external visits. Measures will focus on awareness, risk assessment, and appropriate control measures, while ensuring that pupils with allergies are able to participate fully in school life.

Pupils will not be prevented from participating in activities alongside their peers simply because of a risk of exposure to allergens. Where necessary, reasonable adjustments will be made to ensure activities can be carried out safely and inclusively.

Food allergies

The school will ensure that catering staff have effective systems in place to identify pupils with dietary requirements at mealtimes. At least two methods of identification will be used where appropriate. These include staff awareness, medical/allergy alert file, photographs in food preparation areas, coloured lanyards and electronic flags on School Grid.

The school and its catering provider will take reasonable steps to minimise the risk of allergen exposure in food provided on site.

This includes:

- Ensuring allergen information is available for food served in accordance with food allergen legislation.
- Ensuring catering staff are aware of pupils with dietary requirements and understand the controls in place to provide allergen-safe meals.
- Checking ingredients and product information when menus or suppliers change.
- Implementing procedures to minimise the risk of cross-contamination during the preparation, handling and serving of food.
- Working with parents and pupils to provide suitable meal options for those with allergies, intolerances or coeliac disease wherever possible.

Pupils with food allergies will not be segregated from their peers at mealtimes.

Food brought into the school environment by pupils, parents or staff may present a risk to individuals with allergies. To reduce this risk the school will:

- Encourage clear labelling of lunch boxes, drinks bottles and food containers belonging to pupils with allergies.
- Set expectations that pupils do not share or trade food, food utensils or containers.
- Seek parental engagement where food is brought in for celebrations or special events to ensure inclusion and safety for pupils with allergies.
- Ensure staff are aware that unlabelled foods may present a greater risk of allergen exposure than packaged foods with allergen information.

The school may discourage certain allergens from being brought onto site where appropriate. The school, however, recognises that it cannot guarantee an allergen-free environment and will adopt an allergy-aware approach supported by strong emergency procedures.

Environmental and contact allergens

Where pupils have known allergies to airborne or contact allergens, e.g. pollen, dust mites, animals or insect stings, the school will take reasonable steps to reduce the risk of exposure where possible.

This may include:

- Monitoring environmental conditions where appropriate.
- Ensuring staff are aware of pupils with known allergies.
- Implementing appropriate control measures as identified in the pupil's IHP.

Classroom activities and curriculum activities

Staff planning activities will consider the potential risk of exposure to allergens.

This includes activities such as:

- Craft activities.
- Science experiments.
- Cooking activities.
- Cultural or celebration events.
- Activities involving animals.

Where materials used in activities may contain allergens, staff will consider whether suitable alternatives should be used.

Where necessary, alternative materials or approaches will be used so that pupils with allergies are not excluded from activities.

External visits and trips

When planning school trips, excursions, residential visits or sporting events, staff will consider the risk of allergen exposure and ensure appropriate risk assessments are carried out.

Planning will include consideration of:

- Catering arrangements and allergen risks.
- Access to emergency medication and prescribed adrenaline devices.
- Staff awareness of pupils' allergies and emergency procedures.

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a trip off the premises. All activities on the school trip will be risk assessed to see if they pose a threat to any pupils with allergies and alternative activities will be planned where necessary to ensure the pupils are included.

Pupils at risk of anaphylaxis who have been prescribed an adrenaline device will have their prescribed device with them, and there will be staff available who are trained to administer adrenaline in an emergency.

The school will speak to the parents of pupils with allergies where appropriate to ensure their co-operation with any special arrangements required for the trip.

Where necessary, a designated adult will be available to support the pupil at all times during a school trip.

The school will consider whether it is appropriate to take spare AAI devices in case of emergency use on the trip.

Where the venue or site being visited cannot assure appropriate food can be provided to cater for pupils' allergies, the pupil will take their own food or the school will provide a suitable packed lunch.

Reasonable adjustments will be made where necessary to enable pupils with allergies to participate safely in trips and activities.

Animal allergies

A risk assessment will be carried out before animals are brought into school.

Pupils with known allergies to specific animals will have restricted access to those that may trigger a response.

In the event of an animal on the school site, staff members will be made aware of any pupils to whom this may pose a risk and will be responsible for ensuring that the pupil does not come into contact with the specified allergen.

The school will ensure that any pupil or staff member who comes into contact with the animal washes their hands thoroughly to minimise the risk of the allergen spreading.

Where medication is required for a pupil with an animal allergy, this will be managed in accordance with the pupil's IHP and the school's medication procedures. The school will not rely on general stock medication unless this is permitted under the relevant policy and consent arrangements.

6. Food allergen labelling

The school will adhere to allergen labelling rules for pre-packed food goods, in line with the Food Information (Amendment) (England) Regulations 2019, also known as Natasha's Law.

The school will ensure that all food is labelled accurately, that food is never labelled as being 'free from' an ingredient unless staff are certain that there are no traces of that ingredient in the product, and that all labelling is checked before being offered for consumption.

The relevant staff, e.g. kitchen staff, will be trained prior to storing, handling, preparing, cooking and/or serving food to ensure they are aware of their legal obligations. Training will be reviewed on an annual basis, or as soon as there are any revisions to related guidance or legislation.

Food labelling

Food goods classed as 'pre-packed for direct sale' (PPDS) will clearly display the following information on the packaging:

- The name of the food
- The full ingredients list, with ingredients that are allergens emphasised, e.g. in bold, italics, or a different colour

The school will ensure that allergen traceability information is readily available. Allergens will be tracked using the following method:

- Allergen information will be obtained from the supplier and recorded, upon delivery, in a food allergen log stored in the kitchen
- Allergen tracking will continue throughout the school's handling of allergen-containing food goods, including during storage, preparation, handling, cooking and serving
- The food allergen log will be monitored for completeness on a weekly basis by the kitchen manager
- Allergen incidents and near misses, including incorrect practices and incorrect and/or incomplete packaging, will be recorded in an incident log, reviewed by the kitchen manager and acted upon to minimise the risk of recurrence. Where required, incidents involving unsafe food will be reported to the relevant competent authority.

Declared allergens

The following allergens will be declared and listed on all PPDS foods in a clearly legible format:

- Cereals containing gluten and wheat, e.g. spelt, rye and barley
- Crustaceans, e.g. crabs, prawns, lobsters
- Nuts, including almonds, hazelnuts, walnuts, cashews, pecan nuts, brazil nuts and pistachio nuts
- Celery
- Eggs
- Fish
- Peanuts
- Soybeans
- Milk
- Mustard
- Sesame seeds
- Sulphur dioxide and sulphites at concentrations of more than 10mg/kg or 10mg/L in terms of total sulphur dioxide
- Lupin
- Molluscs, e.g. mussels, oysters, squid, snails

The above list will apply to foods prepared on site, e.g. sandwiches, salad pots and cakes, that have been pre-packed prior to them being offered for consumption.

Kitchen staff will be vigilant when ensuring that all PPDS foods have the correct labelling in a clearly legible format, and that this is either printed on the packaging itself or on an attached label. Food goods with incorrect or incomplete labelling will be removed from the product line, disposed of safely and no longer offered for consumption.

Any abnormalities in labelling will be reported to the kitchen manager immediately, who will then contact the relevant supplier where necessary.

The kitchen manager will be responsible for monitoring food ingredients, packaging and labelling on a weekly basis and will contact the supplier immediately in the event of any anomalies.

Changes to ingredients and food packaging

The school will ensure that communication with suppliers is robust and any changes to ingredients and/or food packaging are clearly communicated to kitchen staff and other relevant members of staff.

Following any changes to ingredients and/or food packaging, all associated documentation will be reviewed and updated as soon as possible.

7. Adrenaline auto-injectors (AAIs)

Pupils at risk of anaphylaxis may be prescribed an adrenaline device (AD) for use in the event of an emergency. This may include an AAI or another prescribed adrenaline device.

Under The Human Medicines (Amendment) Regulations 2017 the school is able to purchase AAI devices without a prescription, for emergency use on pupils who are at risk of anaphylaxis but whose device is not available or is not working.

The school understands that anaphylaxis reactions can occur in pupils without a pre-existing diagnosis of a food allergy. The school will therefore stock spare AAIs for use in emergency situations.

Any spare AAIs held by the school in this way will be considered spare devices and not a replacement for the pupil's own device. Pupils who have been prescribed adrenaline devices will have their prescribed devices readily available to them at all times while at school.

Spare AAIs will be used for pupils:

- Who have been prescribed AAIs but their own device is not available.
- With food allergies who have been assessed as being at lower risk of anaphylaxis and therefore not prescribed their own AAIs.

In addition, spare AAIs will be used with anyone experiencing anaphylaxis in an emergency, for the purpose of saving their life. This is in accordance with the legal exemption under Regulation 238 of the Human Medicines (Amendment) Regulations 2017.

The school will submit a request, signed by the headteacher, to the pharmaceutical supplier when purchasing AAIs, which outlines:

- The name of the school.
- The purposes for which the product is required.

- The total quantity required.

The headteacher, in conjunction with the school business manager, will decide which brands of AAI to purchase.

Where possible, the school will hold one brand of AAI to avoid confusion with administration and training; however, subject to the brands pupils are prescribed, the school may decide to purchase multiple brands.

The school will purchase AAIs in accordance with age-based criteria (, relevant to the age of pupils at risk of anaphylaxis, to ensure the correct dosage requirements are adhered to.

Depending on their level of understanding and competence, pupils will carry their AAIs on their person at all times, or they should be quickly and easily accessible at all times.

If AAIs are not carried by the pupil, they will be kept in a central place in a box marked clearly with the pupil's name but not locked in a cupboard or an office where access is restricted.

When storing AAIs, they will be:

- Readily accessible and not locked away.
- Located less than five minutes away from where they may be needed.
- Stored in pairs, so that if a second one is necessary it is on hand rather than needing to be obtained from elsewhere on site.
- Clearly labelled, to avoid any confusion with AAIs prescribed to a named person.

The emergency anaphylaxis kit(s) can be found at the following locations:

- The main office on top of the filing cabinet on the right-hand side.
- The staff room on the shelving next to the store cupboard

In line with manufacturer's guidelines, all AAI devices are stored at room temperature in line with manufacturer's guidelines, protected from direct sunlight and extreme temperature.

The following staff members are responsible for maintaining the emergency anaphylaxis kit(s):

- Miss Barraclough
- Miss Baker

The above staff members will conduct ad-hoc and termly checks of the emergency anaphylaxis kit(s) to ensure that:

- Spare AAI devices and salbutamol inhalers are present and have not expired.
- Spare AAI devices are replaced when they are used.

The following staff member is responsible for overseeing the protocol for the use of spare AAIs, its monitoring and implementation, and for maintaining the Register of AAIs: Mrs Richards.

Any used or expired AAIs will be disposed of in accordance with manufacturer's instructions.

Used AAIs may also be given to paramedics upon arrival, in the event of a severe allergic reaction, in accordance with this policy.

A sharps bin is utilised where used or expired AAIs are disposed of on the school premises.

Where any AAIs are used, the following information will be recorded on the AAI Record:

- Where and when the reaction took place
- What medication was given
- Who administered it
- Whether a second dose was required

8. Access to spare AAIs

A spare AAI can be administered as a substitute for a pupil's own prescribed AAI, if this cannot be administered correctly, without delay.

For planned use, spare AAIs are only accessible to pupils for whom medical authorisation and written parental consent has been provided – this includes pupils at risk of anaphylaxis who have been provided with a medical plan confirming their risk, but who have not been prescribed an AAI. This does not prevent a spare AAI being administered in an unforeseen, life-threatening emergency where anaphylaxis is suspected.

Consent will be obtained as part of the introduction or development of a pupil's IHP.

If consent has been given to administer a spare AAI to a pupil, this will be recorded in their IHP.

The school uses a register of pupils (Register of AAIs) to whom spare AAIs can be administered – this includes the following:

- Name of pupil
- Class
- Known allergens
- Risk factors for anaphylaxis
- Whether medical authorisation has been received
- Whether written parental consent has been received
- Dosage requirements

Parents are required to provide consent on an annual basis to ensure the register remains up to date.

Parents can withdraw their consent at any time. To do so, they must complete a proforma available from the office.

Miss Baker and Miss Barraclough check the register is up to date on an annual basis and will update the register relevant to any changes in consent or a pupil's requirements.

Copies of the register are held in each classroom, which are accessible to all staff members.

9. Medical attention and required support

Once a pupil's allergies have been identified, the school will consider what arrangements are required to support the pupil. Where an IHP is required, a meeting will be set up between the pupil's parents, the relevant classroom teacher, the school nurse and any other relevant staff members, in which the pupil's allergies will be discussed and a plan of appropriate action/support will be developed.

All medical attention, including that in relation to administering medication, will be conducted in accordance with the Supporting Pupils with Medical Conditions Policy.

Parents will provide the school office with any necessary medication, ensuring that this is clearly labelled with the pupil's name, class, expiration date and instructions for administering it.

Pupils who require life-saving medication, such as prescribed adrenaline devices, will be expected to have their medication available at school and on educational visits.

All members of staff involved with a pupil with a known allergy are aware of the location of emergency medication and the necessary action to take in the event of an allergic reaction.

Any specified support which the pupil may require will be outlined in their IHP.

All staff members providing support to a pupil with a known medical condition, including those in relation to allergens, will be familiar with the pupil's IHP.

The school operates a mobile phone-free environment in line with national guidance; however, where a pupil requires access to a mobile phone to support the management of their allergy, reasonable adjustments may be made in accordance with the Equality Act 2010. In such cases, pupils may be permitted to use their mobile phone for specific medical purposes related to their allergy management at agreed times and locations, as set out in their IHP.

Mrs Green is responsible for working alongside relevant staff members and parents in order to develop IHPs for pupils with allergies, ensuring that any necessary support is provided and the required documentation is completed, including risk assessments being undertaken.

Mrs Richards has overall responsibility for ensuring that IHPs are implemented, monitored and communicated to the relevant members of the school community.

10. Staff training

All staff will receive allergy awareness training at least annually. This will include teaching and support staff, temporary and supply staff, peripatetic staff, agency workers, regular volunteers, catering staff and those who oversee pupils at breakfast or after-school clubs.

Whole-school allergy awareness training will ensure that all staff:

- Have an awareness of allergies, the risks they pose, how allergic reactions can occur and how to manage it.
- Understand that allergy includes multiple conditions, e.g. food allergy, asthma, eczema, hay fever, which can co-exist.
- Understand and can identify the main food allergens, and understand the difference between food allergy, intolerance and coeliac disease.
- Can identify the range of symptoms of allergic reactions.
- Understand and can recognise anaphylaxis.
- Know how to respond in an emergency, including:
    - Calling the emergency services.

- How to locate and administer AAIs in a case of anaphylaxis or an asthma reliever inhaler during an asthma attack.
- How to use the AAI devices prescribed to pupils and the spare devices stocked by the school.

- Understand the impact allergies can have on a pupil's wellbeing.
- Understand this policy.
- Know how to check whether an individual is on the record of those with known allergies and how to use an allergy or asthma action plan.
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens.
- Understand how to report an allergic reaction or case of anaphylaxis – whether an incident or a near miss.

New staff members will receive allergy awareness training as part of their induction. Supply and temporary staff will be provided with relevant information about pupils with allergies, emergency procedures and the location of emergency medication.

New staff members will receive allergy awareness training as part of their induction. Supply, temporary and other relevant non-permanent staff will be provided with information about pupils with allergies, emergency procedures and the location of emergency medication, and will be required to have received appropriate allergy awareness training.

Where gaps in staff training are identified, the school will undertake a risk assessment and take appropriate action to address them. This may include arranging additional training or ensuring that appropriately trained staff are available to support pupils with allergies during lessons, activities, trips or other school events.

11. Mild to moderate allergic reaction

Mild to moderate symptoms of an allergic reaction include the following:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Mild throat tightness

- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

If any of the above symptoms occur in a pupil, the nearest adult will stay with the pupil and refer to their IHP to determine appropriate next steps.

The pupil's parents will be contacted immediately if a pupil suffers a mild to moderate allergic reaction, and if any medication has been administered.

For mild to moderate allergy symptoms, the pupil's IHP will be followed and the pupil will be monitored closely in a safe place for at least 60 minutes to ensure the reaction does not progress into anaphylaxis.

Should the reaction progress into anaphylaxis, the school will act in accordance with this policy. Where the pupil is required to go to the hospital, an ambulance will be called.

12. Managing anaphylaxis

All staff will be aware of the 'ABC' (Airway, Breathing, Circulation) principle when recognising anaphylaxis.

Staff members will be able to recognise the following signs of anaphylaxis:

- **Airways:**
    - Tightening of the throat
    - Hoarse voice
    - Difficulty swallowing
    - Swollen tongue
- **Breathing:**
    - Sudden wheezing
    - Difficult or noisy breathing
    - Persistent cough
- **Circulation:**

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

Where a pupil with asthma and a food allergy develops sudden breathing difficulties, staff will consider anaphylaxis and administer adrenaline without delay rather than an asthma reliever inhaler.

If one or more of the signs above are present, the nearest trained staff member will follow the below procedure:

1. Lay the pupil flat with their legs raised. If breathing is difficult, allow them to sit upright.
2. Administer adrenaline without delay, using the pupil's prescribed adrenaline device or a spare AAI if necessary.
3. Call 999 immediately and request an ambulance, stating that the person is experiencing anaphylaxis.

After administering adrenaline, the staff member(s) handling the situation will stay with the pupil until the ambulance arrives and will keep them lying down, even if the situation appears to be improving. They will then phone the pupil's parent or emergency contact.

If there is no improvement after five minutes, an additional dose of adrenaline will be administered using a second device.

CPR will be commenced at any time if there are no signs of life.

If necessary, other staff members may assist the designated staff members with administering AAIs.

The headteacher will be contacted immediately, as well as a suitably trained individual, such as a first aider.

In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers a suspected severe allergic reaction, the nearest trained member of staff will administer a spare AAI without delay if anaphylaxis is suspected. Emergency services will be contacted immediately after AAI administration. Staff will be made aware that

the risks associated with delaying adrenaline are greater than those associated with administering it unnecessarily.

Upon arrival of the emergency services, the following information will be provided:

- Any known allergens the pupil has
- The possible causes of the reaction, e.g. certain food
- The time the AAI was administered – including the time of the second dose, if this was administered

Any used AAIs will be given to paramedics.

Staff members will ensure that the pupil is given plenty of space, moving other pupils to a different room where necessary.

Staff members will remain calm, ensuring that the pupil feels comfortable and is appropriately supported.

A member of staff will accompany the pupil to hospital in the absence of their parents.

If a pupil is taken to hospital by ambulance, two members of staff will accompany them.

A copy of the Register of AAIs will be held in each classroom for easy access in the event of an allergic reaction.

Following the occurrence of an allergic reaction, the SLT, in conjunction with the school nurse, will review the adequacy of the school's response and will consider the need for any additional support, training or other corrective action.

13. Wellbeing of pupils with allergies

The school recognises that allergies can have a significant impact on a pupil's emotional wellbeing, confidence and sense of safety. Some pupils with allergies may experience anxiety because of the risk of exposure to allergens and the possibility of anaphylaxis. This may be further affected by related conditions such as asthma or eczema.

The school will take active steps to support the wellbeing of pupils with allergies by providing reassurance that reasonable measures are being taken to reduce the risk of allergen exposure and that robust emergency arrangements are in place.

The school will promote a culture of awareness, inclusion and respect in relation to allergies. This will include regular communication with pupils, parents and staff so that the school community understands the risks associated with allergies and the importance of following control measures.

The school will take appropriate steps to prevent bullying, teasing or social exclusion related to allergies, dietary needs, medication or medical conditions. Any concerns of this nature will be addressed promptly in line with the school's Behaviour Policy and Anti-bullying Policy.

To support pupils with allergies, the school will:

- Provide proactive support for new pupils with known allergies as they join the school.
- Explain to pupils and parents the arrangements the school will put in place to support safety and inclusion.
- Offer opportunities, where appropriate, for pupils with allergies and their families to become familiar with the dining environment and key staff.
- Identify appropriate staff members who can act as a point of contact for pupils with allergies and their parents.
- Encourage pupils with allergies, where appropriate, to share concerns and contribute to discussions about how they can be supported safely in school.

The school will, where appropriate, involve pupils with allergies and their parents in the development and review of support arrangements. The school will also consider feedback from staff and, where relevant, from other members of the school community in order to improve practice.

14. Monitoring and review

This policy will be reviewed at least annually by the named senior leader and named member of the governing board.

The effectiveness of this policy will be monitored and evaluated by all members of staff. Any concerns will be reported to the headteacher immediately.

Following each occurrence of an allergic reaction, this policy and pupils' IHPs will be updated and amended as necessary.

Pupil allergy declaration form

Name of pupil			
Date of birth		**Year group**	
Name of GP			
Address of GP			

Nature of allergy	
Severity of allergy	

Symptoms of an adverse reaction	
Details of required medical attention	
Instructions for administering medication	
Control measures to avoid an adverse reaction	

Spare AAIs

I understand that the school may purchase spare AAIs to be used in the event of an emergency allergic reaction. I also understand that, in the event of my child's prescribed AAI not working, it may be necessary for the school to administer a spare AAI, but this is only possible with medical authorisation and my written consent.

In light of the above, I provide consent for the school to administer a spare AAI to my child.

Yes	☐	**No**	☐

Name of parent	
Relationship to child	
Contact details of parent	
Parental signature	

Signs of Anaphylaxis Poster (a potentially life-threatening allergic reaction)

Recognise the signs of anaphylaxis

A (AIRWAYS)
- Tightening of the throat
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B (BREATHING)
- Sudden wheezing
- Difficult or noisy breathing
- Persistent cough

C (CIRCULATION)
- 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 dose 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.



5:00 minutes

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

NAME:	**Individual Healthcare Plan for allergy**
Date of birth:	Current photo
Year / class:	
Emergency contacts:	
Staff who need to be aware:	

Allergy:

Note what allergy the child or young person has.

Note any known allergens.

Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.

How the allergy is managed:

Note any care or action plans or prescribed medication issued by healthcare professionals.

If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.

Note the extent to which the child or young person is able to take responsibility for managing their allergy.

Impact on education:

Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.

Indicate how the allergy may impact on the child or young person's learning.

Indicate how the allergy may impact on the child or young person's emotional wellbeing.

If relevant, note any interaction between allergy and SEN.

Arrangements for support:

Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.

Outline measures to reduce the risk of contact with known allergens.

Give details of the specific support or adaptations to manage food allergy at meal and snack times.

Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.

Visits and trips:

Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.
Note any requirement for a risk assessment and prompts for specific issues which should be considered.

Emergency response: *Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.* *Otherwise summarise the signs or symptoms which would indicate an emergency.* *Set out what to do in an emergency, including whom to contact.* *If relevant, note where "spare" adrenaline devices are located.*	
Last discussed with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**:
NAME – Individual Healthcare Plan for allergy **Annex: Medication needed while in school / college / setting**	
Non-prescription medication: *Record any non-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Parental consent:	**Date**:
Prescription medication: *Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Prescribed by:	**Date**:
Parental consent:	**Date**:
Use of "spare" adrenaline devices: *Note whether parental consent has been given to administer adrenaline (e.g. using "spare" adrenaline devices) in an emergency.*	
Parental consent:	**Date**:
Use of "spare" salbutamol inhaler: *If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a "spare" salbutamol reliever inhaler.*	
Parental consent:	**Date**: