Allergy Policy

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Denbigh Alliance website		School website	
1	Statutory publication	A	Statutory publication
2	Good practice	B	Good practice
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**Policy level			
1	Trust wide	Single policy relevant to everyone and consistently applied across all schools and departments, with no variation. e.g. Complaints procedure	Statutory policies approved by the Denbigh Alliance Board of Trustees (or designated Trustee Committee). Non-statutory policies approved by the CEO with exception of Executive Pay.
2	Trust core values	This policy defines the Trust core values in the form of a Trust statement to be incorporated fully into all other policies on this subject, that in addition contain relevant information, procedures and or processes contextualised to that school. e.g. Safeguarding, Behaviour	Statements in statutory policies approved by the Denbigh Alliance Board of Trustees (or designated Trustee Committee). Statements in non-statutory policies approved by the CEO. Policy approved by Local School Board.
3	School/department	These policies/procedures are defined independently by schools as appropriate. E.g. Anti-bullying	Approved by Local School Board.

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Appendix 3: EpiPen AAI and Jext **AAI Instructions**

ANAPHYLAXIS

HOW TO USE EPIPEN AAIS

If you think someone is having an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Remove the blue safety cap

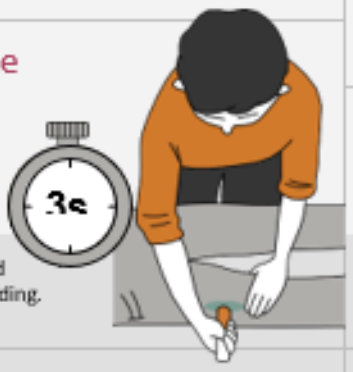
Grasp the EpiPen in your dominant hand and remove the blue safety cap by pulling straight up. Remember: Blue to the Sky, Orange to the Thigh!

2. Position the orange tip

Hold the EpiPen at 90°, approximately 10cm away from the leg, with the orange tip pointing towards the outer thigh.

3. Administer the EpiPen AAI

Jab the EpiPen firmly into the outer thigh at a right angle. Hold firmly for 3 seconds, before removing and safely discarding.



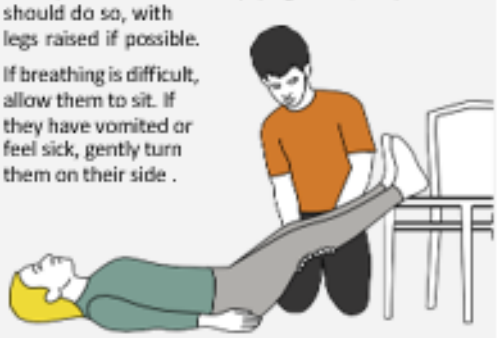
4. Once the EpiPen AAI has been administered call 999

Ask for an ambulance and say "ana-fill-axis".

5. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, with legs raised if possible.

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side .



6. If there are no signs of improvement after 5 minutes, use a second EpiPen AAI

The person should remain still and lying down until the ambulance arrives. Don't try to get up, even if you start to feel better.

7. Start CPR

If there are no signs of life, start CPR immediately until help arrives.

For more information on EpiPen AAIs >>

Sign up to the free expiry alert service and receive reminders by text or email when your EpiPen is about to expire >>

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

Empower • Include • Protect
AllergySchool.org.uk

Appendix 4: EpiPen AAI and Jext **AAI Instructio**

Statement of Intent

The Alliance School Trust strives to ensure the safety and wellbeing of all members of the school community. We are committed to promoting a whole school approach to health care, welfare and wellbeing and the safe management of those members of our school community who live with specific allergies.

For this reason, this policy is to be adhered to by all staff members, parents and students, with the intention of minimising the risk of anaphylaxis occurring whilst at school. To effectively implement this policy and ensure the necessary control measures are in place, **Schools must complete their Local Allergy Management Arrangements Template.**

The Headteacher is responsible for ensuring that a Local Allergy Management Arrangement is completed, implemented, reviewed and maintained for their school. The document should be developed by the school's Allergy Lead (or nominated Medical Lead) in consultation with relevant staff including catering providers, first aid personnel, educational visit coordinators and senior leaders, and approved by the Headteacher.

Parents are responsible for working alongside the school in identifying allergens and potential risks, to ensure the health and safety of their children.

We believe that all allergies should be taken seriously and dealt with in a professional and appropriate way.

By our actions we will work proactively to:

- Minimise the risk of exposure within the school setting
- Encourage self-responsibility
- Learn avoidance strategies
- Have robust plans for an effective response to possible emergencies • ensure inclusivity for all students

The school does not guarantee a completely allergen-free environment; however, this policy will be utilised to minimise the risk of exposure to allergens, encourage self-responsibility, and plan for an effective response to possible emergencies.

Equalities Statement

Our Trust is clear about the need to actively support students with medical conditions to participate in school life. Schools will consider what reasonable adjustments need to be made to enable these students to participate fully and safely in all aspects of school life. Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. In doing so, students, their parents and any relevant healthcare professionals will be consulted.

Governance

This policy is underpinned by a continuous improvement model supported by audit, data analysis, and governance oversight.

Wellbeing and Inclusion

The school will actively support the emotional wellbeing of pupils with allergies, including anxiety associated with risk of exposure, transition between settings, and participation in school life. Allergy-related bullying, intimidation or exclusion will not be tolerated.

Information Sharing and GDPR

Allergy information will be shared on a need-to-know basis with staff responsible for pupil safety. Information will be processed in accordance with UK GDPR and data protection requirements.

Air Quality

The school will consider indoor air quality, ventilation, seasonal allergens and pollution when supporting pupils with allergies and asthma.

Serious Incidents and Near Misses

All serious incidents and near misses involving allergies will be recorded, investigated, reported to parents and reviewed for lessons learned. Relevant findings will be reported through governance arrangements and may trigger review of the policy and IHPs.

Any allergy-related incident, allergic reaction, anaphylaxis event or near miss shall automatically trigger a review of relevant risk assessments, Individual Healthcare Plans, Allergy Action Plans, emergency arrangements and any associated Local Allergy Management Arrangements. Lessons learned, corrective actions and improvement measures shall be documented and monitored to completion.

Unacceptable Practice

It is unacceptable to restrict access to prescribed medication, send pupils unaccompanied during an allergic emergency, require parents to attend to administer emergency medication, or exclude pupils from activities due to allergies without justified risk assessment.

Schools to complete their Local Allergy Management Arrangements Template in addition to this Trust Policy

1. Legal Framework

This policy has due regard to relevant legislation & 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 (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- DfE (2015) 'Supporting students at school with medical conditions'
- DfE Allergy Safety in Schools Statutory Guidance (July 2026)
- Children's Wellbeing and Schools Act 2026
- DfE (2023) 'Allergy guidance for schools'

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

- Trust Health and Safety Policy
- Trust School Food Policy
- Trust Supporting Students with Medical Conditions Policy
- Administering Medication Policy
- Educational Visits and School Trips 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 also referred to as anaphylactic shock, which is a sudden, severe and potentially life-threatening allergic reaction. 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 feint
- Suddenly becoming sleepy, unconscious or collapsing
- For infants and younger students, becoming pale or floppy.

3. Roles and Responsibilities

The Trust Board is responsible for:

- Ensuring that policies, plans, and procedures are in place to support students 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 Trust's approach to allergies and anaphylaxis focuses on, and accounts for, the needs of each individual student.
- Ensuring that staff are properly trained to provide the support that students 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 after any incident where a student experiences an allergic reaction.
- Ensure adequate resources for managing allergies are available
- Ensure appropriate material is available on the school website for parent/carers highlighting how the school is managing students/students with allergies.

The Headteacher is responsible for:

Providing, as far as practicable, a safe and healthy environment in which people at risk of allergic reaction and anaphylaxis can participate equally in all aspects of school life and are not subject to bullying because of their condition by

- Ensuring all visitors, volunteers, work experience students, sub-contractors are made aware of the school's commitment to allergy management as part of Safeguarding
- Ensuring the curriculum contains age-appropriate content so all students/students can learn about allergies and how everyone can support those who have them
- Creating links at strategic level with Healthcare professionals and Catering providers and ensure at operational level that links are robust
- Ensuring that up-to-date allergy information for students/students is accessible to catering teams.
- Ensuring there is a workable School Emergency Plan in place that is known by all staff
- Ensuring the school sends a copy of the medical details it holds for the child to parents/carers for review and update at the end of each school year. Seek updated medical information at the

commencement of each calendar year and for any student joining in year

- Where the student has an Individual Healthcare Plan (IHP), ensuring the involvement of healthcare and welfare professionals, teaching and catering staff, parents/carers and the student/ student in establishing IHPs.
- Encouraging parents/carers to provide Allergy Action Plans (AAPs) completed and signed by a healthcare professional that can be kept with their medication with copies made available for all staff to access and help the school support the student
- Ensuring effective communication of individual student medical needs to all staff and that they know how and where to check for updated information.
- Ensuring there are enough trained staff to meet the statutory requirements and assessed needs, allowing for staff absences away from the school premises
- Ensuring First Aid staff training includes anaphylaxis management, including awareness of triggers, anaphylaxis and first aid emergency procedures
- Ensuring an adequate risk assessment is undertaken prior to any school trips, excursions or off-site extra curricula activities for students/students who have allergies
- Ensuring records of students/students medically prescribed an AAI and its use are kept correctly
- Ensuring student documentation and in date medication is kept correctly and safely
- Ensuring best practice in the labelling of foodstuffs and their contents
- Reporting to the Local School Board regarding the management of allergies within the school.
- Appointing a suitably competent member of staff to act as the school's Allergy Lead (or Medical Lead) and ensuring they have sufficient time, resources, authority and training to fulfil their responsibilities
- Ensuring that the school's Local Allergy Management Arrangement is developed, implemented, maintained and reviewed annually, following any allergy-related incident, or when significant changes occur.
- Ensuring the Local Allergy Management Arrangement is approved, communicated to relevant staff and monitored for effectiveness.

Member(s) of Staff responsible for medical needs (Allergy lead) responsible for:

- Following all legal requirements, recommended best practice and whole school procedures pertaining to allergies within the school context
- Reporting to the Headteacher regarding students/student with allergies
- Leading on the training of staff regarding allergy medical needs and their identification and management
- Working closely with in-house and sub-contracted Catering Managers and Chef Managers in assisting in the support of students/students with known allergies (including meeting with parents/carers where requested) to discuss any special requirements
- Monitoring where there is a school ‘tuck shop’ or home baked items are brought into school
- Liaising with parents/carers of students/students with known declared allergies to produce a risk assessment for their child that includes sharing of information, allergy management, risk minimisation and emergency actions.
- Wherever possible using an AAP for students with recognised allergies and keep it with their medication. Ensure copies of the AAP are available for all staff to access.
- If an additional written IHP is not required, ensuring that the AAP is viewed and treated with the same level of seriousness.
- Ensuring all copies of the AAP/IHP located around the school and/or on IT systems are identical if an updated version is received.
- Where an AAP has not been received for a student with recognised allergies, or if the medication information is not clear, liaising with GP/school nursing team, to obtain an up-to-date copy and/ or clarification.

- Ensuring medication is stored in a rigid box and clearly labelled with the students/student's name and a photograph (older students should carry their AAIs and medication with them)
- Being trained in the use of an Adrenaline Auto-Injector (AAI) and be competent in performing any possible required prescribed medical treatment as outlined in the student's IHP and/or AAP
- Ensuring that any other staff involved with those students/students requiring the use of an AAI are also adequately trained and competent
- Ensuring all school trips, excursions or off-site extra curricula activities for students/students are pre-checked so that 'safe' food is provided or that an effective control is in place to minimise risk of exposure for students with allergies
- Ensuring the school has an audited spare supply of in date AAIs that are kept in a safe space at room temperature that is accessible, secure but not locked away and all staff are aware of the location
- Monitoring the use of all AAIs to ensure they are within the expiry date including those brought into the school by students/students or external sources and are of the correct dosage • Arrange for the correct disposal of out-of-date AAIs
- Where anaphylaxis is suspected in an undiagnosed individual, calling the emergency services and stating ANAPHYLAXIS is suspected, then following their advice as to whether administration of a spare AAI is appropriate
- Recording all emergency uses of AAIs or reports of suspected emergencies
- Ensuring that, if a student notifies school that they are no longer allergic to a food, this information is checked prior to updating records and the IHP (if applicable)
- Developing, maintaining and periodically reviewing the school's Local Allergy Management Arrangement in consultation with relevant staff, catering providers, first aid personnel and senior leaders.
- Ensuring the Local Allergy Management Arrangement accurately reflects the school's operational arrangements and is updated following incidents, near misses or significant changes.

All staff members are responsible for:

- Following as directed all the requirements of the school, including all legal requirements, recommended best practice and whole school procedures pertaining to allergies within the school context
- Completing appropriate anaphylaxis training and be confident to respond to an allergy emergency
- Raising awareness about allergies and anaphylaxis amongst their students/students in the classroom and around school, especially in dining areas
- Encouraging self-responsibility and learned avoidance strategies amongst students/students living with allergies
- Helping all students/students understand which foods are safe for those with allergies and how they can support other students/students with specific dietary needs to stay safe
- Highlighting the need for anti-bullying of students/students with the condition
- Being aware of the students in their care (including regular cover classes) who have known allergies as an allergic reaction could occur at any time, not just at breaks or mealtimes
- Ensuring any food-related activities are supervised with due caution whilst following best practice for storing, preparing, cooking and serving food
- Any staff leading on a school trip must check that all students/students with medical conditions, including allergies, are carrying their medication (those unable to produce their required medication would not be able to attend the excursion)
- Staff leading a school trip, excursion or off-site extra curricula activity must ensure they carry all relevant emergency supplies with them

The Catering/Chef 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 students 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/carers are responsible for:

- Notifying the school of the student's allergies.
- Informing the school of any changes as soon as known
- Talking with your child about allergy self-management, including what foods are safe and unsafe, how to read food labels, strategies for avoiding allergens, how to spot symptoms of allergy, how and when to tell an adult if experiencing an allergic reaction.
- Providing an AAP completed by a healthcare professional that can be kept with their medication and help the school support the student
- Contributing to the provision of an IHP in partnership with the school, and relevant healthcare professional, where required.
- Providing any other written medical documentation, instructions and medications as directed by a health professional.
- If you require it, meeting with the Catering/Chef Manager to discuss any specific requirements relating to your child's allergy (information from these meetings will be recorded by the Catering/Chef Manager)
- Being aware of the school Allergy Policy and any arrangements for managing children with allergies and at risk of anaphylaxis
- Communicating regularly with the school to support our ability to keep our children safe and act immediately in the event of an allergic reaction
- Providing appropriate in date medication (two AAIs) of the correct dosage and registering their AAIs on the manufacturer's websites to receive text alerts for expiry dates
- Providing appropriate foods to be consumed by the child if necessary
- Replacing medications after use or upon expiry
- Reviewing the Policy and procedures with the school's Headteacher and/or Member of Staff responsible for medical needs, the student's doctor and the student (if age appropriate) after a reaction has occurred.

Students with allergies should (as age appropriate)

- Have a good awareness of their allergy and support the knowledge of peers in helping keep them safe
- Be proactive in the care and management of their food allergies and reactions and medication
- Be sure not to exchange food with others and take care to avoid any foods which may cause an allergic reaction
- Read food labelling but, if unsure, avoid the food
- Avoid eating anything with unknown ingredients
- Know where their medication is kept and (if age appropriate and confident enough to administer their own autoinjectors) take responsibility for carrying AAIs on their person at all times
- As soon as they suspect they are experiencing signs of allergic reaction, tell an adult.

4. Supply, Storage and Care of Medication

Depending on their level of understanding and competence, students will be encouraged to take responsibility for and to always carry their own two AAIs on them (in a suitable bag/container).

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely, not locked away and **accessible to all staff.**

Medication should be stored in a suitable container and clearly labelled with the student's name.
The student's medication storage container should contain:

- Two AAIs i.e. EpiPen® or Jext®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the staff member responsible for medical needs will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time

5. Older Children and Medication

Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on very suddenly, so school staff need to be prepared to administer medication if the young person cannot.

6. Storage

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

7. Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor/specialist collection service. The sharps bin is kept in the **Medical Room or where medicine is stored within the school.**

8. Food Allergies

Parents will provide the school with a written list of any foods that their child may have an adverse reaction to, as well as the necessary action to be taken in the event of an allergic reaction, including details of any medication required.

Information regarding all students' food allergies will be collated and maintained by the school. Relevant allergy information will be communicated to catering providers and other staff who are required to support the student safely.

When making changes to menus or substituting food products, the school and catering provider will ensure that students' dietary requirements continue to be met by:

- Checking any product changes with suppliers.
- Reviewing labels and product information before use.
- Using allergen information to identify ingredients and allergens present in food products.
- Ensuring allergenic ingredients remain identifiable throughout storage, preparation and serving.
- Maintaining appropriate controls to minimise the risk of allergen cross-contamination.

Kitchen staff will be provided with relevant allergen information and will ensure that allergen controls are implemented in accordance with this policy and applicable food safety legislation.

Where meals contain allergens or may contain traces of allergens, allergen information will be clearly available in accordance with legal requirements and catering procedures.

The Trust recognises that schools operate different catering arrangements and serve students of different ages. Accordingly, each school shall develop, implement and maintain a documented **Local Allergy Management Arrangement** detailing how food allergies are managed within that school.

The Local Allergy Management Arrangement shall be developed in consultation with the school's allergy lead, catering provider and relevant senior leaders and shall be reviewed annually, following any allergy-related incident, or whenever significant changes occur.

The Local Allergy Management Arrangement must include, where applicable:

- Arrangements for identifying students with food allergies.
- Communication arrangements between the school and catering provider.
- Meal ordering, preparation and verification processes.
- Procedures for serving meals safely to students with allergies.
- Packed lunch arrangements.
- Any visual identification systems used.
- Dining hall supervision arrangements.
- Staff roles and responsibilities.
- Emergency response arrangements.
- Monitoring and auditing procedures.

Each school's Local Allergy Management Arrangement shall be retained as a school-specific appendix to this policy or as a standalone local procedure.

9. 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 catering company will ensure that all food is labelled accurately, that food is never labelled as being 'free from' an ingredient unless they 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/catering company 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
- Incidents of incorrect practices and incorrect and/or incomplete packaging will be recorded in an incident log and managed by the kitchen manager, shared and monitored by the School Operations Manager

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 Catering kitchen manager/School food leads 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 catering company/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.

10. Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products. The school menu is available for parents to view in weekly/fortnightly/monthly advance with all ingredients listed and allergens highlighted on the school website.

The member of staff responsible for medical needs will inform the Catering Manager/Chef of students with food allergies.

Parents/carers are encouraged to meet with the Catering Manager/Chef to discuss their child's needs.

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for students with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen/tuck shop, parents should check the appropriateness of foods by speaking directly to the catering manager.
- The student should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include preparing food for children with

food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager/Chef.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).

School Events, Celebrations and Food-Based Activities

The Trust recognises that school events, celebrations, cultural activities, fundraising events, performances, open evenings, transition events, parent events and other activities involving food may increase the risk of accidental allergen exposure.

Before any event involving food takes place, the school must complete a suitable and sufficient risk assessment which considers:

- Students, staff, contractors, volunteers and visitors with known allergies.
- The possibility of unidentified or undiagnosed allergies.
- The nature of food being provided.
- Food preparation and serving arrangements.
- Cross-contamination risks.
- Food labelling requirements.
- Emergency arrangements and access to first aid provision.
- Availability of allergen information.
- Communication arrangements with parents/carers where appropriate.

Where food is provided at an event:

- Allergen information must be available for all food items.
- Food must not be distributed where allergen information cannot be verified.
- Home-produced food must only be permitted following appropriate risk assessment and approval.
- Consideration must be given to the suitability of food sharing activities, buffets and tasting events.
- Appropriate supervision must be provided.

For events attended by members of the public, visitors or community users, schools must ensure that suitable allergen information is available and that arrangements are in place to respond to a suspected allergic reaction.

Following any allergy-related incident, the event risk assessment must be reviewed and amended where necessary.

Student Cooking and Food-Based Learning Activities

The Trust recognises that curriculum and enrichment activities involving food may increase the risk of allergen exposure.
This includes, but is not limited to:

- Food Technology lessons.
- Cooking clubs.
- Forest School activities.
- Cultural celebrations.
- Enterprise activities.
- Science experiments involving food.
- Baking activities.
- Early Years food activities.

Before any food-related activity takes place, staff must:

- Review the class allergen checklist and relevant Individual Healthcare Plans (IHPs).
- Identify any students, staff or volunteers with known food allergies.
- Complete a suitable and sufficient risk assessment where allergen exposure is possible.
- Ensure ingredient lists are available and can be verified.
- Consider cross-contamination risks.
- Consider whether alternative materials, ingredients or activities can be used.

Food ingredients must only be used where:

- Full ingredient information is available.
- Allergens can be clearly identified.
- Controls are in place to prevent accidental exposure.

High-risk allergenic ingredients should be avoided where reasonably practicable.
Where students with allergies participate in cooking activities, reasonable adjustments shall be considered to support participation whilst maintaining safety.

No student shall be excluded from curriculum activities solely because of an allergy where appropriate control measures can be implemented.
Emergency medication and emergency procedures must remain accessible throughout all food-based activities

Food Rewards, Snacks and Classroom Treats

Food rewards, snacks, classroom treats, celebration foods, cultural foods and any food provided by the school must be carefully controlled to prevent accidental allergen exposure.

Before any food item is purchased, ordered, brought onto site or provided to students:

1. The member of staff purchasing, ordering or sourcing the food must ensure that:
    - The product does not contain nuts or nut-derived ingredients.
    - The product is supplied in its original packaging.
    - Full ingredient and allergen information is available and clearly identifiable on the packaging.
    - Individual items removed from multipacks must not be distributed where allergen information is no longer available to staff. For example, individually wrapped sweets, chocolates or snacks taken from multipacks must not be provided where the individual wrapper does not contain the full ingredient and allergen declaration.

2. Prior to distribution, the member of staff providing the food must:
    - Check the packaging and ingredient information against the school's allergy register and class allergen checklist.
    - Confirm that the product is suitable for all students intended to receive it.
    - Not provide any item where allergen information is unclear, incomplete, missing or cannot be verified.

Food must not be provided where:

- Ingredient information cannot be verified.
- Packaging is unavailable.
- Allergen information is unclear or incomplete.
- The product has been removed from packaging and allergen information cannot be confirmed.
- Cross-contamination risks cannot be reasonably assessed.

For students with diagnosed allergies, parental consultation may be required before food is provided. Home-made foods must not be distributed to students unless specifically authorised and supported by a suitable risk assessment approved by the Headteacher or nominated allergy lead.

A record should be maintained where significant food-related activities, celebrations, reward events or cultural events take place.

These controls are intended to eliminate single-point-of-failure decision-making and minimise the risk of accidental allergen exposure through a robust procurement, verification and distribution process.

Food Brought onto Site by Staff, Parents, Visitors and Third Parties

The Trust recognises that food brought onto school premises by staff, parents/carers, visitors, contractors, volunteers, community users and third parties may present an increased risk of accidental allergen exposure.

Where food is brought onto site for any reason, including celebrations, staff events, fundraising activities, meetings, performances, educational activities, lettings or community use, those responsible must ensure that allergen risks have been considered and managed appropriately.

The following controls shall apply:

- Food brought onto site must not be distributed to pupils where ingredient or allergen information cannot be verified.
- Home-produced food must only be provided where permitted by school procedures and supported by a suitable risk assessment.
- Consideration must be given to known allergies of pupils, staff and other individuals who may be affected.
- Foods containing nuts or nut-derived ingredients must not be brought onto site where prohibited by local school arrangements.
- Food sharing activities must be carefully supervised and only permitted where allergen risks have been considered.
- Staff must not provide food to pupils unless they are satisfied that the food is suitable for the intended recipients and appropriate allergen information is available.
- Where food is provided by external organisations, visitors, contractors or community users, responsibility for allergen management shall be clearly communicated and understood.
- Schools reserve the right to prohibit, restrict or remove food items where allergen risks cannot be adequately controlled.

Schools shall document any additional school-specific controls relating to food brought onto site within their Local Allergy Management Arrangements.

11. Animal Allergies

Students 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 students to whom this may pose a risk and will be responsible for ensuring that the student does not come into contact with the specified allergen.

The school will ensure that any student or staff member who comes into contact with the animal

washes their hands thoroughly to minimise the risk of the allergen spreading.

Student medication such as antihistamine tablets will be kept in the main school office in case of an allergic reaction, following specific individual health care plans.

12. Seasonal Allergies

The term 'seasonal allergies' refers to common outdoor allergies, including hay fever and insect bites.

Precautions regarding the prevention of seasonal allergies include ensuring that grass within the school premises is not mown whilst students are outside.

Students with severe seasonal allergies will be provided with an indoor supervised space to spend their break and lunchtimes in, avoiding contact with outside allergens.

Staff members will monitor pollen counts, making a professional judgement as to whether the student should stay indoors.

Students will be encouraged to wash their hands after playing outside.

Students with known seasonal allergies are encouraged to bring an additional set of clothing to school to change into after playing outside, with the aim of reducing contact with outdoor allergens, such as pollen.

Staff members will be diligent in the management of wasp, bee and ant nests on school grounds and in the school's nearby proximity, reporting any concerns to the site manager.
The site manager is responsible for ensuring the appropriate removal of wasp, bee and ant nests on and around the school premises.

Where a student with a known allergy is stung or bitten by an insect, medical attention will be given immediately.

13. Adrenaline Auto-Injectors (AAIs)

Students who suffer from severe allergic reactions may be prescribed an AAI for use in the event of an emergency.

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

The school will purchase spare AAIs from a pharmaceutical supplier, such as the local pharmacy.

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 staff member responsible for medical needs, 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 students 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 students at risk of anaphylaxis, to ensure the correct dosage requirements are adhered to.

These are as follows:

- For students under age 6: 0.15 milligrams of adrenaline
- For students aged 6-12: 0.3 milligrams of adrenaline
- For student aged 12+: 0.3 or 0.5 milligrams of adrenaline

Spare AAIs are stored as part of an emergency anaphylaxis kit, which includes the following:

- One or more AAIs
- Instructions on how to use the device(s)
- Instructions on the storage of the device(s)
- Manufacturer's information
- A checklist of injectors, identified by the batch number and expiry date, alongside records of monthly checks
- A note of the arrangements for replacing the injectors
- A list of students to whom the AAI can be administered
- An administration record.

Each school shall maintain an up-to-date Register of Students Prescribed AAIs. The register shall be stored in a location or system determined by the individual school, ensuring that it is readily accessible to relevant staff, including temporary and supply staff, whilst maintaining appropriate data protection controls. The location and access arrangements shall be documented within each school's local allergy management arrangements.

Adrenaline auto-injectors (AAIs) must be readily and immediately accessible at all times and must never be locked away to ensure that adrenaline can be administered within five minutes.

In the event of suspected anaphylaxis, adrenaline must be administered immediately and without delay. Staff must not need to retrieve medication from distant locations or wait for authorisation before administering an AAI.

The school ensures that AAIs are positioned so that staff can access them instantly from all areas where students are present, with no barriers to rapid response.

The location of the emergency anaphylaxis kit(s) will be recorded in the schools Local Allergy Management Arrangements

Adrenaline Auto-Injectors must be stored in locations that are immediately accessible to staff at all times but not readily accessible to students. AAIs must never be stored in locked rooms, cabinets or locations where access may be delayed during an emergency response. Each school shall determine

suitable storage locations that balance rapid staff access with safe student management.

All spare AAI devices will be clearly labelled to avoid confusion with any device prescribed to a named student.

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 staff member responsible for medical needs is responsible for maintaining the emergency anaphylaxis kit(s.:

The above staff member in each school conducts a monthly check of the emergency anaphylaxis kit(s) to ensure that:

- Spare AAI devices are present and have not expired
- Replacement AAIs are obtained when expiry dates are approaching.

The staff member responsible for medical needs is responsible for overseeing the protocol for the use of spare AAIs, its monitoring and implementation, and for maintaining the Register of AAIs. They are also responsible for ensuring any used or expired AAIs are disposed of after use 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
- How much medication was given and by whom.

14. Access to Spare AAIs

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

Spare AAIs are only accessible to students for whom medical authorisation and written parental consent has been provided – this includes students at risk of anaphylaxis who have been provided with a medical plan confirming their risk, but who have not been prescribed an AAI.

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

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

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

- Name of student
- 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 write to the Headteacher.
The staff member responsible for medical needs checks the register is up to date on an annual basis.

The staff member responsible for medical needs will also update the register relevant to any changes in consent or a student's requirements.

Each school shall maintain an up-to-date Register of Students Prescribed AAIs. The register shall be stored in a location or system determined by the individual school, ensuring that it is readily accessible to relevant staff, including temporary and supply staff, whilst maintaining appropriate data protection controls. Each school will detail this in their local Allergy Management Arrangements.

15. School Trips

The Headteacher/Operation Lead/EVC will ensure a risk assessment is conducted for each school trip to address students with known allergies attending. All activities on the school trip will be risk assessed to see if they pose a threat to any students with allergies and alternative activities will be planned where necessary to ensure the students are included.

The school will speak to the parents of students with allergies where appropriate to ensure their cooperation with any special arrangements required for the trip.

A designated adult will be available to support the student at all times during a school trip.
If the student has been prescribed an AAI, at least one adult trained in administering the device will attend the trip. The student's medication will be taken on the trip and stored securely – if the student does not bring their medication, they will not be allowed to attend the trip.

A member of staff will be assigned responsibility for ensuring that the student's medication is carried at all times throughout the trip.

Two AAIs will be taken on the trip and will be easily accessible at all times.

Where the venue or site being visited cannot assure that suitable food can be safely provided for students with allergies, alternative arrangements must be made before the visit takes place.

Where the school provides a packed lunch, this must be prepared and checked in accordance with the school's allergen management procedures. Allergen information must be verified, lunches clearly labelled, and a final check undertaken before the food is issued to the student. Where parents/carers are responsible for providing a packed lunch, they must ensure that it is suitable for the student's dietary and allergy requirements.

For any school packed lunches, the follow procedure will take place

- Order form completed by the teachers for school packed lunches,
- **Staff member** to check what has been ordered against a child's allergens.
- Clear labels on school packed lunch bags to show easily whether they contain tuna or cheese.
- Before the trip starts, children's names being written on school packed lunch bags (for any child having a school packed lunch) to match what was ordered.

- An extra sticker (red cross) to go on the school packed lunch bag of any child with an allergy.
- Before children start eating, staff will do a final check of what any children with allergies have in their school packed lunch.

16. Medical Attention and Required Support

Once a student's allergies have been identified, a meeting will be set up between the student's parents, the relevant classroom teacher, the staff member responsible for medical needs and any other relevant staff members, in which the student'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 Administering Medication Policy and the Supporting Students with Medical Conditions Policy.

Parents will provide the staff member with responsibility for medical needs with any necessary medication, ensuring that this is clearly labelled with the student's name, class, expiration date and instructions for administering it.

Students will not be able to attend school or educational visits without any life-saving medication that they may have, such as AAIs.

All members of staff involved with a student 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 student may require will be outlined in their IHP.

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

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

The staff member responsible for medical needs has overall responsibility for ensuring that IHPs are implemented, monitored and communicated to the relevant members of the school community.

Emergency Alert and Escalation Arrangements

Each school shall establish and document clear emergency alert and escalation arrangements for responding to suspected allergic reactions and anaphylaxis.
These arrangements shall be detailed within the school's Local Allergy Management Arrangements and must include:

- How an emergency alert is raised.
- Methods of communication used to summon assistance.
- Staff roles and responsibilities during an emergency.
- Identification of trained responders.
- Escalation arrangements where designated staff are unavailable.
- Arrangements for lunch periods, break times and before/after-school activities.
- Arrangements for educational visits, transport and off-site activities.
- Procedures for summoning emergency services.

- Arrangements for directing emergency services to the casualty.

Emergency arrangements shall be regularly communicated to staff and reviewed following incidents, near misses or significant changes to staffing or school operations.

Staff with Allergies

The Trust recognises that members of staff may also have allergies, including allergies that may place them at risk of serious allergic reactions or anaphylaxis.

Staff are encouraged to inform their line manager of any allergy or allergy-related medical condition that may reasonably require consideration within the workplace, particularly where there is a risk of significant allergic reaction, anaphylaxis, exposure to workplace allergens, or where emergency medical treatment may be required.

Where a member of staff discloses a significant allergy, the school, in consultation with the employee, their line manager, HR and any other relevant persons, will consider any reasonable measures required to reduce the risk of exposure to known allergens and support the employee in carrying out their duties safely.

Staff Allergy Risk Assessments

Where a member of staff has a significant allergy, allergy-related medical condition or is at risk of anaphylaxis, a documented staff allergy risk assessment shall be completed.
The risk assessment shall be developed with the employee, line manager and HR and shall include, where relevant:

- Known allergens and triggers.
- Potential sources of workplace exposure.
- Emergency response arrangements.
- Medication requirements.
- Reasonable adjustments.
- Educational visits and off-site working arrangements.
- Training and awareness requirements.
- Review dates.
- Occupational Health advice where appropriate.

Risk assessments shall be reviewed:

- Annually.
- Following an allergic reaction or near miss.
- Following a change in duties or workplace.
- Following updated medical advice.

Where required, an individual support plan or care plan may also be developed to document arrangements and responsibilities.

The Trust's allergy awareness, emergency response and allergen management arrangements are intended to support the safety of all building users, including staff, students, visitors, contractors and community users. Staff with allergies will be encouraged to report concerns, incidents or changes in circumstances so that appropriate support arrangements can be reviewed and updated as necessary.

Where a staff allergy risk assessment is completed, the assessment shall be retained on the employee's

personnel record and reviewed annually, following an allergic reaction, near miss, significant change in duties or following updated medical advice.

Contractors and Visitors

The Trust recognises that contractors, visitors, volunteers, agency workers and other third parties may have allergies or may inadvertently introduce allergenic substances onto Trust premises.

All visitors and contractors shall:

- Inform the school of any significant allergies or medical conditions that could affect their safety whilst on site.
- Comply with site allergen management arrangements and controls.
- Ensure any food brought onto site complies with school allergen restrictions.
- Inform the school if they are bringing substances, materials or products that may present allergen risks.

Where contractor activities may create allergy risks, such as catering, grounds maintenance, pest control, animal handling or food-related activities, a risk assessment must be completed before work commences.

The school reserves the right to prohibit substances or activities where allergy risks cannot be adequately controlled.

Undiagnosed Allergic Reactions

The Trust recognises that an allergic reaction or anaphylaxis may occur in an individual who has no previous diagnosis of allergy and is not known to the school as being at risk.

The absence of a prior diagnosis must never delay emergency response arrangements.
Where a student, employee, visitor, contractor, volunteer or other person displays signs and symptoms consistent with anaphylaxis, staff must:

- Treat the situation as a medical emergency.
- Call 999 immediately.
- Clearly state "Suspected Anaphylaxis".
- Follow emergency instructions provided by the emergency services.
- Implement the school's emergency allergy procedures.
- Ensure the individual is appropriately positioned in accordance with current first aid guidance.
- Ensure the individual is not left unattended.
- Arrange for emergency services to attend the site without delay.

Where appropriate and in accordance with current legislation, Department of Health guidance and instructions provided by emergency services, consideration may be given to the use of a spare Adrenaline Auto-Injector (AAI).

Following any suspected allergic reaction involving an individual not previously known to have an allergy:

- The incident must be recorded.
- An investigation must be completed.
- The risk assessment must be reviewed.
- Lessons learned must be considered and implemented.

Lettings and Community Use of School Premises

The Trust recognises that community groups, hirers, sports clubs, contractors, holiday clubs and other organisations using school facilities may introduce additional allergy risks.

All lettings and community use arrangements must be managed in accordance with this policy.
Before approving a letting or community activity, schools must:

- Assess whether food will be prepared, served or consumed.
- Determine who is responsible for allergen management.
- Ensure appropriate insurance arrangements are in place.
- Consider the needs of known allergy sufferers who may be affected by the activity.
- Review any relevant risk assessments provided by the hirer.

Where food is provided by external organisations using school premises:

- Responsibility for allergen management must be clearly defined.
- Appropriate allergen information must be made available.
- Food must not be distributed where allergen information cannot be verified.
- Arrangements must be in place for the management of allergic reactions and medical emergencies.
-

The school reserves the right to prohibit food-related activities where allergen risks cannot be adequately controlled.

Any allergy-related incidents occurring during lettings or community use must be reported immediately to the school and investigated in accordance with Trust procedures.

17. Staff Training

Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so.

In accordance with the Supporting Students with Medical Conditions Policy, staff members will receive appropriate training and support relevant to their level of responsibility, in order to assist students with managing their allergies.

The school will arrange annual allergy awareness training for all staff and additional training whenever local risk assessment identifies a need.

The relevant staff, e.g. kitchen staff, will be trained on how to identify and monitor the correct food labelling and how to manage the removal and disposal of PPDS foods that do not meet the requirements set out in Natasha's Law.

The relevant members of staff will be trained on how to consistently and accurately trace allergen-containing food routes through the school, from supplier delivery to consumption.

Designated staff members will be taught to:

- Recognise the range of signs and symptoms of severe allergic reactions.
- Respond appropriately to a request for help from another member of staff.
- Recognise when emergency action is necessary.

- Administer AAIs according to the manufacturer's instructions.
- Make appropriate records of allergic reactions.

All staff members will:

- Be trained to recognise the range of signs and symptoms of an allergic reaction.
- Understand how quickly anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis can occur with prior mild to moderate symptoms.
- Understand that AAIs should be administered without delay as soon as anaphylaxis occurs.
- Understand how to check if a student is on the Register of AAIs.
- Understand how to access AAIs.
- Understand who the designated members of staff are, and how to access their help.
- Understand that it may be necessary for staff members other than designated staff members to administer AAIs, e.g. in the event of a delay in response from the designated staff members, or a life-threatening situation.
- Be aware of how to administer an AAI should it be necessary.
- Be aware of the provisions of this policy.

18. Mild to Moderate Allergic Reaction

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

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour.

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

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

In the event that a student without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.

For mild to moderate allergy symptoms, the student's IHP will be followed, and the student will be monitored closely 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 student is required to go to the hospital, an ambulance will be called.

19. Managing Anaphylaxis

In the event of anaphylaxis, the nearest adult will lay the student flat on the floor and try to ensure the student suffering an allergic reaction remains as still as possible; if the student is feeling weak, dizzy, appears pale and is sweating their legs will be raised. A designated staff member will be called for help and the emergency services contacted immediately. The designated staff member will administer an AAI to the student. Spare AAIs will only be administered if appropriate consent has been received.

Where there is any delay in contacting designated staff members, the nearest staff member will administer the AAI.

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

A member of staff will stay with the student until the emergency services arrive – the student will remain lying flat and still. If the student's condition deteriorates after initially contacting the emergency services, a second call will be made to ensure an ambulance has been dispatched.

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

If the student stops breathing, a suitably trained member of staff will administer CPR.

If there is no improvement after five minutes, a further dose of adrenaline will be administered
In the event that a student without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.

A designated staff member will contact the student's parents as soon as is possible.
Upon arrival of the emergency services, the following information will be provided:

- Any known allergens the student 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 student is given plenty of space, moving other students to a different room where necessary.

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

A member of staff will accompany the student to hospital in the absence of their parents.
If a student is taken to hospital by ambulance, two members of staff will accompany them.
Following the occurrence of an allergic reaction, the SLT, in conjunction with the staff member for responsibility with medical needs, will review the adequacy of the school's response and will consider the need for any additional support, training or other corrective action.

20. Monitoring and Review

The Trust Estates Manager is responsible for reviewing this policy annually.

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

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

Annual Allergy Assurance Review
Each school shall undertake an annual review of its Local Allergy Management Arrangements to confirm that:

- Emergency arrangements remain effective.
- Communication arrangements remain effective.
- Training remains current.
- Identified actions have been completed.
- Medication locations remain appropriate.
- Catering arrangements remain effective.

Findings should be reported to the Headteacher and recorded as part of the school's annual health and safety review.

Appendix 1: Allergy Management Checklist

- Does the child have an Individual Healthcare Plan?
- Has your school purchased spare pens?
- Does each child have a completed and signed Allergy Action Plan?
- Have ALL school staff been trained in allergy and anaphylaxis?
- Does the school allergy policy include where and how to store AAIs?
- Is there a schedule to check the expiry dates on spare AAIs and each child's AAI?
- Does the allergy policy cover catering for children with allergies?
- Does the allergy policy include student allergy awareness?
- Has the school completed an allergy risk assessment?
- Does the allergy policy include risk assessment of extra curricula activities?
- Does the allergy policy cover safeguarding children with allergies, including bullying

Appendix 2: First Aid for Anaphylaxis Poster

FIRST AID FOR ANAPHYLAXIS

Recognise the Signs of Anaphylaxis...

A Airways

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

B Breathing

- Difficult or noisy breathing
- Wheeze or persistent cough

C Circulation

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

An allergic reaction can escalate to anaphylaxis which is potentially life-threatening.
Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

ANAPHYLAXIS: ACTIONS TO TAKE

If any one or more of the above ABC symptoms are present, take these steps.

1. **Administer an Adrenaline Auto Injector (AAI) without delay**

   Inject the AAI into the top of the outer thigh. If you're in doubt that it is anaphylaxis but one or more ABC symptoms are present, give the AAI, it will not harm them.

2. **Dial 999 and say anaphylaxis ('ana-fill-axis')**

   Stay with the person until the ambulance arrives. DO NOT let them stand up and walk around.

3. **The person should lie down immediately**

   If the person is not already lying down, they should do so, with legs raised if possible. If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.

4. **Inject a second AAI into the outer thigh if there are no signs of improvement after 5 minutes**

   If there is no sign of life, start CPR immediately until help arrives.

Please learn these steps. This is life-saving information.
You never know when you will need to act in an anaphylaxis emergency.

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

Empower • Include • Protect
AllergySchool.org.uk

Appendix 3: EpiPen AAI and Jext AAI Instructions

ANAPHYLAXIS

HOW TO USE EPIPEN AAIS

If you think someone is having an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Remove the blue safety cap

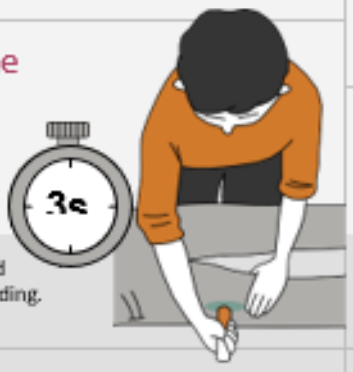
Grasp the EpiPen in your dominant hand and remove the blue safety cap by pulling straight up. Remember: Blue to the Sky, Orange to the Thigh!

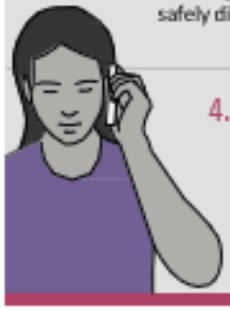
2. Position the orange tip

Hold the EpiPen at 90°, approximately 10cm away from the leg, with the orange tip pointing towards the outer thigh.

3. Administer the EpiPen AAI

Jab the EpiPen firmly into the outer thigh at a right angle. Hold firmly for 3 seconds, before removing and safely discarding.





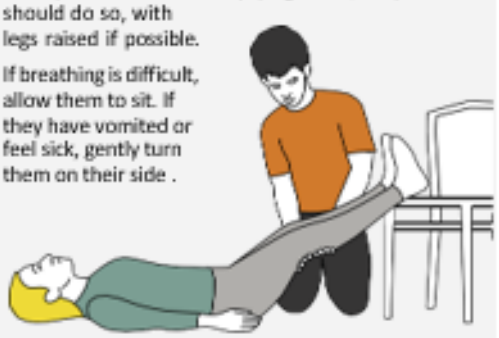
4. Once the EpiPen AAI has been administered call 999

Ask for an ambulance and say "ana-fill-axis".

5. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, with legs raised if possible.

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side .



6. If there are no signs of improvement after 5 minutes, use a second EpiPen AAI

The person should remain still and lying down until the ambulance arrives. Don't try to get up, even if you start to feel better.

7. Start CPR

If there are no signs of life, start CPR immediately until help arrives.

For more information on EpiPen AAIs >>

Sign up to the free expiry alert service and receive reminders by text or email when your EpiPen is about to expire >>

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

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Appendix 4: EpiPen AAI and Jext AAI Instructions

ANAPHYLAXIS

HOW TO USE JEXT AAIS

If you think someone is having an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Hold the Jext AAI in the hand you write with

Hold with your thumb closest to the yellow cap. Pull off the yellow cap with your other hand.

2. Place the black injector tip against the outer thigh

Hold the injector at a right angle (approx. 90°) to the thigh.

3. Push the black tip as hard as you can into the outer thigh

Wait until you hear a 'click' confirming the injection has started, then keep it pushed in. Hold the injector firmly in place against the thigh for 10 seconds (a slow count to 10) then remove. The black tip will extend automatically and hide the needle.

4. Massage the injection area for 10 seconds

5. Once the Jext AAI has been administered call 999

Ask for an ambulance and say "ana-fill-axis".

6. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, with legs raised if possible.

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.

7. If there are no signs of improvement after 5 minutes, use a second Jext AAI

The person should remain still and lying down until the ambulance arrives. Don't try to get up, even if you start to feel better.

8. Start CPR

If there are no signs of life, start CPR immediately until help arrives.

For more information on Jext AAIs >>

Sign up to the free expiry alert service and receive reminders by text or email when your Jext AAi is about to expire >>

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

Empower • Include • Protect

AllergySchool.org.uk

Appendix 5: Flowchart for Allergic Reaction without use of Adrenaline Auto-Injector.

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

Mild Reaction

- Itchy skin, rash, hives
- Swelling of lips, throat
- Sneezing, nasal congestion
- Water, red eyes

Give Antihistamine Dose

- Check correct dose as on pharmacy label

Contact Parent/Carer

- Notify them that their child has had an allergic reaction
- Supervise child continually

If child vomits within 30 minutes of being given first antihistamine dose

Administer another full dose

Regular dosing of antihistamine for 24 hours

- Dosage as directed on pharmacy label

If condition worsens move to

Severe Reaction

Severe Reaction

- Hives (asthma or eczema worsen)
- Swollen tongue or difficulty swallowing
- Hoarse voice, coughing or wheezing
- Laboured breathing, gasping
- Stomach pain, bloating, vomiting
- Change in skin tone/colour - paler
- Feeling faint, clammy
- Dizziness, fainting, collapse

Where Airway/Breathing difficulty

Ensure child sits upright

Where Feeling faint or drowsy

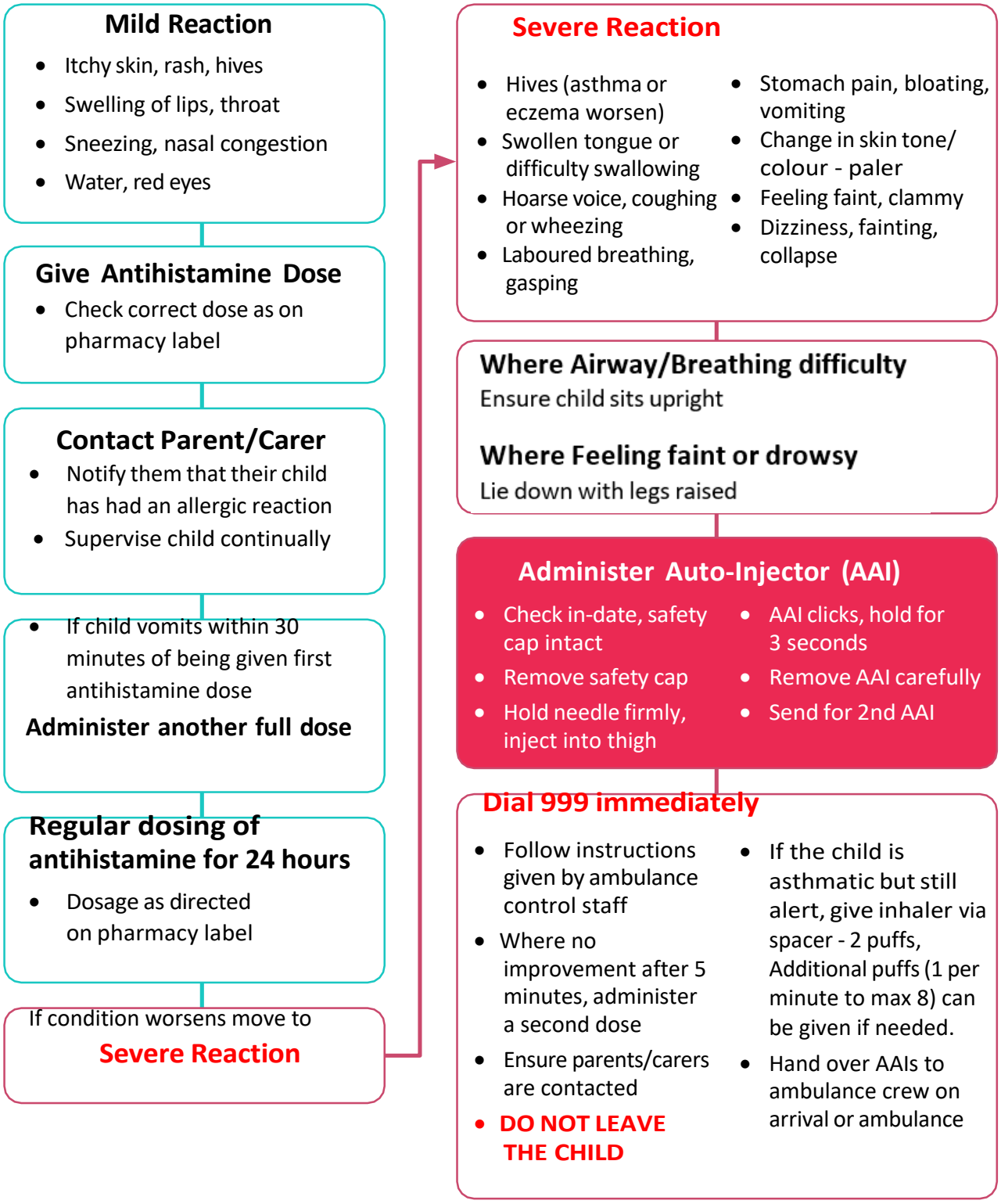
Lie down with legs raised

Dial 999 immediately

- Follow instructions given by ambulance control staff
- Inform ambulance control if you have spare in-date Adrenaline Auto-Injectors at the School
- Ensure parents/carers are contacted
- **DO NOT LEAVE THE CHILD**
- If the child is asthmatic but still alert, give inhaler via spacer - 2 puffs, additional puffs (1 per minute to max 8) can be given if needed.

Appendix 6: Flowchart for Allergic Reaction with use of Adrenaline Auto-Injector.

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



Appendix 7: Information on Allergies

The most common causes of food allergies relevant to this Policy are the **14** food allergens:

1 Cereals containing Gluten
2 Celery
3 Crustaceans
4 Eggs
5 Fish
6 Soya
7 Milk
8 Nuts
9 Peanuts
10 Mustard
11 Sesame Seeds
12 Sulphur dioxide/Sulphites
13 Lupin
14 Molluscs

However, it is possible that any food has the potential to cause an allergic reaction. Contact with any food or materials containing a child's allergen has the potential to cause an allergic reaction for that child.

Latex, chemicals, medicines, grasses, pollen, weeds, trees, pets, insect venom and animal dander (shedded flakes of skin) can also cause allergic reactions.

Symptoms

- Mild to moderate symptoms include:
- Swelling of the eyes, face and lips
- Runny or congested nose
- Raised itchy rash (hives), eczema flare, skin flushing
- Itchy mouth
- Stomach cramps, nausea, vomiting, diarrhoea

Severe symptoms include

- Swollen tongue, hoarse voice or cry, difficulty swallowing and talking
- Chest tightness
- Breathing difficulties, persistent cough, wheeze
- Low blood pressure, feeling faint, collapse
- Pale and floppy (babies and small children)

Appendix 8: Other Support and Resources

- **Allergy Guidance for Schools**
  https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools

- **Allergy UK Helpline**
  Provides support, advice and information for those living with allergic disease. Telephone weekdays 9am - 5pm 01322 619898 - www.allergyuk.org

- **Early Years Foundation Stage Statutory Guidance**
  Section 3 Safeguarding and Welfare Requirements - Food and Drink Statutory framework for the early year's foundation stage (publishing.service.gov.uk)

- **Example Menus for Early Years Settings in England Part I Guidance**
  Example menus for early years settings in England: part 1 (publishing.service.gov.uk) Managing food allergies, intolerances and meeting cultural needs; Providing food allergen information; Reading food labels; Allergen information

- **Food Standards Agency Food Allergy and Intolerance Online Training**
  https://allergytraining.food.gov.uk/

- **For Students/Students with Medical Conditions at School** Supporting students with medical conditions at school - GOV.UK (www.gov.uk)

- **Wales**
  https://www.gov.wales/sites/default/files/publications/2018-12/supporting-learners-with-healthcare-needs.pdf

- **Scotland** https://www.gov.scot/publications/supporting-children-young-people-healthcare-needs-schools/

- **Northern Ireland**
  https://www.education-ni.gov.uk/publications/supporting-students-medication-needs

- **FSA Reporting Tool for Allergies**
  https://www.gov.uk/government/news/fsa-launches-allergy-and-intolerance-reporting-tool

- **Guidance on the Use of Adrenaline Auto-Injectors in Schools (Department of Health, 2017)**
  https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

- **Wales**
  https://www.gov.wales/sites/default/files/publications/2018-12/guidance-on-the-use-of-emergency-adrenaline-auto-injectors-in-schools-in-wales.pdf

- **Training for Schools**
  https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-schools/

- **Transitioning to Secondary School**
  https://www.anaphylaxis.org.uk/living-with-serious-allergies/serious-allergy-guidance-for-parents/preparing-for-and-managing-the-transition-to-secondary-school/

- **Whole School Allergy and Awareness Management**
  https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement

Appendix 9: Top 14 Allergens Poster