All Saints Schools Trust Policy

Allergen, Allergy & Anaphylaxis Policy

Recognise, Respond & Protect.

Approved by Trust Board: _____
Review Date: Autumn 2028

Contents

Section A

Introduction

The All Saints Schools Trust is committed to safeguarding the health, wellbeing and inclusion of every pupil, member of staff, parent and visitor across all our school settings. This policy sets out the Trust's approach to managing allergies and anaphylaxis, ensuring that our schools provide safe, supportive and inclusive environments for children and young people with allergic conditions.

The aims of this policy are to:

- Reduce the risk of any pupil, staff member, parent or visitor experiencing a serious allergic reaction while on Trust premises or participating in school-organised activities.
- Ensure staff are trained and prepared to recognise, respond to and manage allergic reactions, including anaphylaxis.
- Promote inclusion and wellbeing, ensuring children and young people with allergies can participate fully in school life.
- Enable safe participation in visits, trips and off-site activities, with appropriate planning and risk management.
- Ensure Individual Healthcare Plans (IHPs) clearly set out the specific arrangements required to support each child or young person with allergies, including emergency procedures..

While the Trust cannot guarantee a completely allergen-free environment, this policy provides a framework to minimise exposure to allergens, encourage self-management where appropriate, and ensure an effective and timely response to emergencies.

Understanding Allergies

An Allergen
An allergen is any substance capable of triggering an allergic reaction – the reaction is being triggered by a specific "protein / substance". When an individual with an allergy encounters an allergen, their immune system may respond inappropriately—sometimes mildly, and in severe cases causing anaphylaxis, which is life-threatening.

Common allergens include, but are not limited to:

- Foods: peanuts, tree nuts, sesame, milk, eggs, fish
- Insect stings: bees, wasps
- Medicines: antibiotics
- Environmental triggers: pollen, dust mites, animal fur

Although allergies can occur to any protein-containing substance, most reactions are caused by a relatively small group of potent allergens.

An allergy
An allergy is an immune system response to a normally harmless substance. Symptoms may include:

- Hives or flushing
- Itching or tingling of the skin or mouth
- Burning sensations
- Swelling of the throat, mouth or face
- Wheezing or breathing difficulty
- Abdominal pain, nausea or vomiting
- Altered heart rate
- Weakness or rising anxiety

These symptoms can escalate into anaphylaxis, a severe and potentially life-threatening reaction. This can also happen immediately, within a few minutes or an hour later.

Anaphylaxis
Anaphylaxis affects the whole body and typically develops within minutes of exposure, though delayed reactions can occur. It is most often recognised when breathing is affected or when heart rhythm or blood pressure changes. Symptoms are commonly described using the "A – B - C." framework (Airway, Breathing, Circulation).

Symptoms may include:

- Persistent cough
- Throat tightness or voice changes
- Wheezing
- Difficulty swallowing or speaking
- Swollen tongue
- Noisy or difficult breathing
- Chest tightness
- Dizziness, fainting or collapse
- Sudden sleepiness or loss of consciousness
- In younger pupils, becoming pale or floppy

Allergic reactions are unpredictable. Most do not progress to anaphylaxis, but because mild symptoms can escalate, any reaction must be monitored for at least 60 minutes.

Inclusion and safeguarding

The All Saints Schools Trust is committed to ensuring that pupils with allergies are fully supported, safe, and able to participate in all aspects of school life. Children and young people with medical conditions, including allergies, must be supported in both their physical and mental health so they can remain healthy, achieve their potential and engage fully in learning and enrichment opportunities.

Exclusions from this allergy policy

Coeliac disease

Coeliac disease is an autoimmune condition where the small intestine (gut) is hypersensitive to gluten in wheat and other gluten-containing grains (e.g. rye, barley). It is not an intolerance. Consuming gluten can cause significant illness (including abdominal pain and vomiting shortly after eating) which may be prolonged and result in absence from school for several days. Repeated exposure to gluten carries serious long term health risks. However, such events are not "allergic" and should not be treated as an allergic reaction. Coeliac disease cannot cause anaphylaxis, although anaphylaxis can occur in some with coeliac disease if they also have an allergy.

Effective management of coeliac disease depends on strict and consistent avoidance of gluten and robust cross-contamination controls – similar to the measures needed for a child or young person with food allergy to wheat.

The Trust and school settings will support children and young people with coeliac disease, normally through dietary avoidance. This will be arranged as part of the school setting's wider medical conditions policy and would not fall in scope of the allergy safety policy

Food intolerances

Food intolerance is a non-immune system reaction where the body struggles to digest specific foods, causing symptoms like abdominal pain, bloating and diarrhoea for hours or days after eating. Unlike food allergies, intolerances cannot cause anaphylaxis. They are usually managed by identifying specific triggers, for example lactose intolerance or non-coeliac gluten sensitivity.

The Trust and school settings will support children and young people with food intolerance, normally through dietary avoidance. This will be arranged as part of the school's wider medical conditions policy and would not fall in scope of the allergy safety policy.

Section B

Role and responsibilities

Trust Responsibilities

The Trust will:

- Ensure that appropriate policies, procedures and operational guidance are in place to support pupils with allergies and those at risk of anaphylaxis, and that these arrangements meet statutory requirements and minimise risk.
- Ensure that each school's approach to allergy management is centred on the needs of individual pupils and reflects their medical requirements.
- Ensure that staff receive appropriate training to support pupils with allergies, including annual allergies and anaphylaxis training for all relevant staff.
- Monitor the effectiveness of this policy across all Trust schools and review it annually and following any incident involving an allergic reaction or anaphylaxis.

Head Responsibilities

Headteachers will:

- Lead the implementation, monitoring and review of this policy and any related policies within their school.
- Ensure parents are informed of their responsibilities in relation to their child's allergies and medical needs.
- Ensure that all relevant risk assessments, including those relating to food preparation, curriculum activities and off-site visits, are completed and that appropriate control measures are in place.
- Ensure that designated first aiders receive training in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis.
- Ensure all staff are provided with information on allergic reactions, anaphylaxis, preventative measures and emergency response procedures. The Trust strongly recommends that all staff complete allergy and anaphylaxis training to ensure that any adult can respond effectively in an emergency.
- Ensure catering teams are fully aware of pupils' allergies and comply with all relevant food safety, hygiene and allergen management policies.

School Administration Responsibilities

School administration teams will:

- Maintain effective systems for updating, recording and sharing medical information with relevant staff, including supply and temporary staff.
- Request updated medical information from parents annually, including details of any allergies.
- Obtain required medical documentation from parents, including Allergy Action Plans.
- Ensure that each pupil's up to date Allergy Action Plan is stored with their medication

and accessible at all times.
- Check medication held in school termly and notify parents when medication is approaching expiry.
- Maintain a register of pupils prescribed adrenaline auto injectors and record all uses of AAIs and emergency treatments.
- Record and report all allergic reactions, near misses or incidents in accordance with Trust procedures and statutory reporting requirements (including RIDDOR where applicable).

Parent Responsibilities

Parents will:

- Inform the school of their child's allergies upon admission, including details of previous reactions, history of anaphylaxis and prescribed medication.
- Provide the school with a current Allergy Action Plan (BSACI preferred). Where a plan is not available, parents must work with a healthcare professional to produce one promptly.
- Ensure that all required medication is supplied to the school, is in date, and is replaced when necessary.
- Keep the school informed of any changes to their child's allergy management or medical needs.
- Provide written consent for the use of a spare AAI where applicable.
- Raise any concerns about allergy management with the class teacher or appropriate member of staff.

Staff Responsibilities

All staff will:

- Complete annual anaphylaxis training, with additional training provided for new staff as required.
- Be aware of pupils in their care who have allergies, recognising that reactions may occur at any time and not solely during mealtimes.
- Supervise food-related activities with appropriate caution and ensure pupils with allergies are protected from exposure.
- Ensure that all relevant medication is taken on school trips and that pupils with medical conditions carry their required medication. Pupils who cannot produce their medication will not be permitted to attend off-site activities.

Kitchen chef Responsibilities

Kitchen chefs and catering teams will:

- Monitor and maintain accurate food allergen logs and allergen tracking information.
- Report any non-compliant or unclear food labelling to suppliers where necessary.
- Ensure kitchen practices comply with food allergen labelling legislation and that staff training is regularly reviewed and updated.
- Record any incidents of non-conformity—whether relating to labelling, ingredients or staff practice—in the allergen incident log.

- Act on entries in the allergen incident log and implement measures to minimise the risk of recurrence.

Pupil Responsibilities

Pupils will:

- Avoid foods they know they are allergic to and avoid foods with unknown ingredients.
- Inform an adult immediately if they suspect they are experiencing symptoms of an allergic reaction.
- Refrain from sharing or exchanging food with other pupils.
- Where appropriate, pupils who are trained and confident to administer their own AAIs will be encouraged to carry them at all times.

Section C

Allergy Action Plans and Policies

Allergy Action Plans provide an individual healthcare plan for children and young people with diagnosed allergies. They include important medical information, parental consent and instructions for schools to follow in the event of an allergic reaction, including consent to administer emergency medication such as a spare adrenaline auto-injector (AAI).

Schools must use nationally recognised Allergy Action Plans produced by a medical professional. These should not be created by schools themselves.

The recognised Allergy Action Plans have been developed and agreed by the British Society for Allergy and Clinical Immunology (BSACI), Anaphylaxis UK and Allergy UK. These plans are designed to support schools in managing individual allergy needs and ensuring appropriate emergency responses are followed.

Managing allergy safety policies

The Trust recognises that effective allergy management requires a whole-school approach. Each school must have an allergy safety policy that sets out clear arrangements to:

- Reduce the risk of children, young people, staff and visitors coming into contact with known allergens.
- Manage the needs of individuals with allergies.
- Provide clear procedures for responding to allergic reactions, including anaphylaxis.

Allergy-related risks should be included within the school's risk management arrangements and actively monitored.

Each school must nominate a member of the Senior Leadership Team to have responsibility for allergy safety. This person will oversee the implementation of the allergy safety policy, ensure staff awareness and lead or contribute to policy reviews.

Responsibility for allergy safety should not sit solely with catering staff. While schools may choose to nominate a governor with responsibility for allergy safety, this is not a statutory requirement but may represent good practice.

Reviewing allergy safety policies

Allergy safety policies must be reviewed at least annually. Reviews should also take place following:

- An allergic reaction or anaphylaxis incident.
- A near miss.
- Changes to medical guidance.
- Changes to school procedures or activities.

Reviews should consider lessons learned from incidents and identify improvements required to ensure that children, young people and staff with allergies remain appropriately supported.

Schools should involve individuals affected by allergies, including children, young people, parents, carers and staff, when developing and reviewing allergy safety arrangements.

Schools should consider carrying out allergy emergency response drills, similar to fire drills, to test staff understanding and confidence in responding to anaphylaxis. Any exercise should be recorded and reviewed in the same way as an incident or near miss.

Where appropriate, children and young people may be involved in planning these exercises, particularly where it supports a pupil with a high risk of anaphylaxis. This should always be managed sensitively and with consideration for their wellbeing.

Supporting children and young people to manage their allergy

Schools should support children and young people to understand and manage their allergy safely, developing confidence and independence where appropriate.

Many children and young people living with allergies experience anxiety due to the potential risks associated with accidental exposure and anaphylaxis. Schools should provide reassurance by ensuring that:

- Appropriate control measures are in place.
- Staff understand how to respond to allergic reactions.
- Children and young people know where their medication is stored and how to access it.

Where appropriate, children and young people should be encouraged to carry their own medication and adrenaline auto-injectors. Decisions regarding self-management should be made on an individual basis, taking account of:

- The child or young person's age and maturity.
- Their understanding of their allergy.
- Their ability to recognise symptoms and respond appropriately.
- Advice from parents, carers and healthcare professionals.
- Safeguarding considerations.

Even when a child or young person manages their own medication, appropriate supervision and support may still be required.

Schools must ensure that allergy-related bullying is addressed. This includes behaviours such as:

- Deliberately exposing someone to an allergen.
- Threatening to use an allergen against another person.
- Mocking or minimising the seriousness of allergies.
- Excluding individuals because of their allergy management needs.

Examples of good practice include:

- Regular communication with children, young people, parents and staff to maintain awareness of allergy risks.
- Proactive support for new pupils with known allergies.
- Offering opportunities for pupils and families to familiarise themselves with catering arrangements and dining areas.
- Identifying allergy champions among staff and pupils to provide support and improve awareness.

Minimising risks of exposure to known allergens

Schools must identify and manage risks associated with exposure to known allergens.

The allergy safety policy should include arrangements covering:

- Food allergens within meals provided by the school.
- Food brought into school by pupils, parents, carers or staff.
- Airborne or contact allergens where relevant.
- Activities that may involve allergens, including:
    - Art and craft activities.
    - Science experiments.
    - Cooking activities.
    - Music activities.
    - Animal-related activities.

External visits and trips must include consideration of allergy risks within the relevant risk assessment. This should consider:

- The individual needs of pupils with allergies.
- Access to emergency medication.
- Availability of trained staff.
- The environment being visited.
- Emergency response arrangements.

Children and young people should not be prevented from participating in activities simply because they have an allergy. Where an activity presents a potential allergy risk, alternative arrangements should be made for the whole group rather than excluding an individual pupil.

Staff should consider potential hidden allergens, including:

- Old food packaging or containers which may contain traces of allergens.
- Play materials containing wheat, such as some types of play dough.
- Glues containing milk, wheat or soya.
- Bird feed containing nuts or sesame.

Unacceptable practice

The Trust does not consider the following practices acceptable:

- Preventing children or young people from easily accessing prescribed medication, including adrenaline auto-injectors.
- Ignoring the views of children, young people, parents or carers.
- Ignoring medical advice or recommendations from healthcare professionals.
- Assuming all children with allergies require identical support.
- Assuming older children no longer require support because they are developing independence.
- Assuming a child does not have an allergy because they are awaiting diagnosis.
- Preventing children from participating in normal school activities due to their allergy.
- Sending a child who is experiencing symptoms of an allergic reaction to another location without appropriate supervision. During an allergic emergency, assistance must come to the child.
- Penalising attendance where absences are linked to allergy management, medical appointments or treatment.
- Excluding children from attendance rewards where absence relates to a medical condition.
- Requiring parents or carers to attend school to administer medication or provide support because appropriate arrangements have not been made by the school.
- Allowing allergy management responsibilities to negatively impact parents' employment or other responsibilities.
- Preventing children from participating in educational visits, trips or activities because of their allergy, including requiring parents to accompany them unless this is an agreed and appropriate individual arrangement.

All children and young people with allergies will be supported to participate fully in school life while ensuring reasonable measures are in place to manage risk.

Appendix A – Integrating allergy policy within schools

Section D

Identifying children, young people, staff and visitors with allergies

The All Saints Schools Trust is committed to ensuring that all individuals with allergies—pupils, staff and visitors—are identified, supported and protected through clear, consistent and proactive arrangements. Accurate identification is essential to safeguarding health, preventing exposure to allergens and ensuring an effective response in the event of an allergic reaction or anaphylaxis.

Identification and Recording of Allergies

Each school within the Trust will maintain a comprehensive and up-to-date record of all individuals with known allergies. This will include:

- Details of known allergens.
- Whether the individual carries prescribed medication (e.g. adrenaline auto-injectors).
- Whether the pupil has an Individual Healthcare Plan (IHP) and/or an Allergy Action Plan.

These records will be stored securely and made available to relevant staff to ensure safe day-to-day management.

The allergy safety policy will set out clear procedures for gathering and updating this information. This may include:

- Requesting information from pupils, parents and previous educational settings.
- Obtaining copies of existing IHPs or Allergy Action Plans.
- Confirming whether prescribed medication is required and ensuring it is provided to the school.

Information Sharing and Healthcare Professional Involvement

Healthcare professionals responsible for a pupil's allergy management will share relevant care plans in accordance with Care Quality Commission requirements and local data-sharing agreements. Information will only be shared with providers responsible for the pupil's care, and always with the involvement of the pupil and their parents.

Timeliness of Arrangements

The Trust expects schools to ensure that allergy management arrangements are in place:

- Before the start of term for children and young people joining at the beginning of an academic year.
- Within two weeks for pupils joining mid-term, wherever it is appropriate and feasible.
- At the point of employment for staff members with allergies.
- In advance of a visit, wherever possible, for visitors who may be served food or participate in activities where allergens may be present.

Allergy Information in Food-Handling Areas

It is good practice for schools to maintain an up-to-date list of individuals with known allergies—including photographs and details of allergens—in areas where food is prepared, served or used as part of curriculum activities. This may include:

- Kitchens and dining areas

These lists must be accessible to staff only and stored in accordance with data protection requirements.

Staff and Visitors with Allergies

The Trust recognises that allergy management applies equally to adults. Schools will:

- Identify staff and visitors with allergies as part of routine safeguarding and health information processes.
- Ensure that staff with allergies are supported through the same preventative measures used for pupils.
- Ask visitors, where appropriate, whether they have allergies the school should be aware of, particularly when food may be served or handled.

SECTION E

Individual Healthcare Plans for allergies

Individual Healthcare Plans (IHPs) set out the specific arrangements a school will put in place to support a child or young person with an allergy where their needs require additional or different support from the school's usual arrangements.

IHPs must be developed in partnership with the child or young person and their parents or carers. They are not clinical documents and should not be used to replace medical advice, care plans or action plans provided by healthcare professionals.

Instead, an IHP explains how the school will respond to the information and advice it has received from:

- The child or young person.
- Their parents or carers.
- Healthcare professionals involved in their care.

The purpose of an IHP is to ensure that:

- The child or young person and their family understand the support arrangements in place.
- Staff understand their responsibilities.
- Emergency procedures are clearly identified.
- The child or young person is supported to participate fully in school life.

Where a child or young person transfers to another school, a new IHP must be created to reflect the arrangements required by the new setting. The previous IHP and associated medical plans may provide useful background information but should not simply be copied.

Individual Healthcare Plans and clinical advice

Schools are not responsible for making clinical assessments, diagnosing allergies or providing healthcare that falls under NHS responsibility.

The school is responsible for identifying and implementing the practical arrangements needed to support a child or young person while they are in education. The school will therefore lead the development of the IHP, while relying on appropriate medical advice provided by healthcare professionals.

Where healthcare professionals have provided relevant documentation, the IHP should refer to and attach the appropriate plans, including:

- Allergy Action Plans.
- Asthma Action Plans.
- Care plans.
- Medication instructions.
- Advice letters from healthcare professionals.

The IHP should record:

- The healthcare professional who provided the advice.
- The organisation or service they represent.
- The date the advice or plan was issued.
- The arrangements required by school staff.

The IHP should not duplicate clinical instructions contained within medical plans. Reproducing medical instructions can introduce errors and create confusion. Instead, the IHP should signpost staff to the correct current document.

Schools must ensure that relevant staff have safe and appropriate access to the information they need to support the child or young person.

Individual Healthcare Plans where no clinical advice is available

There may be occasions where a child or young person has a suspected allergy, newly developing symptoms, or is awaiting diagnosis and no formal clinical advice is available.

In these circumstances, the school should not dismiss concerns raised by the child, young person or their family. The school should put reasonable support arrangements in place based on the information available and the likely impact on the child's health, education and wellbeing.

Where appropriate, the school may seek advice from:

- Parents or carers.
- The school nursing team.
- Relevant healthcare professionals.
- The Local Authority Designated Medical Officer (DMO) or Designated Clinical Officer (DCO).

Schools must not make clinical judgements but should seek appropriate advice where the level of support required cannot safely be determined.

Who may need an Individual Healthcare Plan for allergy

A child or young person should have an IHP where:

- Their allergy has a functional impact on their experience at school.
- They are at risk of harm because of their allergy.
- They require arrangements that are additional to or different from those normally provided.

An IHP may still be required even where a child or young person rarely needs support. For example, a pupil may appear to manage well day-to-day but require clear emergency arrangements should anaphylaxis occur.

Not every child with an allergy will require an IHP. An IHP may not be necessary where:

- The allergy has little or no impact on the child while at school.
- The required support is already covered by normal school procedures.
- The child only requires non-prescription medication that they are permitted to carry and administer under the school's medical conditions policy.

The Headteacher will determine whether an IHP is required, in discussion with the child or young person, parents/carers and relevant healthcare professionals.

A child or young person should have one IHP covering all relevant medical needs rather than separate plans for different conditions.

A formal diagnosis is not required before an IHP is created. Where allergy is suspected and support arrangements are needed, the school should focus on the functional impact and potential risk to the child.

Content of Individual Healthcare Plans

The level of detail within an IHP will depend on the individual child's needs and the complexity of their allergy.

An allergy IHP should include:

Key Information

- Child or young person's name, date of birth and class.
- Emergency contact details.
- Current photograph.
- Details of who needs access to the information.

Allergy Information

- Known allergies and allergens.
- Whether the child recognises symptoms of an allergic reaction.
- Whether they can alert others when experiencing symptoms.

Allergy Management

- Details of any Allergy Action Plan, care plan or medication provided by healthcare professionals.
- Prescribed medication and storage arrangements.
- The child's ability to manage their own allergy.
- The level of supervision or support required.

Impact on Education and Wellbeing

- The potential health impact of the allergy.
- The impact on learning.
- The impact on emotional wellbeing.
- Any interaction with special educational needs or disabilities.

Support Arrangements
The IHP should record:

- Measures to reduce exposure to known allergens.
- Arrangements for food and meal times.
- Required reasonable adjustments.
- Support required to maintain learning where allergy affects attendance.

Trips and Visits
The IHP should identify any arrangements required to support participation in:

- Educational visits.
- Residential trips.
- Activities outside normal lessons.

Where appropriate, additional risk assessments should be completed.

Emergency Response
The IHP should:

- Refer to the attached Allergy Action Plan.
- Identify symptoms requiring emergency action.
- Explain what staff should do.
- Identify emergency contacts.
- Record the location of spare adrenaline auto-injectors where applicable.

Medication
The IHP should record:

- Medication prescribed.
- Who prescribed it.
- Date prescribed.
- Storage arrangements.
- Parental consent for administration.
- Consent to administer emergency medication, including spare adrenaline auto-injectors.

Care and Action Plans
Where healthcare professionals have provided care plans or action plans:

- These should be attached to the IHP.
- The issuing healthcare professional should be identified.
- Staff responsibilities should be recorded.

Developing Individual Healthcare Plans

Schools should actively identify children and young people with allergies when they join the school and whenever:

- A new allergy is diagnosed.
- Symptoms develop.
- Existing arrangements are no longer suitable.

IHPs must be personalised and developed collaboratively.

The school should:

- Discuss arrangements with the child or young person and their parents/carers.
- Consider the impact of the allergy on health, education and wellbeing.
- Follow advice provided by healthcare professionals.
- Identify practical adjustments and emergency procedures.

Where a child returns following hospital education or alternative provision, the school should work with relevant services to ensure the IHP supports a successful return.

Reviewing and updating Individual Healthcare Plans

IHPs are live documents and must be reviewed regularly. When a child or young person moves to another school:

- Relevant medical information should be shared securely.
- The previous IHP and action plans should be provided.
- The receiving school must create a new IHP reflecting its own arrangements.

The previous plan should be used as a guide only and not automatically adopted without review.

Allergy and Asthma Action Plans

Children and young people with known allergies should have an Allergy Action Plan provided by an appropriate healthcare professional.

Allergy Action Plans:

- Are medical documents.
- Provide emergency instructions for responding to allergic reactions, including anaphylaxis.
- Include consent for appropriate medication administration.

Schools should use recognised Allergy Action Plans, such as those developed by the British Society for Allergy and Clinical Immunology (BSACI), Anaphylaxis UK and Allergy UK.

Children and young people with asthma should also have an Asthma Action Plan which were provided by a healthcare professional.

All Allergy and Asthma Action Plans must be attached to the child's IHP and reviewed whenever updated medical advice is received.

Section F

Emergency Treatment and Management of Anaphylaxis

Recognising an Allergic Reaction and Anaphylaxis

Anaphylaxis is a severe and potentially life-threatening allergic reaction that requires an immediate emergency response.

If a child or young person has been exposed to a known allergen and develops symptoms suddenly, particularly within minutes of exposure, anaphylaxis should be considered.

Mild to Moderate Allergic Reaction Symptoms

Symptoms may include:

- A red, raised, itchy rash (hives or urticaria) anywhere on the body.
- Tingling or itching in the mouth.
- Swelling of the lips, face or eyes.
- Stomach pain, nausea or vomiting.
- Sudden change in behaviour

Mild reactions may be treated with antihistamines where this forms part of the child or young person's agreed healthcare arrangements. The child or young person should remain supervised and monitored, as symptoms can occasionally progress to anaphylaxis.

Signs of Anaphylaxis – The ABC Symptoms

More serious symptoms involve the airway, breathing or circulation and indicate anaphylaxis.

Airway

- Swelling of the throat, tongue or upper airway.
- Tightness in the throat.
- Hoarse voice.
- Difficulty swallowing.

Breathing

- Sudden wheezing.
- Difficulty breathing.
- Noisy breathing.

Circulation

- Dizziness or feeling faint.
- Sudden tiredness or sleepiness.
- Confusion.
- Pale, clammy skin.
- Collapse or loss of consciousness.

In severe cases, there may be a significant fall in blood pressure. The individual may become weak, floppy or unconscious. Without urgent treatment, anaphylaxis can be fatal.

Important Information About Anaphylaxis

Most food-related anaphylaxis reactions occur after eating a food to which the individual is allergic. Contact through the skin or inhalation generally causes less severe reactions, although exceptions can occur.

Emergency planning must always be based on the individual child or young person's known triggers, Allergy Action Plan and medical history. Staff should not make assumptions about the level of risk based only on how exposure has occurred.

Food-related anaphylaxis usually occurs within 30 minutes of eating the trigger food, although delayed reactions can occur in some circumstances.

Once anaphylaxis begins, symptoms can progress rapidly. Immediate treatment with adrenaline and calling emergency services (999) are essential.

Anaphylaxis can occur without a skin rash or other mild symptoms. In a child or young person with a known allergy, sudden breathing difficulties should always be treated seriously. Administering adrenaline in this situation is considered safe and may be lifesaving.

The Role of Adrenaline

Adrenaline is the emergency treatment for anaphylaxis. It works by:

- Opening the airways.
- Reducing swelling.
- Increasing blood pressure.

Adrenaline should be administered immediately once anaphylaxis is suspected. Do not delay treatment while waiting for symptoms to worsen.

Emergency Action for Suspected Anaphylaxis

If a child, young person, member of staff or visitor is experiencing suspected anaphylaxis:

1. Keep the person where they are and call for help. Do not leave them unattended.

2. Lie the person flat with their legs raised.
    - If they are struggling to breathe, they may be allowed to sit up briefly, but they should return to the lying position as soon as possible.

3. Administer adrenaline without delay.
    - Use the person's prescribed adrenaline auto-injector (AAI) or nasal adrenaline device if available.
    - If unavailable, use a spare emergency adrenaline device where appropriate.
    - Administer adrenaline into the outer thigh following the instructions on the

device.
    - Record the time the adrenaline was given.

4. Call 999 immediately and state “ANAPHYLAXIS”.

5. If there is no improvement after 5 minutes, administer a second adrenaline device if available.

6. If the person shows no signs of life, begin CPR.

7. Contact parents or carers as soon as possible.

While Waiting for Emergency Services

The person should remain lying down and supervised.

Do not allow them to:

- Stand up.
- Walk around.
- Sit in a chair.

Even if symptoms appear to improve, standing or sitting upright can cause a sudden fall in blood pressure and may lead to collapse.

Anyone who experiences anaphylaxis must be taken to hospital for observation, even if they appear to have recovered, as symptoms can return after treatment.

Responding to Allergic Reactions

Mild to Moderate Reactions - Where symptoms do not involve the airway, breathing or circulation:

- Follow the child or young person’s Allergy Action Plan where available.
- Administer antihistamines where this is part of agreed arrangements.
- Inform parents or carers.
- Keep the child or young person supervised.
- Monitor symptoms closely for at least one hour.

The child or young person does not normally need emergency medical treatment unless symptoms worsen or signs of anaphylaxis develop.

When to Use Adrenaline

If there is any doubt whether a reaction is anaphylaxis, adrenaline should be given. Anaphylaxis may occur:

- With or without a skin rash.
- With only breathing difficulties.
- Alongside milder allergy symptoms.

Emergency adrenaline should be used immediately if airway, breathing or circulation symptoms are present.

Always call **999** for suspected anaphylaxis.

If a child or young person has an Allergy Action Plan issued by a healthcare professional, this must be followed.

Emergency Treatment and Legal Protection

If an individual experiences a life-threatening medical emergency, anyone present, including staff, volunteers or members of the public, may take reasonable action to save their life.

The law recognises that emergency situations are stressful and that those providing assistance may not act perfectly. Individuals who act in good faith to provide emergency care are protected, even where unintended injury occurs.

This includes administering adrenaline during suspected anaphylaxis.

School staff should be reassured that:

- Mistakes made while attempting to help in an emergency do not automatically constitute misconduct.
- Staff are not expected to act as healthcare professionals.
- The expectation is that staff respond reasonably and to the best of their ability in the circumstances.

The priority in all cases of suspected anaphylaxis is to provide immediate treatment, call emergency services and protect the life of the individual.

Appendix B – Poster for Management of Anaphylaxis

Section G

Definitions and Reporting Requirements

Serious incidents and near misses

Children and young people with allergies may be at risk of serious harm if their condition is not recognised and managed promptly. Anaphylaxis is a potentially life-threatening reaction requiring immediate treatment and an effective emergency response.

The All Saints Schools Trust recognises that, although robust policies, training and risk assessments significantly reduce risk, they cannot eliminate all possibility of an allergic reaction occurring. A child or young person may experience an allergic reaction for the first time while at school, including a severe reaction to an unknown allergen. In these circumstances, prompt recognition and appropriate action may be critical.

The purpose of recording and reviewing serious incidents and near misses is not to assign blame, but to understand what happened, identify learning and strengthen arrangements to better protect children and young people in the future.

What is a serious incident?

A serious incident is any event involving a medical condition, including allergy, where a child, young person, member of staff or visitor has been harmed or placed at immediate and significant risk of harm.

Examples of serious allergy-related incidents include:

- a child or young person experiencing anaphylaxis;
- emergency medication being required, including administration of adrenaline;
- emergency services being called following an allergic reaction;
- exposure to a known allergen resulting in a significant reaction;
- failures in procedures, communication, supervision or arrangements that place an individual at significant risk.

A serious incident may not always result in immediate visible harm. Some allergic reactions or consequences may become apparent after the child or young person has left school. Information provided by parents, carers, healthcare professionals or the child or young person themselves should therefore be considered when deciding whether an incident requires recording and review.

What is a near miss?

A near miss is an event involving allergy that did not result in harm but had the potential to do so.

Examples include:

- a child or young person being exposed to a known allergen but not experiencing a reaction;
- emergency medication being unavailable, inaccessible, expired or incorrectly stored but not required on that occasion;
- errors in communication, supervision, training or procedures that could reasonably have resulted in harm;
- food containing an allergen being provided incorrectly but the error being identified before consumption or before a reaction occurred.

Near misses are an important opportunity for learning. They can highlight weaknesses in systems, training, communication or procedures before a child or young person is harmed.

Emergency response

Where an individual experiences a suspected life-threatening allergic reaction, staff should act promptly and follow their training, the school Allergy Safety Policy and any relevant Individual Healthcare Plan (IHP) or Allergy Action Plan.

In an emergency, any member of staff, volunteer or other person present may take reasonable action to save a life. The law recognises that emergencies are stressful situations and that those providing assistance may not act perfectly.

A person acting in good faith to provide emergency assistance, including administering adrenaline where anaphylaxis is suspected, is protected provided they act reasonably in the circumstances.

Staff should be reassured that an honest mistake, hesitation or imperfect technique during an emergency response would not normally constitute misconduct. The expectation is that staff respond appropriately, based on their training and the circumstances at the time.

Recording incidents

All serious incidents and significant near misses involving allergy must be recorded as soon as reasonably practicable.

Records should include:

- who was involved;
- what happened and the suspected allergen or circumstances leading to the incident;
- when and where the incident occurred;
- the response provided, including medication administered and whether emergency services attended;
- the outcome and any further medical advice received;
- any immediate actions taken to reduce further risk.

Incident records should be factual, concise and completed while information remains clear. They should contain sufficient detail to allow the circumstances, response and learning points to be understood.

Reviewing incidents and learning lessons

Following a serious incident or significant near miss, the school will undertake an appropriate review.

The review should consider:

- what happened and why;
- whether existing procedures, risk assessments and Individual Healthcare Plans were followed;
- whether staff had appropriate training and information;
- whether medication was available, accessible and within date;
- whether emergency arrangements were effective;
- whether changes are required to improve future safety.

The review should involve appropriate individuals, which may include:

- the child or young person;
- parents or carers;
- relevant school staff;
- healthcare professionals involved in the child or young person's care.

Where improvements are identified, actions should be recorded, assigned to responsible individuals and monitored until completed.

Actions may include:

- updating policies or procedures;
- reviewing Individual Healthcare Plans;
- improving communication arrangements;
- providing additional training;
- reviewing supervision arrangements;
- improving medication storage or access arrangements.

Reporting responsibilities

The school will ensure that serious incidents and significant near misses are reported to appropriate individuals or organisations.

This may include:

- parents or carers;
- the school's designated allergy lead;
- relevant healthcare professionals;
- the Trust through established reporting arrangements;
- external agencies where statutory reporting requirements apply.

Incident information should only be shared with those who need to know to support the child or young person, review arrangements or meet legal responsibilities.

All information must be managed in accordance with the Trust's data protection and confidentiality procedures.

Reporting to external agencies - Healthcare professionals

Where an incident relates to the implementation of a healthcare professional's advice, care plan or Allergy Action Plan, the relevant healthcare professional should be informed.

They may wish to:

- review the circumstances;
- provide updated advice;
- amend medical guidance or treatment arrangements;
- recommend additional precautions.

Schools should not alter clinical advice but should ensure appropriate arrangements are in place to support the child or young person safely.

Environmental Health and food allergy incidents

Where an incident relates to food provided by the school or a catering provider, the school should review whether there is any ongoing risk.

The school should:

- record and investigate the incident;
- review food preparation, storage and serving arrangements;
- identify whether procedures were followed;
- take action to prevent recurrence.

Advice should be sought from the local authority environmental health team or catering provider where appropriate.

Health and Safety Executive (HSE) and RIDDOR

Schools must consider whether an allergy-related incident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

An incident would generally only be reportable where:

- it arose directly from a work activity undertaken by the school; and
- it resulted in a reportable outcome, such as death or a specified injury requiring hospital treatment.

For example, a pupil being given food containing an allergen due to a failure in school procedures, resulting in serious harm, may require consideration under RIDDOR.

However, an allergic reaction caused by a child or young person's own medical condition, where no failure in a school activity or process contributed, would not normally be reportable.

Where there is uncertainty, advice should be sought through the Trust's health and safety procedures.

Safeguarding considerations

The management of allergies forms part of the Trust's responsibility to safeguard and promote pupil welfare.

An allergy-related incident does not automatically require a safeguarding referral. A safeguarding concern may arise where there is evidence that a child or young person's medical needs are not being appropriately supported or where actions or omissions place them at ongoing risk of significant harm.

Examples may include:

- essential allergy information being deliberately withheld;
- repeated failure to provide required medication;
- ongoing failure to follow agreed support arrangements;
- behaviour that places the child or young person at significant risk.

Where safeguarding concerns are identified, the Trust safeguarding procedures must be followed.

Supporting wellbeing following an incident

A serious allergic reaction or significant near miss can be distressing for:

- the child or young person;
- parents and carers;
- staff involved in the emergency response;
- other pupils who witnessed the event.

The school will consider appropriate support, which may include:

- discussing the incident with the child and family;
- reviewing safety arrangements;
- updating the Individual Healthcare Plan;
- providing pastoral support;
- supporting staff involved in the emergency response.

The school will maintain a supportive and reflective approach, recognising that emergency situations can be challenging and decisions often need to be made quickly.

Communication following an incident

Following a serious incident or significant near miss, the school will consider whether wider communication is required.

Communication should:

- reinforce allergy awareness;
- remind the school community of relevant procedures;
- support inclusion and understanding.

The confidentiality of the child or young person involved must always be respected.

Complaints

The Trust complaints procedure allows concerns to be raised following a serious incident or near miss.

Complaints may relate to:

- failure to put appropriate allergy arrangements in place;
- failure to follow agreed Individual Healthcare Plans;
- concerns regarding medication management;
- communication between school, families and healthcare professionals;
- the handling of an incident.

Complaints will be investigated fairly, with relevant records reviewed and improvements identified where required.

Specialist settings and continuous improvement

The frequency of serious incidents and near misses may vary depending on the needs of the children and young people supported by each setting.

A higher number of incidents does not necessarily indicate poor practice; specialist settings may support children and young people with more complex medical needs.

However, every incident remains significant and should be reviewed carefully.

Where multiple incidents occur, schools should consider wider themes, including:

- recurring triggers;
- medication management;
- training needs;
- communication arrangements;
- implementation of Individual Healthcare Plans.

The Trust expects schools to maintain a culture where reporting concerns and near misses is encouraged and used to improve safety.

Child deaths

The death of a child or young person with a medical condition while in school is a rare and tragic event.

Where a child death occurs, schools must follow relevant statutory guidance, including child death review processes and safeguarding procedures.

The school will consider how to support:

- the child's family;
- other pupils;
- staff affected by the event.

The Trust will provide appropriate support and ensure that any required investigations, reviews or reporting processes are completed.

Section H

Adrenaline auto-injectors (AAIs)

Children and young people at risk of anaphylaxis are commonly prescribed adrenaline devices (ADs), which may be either adrenaline auto-injectors (AAIs) or licensed non-injectable nasal adrenaline devices. In accordance with current clinical advice, individuals prescribed emergency adrenaline should always have immediate access to two devices.

The school will ensure that pupils who have been prescribed ADs can access them rapidly throughout the school day, including during journeys to and from school, breaktimes, sporting activities and educational visits.

Where appropriate, pupils will be encouraged to carry their own devices in a clearly identifiable bag or container. Where this is not appropriate because of age or other circumstances, devices will be stored in an unlocked, readily accessible location that allows administration of adrenaline within five minutes of the onset of symptoms. A current Allergy Action Plan will be kept with the medication.

The school will maintain a supply of spare AAIs for emergency use where a pupil's own device is unavailable, has misfired or where a second dose is required. Spare devices may also be used where a pupil normally uses a nasal adrenaline device that is not immediately available.

The school will keep records of pupils prescribed ADs and will establish arrangements for medication to be taken home when required and for monitoring expiry dates.

Purchasing Spare AAIs

In accordance with the Human Medicines (Amendment) Regulations 2017, the school may purchase spare AAIs without a prescription for emergency use. Purchases will be authorised by the Head Teacher/ Head of School and made through an appropriate pharmaceutical supplier.

Where practicable, the Trust will standardise on a single AAI brand to simplify training and administration. Spare devices will be purchased in age-appropriate doses and stored as part of a clearly labelled emergency anaphylaxis kit containing manufacturer's instructions, expiry records, replacement arrangements, a list of eligible pupils and an administration record.

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

Storage and Inspection

All ADs must be stored at room temperature, protected from direct sunlight and extremes of heat or cold. They must never be locked away or stored where access is restricted.

Spare AAIs will be kept in pairs in clearly identified central locations, no more than five minutes from where they may be needed. The location of emergency anaphylaxis kits will be communicated to staff and identified on a site map where appropriate.

A designated member of the administration team will inspect the emergency anaphylaxis kits monthly to ensure that devices are present, in date and replaced promptly where necessary.

Disposal and Record Keeping

Used or expired AAIs must be disposed of safely in accordance with the manufacturer's instructions, either via ambulance personnel, a pharmacy or an approved sharps container on site.

Whenever an AAI is administered, the school will record the date, time and location of the incident, the dose given and the name of the person who administered the medication.

Section I

‘Spare’ adrenaline auto-injectors in school

Because anaphylaxis is unpredictable and can occur in individuals with no previous diagnosis of allergy, each school within the Trust will maintain an appropriate supply of “spare” adrenaline auto-injectors (AAIs) for emergency use.

Spare AAIs are intended to supplement, and not replace, a child or young person’s own prescribed adrenaline devices. Pupils at risk of anaphylaxis should continue to always have immediate access to their own two prescribed devices while at school.

Where a pupil has been prescribed a non-injectable nasal adrenaline device, a spare AAI may be used in an emergency if their prescribed medication is unavailable.

Spare AAIs will be stored in a clearly labelled emergency anaphylaxis kit that is kept secure, unlocked and readily accessible to staff. At each school, the kit will normally be located in the administration office alongside the emergency grab bag. The location of the kit will be made known to all staff.

A designated member of the administration team will check the contents of the emergency anaphylaxis kit each month and arrange for the prompt replacement of any devices approaching their expiry date.

Where possible, parental consent for the use of spare AAIs should be obtained and recorded within the pupil’s Individual Healthcare Plan or Allergy Action Plan.

Use of Spare AAIs

Anaphylaxis is a medical emergency requiring immediate treatment. All staff will receive appropriate training in recognising and responding to anaphylaxis.

In the event of suspected anaphylaxis:

- The individual should be laid flat with their legs raised where possible.
- Adrenaline should be brought to the individual and administered without delay.
- Emergency services must be called immediately by dialling 999.
- The individual’s own prescribed devices should be used first whenever they are available and functioning.
- Spare AAIs may be used if the individual has no prescribed device, if their device is unavailable or has misfired, or where a second dose is required.

Under the Human Medicines (Amendment) Regulations 2017, spare AAIs may be administered in good faith to save life, including where prior consent has not been obtained. In an emergency, treatment must not be delayed while seeking consent.

Section J

Staff Training

The Trust will instruct all schools that all staff who may be present while pupils are on site receive allergy awareness and anaphylaxis training. This includes permanent and temporary staff, supply and peripatetic teachers, agency workers, catering staff, breakfast and after-school club staff, and regular volunteers.

Ensuring that all staff are appropriately trained helps to ensure that any member of staff can respond promptly and effectively to an allergic reaction or anaphylactic emergency. Reliance on a small number of trained individuals may leave children and young people at unnecessary risk if those staff are absent or unavailable.

The administration team is responsible for coordinating training and supporting the maintenance of the school's allergy safety policy.

All staff will complete approved allergy and anaphylaxis training annually and as part of the induction process for new starters. General first aid training alone is not considered sufficient for this purpose.

Training will include:

- Common allergens and allergy triggers.
- Recognition of the signs and symptoms of allergic reactions and anaphylaxis.
- The prompt administration of emergency treatment, including the use of adrenaline devices.
- Measures to reduce the risk of allergen exposure and the responsibilities of staff in implementing them.
- The purpose and use of Allergy Action Plans and Individual Healthcare Plans.
- Emergency procedures, including contacting emergency services and parents or carers and locating emergency medication.
- The impact that allergy may have on a child or young person's health and wellbeing.
- Procedures for reporting allergic reactions, anaphylaxis and near misses.

The school will maintain records of all allergy and anaphylaxis training undertaken by staff.

All Saints Schools Trust ensures that staff undertake a practical session using trainer devices (these can be obtained from the manufacturers' websites:

www.epipen.co.uk and www.jext.co.uk

Section K

Food Provision and Catering

The Trust will ensure that the risk of exposure to food allergens is managed appropriately and that clear allergen information is available for all food provided in school.

Any specific dietary arrangements or reasonable adjustments required by a child or young person because of an allergy or food hypersensitivity will be recorded within their Individual Healthcare Plan (IHP).

All schools and their appointed caterers will comply with the Requirements for School Food Regulations 2014 and the Food Information Regulations 2014. Caterers are expected to make reasonable adjustments to enable pupils with medical dietary needs to participate fully and safely in school meals.

Headteachers will work in partnership with catering staff, parents and pupils to identify, minimise and manage risks. Pupils with food allergies should be included in mealtimes alongside their peers and should not be routinely segregated.

Each school will maintain a robust system for identifying pupils with food allergies at mealtimes, appropriate to the age and needs of the pupils. The administration team will ensure that catering staff are kept informed of relevant allergies and that identification systems remain up to date.

Allergen information for the fourteen major allergens must be available for all food provided. Menus and allergen information will be made available to parents and carers in advance wherever practicable.

The Top 14 Allergens include:

1. **Celery** (including celeriac)
2. **Cereals containing gluten** - e.g. wheat, barley, rye, oats, spelt
3. **Crustaceans** - e.g. crab, lobster, prawns
4. **Eggs**
5. **Fish**
6. **Lupin** - used in some flours and baked goods
7. **Milk**
8. **Molluscs** - e.g. mussels, oysters, squid
9. **Mustard**
10. **Nuts** - e.g. almonds, hazelnuts, walnuts, cashews, pistachios
11. **Peanuts**
12. **Sesame seeds**
13. **Soya (soybeans)**
14. **Sulphur dioxide / sulphites** - if above certain levels (often in dried fruit, wine)

Parents and carers are encouraged to discuss their child's dietary needs with the school and catering team. Packed lunches, food brought from home and ingredients used in lessons and special events must also be considered as part of the school's allergy management arrangements.

Staff involved in the preparation and serving of food will receive appropriate training in allergen awareness, label checking and the prevention of cross-contamination.

Food should not be provided to a primary-aged child with a known food allergy without prior agreement with their parent or carer. Activities involving food, including cooking, crafts and celebrations, should be planned with due regard to the needs of pupils with allergies and risk assessed where appropriate.

Section L

Educational Visits, Residentials and Sporting Activities

The school is committed to ensuring that children and young people with allergies are able to participate fully and safely in educational visits, residential trips and sporting activities.

Visit leaders will ensure that appropriate risk assessments are completed and that any necessary adjustments are identified and implemented. Relevant emergency medication and healthcare information must accompany the visit, and pupils prescribed adrenaline devices should have immediate access to them throughout the activity.

Pupils who require prescribed emergency medication but do not have it available on the day of the visit may be unable to participate where their safety cannot otherwise be assured.

All staff accompanying the visit should be trained to recognise and respond to anaphylaxis, including the administration of adrenaline. Where appropriate, the school may take spare adrenaline auto-injectors, provided that this does not compromise the availability of emergency medication on the school site.

For residential visits, parents or carers will be involved in planning where necessary, and the venue will be informed in advance of any dietary or medical requirements so that suitable arrangements can be made.

When participating in sporting fixtures or events hosted by other organisations, the receiving venue will be informed of any relevant allergies and the support required. Where necessary, suitable alternative food arrangements will be made to ensure that pupils with allergies can participate fully alongside their peers.

The school will work closely with parents and carers to ensure that any special arrangements are proportionate, effective and support the full inclusion of children and young people with allergies in all aspects of school life.

Section M

Allergy awareness and nut bans

The All Saints Schools Trust follows the approach recommended by the Department for Education regarding nut bans and allergen-free schools.

The Trust, although it supports and encourages a “nut-free” or “allergen-free” policy, it cannot guarantee a completely allergen-free environment as it may create a false sense of security. Nuts are only one of many allergens that can cause serious allergic reactions, and focusing on a single allergen does not address the wider risks faced by children and young people with allergies.

Instead, the Trust promotes a culture of allergy awareness, education and effective risk management across all schools. Schools may issue statements to parents about schools being “Nut Free Zones”.

Food businesses identify fourteen major allergens (listed above) that are responsible for most food-related allergic reactions; however, any food can potentially cause an allergic reaction. Many products may also carry precautionary allergen information, such as “may contain nuts”, which can make a complete ban difficult to apply consistently.

A whole-school approach to allergy awareness ensures that pupils, staff and families understand:

- The seriousness of allergic reactions.
- The importance of avoiding known allergens.
- How to recognise the signs and symptoms of an allergic reaction.
- How to respond appropriately in an emergency.
- The procedures in place to reduce risk and support pupils safely.

Schools may choose to discourage particular foods where appropriate, based on the needs of individual pupils or the school community. However, the priority should always be to maintain awareness of allergy risks, reduce opportunities for accidental exposure and ensure that effective emergency procedures are in place.

Section N

Supply, storage and care of medication

Responsibility for Carrying Medication

Where a child or young person has the understanding and confidence to do so safely, they should be encouraged to take responsibility for carrying their own adrenaline auto-injectors (AAIs).

Children and young people who are able to self-manage should carry two AAIs with them at all times in a suitable, clearly identifiable container or bag.

For younger children, or where a child or young person is not yet ready to take responsibility for their medication, the school will ensure that an anaphylaxis kit is available.

The anaphylaxis kit must:

- Be accessible to staff at all times.
- Not be locked away.
- Be located within approximately five minutes of the child or young person.
- Be available wherever the child or young person normally accesses education, including where appropriate during activities outside the classroom.

Contents of an Anaphylaxis Kit

Medication should be stored in a suitable container that is clearly labelled with the child or young person's name.

The kit should contain:

- Two adrenaline auto-injectors (AAIs), such as EpiPen® or Jext®.
- A current Allergy Action Plan.
- Antihistamine tablets or syrup where included within the Allergy Action Plan.
- A measuring spoon where required.
- Asthma inhaler where included within the Allergy Action Plan.

Where a child or young person has specific arrangements identified by healthcare professionals, these should also be reflected within their Individual Healthcare Plan (IHP).

Checking Medication

Parents and carers are responsible for ensuring that:

- Medication provided to school is current and within expiry dates.
- AAIs and other medication are replaced before expiry.
- The anaphylaxis kit remains complete and clearly labelled.
- The school is provided with updated Allergy Action Plans where changes occur.

The school will support this process by ensuring that medication stored on site is checked at least termly by an appropriate member of staff, such as the administration team, SENCO or trained first aider.

Where medication is approaching expiry, the school will remind parents or carers that replacement devices are required.

Parents and carers are encouraged to register for expiry alerts provided by AAI manufacturers to ensure replacement devices are obtained in good time.

Older Children and Young People Managing Their Medication

Older children and young people should be encouraged to develop independence and take increasing responsibility for managing their allergy, in discussion with their parents or carers and where appropriate healthcare professionals.

However, anaphylaxis can develop quickly and unexpectedly. School staff must therefore remain prepared to support a child or young person and administer emergency medication where required, particularly where the individual is unable to self-administer.

The child or young person's Individual Healthcare Plan should reflect the level of independence they have developed and any support they may require.

Storage Requirements

AAIs must be stored:

- At room temperature.
- Away from direct sunlight.
- Away from extreme temperatures.
- In a location that is accessible during the school day.

AAIs must not be stored in areas where they may become exposed to excessive heat or cold, as this may affect their effectiveness.

Disposal of Used AAIs

AAIs are single-use devices and must be disposed of appropriately as clinical sharps.

Following use:

- Used AAIs should be given to ambulance personnel where possible.
- Alternatively, they should be disposed of in an appropriate sharps container.

The school will maintain a suitable sharps container, stored securely within the administration area, for the disposal of used AAIs where required.

Section O

Risk Assessment

Each school will conduct a detailed individual risk assessment for all new joining pupils with allergies and any newly diagnosed pupils, to help identify any gaps in our systems and processes for keeping allergic children safe.

School and individual risk assessments can be downloaded for free from:

https://www.anaphylaxis.org.uk/downloads-form/safer-schools-download/.

Appendix C – Risk Assessment

Section P

Useful Links

Anaphylaxis UK - https://www.anaphylaxis.org.uk/

- Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer-schools-programme/

- AllergyWise for Schools online training - https://www.allergywise.org.uk/p/allergywise-for-schools1

Allergy UK - https://www.allergyuk.org

- Whole school allergy and awareness management - https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement

BSACI Allergy Action Plans - https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/

Spare Pens in Schools - http://www.sparepensinschools.uk

Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Health Guidance on the use of adrenaline auto-injectors in schools - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) https://www.nice.org.uk/guidance/qs118

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834

In addition, free resources including example allergy safety policies and example Individual Healthcare Plans, can be found at:
Allergy Training and Support for Schools

Ensure that allergen matrix is available and kept up to date. The FSA have a free to download one: https://www.fooddocs.com/food-safety-templates/food-allergen-chart

Section Q

Appendices

Appendix A– Integrating allergy policy within schools

Theme	Policy area	Content
Culture	Awareness training	How staff will be **trained** in allergy awareness and emergency response, for both anaphylaxis and acute asthma
Culture	Wellbeing	How the **wellbeing** of children and young people with allergy will be promoted. What strategies will be used to recognise when **bullying** of children and young people with allergy is happening, and how this will be addressed
Culture	Minimising risk	How the school, college or setting will take reasonable steps to **minimise the risks of exposure** to known allergens
Culture	Food allergy	How the school, college or setting will **manage the risk of food allergy** and provide clear information on allergens in food provided
Individual children and young people	Identification	How the school, college or setting will **identify** children and young people staff and visitors with allergy (in particular food allergy and/or asthma)
Individual children and young people	Individual Healthcare Plans	How children and young people with allergy who require specific support arrangements will have them documented through an **Individual Healthcare Plan**
Individual children and young people	Prescribed adrenaline	How individuals at risk of anaphylaxis and/or asthma will have **access** to their prescribed adrenaline devices and/or asthma inhalers
School-wide policies	Spare adrenaline devices	How the school, college or setting will stock, store and use **"spare" adrenaline devices** and asthma inhalers, ensuring they remain in date
School-wide policies	Visits and trips	What arrangements and adjustments will be put in place to ensure children and young people with allergy are able to participate in **visits and trips**, and do so safely (including access to emergency medication where required)
School-wide policies	Serious incidents and "near misses"	How **serious incidents and near misses** will be identified. How information from parents and carers on serious incidents and near misses will be taken into account
School-wide policies	Information	How **information** will be shared about children and young people with allergy
School-wide policies	Awareness of the allergy safety policy	How the policy will be **communicated** to staff, children and young people and parents How the policy will be **published**

Appendix B – Poster for Management of Anaphylaxis

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.

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**

Management of anaphylaxis

Appendix C – Risk Assessment

	All Saints Schools Trust - Allergy Management Risk Assessment .					
	DATE:		**REVIEW DATE:**		**VERSION:**	
	ASSESSMENT BY:			**DATE:**		
	APPROVED BY:			**DATE:**		

What are the hazards for each activity?	What are you already doing to control the risks?	Probability	Impact
Medication:			
Storage: Location of each student's medication Location of generic 'spare' AAI Consider: • is there consistency of container throughout the school to make it easily identifiable? • Is the student able to self carry their own medication? • Is the back up medication always within 5 mins of where the students are? Are multiple sites needed for back up medication? • Is the students and back up medication always accessible regardless of the time of day?			
Training:			
Check that the course has medical input/review Training should be updated annually Ideally all staff would be trained. If this is decided against, a rationale based on risk assessment should be produced. Consider: Will there always be a member of staff available to administer an AAI throughout the school day who is not further than 5 minutes away from the student at any given point. Course must include: • Signs and symptoms of allergy & anaphylaxis • Emergency response • Administration of adrenaline auto-injectors • Prevention of reactions Ideally would include: • Types of allergen: food and non-food • Curriculum			

• Trips & visits including sports • Reporting and recording			
Food and drink:			
<u>Catering:</u> • What systems are in place to ensure that the student eats safely? Do all the catering and lunchtime staff know who has allergies and how to ensure that they are safe. Do they know how to report near misses and what to do should a reaction occur? • What measures do you have in place for liaison with the catering contractor and lunchtime supervisory staff? • Ensure up to date allergen information is available for each menu and that it is easily accessible, ideally on school website. • Make sure that any unexpected changes to the menu and allergens are communicated urgently to student/parent/guardian so that a different choice can be made. • Ensure that allergen matrix is available and kept up to date. The FSA have a free to download one: https://www.fooddocs.com/food-safety-templates/food-allergen-chart Consider: wrap round care break times lunch times			
<u>Events involving food:</u> Cake sales Parties Other PTA events Drinks • How can these be made inclusive? • What are the risks if the allergens are present during the events? Is handwashing possible? • What information has to be shared ahead of the event to remind all about the exclusion of an allergen if this has been agreed. Allergen Matrix can be found here: https://www.fooddocs.com/food-safety-templates/food-allergen-chart • Are allergens displayed, where appropriate to the event?			
<u>Celebrations:</u> • Consider discouraging cake and sweets for children as treats both for birthdays and school celebrations.			

• Where food is used, consider the impact for the students with allergies and discuss with parent/carer/student at the earliest opportunity to plan for a safe and inclusive event.			
Curriculum activities:			
<u>Cooking:</u> • Adapt recipes for all to create a safe cooking space. If a recipe cannot be adapted, can a different recipe be used? • Has the allergic student got their own set of cooking materials? • Are allergies included in the food technology curriculum so that all students have awareness of the impact of allergies to the health of the allergic person. • Are all students made aware of the impact of their actions on an allergic person should the specific allergens not be excluded? • Are all students taught about cross contamination and the impact of this?			
<u>Creative activities: e.g. junk modelling, pasta</u> • When using packaging ensure that the allergens have not been in those packets; for example: crunchy nut cornflakes should not be in a classroom where a student has a peanut allergy. When students are bringing in materials from home, ensure that communication is sent to parent/carers to specify what they are unable to bring in and monitor this when the packaging comes into school. • Plastic containers should be washed in hot soapy water to remove allergens.			
<u>Music: instrument sharing (cross contamination issue)</u> • Do instruments have to be shared? • Do blowing percussion instruments have to be shared? How can they be sterilised if they do? Can the allergic student have their own blowing instrument that they don't need to share?			
<u>Science activities:</u> • Review the science curriculum and see where allergens are used. Consider whether these have to be used and whether there are alternates that can be used? If essential, the activity needs to be individually risk assessed for the allergic student. How can that lesson be made inclusive and safe?			

• Consider the impact of cross contamination and whether this could cause a reaction for the allergic student.			
<u>PE:</u> Consider: Indoor Outdoor Forest Schools • Where emergency medication is kept during PE and how quickly it can be accessed. If it is left in the classroom/changing room and is needed, how quickly can it be found? Is it easily identifiable and can it be with the student within 5 mins? • Is there an allergy trained member of staff present during after school clubs? • Is there an allergy trained member of staff accompanying away sporting events?			
<u>Break time:</u> Consider: Playground Field • Where emergency medication is kept during breaktimes and how quickly it can be accessed. If it is left in the classroom and is needed, how quickly can it be found? Is it easily identifiable and can it be with the student within 5 mins? • Is there an allergy trained member of staff present during break times?			
School animals:			
Consider: Therapy dogs and the access they have to children with allergies. Is there an allergen free area that the student will be safe in? We have Dogs in School guidance that will assist with this section.			
Visitors & supply staff:			
Consider: • Has the visitor been made aware of the school's policy? • If there is an allergy free zone that has been created due to a student's individual risk assessment, how has this been communicated to the visitor/supply staff? • Does the visitor need to know about the student's allergy? Will they be using the student's allergen? Do they need to know			

they have to have eliminated cross contamination from themselves through handwashing after eating?			
Offsite activities:			
<u>Day trips:</u> Consider: • Is there a specific allergy section on the visit/experience risk assessment? • Is there an allergy trained member of staff accompanying the visit? • Storage of AAIs • Availability of emergency services and nearest hospital • Is there a good phone signal? If not, how will communication work? How will emergency services be called? • Is food being taken or served? It may be necessary to request that other students do not bring specific allergens on the trip to reduce risk during the day. Communication with venues and parent/carers to set out expectations. • Are any of the activities during the day high risk to the allergic student; inform venues and agree control measures, aim for inclusivity. <u>Residential visits including D of E:</u> Consider: • Storage of AAIs for each activity being undertaken & overnight • Availability of emergency services and nearest hospital • Is there a good phone signal? If not, how will communication work? How will emergency services be called? • What food is being served? Consider cross contamination. Do any menu changes need to be made to ensure safety? Will the allergic person have sufficient to eat? Does any food need to be taken? • Can students eat food in rooms? • Is there a specific allergy section on the visit/experience risk assessment? • Is there an allergy trained member of staff accompanying the visit? • Do other students need to understand signs, symptoms of allergy, how to call for help and administer an AAI?			

Other:			

This must be completed for any activity that is medium with the aim of bringing the risk to LOW. Activities that are High or Extreme must not happen unless action can be implemented to bring the risk to LOW.				
Hazard	**What further action do you need to take to control the risks?**	**Who needs to carry out the action?**	**What is the action needed by?**	**Completed**

Consequence		**Minor**	**Moderate**	**Major**	**Critical**	**Catastrophic**
Likelihood	**Rare**	Low	Low	Low	Low	Low
	Unlikely	Low	Low	Medium	Medium	Medium
	Possible	Low	Medium	Medium	High	High
	Likely	Medium	Medium	High	High	Extreme
	Certain	Medium	Medium	High	Extreme	Extreme

Consequence	**Minor**	**Moderate**	**Major**	**Critical**	**Catastrophic**
This is the impact of the action being allowed to happen	No reaction	Non anaphylactic reaction	Emergency response required, ambulance and hospital	Emergency response required, ambulance and hospital	Fatal, Death

Likelihood	**Definition**
Rare	May only occur in exceptional circumstances
Unlikely	Could occur in some circumstances, surprised if happened
Possible	Possible or likely to occur in most circumstances
Likely	Will occur in most circumstances
certain	It is expected to occur, inevitable