Allergen and Anaphylaxis Policy

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Reviewed by:	Anna Yates, HT
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This policy is based on an original template produced by The National College. Burscough Village Primary School has reviewed, adapted and amended the content to ensure it reflects the school's own context, practice and statutory responsibilities.

Contents:

Statement of intent

This policy forms the school's allergy safety policy. It will be made known to pupils, parents, staff, volunteers, visitors and relevant contractors, published on the school website, and reviewed at least annually and following any serious allergic reaction, anaphylaxis incident or significant near miss.

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

In order to effectively implement this policy and ensure the necessary control measures are in place, parents are responsible for working alongside the school in identifying allergens and potential risks, in order to ensure the health and safety of their children.

This policy should be read alongside the school's safeguarding arrangements. In line with Keeping Children Safe in Education 2026, staff must remain alert to pupils who may be more vulnerable because of medical needs, allergies, special educational needs, communication needs or other individual circumstances. Allergy management is part of the school's wider duty to safeguard and promote pupils' welfare.

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.

This policy applies to all pupils and to school activities on and off site, including breakfast club, Kids' Club and other wraparound provision, educational and residential visits, sporting activities, nursery provision, lettings and events. Relevant arrangements also apply, where appropriate, to staff, volunteers, visitors and contractors with known allergies.

1.1 Legal framework

This policy has due regard to all relevant legislation and statutory guidance, including section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026; the DfE's July 2026 statutory guidance on allergy safety in schools; Keeping Children Safe in Education 2026; the Equality Act 2010; UK data protection requirements; and current national guidance on emergency adrenaline auto-injectors. It includes, but is not limited to, the following:

- Children and Families Act 2014
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- Department of Health 'Guidance on the use of adrenaline auto-injectors in schools'
- DfE 'Supporting pupils at school with medical conditions'
- DfE 'Allergy guidance for schools'
- DfE 'Keeping children safe in education 2026'
- Children's Wellbeing and Schools Act 2026, including the requirement for schools to have, review, publicise and publish an allergy safety policy
- DfE statutory guidance 'Allergy safety in schools', published July 2026, including expectations to create and publish an allergy safety policy, provide allergy safety training, identify pupils who require Individual Healthcare Plans, and record and learn from serious incidents and near misses.

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

- Health and Safety Policy
- Whole-school Food Policy
- Administering Medication Policy
- Supporting Pupils with Medical Conditions Policy
- Animals in School Policy
- Educational Visits and School Trips Policy
- Allergen and Anaphylaxis Risk Assessment
- Safeguarding and Child Protection Policy
- Complaints Policy

1.2 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

Food intolerance and coeliac disease – are different from food allergy, but both may require careful management in accordance with medical advice and agreed individual arrangements.

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:

Adrenaline auto-injector (AAI) – a device that delivers a measured dose of adrenaline in an emergency. A **near miss** is an event that did not cause harm but had the potential to do so. An **Individual Healthcare Plan (IHP)** sets out the support a pupil needs at school because of a medical condition.

- 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 pupils, becoming pale or floppy

1.3 Roles and responsibilities

The governing board is responsible for:

- Ensuring that policies, plans, and procedures are in place to support pupils with allergies and those who are at risk of anaphylaxis and that these arrangements are sufficient to meet statutory responsibilities and minimise risks.
- Ensuring that the school's approach to allergies and anaphylaxis focusses on, and accounts for, the needs of each individual pupil.
- Ensuring that staff are properly trained to provide the support that pupils need, and that they receive allergy and anaphylaxis training at least annually.
- Ensuring that the school has a named allergy safety lead, Anna Yates, who coordinates the implementation of this policy, oversees allergy safety arrangements, and works with relevant staff, parents and healthcare professionals.
- Monitoring the effectiveness of this policy and reviewing it on an **annual** basis, and after any incident where a pupil experiences an allergic reaction.
- Ensuring the policy is publicised at least annually to pupils, parents and everyone who works at the school, and that it is published on the school website.

The headteacher is responsible for:

- The development, implementation and monitoring of this policy and related policies.
- Ensuring that parents are informed of their responsibilities in relation to their child's allergies.

- Ensuring that all relevant risk assessments, e.g. to do with food preparation, have been carried out and controls to mitigate risks are implemented.

- Ensuring that all designated first aiders are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis.

- Ensuring that all staff members are provided with information regarding allergic reactions and anaphylaxis, including the necessary precautions and how to respond.

- Ensuring that catering staff are aware of pupils' allergies and act in accordance with the school's policies regarding food and hygiene, including this policy.

- Appointing and supporting a named allergy safety lead and ensuring that allergy safety arrangements are understood across the school, including by supply staff, volunteers, wraparound care staff and relevant contractors.
- Ensuring allergy-related information is shared appropriately in line with safeguarding, confidentiality and data protection requirements, and that staff understand how medical needs may relate to wider safeguarding concerns.
- Ensuring that allergy safety arrangements are considered within the school's safeguarding culture, including clear reporting routes where a medical concern, unexplained pattern of incidents, failure to provide medication, or repeated non-compliance with agreed allergy arrangements may indicate wider safeguarding concerns.

The school nurse is responsible for:

- Ensuring that there are effective processes in place for medical information to be regularly updated and disseminated to relevant staff members, including supply and temporary staff.

- Seeking up-to-date medical information about each pupil via a medical form sent to parents on an annual basis, including information regarding any allergies.

- Contacting parents for required medical documentation regarding a pupil's allergy.

The named allergy safety lead, Anna Yates, Headteacher is responsible for coordinating the day-to-day implementation of this policy, maintaining allergy registers and records, ensuring staff know how to access pupil information and emergency medication, and reviewing learning following incidents and near misses. All medical information is held on Medical Tracker, with paper copies available in classrooms or stored with medication where this is needed to support safe practice and emergency response.

Supply, agency, peripatetic, breakfast club, Kids' Club, nursery and other temporary staff must receive appropriate allergy information before taking responsibility for pupils. Relevant volunteers and contractors will be given site safety information where their work may create an allergen risk. Day-to-day duties may be delegated, but overall accountability remains with the Headteacher and governing board.

All staff members are responsible for:

- Attending relevant training regarding allergens and anaphylaxis.
- Being familiar with and implementing pupils' individual healthcare plans (IHPs) as appropriate.
- Responding immediately and appropriately in the event of a medical emergency.
- Reinforcing effective hygiene practices, including those in relation to the management of food.
- Monitoring all food supplied to pupils by both the school and parents.
- Ensuring that pupils do not share food and drink in order to prevent accidental contact with an allergen.
- Reporting all allergic reactions, anaphylaxis incidents, medication errors and near misses promptly so that these can be recorded, reviewed and used to improve practice.
- Sharing allergy information only with staff who need to know in order to keep pupils safe, while maintaining confidentiality and following the school's data protection and safeguarding procedures.

The kitchen manager is responsible for:

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

Kitchen staff are responsible for:

- Ensuring they are fully aware of the rules surrounding allergens, the processes for food preparation in line with this policy, and the processes for identifying pupils with specific dietary requirements.
- Ensuring they are fully aware of whether each item of food served contains any of the main 14 allergens, as is a legal obligation, and making sure this information is readily available for those who may need it.

- Ensuring that the required food labelling is complete, correct, clearly legible, and is either printed on the food packaging or attached via a secure label.
- Reporting to the kitchen manager if food labelling fails to comply with the law.

All parents are responsible for:

- Notifying the school of their child's allergens, the nature of the allergic reaction, what medication to administer, specified control measures and what can be done to prevent the occurrence of an allergic reaction.
- Keeping the school up-to-date with their child's medical information.
- Informing the school immediately of any changes to their child's allergy, medical condition, medication, emergency treatment plan or contact details, so that Medical Tracker, the pupil's IHP and any related risk assessments remain accurate and up-to-date.
- Providing written consent for the use of a spare AAI.
- Providing the school with written medical documentation, including instructions for administering medication as directed by the child's doctor.
- Raising any concerns they may have about the management of their child's allergies with the classroom teacher.

All pupils are responsible for:

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

1.4 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, such as any medication required.

Information regarding all pupils' food allergies will be collated, indicating whether they consume a school dinner or a packed lunch, and this will be passed on to the school's catering service.

When making changes to menus or substituting food products, the school will ensure that pupils' special dietary needs continue to be met by:

- Checking any product changes with all food suppliers
- Asking caterers to read labels and product information before use
- Using the Food Standards Agency's allergen matrix to list the ingredients in all meals.
- Ensuring allergen ingredients remain identifiable.

Kitchen staff will have a full list of allergens and will avoid using them within the menu where possible.

Where meals include allergens or traces of allergens, staff will use clear and fully visible labels, in line with this policy, to denote the allergens of which consumers should be aware.

The school will ensure that there are always dairy- and gluten-free options available for pupils with allergies and intolerances.

To ensure that catering staff can appropriately identify pupils with dietary needs, pupils will wear a clearly identifiable badge that denote their food allergy; a key explaining the colours will be displayed on the wall in the serving area so that it is visible to all kitchen staff.

All food tables will be disinfected before and after being used.

Soap and water will be used to clean the tables.

Boards and knives used for fruit and vegetables will be a different colour to the rest of the kitchen knives in order to remind kitchen staff to keep them separate.

Any sponges or cloths that are used for cleaning will be colour-coded according to the areas that they are used to clean, e.g. a red sponge for an area which has been used for raw meat, to prevent cross-contamination.

There will be a set of kitchen utensils that are only for use with the food and drink of the pupils at risk.

Food items containing bread and wheat will be stored separately.

The chosen catering service of the school is responsible for ensuring that the school's policies are adhered to at all times, including those in relation to the preparation of food, taking into account any allergens.

The catering provider and kitchen manager will maintain an up-to-date list of pupils with relevant food allergies and agreed meal arrangements. Menus, ingredient labels and supplier information will be checked; substitutions will not be made without an allergen check. Cross-contact risks will be controlled through storage, preparation, cleaning, serving procedures and staff training. Any uncertainty about a meal or ingredient must be resolved before it is served.

Learning activities which involve the use of food, such as Design and technology lessons, will be planned in accordance with pupils' IHPs, taking into account any known allergies of the pupils involved.

Teachers and activity leaders must consider allergens in advance when planning lessons, clubs, celebrations, fundraising, cooking, science, art, music, gardening, animal contact and other activities. Staff will encourage handwashing before and after eating, prevent sharing of food, drinks, utensils and containers, and ensure suitable cleaning of tables, utensils and shared equipment. Risk assessments will address food, contact and airborne allergens, including animals, plants, craft materials, latex and cleaning products, where a known risk exists. Parents will be informed of controls for food brought from home, birthdays, packed lunches and special events.

1.5 Food allergen labelling

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

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

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

Food labelling

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

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

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

- Allergen information will be obtained from the supplier and recorded, upon delivery, in a food allergen log stored in the kitchen
- Allergen tracking will continue throughout the school's handling of allergen-containing food goods, including during storage, preparation, handling, cooking and serving
- The food allergen log will be monitored for completeness on a regular 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

Declared allergens

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

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

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

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

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

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

Changes to ingredients and food packaging

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

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

1.6 Animal allergies

The Animals in School Policy will be adhered to at all times.

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

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

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

A supply of antihistamine medication will be kept in the main first aid cupboard in case of an allergic reaction.

1.7 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 pupils are outside.

Pupils 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 pupil should stay indoors.

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

Pupils with known seasonal allergies are encouraged to bring an additional set of clothing to school to change in to 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 pupil with a known allergy is stung or bitten by an insect, medical attention will be given immediately.

1.8 Adrenaline auto-injectors (AAIs)

Pupils 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 pupils 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 school nurse, will decide which brands of AAI to purchase.

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

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

- For pupils under age 6: 0.15 milligrams of adrenaline
- For pupils aged 6-12: 0.3 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 pupils to whom the AAI can be administered
- An administration record

For pupils who have prescribed AAI devices, these are stored in a suitably safe, clearly labelled, visible and easily accessible location and must be capable of reaching the pupil within five minutes. Medication must remain rapidly accessible in classrooms, dining areas, playgrounds, sports areas, clubs, nursery provision and on visits. When pupils leave the school premises, their AAI devices go with them. Competent pupils may carry their own medication where this is documented in their IHP.

Spare AAIs are not located more than five minutes away from where they may be required. The emergency anaphylaxis kit(s) can be found at the following locations:

- **2 x AAIs are located in the medicine cupboard in the Photocopying Room – Front of School**
- **2 x AAIs are located in the Sports/trips first aid kit in the resources cupboard next to the office.**
- **2 x Nursery in the staff kitchen areas.**
- **2 x adult AAI's in the medication cupboard in the photocopying Room at the front of school.**
- All staff have access to AAI devices, but these are out of reach and inaccessible to under Year 2 – AAI devices are not locked away where access is restricted.

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

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

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

- **Anna Yates**
- **Vicki Newsome**
- **Jen Garner**
- **Rebecca Gower**

The above staff members conduct and record a **monthly** check of the emergency anaphylaxis kit(s), and an additional check before educational visits, to ensure that:

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

The following staff member is responsible for overseeing the protocol for the use of spare AAIs, its monitoring and implementation, and for maintaining the Register of AAIs: Jen Garner and Anna Yates. A notification on the calendar will be set and a notification on medical tracker medication stock should send a message.

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

1.9 Access to spare AAIs

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

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

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

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

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

- Name of pupil
- Class
- Known allergens
- Risk factors for anaphylaxis

- Whether medical authorisation has been received
- Whether written parental consent has been received
- Dosage requirements

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

Parents can withdraw their consent at any time. To do so, they must write to the headteacher.

Jen Garner and Anna Yates checks and records that the register is up to date on a **monthly** basis and before educational visits.

Jen Garner and Anna Yates will also update the register relevant to any changes in consent or a pupil's requirements.

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

1.10 School trips

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

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

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

If the pupil has been prescribed an AAI, at least one adult trained in administering the device will attend the trip. The pupil's medication will be taken on the trip and stored securely – if the pupil 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 pupil'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 appropriate food can be provided to cater for pupils' allergies, the pupil will take their own food or the school will provide a suitable packed lunch.

1.11 Medical attention and required support

Once a pupil's allergies have been identified, a meeting will be set up between the pupil's parents, the relevant classroom teacher, the school nurse and any other relevant staff

members, in which the pupil's allergies will be discussed and a plan of appropriate action/support will be developed.

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

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

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

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

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

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

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

IHPs will be developed for pupils whose allergy requires specific school-based arrangements, especially pupils at risk of anaphylaxis. Plans will be produced with parents and, where appropriate, healthcare professionals, and will set out known allergens, signs and symptoms, avoidance measures, medication, emergency procedures, communication arrangements and arrangements for educational visits, clubs and transitions.

Individual Healthcare Plans will be added electronically to Medical Tracker so that relevant staff can access the most up-to-date information needed to support the pupil safely. Parents must inform the school promptly of any changes to their child's allergy, medical needs, medication, emergency treatment plan or contact details so that Medical Tracker, the pupil's IHP and any related risk assessments can be updated without delay.

Allergy information will be requested on admission, reviewed at least annually and updated whenever a pupil transfers class or phase, joins mid-year, returns with a new diagnosis, or experiences a significant change in treatment. Transition planning will begin early enough to share agreed information, update plans and train receiving staff. Where a healthcare professional has issued an Allergy Action Plan or Asthma Action Plan, it will be attached to or clearly referenced in the IHP. IHPs will be reviewed at least annually and sooner after a

reaction, near miss, change in diagnosis or treatment, updated action plan, or significant change in school circumstances.

Where a pupil with an allergy may also have a disability or special educational need, the school will consider its duties under the Equality Act 2010 and the SEND Code of Practice, including reasonable adjustments and links with any EHC plan.

The school recognises that allergy and the possibility of anaphylaxis can cause anxiety. Pupils will be listened to and involved in decisions appropriate to their age. Staff will promote safe participation, avoid unnecessary exclusion and make reasonable adjustments. Teasing, bullying, deliberate exposure to an allergen, tampering with medication or pressuring a pupil to eat or touch something will be treated seriously under the Behaviour and Anti-bullying Policy and safeguarding procedures. Support will be offered after a reaction or significant near miss.

1.12 Staff training

All 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 Pupils with Medical Conditions Policy, staff members will receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

All staff will receive allergy awareness training at induction and at least annually thereafter. Training will include common allergens, prevention and risk reduction, recognising mild to moderate reactions and anaphylaxis, emergency response, the location and use of AAIs, recording requirements, and the importance of learning from incidents and near misses.

Training will also remind staff that pupils with allergies may need adjustments to ensure they can participate safely and fully in school life, including lessons, lunchtimes, clubs, wraparound care, trips and transitions. Staff must know how to escalate concerns promptly if agreed allergy arrangements are not being followed or if a pupil's safety may be compromised.

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 pupil 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.
- Understand how to report and record allergy-related concerns, incidents and near misses, including when these may raise safeguarding concerns.

1.13 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 pupil, the nearest adult will stay with the pupil and refer to their IHP to determine appropriate next steps.

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

In the event that a pupil 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 pupil's IHP will be followed and the pupil 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 pupil is required to go to the hospital, an ambulance will be called.

1.14 Managing anaphylaxis

If anaphylaxis is suspected, staff must act immediately and follow the pupil's current Allergy Action Plan or IHP; if in doubt, give adrenaline. Stay with the pupil and send someone to bring the pupil's AAIs and the school emergency kit. Administer an AAI without delay in accordance with training and the device instructions. Call 999, state "anaphylaxis", give the school address and access point, and arrange for someone to meet the ambulance. Keep the pupil lying flat with legs raised; if breathing is difficult, allow them to sit with legs extended. Do not allow the pupil to stand or walk. If unconscious, place them in the recovery position and begin CPR if there are no signs of life.

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 pupil until the emergency services arrive – the pupil will remain lying flat and still. If the pupil'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 pupil 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 using another AAI, if available.

In the event that a pupil 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 pupil's parents as soon as is possible.

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

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

Any used AAIs will be given to paramedics.

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

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

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

If a pupil is taken to hospital by ambulance**, <u>two</u>** members of staff will accompany them.

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

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

All serious allergic reactions, anaphylaxis incidents, medication errors and significant near misses will be recorded as soon as possible. The record will include what happened, known or suspected triggers, who responded, medication administered, timings, communication with parents and emergency services, any safeguarding considerations, and any immediate actions taken to reduce further risk.

Following any incident or near miss, the allergy safety lead and senior leadership team will review lessons learned, update relevant IHPs and risk assessments, consider whether additional training or supervision is needed, and share learning with staff in a proportionate and appropriate way.

Where an incident or pattern of concern suggests a possible safeguarding issue, the matter will be reported to the Designated Safeguarding Lead in line with the school's Safeguarding and Child Protection Policy. This may include concerns about medication not being provided, repeated exposure to known allergens, a pupil being unable to communicate their needs, or any other concern that places a pupil at risk of harm.

1.15 Monitoring and review

The headteacher and the governing board are responsible for reviewing this policy at least annually, following any serious allergic reaction, anaphylaxis incident or significant near miss, and whenever statutory guidance or local arrangements change.

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

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

Health information is special category personal data. The school will collect, use, store and share it lawfully, securely and only to the extent necessary to protect the pupil and provide appropriate support. Relevant information may be shared with staff, caterers, visit providers, healthcare professionals and emergency services where necessary, but it will not be displayed or circulated more widely than required. Records will be retained and disposed of in accordance with the school's retention schedule and Data Protection Policy.

The school will ensure that this policy is published on the school website and brought to the attention of pupils, parents, staff, volunteers and relevant contractors at least once each year.

Age-appropriate allergy awareness will be included in pupil education, with the involvement and agreement of affected pupils and parents. Friends may be taught how to seek adult help in an emergency, but pupil awareness will never replace a trained staff response. Concerns should be raised promptly with the class teacher, Allergy Leader or Headteacher so immediate safety issues can be addressed; formal complaints will be considered under the school's Complaints Procedure.

1. Pupil allergy declaration form

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

Nature of allergy	
Severity of allergy	

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

Spare AAIs

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

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

Yes	☐	**No**	☐

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