HOLLINGWORTH LEARNING TRUST

ALLERGY & ASTHMA SAFETY POLICY

POLICY INFORMATION

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Review Body:	CEO & COO

VERSION INFORMATION

Version	Reason for Update	Summary of Changes
1	Original Document	N/A

CONTENTS

1. Policy Framework

Our Trust policies are written in line with our trust (and school's) ethos and values, with a commitment to equity and positive reflection. Our policies aim to ensure that through our processes, all members of our trust community are treated fairly and transparently while delivering the high expectations they deserve.

This policy is non-contractual and does not form part of any employee's contract of employment. Hollingworth Learning Trust reserves the right to amend or replace this policy at any time to reflect changing statutory guidance or operational needs.

All trust and school policies are written and reviewed in line with the Trust's Equality Duty and ensure that all procedures are applied fairly and without discrimination regarding any protected characteristic

2. Purpose & Scope

This policy ensures a safe, inclusive, and responsive environment across all schools within the Trust for children, young people, staff, and visitors dealing with allergies and asthma.

This policy applies to all staff, governors and trustees across the trust, including temporary and supply staff, and PFI staff in relevant schools.

3. Legislation & Guidance

This policy is in accordance with Section 34 of the Children's Wellbeing and Schools Act 2026, all academies within the Trust must implement, publish, and maintain this policy. It is aligned with Benedict's Law, the Equality Act 2010, and statutory safeguarding duties.

This policy also complies with our Funding Agreement and Articles of Association.

4. Roles and Responsibilities

- **Senior Leadership Team (SLT) Allergy Lead:** Each school must designate an SLT member responsible for allergy and asthma safety, ensuring the policy implementation and processes, maintaining allergy registers for pupils, the purchase of 'spare medication' (inhalers and AAIs) and leading annual policy reviews.
- **Local Governing Body:** The LGB is responsible for ensuring risk-reduction measures and emergency plans are in place at schools and they are robust, monitoring the policy as a standing agenda item, and ensuring it is accessible online and in hard copy.
- **All School Staff:** Must complete annual allergy awareness training, know how to identify symptoms, understand their role in risk reduction, know how to access records/action plans, and act immediately in an emergency. It is each staff member's responsibility to inform the school and first aiders if they have an allergy that may require emergency support or risk management while on site.
- **Parents and Carers:** Must provide detailed medical histories, collaborate on Individual Healthcare Plans (IHPs), immediately report changes or reactions that happen outside of school, and ensure their child carries in-date medication.

5. Allergy & Anaphylaxis Awareness and Emergency Response

Allergy encompasses multiple conditions (food allergy, asthma, eczema, hay fever) which frequently co-exist. Severe reactions can happen rapidly, leaving a **20-to-30-minute window** to prevent fatal outcomes. Delays in giving adrenaline are a common factor in fatal reactions; therefore, **if in doubt, give adrenaline**.

What to Look For

- **Mild-to-Moderate Symptoms:** Swollen lips, face, or eyes; hives or a red, raised itchy skin rash; an itchy or tingling mouth; abdominal pain or vomiting; mild throat tightness; or a sudden change in behaviour. Treat immediately with antihistamines and monitor closely for progression.
- **Severe Symptoms / Anaphylaxis (The "ABC" Signs):**
    - **A - Airway:** Swelling in the throat, tongue, or upper airways; throat tightening; hoarse voice; or difficulty swallowing.
    - **B - Breathing:** Difficult, noisy, or deep breathing; a sudden wheeze; or a persistent cough.
    - **C - Consciousness/Circulation:** Persistent dizziness, feeling faint, sudden sleepiness, confusion, pale clammy skin, becoming floppy, collapse, or loss of consciousness.
- Note: Anaphylaxis can occur suddenly without any initial mild signs or skin rashes, particularly in severe dairy allergies where it may mimic a severe asthma attack.

What to Do Immediately

1. **Do Not Move the Individual:** Keep them exactly where they are. **Never stand them up or let them walk**, as a sudden change in posture can cause a catastrophic drop in blood pressure and trigger cardiac arrest. **Bring the medicine to them**.
2. **Positioning:** Lie the individual flat with their legs raised. If they are struggling to breathe, they may be propped up slightly, but return them to a flat position as soon as possible.
3. **Administer Adrenaline Without Delay:** Use the individual's own prescribed Adrenaline Auto-Injector (AAI) first. If unavailable, broken, or misfiring, use the school's spare AAI device from the emergency kit. Inject into the outer muscle of the upper thigh (can be done through clothing) according to the brand's instructions. Note the exact time given.
4. **Call 999:** Dial 999 immediately, request an ambulance, and state **"ANAPHYLAXIS"**. Provide clear directions and your exact postcode. Send someone outside to guide the paramedics.
5. **The Five-Minute Rule:** If there is no improvement or symptoms worsen after **5 minutes**, administer a second dose of adrenaline using a new, separate autoinjector device. If a second dose is given, call 999 a second time to confirm the ambulance is dispatched.
6. **Life Support:** If there are no signs of life, commence CPR immediately.
7. **Post-Incident Actions:** Contact parents/carers as soon as possible. All individuals who receive adrenaline must be taken to the hospital via ambulance for extended monitoring. Document the reaction, medication quantity, timeline, and personnel involved using the school's compliance software.

School "Spare" Emergency Adrenaline Devices

Under the Human Medicines (Amendment) Regulations 2017, schools are permitted to hold "spare" back-up AAIs to save lives. These do not replace a pupil's requirement to carry two personal AAIs at all times.

School spare AAIs are primarily intended for pupils with a diagnosed allergy for whom written parental consent for spare AAI use has been obtained. However, in an unexpected life-threatening anaphylactic emergency where consent cannot be immediately verified, staff may administer a spare device under general common law duty of care to preserve life.

The Trust mandates that schools stock spare AAIs in pairs within an "Emergency Anaphylaxis Kit" based on the following age criteria to avoid emergency confusion:

School Type	**AAI for Under 6 Years** *150 micrograms (0.15 mg)*	**AAI for Over 6 Years / Teenagers** *300 micrograms (0.3 mg)*
Primary School	One pair of "spare" devices	One pair of "spare" devices
Secondary School	n/a	One or two pairs of "spare" devices*

*Note: Large secondary schools must hold multiple pairs across large sites to guarantee a device can be brought to an individual within 5 minutes of any location (e.g., near the dining hall and near sports fields).

- **Storage and Care:** Spare AAIs must be stored at room temperature, protected from direct sunlight, kept in a central, unlocked, accessible staff area, and clearly labelled to distinguish them from personal student medication.
- **Maintenance:** The Allergy Lead or First Aid Lead must check devices monthly to verify they are in-date and that the fluid remains clear (not cloudy). Replacements must be ordered at least one month before expiry. Spent or expired devices must be given to paramedics or disposed of in a registered sharps box.

6. Asthma Awareness and Emergency Response

What to Look For (Signs of an Asthma Attack)

- A persistent cough or a wheezing sound coming from the chest while at rest.
- Difficulty breathing (breathing fast, deeply, or with visible effort using upper body muscles).
- Nasal flaring or being unable to talk in complete sentences (some children may go very quiet).
- Complaints of a tight chest (younger children may describe this as a tummy ache).
- **CRITICAL EMERGENCY SIGNS:** Call 999 for an ambulance immediately if the individual appears exhausted, has a blue/white tinge around the lips, is going blue, or has collapsed.

What to Do Immediately

1. **Stay Calm and Reassure:** Keep the child calm and encourage them to sit up and lean slightly forward. Do not leave them unattended; remain with them while medication is brought to them.
2. **Administer Reliver Inhaler:** Use the child's own prescribed reliever inhaler. If it is empty, broken, or unavailable, use the school's emergency salbutamol inhaler kit (provided parental consent is verified on the register).
3. **Deliver Initial Puffs:** Immediately help the child take **two separate puffs** of salbutamol via a spacer device. Shake the inhaler between puffs.
4. **Follow the Two-Minute Rule:** If there is no immediate improvement, continue to give **two puffs at a time every two minutes**, up to a maximum of **10 puffs**.
5. **Escalate to 999:** Call 999 for an ambulance *at any time* before reaching 10 puffs if the child does not improve or if you are worried.
6. **Ambulance Delay Protocol:** If the ambulance does not arrive within 10 minutes, administer another dose of **10 puffs** in the exact same manner.
7. **Post-Incident Actions:** Contact parents/carers immediately after calling 999. A member of staff must always accompany the child in the ambulance and stay with them until a parent arrives. Write a comprehensive report detailing when, where, and how much medication was administered. Inform parents in writing so they can notify the child's GP.

School Emergency Salbutamol Inhaler Kits

- **Kit Contents:** A salbutamol metered-dose inhaler, at least two compatible plastic/disposable spacers, usage and cleaning instructions, manufacturer information, a batch/expiry checklist, a list of permitted children with parental consent, and an administration log.
- **Storage:** Kits must be stored out of the reach and sight of pupils, kept below 30°C away from direct sunlight, clearly labelled, and **never locked away**. Schools operating across multiple sites must hold kits on each site.
- **Maintenance:** At least two named volunteers (e.g. Lead First Aider and other appointed person) must perform monthly checks to confirm the kit is present, working, in-date, and adequately dosed. Plastic housings must be washed in warm water and air-dried after use. Inhalers must be disposed of and replaced if contaminated with blood.

7. Risk Minimisation and Environmental Controls

Schools must execute a whole-school awareness approach to minimise allergen exposure while ensuring full social inclusion. **Blanket bans (such as total nut bans) are prohibited across the Trust**, as they create a false sense of security; risk management must rely on targeted, effective controls.

Food Provision and Catering Controls

- **Contract Compliance:** All school catering contracts must comply fully with the Food Standards Agency (FSA) allergen management regulations.

- **Information Availability:** Caterers must supply clear, up-to-date allergen matrices to parents, carers, and students to allow independent cross-checking. Unlabelled food is strictly prohibited; all food items in canteens or classrooms must be explicitly labelled.
- **Point of Service:** Systems must be established to flawlessly identify students with severe allergies at the point of food service.
- **Cross-Contamination Prevention:** Staff handling or providing food must receive specialised training on reading food labels and cross-contamination prevention. Measures include preparing allergen-free meals first and cleaning preparation zones thoroughly with warm, soapy water.
- **Social Controls:** Students must be actively taught not to share or trade food, drinks, utensils, or food containers. Parents must provide advance permission before any external food treats (e.g., birthday treats) are given out in primary settings. PTA and fundraising events must compile strict allergen matrices and adhere to FSA guidelines.

Curriculum, Environment, and School Trips

- **Curriculum Adaptations:** Lesson planners must account for student allergies across all subjects. Allergens must be adapted out of group curriculum activities entirely (e.g., utilising wheat-free flour for playdough or cooking, substituting plastic containers for egg cartons in arts and crafts, or modifying science and musical activities).
- **Environmental Triggers:** Non-food environmental risks must be actively managed. For example, school therapy animals must be restricted to specific areas, and enhanced cleaning protocols must be enforced alongside student hand hygiene measures. First aid kits must utilise latex-free gloves, and latex balloons are banned from school events. Aerosol sprays should be banned in PE changing rooms where a pupil with severe allergy/asthma is present.
- **School Trips and Sporting Fixtures:** A comprehensive risk assessment must be completed for any off-site trip. Trip leaders must check that students have both of their in-date personal medication devices with them before departure; **students without their required personal medication will be barred from attending the trip**. Staff trained in AAI and inhaler administration must accompany the trip. If appropriate, additional school spare devices may be taken on the trip, provided it does not deplete the safety stock required for students remaining on the school site. Host schools must be notified of student allergies prior to sporting fixtures.

8. Information Management and Care Plans

Individual Healthcare Plans (IHPs)

An IHP is required for any student whose allergy or asthma has a functional impact on their school day, puts them at risk of harm, or requires adjustments and medication.

- IHPs are school-owned documents co-created with parents, school staff, and students, integrating clinical data from medical professionals.
- Any clinical **Allergy Action Plan** (such as a signed BSACI plan) or **Asthma Action Plan** provided by a doctor or clinic must be attached directly to the IHP.
- IHPs must be reviewed at least annually, updated immediately when a revised clinical action plan is issued, or reviewed following any incident or "near miss".

Registry and Information Sharing

- **Special Category Data:** A student's health data is highly sensitive special category data under UK GDPR. It must be handled, used, and shared in a secure, controlled, and respectful manner to protect student dignity and avoid singling individuals out embarrassingly.
- **Master Register:** Each school must maintain a secure, easily searchable master register detailing known allergens, risk factors, specific prescribed medications, doses, expiry dates, and signed parental consent statuses. Parental consent must be updated annually. A student photograph (subject to parental consent) should be included to enable visual confirmation during emergencies.
- **Staff Awareness:** The register data must be securely integrated into school Management Information Systems (MIS) or secure shared platforms. All teaching, support, catering, and supply/cover staff must be informed of student allergies at the start of every term or prior to taking a class. Mid-year transfer data must be integrated and shared within **two weeks** of a student starting at the school. Pre-employment health checks must screen staff allergies to ensure a safe working environment.

Visitors & Staff with Allergies

- **Adult Self-Management:** Adult visitors are personally responsible for managing their allergies, carrying their own in-date prescribed emergency medication (e.g., AAIs or inhalers), and exercising reasonable care when consuming food on site.
- **Transient Visitor Disclosures:** Visitors are not added to the school's Master Allergy Register. Where food or catering is provided by the school (e.g., meetings, conferences, or catered events), visitor allergy details are collected on an event-specific basis via booking forms or reception sign-in processes and shared directly with the Catering Lead. School visitor sign-in systems include a prompt for visitors to disclose severe allergies or request necessary adjustments upon arrival, with all personal data processed in strict accordance with UK GDPR.
- **Point-of-Service Information:** All catering provided on site complies with FSA guidelines, and full allergen matrices are available upon request at point-of-service. Unlabelled, high-risk foods will not be served to visitors or staff.
- **Emergency Assistance:** In the event of a visitor experiencing an allergic reaction or asthma attack on-site, school staff will immediately call 999 and provide first aid support. School "spare" emergency AAIs or inhalers may be administered in life-threatening situations to save life under common-law emergency duty of care protocols.

9. Staff Training and Student Wellbeing

Staff Training Requirements

All permanent, temporary, supply, cover, coaching, peripatetic, catering staff, and third party PFI staff present during times when pupils are on site must receive **annual allergy and asthma awareness and emergency response training**. Training can be conducted online (e.g., via the Trust's iHASCO platform) or face-to-face, and must cover:

- Recognising the range of symptoms of asthma attacks, allergic reactions, and anaphylaxis, including how to distinguish them from other conditions.
- The difference between food allergy, coeliac disease, and food intolerance.
- How to locate, prepare, and administer specific medication devices (AAIs and spacers). Staff must be given opportunities to physically practice with trainer adrenaline devices multiple times a year.
- The reporting mechanisms for incidents and near misses.

Student Wellbeing and Bullying Prevention

- **Anxiety Mitigation:** Living with severe allergies or asthma can induce significant anxiety. Schools must embed positive messaging, deliver age-appropriate awareness lessons during assemblies or PSHE, and actively involve students with allergies in policy reviews.
- **Inclusion:** School celebrations, rewards, and communal milestones must be planned inclusively from the outset to eliminate social isolation. Transition arrangements should include kitchen tours so anxious students can comfortably familiarise themselves with the dining area/environment and meet catering staff.
- **Allergy Bullying:** Stigmatisation, teasing, or bullying directed at individuals due to their allergies, dietary restrictions, or medication needs is a severe safeguarding concern. Staff must actively monitor, prevent, and address any such incidents through standard school behaviour and anti-bullying frameworks.
- **Safeguarding Referrals:** A safeguarding referral may be initiated if a child is repeatedly sent to school without their essential life-saving medication, or if vital allergy data is deliberately withheld by parents, placing the student at an increased risk of severe neglect or harm.

10. Serious Incidents and "Near Misses"

All allergic reactions (incidents) and "near misses" (such as a labelling error, a medication misfire, or accidental allergen exposure without a reaction) must be recorded immediately via the school's compliance software.

- **No-Blame Culture:** Incidents and near misses will be evaluated in a strictly "no-blame" spirit, focused entirely on learning lessons, improving protocols, and protecting students.
- **Evidence Retention:** Following a reaction, physical evidence—including samples of fluids or consumption residues—must be securely retained, as it may constitute vital evidence during formal reviews.
- **Review and Action Plan:** A formal report must be written and shared directly with the student, parents, and involved staff to gather feedback and determine adjustments. Relevant IHPs must be updated immediately.
- **External Reporting:** If an unsafe food item was supplied by the school operating as a food business, the incident must be reported directly to the local authority Environmental Health Team. Serious injuries may require an official report to the Health and Safety Executive (HSE) under RIDDOR guidelines.

11. Strictly Unacceptable Practices

To maintain the highest standards of safety, the Trust categorises the following actions as **completely unacceptable practice** which will trigger formal internal conduct reviews:

- Preventing a child from easily accessing, carrying, or administering their prescribed adrenaline devices or asthma reliever inhalers when and where necessary.
- Assuming every child with asthma or an allergy requires the exact same support or adjustments.
- Ignoring the direct views, experiences, or anxieties of a child, parent, or medical professional.
- Ignoring medical evidence, or assuming a child does not have an allergy simply because they are still waiting for a formal clinical diagnosis.
- Sending an unwell child who is experiencing a medical emergency (such as a suspected asthma attack or anaphylaxis) to the school office or medical room alone or unsupervised. Help must always be summoned to come directly to the child.
- Penalising a student's attendance record or blocking them from 100% attendance rewards due to medical absences, hospital appointments, or health management needs.
- Requiring or making parents feel obliged to attend the school site to administer standard medication or provide routine medical support to their child.
- Creating unnecessary barriers or preventing a child from participating in any aspect of school life, including trips and external visits, by requiring a parent to accompany them.

12. Training, Awareness and Accessibility

All permanent, temporary, supply, cover, coaching, peripatetic, catering staff, and third party PFI staff present during times when pupils are on site must receive **annual allergy and asthma awareness and emergency response training.**

Each school within the Trust must conduct a **practice emergency response to anaphylaxis and asthma at least once per academic year**. This drill must be reviewed to refine response times.

Additionally, standard fire drills and lockdown practices must actively simulate the evacuation of student-held adrenaline devices and inhalers to ensure emergency readiness in real crises.

This policy and the schools Local Allergy and Asthma Operating Procedure (appendix 1) should be read by staff on an annual basis in September.

A copy of this policy and the schools Local Allergy and Asthma Operating Procedure will be made available to all staff via the schools compliance system, currently Every, and will be published on the school's website.

13. Monitoring, Evaluation& Review

The effectiveness of this policy will be monitored by the Schools SLT Allergy Lead.

In line with the Children's Wellbeing and Schools Act and Benedict's Law this policy will be reviewed at least annually, or more frequently if local incident trends or updated statutory guidelines require it.

This policy will be approved by the Local Governing Board.

14. Links with other policies

This policy links to our policies on:

- Health & Safety Policy
- Academy Safeguarding Policy
- Supporting Pupils with Medical Conditions