ENDEAVOUR
LEARNING TRUST

ALLERGY MANAGEMENT POLICY

PEOPLE CENTRED BELONGING INDIVIDUALITY TOGETHERNESS TRANSFORMATIONAL

ENDEAVOUR LEARNING TRUST

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1. Introduction

1.1 An allergy is a reaction of the body's immune system to substances that are normally harmless to most people. Allergic reactions can range from mild symptoms, such as itching, sneezing, skin rashes or watery eyes, to severe and life-threatening reactions known as anaphylaxis. Anaphylaxis can develop rapidly and requires immediate medical attention.

1.2 Although it is possible to be allergic to any substance containing protein, most people with allergies react to a relatively small number of common allergens. These allergens can be found in food, medicines, environmental factors and everyday materials.

1.3 Common allergens in the UK include, but are not limited to, peanuts, tree nuts, sesame, milk, eggs, fish, shellfish, soya, wheat, latex, insect venom, pollen and animal dander. Some individuals may also experience allergic reactions to medicines, moulds, dust mites or other environmental triggers.

1.4 Endeavour Learning Trust is committed to creating a safe, inclusive and supportive environment for all pupils with allergies. This policy sets out the arrangements for identifying, supporting and safeguarding pupils with allergies, ensuring that they can participate fully in all aspects of school life without being placed at unnecessary risk. The Trust recognises its responsibilities under current statutory guidance and is committed to maintaining robust systems, procedures and staff training to minimise risks and respond effectively in the event of an allergic reaction.

Food Allergy

1.5 Detailed arrangements for managing food allergies, providing allergen information, working with catering providers, reducing the risk of cross-contamination, and supporting pupils with food allergies are set out in the school's Food Allergy Policy.

1.6 This policy should be read in conjunction with the Food Allergy Policy.

2. Legal

2.1 This policy has been developed in accordance with Section 34 of the Children's Wellbeing and Schools Act 2026 and the statutory guidance Allergy Safety in Schools (DfE, 2026), introduced through Benedict's Law.

2.2 Benedict's Law was enacted following a national campaign to improve allergy safety in schools and establishes a clear legal framework for protecting children and young people with allergies.

2.3 It requires all local authority-maintained schools, academies and pupil referral units (PRUs) to implement robust allergy management arrangements, including a whole-school Allergy Safety Policy, staff allergy awareness training, access to spare adrenaline auto-injectors (AAIs), and individual healthcare plans for pupils with significant allergies.

2.4 This policy sets out the arrangements that the school has established to safeguard pupils, staff and visitors with allergies and to promote a culture of allergy awareness, prevention, inclusion and effective emergency response.

2.5 This policy will be reviewed at least annually, or sooner where there has been a significant allergic reaction, an anaphylaxis incident, a near miss, changes in legislation, statutory guidance or local procedures.

2.6 Reviews will consider the effectiveness of current arrangements and identify opportunities for improvement. Any incidents or near misses will be carefully evaluated to determine whether changes to policy, procedures, training or risk management arrangements are required to further reduce the risk of harm to individuals with allergies.

3. Roles and Responsibilities

3.1 The Trustees, Local Academy Councillors and Senior Leadership Team recognise their responsibility to ensure that allergy safety is embedded within the school's systems, procedures and culture.

Allergy Safety Lead

3.2 The member of the Senior Leadership Team with overall responsibility for allergy safety is:

Name	Leanne Sambrook
Role	Allergy Safety Lead
Email	l.sambrook@linaker.org.uk

3.3 The Allergy Safety Lead is responsible for overseeing the implementation of this policy, ensuring that appropriate training, record keeping, risk assessments and emergency procedures are in place, and coordinating the annual review of allergy management arrangements. They will also lead or contribute to investigations following any allergy-related incidents or near misses and ensure that lessons learned are reflected in future practice.

Staff

3.4 The school is committed to fostering a culture of allergy awareness, inclusion and safety in which all staff understand their role in supporting pupils with allergies. Allergic reactions can occur at any time and in any area of school life, not solely during mealtimes. Consequently, all staff are expected to contribute to creating a safe environment by understanding allergy risks, recognising symptoms of an allergic reaction and responding promptly and appropriately in an emergency. Staff must be aware of the pupils in their care who have diagnosed allergies and ensure that allergy considerations form part of day-to-day practice, lesson planning, educational visits, enrichment activities and any activity involving food or other potential allergens.

3.5 All staff who are present during times when pupils are on site will receive allergy awareness and emergency response training at least annually. This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers, regular volunteers, catering staff and those supervising breakfast clubs, lunchtime provision and after-school activities. New members of staff will receive allergy awareness information as part of their induction programme, and arrangements will be in place to ensure that supply and cover staff are made aware of relevant allergy procedures and the needs of individual pupils. The training provided under this policy is intended to give staff the knowledge and confidence to support pupils with allergies and respond effectively to emergencies; however, it does not replace any additional medical competency or healthcare arrangements that may be required for individual pupils.

3.6 The designated person on the Senior Leadership Team will oversee the day-to-day implementation of allergy management procedures. They will ensure that up-to-date Allergy Action Plans are maintained and stored alongside pupils' medication and that all relevant staff are informed of any changes to a pupil's allergy management requirements. They will also be

responsible for maintaining an accurate allergy register on Arbor, recording the use of medication and emergency interventions, and ensuring that essential information is readily available to staff who require it.

3.7 To support effective identification and risk management, the school will maintain a photo allergy register or photo chart, where appropriate, which includes pupils' names, photographs and known allergens. This information will be made available to relevant staff, including catering staff where necessary, and will be reviewed regularly to ensure accuracy. Photographs will be updated whenever a pupil's appearance changes significantly to ensure that individuals can be easily and correctly identified.

3.8 The responsible person will also undertake regular checks of medication stored in school, including verifying expiry dates and ensuring that pupils who require adrenaline auto-injectors have access to them at all times. Whilst parents remain responsible for providing medication that is in date, the school will support this process by carrying out termly checks and notifying parents when replacement medication is required.

3.9 Staff leading educational visits, sporting fixtures and off-site activities must ensure that appropriate risk assessments are completed and that all emergency medication accompanies the pupil throughout the visit. Pupils with allergies must have access to their prescribed medication at all times, and trip leaders must verify that appropriate medication and healthcare information are available before departure. Where a pupil does not have access to the medication required to keep them safe, alternative arrangements will need to be considered before participation can take place.

3.10 Through these arrangements, the school aims to ensure that allergy awareness becomes an embedded aspect of its safeguarding culture, promoting safety, inclusion, confidence and wellbeing for all pupils with allergies.

Parents

3.11 Upon admission to the school, parents and carers are responsible for informing the school in writing of any known allergies and providing all relevant information relating to their child's condition. This information should include details of any previous allergic reactions, a history of anaphylaxis where applicable, known allergens, and details of any prescribed medication. Information may be collected through the school’s admission processes, data collection forms and any additional documentation requested by the school or its catering provider.

3.12 Parents and carers must provide appropriate medical evidence to confirm their child's allergy, such as documentation from a consultant, GP, allergy specialist, or other relevant healthcare professional. This enables the school to ensure that suitable support, risk assessments and safety measures can be implemented.

3.13 Parents are also responsible for providing the school with an up-to-date Allergy Action Plan, preferably using the British Society for Allergy and Clinical Immunology (BSACI) format. Where an Allergy Action Plan is not already in place, parents should work with an appropriate healthcare professional to develop one as soon as possible and provide a copy to the school.

3.14 It is the responsibility of parents and carers to ensure that all prescribed medication, including adrenaline auto-injectors and antihistamines, is supplied to the school where required,

remains within its expiry date and is replaced promptly when necessary. Parents should regularly check medication and respond promptly to any reminders issued by the school regarding expiry dates.

3.15 Parents and carers are expected to work in partnership with the school by keeping allergy information up to date and informing staff immediately of any changes to their child's diagnosis, treatment, medication, allergy triggers or healthcare advice. Allergy Action Plans, Individual Healthcare Plans and associated risk assessments will be reviewed and updated whenever new information becomes available to ensure that appropriate support and safeguards remain in place.

Children

3.16 Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.

3.17 Pupils who are trained and confident to administer their own auto -injectors will be encouraged to take responsibility for carrying them on their person at all times.

4. Staff Training and Procedures

4.1 The designated Senior Leadership Team who is responsible for coordinating the school's arrangements for allergy management, including the implementation of the Allergy Management Policy and ensuring that appropriate training is in place for all staff. First aiders and other designated members of staff should receive training in the use of adrenaline auto-injectors (AAIs).

4.2 Regardless of the training provider, the programme must include a practical element to ensure staff are confident in recognising and responding to an anaphylaxis emergency.

4.3 All staff must receive anaphylaxis awareness training to ensure they are able to support pupils with allergies effectively and respond appropriately in an emergency. Please refer to the Culture Section to see what the training involves.

4.4 Through training and ongoing professional development, staff will:

- Develop an understanding of allergies, the risks they present, how allergic reactions can occur and how they can be managed.
- Understand that allergy can include a range of conditions, including food allergy, asthma, eczema, hay fever and other allergic conditions, which may coexist.
- Understand the differences between food allergy, food intolerance and coeliac disease.
- Know where to find information about individual pupils' allergy triggers, healthcare needs and allergy records.
- Be able to identify the signs and symptoms of allergic reactions, including anaphylaxis.
- Understand how to respond in an emergency, including:
- calling emergency services and informing parents;
- how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).
- training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices).
- Be familiar with the location, use and safe administration of prescribed and spare adrenaline auto-injectors (AAIs), asthma reliever inhalers and associated medical equipment.
- Receive training in the use of emergency medication and devices, including prescribed and spare AAIs and asthma inhalers, to enable a confident and effective response in an emergency.
- Understand the emotional and social impact that living with an allergy may have on a child or young person's wellbeing.
- Be familiar with the school's Allergy Safety Policy, Allergy Action Plans and Individual Healthcare Plans.
- Understand their responsibilities for minimising the risk of exposure to known allergens.
- Know how to record, report and respond appropriately to allergic reactions, anaphylaxis incidents and allergy-related near misses.

- Understand the procedures for reviewing incidents and near misses to support continuous improvement in allergy safety practice.

4.5 In line with statutory guidance, all staff must complete mandatory allergy awareness and anaphylaxis training annually as a minimum. A training presentation is available on FROG for schools to use.

4.6 Schools must maintain records of training completion and ensure that all staff are confident in recognising the signs and symptoms of allergic reactions and anaphylaxis, and in responding appropriately and promptly in an emergency. The training is to be completed annually to ensure staff knowledge and confidence remain current.

5. Minimising Risk

5.1 The school will minimise the risk of children, young people, staff and visitors coming into contact with known allergens by:

- Taking reasonable measures to manage the risk of exposure to food allergens through food provided by the school, including working with catering providers, making allergen information available, considering individual dietary requirements and promoting safe food preparation and serving practices.
- Taking reasonable measures to manage the risk of exposure to food allergens through food brought into school by pupils, parents, staff or visitors, including communicating expectations, raising awareness and implementing proportionate controls where necessary.
- Implementing reasonable adjustments and control measures for children and young people with known allergies to airborne or contact allergens, in accordance with their Allergy Action Plan, Asthma Action Plan and/or Individual Healthcare Plan.
- Ensuring that staff planning lessons, enrichment activities, celebrations, events or other activities consider the potential risk of allergen exposure and take appropriate steps to reduce risk. This includes activities involving food, craft materials, science experiments, music, sensory resources, plants or animals.
- Ensuring that all educational visits, residential visits and off-site activities are planned with due regard to the needs of individuals with allergies, with specific risk assessments completed where required and appropriate measures put in place to minimise risk and ensure access to emergency medication.
- Promoting good hygiene practices, including handwashing, cleaning of surfaces and the safe disposal of food waste, to reduce the risk of accidental allergen exposure.
- Ensuring that staff, volunteers and relevant contractors are aware of the allergy needs of individuals in their care and understand the measures required to keep them safe.
- Regularly reviewing risk control measures in partnership with pupils, parents, healthcare professionals, catering providers and staff to ensure allergy management arrangements remain effective and proportionate.

6. Effective Management of Allergies in School

6.1 Schools must have suitable and sufficient systems and procedures in place to ensure that all allergies are managed effectively, including food allergies and non-food allergies.

6.2 The Allergy Management Checklist (Appendix 1) should be used to support the effective management of allergies in school.

Identification and Allergy Register

6.3 Information relating to an individual's allergens, medical needs and prescribed emergency medication, including adrenaline auto-injectors (AAIs), asthma inhalers or other relevant medication, will be gathered during admission and recruitment processes, through ongoing communication with parents, carers and staff, and through liaison with previous educational settings, healthcare professionals and other agencies where appropriate. A central register of individuals with allergies will be maintained and kept up to date, recording known allergens, prescribed medication, the location of medication and whether an Individual Healthcare Plan (IHP) and/or Allergy Action Plan is on Arbor.

6.4 The school will ensure that allergy information is reviewed regularly and whenever there is a change in an individual's health needs, so that staff have access to accurate and current information to support the safety and wellbeing of those in their care.

Individual Health Care Plans

6.5 Children and young people should have an Individual Healthcare Plan where their allergy has a functional impact on them in school, college or another setting; where they are at risk of harm as a result of their allergy; and where they require arrangements that are additional to or different from those generally provided.

6.6 The IHP will set out the additional and/or different arrangements that will be in place to support the child or young person with their medical condition or allergy, including arrangements for emergency situations.

6.7 Where a child or young person with an allergy requires specific support arrangements, these should be documented through an Individual Healthcare Plan. This includes children and young people whose allergies require flexibility and reasonable adjustments, as well as those who require medication, either proactively or in an emergency situation.

Allergy Action Plans

6.8 Where an Allergy Action Plan has been issued by a healthcare professional, the IHP should refer to or include the relevant plan.

6.9 Whenever an updated Action Plan becomes available, the child's Individual Healthcare Plan should be reviewed and updated accordingly.

6.10 Allergy action plans providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector.

6.11 All trust establishments should recommend the use of the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plan to ensure continuity. This is a national plan that has been agreed by the BSACI, the Anaphylaxis Campaign and Allergy UK.

6.12 Allergy Action Plan templates are available from Paediatric Allergy Action Plans – BSACI.

6.13 An Allergy Action Plan must be in place for all pupils diagnosed with allergies (e.g. any pupils prescribed with rescue medication, including adrenaline auto-injectors and/or antihistamines).

6.14 It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. consultant/GP/school nurse/allergy nurse) and provide this to the school.

Adrenaline Auto-Injectors (AAIs)

6.15 Adrenaline auto -injectors (AAIs) are rescue medication prescribed for people with a severe allergic reaction. Examples of brands include EpiPen, Jext, Emerade.

6.16 They are a safe and quick way to inject adrenaline, which can be lifesaving, and can be administered by the person themselves or a trained first aider/trained member of staff.

6.17 Pupils who are prescribed adrenaline devices have rapid access to their devices at all times.

6.18 In the case of anaphylaxis, adrenaline should be administered within five minutes. This includes in the lunch area, playground and sports fields or when on visits or trips.

7. Anaphylaxis

7.1 Anaphylaxis is a severe and potentially life-threatening allergic reaction that occurs when the body's immune system reacts rapidly to an allergen. It represents the most serious end of the allergic spectrum and can affect multiple body systems simultaneously. Symptoms often develop within minutes of exposure to an allergen, although in some cases they may occur several hours later. Common triggers include foods, insect stings, medicines and other allergens. Prompt recognition and treatment of anaphylaxis are essential, as delays can significantly increase the risk of serious harm.

7.2 Healthcare professionals generally regard an allergic reaction as anaphylaxis when it affects a person's ability to breathe, causes swelling of the airway, or has an impact on heart rhythm or blood pressure. The signs and symptoms of anaphylaxis are often described using the ABC approach:

- **Airway** – swelling of the tongue, throat or airway, difficulty swallowing, or changes in voice.
- **Breathing** – wheezing, persistent coughing, shortness of breath or difficulty breathing.
- **Circulation** – dizziness, collapse, pale or clammy skin, loss of consciousness, or signs of low blood pressure.

7.3 Staff must be aware that anaphylaxis can progress rapidly and should always be treated as a medical emergency. If anaphylaxis is suspected, adrenaline should be administered immediately in accordance with the individual's Allergy Action Plan and emergency services contacted without delay. If in doubt, staff should err on the side of caution and follow the school's emergency procedures for severe allergic reactions.

7.4 For details on anaphylaxis, please see: https://www.nhs.uk/conditions/anaphylaxis/

8. Anaphylaxis Emergency Procedure

8.1 In the event of a suspected anaphylactic reaction, staff must act immediately and follow the steps below:

Step One: Administer the Adrenaline Auto-Injector (AAI) Without Delay	• If there are any signs of anaphylaxis, administer the pupil's AAI immediately. • *Signs of anaphylaxis may include:* - Swelling of the throat or tongue - Wheezing or difficulty breathing - Dizziness - Extreme tiredness - Confusion • If there is any doubt about whether the reaction is anaphylaxis, use the AAI.
Step Two: Call 999 Immediately	• Dial 999 and request an ambulance. • Clearly state that the pupil is experiencing anaphylaxis.
Step Three: Place the Pupil in the Correct Position	• If the pupil is not already lying down, help them to lie flat. • Raise their legs where possible to help maintain blood flow to the heart and vital organs. • The pupil should remain lying down, even if they begin to feel better. • If the pupil is pregnant, they should lie on their left side.
Step Four: Administer a Second AAI (if required)	• If there is no significant improvement after 5 minutes, administer a second AAI. • Pupils at risk of anaphylaxis should have access to two AAIs at all times. • Ensure AAIs are regularly checked and replaced before their expiry date.

8.2 This procedure is based on guidance from the Medicines and Healthcare products Regulatory Agency (MHRA).

8.3 Further information can be accessed through the MHRA Emergency Procedures for Anaphylaxis video and infographic (Appendix 2)

9. Supply, Storage and Care of Medication

9.1 Most secondary-aged pupils should be encouraged to take responsibility for managing their allergy and to carry their two prescribed adrenaline auto-injectors (AAIs) with them at all times in a suitable, clearly labelled bag or container.

9.2 A copy of the pupil's Allergy Action Plan should also be kept within the bag or container to ensure that emergency information is readily available if required.

9.3 Older primary-aged pupils who are assessed as sufficiently mature, responsible and competent may also be encouraged to carry and manage their own medication in the same way.

9.4 For younger pupils, or for those who are not yet able to safely take responsibility for carrying and managing their own medication, an anaphylaxis kit should be maintained by the school.

9.5 The kit must be stored securely but must not be locked away, ensuring that it is readily accessible to all staff in the event of an emergency.

9.6 The location of the kit should be known to all relevant staff and arrangements should be in place to ensure that emergency medication can be accessed without delay.

9.7 Medication should be stored in a rigid box and clearly labelled with the pupil's name and a photograph.

9.8 The pupil's medication storage box (anaphylaxis kit) should contain:

- adrenaline injectors e.g., EpiPen®, Jext® (two of the same type being prescribed)
- an up-to-date copy of the pupil's Allergy Action Plan
- antihistamine as tablets or syrup (if included on the plan)
- spoon (if required)
- asthma inhaler (if included on the plan).

9.9 It is the responsibility of parents or carers to ensure that any anaphylaxis kit and prescribed medication provided for use in school are clearly labelled, in date and replaced as required. The designated responsible person within the school, will check all allergy medication held on site at least termly.

9.10 Where medication is approaching its expiry date, parents will be reminded to obtain and provide replacement medication to ensure that emergency treatment remains available at all times.

9.11 Parents are also encouraged to subscribe to the expiry reminder services offered by the manufacturers of their child's prescribed adrenaline auto-injectors (AAIs). These alert systems can help families monitor expiry dates and obtain replacement devices in good time, reducing the risk of pupils being without in-date emergency medication.

Older children

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

Storage

9.13 Adrenaline auto-injectors (AAIs) should be stored at room temperature, protected from direct sunlight and temperature extremes.

9.14 Any risk of high temperatures should be monitored. If temperatures in the cupboard where the emergency kits are stored exceed 25 degrees Celsius then further advice should be sought from a medical professional/pharmacist.

Disposal

9.15 Adrenaline auto-injectors (AAIs) are single use only and must be disposed of as sharps.

9.16 Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin.

9.17 Sharps bins should be obtained from and disposed of by a clinical waste contractor/specialist collection service/local authority. Staff should be aware of where the sharps bin is located.

10. Spare Adrenaline Auto-Injectors in School

10.1 The school will maintain a supply of spare adrenaline auto-injectors (AAIs) for emergency use in situations where a pupil is known to be at risk of anaphylaxis but their own prescribed devices are unavailable, inaccessible or unable to be used, for example if they have expired or malfunctioned.

10.2 Spare AAIs will be stored in a rigid container clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', or as part of a clearly marked emergency anaphylaxis kit. The kit may also contain emergency asthma reliever inhalers, spacers and instructions for use.

10.3 Schools should ensure that no child or young person is more than five minutes from adrenaline devices.

10.4 Adrenaline devices should always be stocked and stored in pairs. Schools with large sites should consider having two pairs of "spare" devices, so that a pair of "spare" adrenaline devices are available within five minutes of wherever they may be needed.

10.5 Where schools operate across more than one site, they should ensure there are spare adrenaline devices of the appropriate dosage on each site as required.

10.6 When storing "spare" adrenaline devices:

- "Spare" adrenaline devices must be readily accessible and not locked away;
- In the event of anaphylaxis, adrenaline should be administered as soon as possible. In practice, this should be no more than five minutes, i.e. adrenaline devices must be able to be brought to the person having anaphylaxis within 5 minutes. Schools should consider how to achieve this as part of their allergy safety policy. In larger schools, more than one set of "spare" adrenaline devices may be needed (for example one near the central dining area and another near the playground);
- "Spare" adrenaline devices should be stored in pairs, so that if a second one is necessary it is on hand rather than needing to be obtained from elsewhere on site;
- "Spare" adrenaline devices should be clearly labelled, to avoid any confusion with adrenaline devices prescribed to a named person. Some schools choose to have a clearly marked "emergency anaphylaxis kit" containing the spare adrenaline devices, any emergency asthma reliever inhaler and spacers and instructions for their use.

10.7 The designated responsible person on the Senior Leadership Team, will check all spare AAIs at least every half term to ensure they remain in date and fit for use. Procedures will be in place to replace spare devices promptly when they are used or reach their expiry date and to ensure their safe disposal in accordance with guidance relating to sharps and medical waste.

10.8 Children may present with symptoms of an allergic reaction or anaphylaxis without a previously confirmed allergy diagnosis, and symptoms may develop or worsen over time. In any situation where anaphylaxis is suspected, staff must take immediate emergency action in line with statutory guidance and should administer an adrenaline auto-injector (AAI) without delay, even where no confirmed diagnosis exists. In these emergency circumstances, where there is a risk to life, consent for treatment is assumed and staff should always act in the best interests of the child. Staff must immediately call 999, state that anaphylaxis is suspected, and

follow the advice of the emergency operator regarding the administration of a spare AAI and any further emergency treatment.

Purchasing Spare AAIs for School

10.9 Schools must purchase and maintain at least two spare adrenaline auto-injectors (AAIs) for emergency use. These devices should be available for use when required and form part of the school's wider arrangements for managing anaphylaxis and severe allergic reactions. To minimise the risk of confusion during an emergency, each pair of spare AAIs must be of the same brand, such as two EpiPens or two Jext devices, rather than a mixture of different brands. This ensures that if a second dose is required, typically five minutes after the first, staff can administer the device correctly and confidently using the same method.

10.10 Schools must also ensure that the spare AAIs purchased are of the appropriate dosage for the pupils and/or staff within the school who have been prescribed adrenaline auto-injectors as rescue medication. When selecting spare devices, consideration should be given to the age, weight and prescribed medication of those who may require emergency treatment.

10.11 To support the purchase of spare AAIs, please complete the school's local pharmacist. Spare AAIs may also be obtained through approved online medical equipment or first aid suppliers. Schools should ensure that all purchased devices are stored, monitored and maintained in accordance with the procedures outlined within this policy.

11. Inclusion, Wellbeing and Safeguarding

11.1 The school is committed to ensuring that all children and young people with medical conditions, including allergies, are fully supported in both their physical health and emotional wellbeing so that they can participate fully in school life, remain healthy and achieve their academic potential.

11.2 The school recognises that living with an allergy, and the associated risk of anaphylaxis, can be a significant source of anxiety for pupils and their families. As part of its commitment to inclusion and wellbeing, the school will work closely with pupils, parents and staff to ensure that children with allergies feel safe, supported and confident. Age-appropriate education, staff awareness, effective communication and robust allergy management procedures will help to create an environment in which pupils can participate in all aspects of school life without unnecessary restriction or fear.

11.3 The school also recognises that pupils with allergies may be vulnerable to teasing, bullying or unkind behaviour relating to their condition, medication, dietary requirements or emergency procedures. Such behaviour will not be tolerated.

11.4 Allergy-related bullying will be addressed through the school's behaviour and anti-bullying policies, and any concerns will be investigated promptly and dealt with appropriately. The school will promote understanding and awareness of allergies among pupils and staff to foster a culture of respect, inclusion and empathy.

11.5 Through education, positive relationships and effective safeguarding practices, the school will seek to ensure that pupils with allergies feel valued, respected and protected from discrimination, harassment or exclusion.

12. School Trips and Educational Visits

12.1 The school is committed to ensuring that pupils with allergies can participate fully and safely in educational visits and school trips. Staff leading visits must ensure that all relevant emergency supplies are carried and that required medication for pupils with medical conditions, including allergies, is available throughout the visit. Visit Leaders are responsible for checking that pupils have their prescribed medication, including adrenaline auto-injectors (AAIs), before departure. A designated member of staff will oversee the checking, safe storage and administration of medication during the visit. Pupils who are unable to provide the medication required to manage their condition safely will not be permitted to attend.

12.2 All activities included within a school visit will be risk assessed to identify any potential risks to pupils with allergies. Where necessary, reasonable adjustments and alternative activities will be considered to ensure that pupils are able to participate safely and inclusively. Particular attention should be given to activities or locations where environmental factors may increase the risk of exposure to allergens, such as outdoor learning, sports activities on school fields, farm visits or countryside walks where exposure to insects such as bees may occur.

12.3 Where heightened risks are identified, a specific allergy risk assessment must be completed and any concerns discussed with the pupil, parents or carers, and the staff involved in the visit. Additional control measures may be required, including specific parental consent, enhanced first aid arrangements and additional staff training, such as training in the use of adrenaline auto-injectors. Emergency planning should take account of the location of the visit, access to emergency medical services and the availability of emergency medication at all times.

12.4 Overnight and residential visits can be accommodated with careful planning and preparation. Where appropriate, the Visit Leader should arrange a meeting with parents or carers to discuss the arrangements that will be put in place to support the pupil's medical needs. Residential venues should be informed in advance that a pupil with allergies will be attending so that suitable catering arrangements and risk management measures can be implemented. Staff planning visits must consider dietary requirements, allergen management, emergency procedures and access to medical assistance well in advance of the visit.

12.5 The school recognises that most parents wish their children to participate fully in the wider life of the school and will work collaboratively with families to support this. Through effective communication, careful planning and robust risk assessment processes, the school will seek to ensure that pupils with allergies can access educational visits, residential experiences and enrichment activities safely, confidently and inclusively.

Sporting Fixtures

12.6 Allergic children should have every opportunity to attend sports fixtures to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation.

12.7 A member of staff trained in administering adrenaline will accompany the team and the required medication taken on every fixture.

13. Serious Incidents and Near Misses

13.1 The school will record, report, investigate and respond to all allergy-related incidents and near misses, including accidental exposure to allergens, allergic reactions, administration of medication, and any failure to follow agreed procedures. All incidents and near misses must be reported to the Headteacher and recorded in accordance with the school's accident, safeguarding and medical needs procedures.

13.2 Where an allergic reaction or suspected anaphylaxis occurs, parents/carers will be informed as soon as possible. In some cases, the effects of allergen exposure may not become apparent until the child has returned home. The school therefore encourages children, parents/carers and healthcare professionals to report any suspected allergy-related incident linked to a school activity, meal, event or environment, even where symptoms develop after the school day has ended.

13.3 All serious incidents and near misses will be reviewed to identify any lessons learned, required actions, or amendments to individual healthcare plans, risk assessments, staff training or school procedures. Where appropriate, incidents will be reported and escalated in accordance with relevant statutory, safeguarding and health and safety requirements.

13.4 Further guidance on the recording, administration of medication and management of medical emergencies can be found in the school's Supporting Pupils with Medical Conditions Policy.

14. Information Sharing

14.1 The school recognises that information about a child or young person's allergy is highly sensitive personal information and will be managed in accordance with UK GDPR, data protection legislation and the school's Data Protection Policy. Information relating to a child's allergy, healthcare plan and emergency treatment requirements will only be shared with those members of staff who need the information to safeguard the child and fulfil their responsibilities.

14.2 Relevant information will be shared with teaching staff, support staff, lunchtime supervisors, educational visits leaders, catering staff and other appropriate adults to ensure that reasonable adjustments, risk reduction measures and emergency procedures can be implemented effectively. Wherever possible, information will be shared in a way that protects the child's dignity, privacy and independence, and avoids unnecessarily singling them out.

14.3 The school will work in partnership with parents/carers and, where appropriate, the child or young person to determine what information needs to be shared and with whom. Individual Healthcare Plans will clearly identify the information that must be readily available in order to keep the child safe, including allergen triggers, signs and symptoms of a reaction, and emergency treatment arrangements.

14.4 Information about a child's allergy may also be shared with external professionals, transport providers, educational visit venues, catering contractors or emergency services where this is necessary to safeguard the child and support their participation in school activities. Such sharing will be proportionate, relevant and limited to the information required for the specific purpose.

14.5 Further information regarding the collection, storage, use and sharing of personal data can be found in the school's Data Protection Policy.

15. Awareness of the Allergy Safety Policy

15.1 The school is committed to promoting awareness of allergy safety and ensuring that all members of the school community understand their role in protecting children and young people with allergies. This Allergy Safety Policy will be published on the school website and made available to staff, parents/carers, governors and other relevant stakeholders.

15.2 All staff will be made aware of the policy as part of their induction and annual allergy awareness and anaphylaxis training. Staff are expected to understand the procedures outlined in this policy, including how to recognise allergic reactions, respond to emergencies, and implement reasonable adjustments to support pupils with allergies.

15.3 The school will promote age-appropriate awareness of allergies amongst children and young people to help foster a safe, inclusive and respectful environment. This may include teaching pupils about allergies, the importance of not sharing food, recognising when someone may need help, and seeking adult support promptly if they are concerned about a peer.

15.4 Where a child or young person is prescribed an adrenaline auto-injector (AAI), it may be appropriate, following discussion and agreement with the child and their parents/carers, for close friends or classmates to receive age-appropriate information about how to recognise an emergency and seek help from a member of staff. Any such awareness activities will be carefully planned to respect the child's dignity, privacy and wishes and will not replace the responsibility of trained staff to respond to allergic reactions and anaphylaxis.

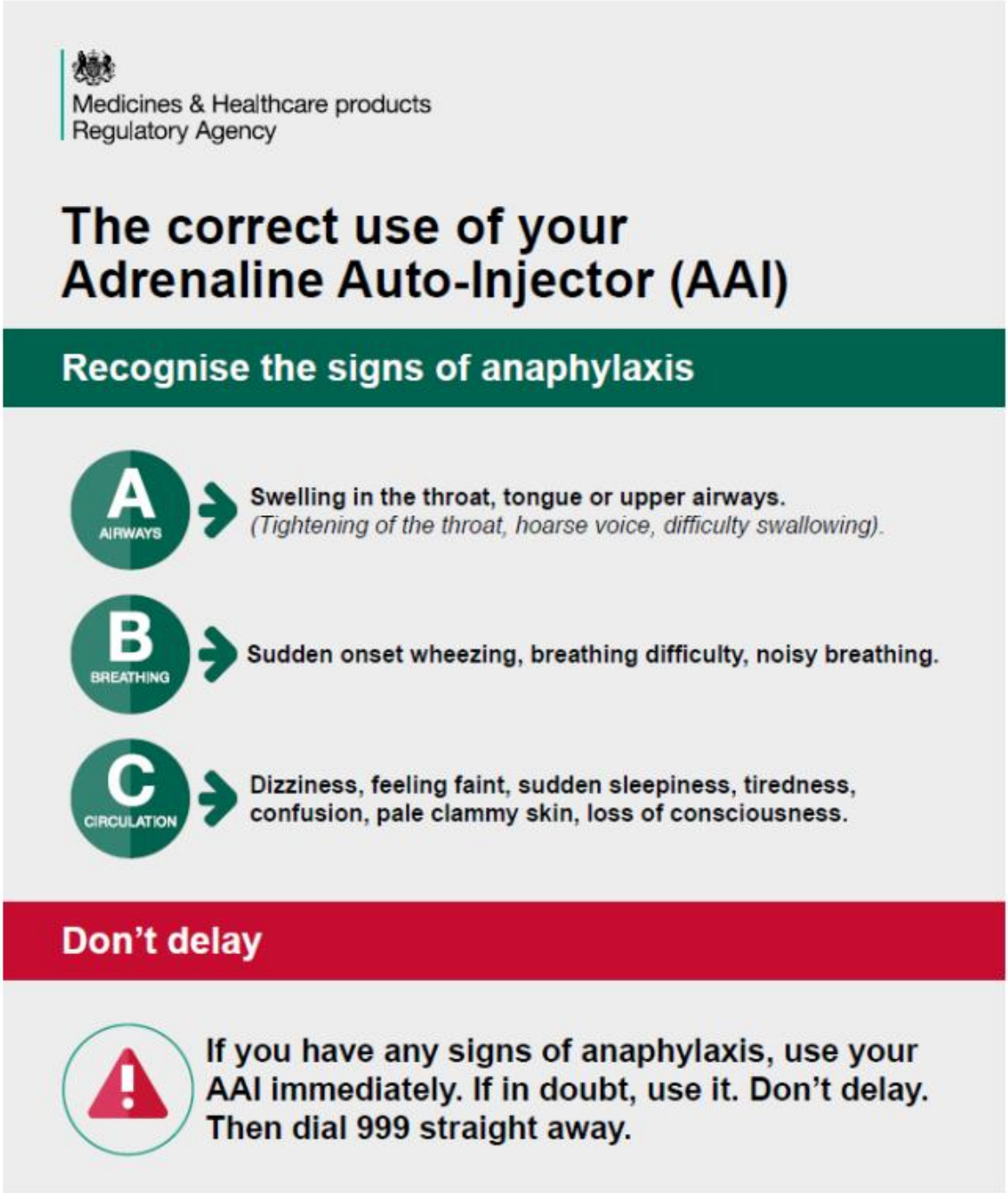
15.5 The school will regularly review how awareness of allergy safety is promoted and will work in partnership with pupils, parents/carers and healthcare professionals to ensure that allergy safety remains embedded within the school's culture and practice.

Appendix One: *School Allergy Management Checklist*

Schools will have the following in place for each pupil who has been diagnosed with an allergy:	
1	An Allergy Action Plan which has been completed by the child's HealthCare Professional and provided to school by parents for each pupil diagnosed with an allergy. *(Paediatric Allergy Action Plans - https://www.bsaci.org/resources/resources/paediatric-allergy-action-plans/)*
2	Where prescribed, two of their adrenaline auto-injectors are carried by the pupil where age appropriate (or held in school with easy, quick access in an emergency).
Schools will also have the following in place:	
3	Emergency Anaphylaxis Kit, including at least 2 spare adrenaline auto-injectors (see appendix 8 for template letter for school to purchase spare AAIs).
4	An Allergy Register will be maintained on Arbor, including: - Pupils prescribed AAIs - Pupils diagnosed but not prescribed AAIs
5	Annual briefing for all staff on allergy awareness and anaphylaxis emergency procedures.
6	Pupils with a severe allergy are identified to all staff.
7	Sufficient numbers of designated staff trained in the use of adrenaline auto-injectors.
8	Half termly checks on pupil AAIs held in school, Emergency Anaphylaxis Kits (Spare AAIs) and the Allergy Register.
9	A system to effectively manage school meals/lunch time food arrangements for all pupils with allergies, including identifying pupils with allergies and providing them with safe meals.
10	Complete Appendix 6: Allergy management plan for school meals and review annually.
11	Risk assessments in place for all food related activities/provision in school to ensure they are safe for pupils/others with food allergies, including breakfast club, baking activities, cake sales, free food/treats, school/ charity event etc.
12	Allergen information (and food labelling where required) is provided for school meals and all other food related activities for anyone who may be affected, including pupils/ families/ others.
13	Correct labelling is included on any prepacked food items for direct sale which is compliant with current regulations (including Natasha's Law).
14	Age-appropriate allergy awareness sessions are delivered to all pupils (e.g., as part of the PSHE curriculum).
15	Managing allergens in Food Kitchens Policy.
16	Supporting Children with Medical Conditions Policy.

Appendix Two: *Infographics on Anaphylaxis and Emergency Procedures*

- **The infographics can be sourced via the following link:** https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1151014/17002885_The_correct_use_of_your_Adrenaline_Auto-Injector__AAI__CC_V10.pdf
- **There is also a video that can be used as part of the staff awareness training via:** https://www.youtube.com/watch?v=4vNR5N1-iBw



What to do in an emergency

Use your AAI without delay.

Immediately dial 999
say anaphylaxis. *("ana-fill-axis")*

If you are not already lying down, then do so. *(see positioning below)*

Use your second AAI if you haven't improved after 5 minutes.

Correct positioning

Lie down flat and raise your legs.

If pregnant, lie down on left side.

Don't stand up. Stay lying down even if you are feeling better.

Prop yourself up if you are struggling to breathe but don't change position suddenly. Lie down again as soon as you can.

Be prepared

1. There are 3 different types of AAI. Know how to use yours.
2. Follow the instructions.
3. Always carry 2 in-date AAIs with you.
4. Check the expiry dates regularly and replace AAIs before they expire.

Report a problem/fault

Report any suspected defective AAIs to the MHRA Yellow Card scheme. Keep defective AAIs for investigation.

March 2023

Based on the Public Assessment Report of the Commission on Human Medicines' Adrenaline Auto-Injector Expert Working Group: Recommendations to support the effective and safe use of adrenaline auto-injectors.

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Document Control

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