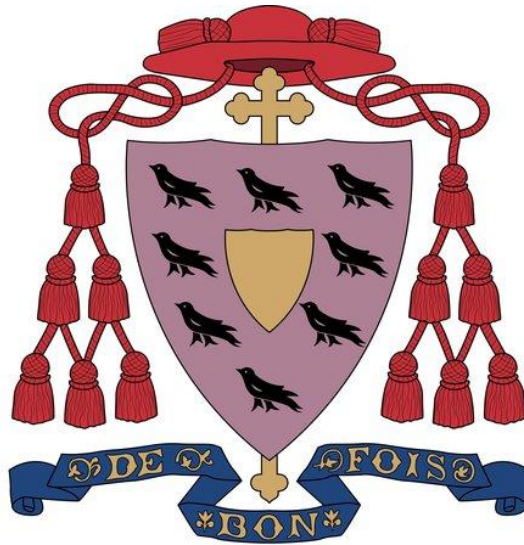




Bishop Chadwick Catholic Education Trust

Allergy and Anaphylaxis Policy

Policy Owner	Chief Standards Officer
Date Policy was Initially Agreed by Directors	18 May 2026
Review Date(s)	
Date Agreed by Directors	18 May 2026
Next Review Date	May 2027

St Aidan's Catholic Academy

Review Frequency	Annually
Date approved by governors	
Date of next review	
Purpose	To minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school-related activity. To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.
Links with other policies	Medical Diets Policy Anti- Bullying Policy

The named staff members (at least 2 of which one should be SLT) responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:

Mrs G Hogg
Miss V Atkinson

The named governor for allergies is

Mrs C Emmerson

TABLE OF CONTENTS

CONTENTS	
	Page
Introduction	1
Roles and Responsibilities	2
Allergy action plans	3
Emergency treatment and management of anaphylaxis	4
Supply, storage and care of medication	5
'Spare' adrenaline auto-injectors in school	6
Staff training	6
Inclusion and safeguarding	7
Catering	7
School trips	8
Allergy awareness and nut bans	8
Risk assessments	9
Useful links	9
Footnotes	10
Appendix A	13

1. Introduction

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction and must be treated as a medical emergency. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to):-
Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how St Aidan's Catholic Academy will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Role and responsibilities

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform school of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan ([BSACI plans](#) preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.
- Parents should inform school if their child has experienced an allergic reaction overnight or during a weekend when they next arrive at school.

Designated Allergy Lead responsibilities (Mrs G Hogg)

- for making sure all staff are appropriately trained on an annual basis, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment);
- Ensuring the safety, inclusion and wellbeing of pupils and staff with an allergy;
- Taking decisions on allergy management across the school;
- Championing and practising allergy awareness across the school;

- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management;
- Ensuring allergy information is recorded, up-to-date and communicated to all staff
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures.
- Reviewing the school's stock of spare adrenaline pens and ensuring staff know where they are;
- Keeping a record of any allergic reactions or near-misses, reporting these to the appropriate authority where necessary and ensuring the circumstances are investigated and learnings shared;
- Having full oversight of **school annual anaphylaxis drill**

Pupil Support responsibilities

- They maintain an accurate register of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as pupils with an allergy where no adrenaline pens have been prescribed.
- They will ensure an up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication is in date however the pupil support will check medication kept at school on a termly basis and send a written reminder to parents if medication is approaching expiry.
- The Pastoral Admin Team keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given. They also monitor the school's stock of spare adrenaline pens, including brand, dose and expiry date. The location of spare adrenaline pens should also be documented. They should replace spare adrenaline pens when necessary due to usage or expiry date.
- An appointed member of SLT ensures that any reaction or near misses is recorded and reported internally or in accordance with RIDDOR.

Admissions staff responsibilities

The admissions team is likely to be the first to learn of a pupil or visitor's allergy. They should work with the Designated Allergy Lead to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity. This information is gathered as part of the data collection prior to the pupil being enrolled at the school.
- There is a clear structure in place to communicate this information to the relevant parties (i.e. school nursing team, catering team);
- Parents and applicants are informed of catering arrangements during admission events; and
- Plans are made for emergency medication if the child is to be left without parental supervision.

Staff responsibilities

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff must be aware of the pupils in their care who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.

- Pupils with allergies may require additional pastoral support including regular check-ins;
- Bullying related to allergy will be treated in line with the school's anti-bullying policy.

Pupil Responsibilities

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

3. Allergy Action Plans

Allergy action plans are designed to function as individual healthcare plans for children with food allergies, 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. Pupils with allergies should have an **Individual Healthcare Plan**. The information on this plan must cover:

- Known allergens and risk factors for allergic reactions;
- A history of their allergic reactions;
- Detail of the medication the pupil has been prescribed including dose, this should include adrenaline pens, antihistamine etc;
- A copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis;
- A photograph of each pupil; and
- A copy of their Allergy Action Plan. See definitions for the BSACI templates.

British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by school. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. The allergy action plans are designed to function as an individual healthcare plan.

4. Emergency Treatment and Management of Anaphylaxis

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- **AIRWAY** - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathing.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness,

confusion, pale clammy skin, loss of consciousness.

The term for this more severe reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Action:

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. Use pupil's own prescribed medication if immediately available; Pupil can administer the adrenaline pen themselves [if able to] or a member of staff can administer pen. Ideally the member of staff will be trained, but in an emergency, anyone can administer adrenaline. If the pupil's own adrenaline pen is not available or misfires, then use a spare adrenaline pen;
- AAls should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- **CALL 999** and state **ANAPHYLAXIS (ana-fil-axis)**.
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or Allergy Action Plan, lie the pupil down with their legs raised, call 999 and explain anaphylaxis is suspected. Inform the operator that spare adrenaline pens are available and follow instructions from the operator. The MHRA says that in exceptional circumstances, a spare adrenaline pen can be administered for the purposes of saving a life.

Whilst you are waiting for the ambulance, keep the child where they are. **Do not stand them up, do not sit them in a chair**, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have

recovered as a reaction can re-occur after treatment.

5. Supply, storage and care of medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own **two** AAls on them at all times in a suitable bag/container and this container i.e. red drawstring bag, is expected to be the same across the school for consistent identification.

- For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept within 5 minutes of them, not locked away and **accessible to all staff**.
- Staff must be made aware that there is a clear expectation that EYFS pupils will not self-carry AAls
- A named adult will have responsibility for AAl's during continuous provision and outdoor learning

The pupil's medication storage container should contain:

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

Medication should be stored in a suitable container and clearly labelled with the pupil's name. Staff must follow handwashing and environmental controls, especially within EYFS settings.

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the School will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAls their child is prescribed, to make sure they can get replacement devices in good time.

Older children and medication

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

Storage

AAls should be stored at room temperature, protected from direct sunlight and temperature extremes. All AAl's will be stored in an identical container across all BCCET schools to ensure consistency across all sites. These will be provided for schools centrally.

Disposal

AAls are single use only and must be disposed of as sharps. Used AAls can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin.

A Sharps Bin is available in the First Aid Room and this is disposed of via an approved clinical waste contractor.

6. 'Spare' adrenaline auto-injectors in school

St Aidan's Catholic Academy has purchased spare AAls for emergency use in children who are risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date) or are experiencing anaphylaxis for the first time.

These are stored in the Anaphylaxis Kit located in the main office, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff**. School holds 7 spare pens which are kept in the following location/s:-

Main Office (2 x 300mg, 2 x 150 mg)
Head of House Office
PE Block
Briery

Pupil support is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

Written parental permission for use of the spare AAls is included in the pupil's allergy action plan.

7. Staff Training

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-

Mrs G Hogg
Miss V Atkinson

All staff will complete Allergy and Anaphylaxis training annually, and on an ad-hoc basis during induction of new staff.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAls) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date

Training should also include:

- Where adrenaline pens are kept (both prescribed pens and spare pens) and how to access them;
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying;
- Understanding food labelling; and
- Taking part in an anaphylaxis drill

The school will carry out an annual anaphylaxis drill. This includes:

- An exercise simulating an event where a pupil or member of staff goes into anaphylactic shock testing the whole school response.
- A debrief with the Headteacher and Leadership Team post the drill to respond to any observations made during the simulation.

St Aidan's Catholic Academy ensures that staff undertake a practical session using trainer devices provided by KITT Medical.

8. Inclusion and safeguarding

St Aidan's Catholic Academy is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

9. Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The school's menu is available for parents to view via the trust website. Any questions from parents/carers should be directed to your school cook/chef.

The Pastoral Team will inform the Cook/Chef of pupils with food allergies. Please see link to the Medical Diet Policy [Medical Diets Policy.docx](#)

Parents/carers are encouraged to meet with the school Cook/Chef to discuss their child's needs, who will then communicate with the Central Catering Team to discuss next steps.

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

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen/tuck shop, parents should check the appropriateness of foods by speaking directly to the school Cook/Chef.
- In Secondary schools, pupils should be encouraged to also check with catering staff, before purchasing food and selecting their lunch choice.
- Where food is provided by the school, Catering staff and Lunchtime staff or anyone assisting in the dining room should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for

children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the school Cook/Chef.

- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

10. School trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication in close proximity to them at all times. No child should be excluded from a school trip due to allergy, however pupils unable to produce their required medication will not be able to attend the excursion. Many children who have anaphylactic shocks will have never had one before so might not always have their own AAI's. Schools are advised to have a spare pens to take on trips

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Sporting Excursions

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

11. Allergy awareness and nut bans

St Aidan's Catholic Academy supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education. Whilst our Trust recognises that no school can be completely allergen-free, some schools may implement targeted

allergen restrictions in the case of airborne allergies following risk assessment. These measures do not replace the need for allergy awareness, education and robust emergency procedures. Schools must make individual allergy bans known to all visitors on their arrival at site should they have a targeted approach in place.

A 'whole school awareness of allergies' ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

12. Risk Assessment

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

School and individual risk assessments can be downloaded for free from:
<https://www.anaphylaxis.org.uk/downloads-form/safer-schools-download/>.

13. Useful Links

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

- Safer Schools Programme - <https://www.anaphylaxis.org.uk/education/safer-schools-programme/>
- AllergyWise for Schools online training - <https://www.allergywise.org.uk/p/allergywise-for-schools1>

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

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

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

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

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

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

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

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

APPENDIX A

Whole School Allergy Management Risk Assessment

The school should have an allergy policy which is monitored. Clear communication and procedures should be regularly communicated to all staff. Annual training is recommended when allergic pupils are on roll or when a pupil with an allergy joins the school.

Training is available from: <https://www.anaphylaxis.org.uk/allergywise/>

Policy is free to download: <https://www.anaphylaxis.org.uk/wp-content/uploads/2023/03/Model-Policy-for-allergy-at-school-v2-060323.pdf>

If this is required in an editable format, please download from the best practice resource section:

<https://www.anaphylaxis.org.uk/education/safer-schools-programme/>

What are the hazards for each activity?	What are you already doing to control the risks?	Probability	Impact
Medication:			
<u>Storage:</u> Location of each pupil's medication Location of generic 'spare' AAI Consider: - is there consistency of container throughout the school to make it easily identifiable? - Is the pupil able to self carry their own medication? - Is the back up medication always within 5 mins of where the pupils are? Are multiple sites needed for back up medication? - Is the pupils and back up medication always accessible regardless of the time of day?	Pupil medication is stored securely in the Pastoral Support Office. Pupil self-carry own medication with spare auto injector pen located in Pastoral Support Office. This is accessible by staff regardless of the time of the day.	Unlikely	Moderate
Training:			
Check that the course has medical input/review Training should be updated annually Ideally all staff would be trained. If this is decided against, a rationale based on risk assessment should be produced. Consider: Will there always be a member of staff available to administer an AAI	All staff complete Allergy and Anaphylaxis Training held annually in September. Staff who commence employment mid-year complete this as part of induction process. This training is recorded on the KITT Medical Platform.	Rare	Minor

throughout the school day who is not further than 5 minutes away from the pupil at any given point. Course must include: • Signs and symptoms of allergy & anaphylaxis • Emergency response • Administration of adrenaline auto-injectors • Prevention of reactions Ideally would include: • Types of allergen: food and non-food • Curriculum • Trips & visits including sports • Reporting and recording			
Food and drink:			
<u>Catering:</u> • What systems are in place to ensure that the pupil eats safely? Do all the catering and lunchtime staff know who has allergies and how to ensure that they are safe. Do they know how to report near misses and what to do should a reaction occur? • What measures do you have in place for liaison with the catering contractor and lunchtime supervisory staff? • Ensure up to date allergen information is available for each menu and that it is easily accessible, ideally on school website. • Make sure that any unexpected changes to the menu and allergens are communicated urgently to pupil/parent/guardian so that a different choice can be made. • Ensure that allergen matrix is available and kept up to date. The FSA have a free to download one: https://www.fooddocs.com/food-safety-templates/food-allergen-chart Consider: break times lunch times	Catering staff receive notification and briefing of pupils who have allergies. An adapted menu is in place to cater for pupils with various allergies. Staff undertake Trust Allergen Training on an annual basis. The Head and Assistant Chef are aware of processes in place to report near misses and what to do if a reaction occurs. Two first aiders are present in the main officer next to the dining hall.	Unlikely	Moderate
<u>Events involving food:</u> Cake sales Parties Other PTA events	Limited events involving the selling of food are held across the year. Pupils with allergens are directed towards packaged foods where packaging states	Unlikely	Moderate

Drinks • How can these be made inclusive? • What are the risks if the allergens are present during the events? Is handwashing possible? • What information has to be shared ahead of the event to remind all about the exclusion of an allergen if this has been agreed. Allergen Matrix can be found here: https://www.fooddocs.com/food-safety-templates/food-allergen-chart • Are allergens displayed, where appropriate to the event?	clearly allergens present.		
Curriculum activities:			
<u>Cooking:</u> • Adapt recipes for all to create a safe cooking space. If a recipe cannot be adapted, can a different recipe be used? • Has the allergic pupil got their own set of cooking materials? • Are allergies included in the food technology curriculum so that all pupils have awareness of the impact of allergies to the health of the allergic person. • Are all pupils made aware of the impact of their actions on an allergic person should the specific allergens not be excluded? • Are all pupils taught about cross contamination and the impact of this?	Recipes are reviewed and adapted where necessary to ensure they are safe for all pupils. Alternative recipes are used if allergens cannot be safely excluded. The allergic pupil has access to dedicated cooking equipment and materials to reduce the risk of cross-contamination. Allergy awareness is incorporated into food technology lessons, helping all pupils understand the health risks associated with allergies and the importance of responsible behaviour. Pupils are also taught about allergen management, cross-contamination, and the potential impact their actions can have on individuals with allergies, promoting a safe and inclusive cooking environment.	Unlikely	Moderate
<u>Music: instrument sharing (cross contamination issue)</u> • Do instruments have to be shared? • Do blowing percussion instruments have to be shared? How can they be sterilised if they do? Can the allergic pupil have their own blowing instrument that they don't need to share?	Where possible, instrument sharing is minimised, particularly for instruments that come into direct contact with the mouth. The allergic pupil is provided with their own blowing instrument to prevent cross-contamination. If instruments must be shared, they are thoroughly cleaned and sterilised in accordance with the manufacturer's guidance between users. Staff supervise the handling and cleaning of instruments and ensure good hand hygiene	Possible	Moderate

	before and after music lessons. Pupils are made aware of the importance of not sharing personal equipment and of the potential impact that cross-contamination can have on individuals with allergies, helping to maintain a safe and inclusive learning environment.		
<u>Science activities:</u> - Review the science curriculum and see where allergens are used. Consider whether these have to be used and whether there are alternates that can be used? If essential, the activity needs to be individually risk assessed for the allergic pupil. How can that lesson be made inclusive and safe? - Consider the impact of cross contamination and whether this could cause a reaction for the allergic pupil.	The science curriculum is reviewed to identify any activities that involve allergens. Where possible, allergens are substituted with safer alternatives or removed entirely from practical activities. If the use of an allergen is essential, an individual risk assessment is completed for the allergic pupil to ensure the activity can be carried out safely and inclusively. Staff consider seating arrangements, supervision levels, and alternative methods of participation where required. Measures are in place to prevent cross-contamination, including cleaning of work areas and equipment, good hand hygiene, and clear instructions for pupils. All practical activities are planned with the allergic pupil's safety in mind while ensuring they remain fully included in learning opportunities.	Possible	Moderate
<u>PE:</u> Consider: Indoor Outdoor - Where emergency medication is kept during PE and how quickly it can be accessed. If it is left in the classroom/changing room and is needed, how quickly can it be found? Is it easily identifiable and can it be with the pupil within 5 mins? - Is there an allergy trained member of staff present during after school clubs? - Is there an allergy trained member of staff accompanying away	All PE Staff are trained in dealing with Allergens as part of our annual training cycle. Pupils are responsible for carrying their own auto injector pen and this includes when changed for PE. A spare auto injector is available in the PE Department.	Unlikely	Moderate

sporting events?			
<u>Break time:</u> Consider: - Playground - Field - Where emergency medication is kept during breaktimes and how quickly it can be accessed. If it is left in the classroom and is needed, how quickly can it be found? Is it easily identifiable and can it be with the pupil within 5 mins? - Is there an allergy trained member of staff present during break times?	Pupils are responsible for carrying their own auto injector pens in a designated pocket of their blazer. A spare auto injector pen is available from the Pastoral Office which is accessible within two minutes from the school yard. All staff complete annual allergen training.	Unlikely	Moderate
Visitors & supply staff:			
Consider: - Has the visitor been made aware of the school's policy? - Does the visitor need to know about the pupil's allergy? Will they be using the pupil's allergen? Do they need to know they have to have eliminated cross contamination from themselves through handwashing after eating?	Supply staff are made aware of the school's allergy policy.	Possible	Moderate
Offsite activities:			
<u>Day trips:</u> Consider: - Is there a specific allergy section on the visit/experience risk assessment? - Is there an allergy trained member of staff accompanying the visit? - Storage of AAls - Availability of emergency services and nearest hospital - Is there a good phone signal? If not, how will communication work? How will emergency services be called? - Is food being taken or served? It may be necessary to request that other pupils do not bring specific allergens on the trip to reduce risk during the day. Communication with venues and parent/carers to set out expectations. - Are any of the activities during the day high risk to the allergic pupil; inform venues and agree control measures, aim for inclusivity.	All staff receive annual allergen training. Pupils carry their own auto injector pen, staff member carry the pupils spare auto injector pen, and a member of staff will carry a School Auto Injector Pen as a back up. Prior to leaving staff check to ensure pupils are carrying their Auto Injector Pen. Where food is served, normally in the case of overnight stays, full information regarding allergens is disclosed to the venue ahead of the trip. As part of the trip risk assessment – local hospitals are identified.	Possible	Major

<u>Residential visits including D of E:</u> Consider: • Storage of AAls for each activity being undertaken & overnight • Availability of emergency services and nearest hospital • Is there a good phone signal? If not, how will communication work? How will emergency services be called? • What food is being served? Consider cross contamination. Do any menu changes need to be made to ensure safety? Will the allergic person have sufficient to eat? Does any food need to be taken? • Can pupils eat food in rooms? • Is there a specific allergy section on the visit/experience risk assessment? • Is there an allergy trained member of staff accompanying the visit? • Do other pupils need to understand signs, symptoms of allergy, how to call for help and administer an AAI?			
Other:			

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

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

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

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