Mater Ecclesiae
Catholic Multi Academy Trust

'One Family in Christ'

School Allergy and Anaphylaxis Protocols

To be read in conjunction with the
Mater Ecclesiae Catholic Multi Academy Trust
Trust Allergy and Anaphylaxis Policy

This document has been approved for operation within:	St Augustine's Catholic Primary School		
Policy Status	School protocols to support the Trust Allergy and Anaphylaxis Policy		
Approved by:	Local Governing Board (TBC; following approval of Allergy and Anaphalaxis Policy by Trust Board)		
Owner:	Mrs Sarah Roach		
Date approved:	Autumn 2026	Date of next review:	Autumn 2027
Review period:	Annually (or sooner if changes are necessary)	Version:	1.0
Amendments since last review	1st edition		

Contents

At St Augustine's Catholic Primary **School the named members responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:**

Headteacher	**Mrs Roach**
Designated Allergy Lead	**Mrs Bennett and Mrs Benson**
Nominated Allergy Governor	**Mr Salim Desai**
Catering Lead	**LCC**
SENDCO	**Mrs Sarah Roach/Mrs Bennett**
Member of school staff who is responsible for internally recording any allergy incidents or near misses	**Collective responsibility across the staff**
Member of school staff who is responsible for externally reporting any allergy incidents or near misses	**Mrs Sarah Roach**

Adrenaline Auto-Injector (AAI) Storage within St Augustine's Catholic Primary School **School**

AAIs	Locations
Pupils Prescribed AAIs	**In the classroom belonging to the child**
Spare Emergency AAIs	**Headteacher's office, first filing cabinet behind the rear door**
Provision for during Educational Visits and Off-Site Activities	**In the first aid kit always taken on trips – this is the responsibility of the trip leader.**

anaphylaxis UK

Be Allergy Aware & Save a Life

Anaphylaxis is a serious and life-threatening reaction to allergens such as food, insect stings, medication and latex.

Recognise the ABC symptoms and act quickly - you could save a life.

WHAT TO LOOK FOR

A AIRWAY

- Swelling in throat, tongue or upper airways
- Vocal changes (hoarse voice)
- Difficulty swallowing

B BREATHING

- Sudden onset wheezing
- Breathing difficulty
- Noisy breathing
- Persistent cough

C CIRCULATION

- Dizziness or feeling faint
- Sudden sleepiness, confusion
- Pale clammy skin
- Loss of consciousness or collapse

These severe symptoms may occur alongside milder skin, mucosal or gut symptoms.

Anaphylaxis may occur without skin symptoms (e.g. hives or swelling).

WHAT TO DO

Lay the person flat and raise their legs - do NOT allow them to stand or walk anywhere.

- If unconscious, place them in the recovery position
- If breathing is difficult, allow them to sit up supported

Administer adrenaline without delay (use prescribed AAI or intranasal EURneffy) Refer to device label for instructions.

Phone 999 and tell them the person is suffering from **ana-fil-ax-is**

5 MIN

If symptoms don't improve after five minutes, or symptoms get worse, a second dose of adrenaline can be given

Medical observation in hospital is recommended after anaphylaxis.

www.anaphylaxis.org.uk

anaphylaxis UK
A brighter future for people with serious allergies

Posters for school are available to download from: [Posters | Anaphylaxis UK | Anaphylaxis UK]

1. Core Principles

In line with "Benedict's Law" and "Supporting Children and Young People With Medical Conditions", our school is committed to providing a safe, inclusive, and welcoming environment for all our children, young people, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, these dedicated protocols establish robust risk-mitigation measures and emergency responses.

To ensure this we:

1. abide by the Trust Allergy and Anaphylaxis Policy;
2. have school protocols in place that we review at least annually;
3. have appointed a Designated Allergy Lead as well as a Nominated Allergy Governor;
4. identify pupils with allergies and add them to Arbor and CPOMS
5. ensure all staff undertake regular allergy and anaphylaxis training so they can recognise and respond to anaphylaxis quickly and appropriately in line with the Trust Mandatory Training Policy;
6. have ensured access to emergency adrenaline auto-injectors (AAIs) where needed;
7. are working towards being an Allergy Aware School and have an Allergy Risk Assessment and Allergy-Aware Controls (including Individual Healthcare or Allergy Action Plans for pupils with diagnosed allergies);
8. are managing food and catering risks and work with our partners to receive assurances that they are allergy aware;
9. have robust communication and record-keeping around allergies and allergic reactions;
10. we have an incident and near-miss reporting system operating;
11. we learn from any incident or near miss and improve provision;
12. promote inclusion and wellbeing.

Commented [VS1]: Action needs to be taken to appoint these. Ill add it to the list and the start of term Governor Briefing

Commented [VS2R1]: @J Entwistle (MECMAT) does this apply with MATs or can it be someone board level?

2. Allergens

We understand that the most common causes of "whole body" allergic reactions to be aware of are:

- foods including:
  - Tree nuts (e.g. almonds, Brazil, hazel, pistachio nuts, and walnuts)
  - peanuts
  - fish/shellfish/crustaceans
  - mustard
  - cow's milk/dairy foods
  - celery
  - egg
  - cereals including wheat
  - sesame
  - lupin beans
  - sulphites
- pollen/animal fur/feathers
- insect stings (e.g. bee, wasp, hornet)
- latex (e.g. rubber gloves, balloons, swimming caps)
- mould spores
- medication (e.g. antibiotics, pain medicines such as ibuprofen)
- polyethene glycols (used in some medicines and makeup)
- cleaning chemicals (mainly chlorhexidine)

3. Being an Allergy-Aware School

St Augustine's Catholic Primary School is an Allergy-Aware School. We are committed to safeguarding the health, safety and wellbeing of all pupils, staff and visitors, including those with food allergies and other allergic conditions.

We recognise that allergies can be serious and, in some cases, life-threatening. While it is not possible to guarantee a completely allergen-free environment, we take a proactive allergy-aware approach to reduce risks wherever reasonably practicable. This includes promoting awareness, encouraging good hygiene practices, implementing appropriate risk assessments, supporting pupils with individual healthcare needs, and ensuring staff are trained to recognise and respond to allergic reactions.

We ask all members of our school community to work together to help minimise the risk of allergen exposure, including following guidance on food sharing, adhering to individual allergy management plans, and supporting a culture of understanding and inclusion. Our aim is to ensure that pupils with allergies feel safe, supported and able to participate fully in all aspects of school life.

Allergy awareness and nut bans
St Augustine's Catholic Primary School

Due to the presence of pupils and staff with severe nut allergies, the school requests that nuts and nut-containing products are not brought onto the school site. This includes peanuts, tree nuts and food items where nuts are a primary ingredient. Whilst the school actively promotes compliance with this request, it cannot guarantee a completely nut-free environment and therefore maintains comprehensive allergy-aware control measures and emergency procedures at all times.

These are some of the steps we have taken as a school to be more allergy aware:

Awareness Area	School Control Measures
Leadership and Governance	We have a designated allergy lead and nominated allergy governor
Staff Training	All staff are trained annually in allergy and anaphylaxis training
Communication with Parents	We: Obtain detailed allergy information on admission and update annually. Work closely with parents to agree practical control measures. Inform parents of food-related activities in advance. Encourage parents to provide in-date medication and emergency action plans.
Classroom Controls	We: Promote regular handwashing before and after eating We check ingredients before using food in curriculum activities. Ensure supply staff and volunteers are aware of pupils with significant allergies. .
Catering and Food Management	We: Ensure catering staff understand pupils' allergies. Clearly identify allergens in line with food information requirements. Display children's allergy posters in the kitchen Have procedures for checking ingredients when menus change. Provide suitable meal alternatives where required. Class teachers and the DT lead ensure all food-based activities are allergen friendly and that ingredients are checked first.

Emergency Preparedness	*We:* *Ensure prescribed AAIs are readily accessible* *Have 2 spare AAIs which meets recommended levels* *AIs are accessible – in the classroom of the children they belong to and spares are kept in the HT office.* *Display emergency response procedures in key locations.* *Emergency Grab Bags contain Allergy Action Plans/ Asthma Care Plans, IHPs and allergy register?* *Ensure trips, clubs and sporting activities have immediate access to medication and trained staff.* *Staff training follows requirements of 'Allergy Safety in Schools'*
School Visits and Educational Visits	We: ensure medication accompanies the pupil at all times, Ensure at least one trained member of staff attends the visit. Include allergy considerations in all trip risk assessments.

4. Emergency Preparedness

We believe that emergency preparedness is arguably the most important element of being allergy aware. The aim is to ensure that if a reaction occurs, staff can recognise it immediately, administer treatment without delay and summon emergency assistance. This policy outlines how we support our children from even before their first day in our school:

-We liaise with families and collect medical information
-We collect medication and store it safely in a clearly labelled and accessible area in the child's classroom
-we access annual (and additional when required) allergy training
-risk assessments are in place if visitors bring animals into school
-we record and review any incidents that occur including near misses
-we know our children well

5.School Catering and Allergy Awareness

St Augustine's CPS School recognises the important role that catering services play in supporting an allergy-aware environment. Catering staff will work closely with school leaders, parents and healthcare professionals to minimise the risk of allergen exposure. Accurate allergen information will be maintained for all food provided, suitable meal options will be considered where required, and robust procedures will be implemented to reduce the risk of cross-contamination. Through effective communication, staff training and careful food management practices, the school aims to ensure that pupils with allergies can access school meals safely and participate fully in all aspects of school life.

These are the steps we are taking with our Catering and Welfare Staff to ensure pupil safety:

3	School Catering and Welfare Measures
Identification of Pupils and Staff/ Visitors with Allergies	The allergy lead liaises with parents to ensure an accurate diagnosis is in place. Photographs of the children are shared with the catering team. Staff allergies are made known to the catering team and to all staff.
Menu Planning	LCC approved menus are used.
Allergen Information *Consider:*	Allergen information is available for all food stuffs served at school.

Staff Training	LCC catering staff are annually trained to consider allergens, allergies and anaphylaxis. Evidence of this is stored at school on Arbor
Special Events and Celebrations	For special events and celebrations, school catering staff serve the children with school-made food. Food that is created/donated by families for fairs/charity afternoons etc are clearly labelled and children with allergies are only allowed to access non-school made food when with their parents/guardians.
Emergency Procedures within Catering Areas	School procedures are shared and known by the catering staff. This policy is read and signed by all staff.

6. Storage and Accessibility of Adrenaline Auto-Injectors (AAIs)

St Augustine's School will ensure that all prescribed Adrenaline Auto-Injectors (AAIs) are stored safely whilst remaining immediately accessible in an emergency whether they are Pupil Prescribed or School Spare injectors.

We acknowledge that:

- AAIs will never be locked away or stored in locations that could delay access during a suspected anaphylactic reaction
- Staff know the location of each pupil's prescribed medication and understand the procedures for accessing it quickly
- Medication is stored in a suitable container and clearly labelled with the pupil's name and should contain:
  - Two AAIs i.e. EpiPen® or Jext® or EURneffy
  - 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).
- The school will maintain clear arrangements to ensure medication can be always retrieved without delay, including during breaktimes, lunchtimes, educational visits, sporting activities and extended school provision. Government guidance means that most schools will need to obtain two pairs of AAIs:

School type	**AAIs for children under age 6 years** (150 micrograms) e.g. EpiPen Junior, Jext 150	**AAIs for individuals over 6 years of age** (300 micrograms) e.g. EpiPen, Jext 300
State-funded nursery school	One pair of "spare" AAIs	n/a
Primary school	One pair of "spare" AAIs	One pair of "spare" AAIs
Secondary school	n/a	One or two pairs of "spare" AAIs *
Special school	One pair of "spare" AAIs	One pair of "spare" AAIs

* Secondary schools with large sites should consider having two pairs of "spare" AAIs, so that a pair of "spare" AAIs are available within five minutes of wherever they may be needed.

Please refer to Appendix B for an example Designated Allergy Lead Adrenaline Auto-Injector Register and Monitoring Form

In order to fulfil this we:

Accessibility Area	School Measures
Pupil Prescribed AAIs *Consider:*	Children with AAIs will have them kept in the classroom they are in, out of reach of children and all staff will be informed of their location.
Monitoring and Inspection	The allergy lead will monitor all medication termly – checking for dates and liaising with parents. Out of date AAIs will be returned to the chemist for safe disposal when the new ones are replaced.

7. Signs of Anaphylaxis

For school staff, the easiest way to recognise anaphylaxis is to remember the ABC symptoms:
A = Airway
Look for:

- Swelling of the tongue, throat or upper airway
- Hoarse voice
- Difficulty swallowing
- Feeling that the throat is "closing up" or tightening

B = Breathing
Look for:

- Sudden wheezing
- Difficulty breathing
- Noisy breathing
- Persistent coughing
- Shortness of breath

C = Circulation
Look for:

- Dizziness or feeling faint
- Sudden drowsiness or sleepiness
- Confusion
- Pale, clammy skin
- Collapse or loss of consciousness
- Weakness or becoming "floppy"

Other symptoms that may occur
These may appear before the more serious ABC symptoms:

- Raised itchy rash (hives/urticaria)
- Swelling of lips, face or eyes
- Tingling or itching in the mouth
- Stomach pain
- Nausea or vomiting
- Diarrhoea
- Mild throat tightness

Biphasic Anaphylactic Reaction
This is when a person appears to recover from an episode of anaphylaxis, but then develops a second wave of symptoms hours later without further exposure to the allergen. This is why anyone treated for anaphylaxis must be assessed and monitored in hospital after the initial reaction.

Non-Verbal Communication
Some pupils, particularly those who are non-verbal, minimally verbal or who have SEND/ EAL, may be unable to communicate the early symptoms of an allergic reaction.

Staff should be familiar with each pupil's usual presentation and be alert to sudden changes in behaviour, distress, agitation, withdrawal, repeated touching of the mouth or throat, drooling, coughing, breathing difficulties, unusual sleepiness, pallor or a reduction in responsiveness. Such changes must be treated seriously and, where anaphylaxis is suspected, the school's emergency allergy procedures must be followed immediately.

8. Responding to an incident in school

Staff at school understand in the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers a **mild to moderate allergic reaction**, the Designated Allergy Lead (or SLT member) will contact the emergency services and seek advice as to whether an AAI (or other spare medication) should be administered. An AAI will not be administered in these situations without contacting the emergency services but will be administered if there is a threat to life.

Emergency Response and Anaphylaxis
All school staff understand that anaphylaxis can occur without warning and can escalate rapidly.

All staff will be aware of the 'ABC' (Airway, Breathing, Circulation) principle when recognising anaphylaxis. If one or more signs are present, the nearest trained staff member will follow the below procedure:

1. Lay the pupil flat with their legs raised *but if breathing is difficult allow them to sit upright*
2. Call for help (but do not leave the pupil)
3. Locate the pupil's AAIs (should have 2) or the nearest spare emergency AAI and note the type:

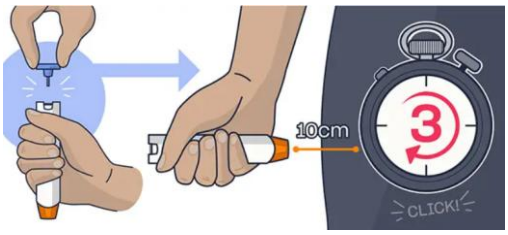
Epi-Pen
Website: http://www.epipen.co.uk/
Patient information leaflet: https://www.medicines.org.uk/emc/medicine/26972

Dosage:
Two Dosage strengths:
- Child from 7.5 – 25kg – 0.15mg dosage (Green Lable)
- Adult and children over 25kg – 0.3mh dosage (Yellow Lable)

JEXT
Website: http://www.jext.co.uk/
Patient information leaflet: http://www.emerade.com/adrenaline-auto-injector

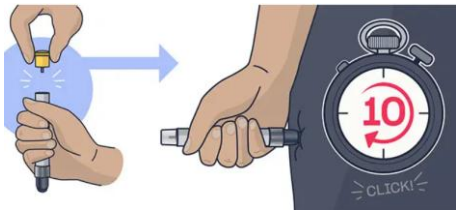
Dosage:
2 dosage strengths:-
- Children 15-30kg- 150 micrograms (yellow label)
- Adult and children over 30kg – 300 micrograms (red label)

4. Administer an AAI without delay (it works best if within 5 minutes of symptoms) using the pupil's prescribed device or correct dose of the spare:
5. **With an EpiPen** (there are instructions on it if needed):



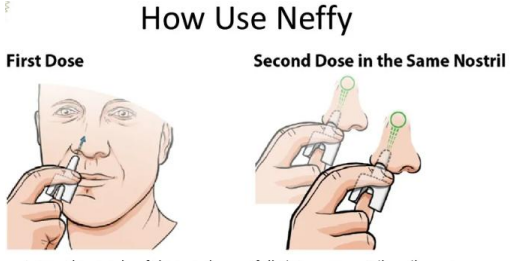
   i. Hold the EpiPen in a firm fist grip with the **Blue** safety cap pointing upwards and the **Orange** needle sheath downwards
   ii. Locate a good spot on their outer upper thigh through clothing
   iii. Keeping thumbs out of the way smoothly push the **Orange sheath** onto the leg until it **clicks**
   iv. **Count to 3** slowly out loud
   v. Release the EpiPen from the leg and rub the injection site gently
   vi. Note the injection time and the dose

b. **With an Jext Pen** (there are instructions on it if needed):



i. Hold the Jext Pen in a firm fist grip with the **Yellow** safety cap pointing upwards and the **Black** needle sheath downwards
ii. Locate a good spot on their outer upper thigh through clothing
iii. Keeping thumbs out of the way smoothly push the **Black sheath** onto the leg until it **clicks**
iv. **Count to 10** slowly out loud
v. Release the Jext Pen from the leg and rub the injection site gently
vi. Note the injection time and the dose

c. **With an EURneffy devise** (there are instructions on it if needed):



i. Hold the Neffy with your middle and index finer either side of the nozzle and your thumb on the plunger underneath (being careful not to press until ready)
ii. Insert nozzle into one of the nostrils until your fingers touch the nose
iii. Press the plunger firmly to activate
iv. Ensure they do no sniff during and after administration
v. If a second dose is needed after 5 minutes administer a new nasal spray in the same nostril as the first dose

6. **Get someone to Call 999** immediately and request an ambulance, **stating anaphylaxis**
7. **Stay with the pupil and keep them lying down** until the ambulance arrives
8. If there is **no improvement after five minutes**, an additional dose of adrenaline must be administered using a second device
9. When the ambulance arrives inform them of the treatment given and times
10. Ensure they do go to hospital after an incident and accompany them if parents are not available
11. Complete the Adrenaline Auto-Injector Administration and Incident Record with the Designated Allergy Lead

9. Recording and Reporting Allergic Reactions

Following any episode of anaphylaxis or administration of an Adrenaline Auto-Injector (AAI), an AAI Administration and Incident Record will be completed, the pupil's Individual Healthcare Plan reviewed, replacement medication obtained where necessary, and a formal debrief undertaken to identify learning and any improvements required to prevent recurrence.

Schools will ensure any serious incident or near miss involving a child, young person, member of staff or visitor with a medical condition or allergy is recorded as soon as is feasible.

Any incident in school is recorded in St Augustine's CPS
It will state

- Who was affected;
- What happened, when and where;
- Why the incident occurred (as far as is known);
- How staff and students responded; what was done to support the individual; whether emergency services were called;
- How the incident concluded.

The parents or carers of a child aged up to sixteen will be notified of the incident or "near miss" as soon as possible, sharing the report and giving them the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review.
Please refer to Appendix A for an example Incident Record

The incident record will be added to the child's CPOMS records
The incident will also be reported to the Trust by the School Business Manager or Designated Allergy Lead via the iAM Compliant platform.

10. Useful Information

Support:

- Anaphylaxis UK
- Allergy UK
- The British Society for Allergy and Clinical Immunology (BSACI)
- The Royal College of Paediatrics and Child Health (RCPCH)
- Spare Pens in School website

Resources:
Allergy Management Plans:

- BSACI Paediatric Allergy Action Plans
- RCPCH Care Pathway for Children with Anaphylaxis
- BSACI Adult Allergy Action Plans

Anaphylaxis UK:

- Safer Schools Programme
- Adult Allergy Action Plans for Non-Medical Professionals
- EURneffy Action Plan
- Essential Tools to Support Allergy Awareness

National Institute for Health and Care Excellence:

- Anaphylaxis: assessment and referral after emergency treatment

In-School Resources:

Kitt Medical: Anaphylaxis Kitt adrenaline pens, storage and training

11. Monitoring and Review

The school's Headteacher is responsible for reviewing this policy annually in liaison with the Designated Allergy Lead and the Nominated Allergy Governor and taken to the Local Governing Board for ratification.

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

Appendix A:

Adrenaline Auto-Injector Administration and Incident Record for St Augustine's CPS School

Pupil Name and date of birth:	**Date of Incident:**
Location of Incident	
Suspected allergen	
How was contact with allergen made?	
Does the pupil have an Allergy Action Plan, IHP and risk assessment?	
Time symptoms were first noticed	
Time 999 was called, by whom and information provided?	
First AAI administration details Time: Prescribed or Spare Emergency AAI: Devise brand: Devise Dose: Name of person administering:	
Pupil response following first dose	
Second AAI administration details (if needed) Time: Prescribed or Spare Emergency AAI: Devise brand: Devise Dose: Name of person administering:	
Pupil response following second dose	
Additional support given to the child	
Ambulance arrival time handover information given	
Time Headteacher and DAL informed and actions undertaken	
Time Parents/Carers informed and actions undertaken	
Review of the pupil's Allergy Action Plan, IHP and risk assessment date	
Staff debrief, learning and follow-up actions	
How was the incident concluded? e.g. how long for the child to recover and return to school	
Replacement of prescribed or spare AAIs actions and dates	

Appendix B:

Designated Allergy Lead (DAL) Adrenaline Auto-Injector Register and Monitoring Form for St Augustine's School

Name of DAL: Date:

The school's Designated Allergy Lead to ensure the following information at least termly:

Pupil Prescribed AAIs:

Name of Pupil	Class/ Form	Storage area	Type of AAI and Dose	Expiry Date	Designated Allergy Lead Monitoring (Y/N?)									
					Pupil Information correct and readable	Is the pupil's Allergy Action Plan present	AAI is easily Accessible	AAI is stored Correctly (consider heat/ light/ dampness)	Safety cap present	Adrenaline solution appears clear and colourless	No signs of damage, leakage or activation	How long before expiry date?	Replacement needed?	Date replacement secured?

The Designated Allergy Lead should also ensure that each child has 2 AAIs in school

Designated Allergy Lead Adrenaline Auto-Injector Register and Monitoring Form for St Augustine's CPS School

Name of DAL: **Date:**

Spare Emergency AAIs:

Identification	Storage area	Type of AAI and Dose	Expiry Date	Designated Allergy Lead Monitoring (Y/N?)								
				Information correct and readable	AAI is easily Accessible	AAI is stored Correctly (consider heat/ light/ dampness)	Safety cap present	Adrenaline solution appears clear and colourless	No signs of damage, leakage or activation	How long before expiry date?	Replacement needed?	Date replacement secured?

Appendix C:

Sample wording for parental letter on birthday cakes in school

Birthday Celebrations in School

Dear Parents and Carers,
At ST Augustine's School, we love celebrating our children's birthdays. Over the years, it has become a special tradition within our school community, and we know how much children enjoy marking their special day with their friends.

As always, the safety and wellbeing of every child is our highest priority. Following recent feedback from parents and as part of our ongoing review of school procedures, we have carefully considered how we can best support children with severe allergies while continuing to celebrate birthdays in school.

From the start of this new term, we kindly ask that birthday cakes, homemade bakes and other unsealed food items are no longer brought into school to share with classmates. Unfortunately, due to the increasing number and severity of allergies within our school, we are unable to safely manage the sharing of cakes and similar items.

We know this will be a change for many families, and we appreciate your understanding. Please be assured that we remain committed to making every child's birthday feel special and ensuring they are celebrated by their class.

If you would still like your child to bring in a small treat to share with their classmates, we are happy to accept individually wrapped, sealed sweets, provided they are nut-free. We kindly ask that you check the packaging carefully before purchasing.

We are grateful for your continued support as we work together to provide a safe and inclusive environment for all our children. If you have any questions, please do not hesitate to contact the school office.

Thank you for your understanding and cooperation.

Appendix D:

Allergy and Anaphylaxis Guidance Staff Declaration and Sign-Off

St Augustine's CPS SCHOOL
At St Augustine's CPS School, we are committed to ensuring the safety and wellbeing of all pupils, including those with allergies and those at risk of anaphylaxis.
All staff have a duty of care to understand and follow the school's procedures relating to allergies and anaphylaxis management. This declaration confirms that staff have completed the required training and understand their responsibilities.

Staff Responsibilities
By signing this document, I confirm that:
☐ I have completed the required **Allergy and Anaphylaxis Training** through **The National College** platform.
☐ I will ensure that for any planned absences, information will be left for the supply/cover staff.
In the case of unplanned absences, the headteacher and allergy lead will inform any unfamiliar staff of allergy cases in the class.
☐ I understand the statutory guidance and my responsibilities in relation to supporting children with allergies and those at risk of anaphylaxis.
☐ I have read and understood the Trust's **Allergy and Anaphylaxis Policy** and understand my role and responsibilities within it
☐ I have read and understood the school's **Allergy and Anaphylaxis Protocols**, relevant risk assessments, healthcare plans, and emergency procedures.
☐ I am aware of the children currently identified as having severe allergies and/or being at risk of anaphylaxis.
☐ I know how to access information regarding identified pupils, including photographs, healthcare plans, dietary requirements, allergens, and emergency response procedures.
☐ I understand the signs and symptoms of an allergic reaction and anaphylaxis and know how to respond appropriately in an emergency.
☐ I know the location of emergency medication, including prescribed adrenaline auto-injectors (e.g. EpiPen, Jext, EURneffy) and any spare emergency medication held by the school.
☐ I understand the school's procedures for administering emergency medication and summoning emergency medical assistance.
☐ I understand the importance of preventing allergen exposure and maintaining vigilance during classroom activities, lunchtimes, educational visits, clubs, celebrations, and other school activities.
☐ I understand that any concerns regarding a pupil's allergy management should be reported immediately to the Headteacher, Dedicated Allergy Lead, SENDCo, or other designated member of staff.
☐ I understand that it is my responsibility to keep myself updated on any changes to pupils' healthcare plans and allergy-related information when communicated by the school.
☐ I understand that it is my responsibility to keep relevant school staff updated on any allergies I suffer from and any changes I encounter.

Declaration
I confirm that I have completed the required allergy and anaphylaxis training, have familiarised myself with the relevant school procedures, and understand my duties and responsibilities in supporting pupils with allergies and those at risk of anaphylaxis.
I understand that these responsibilities form part of my safeguarding and duty of care obligations whilst working at this School.

Staff Name: **Signature:**

Role: **Date:**

Leadership Verification

I confirm that the above member(s) of staff have been directed to complete the required allergy and anaphylaxis training and have been informed of relevant pupil healthcare needs and emergency procedures.

Signed: _____

Name: _____Mrs Sarah Roach/Mrs Sarah Bennett/Mrs Lorna Benson

Position: _____

Date: _____

Document Review Date: _____

Reviewed By: _____
This sign-off sheet should be retained as evidence of staff training and awareness in line with school safeguarding, health and safety, and statutory allergy management requirements.