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. Cuthbert's Catholic Primary School

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This template policy is designed to be incorporated into/annexed to the schools wider medical conditions policy as required by the Supporting Pupils in schools with medical conditions statutory guidance. This model policy has been produced by BSACI, Allergy UK and Anaphylaxis UK and approved by the Department for Education. The policy must be tailored to each school and information needed to be personalized is in orange text

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:
Nicola Noble
Susan Lambert
Gemma Cook

The named governor for allergies is:
Gareth Johnson

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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 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 Cuthbert's Catholic Primary School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

1. Role and responsibilities

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform reception staff / SENCO 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. 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.

The Designated Allergy Lead (Susan Lambert) is responsible 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 [although they have ultimate responsibility, the collation of information may be delegated to another member of staff, for example the school nurse or administrator];
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures. [Consider obtaining and recording confirmation from staff that they have read and understood the policy];
- Reviewing the school's stock of spare adrenaline pens (check the school has an appropriate number for the setting, that they hold the correct dose, that spare adrenaline pens are stored appropriately) 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

SENCO / SLT will ensure that:

- 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 in in date however the SENCO will check medication kept at school on a termly basis and send a written reminder to parents if medication is approaching expiry.
- SENCO 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.
- SENCO ensures that any reaction or near misses is recorded and reported internally or in accordance with RIDDOR.

Admissions staff responsibilities (Office, SLT and EYFS staff)

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 and school nursing team to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity [this should be in place before a school visit, an Open Day or Taster Days if food is offered or likely to be eaten];
- There is a clear structure in place to communicate this information to the relevant parties (i.e. SENCO/SLT/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 (regular or cover classes) 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.
- Staff covering clubs need to be aware of allergies. Children should wear their lanyards for breakfast and after school clubs including wraparound care.
- Pupils with allergies may require additional pastoral support including regular check-ins from their Class Teacher/Tutor/Pastoral team etc;
- 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 AAIs will be encouraged to take responsibility for always carrying them on their person.

2. 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 template

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.

3. 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;

- AAIs 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.

4. Supply, storage and care of medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to always carry their own two AAIs on them 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 AAIs
- A named adult will have responsibility for AAI's during continuous provision and outdoor learning

The pupil's medication storage container should contain:

- Two AAIs 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 SENCO/ 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 AAIs 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

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes. All AAI'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

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a **clinical waste contractor.**

5. 'Spare' adrenaline auto-injectors in school

St Cuthbert's Catholic Primary School has purchased spare **AAIs 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 **a red drawstring bag** clearly labelled 'Emergency' Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff.**

St Cuthbert's Catholic Primary School holds **four** spare pens which are kept in the following location: - locked medical cupboard in the school office

The SENCO/Office staff First Aider *is* responsible for checking the spare medication is in date monthly and to replace as needed.

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

6. 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:- Nicola Noble and Susan Lambert.

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 AAIs) 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 Cuthbert's Catholic Primary School ensures that staff undertake a practical session using trainer devices (these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk

7. Inclusion and safeguarding

St Cuthbert's Catholic Primary School 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.

8. 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 SENCO/ Office First Aiders 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.
- 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.
- Food boxes should not be used in classrooms for construction purposes

9. 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 near 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 pen 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.

10. Allergy awareness and nut bans

St Cuthbert's Catholic Primary School School 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.

11. Risk Assessment

St Cuthbert's Catholic Primary School 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/.

12. 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

Footnotes:

1 It is strongly recommended that all staff complete allergy and anaphylaxis training to ensure that any member of staff can react quickly and accurately when a child has a reaction. When the training is limited to one or only a few members of staff, children with allergies are left in a potentially life-threatening situation if that member of staff is absence or deployed elsewhere.

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 students are on roll or when a student with an allergy joins the school.
Training is available from: https://www.anaphylaxis.org.uk/allergywise/

What are the hazards for each activity?	What are you already doing to control the risks?	Probability	Impact
Medication:			
Storage: Location of each student's medication Location of generic 'spare' AAI Consider: • is there consistency of container throughout the school to make it easily identifiable? • Is the student able to self carry their own medication? • Is the back up medication always within 5 mins of where the students are? Are multiple sites needed for back up medication? • Is the students and back up medication always accessible regardless of the time of day?	Spare AAIs located in the office. Identifiable in red case. Children's individual AAI's located in their classrooms. AAIs always taken out of school.	Likely/ Medium	Medication always available
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:	All staff to complete online allergy training. Catering staff have allergen training annually.	Certain/ Medium	Staff are aware of how to minimise risk and respond to emergencies

Will there always be a member of staff available to administer an AAI throughout the school day who is not further than 5 minutes away from the student 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 AllergyWise® for Schools is a low cost, CPD certified course that is clinically reviewed and assured to be up to date.	Susan Lambert / Gemma Cook to have face to face training.		
Food and drink:			
Catering: • What systems are in place to ensure that the student 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	Children identified by lanyards which indicate their name and allergies. Supervisory staff complete allergen training. Catering staff amend the menu to cater for all allergens. All catering staff have up to date allergen training. Meal plans are established with parents. BCCET provides an allergen matrix.	**Likely/ Medium**	Children are less likely to eat food they have an allergy to. Staff are aware of how to minimise risk and respond to emergencies

student/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: wrap round care break times lunch times	Wraparound staff are aware of allergens and are trained. Nuts and kiwi are not allowed as snacks at break times.		
<u>Events involving food:</u> Cake sales Parties Other PTA events 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?	No cakes or sweets in school/after school events that contain nuts or kiwi. Gloves worn when serving cake/biscuits. Handwashing available. Allergens displayed (if any)	**Unlikely/ Low**	Children are less likely to eat food they have an allergy to. All stakeholders including visitors are aware of any allergens
<u>Celebrations:</u> • Consider discouraging cake and sweets for children as treats both for birthdays and school celebrations. • Where food is used, consider the impact for the students with allergies and discuss with parent/carer/student at the earliest opportunity to plan for a safe and inclusive event.	No cakes are bought as treats or for birthdays. Any sweets that are sent into school are sent home with the children and not consumed on the site.	**Medium/ Low**	Children are less likely to eat food they have an allergy to.
Curriculum activities:			
<u>Cooking:</u>	Staff have allergen training and are aware	**Possible/ Low**	Children are less likely to

• 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 student got their own set of cooking materials? • Are allergies included in the food technology curriculum so that all students have awareness of the impact of allergies to the health of the allergic person. • Are all students made aware of the impact of their actions on an allergic person should the specific allergens not be excluded? • Are all students taught about cross contamination and the impact of this?	of all children with allergies. Recipes adapted to remove allergens where possible; alternative recipes provided if adaptation is not safe. Allergic student provided with dedicated equipment and utensils where required. Staff check ingredients and ensure relevant allergens are avoided. Strict handwashing, cleaning, and separation of equipment to prevent cross-contamination. Food allergy awareness included within the curriculum. Students educated on the seriousness of allergies and the impact their actions may have on others. All students taught how cross-contamination occurs and how to prevent it. Staff aware of allergy management plans and emergency procedures.		eat food they have an allergy to. Staff are aware of how to minimise risk and respond to emergencies Children are aware of allergens and cross contamination
<u>Creative activities: e.g. junk modelling, pasta</u> • When using packaging ensure that the allergens have not been in those packets; for example: crunchy nut cornflakes should not be in a classroom where a student has a peanut allergy. When students are bringing in materials from home, ensure that communication is sent to parent/carers to specify what they are	Packaging used for activities must be checked to ensure it has not previously contained the student's allergen. Parents/carers are informed of prohibited allergens when materials are	Possible/ Low	There are no traces of foods in containers which could cause an allergic reaction.

unable to bring in and monitor this when the packaging comes into school. • Plastic containers should be washed in hot soapy water to remove allergens.	requested from home, and items are checked on arrival in school. All containers and reusable materials are thoroughly washed in hot, soapy water before use to remove potential allergen residues. Staff monitor materials brought into the classroom to ensure allergy control measures are followed.		
<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 student have their own blowing instrument that they don't need to share?	Instruments should not be shared where this presents an allergy risk. Blowing instruments should be allocated to individual students wherever possible and not shared. Where sharing is unavoidable, instruments must be thoroughly cleaned and sterilised in accordance with manufacturer guidance between users. The allergic student should have their own dedicated blowing instrument where possible. Staff should ensure instruments and mouthpieces are kept clean and free from potential allergen contamination.	Unlikely/ Low	There are no traces of foods on instruments which could cause an allergic reaction.
<u>Science activities:</u> • Review the science curriculum and see where allergens are used. Consider	Science curriculum reviewed to identify activities involving	Unlikely/ Low	There are no traces of foods on

whether these must be used and whether there are alternates that can be used? If essential, the activity needs to be individually risk assessed for the allergic student. 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 student.	allergens; suitable alternatives used wherever possible. Where allergens are essential to an activity, an individual risk assessment is completed and appropriate control measures implemented. Lessons adapted to ensure the allergic student can participate safely and inclusively. Staff consider the risk of allergen exposure and cross-contamination through shared materials, equipment, and work surfaces. Strict cleaning and hygiene procedures followed to minimise the risk of cross-contamination. Alternative resources, substances, or practical activities provided where necessary to maintain safety.		equipment which could cause an allergic reaction. Children are not exposed to allergens.
<u>PE:</u> Consider: Indoor Outdoor Forest Schools • 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 student within 5 mins?	Emergency medication is accessible at all times during PE, Forest School, clubs, and sporting events. Medication is clearly labelled and carried by the student or supervising staff member. Staff supervising activities are aware of the student's allergy management plan and	Possible/ Low	There are no traces of foods on equipment which could cause an allergic reaction. Children are not exposed to allergens.

• Is there an allergy trained member of staff present during after school clubs? • Is there an allergy trained member of staff accompanying away sporting events?	emergency procedures. An allergy-trained member of staff is present during PE lessons, after-school clubs, and away fixtures where possible. Risk assessments consider allergen exposure, access to medication, and emergency response arrangements. Activities are planned to minimise allergen risks while supporting full participation.		
<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 student within 5 mins? • Is there an allergy trained member of staff present during break times?	Emergency medication is accessible at all times during breaktimes and can be retrieved immediately if required. Medication is clearly labelled and stored in a known location accessible to supervising staff. Breaktime supervisors are aware of the student's allergy management plan and emergency procedures. An allergy-trained member of staff is available during breaktimes where possible. Staff monitor for allergen risks and respond promptly to any concerns.	Possible/ Low	There are no traces of foods on equipment which could cause an allergic reaction. Children are not exposed to allergens. Spare/own medication is in close proximity Staff are aware of how to minimise risk and respond to emergencies

School animals:			
Consider: Therapy dogs and the access they have to children with allergies. Is there an allergen free area that the student will be safe in? We have Dogs in School guidance that will assist with this section.	N/A	**Low**	
Visitors & supply staff:			
Consider: • Has the visitor been made aware of the school's policy? • If there is an allergy free zone that has been created due to a student's individual risk assessment, how has this been communicated to the visitor/supply staff? • Does the visitor need to know about the student's allergy? Will they be using the student's allergen? Do they need to know they have to have eliminated cross contamination from themselves through handwashing after eating?	Visitors and supply staff are informed of the school's allergy management procedures where relevant. Any allergy-free zones or specific control measures identified in the student's risk assessment are clearly communicated before activities begin. Visitors are made aware of any allergens that must not be brought into school or used during sessions. Where relevant, visitors are reminded of the importance of preventing cross-contamination through good hygiene practices, including handwashing. Staff ensure visiting activities are reviewed for potential allergen risks and adapted where necessary to maintain student safety.	**Possible/ Low**	Visitors are aware of pupils with allergies and know which food products cannot be brought to school.
Offsite activities:			
Day trips: Consider:	Visit risk assessments include a specific	**Possible/ Low**	Children are less likely to eat food they

• 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 AAIs • 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 students 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 student; inform venues and agree control measures, aim for inclusivity. <u>Residential visits</u> Consider: • Storage of AAIs 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?	section for managing allergies. An allergy-trained member of staff accompanies the visit where possible. AAIs/emergency medication are carried, readily accessible, and staff know their location. Emergency arrangements consider nearest hospital, emergency services, and communication methods. Food arrangements are reviewed in advance, with venues and parents/carers informed of any allergen restrictions. Activities are assessed for allergy risks and appropriate control measures agreed with providers. The trip is planned to support safe and inclusive participation. Visit risk assessments include specific allergy management arrangements. An allergy-trained member of staff accompanies the visit where possible. AAIs/emergency medication are accessible at all times, including overnight and during all activities.		have an allergy to. Staff are aware of how to minimise risk and respond to emergencies Venues are aware of children with allergens

• 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 students 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 students need to understand signs, symptoms of allergy, how to call for help and administer an AAI?	Emergency arrangements consider nearest hospital, emergency services, and available communication methods. Catering providers are informed of allergies; menus and food preparation processes are reviewed to minimise allergen and cross-contamination risks. Safe food storage, eating arrangements, and any restrictions on food in rooms are clearly communicated. Students are encouraged to understand allergy awareness, signs of an allergic reaction, and how to seek help in an emergency. Activities are risk assessed and adapted where necessary to ensure safe and inclusive participation.		
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	Completed

			needed by?	

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