Twyford CofE Academies Trust

Document Title	**Allergies & Anaphylaxis policy**
Committee Responsible for policy	**Board of Directors (in consultation with Student Committees).**
Review Frequency	**Annually (with First Aid and Support for Pupils with Medical Conditions Policy)**
Last reviewed	**May 2026**
Next Review Due	**November 2026 (following the publication of new DfE guidance)**
Policy Author	**Director of Finance & Operations**

Assessment of the Impact of a Policy on Equality & Diversity

Policy: Allergy and Anaphylaxis Policy	
Impact assessed by: R Lane	**Date:** 12/5/2026

1. What is the potential for this policy impacting a person or group with a protected characteristic differently (favourably or unfavourably) from everyone else?

Substantial. A pupil with allergies may be disadvantaged because the school does not provide enough support for them to attend school and engage fully with school activities.

2. How would this be evidenced?

Complaint from someone in a protected group.

3. What is the impact of the policy and latest changes on people with protected characteristics?

Protected Characteristic	Impact before change*	Impact after change*	Comments
Age	Neutral	Neutral	
Disability	Positive	Positive	The policy helps ensure that students with allergies can participate fully in school activities
Gender Reassignment	Neutral	Neutral	
Marriage and civil partnership	Neutral	Neutral	
Pregnancy and maternity	Neutral	Neutral	
Race	Neutral	Neutral	
Religion of belief	Neutral	Neutral	
Sex	Neutral	Neutral	
Sexual orientation	Neutral	Neutral	

* Positive/Negative/Neutral.

4. Policies are required to reduce or eliminate inequality and disadvantage and promote diversity. Does this assessment indicate that the Policy and latest changes pass or fail this test?

Pass

Contents

Allergies and Anaphylaxis Policy

1. Introduction

An allergy is a reaction by 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 severe systemic allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes often include foods, insect stings, or drugs.

Definition: Anaphylaxis is a severe life threatening generalised or systemic hypersensitivity reaction. This is characterised by rapidly developing life-threatening airway / breathing / circulatory problems usually associated with skin or mucosal changes

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

Common UK Allergens include (but not limited to): -

Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

2. Aims

Anaphylaxis Education

Benedict's Law is a UK legislative initiative introducing mandatory allergy safety guidance in schools from September 2026.

Twyford CofE Academies Trust is committed to promoting health care, welfare and wellbeing and the safe management of those members of our school community who live with specific allergies. We believe that all allergies should be taken seriously and dealt with in a professional and appropriate way. By our actions we will work proactively to:

- minimise the risk of exposure within the school setting
- encourage self-responsibility
- learn avoidance strategies
- have robust plans for an effective response to possible emergencies
- ensure inclusivity for all students
- A dedicated allergy policy is in place.
- All staff will be trained on how to recognise and treat the symptoms of anaphylaxis; Welfare Officers will attend specific training sessions with the school nursing team and then roll this out to all staff.
- The effectiveness of this policy will be evaluated by the Health and Safety lead through the medical log of the school and records of instances of anaphylaxis. In addition, through the storage and correct use of anaphylaxis medication and staff training records.

Success Criteria

- All staff will be aware of how to recognise and treat the symptoms of anaphylaxis.
- Staff will be regularly trained in the use of adrenaline auto injectors (Epi-Pen)
- Students and parents will be aware of their responsibilities with regards to anaphylaxis management in school.

3. Equalities statement

Our schools are clear about the need to actively support pupils with medical conditions to participate in school life. The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely in all aspects of school life. Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted

4. Roles and Responsibilities

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, school trips.
- Staff must be aware of the students in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Information on students medical conditions are on SIMS.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all students with medical conditions, including allergies, carry their in-date medication. Students unable to produce their required medication will not be able to attend the excursion.
- It is the parent's responsibility to ensure all medication is in date however the Welfare Officer will check medication kept at school monthly and send a reminder three months before expiry and then an additional two more emails to parents as medication approaches expiry date.

Parent responsibilities

- On admission all parents are requested to complete a medical information form, if a student is known to suffer from allergies or anaphylaxis the schools Welfare Officer will meet with the parent/carer and the school nurse to obtain information and complete a school individual health care plan.
- Parents are to supply a copy of their child's Allergy Action Plan (British Society for Allergy and Clinical Immunology – 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. Schools nurse/GP/allergy specialist.

- Parents are fully responsible for ensuring any required medication is supplied, in date and replaced as necessary. The Welfare Officer will return all expired medication home via the pupil to be safely disposed of by the parent.
- Parents are requested to keep the school up to date with any changes to their child's medical condition

Student Responsibilities

- Students 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.
- Students diagnosed with anaphylaxis must always carry on their persons 2 adrenaline auto injectors (AAI), parents may provide the welfare room with additional AAI's although this is not mandatory.
- Be proactive in the care and management of their food allergies and reactions and medication
- Be sure not to exchange food with others and take care to avoid any foods which may cause an allergic reaction
- Read food labelling but, if unsure, avoid the food
- Avoid eating anything with unknown ingredients

5. Medication

Any medication that the student requires following an allergic reaction should be kept on their person. This includes adrenaline auto-injectors, antihistamine, asthma inhalers and spacers.

Parents are to be advised that should their child's condition require the possible use of an Adrenaline Auto- Injector (AAI), the school requires their child to carry **TWO AAI's** with them at all times. Common brands of AAI'S are Epi-pen and Jext.

Not all allergy sufferers require the use of an AAI; some only require the use of their inhaler and/or an antihistamine medicine.

For mild allergies/hay fever, students will take antihistamine at home. If parents would like their child to have an emergency supply in school, this should be kept in the welfare room and parents complete an Individual Health Care Plan form.

Supply, storage and care of medication

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

Additional student medication may be stored in a rigid box and clearly labelled with the student's name and a photograph. The student's medication storage box may contain:

- adrenaline auto injectors – AAIs i.e. EpiPen® or Jext® (two of the same type being prescribed)
- an up-to-date allergy action plan
- antihistamine as tablets or syrup (if included on plan)
- asthma inhaler (if included on plan)
- Up to date school individual health care plan

- Emergency AAI / Asthma inhaler consent form if appropriate

Used AAIs must be given to ambulance paramedics on arrival. (AAIs are single use only and must be disposed of as sharps. Sharps bins to be obtained from and disposed of by a clinical waste contractor/specialist collection service.)

Expired AAI's will be sent home for parents to dispose of responsibly.

6. Individual Health Care Plan

Each student will have their own health care plan; this will contain the following information:

- Student's name and date of birth
- Type of allergy
- Signs and symptoms of allergy
- Their photograph
- A breakdown of what to do in the event of an allergic reaction
- Checked and signed by the school nursing team and welfare officer
- A copy of each student's action plan can be found in their individual medical box located in the Welfare room.

7. Emergency Treatment and Management of Anaphylaxis

What to look for:

- swelling of the mouth or throat
- difficulty swallowing or speaking
- difficulty breathing
- sudden collapse / unconsciousness
- hives, rash anywhere on the body
- abdominal pain, nausea, vomiting
- sudden feeling of weakness
- strong feelings of impending doom

Anaphylaxis is likely if all the following 3 things happen:

- **sudden onset** (a reaction can start within minutes) and **rapid progression of symptoms**
- **life threatening airway and/or breathing difficulties** and/or **circulation problems** (e.g. alteration in heart rate, sudden drop in blood pressure, feeling of weakness)
- **changes to the skin** e.g. flushing, urticaria (an itchy, red, swollen skin eruption showing markings like nettle rash or hives), angioedema (swelling or puffing of the deeper layers of skin and/or soft tissues, often lips, mouth, face etc.) Note: skin changes on their own are not a sign of an anaphylactic reaction, and in some cases don't occur at all.

If the student 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. Adrenaline should be administered by an injection into the muscle (intramuscular injection).

What does adrenaline do?

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

Adrenaline must be administered with the minimum of delay as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once the symptoms have become severe.

ACTION:

- Stay with the child and call for help. **DO NOT MOVE CHILD OR LEAVE UNATTENDED**
- Remove trigger if possible (e.g. Insect stinger)
- Lie child flat (with or without legs elevated) – A sitting position may make breathing easier
- **USE ADRENALINE WITHOUT DELAY** and note time given. Inject at upper, outer thigh and midway between knee and hip - through clothing if necessary.
- **CALL 999 and state ANAPHYLAXIS**
- If no improvement after 5 minutes, administer second adrenaline auto-injector
- If no signs of life commence CPR
- Phone parent/carer as soon as possible
- Even if the child is fully recovered, the child must go to hospital in an ambulance for a check-up, used AAI's must be handed to the ambulance crew.

8. Emergency adrenaline auto injectors in school

School emergency adrenaline auto-injectors are available for students for whom written parental consent and medical authorisation for use has been given. They are stored in a secure location but not locked away; locations for individual schools are displayed in the main office reception area and can also be found in the schools own 'First Aid Arrangements' document. Under specific UK legislation (Human Medicines Regulations 2017), a school can use a spare, unprescribed adrenaline auto-injector (AAI) on any student suspected of having anaphylaxis in an emergency, even if they don't have their own prescribed pen, allowing life-saving treatment for unexpected severe reactions.

9. Staff training

All staff must attend annual staff training regarding all school welfare procedures and medical conditions including anaphylaxis & allergy. This may be delivered by Ealing school nursing team or the welfare officer if they have attended the module 1 &2 medical conditions and medical conditions policy courses run by the school nurses every 2 years.

The welfare officer will deliver additional training to any absent staff or new staff on an ad-hoc basis.

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
- Associated conditions e.g. asthma
- A practical session using trainer devices

10. School Trips and Off-Site Activities

It is crucial that all staff organising trips or activities away from the school site obtain a list of students who suffer from anaphylaxis/allergies. A list of students who suffer from any form of medical condition is available from the Welfare Officer.

It is crucial that the teacher taking the student on the trip checks prior to leaving that the students with prescribed AAI's have 2 in date devices on them (or 4 if it is a residential trip – see below) and any other medications he/she may require with him/her. Failure to take his/her medications with his/her will result in the student not being allowed to go on the trip. A copy of the students Action Plan/ individual health care plan will be taken on trips. Trip leaders need to ask the Welfare Officer to provide this.

Residential Trips

Students with prescribed AAI's must have a minimum of 4 for a residential trip. This may include any additional AAI's prescribed for the student and stored in school which will be handed over to the trip lead on the day of departure.

Failure to take his/her medications with his/her will result in the student not being allowed to go on the trip.

11. 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

Innovate UK provide the school catering with all food freshly cooked/ prepared onsite.

- All food is nut free
- Clear, consistent allergen labelling
- Full ingredients list for pre-packaged foods
- All food served at the counter have allergens displayed
- Student's allergies are on the tills; on the point of sale if a student accidently purchases a food with a known allergen the till will not allow the till operator to sell.
- Allergen information is imported from the schools SIMS database to Innovate's tills automatically and updates every 24 hours.

12. Practical Subjects

Students are not barred from participation in any practical activities within the classroom and are adequately supervised. Teachers should be certain that no one in their class suffers from any form of allergen which may be used. In some more extreme cases exposure to even the tiniest amount of allergen can result in anaphylaxis.

If during a lesson a child shows symptoms of anaphylaxis the teacher must follow the guidelines as outlined in this policy.

13. Allergy awareness

- Twyford CofE Academies Trust are ''Allergy Aware'', this is because there are many allergens that could affect pupils, and we cannot guarantee a truly allergen free environment for a child living with food allergies. We advocate instead to adopt a culture of allergy awareness and education. A 'whole school awareness of allergies' is a much better approach, as it 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
- Since nuts are a common allergen, all parents/carers are reminded by email at the start of every new term that they should not give their child nut products to bring into school for snacks or lunch and that we are an allergy aware school.
- All staff are reminded by email at the start of every new term that they should not bring nut products into school

12. RISK ASSESSMENT

ACTIVITIES: (What will you be doing and with whom?)	**Students with Anaphylaxis**			
DATE OF RISK ASSESSMENT:	**Date completed:**	xxxxxxxx	**Date to be reviewed:** (Max timeframe 1 year)	xxxxx
ROLES & RESPONSIBILITIES: (Reviewer, consultees, specialist advisor, etc.)	Welfare Officers, First Aiders & All Staff			
OVERALL RISK SCORES: (For the highest risk hazard)	**Untreated score:**	3 x 3 = 9	**Treated score:**	1 x 3 = 3

What are the hazards? (List only actual hazards/issues related to planned activities)	**Who might be harmed and how?** (Staff, students, visitors, include vulnerable groups etc.)	**What are you already doing to control/treat the risks?** (Eliminate, substitute, engineering controls, administrative controls, PPE)	**Treated Risk Score** (Likelihood x Impact = Score, see table at end of doc)	**What further action do you need to take to control/treat the risks?** (Eliminate, substitute, engineering controls, administrative controls, PPE)	**Who needs to carry out the action?** (Staff member names or job roles)	**When is the action needed by?**
Students with Anaphylaxis Attending School on a Daily Basis **(For general, overarching risk mitigations)**	Students with Anaphylaxis	• First Aid and Supporting Pupils with Medical Conditions Policy in place & in operation. Staff familiarised with this • Correct number of trained first aiders on site (as per school First Aid Arrangements document) • Provision of first aid facilities and equipment around school site • All staff attend annual "Allergy & Anaphylaxis" training	1 x 3 = 3			

What are the hazards? (List only actual hazards/issues related to planned activities)	**Who might be harmed and how?** (Staff, students, visitors, include vulnerable groups etc.)	**What are you already doing to control/treat the risks?** (Eliminate, substitute, engineering controls, administrative controls, PPE)	**Treated Risk Score** (Likelihood x Impact = Score, see table at end of doc)	**What further action do you need to take to control/treat the risks?** (Eliminate, substitute, engineering controls, administrative controls, PPE)	**Who needs to carry out the action?** (Staff member names or job roles)	**When is the action needed by?**
		• Individual healthcare plans for those with Anaphylaxis • Welfare staff trained to deal with medical emergencies such as severe allergic reactions • AEDs and emergency Epi-pens on site and staff trained in their use. • Student Profile Look Books in place around the school inc. to HOYs, Science prep lab.				
Contact with or ingestion of Allergen in class **(Low risk lessons)**	Students with Anaphylaxis coming into contact with Allergens	In addition to controls itemised above: • School policy of "no eating" in class • Staff told not bring high risk products into school e.g. Nuts & Nut Products- This is included in the start of year training by HT and any in year staff are inducted.	1 x 3 = 3			

What are the hazards? (List only actual hazards/issues related to planned activities)	**Who might be harmed and how?** (Staff, students, visitors, include vulnerable groups etc.)	**What are you already doing to control/treat the risks?** (Eliminate, substitute, engineering controls, administrative controls, PPE)	**Treated Risk Score** (Likelihood x Impact = Score, see table at end of doc)	**What further action do you need to take to control/treat the risks?** (Eliminate, substitute, engineering controls, administrative controls, PPE)	**Who needs to carry out the action?** (Staff member names or job roles)	**When is the action needed by?**
Contact with or ingestion of Allergen in class **(High risk lessons such as Science)**	Students with Anaphylaxis coming into contact with Allergens	In addition to controls itemised above: • School policy of "no eating" in class • Appropriate first aid equipment is located close to areas where higher risk activities take place • Policies, procedures and risk assessments in place for high risk activities. Staff familiarised with these • Science – Experiments using chemicals are all risk assessed following Cleapss guidance • Music – Eating is banned in all music rooms and any student with an allergy can wipe down equipment prior to use	1 x 3 = 3			
Contact with or ingestion of Allergen in PE	Students with Anaphylaxis coming into	In addition to controls itemised above:	1 x 3 = 3			

What are the hazards? (List only actual hazards/issues related to planned activities)	**Who might be harmed and how?** (Staff, students, visitors, include vulnerable groups etc.)	**What are you already doing to control/treat the risks?** (Eliminate, substitute, engineering controls, administrative controls, PPE)	**Treated Risk Score** (Likelihood x Impact = Score, see table at end of doc)	**What further action do you need to take to control/treat the risks?** (Eliminate, substitute, engineering controls, administrative controls, PPE)	**Who needs to carry out the action?** (Staff member names or job roles)	**When is the action needed by?**
	contact with Allergens	• Students with anaphylaxis should always have 2 AAIs on their person and take it with them to PE lessons. PE Staff to check this before each class • Appropriate first aid equipment is located in the Sportshall and on the school Minibuses • Policies, procedures and risk assessments in place for high risk activities. Staff familiarised with these • Termly stock check on all first aid bags/ kits/ around the school.				
Contact with or ingestion of Allergen before/after school or at break/lunch	Students with Anaphylaxis coming into contact with Allergens	In addition to controls itemised above: • Students with anaphylaxis told to not share/accept food from other students	2 x 3 = 6	N.B. The Risk Likelihood x Risk Impact is high for this Hazard because of the unknown situations outside of school (i.e. before/after school) and the ratio of		

What are the hazards? (List only actual hazards/issues related to planned activities)	**Who might be harmed and how?** (Staff, students, visitors, include vulnerable groups etc.)	**What are you already doing to control/treat the risks?** (Eliminate, substitute, engineering controls, administrative controls, PPE)	**Treated Risk Score** (Likelihood x Impact = Score, see table at end of doc)	**What further action do you need to take to control/treat the risks?** (Eliminate, substitute, engineering controls, administrative controls, PPE)	**Who needs to carry out the action?** (Staff member names or job roles)	**When is the action needed by?**
		• Café provides allergen information on all food / display boards • Café Manager has a copy of the Student Profile Look Books and inputs the data into the tills so that alerts appear when each child buys from the café. The till operator has to click "ok" to acknowledge the alert • Café tables cleaned between each use • Students with anaphylaxis should always have 2 AAIs on their person • All students are given an annual assembly about Allergies • Parents/Carers sent termly reminder to not send high risk products into school in packed lunches, etc. e.g. Nuts & Nut Products		staff/student supervision is lower outside of classroom time.		

What are the hazards? (List only actual hazards/issues related to planned activities)	**Who might be harmed and how?** (Staff, students, visitors, include vulnerable groups etc.)	**What are you already doing to control/treat the risks?** (Eliminate, substitute, engineering controls, administrative controls, PPE)	**Treated Risk Score** (Likelihood x Impact = Score, see table at end of doc)	**What further action do you need to take to control/treat the risks?** (Eliminate, substitute, engineering controls, administrative controls, PPE)	**Who needs to carry out the action?** (Staff member names or job roles)	**When is the action needed by?**
		• Students with anaphylaxis are encouraged to share the details of their allergies with their friends/peers				
Contact with or ingestion of Unforeseen Allergens	Any Student coming into contact with unforeseen Allergens	In addition to controls itemised above: • For students with known Anaphylaxis, Welfare staff are trained in dealing with medical emergencies and administering AAIs • For students with no known Anaphylaxis, Welfare staff are trained to call 999 in order to obtain permission to administer the school's AAI and follow the operator's instructions	1 x 3 = 3			
Access to AAI is impaired or	Students with Anaphylaxis	• **Step 1** – Students with anaphylaxis should always have 2 AAIs on their person	1 x 3 = 3			

What are the hazards? (List only actual hazards/issues related to planned activities)	**Who might be harmed and how?** (Staff, students, visitors, include vulnerable groups etc.)	**What are you already doing to control/treat the risks?** (Eliminate, substitute, engineering controls, administrative controls, PPE)	**Treated Risk Score** (Likelihood x Impact = Score, see table at end of doc)	**What further action do you need to take to control/treat the risks?** (Eliminate, substitute, engineering controls, administrative controls, PPE)	**Who needs to carry out the action?** (Staff member names or job roles)	**When is the action needed by?**
difficult to access		• **Step 2** – Students with anaphylaxis should have an AAI in the Welfare Room which is stored in a clear plastic box, labelled with their name and photo and is easily accessible • **Step 3** – Parents/Carers encouraged to give permission for the school to administer the school Epi-pen in an emergency				
AAI is due to expire or has expired	Students with Anaphylaxis	• There is a 3-stage reminder system to parents/carers that advises when the AAI (and all other medication) is due to expire • Final stage is referral to the CP Team • Students with expired AAIs will be sent home until an in-date AAI is provided to the school. This is confirmed on a case-by-case basis with the Headteacher	1 x 3 = 3			

What are the hazards? (List only actual hazards/issues related to planned activities)	**Who might be harmed and how?** (Staff, students, visitors, include vulnerable groups etc.)	**What are you already doing to control/treat the risks?** (Eliminate, substitute, engineering controls, administrative controls, PPE)	**Treated Risk Score** (Likelihood x Impact = Score, see table at end of doc)	**What further action do you need to take to control/treat the risks?** (Eliminate, substitute, engineering controls, administrative controls, PPE)	**Who needs to carry out the action?** (Staff member names or job roles)	**When is the action needed by?**
Student unsure or not confident to administer own AAI	Students with Anaphylaxis	• All staff attend annual "Allergy & Anaphylaxis" training which demonstrates how to administer each of the different AAIs	1 x 1 = 1			
Student goes into Anaphylactic Shock	Students with Anaphylaxis	All staff are trained to do the following: • Keep the student where they are and clear the area of other students • Get medication and Welfare staff to the student • Administer the student's AAI (student to do it themselves or staff member to do it if necessary) • Call 999 and state "ANAPHYLAXIS" • Administer a second AAI within 5 minutes if necessary	1 x 3 = 3			

What are the hazards? (List only actual hazards/issues related to planned activities)	**Who might be harmed and how?** (Staff, students, visitors, include vulnerable groups etc.)	**What are you already doing to control/treat the risks?** (Eliminate, substitute, engineering controls, administrative controls, PPE)	**Treated Risk Score** (Likelihood x Impact = Score, see table at end of doc)	**What further action do you need to take to control/treat the risks?** (Eliminate, substitute, engineering controls, administrative controls, PPE)	**Who needs to carry out the action?** (Staff member names or job roles)	**When is the action needed by?**
Offsite trips	Students with Anaphylaxis	In addition to controls itemised above: • At least 1 x 1-day Emergency First Aider accompanies each trip • At least 1 x first aid kit is taken on each trip • 1 x first aid kit kept in each minibus • All trip letters include standard line that students without their medication will not be permitted to go on the trip • Policies, procedures and risk assessments in place for trips. Staff familiarised with these • **Day Trips** – Trip Leader checks medical details of trip participants with Welfare Officer and then ensures that each student has their medication on their person before the trip departs	2 x 3 = 6	N.B. The Risk Likelihood x Risk Impact is high for this Hazard because of the unknown situations outside of school (i.e. on a school trip) and certain trips allow for independent time away from the trip leader.		

What are the hazards? (List only actual hazards/issues related to planned activities)	Who might be harmed and how? (Staff, students, visitors, include vulnerable groups etc.)	What are you already doing to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Treated Risk Score (Likelihood x Impact = Score, see table at end of doc)	What further action do you need to take to control/treat the risks? (Eliminate, substitute, engineering controls, administrative controls, PPE)	Who needs to carry out the action? (Staff member names or job roles)	When is the action needed by?
		• **Residential Trips** – a Medical List is provided to the Trip Leader as well as copies of IHCPs and emergency medications, all of which is sent on the trip with the Trip Leader. The Trip Leader familiarises themselves with students with medical conditions and seeks further support from Welfare Officer or the family if required. The Trip Leader ensures that each student has their medication on their person before the trip departs				
Covid-19 Measures	Students with Anaphylaxis	Please refer to the Twyford Trust and William Perkin Risk Assessments	1 x 3 = 3			

Responsible person name:		**Signature:**		**Date:**	
SLT name:		**Signature:**		**Date:**	

For each hazard please rate the **Risk Impact** and the **Risk Likelihood** using the below table remaining after control measures currently in place are taken into account. Calculate **overall risk scores** based on an assessment of the treated/untreated scores for the highest risk hazard.

		Risk Likelihood		
Risk Impact	**Total Risk calculation table**	**1:** Unlikely	**2:** Neither Likely nor Unlikely	**3:** Likely
	1: No injury/no or minor property damage	**1**	**2**	**3**
	2: Minor injuries/major property damage	**2**	**4**	**6**
	3: Major injuries/fatality	**3**	**6**	**9**

Likelihood and Impact are multiplied to form the risk score with control measures in place.

Risk Likelihood

Unlikely means once in more than 100 years or less often
Neither Likely nor unlikely means less often than once in 10 years but more often than once in 100 years.
Likely means once in 10 years or more often

Risk Rating Calculation: **Total Risk = Remaining Risk Impact X Remaining Risk Likelihood**

A **Total Risk** score of **1-2** should mean you are safe to undertake the activity as long as the required control measures are in place throughout.
A **Total Risk** score of **3-4** should mean you proceed with caution, reconsider control measures, method or even necessity of activity before undertaking it.
A **Total Risk** score of **6-9** should mean you do not undertake the activity at all until you have completely reconsidered how to deliver it safely.

Please Also Note

All risk assessments should be approved and signed by SLT/line management as appropriate.

Appendix 1: – Benedicts Law

The Department for Education (DfE) announced on March 4, 2026, that new, mandatory statutory guidance—developed in response to the campaign for Benedict's Law—will be published in final form by summer 2026.

https://www.gov.uk/government/news/stronger-protections-for-children-with-allergies-in-school

Appendix 2:- Information on allergies

The Food Standards Agency lists the following foods s the most common allergens and must be labelled / displayed in the café

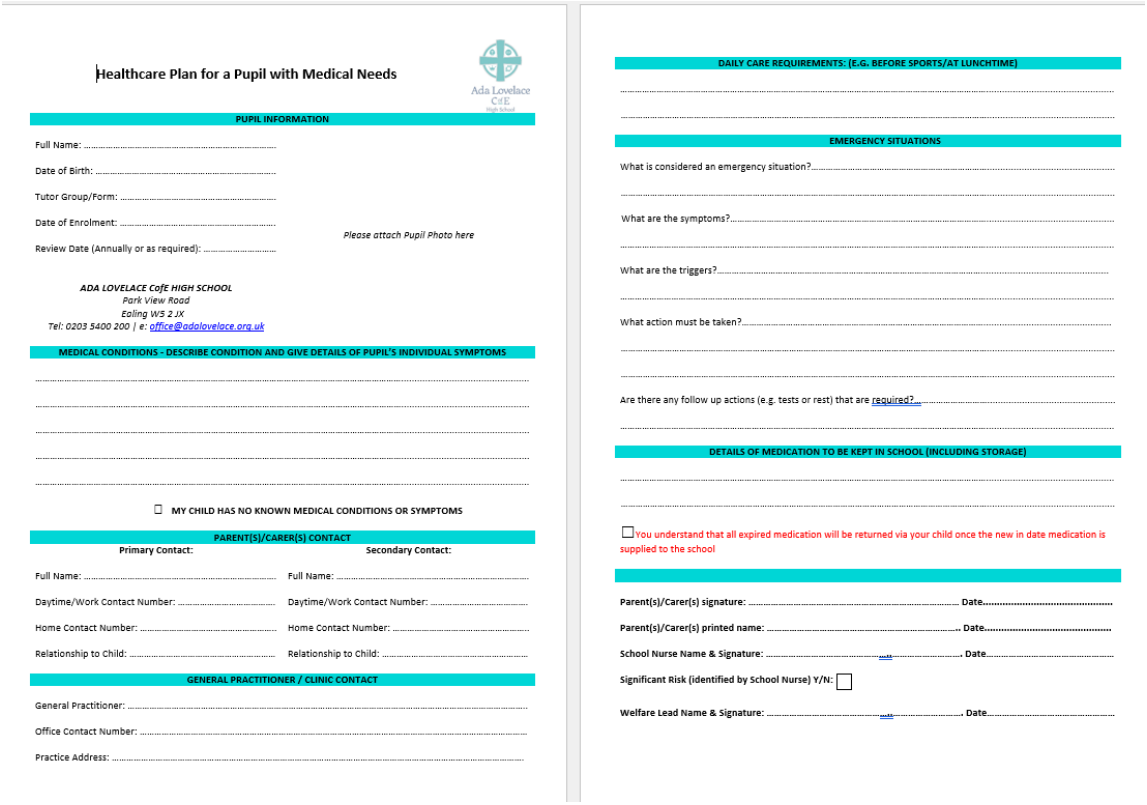
• Cereals containing Gluten, Celery, Crustaceans, Eggs, Fish, Soya, Milk, Nuts, Peanuts, Mustard, Sesame seeds, Sulphur dioxide/Sulphites, Lupin, Molluscs

https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools

Appendix 3: Allergy Action Plan

https://www.bsaci.org/wp-content/uploads/2025/12/BSACI-Adult-action-plan-Epipen-Sept-24.pdf

Appendix 4: Individual Health Care Plan



Healthcare Plan for a Pupil with Medical Needs

Ada Lovelace CofE High School

PUPIL INFORMATION

Full Name: .....

Date of Birth: .....

Tutor Group/Form: .....

Date of Enrolment: .....

Review Date (Annually or as required): .....

Please attach Pupil Photo here

ADA LOVELACE CofE HIGH SCHOOL
Park View Road
Ealing W5 2 JX
Tel: 0203 5400 200 | e: office@adalovelace.org.uk

MEDICAL CONDITIONS - DESCRIBE CONDITION AND GIVE DETAILS OF PUPIL'S INDIVIDUAL SYMPTOMS

.....

.....

.....

.....

.....

☐ **MY CHILD HAS NO KNOWN MEDICAL CONDITIONS OR SYMPTOMS**

PARENT(S)/CARER(S) CONTACT

Primary Contact:	**Secondary Contact:**
Full Name:	Full Name: .....
Daytime/Work Contact Number:	Daytime/Work Contact Number: .....
Home Contact Number:	Home Contact Number: .....
Relationship to Child:	Relationship to Child: .....

GENERAL PRACTITIONER / CLINIC CONTACT

General Practitioner: .....

Office Contact Number: .....

Practice Address: .....

DAILY CARE REQUIREMENTS: (E.G. BEFORE SPORTS/AT LUNCHTIME)

.....

.....

EMERGENCY SITUATIONS

What is considered an emergency situation?.....

.....

What are the symptoms?.....

.....

What are the triggers?.....

.....

What action must be taken?.....

.....

.....

Are there any follow up actions (e.g. tests or rest) that are required?.....

.....

DETAILS OF MEDICATION TO BE KEPT IN SCHOOL (INCLUDING STORAGE)

.....

.....

☐ You understand that all expired medication will be returned via your child once the new in date medication is supplied to the school

Parent(s)/Carer(s) signature: ..... **Date**.....

Parent(s)/Carer(s) printed name: ..... **Date**.....

School Nurse Name & Signature: ..... **Date**.....

Significant Risk (identified by School Nurse) Y/N: ☐

Welfare Lead Name & Signature: ..... **Date**.....

Appendix 5: First aid for Anaphylaxis

FIRST AID FOR ANAPHYLAXIS

Allergy School

Recognise the Signs of Anaphylaxis...

A Airways
- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B Breathing
- Difficult or noisy breathing
- Wheeze or persistent cough

C Circulation
- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

An allergic reaction can escalate to anaphylaxis which is potentially life-threatening.
Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

ANAPHYLAXIS: ACTIONS TO TAKE

If any one or more of the above ABC symptoms are present, take these steps.

1. Administer an Adrenaline Auto Injector (AAI) without delay

Inject the AAI into the top of the outer thigh. If you're in doubt that it is anaphylaxis but one or more ABC symptoms are present, **give the AAI, it will not harm them.**

2. Dial 999 and say anaphylaxis ('ana-fill-axis')

Stay with the person until the ambulance arrives. **DO NOT let them stand up and walk around.**

3. The person should lie down immediately

If the person is not already lying down, they should do so, with legs raised if possible. If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.

4. Inject a second AAI into the outer thigh if there are no signs of improvement after 5 minutes

If there is no sign of life, start CPR immediately until help arrives.

Please learn these steps. This is life-saving information.
You never know when you will need to act in an anaphylaxis emergency.

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

Empower · Include · Protect
AllergySchool.org.uk

Appendix 5: How to use a EpiPen AAI

ANAPHYLAXIS

HOW TO USE EPIPEN AAIS

If you think someone is have an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Remove the blue safety cap

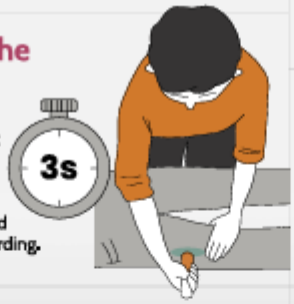
Grasp the EpiPen in your dominant hand and remove the blue safety cap by pulling straight up. **Remember: Blue to the Sky, Orange to the Thigh!**

2. Position the orange tip

Hold the EpiPen at 90°, approximately 10cm away from the leg, with the orange tip pointing towards the outer thigh.

3. Administer the EpiPen AAI

Jab the EpiPen firmly into the outer thigh at a right angle. Hold firmly for 3 seconds, before removing and safely discarding.



4. Once the EpiPen AAI has been administered call 999

Ask for an ambulance and say **"ana-fill-axis".**

5. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, **with legs raised if possible.**

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.

6. If there are no signs of improvement after 5 minutes, use a second EpiPen AAI

The person should remain still and lying down until the ambulance arrives. **Don't try to get up, even if you start to feel better.**

7. Start CPR

If there are no signs of life, **start CPR immediately** until help arrives.

For more information on EpiPen AAIs >>

Sign up to the free expiry alert service and receive reminders by text or email when your EpiPen is about to expire >>

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The UK's Food Allergy Charity

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Appendix 6: How to use a Jext AAI

ANAPHYLAXIS

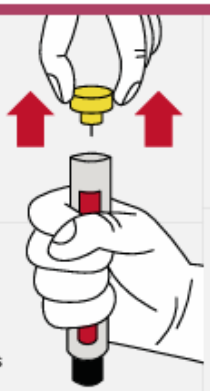
HOW TO USE JEXT AAIS

If you think someone is have an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Hold the Jext AAI in the hand you write with

Hold with your thumb closest to the yellow cap. **Pull off the yellow cap with your other hand.**



2. Place the black injector tip against the outer thigh

Hold the injector **at a right angles (approx. 90°) to the thigh.**

3. Push the black tip as hard as you can into the outer thigh

Wait until you **hear a 'click'** confirming the injection has started, then keep it pushed in. Hold the injector firmly in place against the thigh for **10 seconds (a slow count to 10)** then remove. The black tip will extend automatically and hide the needle.

4. Massage the injection area for 10 seconds

5. Once the Jext AAI has been administered call 999

Ask for an ambulance and say **"ana-fill-axis".**

6. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, **with legs raised if possible.**

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.

7. If there are no signs of improvement after 5 minutes, use a second Jext AAI

The person should remain still and lying down until the ambulance arrives. **Don't try to get up, even if you start to feel better.**

8. Start CPR

If there are no signs of life, **start CPR immediately** until help arrives.

For more information on Jext AAIs >>

Sign up to the free expiry alert service and receive reminders by text or email when your Jext AAi is about to expire >>

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Appendix 7: Useful Links

- Allergy UK Helpline: providing support, advice and information for those living with allergic disease tel. weekdays 9am-5pm 01322 619898 - www.allergyuk.org
- For pupils / students with Medical Conditions at School - Supporting pupils with medical conditions at school - https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3
- Anaphylaxis UK - https://www.anaphylaxis.org.uk/allergywise/
- Natasha's Law - https://www.narf.org.uk/what-is-natashas-law
- Allergy School - https://www.narf.org.uk/allergy-school
- School nursing service training (includes management of medical emergencies training for schools): https://www.egfl.org.uk/services-to-schools/ealing-school-nursing-service-201819