

POLICY FOR MANAGEMENT OF ALLERGIES AND ANAPHYLAXIS

Presented to: Trustee Standards Committee

19 June 2025

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1. AIMS AND OBJECTIVES

This policy outlines the Trust's approach to allergy management, including how the whole-school community works to reduce the risk of an allergic reaction happening and the procedures in place to respond if one does. It also sets out how we support our students/pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an Allergy Aware School.

This policy applies to all staff, students/pupils, parents/carers, Governors/Trustees and visitors in the Trust and should be read alongside these other policies:

- Health and Safety Policy
- Managing Medical Conditions policy
- First Aid policy
- Safeguarding policy

2. WHAT IS AN ALLERGY?

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

3. DEFINITIONS

3.1 Anaphylaxis

Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

3.2 Allergen

A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by law to be highlighted on pre-packed food. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

3.3 Adrenaline Auto-Injector

Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAI's, adrenaline pens or by the brand name EpiPen. There are three brands licensed for use in the UK: EpiPen, Jext Pen and Emerade. Emerade is currently not available as it has been recalled due to misfiring incidences.

3.4 Allergy Action Plan

This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

3.5 Individual Healthcare Plan

A detailed document outlining an individual student/pupil's condition, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, students/pupils. All students/pupils with an allergy should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.

3.6 Risk Assessment

A detailed document outlining an activity, the risks it poses, and any actions taken to mitigate those risk. Allergy should be included on all risk assessments for events on and off the school site.

3.7 Spare Pens

From 2017 schools have been able to purchase spare adrenaline pens. These should be held as a back-up, in case student/pupils' own adrenaline pens are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

4. **ROLES AND RESPONSIBILITIES**

The Trust takes a whole-school community approach to allergy management.

4.1 **Headteacher**

Has overall responsibility for management of this policy on school sites and for oversight of the Designated Allergy Lead and their work in this area.

4.2 **Designated Allergy Lead**

Each school must have a Designated Allergy Lead who reports into the Headteacher (Primary) or nominated Deputy / Assistant Headteacher (Secondary).

They are responsible for:

- Ensuring the safety, inclusion and wellbeing of students/pupils with 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, students/pupils and parents/carers 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).
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment).
- Ensuring staff, students/pupils and parents/carers have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures.
- Reviewing the stock of the school's spare adrenaline pens (check the school has enough and the locations are correct) and ensuring staff know where they are.
- Keep a record of any allergic reactions or near-misses and ensure an investigation is held as to the cause and put in place any learnings.
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy.

- Ensuring there is an Anaphylaxis Drill once a year to test the procedure is sufficiently robust.

At regular intervals the Designated Allergy Lead will check procedures and report to the SLT.

4.3 **First Aid Team**

The person responsible for first aid provision within the school is responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families (this is likely to involve liaising with the Admissions Team for new joiners).
- Support the Designated Allergy Lead on how this information is disseminated to all school staff, including the Catering Team, occasional staff and staff running clubs.
- Ensuring the information from families is up-to-date and reviewed annually (at a minimum).
- Coordinating medication with families. Whilst it is the parents/carers responsibility to ensure medication is up to date, the first aid team should also have systems in place to check this and notify the parents/carers when they see the expiry date is approaching.
- Keeping an adrenaline pen register to include Adrenaline Pens prescribed to students/pupils and Spare Pens, including brand, dose and expiry date. The location of Spare Pens should also be documented.
- Regularly checking spare pens are where they should be, and that they are in date.
- Replacing the spare pens when necessary.
- Providing on-site adrenaline pen training for other members of staff and students/pupils and refresher training as required eg before school trips.

4.4 **Admissions Team**

The admissions team is likely to be the first to learn of a student/pupil or visitor's allergy. They should work with the Designated Allergy Lead and first aid 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 (ie school nursing team, catering team).
- Visitors (for example at Open Days and events) are aware of the catering set up and if food is to be offered and plans for medication if the child is to be left without parental supervision.

4.5 **All Staff**

All school staff, to include teaching staff, support staff, domestic staff, occasional staff (for example sports coaches, music teachers and those running breakfast and afterschool clubs) are responsible for:

- Championing and practising allergy awareness across the school.
- Understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures and asking for support if needed.
- Being aware of students/pupils with allergies and what they are allergic to.
- Considering the risk to students/pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate. This includes religious festival celebrations, annual events such as fayres or sports day and all educational visits.
- Ensuring students/pupils always have access to their medication or carrying it on their behalf.
- Being able to recognise and respond to an allergic reaction, including anaphylaxis.

- Taking part in training and anaphylaxis drills as required.
- Considering the safety, inclusion and wellbeing of students/pupils with allergies at all times.
- Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy.

4.6 All Parents

All parents/carers (whether their child has an allergy or not) are responsible for:

- Being aware of and understanding the Trust's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of students/pupils with allergies.
- Providing the school reception staff with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema.
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events.
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice.
- Encouraging their child to be allergy aware.

4.7 Parents of Children with Allergies

In addition to point 4.5, the parents/carers of children with allergies should:

- Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan.
- If applicable, provide the school or their child with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, ie spoon or syringe), inhalers or creams.
- Ensure medication is in-date and replaced at the appropriate time.
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too.
- Provide the school with an up-to-date photograph of their child and sign the associated permission for it to be shared appropriately as part of their allergy management.
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring eg not eating the food they are allergic to.

4.8 All Students/Pupils

All students/pupils at the school should:

- Be allergy aware.
- Understand the risks allergens might pose to their peers.
- Learn how they can support their peers and be alert to allergy-related bullying.
- Older students/pupils will learn how to recognise and respond to an allergic reaction and to support their peers and staff in case of an emergency.
- Where students/pupils are able to buy or bring in food from home and are old enough to check the ingredients information about monitoring food contents will be provided and alerting to them to known allergens.

4.9 Students/Pupils with Allergies

In addition to point 4.7, students/pupils with allergies are responsible for:

- Where their age and ability allows, knowing what their allergies are and how to mitigate personal risk.
- Avoiding their allergen as best as they can.

- Understand that they should notify a member of staff if they are not feeling well or suspect they might be having an allergic reaction.
- If age-appropriate, to carry two adrenaline auto-injectors with them at all times. They must only use them for their intended purpose.
- Understand how and when to use their adrenaline auto-injector.
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy.
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies.
- Students/pupils permitted to leave the school site during the day should know what to do if they have an allergic reaction off school premises. This should include how to treat themselves and raise the alarm to get help.

5. INFORMATION AND DOCUMENTATION

5.1 Register of Students/Pupils with an Allergy

The school has a register of students/pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as those with an allergy where no adrenaline pens have been prescribed.

Each student/pupil with an allergy has an Individual Healthcare Plan. The information on this plan includes:

- Known allergens and risk factors for allergic reactions.
- A history of their allergic reactions.
- Detail of the medication the student/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 student/pupil.
- A copy of their Allergy Action Plan. See definitions for the BSACI templates.

6. ASSESSING RISK

Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food tech or cooking.
- Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk.
- Running activities or clubs where they might hand out snacks or food “treats”. Ensure safe food is provided or consider an alternative non-food treat for all students/pupils.
- Planning special events, such as cultural days and celebrations

Inclusion of students/pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity. The Trust has a template generic risk assessment which is attached as Appendix 1 which should be modified by each academy to reduce the risk of undiagnosed students/pupils coming into contact with frequent allergens.

7. FOOD, INCLUDING MEALTIMES AND SNACKS

7.1 Catering in School

- Trust schools are committed to providing a safe meal for all students/pupils, including those with food allergies.

- Due diligence is carried out with regard to allergen management when appointing catering staff/companies.
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training.
- Anyone preparing food for students/pupils with allergies will follow good hygiene practices, food safety and allergen management procedures.
- The catering team will endeavour to get to know the students/pupils with allergies and what their allergies are supported by all school staff.
- The school has robust procedures in place to identify students/pupils with food allergies, these are:
 - Two methods in place, one should be a visual check from a member of staff familiar with the students/pupils who have allergies.
 - Photos of students/pupils with allergies should also be available.
 - A back up plan should be in place and documented in case of staff absences.
 - Methods of identification.
- Food containing the main 14 allergens (see Allergens definition) will be clearly identified for students/pupils, staff and visitors to see. Other ingredient information will be available on request. Where other allergens are known which affect specific individuals within school, these will be added to the allergen list for communication purposes.
- Food packaged to go will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging.
- Where changes are made to the ingredients this will be communicated to students/pupils with dietary needs by the catering lead.
- Where products display the "may contain allergens" label these will only be used where there are no high-risk students/pupils or staff on site. This will be determined by a dynamic risk assessment.
- Food provided at any breakfast club and after school club/activity will follow these procedures.
- Catering leads (whether directly employed by school or through a SLA) will be responsible for ensuring allergen management. When SLA's are being agreed with caterers, then allergy management must be an integral part of the arrangements.

7.2 Food Brought into School

With the support of teaching staff, all food brought onto school premises by students/pupils must:

- Be stored in a suitable, safe location and in appropriate containers to prevent exposure.
- If for sharing, the staff member receiving the food must check the ingredients and decide on the suitability of it to be brought onto a school site.
- If ingredients are unknown and a dynamic risk assessment confirms a high risk the food product must not be accepted.
- Students/pupils should be reminded of suitable locations in school for consuming food.
- Where ad-hoc activities take place such as fayres or celebrations a risk assessment which includes allergies should be undertaken during the planning stage.

7.3 Food Bans or Restrictions

Some schools within the Trust may feel the need to restrict certain foods on site, messaging around this needs careful consideration. For example, bans are almost impossible to enforce but can lead to a sense of complacency or give a false sense of security. Reminding everyone to be allergy aware and to remain vigilant is vital. It is also important that you don't give the impression of one allergen being more dangerous than others.

If there is a need to restrict certain foods the recommended wording is as follows:

- This school is an Allergen Aware school. We have students/pupils with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food.

- We try to restrict peanuts and tree nuts and other food which are of high risk to individuals as much as possible on the site and check all foods coming into the kitchen.
- All food coming onto school premises or taken on a school trip or to a sports match should be checked to ensure high risk items are not an ingredient in another product. Please check the label on all foods brought in. Common foods that contain these goods as an ingredient include packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces.

7.4 Food Hygiene for Students/Pupils

Students/pupils are expected to:

- Wash their hands before and after eating.
- Be aware that sharing, swapping or throwing food is not allowed.
- Have water bottles and packed lunches which are clearly labelled.

8. SCHOOL TRIPS AND SPORTS FIXTURES

Staff leading the trip will:

- Have a register of students/pupils with allergies with medication details.
- Have considered allergies on the risk assessment and catering provision put in place.
- Consult with the parents/carers if the trip requires an overnight stay.
- Be trained to recognise and respond to an allergic reaction.
- Ensure allergens will be clearly labelled on catered packed lunches. If you have a student/pupil with an allergy to a food outside the "main 14" you should have a clear system in place to ensure they always receive a safe meal.
- Adhere to Adrenaline Pens section for School Trips and Sports Fixtures

9. INSECT STINGS

Students/pupils with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and when possible keep arms and legs covered.
- Avoid wearing strong perfumes or cosmetics.
- Keep their food and drink covered.

The school site management will monitor the grounds for wasp or bee nests. Students/Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.

10. ANIMALS

It is normally the dander (flecks of skin) that causes a person with an animal allergy to react.

Precautions to limit the risk of an allergic reaction include:

- A student/ pupil with a known animal allergy should avoid the animal they are allergic to.
- If an animal comes on site a risk assessment will be done prior to the visit.
- Areas visited by animals will be cleaned thoroughly.
- Anyone in contact with an animal will wash their hands after contact.
- School trips that include visits to animals will be carefully risk assessed.

11. ALLERGIC RHINITIS/ HAYFEVER

To manage seasonal pollen allergy and hay fever and persistent nasal allergy due to house dust mites or other allergens Trust schools will:

- Be aware of the heightened risk during grass cutting and growing seasons when completing risk assessments.
- Ensure that sufficient cleaning routines are in place within school which include high cleans during holiday periods which minimise exposure to students/pupils and staff.
- Move lessons inside when pollen counts are high.
- Be vigilant for the signs and symptoms of allergies and hay fever resulting from exposure and be aware of the necessary actions to take.

12. INCLUSION AND MENTAL HEALTH

Allergies can have a significant impact on mental health and wellbeing. Students/pupils may experience anxiety and depression and are more susceptible to bullying.

- No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip.
- Students/pupils with allergies may require additional pastoral support including regular check-ins from their class/form teacher.
- Affected students/pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives.
- Bullying related to allergy will be treated in line with the school's anti-bullying policy

13. ADRENALINE PENS

[See the government guidance on Adrenaline Pens in Schools.](#)

13.1 Storage of Adrenaline Pens

- Students/pupils prescribed with adrenaline pens will have easy access to two, in-date pens at all times.
- Allergy action plans and emergency procedures will be tailored to the specific needs of the individual child or staff member and will be communicated appropriately.
- Spot checks will be made to ensure adrenaline pens are where they should be and in date
- Adrenaline pens must not be kept locked away.
- Adrenaline pens should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator).
- Used or out of date pens will be disposed of as sharps.

13.2 Spare pens

Trust schools have access to spare adrenaline pens too be used in accordance with government guidance.

The adrenaline pens are clearly signposted and are stored with first aid facilities.

The first aid lead is responsible for:

- Deciding how many spare pens are required.
- What dosage is required, based on the Resuscitation Council UK's age-based guidance (see page 11).
- Which brand(s) to buy. Trust schools are recommended to buy a single brand if possible to avoid confusion.
- The purchasing of spare adrenaline pens which can be obtained at low cost from a local pharmacy. See government guidance above.
- Distribution around the site and clear signage.

13.3 Adrenaline Pens on School Trips and Match Days

- No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own pens.
- Adrenaline pens will be kept close to the students/pupils at all times eg not stored in the hold of the coach when travelling or left in changing rooms.
- Adrenaline pens will be protected from extreme temperatures.
- Staff accompanying the students/pupils will be aware of students/pupils with allergies and be trained to recognise and respond to an allergic reaction.
- Staff arranging trips are to consider whether to take spare pens to sporting fixtures and on trips.

14. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See Appendix 2 on recognising and responding to an allergic reaction.

- If a student/pupil has an allergic reaction they will be treated in accordance with their Allergy Action Plan and a member of staff will instigate the school's Emergency Response Plan.
- If anaphylaxis is suspected adrenaline will be administered without delay, lying the students/pupil down with their legs raised as described in the Appendix. They will be treated where they are and medication brought to them.
- A student/pupil's own prescribed medication will be used to treat allergic reactions if immediately available.
- This will be administered by the student/pupil themselves (if age appropriate) or by a member of staff. Ideally the member of staff will be trained, but in an emergency **anyone** will administer adrenaline.
- If the student/pupil's own adrenaline pen is not available or misfires, then a spare adrenaline pen will be used.
- If anaphylaxis is suspected but the student/pupil does not have a prescribed adrenaline pen or Allergy Action Plan, a member of staff will ensure they are lying down with their legs raised, call 999 and explain anaphylaxis is suspected. They will 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 to **anyone** for the purposes of saving their life.
- The student/pupil will not be moved until a medical professional/ paramedic has arrived, even if they are feeling better.
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff will accompany the student/pupil in an ambulance and stay until a parent/carer arrives.

15. TRAINING

- 15.1 Trust schools are committed to training all appropriate staff annually to give them a good understanding of allergy. This includes:
- Understanding what an allergy is.
 - How to reduce the risk of an allergic reaction occurring.
 - How to recognise and treat an allergic reaction, including anaphylaxis.
 - How the school manages allergy, for example Emergency Response Plan, documentation, communication etc.
 - 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.
 - Taking part in an anaphylaxis drill.

- 15.2 Trust schools will carry out an anaphylaxis drill as required dependant on the risks identified. This includes:
- An exercise simulating an event where a student/pupil or member of staff has an allergic reaction and testing the whole school response. The drill will be documented and used for continual improvement and therefore reduction in risk.

16. ASTHMA

It is vital that students/pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions. Students/pupils or staff with asthma must have the risks assessed, control measures identified and recorded where necessary.

17. MONITORING AND REVIEW

The Trustee Standards Committee has the responsibility for implementing, monitoring and reviewing this policy. Any issues, which arise, which do not fall within the remit of this Committee or are relevant to other areas of the Trust, will be brought to the attention of the relevant committees and /or individuals.

The Trustees will review this policy in line with the procedure for policy review.

Date for review - if no other reason for review (see policy review procedure) this policy will be reviewed every three years.

Appendix 1

MANAGEMENT OF HEALTH AND SAFETY AT WORK REGULATIONS 1999



RISK ASSESSMENT FOR GENERIC ALLERGY MANAGEMENT

Assessment Date _____

Name of Assessor 1: Claire Spooner

Name of Assessor 2: _____

Area/Department Assessed

Line Manager _____

The assessment should be reviewed periodically and if accidents or near misses occur. The list given is by no means an exhaustive one.

Review Dates

Signed and Accepted by: _____

Date	Who By

Hazard	How might people be harmed and who may be injured	Control measures currently in place	WORST CASE OUTCOME	Is the level of risk assessed and managed to a reasonably practicable level	If not, what further controls required and person responsible for embedding them
High risk employees and staff	Inadvertent exposure to an allergen could cause an individual health issues	Where schools are aware of pupils or staff who have already identified allergens a specific risk assessment to identify exposure opportunities and suitable controls will be created and shared where required Section 4.5 of H&S policy states need for individual risk assessment	Anaphylactic shock		Actions: Persons responsible: Date for completion:
Storage of allergens	Where schools store food which may contain allergens the risk of exposure is increased	Access to school cooking facilities is restricted Where teaching staff use food products to deliver the curriculum, they will ensure that foods are not known to be harmful to pupils or staff Staff will be notified of pupils' medical needs prior to child starting school	Anaphylactic shock		Actions: Persons responsible: Date for completion:
Donations of food products	During festivals or specific events parents and members of the local community may donate products to school which could contain allergens and therefore cause harm	Through communications in newsletters parents and carers will be aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies By providing the school reception staff with information about pupils medical needs, including dietary requirements and allergies, they are enabled to ask about ingredients and make judgement on its risk. Communications in the run up to events will contain reminders on allergens	Anaphylactic shock		Actions: Persons responsible: Date for completion:

Hazard	How might people be harmed and who may be injured	Control measures currently in place	WORST CASE OUTCOME	Is the level of risk assessed and managed to a reasonably practicable level	If not, what further controls required and person responsible for embedding them
First Aid provision	Lack of access to emergency and appropriate care could result in a child or staff members condition worsening/deteriorating rapidly	An emergency response plan will be put in place where required which includes safe and accessible storage and access to adrenaline pens (aka epi-pens) Adrenaline pens use by dates will be checked by the first aid lead regularly and replacements requested through the parents. Pupils with serious anaphylaxis will not be allowed into school without a in date adrenaline pen Location of adrenaline pens will be clear using signage (see example below) Similar to fire drills an emergency response drill will be undertaken regularly to ensure that procedures are robust and improvements can be made	Anaphylactic shock		Actions: Persons responsible: Date for completion:
Lack of understanding	Pupils and parents who are unaware of allergies and the necessary controls could cause serious health complications to others in school or themselves	School will ensure that appropriate communications are in place to parents and pupils which may include: - Allergy awareness in PHSE curriculum -Inclusion within food technology lessons -Informing parents of controls through newsletters -Using new starter days and parents evenings to communicate -Class teachers to have regular conversations with pupils in class where appropriate	Anaphylactic shock		Actions: Persons responsible: Date for completion:
Lack of understanding/ training	Staff who are unaware of the risks of exposure to allergens or the specific controls within school to keep pupils	Staff will be informed of individual pupils needs through XXXXXX which will ensure they have confidence in the controls in place and what to do in an emergency	Anaphylactic shock		

Hazard	How might people be harmed and who may be injured	Control measures currently in place	WORST CASE OUTCOME	Is the level of risk assessed and managed to a reasonably practicable level	If not, what further controls required and person responsible for embedding them
	safe could inadvertently put others at risk of serious harm	Updates and reminders to staff will be arranged through XXXXXXXX each XXXXXXXX (regularity) Photographs of pupils will be used in communications to aid identification All staff who run outside school clubs or lead on ad-hoc events such as sporting events will be provided with the necessary information			
Housekeeping and waste removal	Kitchen waste could contain allergens where exposure has been managed through catering staff. The waste could be stored within general school circulation areas which then exposes pupils and staff to the allergens	Cleaning and catering staff will be reminded of the need to dispose of waste directly from kitchen to waste areas which are not easily accessible Staff to be reminded to wash hands/gloves after handling food waste	Anaphylactic shock		Actions: Persons responsible: Date for completion:
Kitchen facilities and cooking	Catering on school sites creates potential for allergens to be stored on site and distributed to pupils	Where an external caterer is used the process for managing allergens will be part of the procurement process and will remain the caterer's responsibility however staff with concerns should report to the Head Teacher Where schools cater in-house, all staff will be trained on appropriate food standards and management of allergens to protect against cross contamination.	Anaphylactic shock		Actions: Persons responsible: Date for completion:

Hazard	How might people be harmed and who may be injured	Control measures currently in place	WORST CASE OUTCOME	Is the level of risk assessed and managed to a reasonably practicable level	If not, what further controls required and person responsible for embedding them
COSHH	Latex is a known allergen and can be found in gloves, balloons, science equipment and rubber mats on site	All PPE gloves are ordered as non-latex Balloons will only used when it is known that pupils do not have allergies and where possible non latex balloons will be used regardless Science and teaching staff are responsible for ensuring that equipment does not contain latex Staff are aware of signs and symptoms of a anaphylaxis and would take appropriate action if necessary	Anaphylactic shock		Actions: Persons responsible: Date for completion:
COSHH	Trees on school sites can harvest nuts such as hazelnuts, almonds and walnuts which can cause anaphylaxis to staff and pupils	Grounds are checked by site staff for signs of tree nuts and where identified staff are informed and risk assessments completed when necessary.	Anaphylactic shock		Actions: Persons responsible: Date for completion:
Construction Design Management COSHH	Dust exposure and airborne allergens can cause allergic asthma to individuals	When construction work is taking place on school sites a risk assessment will be completed prior to the start on site by the Principal Contractor which should consider dust and allergen exposure and suitable control measures such as local exhaust ventilation, watering and physical barriers	Acute breathing difficulties		Actions: Persons responsible: Date for completion:
COSHH	Expiration dates on medication may expire unknowingly and therefore be not effective in an emergency	First aid lead is responsible for checking expiry date and recording it Spare pens to be kept on site Parents are reminded at reviews to ensure epi-pens are within expiry date	Anaphylactic shock		Actions: Persons responsible: Date for completion:

Hazard	How might people be harmed and who may be injured	Control measures currently in place	WORST CASE OUTCOME	Is the level of risk assessed and managed to a reasonably practicable level	If not, what further controls required and person responsible for embedding them
COSHH	Stings and bites can occur through insects in classrooms or outside during breaks, PE lessons and sporting occasions	Site staff regularly check grounds for signs of infestation or nests, if discovered appropriate action to remove is taken and actions shared with staff Staff report any concerns when using areas Insect spray available on site to remove where not able to safely expel from classroom	Anaphylactic shock		Actions: Persons responsible: Date for completion:



MANAGING ALLERGIC REACTIONS

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen.

Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

Response:

- Stay with pupil
- Call for help
- Locate adrenaline pens
- Give antihistamine
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**.

Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.



RESPONDING TO ANAPHYLAXIS

SYMPTOMS OF ANAPHYLAXIS

A – Airway

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen Tongue

B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

C - Circulation

- Persistent dizziness
- Pale or floppy
- Sleepy
- Collapse or unconscious

IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE.

DELIVERING ADRENALINE

1. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
3. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
5. Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
6. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
7. Call the pupil's emergency contact.
8. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
9. Start CPR if necessary.
10. Hand over used devices to paramedics and remember to get replacements.

For more information see the Government's [Guidance for the use of adrenaline auto-injectors in schools.](#)