Allergen and Anaphylaxis Policy

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Version 1.0

Approval History

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Revision History

Revision Date	Previous Revision Date	Summary of Changes	Owner/Editor

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Statement of intent

Whalley Range 11 – 18 High School strives to ensure the safety and wellbeing of all members of the school community. For this reason, this policy is to be adhered to by all staff members, parents/carers and students, with the intention of minimising the risk of anaphylaxis occurring whilst at school.

The school will work in partnership with parents/carers to identify allergens, assess risk and put appropriate control measures in place so that students with allergies can attend school safely and participate fully in school life.

The school will not be able to guarantee a completely allergen-free environment. However, the school will take all reasonable steps to minimise exposure to allergens, promote awareness and self-management where appropriate, and ensure that robust emergency procedures are in place for both known and unexpected allergic reactions.

The school will maintain this policy as a dedicated allergy safety policy, separate from its wider policy on supporting students with medical conditions, because of the specific and potentially life-threatening risks associated with anaphylaxis.

1. Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- Department of Health 'Guidance on the use of adrenaline auto-injectors in schools'
- Children's Wellbeing and Schools Act 2026
- DfE 'Allergy safety in schools'

This policy will be implemented in conjunction with the following school policies and documents:

- GMET Health and Safety Policy
- WRHS Health and Safety Procedures
- Supporting Students with Medical Conditions Policy
- GMET Educational Visits and Trips Policy
- Allergen and Anaphylaxis Risk Assessment

2. Definitions

For the purpose of this policy:

Allergy – is a condition in which the body has an exaggerated response to a substance. This is also known as hypersensitivity.

Allergen – is a normally harmless substance that triggers an allergic reaction for a susceptible person.

Allergic reaction – is the body's reaction to an allergen and can be identified by, but not limited to, the following symptoms:

- Hives
- Generalised flushing of the skin

- Itching and tingling of the skin
- Tingling in and around the mouth
- Burning sensation in the mouth
- Swelling of the throat, mouth or face
- Feeling wheezy
- Abdominal pain
- Rising anxiety
- Nausea and vomiting
- Alterations in heart rate
- Feeling of weakness

Anaphylaxis – is a sudden, severe and potentially life-threatening allergic reaction involving Airway, Breathing and/or Circulation problems. Skin symptoms may also be present, but are not always present. This kind of reaction may include the following symptoms:

- Persistent cough
- Throat tightness
- Change in voice, e.g. hoarse or croaky sounds
- Wheeze (whistling noise due to a narrowed airway)
- Difficulty swallowing/speaking
- Swollen tongue
- Difficult or noisy breathing
- Chest tightness
- Feeling dizzy or faint
- Suddenly becoming sleepy, unconscious or collapsing

3. Roles and responsibilities

Trust Oversight and Assurance

The Trust is committed to maintaining a consistent and effective approach to allergy safety across all academies. Each academy must ensure that appropriate arrangements are in place to comply with this policy, relevant legislation, and Department for Education statutory guidance relating to allergy safety in schools.

Each academy is required to:

- Appoint a named Allergy Lead responsible for coordinating allergy management and overseeing compliance with this policy.
- Maintain an up-to-date register of students with diagnosed allergies and those at risk of anaphylaxis.
- Ensure Individual Healthcare Plans (IHCPs) and Allergy Action Plans are in place, reviewed at least annually, and updated following any significant change in a student's condition or following an incident.
- Ensure all staff, including temporary, agency, and supply staff, receive appropriate allergy awareness and anaphylaxis training.
- Maintain appropriate stocks of emergency medication, including spare adrenaline auto-injectors where applicable, and undertake documented regular checks of expiry dates and storage arrangements.
- Ensure allergy considerations are incorporated into educational visits, extracurricular activities, transport arrangements, catering provision and any activities involving food.
- Maintain appropriate records of allergy incidents, near misses, emergency medication administration and subsequent actions taken.
- Investigate all significant incidents and near misses, identify lessons learned and implement corrective actions to reduce the risk of recurrence.
- Ensure external providers, contractors, caterers, and community users operating on academy premises comply with the academy's allergy safety requirements where relevant.

The Headteacher will provide periodic assurance to the Trust regarding compliance with this policy and the effectiveness of allergy management arrangements. Any serious allergy-related incident, administration of emergency medication, significant near miss, or material compliance concern must be reported to the Trust in accordance with the Trust's incident reporting procedures.

The Trust will monitor compliance through its assurance, safeguarding, health and safety, and risk management arrangements. Trust leaders may request evidence of compliance, undertake

reviews of academy arrangements, analyse themes and trends arising from incidents and near misses, and share learning across academies to support continuous improvement in allergy safety.

The Local Academy Committee will receive periodic updates on allergy management, compliance, incidents, emerging risks, and improvement actions as part of its oversight responsibilities.

The Local Academy Committee is responsible for:

- Ensuring that policies, plans, and procedures are in place to support students with allergies and those who are at risk of anaphylaxis and that these arrangements are sufficient to meet statutory responsibilities and minimise risks.
- Ensuring that the school's approach to allergies and anaphylaxis focusses on, and accounts for, the needs of each individual student.
- Ensuring that risks relating to students with allergies are included on the school risk register and are actively managed.
- Ensuring that staff are properly trained to provide the support that students need, and that they receive allergy and anaphylaxis training at least annually.
- Monitoring the effectiveness of this policy and reviewing it on an annual basis, and following any serious allergy incident or near miss.

The headteacher is responsible for:

- Ensuring that there is a named senior leader responsible for allergy safety and the implementation of this policy. The named Senior Leader responsible is Mrs A McDonald, Assistant Headteacher, Inclusion
- Ensuring that parents/carers are informed of their responsibilities in relation to their child's allergies.
- Ensuring that all relevant risk assessments, e.g. to do with food preparation, have been carried out and controls to mitigate risks are implemented.
- Ensuring that all designated first aiders are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis.
- Ensuring that all staff members are provided with information regarding allergic reactions and anaphylaxis, including the necessary precautions and how to respond.

- Ensuring that catering staff are aware of students' allergies and act in accordance with the school's policies regarding food and hygiene, including this policy.

The Deputy Headteacher and Assistant Headteacher (Inclusion) are responsible for:

- Ensuring that there are effective processes in place for medical information to be regularly updated and disseminated to relevant staff members, including supply and temporary staff.
- Seeking up-to-date medical information about each student via a medical form sent to parents/carers on an annual basis, including information regarding any allergies.
- Contacting parents/carers for required medical documentation regarding a student's allergy.

All staff members are responsible for:

- Attending allergy and anaphylaxis training at least annually.
- Being familiar with and implementing students' individual healthcare plans (IHCPs) as appropriate.
- Responding immediately and appropriately in the event of a medical emergency.
- Reinforcing effective hygiene practices, including those in relation to the management of food.
- Ensuring that students do not share food and drink in order to prevent accidental contact with an allergen.

The kitchen manager is responsible for:

- Monitoring the food allergen log and allergen tracking information for completeness.
- Reporting any non-conforming food labelling to the supplier, where necessary.
- Ensuring the practices of kitchen staff comply with food allergen labelling laws and that training is regularly reviewed and updated.
- Recording incidents of non-conformity, either in allergen labelling, use of ingredients or safe staff practice, in an allergen incident log.
- Acting on entries to the allergen incident log and ensuring the risks of recurrence are minimised.

Kitchen staff are responsible for:

- Ensuring they are fully aware of the rules surrounding allergens, the processes for food preparation in line with this policy, and the processes for identifying students with specific dietary requirements.
- Ensuring they are fully aware of whether each item of food served contains any of the main 14 allergens, as is a legal obligation, and making sure this information is readily available for those who may need it.
- Ensuring that the required food labelling is complete, correct, clearly legible, and is either printed on the food packaging or attached via a secure label.
- Reporting to the kitchen manager if food labelling fails to comply with the law.

All parents/carers are responsible for:

- Notifying the school of their child's allergens, the nature of the allergic reaction, what medication to administer, specified control measures and what can be done to prevent the occurrence of an allergic reaction.
- Ensuring that their child's prescribed allergy medication (AAI and or anti histamines or similar) is supplied to the school, is clearly labelled and within it's expiry date.
- Where a child has been assessed as able to self-carry their prescribed allergy medication, they are expected to keep it with them at all times while in school and during school related activities. Parents/carers are responsible for ensuring that the medication is provided, within its expiry date, and that the child understands the importance of carrying it at all times.
- Keeping the school up to date with their child's medical information.
- Providing advance consent for the use of a spare adrenaline device, where requested by the school as part of the arrangements for managing their child's allergy.
- Providing the school with written medical documentation, including instructions for administering medication as directed by the child's doctor.
- Raising any concerns they may have about the management of their child's allergies with the headteacher.

All students are responsible for:

- Ensuring that they do not exchange food with other students.
- Avoiding food which they know they are allergic to, as well as any food with unknown ingredients.
- Notifying a member of staff immediately in the event they believe they are having an allergic reaction, even if the cause is unknown, or have come into contact with an allergen.
- Ensuring that they have their anti-allergy medication on them at all times, if applicable.

4. Identifying individuals with allergies

The school will keep a record of all individuals with allergies, including whether they have an IHCP or an allergy action plan.

Where a student requires an IHCP, the school will capture key information about their allergy within the IHCP. A formal diagnosis will not be required before appropriate arrangements are put in place. This will include the following:

- Emergency contact details for the student's parents/carers or family
- An up-to-date photograph of the student
- What the student's known allergens are and whether the allergen is ingested, inhaled or absorbed
- Whether the student has an allergy action plan attached to their IHCP
- Whether the student has been prescribed adrenaline devices and, if so, what make and dosage it is
- Whether there is prior medical and parental consent for a spare adrenaline device or emergency asthma reliever inhaler to be used – notwithstanding that in an emergency situation that could not be foreseen, a spare adrenaline device can be used without prior parental consent
- Whether the student also has asthma, and if so, an asthma plan will be attached to the IHCP which includes whether there is parental consent to use an emergency asthma reliever inhaler in an emergency

The school will use its best endeavours to gather information about known allergies, e.g. by asking a student's previous setting for relevant information and by asking the student and their parents/carers to provide information.

Where students with allergies are starting at the school, arrangements will be put in place for the start of the relevant school term. In other cases, e.g. students moving to the school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

For staff members with allergies, arrangements will be put in place when they commence work.

For visitors with allergies, information will be sought in advance of their visit wherever possible.

The school will keep a record of individuals with known allergies in SIMS. Where a child has an allergy, kitchen staff are alerted to this through the tills.

5. Managing exposure to allergens

The school will take reasonable steps to manage the risk of individuals with known allergies coming in to contact with allergens while on the school site or during school activities.

This includes considering potential exposure to allergens through food, environmental factors, classroom activities, animals, and external visits. Measures will focus on awareness, risk assessment, and appropriate control measures, while ensuring that students with allergies are able to participate fully in school life.

Students will not be prevented from participating in activities alongside their peers simply because of a risk of exposure to allergens. Where necessary, reasonable adjustments will be made to ensure activities can be carried out safely and inclusively.

Food allergies

The school will ensure that catering staff have effective systems in place to identify students with dietary requirements at mealtimes. At least two methods of identification will be used where appropriate. These may include staff awareness, allergy registers, photographs in food preparation areas or visible identifiers such as coloured lanyards.

The school and its catering provider will take reasonable steps to minimise the risk of allergen exposure in food provided on site.

This includes:

- Ensuring allergen information is available for food served in accordance with food allergen legislation.
- Ensuring catering staff are aware of students with dietary requirements and understand the controls in place to provide allergen-safe meals.
- Checking ingredients and product information when menus or suppliers change.
- Implementing procedures to minimise the risk of cross-contamination during the preparation, handling and serving of food.
- Working with parents/carers and students to provide suitable meal options for those with allergies, intolerances or coeliac disease wherever possible.

Students with food allergies will not be segregated from their peers at mealtimes.

Food brought into the school environment by students, parents/carers or staff may present a risk to individuals with allergies. To reduce this risk the school will:

- Encourage clear labelling of lunch boxes, drinks bottles and food containers belonging to students with allergies.
- Set expectations that students do not share or trade food, food utensils or containers.
- Seek parental engagement where food is brought in for celebrations or special events to ensure inclusion and safety for students with allergies.
- Ensure staff are aware that unlabelled foods may present a greater risk of allergen exposure than packaged foods with allergen information.

The school may discourage certain allergens from being brought onto site where appropriate. The school, however, recognises that it cannot guarantee an allergen-free environment and will adopt an allergy-aware approach supported by strong emergency procedures.

Environmental and contact allergens

Where students have known allergies to airborne or contact allergens, e.g. pollen, dust mites, animals or insect stings, the school will take reasonable steps to reduce the risk of exposure where possible.

This may include:

- Monitoring environmental conditions where appropriate.

- Ensuring staff are aware of students with known allergies.
- Implementing appropriate control measures as identified in the student's IHCP.

Classroom activities and curriculum activities

Staff planning activities will consider the potential risk of exposure to allergens.

This includes activities such as:

- Craft activities.
- Science experiments.
- Cooking activities.
- Cultural or celebration events.
- Activities involving animals.

Where materials used in activities may contain allergens, staff will consider whether suitable alternatives should be used.

Where necessary, alternative materials or approaches will be used so that students with allergies are not excluded from activities.

External visits and trips

When planning school trips, excursions, residential visits or sporting events, staff will consider the risk of allergen exposure and ensure appropriate risk assessments are carried out.

Planning will include consideration of:

- Catering arrangements and allergen risks.
- Access to emergency medication and prescribed adrenaline devices.
- Staff awareness of students' allergies and emergency procedures.

The trip leader will conduct a risk assessment for any student at risk of anaphylaxis taking part in a trip off the premises. All activities on the school trip will be risk assessed to see if they pose a threat to any students with allergies and alternative activities will be planned where necessary to ensure the students are included.

Students at risk of anaphylaxis who have been prescribed an adrenaline device will have their prescribed device with them, and there will be staff available who are trained to administer adrenaline in an emergency.

The school will speak to the parents/carers of students with allergies where appropriate to ensure their co-operation with any special arrangements required for the trip.

The trip leader will be responsible for ensuring that the student has their required medication prior to leaving for the trip.

Where necessary, a designated adult will be available to support the student at all times during a school trip.

The school will consider whether it is appropriate to take spare AAI devices in case of emergency use on the trip.

Where the venue or site being visited cannot assure appropriate food can be provided to cater for students' allergies, the student will take their own food or the school will provide a suitable packed lunch.

Reasonable adjustments will be made where necessary to enable students with allergies to participate safely in trips and activities.

Animal allergies

Students with known allergies to specific animals will have restricted access to those that may trigger a response.

In the event of an animal on the school site, staff members will be made aware of any students to whom this may pose a risk and will be responsible for ensuring that the student does not come into contact with the specified allergen.

The school will ensure that any student or staff member who comes into contact with the animal washes their hands thoroughly to minimise the risk of the allergen spreading.

Where medication is required for a student with an animal allergy, this will be managed in accordance with the student's IHCP and the school's medication procedures. The school will not rely on general stock medication unless this is permitted under the relevant policy and consent arrangements.

6. Food allergen labelling

The school will adhere to allergen labelling rules for pre-packed food goods, in line with the Food Information (Amendment) (England) Regulations 2019, also known as Natasha's Law.

The school will ensure that all food is labelled accurately, that food is never labelled as being 'free from' an ingredient unless staff are certain that there are no traces of that ingredient in the product, and that all labelling is checked before being offered for consumption.

The relevant staff, e.g. kitchen staff, will be trained prior to storing, handling, preparing, cooking and/or serving food to ensure they are aware of their legal obligations. Training will be reviewed on an **annual** basis, or as soon as there are any revisions to related guidance or legislation.

Food labelling

Food goods classed as 'pre-packed for direct sale' (PPDS) will clearly display the following information on the packaging:

- The name of the food
- The full ingredients list, with ingredients that are allergens emphasised, e.g. in bold, italics, or a different colour

The school will ensure that allergen traceability information is readily available. Allergens will be tracked using the following method:

- Allergen information will be obtained from the supplier and recorded centrally with the catering provider. Any updates are shared directly with the kitchen manager.
- Allergen tracking will continue throughout the school's handling of allergen-containing food goods, including during storage, preparation, handling, cooking and serving
- The food allergen log will be monitored for completeness on a weekly basis by the kitchen manager
- Allergen incidents and near misses, including incorrect practices and incorrect and/or incomplete packaging, will be recorded in an incident log, reviewed by the kitchen manager and acted upon to minimise the risk of recurrence. Where required, incidents involving unsafe food will be reported to the relevant competent authority.

Declared allergens

The following allergens will be declared and listed on all PPDS foods in a clearly legible format:

- Cereals containing gluten and wheat, e.g. spelt, rye and barley
- Crustaceans, e.g. crabs, prawns, lobsters
- Nuts, including almonds, hazelnuts, walnuts, cashews, pecan nuts, brazil nuts and pistachio nuts
- Celery
- Eggs
- Fish
- Peanuts
- Soybeans
- Milk
- Mustard
- Sesame seeds
- Sulphur dioxide and sulphites at concentrations of more than 10mg/kg or 10mg/L in terms of total sulphur dioxide
- Lupin
- Molluscs, e.g. mussels, oysters, squid, snails

The above list will apply to foods prepared on site, e.g. sandwiches, salad pots and cakes, that have been pre-packed prior to them being offered for consumption.

Kitchen staff will be vigilant when ensuring that all PPDS foods have the correct labelling in a clearly legible format, and that this is either printed on the packaging itself or on an attached label. Food goods with incorrect or incomplete labelling will be removed from the product line, disposed of safely and no longer offered for consumption.

Any abnormalities in labelling will be reported to the kitchen manager immediately, who will then contact the relevant supplier where necessary.

The kitchen manager will be responsible for monitoring food ingredients, packaging and labelling on a weekly basis and will contact the supplier immediately in the event of any anomalies.

Changes to ingredients and food packaging

The school will ensure that communication with suppliers is robust and any changes to ingredients and/or food packaging are clearly communicated to kitchen staff and other relevant members of staff.

Following any changes to ingredients and/or food packaging, all associated documentation will be reviewed and updated as soon as possible.

7. Adrenaline auto-injectors (AAIs)

Students at risk of anaphylaxis may be prescribed an adrenaline device (AD) for use in the event of an emergency. This may include an AAI or another prescribed adrenaline device.

Under The Human Medicines (Amendment) Regulations 2017 the school is able to purchase AAI devices without a prescription, for emergency use on students who are at risk of anaphylaxis but whose device is not available or is not working.

The school understands that anaphylaxis reactions can occur in students without a pre-existing diagnosis of a food allergy. The school will therefore stock spare AAIs for use in emergency situations.

Any spare AAIs held by the school in this way will be considered spare devices and not a replacement for the student's own device. Students who have been prescribed adrenaline devices will have their prescribed devices readily available to them at all times while at school.

Spare AAIs will be used for students:

- Who have been prescribed AAIs but their own device is not available.
- With food allergies who have been assessed as being at lower risk of anaphylaxis and therefore not prescribed their own AAIs.

In addition, spare AAIs will be used with anyone experiencing anaphylaxis in an emergency, for the purpose of saving their life. This is in accordance with the legal exemption under Regulation 238 of the Human Medicines (Amendment) Regulations 2017.

The school will submit a request, signed by the headteacher, to the pharmaceutical supplier when purchasing AAIs, which outlines:

- The name of the school.
- The purposes for which the product is required.

- The total quantity required.

The headteacher, in conjunction with the School Business Manager, will decide which brands of AAI to purchase.

Where possible, the school will hold one brand of AAI to avoid confusion with administration and training; however, subject to the brands students are prescribed, the school may decide to purchase multiple brands.

The school will purchase AAIs in accordance with age-based criteria, relevant to the age of students at risk of anaphylaxis, to ensure the correct dosage requirements are adhered to.

Depending on their level of understanding and competence, students will carry their AAIs on their person at all times, or they should be quickly and easily accessible at all times.

If AAIs are not carried by the student, they will be kept in a central place in a box marked clearly with the student's name but not locked in a cupboard or an office where access is restricted.

When storing AAIs, they will be:

- Readily accessible and not locked away.
- Located less than five minutes away from where they may be needed.
- Stored in pairs, so that if a second one is necessary it is on hand rather than needing to be obtained from elsewhere on site.
- Clearly labelled, to avoid any confusion with AAIs prescribed to a named person.

The emergency anaphylaxis kit(s) can be found at the following locations:

- **Main School Reception**
- **Main School Kitchen**
- **LRC**
- **Student Services**

In line with manufacturer's guidelines, all AAI devices are stored at room temperature in line with manufacturer's guidelines, protected from direct sunlight and extreme temperature.

The following staff member is responsible for maintaining the emergency anaphylaxis kit(s):

- **Mrs G Davies, School Business Manager**

The above staff members will conduct ad-hoc and **termly** checks of the emergency anaphylaxis kit(s) to ensure that:

- Spare AAI devices are present and have not expired.
- Spare AAI devices are replaced when they are used.

The following staff member is responsible for overseeing the protocol for the use of spare AAIs, its monitoring and implementation **Mrs G Davies, School Business Manager.**

Any used or expired AAIs will be disposed of in accordance with manufacturer's instructions.

Used AAIs may also be given to paramedics upon arrival, in the event of a severe allergic reaction, in accordance with this policy.

A sharps bin is utilised where used or expired AAIs are disposed of on the school premises.

Where any AAIs are used, the following information will be recorded on the AAI Record:

- Where and when the reaction took place
- What medication was given
- Who administered it
- Whether a second dose was required
- Record of communication with parents/carers and emergency services

8. Access to spare AAIs

A spare AAI can be administered as a substitute for a student's own prescribed AAI, if this cannot be administered correctly, without delay.

The school will seek to obtain advance consent from parents/carers, or from the young person where appropriate, for a spare adrenaline device to be used. Where a student has a known allergy or risk of anaphylaxis, this consent will normally be recorded as part of their IHCP or allergy action plan. Obtaining advance consent is good practice so that, in an emergency, consent can be assumed to be in place.

The absence of prior consent will not prevent or delay the administration of a spare adrenaline device in an emergency. Where anaphylaxis is suspected, anyone may take reasonable action to save a life without checking whether prior consent has been given.

Using "spare" ADs in an emergency situation without prior consent

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used in an emergency. It is good practice for the school, college or setting to obtain advance consent from parents/carers or the young person for "spare" adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place. However, in an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given, in order to avoid delays in treatment.

Consent will be obtained as part of the introduction or development of a student's IHCP.

If consent has been given to administer a spare AAI to a student, this will be recorded in their IHCP.

Mrs Abdulaal, PA to the Senior Leadership Team is responsible for maintaining the register of students (Register of AAIs) to whom spare AAIs can be administered and ensuring that an up to date copy is provided in each of the emergency AAI kits. The list must include the following information:-

- Name of student
- Year and form
- Known allergens
- Risk factors for anaphylaxis
- Whether written parental consent has been received for the use of an emergency AAI
- Dosage requirements

Parents/carers are required to provide consent on an annual basis to ensure the register remains up to date.

Parents/carers can withdraw their consent at any time. To do so, they must **write to the** headteacher.

Mrs A McDonald, Assistant Headteacher (Inclusion) checks the register is up to date on an **annual** basis.

9. Medical attention and required support

Once a student's allergies have been identified, the school will consider what arrangements are required to support the student. Where an IHCP is required, a meeting will be set up between the

student's parents/carers, the relevant classroom teacher, the school nurse and any other relevant staff members, in which the student's allergies will be discussed and a plan of appropriate action/support will be developed.

All medical attention, including that in relation to administering medication, will be conducted in accordance with the Administering Medication Policy and the Supporting Students with Medical Conditions Policy.

Parents/carers will provide the school with any necessary medication, ensuring that this is clearly labelled with the student's name, class, expiration date and instructions for administering it.

Students who require life-saving medication, such as prescribed adrenaline devices, will be expected to have their medication available at school and on educational visits.

All members of staff involved with a student with a known allergy are aware of the location of emergency medication and the necessary action to take in the event of an allergic reaction.

Any specified support which the student may require will be outlined in their IHCP.

All staff members providing support to a student with a known medical condition, including those in relation to allergens, will be familiar with the student's IHCP.

The school operates a mobile phone-free environment in line with national guidance; however, where a student requires access to a mobile phone to support the management of their allergy, reasonable adjustments may be made in accordance with the Equality Act 2010. In such cases, students may be permitted to use their mobile phone for specific medical purposes related to their allergy management at agreed times and locations, as set out in their IHCP.

Mrs A McDonald, Assistant Headteacher (Inclusion) is responsible for working alongside relevant staff members and parents/carers in order to develop IHCPs for students with allergies, ensuring that any necessary support is provided and the required documentation is completed, including risk assessments being undertaken.

Mrs M Connolly, Deputy Headteacher has overall responsibility for ensuring that IHCPs are implemented, monitored and communicated to the relevant members of the school community.

10. Staff training

All staff will receive allergy awareness training at least annually. This will include teaching and support staff, temporary and supply staff, peripatetic staff, agency workers, regular volunteers, catering staff and those who oversee students at breakfast or after-school clubs.

Whole-school allergy awareness training will ensure that all staff:

- Have an awareness of allergies, the risks they pose, how allergic reactions can occur and how to manage it.
- Understand that allergy includes multiple conditions, e.g. food allergy, asthma, eczema, hay fever, which can co-exist.
- Understand and can identify the main food allergens, and understand the difference between food allergy, intolerance and coeliac disease.
- Can identify the range of symptoms of allergic reactions.
- Understand and can recognise anaphylaxis.
- Know how to respond in an emergency, including:
    - Calling the emergency services.
    - How to locate and administer AAIs in a case of anaphylaxis or an asthma reliever inhaler during an asthma attack.
    - How to use the AAI devices prescribed to students and the spare devices stocked by the school.
- Understand the impact allergies can have on a student's wellbeing.
- Understand this policy.
- Know how to check whether an individual is on the record of those with known allergies and how to use an allergy or asthma action plan.
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens.
- Understand how to report an allergic reaction or case of anaphylaxis – whether an incident or a near miss.

New staff members will receive allergy awareness training as part of their induction. Supply, temporary and other relevant non-permanent staff will be provided with information about students with allergies, emergency procedures and the location of emergency medication, and will be required to have received appropriate allergy awareness training.

Where gaps in staff training are identified, the school will undertake a risk assessment and take appropriate action to address them. This may include arranging additional training or ensuring that appropriately trained staff are available to support students with allergies during lessons, activities, trips or other school events.

11. Mild to moderate allergic reaction

Mild to moderate symptoms of an allergic reaction include the following:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Mild throat tightness
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

If any of the above symptoms occur in a student, the nearest adult will stay with the student and refer to their IHCP to determine appropriate next steps.

The student's parents/carers will be contacted immediately if a student suffers a mild to moderate allergic reaction, and if any medication has been administered.

For mild to moderate allergy symptoms, the student's IHCP will be followed and the student will be monitored closely in a safe place for at least 60 minutes to ensure the reaction does not progress into anaphylaxis.

Should the reaction progress into anaphylaxis, the school will act in accordance with this policy. Where the student is required to go to the hospital, an ambulance will be called.

12. Managing anaphylaxis

All staff will be aware of the 'ABC' (Airway, Breathing, Circulation) principle when recognising anaphylaxis.

Staff members will be able to recognise the following signs of anaphylaxis:

- **Airways:**
    - Tightening of the throat

- Hoarse voice
- Difficulty swallowing
- Swollen tongue

- **Breathing:**
  - Sudden wheezing
  - Difficult or noisy breathing
  - Persistent cough
- **Circulation:**
  - Persistent dizziness
  - Pale or floppy
  - Suddenly sleepy
  - Collapse/unconscious

Where a student with asthma and a food allergy develops sudden breathing difficulties, staff will consider anaphylaxis and administer adrenaline without delay rather than an asthma reliever inhaler.

If one or more of the signs above are present, the nearest trained staff member will follow the below procedure:

1. If breathing is difficult, allow them to sit upright. If they are at risk of losing consciousness, lay the student flat with their legs raised
2. Administer adrenaline without delay, using the student's prescribed adrenaline device or a spare AAI if necessary.
3. Call 999 immediately and request an ambulance, stating that the person is experiencing anaphylaxis.

After administering adrenaline, the staff member(s) handling the situation will stay with the student until the ambulance arrives and will keep them lying down, even if the situation appears to be improving. They will then phone the student's parent/carer or emergency contact.

If there is no improvement after five minutes, an additional dose of adrenaline will be administered using a second device.

CPR will be commenced at any time if there are no signs of life.

If necessary, other staff members may assist with administering AAIs.

Where this is possible, the support of another member of staff may be sought, this may be a suitably trained individual, such as a first aider.

In the event that a student without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers a suspected severe allergic reaction, the nearest trained member of staff will administer a spare AAI without delay if anaphylaxis is suspected. Emergency services will be contacted immediately after AAI administration. Staff will be made aware that the risks associated with delaying adrenaline are greater than those associated with administering it unnecessarily.

Upon arrival of the emergency services, the following information will be provided:

- Any known allergens the student has
- The possible causes of the reaction, e.g. certain food
- The time the AAI was administered – including the time of the second dose, if this was administered

Any used AAIs will be given to paramedics.

Staff members will ensure that the student is given plenty of space, moving other students to a different room where necessary.

Staff members will remain calm, ensuring that the student feels comfortable and is appropriately supported.

If a student is taken to hospital by ambulance, a member of staff will accompany them.

A copy of the Register of AAIs will be held in emergency AAI kits in the event of an allergic reaction.

Following any serious allergic reaction, anaphylaxis incident or significant near miss, a formal incident review will be undertaken to identify root causes, lessons learned and any required corrective actions. Outcomes will be reported through the Trust's governance and assurance arrangements.

13. Wellbeing of students with allergies

The school recognises that allergies can have a significant impact on a student's emotional wellbeing, confidence and sense of safety. Some students with allergies may experience anxiety because of the risk of exposure to allergens and the possibility of anaphylaxis. This may be further affected by related conditions such as asthma or eczema.

The school will take active steps to support the wellbeing of students with allergies by providing reassurance that reasonable measures are being taken to reduce the risk of allergen exposure and that robust emergency arrangements are in place.

The school will promote a culture of awareness, inclusion and respect in relation to allergies. This will include regular communication with students, parents/carers and staff so that the school community understands the risks associated with allergies and the importance of following control measures.

The school will take appropriate steps to prevent bullying, teasing or social exclusion related to allergies, dietary needs, medication or medical conditions. Any concerns of this nature will be addressed promptly in line with the school's Behaviour Policy and Anti-bullying Policy.

To support students with allergies, the school will:

- Provide proactive support for new students with known allergies as they join the school.
- Explain to students and parents/carers the arrangements the school will put in place to support safety and inclusion.
- Offer opportunities, where appropriate, for students with allergies and their families to become familiar with the dining environment and key staff.
- Identify appropriate staff members who can act as a point of contact for students with allergies and their parents/carers.
- Encourage students with allergies, where appropriate, to share concerns and contribute to discussions about how they can be supported safely in school.

The school will, where appropriate, involve students with allergies and their parents/carers in the development and review of support arrangements. The school will also consider feedback from staff and, where relevant, from other members of the school community in order to improve practice.

14.Monitoring and review

This policy will be reviewed at least annually by the Allergy Lead, Headteacher and Local Academy Committee.

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

Following each occurrence of an allergic reaction, this policy and students' IHCPs will be updated and amended as necessary.

Student allergy declaration form

Name of student			
Date of birth		**Year group/Form**	
Name of GP			
Address of GP			

Nature of allergy	
Severity of allergy	

Symptoms of an adverse reaction	
Details of required medical attention	
Instructions for administering medication	
Control measures to avoid an adverse reaction	

Spare AAIs

I understand that the school holds spare adrenaline devices for use in an emergency. I provide advance consent for a spare adrenaline device to be administered to my child where anaphylaxis is suspected.

I understand that obtaining advance consent is good practice; however, prior consent is not required for a spare adrenaline device to be administered in an emergency. Where anaphylaxis is suspected, the absence of prior consent will not prevent or delay reasonable action being taken to save a life.

I provide advance consent for the school to administer a spare adrenaline device to my child:

Yes	☐	**No**	☐

Name of parent/carer	
Relationship to child	
Contact details of parent/carer	
Parental signature	

AAI Administration Record Sheet – complete both sides

1. Injection details	
Date of Injection	
Exact Time of Injection	
2. Patient Details	
Name	
Age	
3. AAI Device Details	
Brand of AAI Used	
Dosage Administered	
Batch Number	
Expiry Date	

4. Reason for Injection

Suspected Anaphylaxis – Brief Description of Symptoms:

PLEASE COMPLETE BOTH SIDES OF THIS FORM

5. Action Taken

Please record actions taken following identification of symptoms:

☐ 999/112 called

☐ Parent/Carer informed

☐ School First Aider informed

☐ Other (specify): _____

6. Response to Injection

Describe the patient's response following administration of the AAI:

☐ Symptoms Improved ☐ Symptoms Unchanged ☐ Symptoms Worsened

7. Second Dose Information	**Details**
Was a Second Dose Required?	Yes / No
Time Second Dose Given	
Brand/Dosage (if different)	

8. Staff Record	
Name of Person Administering AAI	
Position/Role	
Signature	
Date	