Learners' Trust Allergen and Anaphylaxis Policy

Monitoring and review

1. This policy is reviewed annually by the Chief Operations Officer of The LEARNERs' Trust. Any changes made to this policy will be communicated to all members of staff.
2. All members of staff are required to familiarise themselves with all processes and procedures outlined in this policy as part of their induction programme.
3. The next scheduled review date for this policy is September 2027.

	Chief Executive Officer

Contents:

[Updated] Statement of intent

Schools within the LEARNERs' Trust 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 and pupils, with the intention of minimising the risk of anaphylaxis occurring whilst at school.

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

[Updated] 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.

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

1. [Updated] Legal framework

[Updated] 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 (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- **[New]** DfE 'Supporting children and young people with medical conditions and allergy' (DFE 'Allergy Safety in Schools Guidance 2026).

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

- Health and Safety Policy
- Whole-School Food Policy
- Administering Medication Policy
- Supporting Pupils with Medical Conditions Policy
- Animals in School Policy
- Educational Visits and School 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 also referred to as anaphylactic shock, which is a sudden, severe and potentially life-threatening allergic reaction. 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 feint
- Suddenly becoming sleepy, unconscious or collapsing
- [EYFS and primary schools] For infants and younger pupils, becoming pale or floppy

3. [Updated] Roles and responsibilities

The Trust are responsible for:

- Ensuring that policies, plans, and procedures are in place to support pupils with allergies and 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 pupil.
- Ensuring that staff are properly trained to provide the support that pupils 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 after any incident where a pupil experiences an allergic reaction.

[Updated] The headteacher is responsible for:

- **[New]** Ensuring that there is a named school champion and named senior leader responsible for this policy.
- Ensuring that parents 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 staff 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 pupils' allergies and act in accordance with the school's policies regarding food and hygiene, including this policy.

- 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 pupil via a medical form sent to parents on an annual basis, including information regarding any allergies.
- Contacting parents for required medical documentation regarding a pupil's allergy.

All staff members are responsible for:

- Attending relevant training regarding allergens and anaphylaxis.
- Being familiar with and implementing pupils' individual healthcare plans (IHPs) 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.
- Monitoring all food supplied to pupils by both the school and parents.
- Ensuring that pupils 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 pupils 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 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.
- Keeping the school up-to-date with their child's medical information.
- Providing electronic consent via Arbor for the emergency use of the School's spare adrenaline auto-injector (AAI) where their child is at risk of anaphylaxis. This consent is sought as good practice; however, in a life-threatening emergency, the absence of recorded consent will not prevent trained staff from administering a spare AAI where they reasonably believe it is necessary to save life, in accordance with current legislation and national guidance.
- 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 classroom teacher.

All pupils are responsible for:

- Ensuring that they do not exchange food with other pupils.
- 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.

4. [New] Identifying individuals with allergies

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

The school will capture key information about pupils with allergies, which will be recorded in their IHP. This will include the following:

- Emergency contact details for the pupil's parents or family
- An up-to-date photograph of the pupil
- What the pupil's known allergens are and whether the allergen is ingested, inhaled or absorbed
- Whether the pupil has an allergy action plan attached to their IHP
- Whether the pupil 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 pupil also has asthma, and if so, an asthma plan will be attached to the IHP.

Currently the trust does not hold spare Asthma reliever inhalers in schools, this is under review.

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

Where pupils 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. pupils 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 list of individuals with known allergies in places where food may be served or handled. Such lists will be kept in areas accessible to staff only.

5. [New] 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 pupils with allergies are able to participate fully in school life.

Pupils 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 pupils 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 wristbands.

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 pupils 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 and pupils to provide suitable meal options for those with allergies, intolerances or coeliac disease wherever possible.

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

Food brought into the school environment by pupils, parents 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 pupils with allergies.
- Set expectations that pupils 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 pupils 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 pupils 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 pupils with known allergies.
- Implementing appropriate control measures as identified in the pupil's IHP.

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 pupils 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 AAIs.
- Staff awareness of pupils' allergies and emergency procedures.

The school will conduct a risk assessment for any pupil 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 pupils with allergies and alternative activities will be planned where necessary to ensure the pupils are included.

Pupils at risk of anaphylaxis will have their own AAI 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 of pupils with allergies where appropriate to ensure their co-operation with any special arrangements required for the trip.

Where necessary, a designated adult will be available to support the pupil 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. Schools remain responsible for ensuring a minium of 4 spare AAI pens remain on site at all times.

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

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

[Updated] Animal allergies

The Animals in School Policy will be adhered to at all times.

Pupils 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 pupils to whom this may pose a risk and will be responsible for ensuring that the pupil does not come into contact with the specified allergen.

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

[Updated] Where medication is required for a pupil with an animal allergy, this will be managed in accordance with the pupil's IHP 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. [Updated] Food allergen labelling

The Trusts catering provider are responsible for adhering 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 kitchen 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. Allergen Training will be organised by the catering provider.

[Updated] 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 kitchen will ensure that allergen traceability information is readily available.

Allergen tracking is the responsibility of the Catering provider.

[Updated] Allergens will be tracked using the following method:

- Allergen information will be obtained from the supplier and recorded, upon delivery, in a food allergen log stored in the kitchen
- 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

- Incidents of incorrect practices and incorrect and/or incomplete packaging will be recorded in an incident log and managed by the kitchen manager

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 area 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 kitchen 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. [Updated] Adrenaline auto-injectors (AAIs)

Pupils who suffer from severe allergic reactions may be prescribed an AAI for use in the event of an emergency.

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

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

[New] Any spare AAIs held by the school in this way will be considered spare devices and not a replacement for the pupil's own device. Pupils at risk of anaphylaxis will have their prescribed AAIs with them at school for use in an emergency and will have access to both of their two prescribed devices at all times.

[New] Spare AAIs will be used for pupils:

- 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.

[New] 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.

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

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

- For pupils under age 6: 0.15 milligrams of adrenaline
- For pupils aged 6-12: 0.3 milligrams of adrenaline

Pupils who have prescribed AAI devices, and are over the age of seven, are able to keep their device in their possession. For pupils under the age of seven who have prescribed AAI devices, these are stored in a suitably safe and easily accessible location.

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

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

[New] 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.

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.

Any used or expired AAIs are disposed of after use 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.

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

- Where and when the reaction took place
- **[Updated]** What medication was given
- **[New]** Who administered it
- **[New]** Whether a second dose was required

8. [Updated] Access to spare AAIs

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

The school records to whom spare AAIs has been administered in Abor medical events section.

[Updated] Medical attention and required support

Once a pupil's allergies have been identified, a meeting will be set up between the pupil's parents, the classroom teacher, and any other relevant healthcare professionals, in which the pupil'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 Pupils with Medical Conditions Policy.

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

[Updated] Pupils who require life-saving medication, such as AAIs, will be expected to have their medication available at school and on educational visits.

All members of staff involved with a pupil 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 pupil may require is outlined in their IHP.

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

9. [Updated] Staff training

[Updated] All staff will receive regular allergy awareness training – at least annually. This training will cover all staff, including teaching staff, support staff, catering staff and others who may oversee pupils at breakfast or after

school clubs. Where training is in the process of being completed, a Risk Assessment will be implemented.

[New] 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 pupils and the spare devices stocked by the school.
- Understand the impact allergies can have on a pupil'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] New staff members will receive allergy awareness training as part of their induction. Supply and temporary staff will be provided with relevant information about pupils with allergies, emergency procedures and the location of emergency medication.

[Updated] Where appropriate, supply or cover staff may be asked to confirm that they have received equivalent allergy awareness training. New staff members will receive this training as part of their induction and any supply or cover staff will be required to provide evidence that they have received equivalent training.

[Updated] 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 pupils with allergies during lessons, activities, trips or other school events.

10. [Updated] Mild to moderate allergic reaction

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

- Swollen lips, face or eyes
- Itchy/tingling mouth
- **[New]** 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 pupil, the nearest adult will stay with the pupil and refer to their IHP to determine appropriate next steps.

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

For mild to moderate allergy symptoms, the pupil's IHP will be followed and the pupil will be monitored closely 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 pupil is required to go to the hospital, an ambulance will be called.

11. [Updated] Managing anaphylaxis

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

[New] 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

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

- Lay the pupil flat with their legs raised. If breathing is difficult, allow them to sit upright.
- Administer an AAI without delay, using the pupil's prescribed device or a spare device if necessary.
- Call 999 immediately and request an ambulance, stating that the person is experiencing anaphylaxis.

[New] After administering an AAI device, the staff member(s) handling the situation will stay with the pupil until the ambulance arrives and will keep them lying down, even if the situation appears to be improving. They will then phone the pupil's parent or emergency contact.

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

[New] CPR will be commenced at any time if there are no signs of life

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

The headteacher will be contacted immediately, as well as a suitably trained individual, such as a first aider.

If there is no improvement after five minutes, a further dose of adrenaline will be administered using another AAI, if available.

[Updated] In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an 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 pupil 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 pupil is given plenty of space, moving other pupils to a different room where necessary.

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

A member of staff will accompany the pupil to hospital in the absence of their parents.

If a pupil is taken to hospital by car, two members of staff will accompany them.

The School will maintain an up-to-date register of pupils prescribed adrenaline auto-injectors (AAIs) on Arbor, which is accessible to all relevant staff. Staff should familiarise themselves with the pupils in their care who are at risk of anaphylaxis. In an emergency, treatment must not be delayed while checking registers or records.

Following the occurrence of an allergic reaction, the SLT, in conjunction with the school nurse, will review the adequacy of the school's response and will consider the need for any additional support, training or other corrective action.

13. [New] Wellbeing of pupils with allergies

The school recognises that allergies can have a significant impact on a pupil's emotional wellbeing, confidence and sense of safety. Some pupils 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 pupils 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 pupils, parents 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 pupils with allergies, the school will:

- Provide proactive support for new pupils with known allergies as they join the school
- Explain to pupils and parents the arrangements the school will put in place to support safety and inclusion.
- Offer opportunities, where appropriate, for pupils 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 pupils with allergies and their parents.
- Encourage pupils 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 pupils with allergies and their parents 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.

a. Parent Pack

We want to ensure that all children can enjoy a meal in school with their friends at lunchtime.

To ensure that your child is catered for safely each day, school need to collect some essential information about your child's requirements. Once we have that information, where appropriate a meeting will be held with you, your child, class teacher and the school catering team.

This will be an opportunity to go through the school menu and pick what your child would like to eat each day. The cook will have their recipe file and will be able to check the ingredients to ensure each item is suitable. If the meal isn't suitable we will try to adapt the recipe for your child, however in some instances this may not possible. If this is the case we would then look to offer a jacket potato or sandwich option to ensure there is something available every day.

Parents are required to complete a parent pack to provide the school with all essential information. The form must be returned to the school as soon as possible along with a recent photo of the child and a medical note from the child's doctor or dietician.

We strongly recommend that parents supply a medical note, if we **do not** receive a medical note then that could result in the school not being able to provide an adapted menu, this decision would be at the Headteachers discretion.

From the time the parent informs the school of an allergen until a menu is agreed with the catering provider, the child **must** bring a packed lunch from home.

Any changes to a child's allergy must be reported to the school as soon as possible.

b. [Updated] Key Information – Allergen and Anaphylaxis Policy

School Name:

Adrenaline auto-injectors (AAIs)

Secondary age pupils who have prescribed AAI devices are able to keep their device in their possession.

Pupils who have prescribed AAI devices, and are over the age of seven, are able to keep their device in their possession.

Prescribed AAI devices must remain with the child and be readily accessible at all times. Devices should be stored in the designated classroom emergency medication box or bag, which must accompany the child whenever they leave the classroom, including during break times, school trips, visits and other off-site activities.

Spare AAIs are not located more than **five** minutes away from where they may be required.

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

Name of location

Name of location

Name of location

The following staff members are responsible for maintaining the emergency anaphylaxis kit(s):

Name of staff member

Name of staff member

Name of staff member

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

- **[Updated]** Spare AAI devices and salbutamol inhalers are present and have not expired.
- **[Updated]** 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, and for maintaining the **Register of AAIs**: **Name of staff member**.

Access to Spare AAIs

Name of individual checks the register is up-to-date on an **annual** basis.

Name of individual will also update the register relevant to any changes in consent or a pupil's requirements.

Copies of the register are held in **each classroom**, which are accessible to all staff members.

Medical attention and required support

Name of staff member is responsible for working alongside relevant staff members and parents in order to develop IHPs for pupils with allergies, ensuring that any necessary support is provided and the required documentation is completed, including risk assessments being undertaken.

Name of staff member has overall responsibility for ensuring that IHPs are implemented, monitored and communicated to the relevant members of the school community.

c. Allergen Process

Parent informs school of an allergy

School issues parent pack and copy of the allergen and anaphylaxis policy.

Allergen declaration form returned with a recent photo of your child and medical evidence.

School to complete the Mellors – Medical Request Form

Headteacher to complete/ update the risk assessment

School to arrange a meeting with the parent, child, class teacher and kitchen manager.

Menu to be discussed with the kitchen manager and shared with parents. Once the menu has been agreed between the kitchen and the parent, school meals can

Allergy to be recorded on Arbor.

Upload copies of allergen declaration form, medical evidence and Mellors medical request form. Paper copies to be stored in pupils file.

Inform school staff of the pupil and their allergy

Create allergen poster to display in the school kitchen

Coloured band to be issued to the pupil daily

School to ensure new special menu is agreed when the school menu changes.

d. Allergen Parent Pack

Special diets are a very important part of the catering provision that is provided in schools. Allergen procedures are essential to ensure that the needs of individual pupils can be met safely. To ensure that we offer the best possible service to pupils and families there should be an individual care plan in place for all pupils who have an allergy or intolerance.

In an education setting particularly, with pupils being classed in the 'vulnerable' category (under 18 years old), it is essential that we meet with parents/guardians. This ensures that there is a variety of meals available throughout the week and that individual nutritional needs are met.

Schools have a captive audience of customers. With that in mind, we support their needs by working with our catering provider to offer allergen free foods to coincide with the daily menu/offer. We fully support pupils with special dietary needs and we make a commitment to do this for the lifetime of their education with us.

Allergen Parent Pack

Please complete the below details regarding your child's allergen and return to school. This must be supported with a medical note to confirm the special diet.

Checklist

- ☐ Complete this form
- ☐ Include a recent photo of the child
- ☐ Include a medical note from the child's doctor or dietician

Pupil information

Full Name	
Date of birth	
Year	
Class	
Name of parent/guardian	

Allergy/Intolerance information

Allergy/Intolerance Details:	
Severity of Allergy:	

Symptoms:	
Details of required medical attention:	
Instructions for administering medication:	
Control measures to avoid a reaction:	

e. [Updated] Allergen and anaphylaxis risk assessment

Name of school

Assessment conducted by:	Job title:	Covered by this assessment:
Date of assessment:	Review interval:	Date of next review:

Related documents
Health and Safety Policy, First Aid Policy, Supporting Pupils with Medical Conditions Policy, Administering Medication Policy, Allergen and Anaphylaxis Policy, Nut-free Policy, Medical Emergencies Risk Assessment, Asthma Policy, Asthma Risk Assessment, Animals in School Policy.

Risk rating		Likelihood of occurrence		
		Probable	**Possible**	**Remote**
Likely impact	**Major** Causes major physical injury, harm or ill-health.	High (H)	H	Medium (M)
	Severe	H	M	Low (L)

	Causes physical injury or illness requiring first aid.			
	Minor Causes physical or emotional discomfort.	M	L	L

Area for concern	Risk rating prior to action H/M/L	Recommended controls	In place? Yes/No	By whom?	Deadline	Risk rating following action H/M/L
[Updated] Awareness of policies and procedures	H	• Staff members are made aware of and adhere to guidance and legislation including, but not limited to, the following: - The Human Medicines (Amendment) Regulations 2017	Y	Headteacher	XX.XX.XX	M

Area for concern	Risk rating prior to action H/M/L	Recommended controls	In place? Yes/No	By whom?	Deadline	Risk rating following action H/M/L
		- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law) - Department of Health and Social Care (2017) 'Guidance on the use of adrenaline auto-injectors in schools' - [Updated] DfE (2017) 'Supporting pupils at school with medical conditions' - [Updated] DfE (2025) 'Allergy guidance for schools' • Staff members are made aware of and adhere to school policies including, but not limited to, the following: - Health and Safety Policy - First Aid Policy				

Area for concern	Risk rating prior to action H/M/L	Recommended controls	In place? Yes/No	By whom?	Deadline	Risk rating following action H/M/L
		- Supporting Pupils with Medical Conditions Policy - Administering Medication Policy - Allergen and Anaphylaxis Policy • All individual medical records are kept up-to-date, filed correctly and the school documents any known allergies. • **[New]** Pupils identified as being at a high risk of a severe allergic reaction have an Individual Health Plan (IHP) in place. • **[New]** Where appropriate, staff identified as being at a high risk of a severe allergic reaction have an Individual Health Plan (IHP) in place.				

Area for concern	Risk rating prior to action H/M/L	Recommended controls	In place? Yes/No	By whom?	Deadline	Risk rating following action H/M/L
		• **[New]** IHPs provide sufficient detail about the individual's diagnosed condition, triggers, symptoms and the appropriate response to be followed in the event of an allergic reaction. • **[New]** If adrenaline auto-injector (AAI) (often referred to as epi-pens) have been prescribed to an individual, their IHPs provide details of where they are kept, ie either on the person (if deemed capable) or stored in medicine cabinet for retrieval by relevant staff at relevant times. • Staff members are adequately trained on managing emergency medical situations, including anaphylaxis,				

Area for concern	Risk rating prior to action H/M/L	Recommended controls	In place? Yes/No	By whom?	Deadline	Risk rating following action H/M/L
		and supporting pupils and colleagues who have allergies. • The appropriate staff members are trained on how to monitor correct food labelling and ingredients. • Where necessary, an Asthma Risk Assessment is carried out in line with the school's Asthma Policy. • Where required, an Animals in School Risk Assessment is carried out in line with the Animals in School Policy.				
[Updated] Managing anaphylactic shock		• Members of staff keep on them a means of alerting others to an emergency, e.g. a whistle or two-way radio. • Others are asked to move away from the individual who is experiencing anaphylaxis.				

Area for concern	Risk rating prior to action H/M/L	Recommended controls	In place? Yes/No	By whom?	Deadline	Risk rating following action H/M/L
		• The individual experiencing anaphylaxis is not moved and, where safe and appropriate to do so, is made comfortable. [Where the individual is a pupil] • **[Updated]** A member of staff requests an ambulance, and a trained first aider administers emergency first aid. • **[New]** Staff follow the procedures outlined within the pupil's IHP. • **[Updated]** Where necessary the first aider will administer the Aii, whilst another member of staff supports.				

Area for concern	Risk rating prior to action H/M/L	Recommended controls	In place? Yes/No	By whom?	Deadline	Risk rating following action H/M/L
		• **[New]** If a pupil has been deemed capable of managing their own medical condition and is able to administer the AAI themselves, staff will support the individual in doing so, as stated in their IHP. • Any staff member administering medication acts in accordance with the **Administering Medication Policy**. • A designated member of staff accompanies the individual to hospital, where required. • The individual's registered emergency contact is notified immediately.				

Area for concern	Risk rating prior to action H/M/L	Recommended controls	In place? Yes/No	By whom?	Deadline	Risk rating following action H/M/L
		[New] [Where the individual is an adult] • The individual or a member of staff present requests an ambulance, and a trained first aider is sought to administer emergency first aid. • Staff follow the procedures outlined within the member of staff's IHP. • If capable, the individual experiencing anaphylaxis will administer the AAI themselves, whilst staff that are present support.				

Area for concern	Risk rating prior to action H/M/L	Recommended controls	In place? Yes/No	By whom?	Deadline	Risk rating following action H/M/L
		• If the individual is incapable of self-administering the AAI, the first aider will administer it for them, whilst another member of staff supports • Where it is felt necessary & appropriate, a designated member of staff accompanies the individual to hospital. • The individual's registered emergency contact is notified immediately.				

Area for concern	Risk rating prior to action H/M/L	Recommended controls	In place? Yes/No	By whom?	Deadline	Risk rating following action H/M/L
Communication		• Parents make the school aware of any allergies their child has, any changes to allergy triggers or symptoms, and any changes to medical requirements. • Staff members make the school aware of any allergies they have, any changes to their allergy triggers or symptoms, and any changes to their medical requirements. • Any changes are adequately recorded, and the relevant staff are made aware of the new information, e.g. the school nurse. • Changes in food ingredients, e.g. new allergens, or the materials used in the school's resources, e.g. single-use				

Area for concern	Risk rating prior to action H/M/L	Recommended controls	In place? Yes/No	By whom?	Deadline	Risk rating following action H/M/L
		gloves and toys, are communicated to staff, parents and pupils as soon as possible.				
Eating at school		• All staff, pupils and visitors are made aware not to eat or drink at any time other than the designated break times during school hours. • Individuals are only permitted to eat and drink in the canteen.				

Area for concern	Risk rating prior to action H/M/L	Recommended controls	In place? Yes/No	By whom?	Deadline	Risk rating following action H/M/L
Failure to recognise symptoms		• As part of their induction, staff are trained to spot the symptoms of various allergic reactions and anaphylactic shock. • Individuals are taught to recognise symptoms in themselves and others. • Where the individual is at risk of a reaction relating to skin contact with an allergen, e.g. natural rubber latex (NRL) allergy, regular skin checks are performed by the individual and, where appropriate, a suitable member of staff, to spot the early signs of irritation and/or dermatitis.				
Contact-based		• Olive oil is used in play dough in place of other oils that may be allergens.				

Area for concern	Risk rating prior to action H/M/L	Recommended controls	In place? Yes/No	By whom?	Deadline	Risk rating following action H/M/L
allergens in school resources		• Where an individual has a NRL allergy, the suitability of latex-containing school resources is assessed, e.g. the use of disposable gloves. • The school assesses whether certain tasks can be safely and hygienically carried out without the need to use disposable gloves, to avoid triggering an allergic reaction in an individual with an NRL allergy. • Where gloves are required, 'low-protein', powder-free or latex-free gloves are worn when: - The wearer has an NRL allergy. - Food is being prepared for an individual with an NRL allergy.				

Area for concern	Risk rating prior to action H/M/L	Recommended controls	In place? Yes/No	By whom?	Deadline	Risk rating following action H/M/L
		- Care or first aid is being provided to an individual with an NRL allergy. • Low-protein latex products are manufactured in line with the European Standards indicated by EN420. • The individual avoids contact with latex-containing school resources, such as: - Rubber toys, e.g. balls - Bottle teats, e.g. in early years settings and science classrooms - Rubber bands - Adhesive tape - Rubberised matting, e.g. mats used in PE - Seating covers				

Area for concern	Risk rating prior to action H/M/L	Recommended controls	In place? Yes/No	By whom?	Deadline	Risk rating following action H/M/L
		• Suitable alternatives to allergen-containing products and resources are used, where necessary. • Other individuals using latex-containing school resources, particularly where they are powdered, e.g. powdered disposable gloves, are aware of how to avoid any cross-contamination with latex-free and/or powder-free alternatives. • Where contact with allergen-containing school resources is unavoidable and relatively safe, steps are in place to ensure the individual can minimise the duration of contact.				

Area for concern	Risk rating prior to action H/M/L	Recommended controls	In place? Yes/No	By whom?	Deadline	Risk rating following action H/M/L
		• Where this is not a safe option and the task must be undertaken, the school considers whether the task can be completed by another individual.				
School trips		• A separate risk assessment is conducted for each school trip which is specific to the location that is to be visited. • A designated adult accompanies any pupils at risk at all times. • Pupils' medication is taken and kept by the class teacher. • Staff and volunteers ensure they have the appropriate medication with them while on a school trip.				

Area for concern	Risk rating prior to action H/M/L	Recommended controls	In place? Yes/No	By whom?	Deadline	Risk rating following action H/M/L
		• Any AAIs, including a spare, are taken on the trip and stored securely.				
Food contamination		• All food tables are disinfected before and after being used. • Anti-bacterial wipes and cleaning fluid are used. • Boards and knives used for fruit and vegetables are a different colour to remind kitchen staff to keep them separate. • There is a set of kitchen utensils that are only for use with the food and drink of the individuals at risk. • There is also a set of kitchen utensils with a designated colour. These utensils are used only for food items that contain bread and wheat-related products.				

Area for concern	Risk rating prior to action H/M/L	Recommended controls	In place? Yes/No	By whom?	Deadline	Risk rating following action H/M/L
		• Food items containing bread and wheat are stored separately. • Food items containing nuts are not served at or bought into the school, in line with the school's **Nut-free Policy**.				
Food risks from other individuals		• Pupils at risk of anaphylaxis are told only to eat the food that has been given to them. • Members of staff are vigilant for pupils exchanging food with each other. • A letter is sent to parents to make them aware of the severity of allergies. The letter stipulates that pupils must not have any food items in their lunchbox that may be harmful to other individuals.				

Area for concern	Risk rating prior to action H/M/L	Recommended controls	In place? Yes/No	By whom?	Deadline	Risk rating following action H/M/L
		• Where possible, staff, pupils and visitors with food allergies store their food and drinks separately.				
Incorrect or inaccurate food labelling		• The school ensures that, to meet its legal obligations in line with the Food Information (Amendment) (England) Regulations 2019 (Natasha's Law) from 1 October 2021, foods classed as 'pre-packed for direct sale' (PPDS): - Clearly display the full name of the food. - Include the full ingredients list. - Clearly show any allergens, e.g. emphasised in bold.				

Area for concern	Risk rating prior to action H/M/L	Recommended controls	In place? Yes/No	By whom?	Deadline	Risk rating following action H/M/L
		• Ingredient and allergen information is listed in a clear, legible format and either printed on the packaging or on a secured label. • The allergens listed are in line with the Allergen and Anaphylaxis Policy and apply to all PPDS foods, including PPDS foods prepared at the school. • PPDS foods that do not meet these standards are removed from the product line and/or sale and safely disposed of. • Staff report any abnormalities in PPDS food labelling to the relevant member of staff, e.g. kitchen manager, as soon as possible.				

Area for concern	Risk rating prior to action H/M/L	Recommended controls	In place? Yes/No	By whom?	Deadline	Risk rating following action H/M/L
		• A designated member of staff is responsible for monitoring food ingredients, packaging and labelling on a regular basis. • Food suppliers are contacted in the event of any abnormalities in labelling and incorrect or incomplete ingredient lists. • PPDS foods are not labelled as 'free from' unless staff are absolutely certain there are not traces of that ingredient in the product. • Food allergen tracing procedures are in effect in line with the Allergen and Anaphylaxis Policy.				

Area for concern	Risk rating prior to action H/M/L	Recommended controls	In place? Yes/No	By whom?	Deadline	Risk rating following action H/M/L
Improper use of medication		• Where required, an AAI is kept in a small clear box inside a second clear box with the individual's name and photograph on it. • This box is kept in the individual's work area or classroom with the first aid box and all staff are made aware of its location. • Any additional medication is kept in the same box. • The medication is administered by an adequately trained, designated member of staff, in accordance with the Administering Medication Policy. • Regular reviews take place to assess the successes or failures of the school's current safeguards.				

Area for concern	Risk rating prior to action H/M/L	Recommended controls	In place? Yes/No	By whom?	Deadline	Risk rating following action H/M/L
		• Parental consent forms are required for the administration of any medication to pupils.				

Spare Adrenaline Auto-Injector (AAI) Risk Assessment

The school should have an allergy policy which is monitored. Clear communication and procedures should be regularly communicated to all staff. Annual training is recommended when students with an allergy are on roll or when a student with an allergy joins the school.

Training is available from: Flick Learning

Risk assessment template adapted from Anaphylaxis UK.

What are the hazards for each activity?	What are you already doing to control the risks?	Probability	Impact
Medication:			
<u>Storage:</u> Location of each **student's medication** Consider: • is there consistency of container throughout the school to make it easily identifiable? • Is the student able to self carry their own medication? • Is the back up medication always within 5 mins of where the students are? Are multiple sites needed for back up medication? • Is the students and back up medication always accessible regardless of the time of day? Location of generic **'spare' AAI** Consider: • Are they stored in a clearly identified Emergency Anaphylaxis kit • Is the kit kept in a readily accessible location and within 5 minutes of areas where they could be required?			

• Is the kit locked away and accessible to staff at all times? • Is the location known to all staff and communicated during staff induction/training? • Are the AAIs stored at room temperature and protected from direct sunlight and extremes of temperature? • Are the AAIs kept separate from pupils' individually prescribed AAIs and clearly labelled to avoid confusion • Is there a nominated member of staff to check the kit regularly, including expiry dates and condition? • Is a record maintained of checks, expiry dates and replacemebt • Is a record maintained of checks, expiry dates and replacement arrangements. • Are staff trained in recognising anaphylaxis and using an AAI?			
Other:			
Are outside providers aware of the location of generic 'spare' AAI's			

This must be completed for any activity that is medium with the aim of bringing the risk to LOW.

Activities that are High or Extreme must not happen unless action can be implemented to bring the risk to LOW.

Hazard	What further action do you need to take to control the risks?	Who needs to carry out the action?	What is the action needed by?	Completed

Consequence		Minor	Moderate	Major	Critical	Catastrophic
Likelihood	Rare	Low	Low	Low	Low	Low
	Unlikely	Low	Low	Medium	Medium	Medium
	Possible	Low	Medium	Medium	High	High
	Likely	Medium	Medium	High	High	Extreme
	Certain	Medium	Medium	High	Extreme	Extreme

Consequence	Minor	Moderate	Major	Critical	Catastrophic
This is the impact of the action being allowed to happen	No reaction	Non anaphylactic reaction	Emergency response required, ambulance and hospital	Emergency response required, ambulance and hospital	Fatal, Death

Likelihood	Definition
Rare	May only occur in exceptional circumstances
Unlikely	Could occur in some circumstances, surprised if happened
Possible	Possible or likely to occur in most circumstances
Likely	Will occur in most circumstances
certain	It is expected to occur, inevitable