



St. John Vianney School

Steps to Independence & Education for Life

Document Control	
Title	Allergen and Anaphylaxis Policy
Supersedes	NA
Author	A Watson
Owner	A Moloney
Area of Governance	Pupil Progress Health & Safety
Date	July 2026
Related Documents	• Health and Safety Policy • First Aid Policy • Medicine in school policy • Child Protection & Safeguarding Policy • Staff Code of Conduct • Supporting pupils at school with medical conditions • Whistleblowing Policy • Section 100 of the Children and Families Act 2014, as amended by Section 34 of the Children's Wellbeing and Schools Act 2026 • Behaviour Policy
Circulation	All Staff, GB
Status	
View by Staff	
Date of ratification by Governors	
Review	July 2027
Distribution	SJV server, Main Office, Compliance Manager, Website

SAINT JOHN VIANNEY R C SCHOOL



The Mission Statement of St John Vianney RC School.

At St John Vianney School we celebrate the uniqueness of every child and the God given gifts they bring each day to our learning community.

Inspired by the example of Jesus Christ we are a school where every child and young person is highly valued and encouraged to give their best.

Building on our Roman Catholic foundations we aim to foster an engaging, nurturing and safe environment, within which our children thrive and achieve their full potential.

Our St John Vianney family is dedicated to fostering independence and educating resilient, lifelong learners, who are empowered to enrich their own lives and those of others.

Contents:

Statement of intent

1. Legal framework
2. Definitions
3. Roles and responsibilities
4. Food Allergies
5. Food Technology
6. Food allergen labelling
7. Animal allergies
8. Seasonal allergies
9. Adrenaline auto-injectors (AAI's)
10. Access to spare AAI's
11. School Trips
12. Medical attention and required support
13. Staff training
14. Mild to moderate allergic reactions
15. Managing anaphylaxis
16. Monitoring and review

Appendices

Care Plan Template

Statement of Intent

St John Vianney RC School takes the health and wellbeing of its pupils very seriously. The school aims to support all pupils with physical disabilities and illnesses to enable them to have a full and rich academic life whilst at school.

The Governing Body recognises its duties and responsibilities in relation to the Equality Act 2010, which states that any pupil with an impairment affecting his/her ability to carry out normal day-to-day activities must not be discriminated against.

The school does not guarantee a completely allergen-free environment; however, this policy will be utilised to minimise the risk of exposure to allergens, encourage self-responsibility, and plan for an effective response to possible emergencies.

1. Legal framework

1.1 This policy has due regard to 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'
- DfE 'Supporting pupils at school with medical conditions'
- DfE 'Allergy guidance for schools'
- Department for Education statutory guidance, Allergy safety in schools, published July 2026, issues under Section 100 of the Children and Families Act 2014, as amended by Section 34 of the Children's Wellbeing and Schools Act 2026.

1.2 This policy will be implemented in conjunction with the school's documents:

- Health and Safety Policy
- First Aid Policy
- Staff Code of Conduct
- Medicine in School Policy
- Educational Visits and School Trips Policy
- Risk Assessments
- Behaviour Policy
- Child Protection and Safeguarding Policy

2. Definitions

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

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

2.3 **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

2.4 **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 faint
- Suddenly becoming sleepy, unconscious or collapsing

3. Roles and Responsibilities

3.1 The schools Allergy Safety Lead is: Mr A Moloney, Headteacher, who has strategic responsibility for implementation of this policy. The Medical Coordinator will support the day to day implementation, monitoring of pupil information, AAI arrangements staff communication and IHP processes.

The school will promote the wellbeing and inclusion of pupils with allergies by ensuring they can participate in school life, lunchtime arrangements, curriculum activities, visits and trips wherever reasonable adjustments and risk controls can be put into place. Any allergy-related bullying, intimidation, food contamination or deliberate allergen exposure will be managed through the Behaviour Policy and Safeguarding procedures.

3.2 The Governing Body is responsible for:

- Ensuring that policies, plans, and procedures are in place to support pupils 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 pupil.
- Monitoring the effectiveness of this policy and reviewing it on an annual basis, and after any incident where a pupil experiences an allergic reaction.

3.3 The Headteacher is responsible for:

- The development, implementation and monitoring of this policy and related policies.

- Ensuring that staff are properly trained to provide the support that pupils need, and that they receive allergy and anaphylaxis training at least annually.
- 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 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 pupils' allergies and act in accordance with the school's policies regarding food and hygiene, including this policy.

3.4 The Medical Coordinator is 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 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.

3.5 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.
- Taking reasonable steps to ensure that food provided by the school or brought from home does not present an avoidable risk to pupils with known allergies. Ensuring that pupils do not share food and drink in order to prevent accidental contact with an allergen.
- Reporting any allergy related serious incidents and near misses are reported via Evolve.

3.6 The Facilities 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 Facilities Manager if food labelling fails to comply with the law.

3.7 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 written consent for the use of a spare AAI.
- 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 class teacher.

3.8 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.

3.9 Visitors, Contractors and Lettings

St John Vianney takes a whole school approach to allergy safety. The school seeks to minimise the presence of nut products on site wherever reasonably practicable; however, the school cannot guarantee that the environment is completely nut free. Relevant allergy information and emergency procedures will be shared with visitors, agency staff and

external providers where required.

4. Food Allergies

- 4.1 Parents will provide the school with a written list of any foods that their child may have an adverse reaction to, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.
- 4.2 Information regarding all pupils' food allergies will be collated, indicating whether they consume a school dinner or a packed lunch, and this will be passed on to the school's catering team.
- 4.3 When making changes to menus or substituting food products, the school will ensure that pupils' special dietary needs continue to be met by:
 - Checking any product changes with all food suppliers
 - Asking caterers to read labels and product information before use
 - Using the Food Standards Agency's allergen matrix to list the ingredients in all meals.
 - Ensuring allergen ingredients remain identifiable.
- 4.4 Kitchen staff will have a full list of allergens and will avoid using them within the menu where possible.
- 4.5 Where meals include allergens or traces of allergens, staff will use clear and fully visible labels, in line with this policy, to denote the allergens of which consumers should be aware.
- 4.6 The school will ensure that there are always dairy and gluten-free options available for pupils with allergies and intolerances.
- 4.7 To ensure that catering staff can appropriately identify pupils with dietary needs, the Medical Coordinator will provide a document with pupil photos outlining pupil and staff dietary requirements. This document will have a key explaining the colours, red – allergy, yellow, important information and green dietary preference or intolerance, will be displayed on the wall in the serving area so that it is visible to all kitchen staff.
- 4.8 All food tables will be disinfected before and after being used. Anti-bacterial wipes and cleaning fluid will be used.
- 4.9 Boards and knives used for fruit and vegetables will be a different colour to the rest of the kitchen knives in order to remind kitchen staff to keep them separate.

Any sponges or cloths that are used for cleaning will be colour-coded according to the areas that they are used to clean, e.g. a red sponge for an area which has been used for raw meat, to prevent cross-contamination.

There will be a set of kitchen utensils that are only for use with the food and drink of the pupils at risk.

There will also be a set of kitchen utensils with a designated colour. These

utensils will be used only for food items that contain bread and wheat related products.

4.10 Food items containing bread and wheat will be stored separately.

4.11 The school catering team is responsible for ensuring that the school's policies are adhered to at all times, including those in relation to the preparation of food, considering any allergens.

5. Food Technology

5.1 Learning activities which involve the use of food, such as food technology lessons, will be planned in accordance with pupils' IHPs, considering any known allergies of the pupils involved.

5.2 Food Technology equipment is provided for all pupils, those with allergies will have separate colour boards and utensils. These will be kept in boxes separate from the others to prevent cross contamination.

6. Food allergen labelling

6.1 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.

6.2 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.

6.3 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.

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

6.5 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

6.6 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.

6.7 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.

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

6.9 The kitchen managers 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.

6.10 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. Animal Allergies

- 7.1 Pupils with known allergies to specific animals will have restricted access to those that may trigger a response.
- 7.2 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.
- 7.3 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.
- 7.4 Emergency medication, including antihistamines where prescribed or authorised in accordance with school medicines procedures, will be available as required.

8. Seasonal allergies

- 8.1 The term 'seasonal allergies' refers to common outdoor allergies, including hay fever and insect bites.
- 8.2 Precautions regarding the prevention of seasonal allergies include ensuring that grass within the school premises is not mown whilst pupils are outside.
- 8.3 Pupils with severe seasonal allergies will be provided with an indoor supervised space to spend their break and lunchtimes in, avoiding contact with outside allergens.
- 8.4 Pupils with known seasonal allergies are encouraged to wash their hands after playing outside, with the aim of reducing contact with outdoor allergens, such as pollen.
- 8.6 Staff members will be diligent in the management of wasp, bee and ant nests on school grounds and in the school's nearby proximity, reporting any concerns to the Facilities and Site manager.
- 8.7 The site manager is responsible for ensuring the appropriate removal of wasp, bee and ant nests on and around the school premises.
- 8.8 Where a pupil with a known allergy is stung or bitten by an insect, medical attention will be given immediately and a first aider should be informed.

9. Adrenaline auto-injectors (AAIs)

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

- 9.2 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.
- 9.3 The school will purchase spare AAIs from a pharmaceutical supplier, such as the local pharmacy or the school's first aid supplier, Eureka Direct First Aid.
- 9.4 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 Medical Coordinator, will decide which brands of AAI to purchase.

- 9.5 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 school may decide to purchase multiple brands.
- 9.6 The school will purchase AAIs in accordance with current prescribing practice which is generally based on weight and prescribed device, the school will purchase spare AAI's using guidance from a pupils IHP.
- 9.7 Spare AAIs are stored as part of an emergency anaphylaxis kit, which includes the following:
- One or more AAIs
 - Instructions on how to use the device(s)
 - Instructions on the storage of the device(s)
 - Manufacturer's information
 - A checklist of injectors, identified by the batch number and expiry date, alongside records of monthly checks
 - A note of the arrangements for replacing the injectors
 - A list of pupils to whom the AAI can be administered
 - An administration record
- 9.8 Pupils who have prescribed AAI devices are able to keep their device in their possession, the Medical Coordinator will complete a risk assessment and inform Class Teams of the school's protocol. The Medical Coordinator will ask staff in the Class Team to support the pupil with transitioning their device round school and will advise that a designated staff member carry these on offsite visits. In the classroom, these should be stored in a suitably safe and easily accessible location. The Medical Coordinator will ensure the protocols for handing AAI devices in at lunchtime are adhered to by the Class Teams. The pupils will bring their kits down the Medical Room at 12:30pm for the first aider on duty, and collect these at the end

of the lunch sitting.

- 9.9 Spare AAI devices 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:

- **Medical Room**

All staff have access to AAI devices, but these are out of reach and inaccessible to pupils – AAI devices are not locked away where access is restricted. All spare AAI devices will be clearly labelled to avoid confusion with any device prescribed to a named pupil.

- 9.10 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 members are responsible for maintaining the emergency anaphylaxis kit(s):

- **Medical Coordinator**

The above staff members conduct a monthly check of the emergency anaphylaxis kit(s) to ensure that:

- Spare AAI devices are present and have not expired.
- Replacement AAIs are obtained when expiry dates are approaching.

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: **Medical Coordinator.**

- 9.11 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. A sharps bin is utilised where used or expired AAIs are disposed of on the school premises.
- 9.12 Where any AAIs are used, the following information will be recorded on the AAI Record:
- Where and when the reaction took place
 - How much medication was given and by whom

10. Access to spare AAIs

- 10.1 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 maintains spare adrenaline auto-injectors (AAIs) for emergency use in accordance with the Human Medicines (Amendment) Regulations 2017 and the Department for Education's Allergy Safety in Schools statutory guidance.

- 10.2 Spare AAI's are stored in clearly identified and readily accessible locations and may be used where a pupil is known to be at risk of anaphylaxis and:
- Their own prescribed AAI is not immediately available.
 - Their prescribed AAI is not functioning correctly.
 - A second dose of adrenaline is required whilst awaiting emergency medical assistance.
- 10.3 The school will obtain written parental consent and appropriate medical information for pupils at risk of anaphylaxis to enable the use of a spare AAI where required.
- 10.4 A register of pupils who have been identified as being at risk of anaphylaxis and for whom consent has been obtained will be maintained by the Medical Coordinator and reviewed termly.
- 10.5 In all cases where anaphylaxis is suspected, staff will follow the school's emergency anaphylaxis procedures, administer adrenaline without delay where indicated, and call 999 immediately.
- 10.6 Consent will be obtained as part of the introduction or development of a pupil's IHP. If consent has been given to administer a spare AAI to a pupil, this will be recorded in their IHP.

The school uses a register of pupils (Register of AAIs) to whom spare AAIs can be administered – this includes the following:

- Name of pupil
 - Class
 - Known allergens
 - Risk factors for anaphylaxis
 - Whether medical authorisation has been received
 - Whether written parental consent has been received
 - Dosage requirements
- 10.7 Parents are required to provide consent on an annual basis to ensure the register remains up-to-date. Parents can withdraw their consent at any time. To do so, they must write to the Medical Coordinator.
- 10.8 The Medical Coordinator checks the register is up-to-date on a termly basis. The Medical Coordinator will also update the register relevant to any changes in consent or a pupil's requirements. Copies of the register are held in The Medical Room, which is accessible to all staff members.

11. School trips

- 11.1 The Headteacher and SLT will ensure a risk assessment is conducted for each school trip to address pupils with known allergies attending. 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.
- 11.2 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. A designated adult will be available to support the pupil at all times during a school trip and this will be outlined in the offsite risk assessment.

- 11.3 If the pupil has been prescribed an AAI, at least one adult trained in administering the device will attend the trip. The pupil's medication will be taken on the trip and stored securely – if the pupil does not bring their medication, the lead staff member should speak to the Medical Coordinator who will provide a spare kit for the trip.
- 11.4 A member of staff will be assigned responsibility for ensuring that the pupil's medication is carried at all times throughout the trip. Two AAIs will be taken on the trip and will be easily accessible at all times.
- 11.5 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.
- 11.6 For overnight residentials a risk assessment will be put into place and shared ahead of the trip with the venue by the Medical Coordinator.

12. Medical attention and required support

- 12.1 Once a pupil's allergies have been identified, a meeting will be set up between the pupil's parents, the relevant classroom teacher, the school nurse and any other relevant staff members, in which the pupil's allergies will be discussed and a plan of appropriate action/support will be developed.
- 12.2 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.
- 12.3 Parents will provide the school nurse with any necessary medication, ensuring that this is clearly labelled with the pupil's name, class, expiration date and instructions for administering it.
- 12.4 Pupils will not be able to attend school or educational visits without any life-saving medication that they may have, such as AAIs, where the Medical Coordinator doesn't have a spare kit to provide.
- 12.5 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.
- 12.6 Any specified support which the pupil may require will be 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.
- 12.7 The Medical Coordinator 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.

- 12.8 The school recognises that some pupils may be unable to reliably communicate symptoms of an allergic reaction due to their age, communication needs, learning difficulties, sensory needs or disabilities. Individual Healthcare Plans will identify any specific signs, behaviours or indicators that may suggest an allergic reaction. Staff working with these pupils will be trained to recognise behavioural, physical and non-verbal indicators of allergic reactions and anaphylaxis and respond in accordance with the pupil's Individual Healthcare Plan and emergency procedures.
- 12.9 The Medical Coordinator has overall responsibility for ensuring that IHPs are implemented, monitored and communicated to the relevant members of the school community. The Headteacher will work alongside the Medical Coordinator to ensure this is implemented effectively.

13. Staff training

- 13.1 All staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so. In accordance with the Supporting Pupils with Medical Conditions Policy, staff members will receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies. This training will be delivered by the Medical Coordinator in September and revisited annually. Where classes have pupils with AAI's an additional training session will be held to ensure they feel fully confident managing this.
- 13.2 The school recognises that some pupils may be unable to reliably communicate symptoms of an allergic reaction. Staff working with these pupils will be trained to recognise behavioural, physical and non-verbal indicators of allergic reactions and anaphylaxis and respond in accordance with the pupil's Individual Healthcare Plan.
- 13.3 The relevant staff, e.g. kitchen staff, will be trained on how to identify and monitor the correct food labelling and how to manage the removal and disposal of PPDS foods that do not meet the requirements set out in Natasha's Law.
- 13.4 The relevant members of staff will be trained on how to consistently and accurately trace allergen-containing food routes through the school, from supplier delivery to consumption.

Designated staff members will be taught to:

- Recognise the range of signs and symptoms of severe allergic reactions.
- Respond appropriately to a request for help from another member of staff.
- Recognise when emergency action is necessary.
- Administer AAIs according to the manufacturer's instructions.

- Make appropriate records of allergic reactions.

13.5 All staff members will:

- Be trained to recognise the range of signs and symptoms of an allergic reaction.
- Understand how quickly anaphylaxis can progress to a life- threatening reaction, and that anaphylaxis can occur with prior mild to moderate symptoms.
- Understand that AAI should be administered without delay as soon as anaphylaxis occurs.
- Understand how to check if a pupil is on the Register of AAI.
- Understand how to access AAI.
- Understand who the designated members of staff are, and how to access their help.
- Understand that it may be necessary for staff members other than designated staff members to administer AAI, e.g. in the event of a delay in response from the designated staff members, or a life- threatening situation.
- Be aware of how to administer an AAI should it be necessary.
- Be aware of the provisions of this policy.

13.6 Supply, agency and temporary staff will receive relevant allergy safety information and emergency procedures upon arrival in school.

14. Mild to moderate allergic reaction

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

- Swollen lips, face or eyes
- Itchy/tingling mouth
- 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.

14.2 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.

14.3 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, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.

14.4 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.

15. Managing anaphylaxis

- 15.1 In the event of anaphylaxis, the nearest adult will lay the pupil flat on the floor and try to ensure the pupil suffering an allergic reaction remains as still as possible; if the pupil is feeling weak, dizzy, appears pale and is sweating their legs will be raised. A designated staff member & first aider will be called for help and the emergency services contacted immediately. The designated staff member will administer an AAI to the pupil.
- 15.2 Staff should not withhold adrenaline if anaphylaxis is strongly suspected. Delay in administration is associated with poorer outcomes. Where there is uncertainty between a mild allergic reaction and anaphylaxis, staff should follow training, the pupil's Individual Healthcare Plan and emergency procedures, seeking emergency medical assistance without delay.
- 15.3 Where there is any delay in contacting a first aider or designated staff members, the nearest staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAI's.
- 15.4 A member of staff will stay with the pupil until the emergency services arrive – the pupil will remain lying flat and still. If the pupil's condition deteriorates after initially contacting the emergency services, a second call will be made to ensure an ambulance has been dispatched.
- 15.5 The Headteacher will be contacted immediately, as well as a suitably trained individual, such as the Medical Coordinator or a first aider.
- 15.6 If the pupil stops breathing, a suitably trained member of staff will administer CPR and the school's AED (Automated External Defibrillator) should be brought to the scene.
- 15.7 .If there is no improvement after five minutes, a further dose of adrenaline will be administered using another AAI, if available.
- 15.8 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, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.
- 15.9 The Admin team will contact the pupil's parents as soon as is possible. 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 AAI will be given to paramedics.
- 15.10 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
- 15.11 A member of staff will accompany the pupil to hospital in the absence of their parents. If a pupil is taken to hospital by ambulance, two members of staff will accompany them.
- 15.12 A copy of the Register of AAI will be held in the Medical Room and Main Office for easy access in the event of an allergic reaction.
- 15.13 Following the occurrence of an allergic reaction, the SLT, in conjunction with the Medical Coordinator will review the adequacy of the school's response and will consider the need for any additional support, training or other corrective action.

16. Monitoring and review

- 16.1 The Headteacher is responsible for reviewing this policy annually.
- 16.2 The effectiveness of this policy will be monitored and evaluated by all members of staff. Any concerns will be reported to the Headteacher immediately.
- 16.3 Following each occurrence of an allergic reaction, any allergy related serious incidents or near misses, these will be recorded via the school accident book Evolve and then reported to Parents/Carers and shared with the Governing Body as appropriate. All allergy incidents and near misses will be reviewed by the Headteacher and Medical Coordinator to identify learning and implement preventative actions.
- 16.4 This policy will be published on the school website.

This child/young person has the following allergies:

Name:

DOB:

Mild/moderate reaction:

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

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- Give antihistamine:

Loratadine 5mg

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

A AIRWAY

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

B BREATHING

- Difficult or noisy breathing
- Wheeze or persistent cough

C CONSCIOUSNESS

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

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1** Lie flat with legs raised (if breathing is difficult, allow person to sit)



- 2** Use Adrenaline autoinjector **without delay** (eg. EpiPen®) (Dose: mg)

- 3** Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, **do NOT stand them up**. Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes**, give a further adrenaline dose using a second autoinjector device, if available.

Commence CPR if there are no signs of life

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name:



2) Name:



Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAI's in schools.

Signed:

Print

name:

Date:

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors,

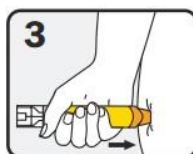
How to give EpiPen®



PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and medical authorisation to carry emergency autoinjectors has been prepared by:**

Sign & print name:

Hospital/Clinic:

Date:

21