HEARTWOOD
LEARNING TRUST

Allergen and Anaphylaxis Policy

THIS POLICY APPLIES TO THE HEARTWOOD LEARNING TRUST BOARD, THE CENTRAL TEAM AND ALL TRUST SCHOOLS/ACADEMIES

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Contents

Policy Updates

Date	Page	Policy Updates
August 2026	Whole policy	NEW policy

Introduction

Heartwood Learning Trust is an inclusive and collaborative Church of England multi-academy trust serving church, community and alternative provision schools. This policy is guided by our Christian ethos and the visions of our Trust and its schools/academies. We share a clear vision – to create schools where children and young people thrive, as we help them prepare to live life in all its fullness (John 10:10).

For us, a place to thrive means much more than a place simply to be comfortable. Instead, our aim is to develop schools and an educational offer which enable each pupil to flourish academically, practically, emotionally, socially and spiritually.

Statement of Intent

In line with Benedict's Law, **Heartwood Learning Trust** is committed to providing a safe, inclusive and welcoming environment for all pupils, staff, and visitors with allergies so that they are able to remain healthy and achieve their academic potential.

The Trust cannot guarantee a completely allergen-free environment, however, this policy will be utilised to minimise the risk of exposure to allergens, encourage self-responsibility (where age appropriate), minimise risk and plan for an effective response to possible emergencies. The Trust recognises that serious allergic reactions, including anaphylaxis, may occur in individuals with no previously known allergy. Emergency arrangements therefore apply to all pupils, staff, visitors and volunteers.

In order to effectively implement this policy and ensure the necessary control measures are in place, parents/carers are responsible for working with the school/academy in identifying allergens and potential risks, in order to ensure the health and safety of their children.

This policy is intended to prevent avoidable delays in treatment and to ensure staff are able to act quickly and confidently in an allergic emergency. This policy ensures that there are clearly defined roles and responsibilities, robust emergency procedures and effective communication across the Trust. The effectiveness of this policy will be monitored and evaluated by all members of staff. Any concerns will be reported to the **Principal** or **Trust Operations Manager (TOM)** immediately. Additional reviews will be undertaken where incidents or near misses indicate potential areas for improvement.

The Trust will complete an **Equality Impact Assessment** during the development and implementation of this policy to ensure due consideration has been given regarding equality implications; to support the Trust with removing barriers to equality and preventing discrimination.

1. Legal Framework

1.1. 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 Regulations (2017)
- The Food Information (England) Regulations (2019) (Natasha's Law)
- Department of Health and Social Care 'Guidance on the use of adrenaline auto-injectors in schools' (2017)
- DfE 'Supporting pupils at school with medical conditions' (2017)
- DfE 'Allergy guidance for schools' (2026)
- DfE 'Allergy safety in schools' (2026)
- Equality Act (2010)
- DfE 'Keeping Children Safe in Education' (2026)
- Health and Safety at Work Act (1974)

1.2. This policy operates in conjunction with the following **Trust** policies:

- Health and Safety Policy & Procedures Manual
- Supporting Pupils with Medical Conditions and Administering Medication Policy
- First Aid Policy
- Educational Visits and Trips Policy
- Anti-Bullying Policy
- Equality Policy and Objectives
- Safeguarding and Child Protection Policy

1.3. This policy operates in conjunction with the following **School/Academy** procedures:

- Allergen and Anaphylaxis Risk Assessment
- British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans
- Individual Health Care Plans (IHPs)

2. Definitions

For the purpose of this policy:

2.1. **Common UK Allergens** include (but are not limited to): Peanuts, tree nuts, sesame, milk, egg, fish, latex, insect venom, pollen and animal dander.

2.2. **Allergen:** A normally harmless substance that can trigger an allergic reaction.
The Trust recognises that any food, substance or environmental exposure may be an allergen for an individual and will manage risks based on individual need and risk assessment rather than allergen type.

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

- Hives
- 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
- Nausea and vomiting
- Alterations in heart rate
- Feeling of weakness

2.4. **Anaphylaxis:** May also be referred to as anaphylactic shock, which is a sudden, severe and potentially a life-threatening allergic reaction. This kind of reaction may include the following symptoms:

- Persistent cough
- Mild throat tightness
- Change in voice, e.g. hoarse or croaky sounds
- Wheeze
- Difficulty swallowing/speaking
- Swollen tongue
- Difficult or noisy breathing
- Chest tightness
- Feeling dizzy or faint
- Suddenly becoming sleepy, unconscious or collapsing
- **[EYFS and primary schools/academies only]** Becoming pale or 'floppy'

2.5. **Adrenaline Auto-injector (AAI):** A single-use device delivering a pre-measured dose of adrenaline into the upper, outer thigh muscle (e.g. Epipen).

2.6. **IgE-medicated allergy:** A type of allergic reaction that occurs when the immune system produces immunoglobulin E (IgE) antibodies in response to a specific allergen (e.g food, insect venom, medication, latex or airborne allergens).

2.7. **Individual Healthcare Plan (IHP): IHPs** set out what needs to be done to support a specific pupil with an allergy, how, when and by whom, including in an emergency. **IHPs** should be developed in collaboration with the pupil and their parents/carers, taking account of any advice received from healthcare professionals.

2.8. **Neffy:** ERUNeffy is a nasal spray designed to administer adrenaline. It provides an approved, needle-free alternative to traditional **adrenaline auto-injectors (AAIs)**.

3. Roles and Responsibilities

3.1. The **Resources Committee (on behalf of the Trust Board)** is responsible for:

- Reviewing and approval of this policy in line with the Trust's policy review schedule.
- Ensuring that appropriate 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 requirements, in line with Benedict's Law.

3.2. The **Trust Operations Manager (TOM)** is responsible for:

- Monitoring the effectiveness of this policy and reviewing it in line with the Trust's policy review schedule, and after any incident where a pupil experiences a serious allergic incident or near-miss.

- Ensuring that appropriate 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 requirements, in line with Benedict's Law.
- Ensuring a clear allergic emergency response procedure is documented and practiced by all schools/academies across the Trust.
- Ensuring that all staff have access to information regarding allergic reactions and anaphylaxis, including necessary precautions and how to respond.
- Ensuring that the Trust's approach to allergies and anaphylaxis focuses on, and accounts for, the needs of each individual pupil.
- Monitoring the implementation of this policy across the Trust.
- Ensuring that all staff are properly trained to provide the support that pupils need, and that they receive regular allergy and anaphylaxis training.
- Ensuring that an emergency anaphylaxis drill is carried out at least once per year at all sites.

3.3. The **Principal** is responsible for:

- Monitoring the implementation of this policy within the school/academy.
- Ensuring that their staff receive regular allergy and anaphylaxis training as advised by the **TOM**.
- Ensuring that allergen training is included in the induction process for new staff.
- Communicating with parents/carers regarding their responsibilities in relation to their child's allergies.
- Ensuring that all relevant **Risk Assessments** (e.g. food preparation, educational visits) have been carried out and controls to mitigate risks are implemented.
- Ensuring that all designated **First Aiders** are trained in the use of **AAIs** and the management of anaphylaxis.
- Ensuring that staff who may need to respond in an emergency have practised safe, correct use of **AAIs** using training devices and feel confident in administering this vital medication.
- Ensuring that all staff are provided with information regarding allergic reactions and anaphylaxis, including the necessary precautions and how to respond.
- Ensuring that staff working on behalf of the **Trust's External Catering Provider** are aware of pupils' allergies and act in accordance with this policy.
- Identifying pupils with allergies and reviewing their medical information with parents/carers as required.
- Ensuring that individual pupils' health care plans/action plans are current, understood and accessible by relevant staff.
- Maintaining an up-to-date register of pupils with diagnosed allergies, which includes history of anaphylaxis, pupils who have been prescribed **AAIs** and pupils with a clinically diagnosed allergy where **AAIs** have not been prescribed.
- Ensuring that spare **AAIs** are stored on site and routinely checked, including for expiration dates.
- Designating a member of the **Senior Leadership Team (SLT)** to act as the school/academy's **Designated Allergy Lead (DAL)**.

3.4. The **Designated Allergy Lead (DAL)** is responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils and staff with allergies.
- Acting as the main point of contact for staff, pupils, and parents/carers in relation to allergy-related concerns, queries or incidents.

- Ensuring that allergy information is accurately recorded, kept up to date and effectively communicated to all relevant staff.
- Ensuring all staff receive appropriate information, instruction and training as advised by the **Principal**.
- Ensuring that all allergic reactions, incidents and near-misses are recorded and reviewed.
- Ensuring staff, pupils and parents/carers are aware of the Trust's **Allergen and Anaphylaxis Policy** and related procedures.
- Overseeing the provision and management of spare **AAIs**; ensuring an appropriate number is held on site in the correct dosage, devices are stored securely and are accessible in case of emergency.
- Ensuring that replacement **AAIs** are ordered following usage or close to expiry.
- Ensuring that an emergency anaphylaxis drill is carried out at least once per year.

3.5. **All Staff** are responsible for:

- Participating in anaphylaxis training as required.
- Championing and practising good allergy awareness at all times.
- Reading, understanding and complying with the Trust's **Allergen and Anaphylaxis Policy** and associated procedures.
- Being aware of pupils, and where relevant, staff with allergies.
- Being familiar with and implementing pupils' **IHPs**, as appropriate.
- Being competent and confident in using **AAIs** in an emergency situation.
- Considering the potential risks to pupils with allergies when planning or supervising activities.
- Ensuring pupils have timely access to their prescribed medication.
- Being able to recognise the signs and symptoms to an allergic reaction, including anaphylaxis.
- Responding immediately and appropriately in the event of a medical emergency.
- Ensuring, where possible, that pupils do not share food and drink in order to prevent accidental contact with an allergen.
- Preventing and responding to allergy-related bullying or harassment in line with the Trust's **Anti-Bullying Policy**.
- Taking into account possible risks linked to allergies when planning and delivering activities, including but not limited to:
    - classroom activities
    - animals brought on site
    - extra-curricular activities and clubs where refreshments may be provided
    - special events (e.g. cultural days, fundraising events)
- Ensuring that relevant risks are identified and addressed through appropriate **Risk Assessments**.
- Pupils should not be excluded from activities because of their allergy. Reasonable adjustments should be made to enable safe participation.

3.6. **Parents/Carers** are responsible for:

- Notifying the school/academy of their child(ren)'s known allergens, the nature of the allergic reaction, what medication to administer, specified control measures and what can be done to prevent the occurrence of an allergic reaction.
- Ensuring any required medication is supplied, in-date and replaced as necessary.
- Keeping the school/academy up-to-date with their child(ren)'s medical information.
- Providing written consent for the use of a spare **AAI**.

- Providing the school/academy with written medical documentation, including instructions for administering medication as directed by the child's doctor.
- Providing the school/academy with a copy of their child's **Allergy Action Plan** (e.g. **BSACI**), if applicable.
- Raising any concerns they may have about the management of their child's allergies with the school/academy.
- Adhering to any food restrictions, controls or guidance implemented by the school/academy when providing food for their child, including packed lunches, snacks, or food supplied for fundraising or social events.
- Encouraging their child to be allergy aware, in line with their age and understanding, including recognising symptoms, avoiding known allergens where appropriate, and informing an adult if they feel unwell.
- Ensure their child has access to their allergy medication on the journey to and from the school/academy.

3.7. **Pupils** are responsible for:

- Taking an active role in managing their condition and keeping themselves safe, in line with their age, maturity and capability.
- Having a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Showing consideration and support towards peers with allergies, including learning how they can help keep others safe.
- Administering their own **AAIs** where they feel confident and trained to do so, and will be encouraged to take responsibility for always carrying them on their person.

3.8. **External Catering staff** are 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 catering 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.
- 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 **Catering Manager** if food labelling fails to comply with the law.

4. Confidentiality and Data Protection

4.1. Health information is considered special category data under **UK GDPR**, which means it is highly sensitive and has additional legal protections. The Trust has a lawful basis to hold, use and share special category health data when this is necessary, ensuring applicable data protection principles are met.

4.2. The Trust will handle health data sensitively and with due respect for the privacy of any individuals involved. All employees and third parties must treat any information communicated to them in connection with health data matters as confidential.

4.3. The Trust will process personal data in accordance with the **Data Protection (UK GDPR) Policy** and personal data will be processed solely for the purposes of ensuring the health and wellbeing of our pupils and staff whilst they are on the premises and/or whilst they are participating in an Educational Visit or Trip.

4.4. Records will be kept in accordance with the **Data Retention Schedule** and in line with the requirements of applicable data protection legislation.

5. Food Allergies

5.1. The school/academy recognises that any food or substance may be an allergen for a pupil and will manage risks based on individual need and risk assessment rather than allergen type.

5.2. Parents/carers will provide the school/academy 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.

5.3. 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 Trust's **External Catering Provider**.

5.4. When making changes to menus or substituting food products, the school/academy will ensure that pupils' special dietary requirements 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.

5.5. Catering staff will have a full list of allergens and will avoid using them within the menu where possible.

5.6. 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.

5.7. The Trust's **External Catering Provider** will ensure that there are always dairy and gluten-free options available on their menus for pupils with allergies and intolerances.

5.8. All food tables will be cleaned before and after being used.

5.9. 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.

5.10. 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.

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

5.12. 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.

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

5.14. The Trust's **External Catering Provider** is responsible for ensuring that the Trust's policies are adhered to at all times, including those in relation to the preparation of food, taking into account any allergens.

5.15. Learning activities which involve the use of food, such as **Food Technology** lessons, will be planned in accordance with pupils' **IHPs**, taking into account any known allergies of the pupils involved.

6. Food Allergen Labelling

6.1. Schools/academies 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. Schools/academies 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. catering staff, will be trained prior to storing, handling, preparing, cooking and/or serving food to ensure they are aware of their legal obligations. Training will be reviewed on an annual basis, or as soon as there are any revisions to related guidance or legislation.

Food Labelling

6.4. 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

6.5. Schools/academies 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/academy'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 **Catering Manager**
- Incidents of incorrect practices and incorrect and/or incomplete packaging will be recorded in an incident log and managed by the **Catering Manager**

Declared Allergens

6.6. 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

6.7. 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.

6.8. Catering 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.

6.9. Any abnormalities in labelling will be reported to the **Catering Manager** immediately, who will then contact the relevant supplier where necessary.

6.10. The **Catering 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

6.11. Schools/academies 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.

6.12. 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 site, staff 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. Schools/academies 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. A supply of antihistamine tablets will be stored in the **Medicine Cabinet/First Aid Box** in case of an allergic reaction.

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/academy 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 will be encouraged to wash their hands after playing outside.

8.5. Pupils with known seasonal allergies are encouraged to bring an additional set of clothing to school to change into 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 the school/academy grounds and in the nearby proximity, reporting any concerns to the **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/academy premises.

8.8. Where a pupil with a known allergy is stung or bitten by an insect, medical attention will be given immediately.

Educational Visits and Sports Fixtures

8.9. Schools/academies will ensure that appropriate arrangements are in place to manage allergies and anaphylaxis safely during educational visits, sporting fixtures and off-site activities. Schools/academies will ensure that:

- The member of staff leading the visit or activity holds an up-to-date list of pupils with allergies, together with details of their prescribed medication and emergency arrangements.
- Staff accompanying the visit must be made aware of pupils with allergies and the control measures in place.
- Allergy risks are identified and addressed within the visit **Risk Assessment**, including activities undertaken, food provision and environment or venue being visited.
- Catering arrangements for visits are planned in advance, with appropriate controls in place to ensure pupils with allergies are provided with safe meals or alternatives.
- Parents/carers and pupils, where appropriate, may be consulted during the planning process.
- Staff accompanying the visit will be trained to recognise and respond to allergic reactions and anaphylaxis.
- Where packed lunches or catered meals are provided, allergen information will be clearly labelled.
- Where pupils attend sporting fixtures or events hosted by another school/academy or organisation, details of dietary requirements and allergies will be shared in advance.

- Arrangements for access to medication and emergency response will be clearly planned and communicated, including ensuring that prescribed medication is readily accessible at all times.
- All activities on the trip will be risk assessed to identify if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

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** schools/academies are 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. Schools/academies will purchase spare **AAIs** from a pharmaceutical supplier, such as the local pharmacy with signed authorisation from the **Principal** which outlines:

- The name of the school/academy.
- The purposes for which the product is required.
- The total quantity required.

9.4. Where possible, schools/academies will hold one brand of **AAI** to avoid confusion with administration and training. Schools/academies 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**: **150** micrograms of adrenaline (e.g. EpiPen Junior, Jext 150)
- For pupils aged **6+**: **300** micrograms of adrenaline (e.g. EpiPen, Jext 300)

9.5. In line with government guidance, schools/academies will hold spare **AAIs** for use in an emergency where a pupil is experiencing suspected anaphylaxis and their own prescribed medication is not immediately available or is not suitable.

9.6. **[Secondary schools only]** Pupils who have prescribed **AAI** devices are able to keep their device in their possession.

9.7. **[Primary schools only]** 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.

9.8. Spare **AAIs** are not located more than five minutes away from where they may be required which includes lunch area, playground and sports field or when on visits or trips.

9.9. Adrenaline devices should always be stocked and stored in pairs. Larger sites need to consider having two pairs of "spare" devices, so that a pair of "spare" adrenaline devices are available within five minutes of wherever they may be needed. Please refer to the school/academy's **Localised Procedures** to determine where emergency equipment is stored and which members of staff are responsible for this.

9.10. 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.

9.11. All spare **AAI** devices will be clearly labelled to avoid confusion with any device prescribed to a named pupil.

9.12. 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.

9.13. Any used or expired **AAIs** are disposed of as sharps after use in accordance with manufacturer's instructions.

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

9.15. Where any **AAIs** are used, the following information will be recorded:

- Where and when the reaction took place
- How much medication was given and by whom

10. Access to Spare AAIs

10.1. Schools/academies hold spare adrenaline devices for use in emergency situations. These are not a replacement for a pupil's own adrenaline device. Pupils prescribed adrenaline are expected to have their own adrenaline devices with them at the school/academy for use in an emergency.

10.2. Spare **AAIs** are only accessible to pupils for whom medical authorisation and written parental consent has been provided – this includes pupils at risk of anaphylaxis who have been provided with a medical plan confirming their risk, but who have not been prescribed an **AAI**.

10.3. Consent will be obtained as part of the process in developing an **IHP**.

10.4. If consent has been given to administer a spare **AAI** to a pupil, this will be recorded in their **IHP**.

10.5. The school/academy 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

10.6. Parents/carers are required to provide consent on an annual basis to ensure the **Register of AAIs** remains up-to-date.

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

11. Educational Visits and Trips

11.1. Schools/academies will ensure that appropriate arrangements are in place to manage allergies and anaphylaxis safely during educational visits, sporting events and other off-site activities.

11.2. All staff accompanying pupils on off-site activities will be made aware of pupils with allergies and will be appropriately trained to recognise the signs and symptoms of an allergic reaction, including anaphylaxis.

11.3. As part of the visit **Risk Assessment**, consideration will be given for taking spare **AAIs** (where held by the school/academy) on off-site activities. This decision, including arrangements for storage and access, will be documented within the **Risk Assessment**. Two **AAIs** will be taken on the trip and will be easily accessible at all times.

11.4. Schools/academies will speak to the parents/carers of pupils with allergies, where appropriate, to ensure their co-operation with any special arrangements required for the trip.

11.5. A designated adult will be available to support the pupil at all times during an educational visit or trip.

11.6. 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, they will not be allowed to attend the trip.

11.7. A member of staff will be assigned responsibility for ensuring that the pupil's medication is carried at all times throughout the trip.

11.8. 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/academy will provide a suitable packed lunch.

12. Medical Attention and Required Support

12.1. Once a pupil's allergies have been identified, a meeting will be set up, where required, between the pupil's parent(s)/carer(s), the classroom teacher 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 **Supporting Pupils with Medical Conditions and Administering Medication Policy**.

12.3. Parents/carers will provide schools/academies 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 the school/academy or educational visits without any life-saving medication that they may have, such as **AAIs**.

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**.

12.7. 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**.

13. Staff Training

13.1. The Trust is committed to ensuring that all staff receive regular and appropriate training to support the safe and effective management of allergies and anaphylaxis.

13.2. All staff will receive allergy and anaphylaxis training at least annually, to ensure they have a clear understanding of allergies and their role in keeping pupils safe.

13.3. Designated staff members will be trained in how to administer an **AAI**, and the sequence of events to follow when doing so.

13.4. Through training, all staff will:

- Have an understanding of what an allergy is, including common allergies and the potential seriousness of allergic reactions.
- Be able 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 **AAIs** should be administered without delay as soon as anaphylaxis occurs.
- Understand how to check if a pupil is on the **Register of AAIs**.
- Be aware of where **AAIs** are stored, including both the pupils' prescribed medication and the spare **AAIs**.
- 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 **AAIs**, 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.

13.5. Schools/academies will carry out an anaphylaxis drill at least once per year. The drill will include:

- A simulated scenario involving a pupil or member of staff experiencing an allergic reaction and testing the whole-school response, including communication, access to medication and emergency procedures.
- The results of the drill are recorded and outcomes reviewed, with any lessons learnt to improve procedures, training or arrangements as required.

13.6. The school/academy will seek assurances from the Trust's **External Catering Provider** that their staff have been trained on how to identify and monitor 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.

13.7. The school/academy will seek assurances from the Trust's **External Catering Provider** that their staff have been trained on how to consistently and accurately trace allergen-containing food routes through the school/academy, from supplier delivery to consumption.

13.8. 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.

13.9. Posters will be displayed throughout the school/academy including the following information for awareness:

14. Mild to Moderate Allergic Reaction

14.1. Allergic reactions can vary. The Trust recognises that allergic reactions are unpredictable and may vary in severity from one episode to another. Reactions can be influenced by factors such as illness, stress or hormonal changes.

14.2. 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

14.3. If any of the above symptoms occur in a pupil:

- The nearest adult will stay with the pupil and provide reassurance
- Staff will request assistance in line with the Trust's procedures
- The pupil's medication, including **AAI** (where applicable), will be located; antihistamine will be administered, if prescribed and authorised
- The pupil's parents/carers will be contacted, as soon as practicable
- Continue to monitor the pupil, as symptoms may escalate. Follow the pupil's **IHP**

14.4. 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.

14.5. Should the reaction progress into anaphylaxis, the school/academy 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. The most serious type of allergic reaction is anaphylaxis. Although anaphylaxis is uncommon, it is **always** a **medical emergency** and must be treated as **time-critical**.

15.2. Anaphylaxis usually occurs within **20 minutes** of exposure to an allergen but may begin up to **2-3 hours** later.

15.3. A person who has never previously had an allergic reaction, or who has only experienced mild reactions in the past, can still experience anaphylaxis.

Recognising Anaphylaxis

15.4. Staff should use the A-B-C approach to recognise the signs of anaphylaxis.

- **A - Airway**
  - Swelling in throat, tongue or upper airways
  - Vocal changes/hoarse voice
  - Difficulty swallowing
  - Swollen tongue
- **B - Breathing**
  - Difficult or noisy breathing
  - Wheezing
  - Persistent cough
- **C - Circulation**
  - Persistent dizziness or feeling faint
  - Pale, clammy or floppy appearance
  - Drowsiness or confusion
  - Collapse or loss of consciousness

15.5. If anaphylaxis is suspected, adrenaline must be given immediately. Do not delay treatment.

Responding to Suspected Anaphylaxis

15.6. Administering Adrenaline

Staff must take the following action:

- Position the pupil appropriately - lay them flat with legs raised, or if breathing is difficult, allow them to sit upright with legs outstretched.
- Bring the medication to the pupil, do not move them unless they are in immediate danger.
- Do not remove clothing but avoid injecting through thick seams, zips, buttons or objects in pockets.
- Administer adrenaline into the upper outer thigh, in accordance with the manufacturer's instructions.
- Record the time the adrenaline was given and call **999** and state **Anaphylaxis** immediately (or seek another person to do so).
- Stay with the pupil and do not allow them to stand up or make any sudden movements.
- Contact the pupil's emergency contact as soon as practicable.
- If there is no improvement or symptoms worsen after **5 minutes**, administer a second adrenaline **AAI** using a different device. Call **999** again and inform them that a second dose has been given.
- Commence CPR as required.
- Hand used adrenaline **AAIs** to the paramedics on arrival and ensure arrangements are made for replacement devices via the **DAL**. The following information should be provided: known allergens the pupil has, possible cause of reaction, e.g. certain food, time the **AAI** was administered, including time of the second dose, if this was administered.

15.7. 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 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.

15.8. Aftercare

Any person who has received adrenaline for suspected anaphylaxis must be taken to hospital, even if symptoms appear to have resolved.

15.9. Unacceptable Practice

- Preventing pupils from easily accessing their prescribed emergency medication, (for example prescribed **AAIs**)
- Ignoring or disregarding the views of the pupil, or their parents/carers in relation to allergy management and risk controls
- Assuming that pupils do not require support, even if they are able to take increasing responsibility for managing their allergy
- Assuming that all pupils with the same allergy requires identical support, controls or adjustments, rather than assessing on an individual basis and following the child's agreed **IHP**
- Disregarding medical evidence or advice
- Discriminating against people with allergies by sending them home unnecessarily for reasons associated with their allergy
- Penalising pupils for attendance where absences are linked to their medical condition
- Preventing pupils from participating in, or place unnecessary barriers on participation in trips, visits, residentials or wider school life because of their allergy

- Requiring parents/carers (or otherwise making them feel obliged) to attend the school/academy to administer medication or provide medical support to their child

16. Monitoring and Review

16.1. The approver of this policy and the next scheduled review date is shown on the cover page of this document.

Appendix A - Localised Procedures

Please refer to Localised Allergen and Anaphylaxis Procedures for individual school details

Introduction

In line with our Trust-wide **Allergen and Anaphylaxis Policy**, localised procedures have been established to ensure that systems and procedures reflect the school/academy setting.

The localised procedures for the school/academy setting focuses on the following key areas:-

- Designated Allergy Lead
- Staff Training
- Register of AAIs
- First Aiders

Should you have any concerns or questions relating to the localised procedures, in the first instance, please contact hello@hlt.academy