Woodcote Primary School

Allergy Safety Policy

Date Adopted: September 2026

Date to be reviewed: September 2027

Headteacher:

Chair of Governors:

Introduction

Allergy is a medical condition in which the body's immune system has an abnormal reaction to normally harmless substances such as food, insect stings, contact allergens and airborne allergens. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction, affecting the person's airway, breathing and circulation (often referred to as the ABC symptoms). The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Many individuals with allergies to food or insect stings are at risk of anaphylaxis.

It is possible to be allergic to anything which contains a protein; however, most people will react to a fairly small group of potent allergens. Common UK allergens include (but are not limited to):

- Peanuts
- Tree Nuts
- Sesame
- Milk
- Egg
- Fish
- Latex
- Insect venom
- Pollen
- Animal Dander

This policy sets out how Woodcote Primary School (WPS) will support pupils with allergies, to ensure they are safe and supported to participate as fully as possible in school life. We are committed to ensuring that all children with allergies are properly supported in school so that they can play a full and active role in school life, remain physically and mentally healthy and achieve their academic potential. School staff will be alert to the risks of social isolation and exclusion for pupils with allergies, and will act proactively to provide support and reassurance. Any incident of poor behaviour or bullying relating to an allergy will be responded to in line with the school's behaviour and anti-bullying policies.

Allergy Safety Policy

(Produced in accordance with the Children and Families Act 2014, the Children's Wellbeing and Schools Act 2026 and the Department for Education Statutory Guidance: Allergy Safety in Schools (July 2026))

Contents

1. Statement of Intent

The Governing Board of Woodcote Primary School is committed to providing a safe, inclusive and supportive learning environment for every pupil, member of staff and visitor with allergies.

The school recognises that allergies can have a significant impact on an individual's health, wellbeing and participation in school life. Allergic reactions range from mild symptoms to life-threatening anaphylaxis and require prompt recognition and appropriate action.

The Woodcote is committed to:

- promoting an allergy-aware culture across the school;
- reducing, as far as reasonably practicable, the risk of exposure to known allergens;
- ensuring that pupils with allergies can participate fully in all aspects of school life;
- ensuring all staff understand their responsibilities in preventing and responding to allergic reactions;
- ensuring emergency medication is readily available, and staff know how to use it;
- supporting the emotional wellbeing of pupils living with allergies;
- working closely with parents, healthcare professionals and catering providers; and
- continually reviewing practice following incidents and near misses to improve safety.

Woodcote Primary School recognises that allergy management is everyone's responsibility.

2. Legal Framework

This policy has been developed in accordance with:

- Children and Families Act 2014
- Children's Wellbeing and Schools Act 2026
- Supporting Pupils with Medical Conditions at School (DfE)
- Allergy Safety in Schools: Statutory Guidance (DfE, July 2026)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Children Act 1989
- Education Act 2002
- Food Information Regulations 2014
- Requirements for School Food Regulations 2014
- UK General Data Protection Regulation (UK GDPR)

This policy should be read alongside the school's:

- Supporting Pupils with Medical Conditions Policy
- First Aid Policy
- Safeguarding Policy
- Health and Safety Policy
- Educational Visits Policy
- Behaviour Policy
- Attendance Policy

3. Definitions

For the purposes of this policy:

Allergy
An immune system response to a normally harmless substance (allergen).

Allergen
A substance capable of triggering an allergic reaction.

Anaphylaxis
A severe, rapidly developing allergic reaction affecting the airway, breathing and/or circulation, requiring immediate emergency treatment.

Adrenaline Auto-Injector (AAI)
A prescribed emergency medicine used to treat anaphylaxis.

Individual Healthcare Plan (IHP)
A document detailing the arrangements necessary to support an individual pupil with allergies while at school.

Allergy Action Plan
A clinical document produced by a healthcare professional describing emergency treatment.

Near Miss

An event where exposure to an allergen could reasonably have resulted in harm but did not.

4. Scope

This policy applies to:

- all pupils
- all employees
- governors
- volunteers
- supply staff
- agency staff
- peripatetic staff
- contractors working alongside pupils
- visitors
- wraparound care
- educational visits
- residential visits
- sporting events
- Forest School
- collective worship held away from the school site

- any activity organised by the School.

5. Aims

The School aims to:

- identify individuals with allergies as early as possible;
- minimise exposure to known allergens;
- ensure rapid access to emergency medication;
- maintain effective Individual Healthcare Plans;
- provide annual allergy awareness training for all staff;
- support pupils to become increasingly confident in managing their own allergies;
- ensure pupils are not disadvantaged because of their allergies;
- promote emotional wellbeing;
- foster positive relationships with families;
- ensure continual improvement through monitoring and review.

6. Roles and Responsibilities

Parents

- Parents are required to inform school staff when enrolling their child at the school of any diagnosed allergies, including all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are requested to supply a copy of any relevant documentation from healthcare professionals related to management of the allergy.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in the allergic condition and/or its management.

Governing Board

The Governing Board will:

- approve and review this policy annually;
- ensure suitable allergy management arrangements are in place across the school;
- ensure sufficient resources are available;
- monitor implementation through governor visits and reports;
- receive reports of serious allergy incidents and near misses;

- ensure lessons learned are reflected in future practice.
- seek assurance that statutory allergy management arrangements are effectively implemented through monitoring, reporting and policy review.

The Headteacher

The Headteacher has overall responsibility for ensuring this policy is implemented consistently across the school.

This includes ensuring:

- statutory duties are met;
- appropriate staffing and training are provided;
- resources are available;
- allergy management forms part of the school's safeguarding and health and safety arrangements;
- appropriate monitoring takes place.

7. Named Allergy Leads

Woodcote Primary School has appointed named Allergy Leads:

Marie Wornham & Sam Peates

They are responsible for:

- maintaining the allergy register;
- coordinating annual allergy awareness training;
- overseeing Individual Healthcare Plans;
- ensuring emergency medication is correctly stored;
- monitoring expiry dates;
- ensuring appropriate signage is displayed;
- reviewing incidents and near misses;
- liaising with parents and healthcare professionals;
- liaising with office staff and other school leaders to ensure that contracted staff and/or agency staff who are working on site in a pupil-facing role have completed suitable allergy awareness and emergency response training, in line with the minimum mandatory training content.
- ensuring pupils who are prescribed emergency medication have rapid access to this at all times, including activities before and after school, and those taking place outside of school, i.e. trips.
- reporting significant issues to the Headteacher.

In the absence of the designated Allergy Lead, responsibility will be delegated to another suitably trained senior leader to ensure that safe arrangements remain in place at all times.

8. Creating an Allergy-Aware Culture

The school is committed to fostering a culture in which allergy awareness is understood to be everyone's responsibility. Allergy management is not limited to responding to emergencies; it is embedded within the daily life of both schools through proactive planning, education and risk reduction.

The school will:

- promote an environment in which pupils with allergies feel safe, included and valued;
- encourage pupils to develop an age-appropriate understanding of their own allergies and how to manage them safely;
- ensure that staff understand the importance of preventing exposure to known allergens whilst avoiding unnecessary restrictions on pupils' participation in school life;
- work in partnership with parents, healthcare professionals and catering providers to support pupils effectively;
- encourage open communication about allergies and medical needs;
- ensure reasonable adjustments are made where required to enable pupils with allergies to participate fully in all aspects of school life.

The school recognises that a positive culture is essential in reducing anxiety for pupils and families whilst ensuring that allergy safety becomes part of everyday practice.

9. Allergy Awareness Training

The school will ensure that all staff receive appropriate allergy awareness and emergency response training at least annually, in accordance with statutory guidance. Training will be refreshed sooner where significant changes occur or where learning from an incident identifies additional training needs.

Training will be provided for:

- teachers;
- teaching assistants;
- lunchtime supervisors;
- office staff;
- site staff who work alongside pupils;
- wraparound care staff;
- catering staff;

Contractors without pupil-facing responsibilities (for example electricians or builders) are not required to complete allergy awareness training.

Allergy awareness training will include:

Staff will understand:

- the different types of allergic conditions, including food allergy, asthma, eczema and hay fever;
- the difference between allergy, coeliac disease and food intolerance;

- common allergens;
- the signs and symptoms of allergic reactions;
- how to recognise anaphylaxis;
- emergency procedures;
- when and how to administer Adrenaline Auto-Injectors (AAIs);
- use of spare AAIs;
- the relationship between asthma and food allergy;
- how to access Individual Healthcare Plans and Allergy Action Plans;
- their responsibilities in preventing exposure to allergens;
- reporting procedures following allergic reactions and near misses.

Practical training in the use of training AAIs will form part of annual training.

Training records will be maintained centrally.

Induction

All newly appointed staff will receive allergy awareness information as part of their induction before working unsupervised with pupils.

This will include:

- location of emergency medication;
- emergency procedures;
- pupils with known severe allergies;
- Individual Healthcare Plans;
- reporting procedures.

Supply Staff

Supply staff and temporary staff will receive a concise allergy briefing on arrival, including:

- pupils with significant allergies within the classes they will teach;
- emergency procedures;
- location of emergency medication;
- names of trained staff.

Where supply staff are engaged for longer periods, they will complete the school's allergy awareness training.

10. Wellbeing and Inclusion

The school recognises that living with allergies may significantly affect a child's emotional wellbeing.

Some pupils experience anxiety relating to:

- accidental exposure to allergens;

- eating with others;
- school trips;
- residential visits;
- social activities;
- bullying;
- carrying medication.

Staff will actively promote inclusion and seek to minimise anxiety through reassurance, consistent routines and appropriate planning.

Pupils with allergies will be encouraged to participate fully in:

- lessons;
- educational visits;
- sporting activities;
- clubs;
- Forest School;
- residential experiences;
- acts of worship;
- performances;
- enrichment activities.

Reasonable adjustments will be made where necessary without unnecessarily excluding pupils from activities.

Bullying

The school has a zero-tolerance approach towards bullying relating to allergies.

Bullying may include:

- teasing about allergies;
- threatening exposure to allergens;
- deliberate exposure to allergens;
- exclusion from activities;
- making light of medical conditions;
- intimidation regarding medication.

Any such behaviour will be treated as a serious breach of the Behaviour Policy and may also be considered a safeguarding concern.

Staff will educate pupils about allergies through age-appropriate discussion, promoting empathy, understanding and respect.

11. Identifying Pupils with Allergies

Early identification is essential to effective allergy management.

Information will be obtained through:

- admission forms;
- discussions with parents;
- healthcare professionals;
- previous schools;
- annual data collection exercises;
- Individual Healthcare Plans;
- Allergy Action Plans.

The Allergy Leads will maintain a Woodcote Primary School Allergy Register.

The register will include:

- pupil name;
- class;
- allergens;
- severity;
- prescribed medication;
- location of medication;
- expiry dates;
- Individual Healthcare Plan review date;
- emergency contacts.

The register will be reviewed at least termly and updated immediately whenever new information becomes available.

Staff and Visitors

The school will also seek to identify staff and regular visitors who have severe allergies where they wish to share this information, enabling reasonable steps to be taken to minimise risks whilst respecting confidentiality and data protection requirements.

12. Individual Healthcare Plans (IHPs)

The school will ensure that any pupil whose allergy requires arrangements additional to or different from those generally available has an Individual Healthcare Plan (IHP). This reflects the statutory expectation that IHPs set out the support required, including emergency arrangements, developed with parents and informed by healthcare professionals where appropriate.

An IHP will normally be required where a pupil:

- is at risk of anaphylaxis;

- requires prescribed medication in school;
- requires reasonable adjustments;
- has complex allergy management needs;
- requires emergency intervention.

The IHP will include:

- photograph of the pupil;
- medical diagnosis;
- allergens;
- known triggers;
- signs and symptoms;
- prescribed medication;
- dosage;
- storage arrangements;
- emergency procedures;
- names of trained staff;
- educational visit considerations;
- lunchtime arrangements;
- parental contact details;
- review date.

Where available, an Allergy Action Plan and/or Asthma Action Plan provided by a healthcare professional will be attached to the IHP and followed in the event of an emergency.

Review of Individual Healthcare Plans

Individual Healthcare Plans will be reviewed:

- annually as a minimum;
- whenever medication changes;
- following any allergic reaction;
- following any significant change in medical advice;
- whenever requested by parents or healthcare professionals;
- when a pupil transfers between classes or schools.

Parents are responsible for informing the school promptly of any changes to their child's allergy management or prescribed medication.

13. Reducing the Risk of Exposure to Allergens

The school recognises that it is not possible to eliminate all allergens from the school environment. Instead, the school will adopt a proportionate, risk-based approach that seeks to minimise the likelihood of exposure whilst enabling pupils with allergies to participate fully in school life. This reflects the statutory guidance, which advises schools to create an "allergy aware" environment rather than attempting to guarantee an allergen-free environment.

All members of staff are responsible for considering allergy risks when planning lessons, activities and events.

The school will:

- maintain an up-to-date Allergy Register;
- ensure relevant staff are aware of pupils with allergies;
- undertake individual risk assessments where necessary;
- ensure emergency medication is readily accessible;
- encourage good hand hygiene before and after eating;
- ensure eating areas are cleaned appropriately;
- discourage sharing of food, drinks, utensils or containers;
- provide appropriate supervision during meal and snack times;
- communicate with parents where activities involve food.

Classroom Activities

Staff must consider allergy risks whenever planning activities.

This includes:

- cooking;
- food tasting;
- Design Technology;
- Science investigations;
- Forest School;
- gardening;
- music activities involving natural materials;
- art and craft activities.

Staff should be aware that allergens may be present in products such as:

- play dough containing wheat;
- bird seed containing nuts or sesame;
- egg boxes;
- yoghurt pots;

- cereal packaging;
- milk-based glues;
- flour-based modelling materials.

Where a known allergen presents a risk, suitable alternative resources should be used wherever reasonably practicable. No pupil should be unnecessarily excluded from learning because of an allergy.

Animals

Where animals visit school or pupils visit farms, zoos or petting attractions, staff will consider whether any pupil has:

- animal allergies;
- asthma triggered by animals;
- eczema which may be aggravated by contact.

Appropriate control measures and individual risk assessments will be implemented where required.

Visitors

Visitors bringing food into school will be informed of the school's expectations regarding allergy awareness where appropriate. Visitors, volunteers and contractors supervising pupils or delivering activities will receive an appropriate allergy safety briefing where relevant.

14. Food Management

The school works closely with its catering provider to ensure pupils with food allergies can safely access school meals. The school expects its catering provider to comply with current food allergen legislation, including requirements relating to pre-packed food for direct sale.

The school will:

- ensure allergen information is available for meals provided;
- work with catering staff and parents to meet individual dietary requirements;
- ensure robust systems exist for identifying pupils requiring allergen-safe meals;
- minimise the risk of cross-contamination;
- ensure pupils with allergies eat alongside their peers wherever possible.

Pupils will not routinely be separated from their friends at lunchtime because of allergies.

Packed Lunches

Parents are responsible for providing safe packed lunches for their own child.

The school requests that parents:

- clearly label lunch boxes where appropriate;
- avoid sending foods that place another identified pupil at significant risk where this has been specifically requested following an individual risk assessment;
- discuss concerns with school staff.

The school **operates a "nut-free" school policy**. However, it also promotes an allergy-aware environment, recognising that many foods other than nuts can cause severe allergic reactions and that a blanket ban on all of these may create a false sense of security.

Food Brought into School

Where food is brought into school for celebrations or curriculum activities:

- staff must consider pupils with allergies before food is shared;
- parents may be consulted in advance;
- unlabelled food will not normally be distributed where allergens cannot be identified;
- suitable alternatives will be provided where necessary.

Birthdays and Celebrations

The school encourages celebrations that do not rely solely on food.

Where food is shared:

- allergy risks will always be considered;
- parents may be consulted beforehand;
- pupils with allergies will never be excluded from celebrations.

15. Medication

Parents remain responsible for providing:

- prescribed Adrenaline Auto-Injectors (AAIs);
- antihistamines where required;
- any other prescribed allergy medication.

  Parents of pupils prescribed an adrenaline auto-injector will be asked to provide written consent for the use of the school's spare AAI where appropriate and in accordance with Department for Education guidance.

Parents must:

- ensure medication remains in date;
- replace medication before expiry;
- provide updated Allergy Action Plans where applicable;
- notify school immediately of changes to medical advice.

Storage of Individual Medication

Individual prescribed Adrenaline Auto-Injectors are stored within class First Aid boxes.

Medication remains readily accessible at all times and staff working with the pupil know its location.

Spare Adrenaline Auto-Injectors (AAIs)

The school maintains spare AAIs for emergency use in accordance with Department for Education guidance.

Spare AAIs are stored: On the First Aid board in the Staff room - withing a clearly labelled Emergency Anaphylaxis Box.

Spare AAIs will:

- always be stored in pairs;
- remain unlocked whilst secure;
- be clearly labelled;
- be checked monthly;
- be replaced before expiry;
- be replaced immediately following use.

Medication audit records will be maintained by the Allergy Leads.

Spare asthma inhaler

It is recognised that asthma is the most common long-term condition among children, and that a significant number of children at risk of anaphylaxis due to allergy are also diagnosed with asthma. In line with Department of Health guidance for use of emergency salbutamol inhalers in schools, we have a spare asthma reliever inhaler for use in emergencies if a pupil's prescribed inhaler is not available.

The spare asthma reliever inhaler will be stored alongside our spare Adrenaline Auto-Injectors in the Staff room in a separate, clearly labelled container stating 'SPARE ASTHMA INHALER' alongside instructions for its use. This location will be known and communicated to all staff and the inhaler will remain accessible at all times. We are aware that our spare asthma inhaler can only be used by a pupil with a prescribed inhaler where written consent has been obtained from parents, so we will seek advanced consent from parents of all children with a prescribed inhaler to use our spare asthma inhaler in order to save life and avoid delays in treatment.

16. Access to Medication

Emergency medication must be immediately accessible wherever pupils are undertaking school activities.

Staff must bring medication to the pupil.

A pupil experiencing suspected anaphylaxis must never be instructed to walk independently to the medical room or office.

This principle applies equally during:

- lessons;
- lunchtime;
- breaktime;
- PE;

- Forest School;
- educational visits;
- clubs;
- sporting events.

17. Emergency Procedures

All staff must act immediately if an allergic reaction is suspected.

If there is any doubt whether symptoms represent anaphylaxis, staff should treat the situation as anaphylaxis.

Mild or Moderate Allergic Reactions

Examples include:

- itchy rash;
- hives;
- swollen lips;
- itchy mouth;
- abdominal pain;
- vomiting;
- mild facial swelling.

Staff will:

- remain with the pupil;
- follow the Individual Healthcare Plan;
- administer antihistamine where authorised;
- monitor the pupil continuously for at least 60 minutes, as symptoms may progress;
- inform parents;
- record the incident.

Suspected Anaphylaxis

Symptoms affecting **Airway, Breathing or Circulation (ABC)** require immediate emergency treatment.

Examples include:

Airway

- throat swelling;
- hoarse voice;
- difficulty swallowing.

Breathing

- wheezing;
- persistent cough;
- noisy breathing;
- breathing difficulty.

Circulation

- dizziness;
- collapse;
- confusion;
- pale clammy skin;
- loss of consciousness.

Emergency Response

Staff will:

1. Stay with the pupil.
2. Send another adult to collect emergency medication.
3. Administer an AAI immediately and make note of the time.
4. Dial **999**.
5. Inform the operator that anaphylaxis is suspected.
6. Contact parents as soon as possible.
7. Continue monitoring the pupil.
8. Administer a second AAI after 5 minutes if symptoms have not improved or return.
9. Hand used AAIs to the ambulance crew.
10. Complete incident documentation following the event.

The school recognises that prompt administration of adrenaline saves lives and that, in an emergency, staff acting reasonably and in good faith are legally protected when attempting to save life.

Asthma and Food Allergy

Staff recognise that pupils with both asthma and food allergy are at increased risk of severe anaphylaxis.

If a pupil with food allergy suddenly develops breathing difficulty:

- anaphylaxis will always be considered first;
- adrenaline will **not** be delayed whilst deciding whether symptoms are asthma or an allergic reaction;

- a reliever inhaler may be administered **after** adrenaline where advised within the pupil's Allergy Action Plan.

Adrenaline must never be delayed in favour of administering an asthma inhaler alone.

18. Educational Visits, Residential Visits and Off-Site Activities

The school is committed to ensuring that pupils with allergies are able to participate fully and safely in educational visits, residential experiences and all off-site activities.

No pupil will be excluded from participating in an activity solely because they have an allergy. Instead, individual risk assessments and appropriate control measures will be implemented to minimise risks while promoting inclusion.

Planning

When planning educational visits, staff will:

- review Individual Healthcare Plans;
- consider known allergens associated with the venue or activity;
- consult parents where necessary;
- liaise with venue providers regarding allergen management;
- ensure suitable catering arrangements are in place where meals are provided;
- identify the nearest emergency medical facilities where appropriate.

Where a pupil is at risk of anaphylaxis, a specific allergy risk assessment will be completed before the visit.

Medication on Visits

The visit leader will ensure that:

- prescribed medication accompanies the pupil at all times;
- medication is never packed in luggage or inaccessible storage;
- spare AAIs accompany the visit where appropriate;
- trained members of staff accompany the visit;
- emergency contact information is available.

Medication must remain immediately accessible throughout the visit.

Residential Visits

For residential visits the Visit Leader will additionally ensure:

- accommodation providers are informed of relevant allergies;
- catering providers receive allergy information in advance;
- suitable meals are available;
- staff know emergency procedures;
- emergency services can be contacted without delay.

Forest School

Forest School Leaders will consider allergy risks during planning, including:

- insect stings;
- plants;
- pollen;
- animal contact;
- food preparation;
- campfire cooking.

Emergency medication will always accompany Forest School sessions.

Sporting Activities

Pupils with allergies will participate fully in PE and sporting activities.

Where asthma or exercise-induced allergic symptoms are identified:

- medication will accompany activities;
- staff will monitor pupils appropriately;
- suitable adjustments will be made where necessary.

Wraparound Care

Breakfast Club, After School Club and any externally delivered provision operating on school premises will comply with this policy.

Providers will:

- be informed of pupils with allergies;
- have access to Individual Healthcare Plans where appropriate;
- know emergency procedures;
- have immediate access to emergency medication.

Collective Worship and Church Visits

Where worship or other activities take place away from the school site:

- emergency medication will accompany pupils;
- supervising staff will know emergency procedures;
- suitable risk assessments will be undertaken.

19. Recording, Reporting and Learning from Incidents

The school recognises that learning from incidents and near misses is essential in improving allergy safety.

All allergic reactions occurring during school activities will be recorded.

Records will include:

- date and time;
- location;
- pupil involved;
- allergen (where known);
- symptoms;
- treatment administered;
- staff involved;
- whether emergency services attended;
- follow-up actions.

Near Misses

A near miss is an event that had the potential to result in allergen exposure or harm but did not.

Examples include:

- incorrect meals identified before being served;
- accidental exposure prevented by staff intervention;
- medication almost unavailable;
- incorrect information regarding allergens.

Near misses will be investigated with the same seriousness as actual incidents.

Serious Incidents

Following any serious allergic reaction or episode of anaphylaxis the school will:

- inform parents immediately;
- notify the Governing Board;
- review Individual Healthcare Plans where appropriate;
- review risk assessments;
- review staff actions;
- consider whether additional staff training or changes to procedures are required;
- identify lessons learned;
- amend procedures where necessary.

Where required, statutory reporting procedures will also be followed.

20. Information Sharing

The school will ensure that relevant information regarding pupils with allergies is shared appropriately whilst respecting confidentiality and data protection legislation.

Information will only be shared with those who require it in order to keep pupils safe.

Relevant staff will have access to:

- Individual Healthcare Plans;
- Allergy Action Plans;
- photographs where appropriate;
- emergency procedures.

The school will process personal information in accordance with the UK GDPR and Data Protection Act 2018.

Records relating to allergies, Individual Healthcare Plans and allergy incidents will be retained in accordance with the school's Data Retention Policy and UK GDPR requirements.

21. Raising Awareness

This policy will be:

- published on our school website;
- available on request from the school office;
- shared with all staff annually;
- included within staff induction;
- communicated to supply staff through induction procedures.

Age-appropriate allergy awareness will be promoted amongst pupils through the curriculum, assemblies, collective worship and wider health education.

Where appropriate, friends of pupils with severe allergies may be supported to understand how to seek adult help in an emergency, following discussion with parents and the pupil concerned.

22. Monitoring and Review

The Allergy Leads will monitor implementation of this policy throughout the academic year.

Monitoring activities will include:

- reviewing the Allergy Register;
- monitoring expiry dates of medication;
- reviewing staff training records;
- auditing Individual Healthcare Plans;
- reviewing incidents and near misses;
- seeking feedback from pupils, parents and staff;
- reviewing educational visit risk assessments.

The Governing Board will receive an annual report summarising:

- training completed;
- incidents and near misses;

- policy compliance;
- recommendations for improvement.

This policy will be reviewed:

- annually;
- following any significant change in legislation;
- following any serious allergy incident;
- following recommendations arising from monitoring or audit.

23. Equality and Inclusion

The school is committed to ensuring that no pupil is disadvantaged because of an allergy.

Reasonable adjustments will be made where required in accordance with the Equality Act 2010.

Pupils with allergies will be supported to participate fully in:

- learning;
- school meals;
- educational visits;
- clubs;
- performances;
- sporting events;
- residential experiences;
- wider school life.

Appendix 1

Mandatory content of allergy awareness and emergency response training – use this information to assess the suitability of training completed by staff, including those externally contracted or provided by an agency

Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist

Understand the difference between food allergy, coeliac disease and food intolerance
Know where to find information on allergy triggers
Can identify the range of symptoms of allergic reactions
Understand and can recognise anaphylaxis
Know how to respond in an emergency, including:
• calling emergency services and informing parents
• how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack)
• training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices)
Understand the impact allergy can have on a child or young person's wellbeing
Understand the school, college or setting's allergy safety policy
Know how to check whether an individual is on the record of those with known allergy 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")

Appendix 2 – Policy Review Schedule

Activity	Frequency	Responsibility
Review of Allergy Register	At least termly	Allergy Lead
Check expiry dates of medication	Monthly	Allergy Lead
Review Individual Healthcare Plans	At least annually and following any change	Allergy Lead
Whole staff allergy awareness training	Annually	Executive Headteacher / Allergy Leads
Governor monitoring	Annually	Governing Board
Policy review	Annually or following legislation/serious incident	Governing Board

Appendix 3 – Individual Healthcare Plan

NAME – Individual Healthcare Plan for allergy		
Date of birth:		Current photo
Year / class:		
Emergency contacts:		
#1:	#2:	
Allergy: *Note what allergy the child or young person has.* *Note any known allergens.* *Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.*		
How the allergy is managed: *Note any care or action plans or prescribed medication issued by healthcare professionals.* *If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.* *Note the extent to which the child or young person is able to take responsibility for managing their allergy.*		
Impact on education: *Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.* *Indicate how the allergy may impact on the child or young person's learning.* *Indicate how the allergy may impact on the child or young person's emotional wellbeing.* *If relevant, note any interaction between allergy and SEN.*		
Arrangements for support: *Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.* *Outline measures to reduce the risk of contact with known allergens.* *Give details of the specific support or adaptations to manage food allergy at meal and snack times.* *Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.*		
Visits and trips: *Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.* *Note any requirement for a risk assessment and prompts for specific issues which should be considered.*		
Emergency response: *Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.* *Otherwise summarise the signs or symptoms which would indicate an emergency.* *Set out what to do in an emergency, including whom to contact.* *If relevant, note where "spare" adrenaline devices are located.*		
Last discussed with parents:		Date
Next planned review:		Date:

NAME – Individual Healthcare Plan for allergy - medication
Non-prescription medication:

Record any non-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access*	
Parental consent:	Date:
Prescription medication: *Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.*	
Prescribed by:	Date:
Parental consent:	Date:
Use of "spare" adrenaline devices: *Note whether parental consent has been given to administer adrenaline (e.g. using "spare" adrenaline devices) in an emergency.*	
Parental consent:	Date:
Use of "spare" salbutamol inhaler: *If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a "spare" salbutamol reliever inhaler.*	
Parental consent:	Date:

NAME – Individual Healthcare Plan for allergy - Care or Action Plans issued by healthcare professionals	
Allergy / Asthma Action Plan: *Attach any Action Plan to the IHP for use in an emergency.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Issued by:	Date:
Care Plan: *Note where any relevant care plan can be found.* *Note what staff are responsible for delivering / supporting delivery of the care plan.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Date:	Date:

Store this document and any accompanying documentation electronically on Arbor and alert all staff.

If medication has been prescribed, store a printed copy of this document and any accompanying documentation with the pupil's medication alongside a copy of relevant allergy awareness and response information.

Appendix 4

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Be Allergy Aware & Save a Life

Anaphylaxis is a serious and life-threatening reaction to allergens such as food, insect stings, medication and latex.

Recognise the ABC symptoms and act quickly - you could save a life.

WHAT TO LOOK FOR

A AIRWAY

- Swelling in throat, tongue or upper airways
- Vocal changes (hoarse voice)
- Difficulty swallowing

B BREATHING

- Sudden onset wheezing
- Breathing difficulty
- Noisy breathing
- Persistent cough

C CIRCULATION

- Dizziness or feeling faint
- Sudden sleepiness, confusion
- Pale clammy skin
- Loss of consciousness or collapse

These severe symptoms may occur alongside milder skin, mucosal or gut symptoms.

Anaphylaxis may occur without skin symptoms (e.g. hives or swelling).

WHAT TO DO

Lay the person flat and raise their legs - do NOT allow them to stand or walk anywhere.

- If unconscious, place them in the recovery position
- If breathing is difficult, allow them to sit up supported

Administer adrenaline without delay (use prescribed AAI or intranasal EURneffy) Refer to device label for instructions.

Phone 999 and tell them the person is suffering from **ana-fil-ax-is**

If symptoms don't improve after five minutes, or symptoms get worse, a second dose of adrenaline can be given

Medical observation in hospital is recommended after anaphylaxis.

www.anaphylaxis.org.uk

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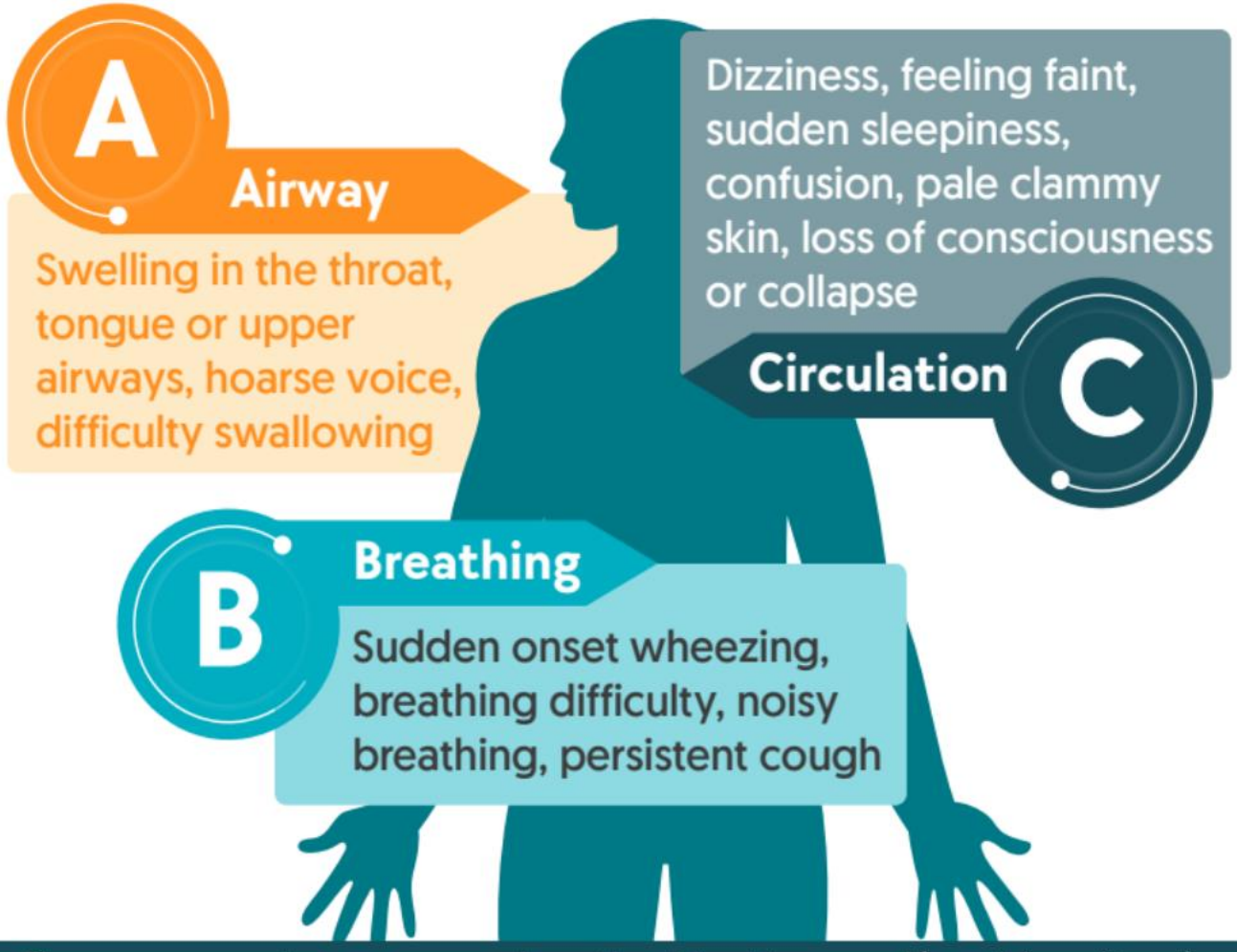
Be Allergy Aware & Save a Life

Anaphylaxis is a serious and life-threatening reaction to allergens such as food, insect stings, medication and latex.

Recognise the ABC symptoms and act quickly - you could save a life.

Symptoms of anaphylaxis



These severe symptoms may occur alongside milder skin, mucosal (mouth/nose/throat), or gut symptoms.

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Mild/moderate reaction:

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

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

  ..... **(If vomited, can repeat dose)**
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

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

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 child flat with legs raised** (if breathing is difficult, allow child 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 until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjectilable device, if available.

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.

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.