Bishop Bewick Catholic Education Trust

Policy Title:	**ALLERGY AWARENESS POLICY**
Date of Approval:	**September 2026**
Approved by:	**Trust Board**
Date of next review:	**September 2027**
Applies to:	**All school & Trust settings**
Change log:	

Version	Author	Date	Approved by	Change
1	Act Dep CEO	Sept. 2026	Trust Board	Original

Actions for school:

Identify a designated Allergy Lead – Named in the policy

Personalisation - This policy requires school specific details to be added where highlighted before adoption/publication

Distribution - Copies of this policy and subsequent amendments should be distributed to all Teaching & Support staff including catering and estates/cleaning staff (contracted or in-house)

Publication - This Policy must be published on the school website (made available to parents and carers)

1. Statement of Intent

BBCET believes that ensuring the health and welfare of staff, students and visitors is essential to the success of the Trust and is committed to ensuring that those with medical conditions, including allergies, especially those likely to have a severe reaction (anaphylaxis), are supported in all aspects of Trust life.

The Board of Trustees retains overall accountability for ensuring this policy is implemented effectively across all Trust settings. Operational responsibility is delegated to Headteachers, in accordance with the Trust's Scheme of Delegation.

We will:

1. Ensure appropriate arrangements are in place across the Trust to support pupils with medical conditions, in line with statutory guidance, and hold leaders to account for effective implementation.
2. Ensure this policy is regularly reviewed and updated to reflect current legislation and best practice.
3. Adhere to legislation and statutory guidance on supporting pupils with medical conditions, including the administration of allergy medication and adrenaline auto-injectors (AAIs).
4. Ensure all staff, including temporary and supply staff, are trained and confident in implementing this policy, including Individual Healthcare Plans and emergency procedures.
5. Ensure Individual Healthcare Plans (IHPs) are in place and regularly reviewed for pupils with serious allergies.
6. Identify and minimise risks to pupils with allergies through appropriate assessment and control measures.
7. Promote awareness of allergies and an inclusive culture across the Trust, with any allergy-related bullying addressed in line with the anti-bullying policy.
8. Ensure the Trust is appropriately insured and that staff understand their cover when supporting pupils with medical conditions.

Whilst we will endeavour to ensure our Trust provides a safe environment for all, we cannot guarantee our Trust will be allergen-free.

In the event of illness, a staff member will accompany the student to the office/medical room. In order to manage their medical condition effectively, schools will not prevent students from eating, drinking or taking breaks whenever they need to.

The Trust also has First Aid and Administration of Medicines policies. All staff should be aware of these policies.

This policy is implemented in accordance with relevant legislation and guidance, including the Health and Safety at Work etc. Act 1974, the Equality Act 2010, the Children and Families Act 2014, the Department for Education's guidance Allergy Safety in Schools, and food allergen legislation, including Natasha's Law.

This policy applies to all relevant Trust activities and is written in compliance with all current UK health and safety legislation and has been consulted with staff and their safety representatives (Trade Union and Health and Safety Representatives).

2. Roles and Responsibilities

2.1 The Board of Trustees

2.1.1. The Board of Trustees has ultimate responsibility for health and safety matters, including Allergy Awareness and management of associated risks, in the Trust.

2.1.2. Ensure the Allergy Awareness Policy is reviewed annually, or after any operational changes or significant allergy related incidents, to ensure that the provisions remain appropriate for the activities undertaken.

2.1.3. The Board of Trustees will ensure that adequate resources, systems and competent persons are in place to support the safe management of allergies and anaphylaxis across the Trust, in line with the Trust's Scheme of Delegation.

2.1.4. The Board of Trustees will receive reports on allergy-related incidents, training compliance, and identified risk trends to inform strategic oversight.

2.2 Trust Executive team

2.2.1 The acting Deputy CEO is responsible for ensuring that this Allergy Awareness Policy and associated arrangements are implemented across all schools within the Trust and that operational arrangements reflect the Trust's requirements.

2.2.2 Ensuring that communication and reporting systems are in place so that allergy-related incidents, near misses, and emerging risks are reported to the Board of Trustees.

2.2.3 Where catering services are centrally procured by the Trust, the acting Deputy CEO will ensure that contracted services comply with the Trust's allergy management requirements and ensure contractors are appropriately vetted and monitored.

2.2.4 BBCET will ensure mechanisms are in place to monitor the effectiveness of this policy, including staff training, compliance and implementation across the Trust
Note that individual Headteachers remain responsible for the day-to-day implementation of this policy at their school.

2.2.5 The Trust recognises that allergies may arise from food, medication, insect stings, airborne allergens and contact allergens. Risk assessments and support arrangements will be developed proportionately according to the individual needs of the affected person.

2.3 Headteachers

2.3.1 The Headteacher is responsible for the day to day implementation of the Allergy Awareness Policy within their school, and for ensuring effective delivery of arrangements to support pupils with medical conditions, including working with the designated allergy lead, ensuring allergy related incidents, near misses, and concerns are recorded and reported via the Trust's designated reporting systems and escalated as required to the Board of Trustees.

2.3.2 The Headteacher will appoint a member of the Senior Leadership Team with strategic responsibility for allergy safety. This individual will oversee implementation of this policy, monitor compliance, review incidents and near misses, and report to the Board of Trustees as required.

2.3.3 Ensuring suitable and sufficient risk assessments are carried out to identify and manage the allergy needs of students and staff and are reviewed regularly and following any significant changes or incidents.

2.3.4 Ensure a central allergy register is established, maintained, and made accessible to relevant staff, including for educational visits, staff cover and risk assessment purposes.

2.3.5 Ensure that Individual Health Care Plans (IHPs) and allergy action plans are implemented and kept under review for students diagnosed with serious allergies.

2.3.6 Ensuring that all staff, without exception (including supply staff, volunteers, contractors, lunchtime supervisors and transport staff), receive appropriate allergy and anaphylaxis training, including emergency response, which is regularly refreshed.

2.3.7 Ensuring that appointed staff have an appropriate qualification, keep training up to date and remain competent to perform their role.

2.3.8 Ensuring all staff are aware of the Trust's allergy awareness policy and procedures.

2.3.9 Ensuring that catering arrangements meet the medical and dietary needs of pupils with allergies, in line with their Individual Healthcare Plans.

2.3.10 Ensure allergy bullying is treated seriously, like any other bullying and those with allergies are not excluded from any school activities.

2.3.11 Reporting specified incidents to the Health and Safety Executive (HSE), when necessary.

2.3.12 Ensure that all staff receive regular updates on allergy risks and changes to students' Individual Healthcare Plans.

2.4 Designated Allergy Lead

2.4.1. The school's allergy lead is **Sarah Walsh** and will be responsible for:

a) Acting as the single point of contact for allergy and anaphylaxis management for staff, pupil, parents/carers and external professionals.

b) Ensuring IHPs and AAPs are developed, implemented and reviewed and updated in line with this policy and clinical advice.
c) Maintaining oversight of the school's allergy register, ensuring it is accurate, up to date and accessible to relevant staff.
d) Coordinating and monitoring allergy and anaphylaxis training for all staff, including refresher training and maintaining appropriate records.
e) Ensuring the availability, safe storage, checking and replacement of spare emergency auto injectors in accordance with statutory guidance.
f) Ensure effective communication of allergy information to staff, supply staff, volunteers, catering teams and staff supporting educational visits.
g) Reviewing allergy related incidents and near misses, contributing to learning lessons and improvement actions.
h) Liaising with the Headteacher, first aid lead, catering providers and the trust where required.
i) The designated allergy lead will carry out allergy emergency response exercises and anaphylaxis drills to test emergency arrangements, staff awareness and response procedures. Outcomes will be reviewed and used to improve practice.

2.5 Teaching Staff

2.5.1 Ensuring they follow allergy awareness procedures and this policy at all times.
2.5.2 Ensuring they are familiar with any relevant pupils' Individual Healthcare Plans (IHPs) and allergy action plans and are able to recognise the symptoms of an allergic reaction and take appropriate action.
2.5.3 Ensuring they know who the first aiders in school are and how to access emergency support, including the location of emergency medication such as AAIs.
2.5.4 Completing accident reports for all incidents they attend to where a first aider is not called.
2.5.5 Informing the Headteacher or their manager and the designated allergy lead of any specific health conditions or allergy needs.
2.5.6 Ensure surfaces are wiped down before and after eating outside of main dining areas to reduce the risk of allergen exposure.
2.5.7 Students are prohibited from sharing food during lessons or clubs and this is consistently enforced.
2.5.8 Ensuring prompt communication of any concerns, incidents or changes relating to pupils' allergies to the appropriate staff.

2.6 Support Staff

2.6.1 Ensuring they follow allergy awareness procedure and this policy at all times.
2.6.2 Ensuring they are familiar with any relevant pupils' Individual Healthcare Plans (IHPs) and allergy action plans and are able to recognise the symptoms of an allergic reaction and take appropriate action.
2.6.3 Ensuring they know who the first aiders in the school are and how to access emergency support, including the location of emergency medication such as AAIs where relevant to their role.
2.6.4 Completing accident reports for all incidents they attend to where a first aider is not called.
2.6.5 Informing the Headteacher or their manager and the designated allergy lead of any specific health conditions or allergy needs
2.6.6 Ensure surfaces are wiped down before and after eating outside of main dining areas to reduce the risk of allergen exposure.
2.6.7 Students are prohibited from sharing food during lessons or clubs and this is consistently enforced where staff are supervising.
2.6.8 Ensuring prompt communication of any concerns, incidents or changes relating to pupils' allergies to the appropriate staff.

2.7 The School Business Manager/Office Manager

2.7.1 Ensuring they follow allergy awareness procedures and this policy as applicable to their role.
2.7.2 Ensuring they know who the first aiders in school are and how to contact them in an emergency.
2.7.3 Completing accident reports for all incidents they attend to where a first aider is not called.
2.7.4 Informing the Headteacher or their manager of any specific health conditions or allergy needs.
2.7.5 Supporting the Headteacher in maintaining accurate records of staff training and compliance related to allergy management.

2.7.6 Supporting the maintenance of accurate records relating to pupils with allergies, including contributing to the allergy register where appropriate.
2.7.7 Supporting the coordination of communication with parents/carers and external professionals where required.

2.8 Premise/Site Manager(s)

2.8.1 Ensuring they follow allergy awareness procedures and this policy as applicable to their role.
2.8.2 Ensuring they know who the first aiders in school are and how to contact them in an emergency.
2.8.3 Completing accident reports for all incidents they attend to where a first aider is not called.
2.8.4 Informing the Headteacher or their manager of any specific health conditions or allergy needs.
2.8.5 Ensuring that cleaning regimes and site management practices support the reduction of allergen risks, including appropriate cleaning of surfaces and shared areas.
2.8.6 Ensuring that contractors working on site are aware of relevant allergy controls and comply with the Trust's requirements where applicable.
2.8.7 Ensuring that reasonable measures are taken to maintain good indoor air quality through appropriate ventilation, cleaning and maintenance arrangements, taking account of individuals affected by asthma or airborne allergens.

2.9 Kitchen Managers and Catering Staff

2.8.8 The catering manager is responsible for ensuring that food allergy requirements are reviewed and accurately reflect current menu offerings and pupil needs.
2.8.9 Ensuring all catering staff receive appropriate allergy awareness and food hygiene training, with records maintained and refresher training completed in line with the training schedule.
2.8.10 Ensuring that up-to-date information on staff and pupil allergies is received, maintained and used to inform safe food preparation and service.
2.8.11 Ensuring an accurate and up-to-date allergen matrix is available for all food provided, enabling informed choices to be made.
2.8.12 Ensuring that ingredient information is regularly reviewed and updated, particularly when suppliers or products change.
2.8.13 Ensuring all pre-packaged foods comply with legal allergen labelling requirements, and that any non-compliant products are not used until verified.
2.8.14 Ensuring robust food hygiene practices are in place to minimise the risk of allergen cross-contamination
2.8.15 Ensuring appropriate controls are in place to prevent allergen cross-contamination during the storage, preparation and serving of food.
2.8.16 Ensuring that where allergen risks cannot be safely managed, this is clearly communicated to the school and parents/carers, and alternative arrangements are agreed.

2.10 Contractors and Visitors

2.10.1 The Trust 's Allergy Policy and reporting procedure is followed.
2.10.2 Ensure their activities do not introduce or increase allergy risks within the Trust's premises.
2.10.3 Ensure a high standard of hygiene is maintained whilst in Trust premises to minimise the risk of allergen contamination.
2.10.4 Any areas which may be contaminated are to be reported to the Facilities Team or their host.
2.10.5 Provide the school with any relevant information as to their own allergies where necessary.

2.11 Pupils and Parents

2.11.1 The parents or carers of all new starters to the school are required to inform the school of any details of any food intolerances or allergies and their management should be described by completing the Allergy Declaration Form (**Appendix 2**).
2.11.2 If details are unclear or ambiguous, the school will follow this up with a phone call to parents for further information which will be recorded by the school.
2.11.3 It is parents' responsibility to ensure that if their child's medical needs change at any point that they make the school aware, and a revised medical needs form must be completed. Updating the schools if their child's medical needs change at any point. Parents are requested to keep the school up to date

with any changes in allergy management with regards to clinic summaries, re-testing and new food challenges.

2.11.4 Ensuring that any required medication (EpiPen's or other adrenalin injectors, inhalers and any specific antihistamine) is supplied, in date and replaced as necessary. The parents of all children who have an epi-pen in school must complete specific healthcare plan sheets stating the emergency actions to be taken. They should also give permission for the spare emergency epi-pen to be used in the event it is required.

2.11.5 Attending any meeting as required to share further information about their child's food allergy to assist in planning for the management of their child's allergy and completion of a care plan.

2.11.6 If an episode of anaphylaxis occurs outside of the school, the school must be informed.

2.11.7 Children of any age must be familiar with what their allergies are and the symptoms they may have that would indicate a reaction is happening.

2.11.8 Children are encouraged to take increased responsibility for managing choices that will reduce the risk of allergic reactions. Expectations are age appropriate.

2.11.9 Children are not allowed to share food with each other.

2.11.10 Members of staff or volunteers will be asked to disclose any food allergies as part of their induction.

2.11.11 Reasonable adjustments will be considered for staff and visitors with known allergies to ensure their health, safety and inclusion whilst on site.

3 Arrangements

3.1 Training and Competence

3.1.1 The Trust recognises that effective allergy management relies on competent, informed and confident staff, therefore:

a) All staff, including temporary and supply staff, will receive allergy awareness training to effectively recognise allergic reactions and to respond effectively to anaphylaxis.

b) The appointed Designated Allergy Lead will receive appropriate training which will be refreshed at least annually and following any significant changes to procedures, equipment, legislation or pupil needs.

c) Staff expected to administer or assist with adrenaline auto-injectors (AAIs) will receive appropriate practical training and regular refresher training.

d) Staff will be trained to ensure any pupil experiencing an allergic reaction will be continuously supervised and monitored for a minimum of 60 minutes following the reaction, in line with current clinical guidance.

e) Temporary, agency, volunteer and supply staff will be provided with relevant allergy information and emergency arrangements as part of their induction.

f) Refresher training will be completed at least annually and following any significant changes to procedures, equipment, legislation or pupil needs.

g) Training records will be maintained and monitored by the school and reported to the Trust as required.

3.2 Medication and Auto-injectors

3.2.1 Students' medication is stored in:

a) Students whose auto injectors are kept by the school are clearly detailed in Health Care Plans and Allergy Declaration Forms.

b) All auto injectors are kept in the child's classroom.

3.2.2 Student Allergy Declaration Forms are completed and stored: in each classroom and in the main school office.

3.2.3 A copy of the Allergy Declaration Form, when containing Food Allergies, is also provided to the catering team.

3.2.4 Emergency medication, including prescribed and spare adrenaline auto-injectors, will be stored and managed so that they can reasonably be accessed and administered within five minutes of an emergency occurring. The school's spare auto- injector(s) are stored: in the main school office and in the Year 5 classroom.

3.2.5 Pupils prescribed adrenaline auto-injectors should provide and have access to two prescribed devices at all times in accordance with clinical guidance

3.3 First Aid

3.3.1 In the case of a student's anaphylactic shock, the procedures are as follows:

a) The member of staff on duty calls for a first aider or informs another adult to get help. The pupil should be laid down with legs elevated wherever they are.

b) The first aider administers first aid and records details in the treatment book

c) Full details of the accident are recorded in the accident book

d) The child must go to hospital along with the used medication. The incident should be reported to the Local Governing Committee.

e) If the incident is reportable under RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013), the school should immediately inform the Trust's Executive team.

f) All serious allergy incidents and near misses will be recorded (see Annex 1) and reviewed to identify lessons learned and improvements required to prevent recurrence.

3.4 Insurance Arrangements

3.4.1 All BBCET schools are insured under the Risk Protection Arrangement administered by the Secretary of State for Education. All claims are made via TopMark Claims Management Ltd, Company Registration Number SC305608

3.5 Educational Visits

3.5.1 In the case of a **residential visit**, the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre.

3.5.2 In the case of day visits, staff will carry a travel first aid kit in case of need**, including a spare auto-injector** appropriate to the pupil's needs.

3.5.3 All staff attending the educational visit will be aware of any pupils with allergies and be aware of their Individual health care plan and their allergy action plan.

3.5.4 Any pupil with a prescribed auto-injector must carry this on any educational visit.

3.5.5 Where packed lunches are provided for day visits, the catering team will adhere to providing food taking into account the pupil's known allergies.

3.5.6 Where food is provided by a third-party caterer on a day or residential trip, they will be provided with details of all known allergies of the pupils attending the educational visit.

3.5.7 Where educational visits involve cooking, food preparation, animal contact, environmental allergens, or food provided by third parties, allergy risks will be considered during planning and risk assessment. Appropriate control measures will be implemented and reasonable adjustments made to ensure pupils with allergies are able to participate safely and are not excluded from activities.

3.5.8 Educational visit risk assessments will consider exposure to food, contact and airborne allergens, including animal contact, environmental allergens, pollen, and activities that may increase allergen exposure. Appropriate control measures will be implemented to ensure the safe inclusion of affected pupils.

3.6 Classroom and Non-kitchen Areas

3.6.1 In the case of eating taking place outside the catering and main dining facilities the staff will ensure desks/ tables are cleaned before and after eating activities.

3.6.2 All staff have received allergy awareness training and are aware of pupils' allergies.

3.6.3 All relevant staff have completed safe food handling training.

3.6.4 Pupils are prohibited from sharing food in class or during clubs.

3.6.5 Where a pupil has a known allergy to airborne allergens, reasonable control measures will be implemented, which may include ventilation arrangements, management of classroom resources, restrictions on identified triggers, and consideration of allergen exposure during activities involving animals, plants or strong fragrances.

3.7 Administering Medicines

3.7.1 Prescribed medicines may be administered by staff members who are appropriately trained by a healthcare professional, where it is deemed essential. Under the supervision of a member of staff, in normal circumstances, students may administer their own medicine. However, in cases of allergic reaction, pupils should not administer their own medication as they may be in shock and body movements/decision making affected.

3.7.2 If a child refuses to take their medication, school staff will inform their parents/guardians accordingly.

3.7.3 In all cases, we must have written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. These forms are available from the school office. Forms are reviewed annually or when a student's medical needs change, (see the Trust's Allergy Declaration and Parental Agreement forms).

3.7.4 Staff will ensure that records are kept of any medication given and any reactions are monitored and communicated with parents/carers

3.8 Storage and Disposal of Medicines

3.8.1 Wherever possible, students will be allowed to carry their own medicines / relevant devices or will be able to access their medicines in the school office for self-medication, quickly and easily. Students' medicine will not be locked away out of the student's access. This is especially important whilst on school trips. It is the responsibility of the school to return medicines that are no longer required, to the parent for safe disposal.

3.8.2 Spare auto-injectors will be held by the school for emergency use, in line with the student's Individual Healthcare Plan, allergy action plan and Department of Health protocols.

3.8.3 Auto-injectors are checked on a termly basis to ensure they are in date and are in the correct location by Laura Cruickshank and Judith Oakes.

3.8.4 Spare auto-injectors are located in the school office and the Year 5 classroom and are signed in and out.

3.8.5 If the spare auto-injector is used the Headteacher is notified and a new spare is ordered.

3.9 Anaphylaxis

3.9.1 The Children's Wellbeing and Schools Bill provides statutory guidance to introduce core, lifesaving protections, including:

a) A clear whole school dedicated allergy policy
b) Comprehensive allergy and anaphylaxis training for all school staff.
c) Access to emergency adrenaline auto-injectors (AAIs)
d) Individual care plans and allergy action plans for pupils with food allergies.

3.9.2 The school and Trust recognise that individuals at highest risk require the highest level of protection. Therefore, arrangements are in place to ensure effective communication, emergency plans, training, individual healthcare plans and allergy action plans.

3.9.3 Anaphylaxis is a severe and potentially life-threatening reaction to a trigger, such as foods, insect stings, medications or other allergens.

3.9.4 The symptoms include:

a) feeling lightheaded or faint
b) breathing difficulties – such as fast, shallow breathing
c) wheezing
d) a fast heartbeat
e) clammy skin
f) confusion and anxiety
g) collapsing or losing consciousness

There may also be other allergy symptoms, including an itchy, raised rash (hives), feeling or being sick, swelling (angioedema) or stomach pain.

3.9.5 **What to do if someone has anaphylaxis.** Anaphylaxis is a medical emergency. It can be very serious if not treated quickly. If someone has symptoms of anaphylaxis, you should:

a) If in doubt, treat for anaphylaxis and administer adrenaline.

b) Use an adrenaline auto-injector, if available, following the correct procedure.
c) Call 999 for an ambulance immediately, even if they start to feel better, mention that you think the person has anaphylaxis.
d) Remove any trigger if possible, for example, carefully remove any stinger stuck in the skin.
e) Lie the person down flat, with legs elevated in the air, unless they're unconscious, pregnant or having breathing difficulties.
f) Give another injection after 5 to 15 minutes if the symptoms do not improve and a second auto-injector is available.

3.9.6 All staff must be trained in recognising and responding to anaphylaxis and using auto-injectors relevant to the medical needs of students.

3.9.7 People with potentially serious allergies are often prescribed adrenaline auto-injectors to carry at all times. These can help stop an anaphylactic reaction from becoming life-threatening and should be used as soon as a serious reaction is suspected, either by the person experiencing anaphylaxis or someone helping them.

3.9.8 There are two main types of adrenaline auto-injectors, which are used in slightly different ways. It is therefore important that staff have sufficient training and awareness of how to use each specific type of auto-injectors. These are:

a) EpiPen
b) Jext

Increasingly EURneffy nasal spray is becoming available. However, please note EURneffy is only licensed for use with children and adults who weigh over 30kg (about 66 pounds).

NB: 'Emerade' was discontinued in 2023 due to failure to activate and MUST NOT be used.

3.10 Accidents/Illnesses Requiring Hospital Treatment

3.8.1.1 If a student has an incident, which requires urgent or non-urgent hospital treatment, school staff are responsible for calling an ambulance. When an ambulance has been arranged, a staff member will stay with the student until the parent arrives, or accompany the student taken to the hospital by ambulance if required. Used auto-injectors must be sent with child to hospital.

3.10.2 Parents should be informed and arrangements made regarding where they should meet their child.

3.11 Defibrillators

3.11.1. Defibrillators are available within the school as part of the first aid equipment.

3.11.2. First aiders are trained in the use of defibrillators, and defibrillators are clearly marked and accessible.

3.11.3. The local NHS ambulance service have been notified of defibrillator locations.

3.12 Students with Special Medical Needs – Individual Healthcare Plans and Allergy Action Plans.

3.12.1. The Trust recognises that allergies may arise from food, medication, insect stings, airborne allergens and contact allergens. Risk assessments and support arrangements will be developed proportionately according to the individual needs of the affected person. Where a pupil is affected by airborne allergens, reasonable measures will be considered to minimise exposure and support their health, wellbeing and participation in school activities.

3.12.2. Some students have medical conditions that, if not properly managed, could limit their access to education. These conditions may include, but are not limited to, severe food allergies, allergies to insect stings, allergies to animals or medication allergies.

3.12.3. Where students with severe allergies are identified, an Individual Healthcare Plan (IHP) must be developed. This ensures:

a) All staff are aware of the student's allergy and potential triggers
b) Specific safety measures are identified and in place to reduce the risk of exposure to allergens
c) Clear emergency procedures are defined, including administration of auto-injectors and calling for medical assistance.

d) Catering, classroom, and activity arrangements accommodate the student's allergy safely.

e) Responsibilities of staff, parents, and the student (where age-appropriate) are clearly documented.

f) Any allergies of pupils, staff or visitors are communicated with the catering team or any 3rd party suppliers, all staff, midday supervisors and club leaders.

3.12.4. Where students with allergies are identified, an allergy action plan (AAP) must be developed. This is an essential tool to manage allergies with risks of anaphylaxis. The AAP must provide clear and concise guidance on how to recognise and treat severe allergic reactions and should where possible, align with the latest clinical treatment guidelines.

3.12.5. When developing and reviewing IHPs or AAPs, ensure:

a) Parents/carers provide detailed information about their child's allergies, medical history, and prescribed emergency medication (e.g., adrenaline auto-injectors)
b) Students with severe allergies must have an IHP completed in conjunction with their GP, Paediatrician, and the school's Senior First Aider.
c) IHPs and AAPs must be developed before the student starts at the school, or within two weeks of diagnosis/enrolment
d) IHPs and AAPs are reviewed at least annually or sooner if there is a significant change in the student's allergy status, medication, or triggers.

3.13 Allergy Identification, Communication and Practical Management Systems

3.13.1. The school will implement clear, proportionate and age-appropriate systems to ensure that pupils with allergies are readily identified and that relevant information is communicated effectively to staff, catering teams, and where appropriate, pupils. These arrangements must:

a) Protect pupils' dignity and personal data.
b) Be consistent with Individual Healthcare Plans (IHPs) and Allergy Action Plans (AAPs).
c) Be clearly understood by all relevant staff, including temporary and supply staff.
d) Be reviewed regularly to ensure they remain effective.

The school will document the systems in place locally and ensure they are communicated through induction, training and routine briefings.

3.14 Pupil identification methods

3.14.1 The school uses the following systems to identify pupils with allergies:

a) Coloured wristbands to discrete identify pupils with significant allergies.
b) Classroom allergy awareness lists or seating plans are established and accessible to staff.
c) Photographic allergy registers held secured and accessible to staff.

3.15 Dining Hall and Food Service Controls

3.15.1 To reduce the risk of allergen exposure during mealtimes, the School/Academy operates the following arrangements:

a) Different trays to identify pupils requiring allergen-controlled meals.
b) Separated food preparation and/or serving areas.
c) Supervised allergen-aware seating or service points.
d) Named staff oversight during service for pupils with known allergies.

3.16 Staff communication and information sharing

3.16.1 Allergies are communicated effectively through:
a) A central allergy register, accessible to teaching staff, support staff and catering teams.
b) Daily or termly allergy briefings for relevant staff.
c) Clear handover procedures for supply staff and external providers.

d) Inclusion of allergy information in trip planning and cover arrangements.

3.17 Classroom, club and non-dining arrangements

Where food is used outside main dining areas (e.g. classrooms, clubs, events), the school ensures:

a) All staff are aware of pupils with allergies before activities take place.
b) Surfaces are cleaned before and after food use.
c) Food sharing is prohibited.
d) Alternative activities or materials are provided where required.

3.18 Accident Recording and Reporting

3.18.1. First aid and accident record book:

a) An accident form will be completed by the relevant member of staff on the same day or as soon as possible after an incident resulting in an anaphylactic shock.

b) Records will be retained securely in line with GDPR and the Trust's Data Protection Policy. For pupils, accident and medical records will be kept until the pupil reaches age 21 (or 25 for those with special educational needs). For staff, records will be retained for a minimum of 3 years

c) Parents/carers will be informed promptly of any significant allergy related incident or near miss involving their child.

3.18.2. Reporting to the Health & Safety Executive (HSE):

a) Any incident that meets RIDDOR criteria will be reported to the Health and Safety Executive within statutory timeframes.

b) Schools will notify the Trust's Acting Deputy CEO of all serious allergy related incidents.

c) For full details of RIDDOR Reporting requirements and procedures, refer to the HSE's guidance and the Trust's Accident & Incident Reporting procedure.

3.18.3. Parents/carers must be informed on the same day of any allergy-related incident and treatment provided.

3.18.4. Registered Early Years Providers must notify Ofsted of any serious accident, illness, or injury within 14 days.

3.19 Monitoring and review

3.19.1. The Trust will monitor the effectiveness of its allergy management arrangements to ensure they remain suitable, effective and compliant with statutory requirements and recognised best practice.

3.19.2. Monitoring activities will include:

a) Review of allergy-related incidents, emergency responses and near misses.

b) Monitoring the completion and effectiveness of staff training and refresher training.

c) Review of Individual Healthcare Plans (IHPs) and Allergy Action Plans (AAPs) to ensure they remain accurate and up to date.

d) Audit of allergy registers, communication arrangements and medication management systems.

e) Monitoring of emergency equipment, medication storage arrangements and spare adrenaline auto-injector (AAI) checks.

f) Periodic health and safety audits, inspections and assurance activities.

g) Review of compliance with this policy and associated procedures across Trust settings.

3.19.3. Findings from monitoring activities will be reviewed by the appropriate leaders and used to identify trends, implement corrective actions, share good practice and inform future policy reviews. Significant

findings and allergy-related risks will be reported through the Trust's governance arrangements as appropriate.

3.19.4. **Unacceptable Practice -** The Trust will not:

a) Prevent pupils from accessing prescribed allergy medication.

b) Require parents to routinely attend school activities to manage their child's allergy.

c) Exclude pupils from educational visits or extracurricular activities because of allergies.

d) Send a pupil experiencing an allergic reaction to seek assistance unsupervised.

e) Ignore clinical advice or information provided by parents or healthcare professionals.

3.20 Difference between Food Allergy and Food Intolerance

3.20.1. A food allergy is when the body's immune system (which is the body's defence against infection) mistakenly treats the protein in food as a threat. The body responds to this threat by releasing several chemicals in the body. These chemicals cause symptoms of an allergic reaction.

3.20.2. Food intolerance is more common than food allergies. Food intolerances are thought to affect 1 in 10 people. Food intolerances do not involve the immune system. Instead, food intolerance involves the digestive system and can cause difficulty digesting certain foods leading to symptoms such as abdominal pain, gas and diarrhoea. Those who are affected often rely on allergen labelling to avoid the foods that make them ill.

3.21 Food Allergens

3.21.1. **The Food Information (Amendment) (England) Regulations 2019.** The UK Food Information Amendment, also known as Natasha's Law, came into effect on the 1st of October 2021 and requires food businesses to provide full ingredient lists and allergen labelling on foods pre-packaged for direct sale on the premises. The legislation was introduced to protect allergy sufferers and give them confidence in the food they buy. Under the new rules, food that is pre-packaged for direct sale (PPDS) must display the following clear information on its packaging:

a) The food's name
b) A full list of ingredients, emphasising any allergenic ingredients.

For Trusts, the new labelling requirements will apply to all food they make on-site and package, such as sandwiches, wraps, salads, and cakes. It applies to food offered at mealtimes and as break-time snacks. And, as mentioned earlier, it will apply to food the pupils select themselves or that caterers keep behind the counter. Food businesses need to tell customers if any food they provide contains any of the listed allergens as an ingredient. Consumers may be allergic or have an intolerance to other ingredients, but only the 14 allergens are required to be declared as allergens by food law in the UK.

3.21.2. The main 14 allergens (as listed in Annex II of the EU Food Information for Consumers) are:

1. **Cereals containing gluten**, namely wheat (such as spelt and Khorasan wheat), rye, barley and oats

2. **Crustaceans, Invertebrates** (they have no backbone) with a segmented body and jointed legs. Crab, crayfish, langoustine, lobster, prawn, shrimp, scampi.

3. **Egg,** Egg does not have to be eaten to cause an allergic reaction; coming into contact with eggshells or touching (raw) egg can cause allergic symptoms usually affecting just the skin in highly sensitive individuals.

4. **Fish**, Vertebrates (they have a backbone). Most fish are covered in scales and have fins. Anchovy, basa, cod, cuttlefish, haddock, hake, halibut, mackerel, monkfish, pilchards, plaice, pollock, salmon, sardine, sea bass, swordfish, trout, tuna, turbot, whitebait.

5. **Peanuts**, Different varieties of peanuts are produced for different uses (for example, peanuts to be used in peanut butter and peanuts in the shell for roasting,). Peanuts are from a family of plants called legumes, the same family as garden peas, lentils, soya beans and chickpeas. Most people will be able to eat other types of legumes without any problems, and it is rare for people with a peanut allergy to react to other legumes.

   Peanut allergy affects around 2% (1 in 50) of children in the UK and has been increasing in recent decades.

6. **Soybeans,** Soy comes from soybeans and immature soybeans are called edamame beans. Soya can be ingested as whole beans, soya flour, soya sauce or soya oil. Soya can also be used in foods as a texturiser (texturized vegetable protein), emulsifier (soya lecithin) or protein filler. Soya flour is widely used in foods including; breads, cakes, processed foods (ready meals, burgers and sausages) and baby foods.

7. **Milk,** includes dairy items, butter, cheese, cream, yoghurt, ice-cream, ghee, whey, buttermilk, milk powders.

8. **Nuts** (namely almond, hazelnut, walnut, cashew, pecan nut, Brazil nut, pistachio nut and macadamia nut (Queensland nut). Can be found in curry powders and mixes, savoury sauces, salad dressing, marinades, soup, Indian dishes, English, French and American dishes

9. **Celery**, celery sticks, celery leaves, celery spice, celery seeds, which can be used to make celery salt.

10. **Mustard**, Mustard seeds are produced by the mustard plant which is a member of the Brassica family. Seeds can be white, yellow, brown or black. Whole seeds can be used in a variety of ways in cooking including roasting, marinating or as an addition to pickled products. Whole, ground, cracked or bruised mustard seeds are mixed with other ingredients to make table mustard.

11. **Sesame seeds**, Also known as: Benne (African name), gingelly (Sesame Oil), gomashio (Japanese Condiment), til (seed of sesame) Foods that sometimes have sesame as an ingredient include: veggie burgers, breadsticks, crackers, burger buns, cocktail biscuits, Middle Eastern foods, Chinese, Thai and Japanese foods, stir-fry vegetables, salad dishes and health food snacks.

12. **Sulphur dioxide and/or sulphites**, Also known as: Sulphur dioxide (E220) and other sulphites (from numbers E221 to E228) are used as preservatives in a wide range of foods, especially soft drinks, sausages, burgers, and dried fruits and vegetables. E220 (Sulphur dioxide), E221 Sodium sulphite, E222 Sodium hydrogen sulphite, E223 Sodium metabisulphite, E224 Potassium metabisulphite, E226 Calcium sulphite, E227 Calcium hydrogen sulphite, E228 Potassium hydrogen sulphite, E150b Caustic sulphite caramel, E150d Sulphite ammonia caramel. It can be found in foods as a preservative, dried fruit and vegetables, soft drinks, fruit juices, fermented drinks (wine, beer and cider), sausages and burgers. Anyone who has asthma or allergic rhinitis may react to inhaling sulphur dioxide.

13. **Lupin**, Also known as lupin seeds, lupin beans and lupin flour. The lupin is well-known as a popular garden flower with its tall, colourful spikes. The seeds from certain lupin species are also cultivated as food. These are normally crushed to make lupin flour, which can be used in baked goods such as pastries, pies, pancakes and in pasta.

14. **Molluscs**, Also invertebrates. They are soft bodied inside and some have a shell. Abalone, squid, cuttlefish, octopus, snails and whelk. Those that have a shell that opens and closes are called 'bivalve molluscs', such as clams, cockles, oysters, mussels and scallops. This also applies to additives, processing aids and any other substances which are present in the final product.

4. Conclusion

4.1. This Allergy Awareness policy reflects the Trust's serious intent to accept its responsibilities in all matters relating to management of allergy awareness and the administration of auto-injectors / medicines. The clear lines of responsibility and organisation describe the arrangements which are in place to implement all aspects of this policy.

4.2. The storage, organisation and administration of first aid and medicines provision is taken very seriously. The Trust carries out regular reviews to check the systems in place meet the objectives of this policy.

5. Supporting Documents

The following documents form part of this policy and are to be used in conjunction with it. These provide the required forms and supporting materials necessary for the implementation of this policy. All documentation can be found attached to this policy.

a) Health Care Plans
b) Pupil Allergy Declaration Form
c) Staff Allergy Declaration Form
d) Parental agreement to administer medicine
e) EpiPen®: Emergency Instructions
f) Jext®: Emergency Instructions
g) Eurneffy Emergency Instructions
h) Note to parent/carer regarding medication given
i) Allergen Incident Record
j) Allergy Register blank

6. Further Guidance

Further guidance can be obtained from the organisations listed below or Judicium Education. The H&S lead **Neil Skinner** in the Trust will keep it under review to ensure links are current.

- Department for Education Supporting pupils with medical conditions: links to other useful resources
- Department for Education Allergy safety in Schools
- Children's Wellbeing and Schools Act 2026 https://www.legislation.gov.uk/ukpga/2026/21/contents
- Department of Health Guidance on the use of Auto Injectors in Schools

Training

- Allergy Awareness Course in Schools https://www.judiciumeducation.co.uk/elearning/allergy-awareness-course-in-Schools
- Food Allergy Awareness https://www.judiciumeducation.co.uk/elearning/food-allergy-awareness
- Food Hygiene Level 2 https://www.judiciumeducation.co.uk/elearning/food-hygiene-level-2
- Food Standards Agency https://allergytraining.food.gov.uk/
- Allergy Wise Training for Schools https://www.anaphylaxis.org.uk/allergywise/

Resources for Specific Conditions

- Allergy UK
  - https://www.allergyuk.org/
  - https://www.allergyuk.org/living-with-an-allergy/at-School/
- The Anaphylaxis Campaign www.anaphylaxis.org.uk
- Asthma UK (formerly the National Asthma Campaign) www.asthma.org.uk
- National Eczema Society www.eczema.org
- Psoriasis Association www.psoriasis-association.org.uk/
- Benedict Blythe Foundation https://benedictblythe.com/benedicts-law/

Resources for Food Allergies

- Further Guidance can be obtained from The Food Standards Agency https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses
- The Food Standards Agency has also published guidance about the new requirements for PPDS food.
  - https://www.food.gov.uk/business-guidance/introduction-to-allergen-labelling-changes-ppds
  - https://www.food.gov.uk/business-guidance/prepacked-for-direct-sale-ppds-allergen-labelling-changes-for-Schools-colleges-and-nurseries
  - https://www.allergyuk.org/resources/peanut-allergy-factsheet/

Allergen Resources - General information

- Allergen guidance for consumers https://www.food.gov.uk/safety-hygiene/food-allergy-and-intolerance
- Allergen guidance for food businesses https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses
- Allergen labelling for food manufacturers https://www.food.gov.uk/business-guidance/allergen-labelling-for-food-manufacturers
- EU commission notice on HACCP and allergens https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52016XC0730(01)&from=EN
- EU Food Information for Consumers Regulation No. 1169/2011 https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:304:0018:0063:EN:PDF
- Food alerts, product recalls and withdrawals https://www.food.gov.uk/news-alerts/search/alerts
- Food Information Regulation (England) 2014 https://www.legislation.gov.uk/uksi/2014/1855/contents/made

- Safer Food Better Business https://www.food.gov.uk/business-guidance/safer-food-better-business-sfbb
- Technical guidance https://www.food.gov.uk/business-guidance/food-allergen-labelling-and-information-requirements-technical-guidance-summary

Additional Useful Resources

- Allergy and intolerance sign https://www.food.gov.uk/sites/default/files/media/document/Allergen%20and%20Intolerance%20sign%20%28Colour%29.pdf
- Chef's recipe card https://www.food.gov.uk/sites/default/files/media/document/recipe-sheet_0.pdf
- Dishes and their allergen content chart. Template and more information at www.food.gov.uk/allergy-guidance
- Allergen Checklist for Food Business https://www.food.gov.uk/business-guidance/allergen-checklist-for-food-businesses
- Spare Pens in Schools - adrenaline auto-injectors (AAIs). http://www.sparepensinSchools.uk

(A) Health Care Plan

School	
Student Name	
Address	
Date of Birth	
Class	
Medical Diagnosis	
Triggers	
Who needs to know about the st udent's condition and what constitutes an emergency?	
Action to be taken in emergency and by whom	
Follow Up Care	
Family Contacts Names Telephone Numbers	
Clinic/Hospital Contacts Name Number	
GP Name Number	
Description of medical needs and signs and symptoms	
Daily Care Requirements	
Who is Responsible for Daily Care	
Transport Arrangements If the student has a life-threatening condition, specific	

transport healthcare plans will be carried on vehicles	
School trips and activities outside school Hours (e.g. risk assessments, who is responsible in an emergency)	
Form to be distributed to:	

(B) Pupil Allergy Declaration Form

Name of pupil:			
Date of birth:		**Year group:**	
Name of GP:			
Address of GP:			

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

(C) Stafff Allergy Declaration Form

Name of Staff:			
Date of birth:		**Position:**	
Name of GP:			
Address of GP:			

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

(D) Parental agreement to administer medicine
(One form is to be completed for each medicine)

The school will not give your child medicine unless this form is fully completed and signed.

Name of child: _____

Date of Birth: _____

Medical condition or illness: _____

Medicine
Must be brought in the original container with the label as dispensed by a pharmacy

Name/type and strength of the medicine: _____

(As described on the container)

Start date: _____

Dosage and method: _____

Time to be given: _____

Special precautions:_____

Are there any side effects that the school should know about?
_____

Self-administration by pupil: Yes/No (delete as appropriate)

Procedures to take in an emergency:

_____
_____

Parent/Carer Contact Details:

Name: _____

Daytime telephone no: _____

Relationship to child: _____

Address: _____

I understand that I must deliver the medicine safely to the school office. The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to appropriately trained school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent/Carer's signature: _____ Date: _____

(E) EpiPen®: Emergency Instructions

ALLERGY ACTION PLAN

BSACI Improving Allergy Care | RCPCH | anaphylaxis UK | AllergyUK

This 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	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice		• Pale or floppy
• Difficulty swallowing	• Wheeze or persistent cough	• Suddenly sleepy
• Swollen tongue		• 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. JEXT®) (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 AAIs 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, visit: sparepensinschools.uk

© BSACI 10/2024

How to give JEXT®



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:

(F) Jext ®: Emergency Instructions

ALLERGY ACTION PLAN

BSACI Improving Allergy Care | RCPCH | anaphylaxis UK | AllergyUK

This 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	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or persistent cough	• Pale or floppy
• Difficulty swallowing		• Suddenly sleepy
• Swollen tongue		• 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. JEXT®) (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 AAIs 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, visit: sparepensinschools.uk

© BSACI 10/2024

How to give JEXT®



1. Form fist around Jext® and PULL OFF YELLOW SAFETY CAP
2. PLACE BLACK END against outer thigh (with or without clothing)
3. PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds
4. REMOVE Jext®. Massage injection site for 10 seconds

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:

(G) Eurneffy Emergency Instructions

BSACI ALLERGY ACTION PLAN

BSACI
Improving Allergy Care

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 EURneffy© nasal device
- Give antihistamine:

(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	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or persistent cough	• Pale or floppy
• Difficulty swallowing		• Suddenly sleepy
• Swollen tongue		• 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 EURneffy© nasal device without delay**
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 EURneffy device into the same nostril. Further adrenaline can also be given using a "spare" adrenaline autoinjector device, if available.

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with DHSC Guidance on the use of Emergency Adrenaline 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

Emergency contact details

1) Name

2) Name

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1. Hold the nasal device as shown with your thumb on the bottom of the plunger



2. Insert the tip of nasal spray into the nostril until your fingers just touch your nose. Point as shown.



3. Press plunger firmly UPWARDS, telling the person to breath normally.

Additional instructions:

If there is any wheezing or difficulty in breathing, GIVE ADRENALINE FIRST followed by a prescribed reliever, (with a spacer if needed or available)

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 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 adrenaline has been prepared by:**

Sign & print name :

Hospital/Clinic:

Date:

For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: sparepensinschools.uk

(H) Note to parent/carer regarding medication given by school

Name of school

Name of child

Group/class/form

Medicine given

Date and time given

Reason

Name & role

Signed _____

(I) ALLERGY INCIDENT FORM

COMPLETE / SCAN AND ADD TO CPOMS

Form completed by		**Role**		**Date**	
Date of incident		**Type of incident**	**Near miss/reaction/anaphylaxis**		
Location of incident		**Person affected**	**Pupil/employee**		
What happened – the cause?					
Was Adrenaline Auto Injector (AAI) administered?	Yes No				
What action was taken?					
What were the contributory factors?					
What needs to happen in future to avoid a recurrence?					
Are there any training needs?	Yes No				
Does the policy need reviewing?	Yes No				

Have staff (and students) involved been debriefed?	Yes No	**Have staff (and students) involved been offered support?**	Yes No
Does the student have an allergy action plan?	Yes No	**Has the allergy action plan been updated if needed?**	Yes No
Does the student have an IHP?	Yes No	**Has the IHP been updated?**	Yes No
Has replacement medication been obtained?	Yes No		
Is this RIDDOR reportable?	Yes No		
Parent/staff comments			
Date reported to Headteacher			
Headteacher's comments			
Headteacher's signature			
Form completer's signature			

(J) ALLERGY REGISTER 2026-2027

Name	Year group & class	Allergy	Medication	Allergy Action Plan signed Y/N	Spare pen consent Y/N	Expiry date of adrenaline auto-injectors	Date information checked