ICKFORD SCHOOL

Allergy Safety and Anaphylaxis Policy

Date policy last reviewed: September 2026

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Statement of intent

Ickford School strives to ensure the safety and wellbeing of all members of the school community. For this reason, this policy is to be adhered to by all staff members, parents and pupils, with the intention of minimising the risk of anaphylaxis occurring whilst at school.

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

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

The school recognises that severe allergies may amount to a disability under the Equality Act 2010 and will ensure that pupils with allergies are not disadvantaged or excluded because of their medical condition.

1. Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- Equality Act 2010

- Department of Health ‘Guidance on the use of adrenaline auto-injectors in schools’
- DfE ‘Supporting pupils at school with medical conditions’
- DfE ‘Allergy safety in schools’ statutory guidance (July 2026)

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

- Health and Safety Policy
- Whole-school Food Policy
- Administering Medication Policy
- Supporting Pupils with Medical Conditions Policy
- Educational Visits and School Trips Policy
- Allergen and Anaphylaxis Risk Assessment

2. Definitions

For the purpose of this policy:

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

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

Allergic reaction – is the body’s reaction to an allergen and can be identified by, but not limited to, the following symptoms:

- Hives
- Generalised flushing of the skin
- Itching and tingling of the skin
- Tingling in and around the mouth
- Burning sensation in the mouth
- Swelling of the throat, mouth or face
- Feeling wheezy
- Abdominal pain
- Rising anxiety
- Nausea and vomiting
- Alterations in heart rate
- Feeling of weakness

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

- Persistent cough
- Throat tightness
- Change in voice, e.g. hoarse or croaky sounds
- Wheeze (whistling noise due to a narrowed airway)
- Difficulty swallowing/speaking
- Swollen tongue

- Difficult or noisy breathing
- Chest tightness
- Feeling dizzy or faint
- Suddenly becoming sleepy, unconscious or collapsing
- For infants and younger pupils, becoming pale or floppy

Pupils with both asthma and allergies are recognised as being at increased risk of severe anaphylactic reactions.

3. Roles and responsibilities

The governing board is responsible for:

- Ensuring that policies, plans, and procedures are in place to support pupils with allergies and those who are at risk of anaphylaxis and that these arrangements are sufficient to meet statutory responsibilities and minimise risks.
- Ensuring that the school's approach to allergies and anaphylaxis focusses on, and accounts for, the needs of each individual pupil.
- Ensuring that staff are properly trained to provide the support that pupils need, and that they receive allergy and anaphylaxis training at least annually.
- Monitoring the effectiveness of this policy and reviewing it on an annual basis, and after any incident where a pupil experiences an allergic reaction.

The headteacher is responsible for:

- The development, implementation and monitoring of this policy and related policies.
- Ensuring that parents are informed of their responsibilities in relation to their child's allergies.
- Ensuring that all relevant risk assessments, e.g. to do with food preparation, have been carried out and controls to mitigate risks are implemented.
- Ensuring that all designated first aiders are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis.
- Ensuring that all staff members are provided with information regarding allergic reactions and anaphylaxis, including the necessary precautions and how to respond.
- Ensuring that catering staff are aware of pupils' allergies and act in accordance with the school's policies regarding food and hygiene, including this policy.
- Ensuring that there are effective processes in place for medical information to be regularly updated and disseminated to relevant staff members, including supply and temporary staff.
- Seeking up-to-date medical information about each pupil via a medical form sent to parents on an annual basis, including information regarding any allergies.
- Contacting parents for required medical documentation regarding a pupil's allergy.
- The Headteacher, Dawn Basnett, is the named senior leader with overall responsibility for the implementation of this Allergy and Anaphylaxis Policy.

All staff members are responsible for:

- Attending relevant training regarding allergens and anaphylaxis.
- Being familiar with and implementing pupils' individual healthcare plans (IHPs) as appropriate.

- Responding immediately and appropriately in the event of a medical emergency.
- Reinforcing effective hygiene practices, including those in relation to the management of food.
- Maintaining awareness of known allergens, supervising food-related activities appropriately, and following agreed risk-reduction measures.
- Ensuring that pupils do not share food and drink in order to prevent accidental contact with an allergen.

The PTA volunteers are responsible for:

- Monitoring the food allergen log and allergen tracking information for completeness.
- Reporting any non-conforming food labelling to the supplier, where necessary.
- Ensuring the practices of staff comply with food allergen labelling laws and that training is regularly reviewed and updated.
- Recording incidents of non-conformity, either in allergen labelling, use of ingredients or safe staff practice, in an allergen incident log.
- Acting on entries to the allergen incident log and ensuring the risks of recurrence are minimised.

PTA kitchen staff are responsible for:

- Ensuring they are fully aware of the rules surrounding allergens, the processes for food preparation in line with this policy, and the processes for identifying pupils with specific dietary requirements.
- Ensuring they are fully aware of whether each item of food served contains any of the 14 regulated allergens, as is a legal obligation, and making sure this information is readily available for those who may need it.
- Ensuring that the required food labelling is complete, correct, clearly legible, and is either printed on the food packaging or attached via a secure label.
- Reporting to the kitchen manager if food labelling fails to comply with the law.

All parents are responsible for:

- Notifying the school of their child's allergens, the nature of the allergic reaction, what medication to administer, specified control measures and what can be done to prevent the occurrence of an allergic reaction.
- Keeping the school up-to-date with their child's medical information.
- Providing consent for the use of a spare AAI where appropriate. Such consent is helpful in planning for the child's care but is not a condition of emergency treatment where a spare AAI is required to save life.
- Providing the school with written medical documentation, including instructions for administering medication as directed by the child's doctor.
- Raising any concerns they may have about the management of their child's allergies with the classroom teacher.
- Ensuring that emergency contact details remain up to date and that a responsible adult can be contacted during the school day.

All pupils are responsible for:

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

- Avoiding food which they know they are allergic to, as well as any food with unknown ingredients.
- Notifying a member of staff immediately in the event they believe they are having an allergic reaction, even if the cause is unknown, or have come into contact with an allergen.

4. Food allergies

Parents will provide the school with a written list of any foods that their child may have an adverse reaction to, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

Information regarding all pupils' food allergies will be collated, indicating whether they consume a school dinner or a packed lunch, and this will be passed on to the school's catering service.

When making changes to menus or substituting food products, the school will ensure that pupils' special dietary needs continue to be met by:

- Checking any product changes with all food suppliers
- Asking caterers to read labels and product information before use
- Using the Food Standards Agency's allergen matrix to list the ingredients in all meals
- Ensuring allergen ingredients remain identifiable

PTA/staff will have a full list of allergens and will avoid using them.

Where meals include allergens or traces of allergens, staff will use clear and fully visible labels, in line with this policy, to denote the allergens of which consumers should be aware.

The school will ensure that there are always dairy- and gluten-free options available for pupils with allergies and intolerances.

The school will implement a discreet system to ensure catering staff can identify pupils with dietary needs while maintaining pupil dignity and confidentiality, this may include using a colour coded sticker system to identify needs.

All food tables will be disinfected before and after being used.

Anti-bacterial wipes and cleaning fluid will be used.

Boards and knives used for fruit and vegetables will be a different colour to the rest of the kitchen knives in order to remind kitchen staff to keep them separate.

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

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

There will also be a set of kitchen utensils with a designated colour. These utensils will be used only for food items that contain bread and wheat related products.

Food items containing bread and wheat will be stored separately.

The chosen catering service of the school is responsible for ensuring that the school's policies are adhered to at all times, including those in relation to the preparation of food, taking into account any allergens.

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

5. Food allergen labelling

The school will adhere to allergen labelling rules for pre-packed food goods, in line with the Food Information (Amendment) (England) Regulations 2019, also known as Natasha's Law.

The school will ensure that all food is labelled accurately, that food is never labelled as being 'free from' an ingredient unless staff are certain that there are no traces of that ingredient in the product, and that all labelling is checked before being offered for consumption.

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

Food labelling

Food goods classed as 'pre-packed for direct sale' (PPDS) will clearly display the following information on the packaging:

- The name of the food
- The full ingredients list, with ingredients that are allergens emphasised, e.g. in bold, italics, or a different colour

The school will ensure that allergen traceability information is readily available. Allergens will be tracked using the following method:

- Allergen information will be obtained from the supplier and recorded, upon delivery, in a food allergen log stored in the kitchen
- Allergen tracking will continue throughout the school's handling of allergen-containing food goods, including during storage, preparation, handling, cooking and serving
- The food allergen log will be monitored for completeness on a weekly basis by the kitchen manager
- Incidents of incorrect practices and incorrect and/or incomplete packaging will be recorded in an incident log and managed by the kitchen manager

Declared allergens

The following allergens will be declared and listed on all PPDS foods in a clearly legible format:

- Cereals containing gluten and wheat, e.g. spelt, rye and barley
- Crustaceans, e.g. crabs, prawns, lobsters
- Nuts, including almonds, hazelnuts, walnuts, cashews, pecan nuts, brazil nuts and pistachio nuts
- Celery
- Eggs
- Fish
- Peanuts
- Soybeans
- Milk
- Mustard
- Sesame seeds
- Sulphur dioxide and sulphites at concentrations of more than 10mg/kg or 10mg/L in terms of total sulphur dioxide
- Lupin
- Molluscs, e.g. mussels, oysters, squid, snails

The above list will apply to foods prepared on site, e.g. sandwiches, salad pots and cakes, that have been pre-packed prior to them being offered for consumption.

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

The kitchen manager will be responsible for monitoring food ingredients, packaging and labelling on a weekly basis and will contact the supplier immediately in the event of any anomalies.

Changes to ingredients and food packaging

The school will ensure that communication with suppliers is robust and any changes to ingredients and/or food packaging are clearly communicated to kitchen staff and other relevant members of staff.

Following any changes to ingredients and/or food packaging, all associated documentation will be reviewed and updated as soon as possible.

6. Animal allergies

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

Pupils with known allergies to specific animals will have restricted access to those that may trigger a response.

In the event of an animal on the school site, staff members will be made aware of any pupils to whom this may pose a risk and will be responsible for ensuring that the pupil does not come into contact with the specified allergen.

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

Any antihistamines administered will be in accordance with the pupil's healthcare plan and the school's Administering Medication Policy.

7. Seasonal allergies

The term 'seasonal allergies' refers to common outdoor allergies, including hay fever and insect bites.

Precautions regarding the prevention of seasonal allergies include ensuring that grass within the school premises is not mown whilst pupils are outside.

Pupils with severe seasonal allergies will be provided with an indoor supervised space to spend their break and lunchtimes in, avoiding contact with outside allergens.

Staff members will monitor pollen counts, making a professional judgement as to whether the pupil should stay indoors.

Pupils will be encouraged to wash their hands after playing outside.

Pupils with known seasonal allergies are encouraged to bring an additional set of clothing to school to change into after playing outside, with the aim of reducing contact with outdoor allergens, such as pollen.

Staff members will be diligent in the management of wasp, bee and ant nests on school grounds and in the school's nearby proximity, reporting any concerns to the site manager.

The site manager is responsible for ensuring the appropriate removal of wasp, bee and ant nests on and around the school premises.

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

8. Adrenaline auto-injectors (AAIs)

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

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

The school will purchase spare AAIs from a pharmaceutical supplier, such as the local pharmacy.

The school will submit a request, signed by the headteacher, to the pharmaceutical supplier when purchasing AAIs, which outlines:

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

The headteacher, in conjunction with the school nurse or designated medical lead, will decide which brands of AAI to purchase.

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

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

- For younger children: 150 micrograms of adrenaline
- For older children: 300 micrograms of adrenaline

For primary schools, the school will ensure that spare AAIs are available in the appropriate dosages for the ages of pupils who may require them, with spare devices stored in pairs.

Spare AAIs are stored as part of an emergency anaphylaxis kit, which includes the following:

- One or more AAIs
- Instructions on how to use the device(s)
- Instructions on the storage of the device(s)
- Manufacturer's information
- A checklist of injectors, identified by the batch number and expiry date, alongside records of monthly checks
- A note of the arrangements for replacing the injectors
- A list of pupils to whom the AAI can be administered
- An administration record

Pupils who have prescribed AAI devices, and are over the age of seven, are able to keep their device in their possession. For pupils under the age of seven who have prescribed AAI devices, these are stored in a secure, unlocked and readily accessible location known to staff.

Spare AAIs are not located more than five minutes away from where they may be required. The emergency anaphylaxis kit(s) can be found at the following locations:

- School office drawer

All staff have access to AAI devices, but these are out of reach and inaccessible to pupils – AAI devices are not locked away where access is restricted.

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

In line with manufacturer's guidelines, all AAI devices are stored at room temperature, protected from direct sunlight and extreme temperature.

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

- Emma Stephens

- Sophie Holmes

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

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

The following staff member is responsible for overseeing the protocol for the use of spare AAIs, its monitoring and implementation, and for maintaining the Register of AAIs: Emma Stephens.

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

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

A sharps bin is utilised where used or expired AAIs are disposed of on the school premises.

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

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

9. Access to spare AAIs

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

Spare AAIs may also be used in an emergency where a pupil is experiencing anaphylaxis and their own prescribed AAI is not available, has misfired, or is otherwise unusable.

Prior medical authorisation or written parental consent must not be treated as a condition that has to be met before a spare AAI can be administered in an emergency. Emergency treatment must not be delayed while attempting to obtain consent or medical authorisation.

Where possible, the school will seek advance parental consent and medical information as part of the pupil's IHP, in order to support effective planning and record keeping. However, the absence of advance consent does not prevent the administration of a spare AAI where it is required to save life.

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

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

- Name of pupil
- Class
- Known allergens
- Risk factors for anaphylaxis
- Whether medical information has been received

- Whether written parental consent has been received
- Dosage requirements

Parents are encouraged to provide consent on an annual basis to ensure the register remains up-to-date.

Parents can withdraw their consent at any time. To do so, they must write to the headteacher. Withdrawal of consent will be recorded and will inform the pupil's planned arrangements; however, it will not prevent emergency treatment where a spare AAI is required to save life.

Emma Stephens checks the register is up-to-date on an annual basis.

Emma Stephens will also update the register relevant to any changes in consent or a pupil's requirements.

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

10. School trips

The headteacher will ensure a risk assessment is conducted for each school trip to address pupils with known allergies attending. All activities on the school trip will be risk assessed to see if they pose a threat to any pupils with allergies and alternative activities will be planned where necessary to ensure the pupils are included.

The school will speak to the parents of pupils with allergies where appropriate to ensure their co-operation with any special arrangements required for the trip.

A designated adult will be available to support the pupil at all times during a school trip.

If the pupil has been prescribed an AAI, at least one adult trained in administering the device will attend the trip. The pupil's medication will be taken on the trip and stored securely. Where essential medication is unavailable, the school will undertake an immediate risk assessment in consultation with parents to determine whether safe participation is possible.

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

Two AAIs will be taken on the trip and will be easily accessible at all times.

Spare AAIs will be taken where required and will remain readily accessible throughout the trip. Emergency medication will not be stored in a location where access could be delayed.

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

11. Medical attention and required support

Once a pupil's allergies have been identified, a meeting will be set up between the pupil's parents, the relevant classroom teacher, the school nurse or designated medical lead and any other relevant staff

members, in which the pupil's allergies will be discussed and a plan of appropriate action/support will be developed.

All medical attention, including that in relation to administering medication, will be conducted in accordance with the Administering Medication Policy and the Supporting Pupils with Medical Conditions Policy.

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

Where life-saving medication is unavailable, the school will undertake an urgent risk assessment in consultation with parents to determine safe arrangements for attendance.

All members of staff involved with a pupil with a known allergy are aware of the location of emergency medication and the necessary action to take in the event of an allergic reaction.

Any specified support which the pupil may require will be outlined in their IHP.

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

The designated medical lead (Headteacher) is responsible for working alongside relevant staff members and parents in order to develop IHPs for pupils with allergies, ensuring that any necessary support is provided and the required documentation is completed, including risk assessments being undertaken.

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

1. Individual Healthcare Plans (IHPs)

The school will ensure that pupils whose allergy has a functional impact in school, presents a risk of harm and requires additional or different arrangements have an Individual Healthcare Plan (IHP) in place. IHPs will be developed in partnership with parents, healthcare professionals and relevant school staff.

An IHP will be used where a pupil's allergy requires supportive arrangements in school.

IHPs will include, where relevant:

- Pupil's name, date of birth, class and emergency contact details
- Known allergens and symptoms
- The pupil's ability to recognise and/or communicate an allergic reaction
- Medication requirements and dosage instructions
- Emergency procedures
- The location and arrangements for prescribed and spare adrenaline devices
- Roles and responsibilities of staff
- Practical adjustments and arrangements to minimise risk
- Arrangements for food and educational activities

- Arrangements for school trips and extracurricular activities
- Any relevant impact on the pupil's health, learning, wellbeing or participation
- Arrangements for self-management and independence, where appropriate
- The arrangements for reviewing the IHP

IHPs will be reviewed at least annually, or sooner where there are changes to a pupil's medical needs, following a serious incident or near miss, or where there is a significant change to the arrangements required to support the pupil.

12. Staff training

All staff members at Ickford School are trained in how to administer an AAI, and the sequence of events to follow when doing so.

In accordance with the Supporting Pupils with Medical Conditions Policy, staff members will receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

The school will arrange specialist training on a termly basis where a pupil in the school has been diagnosed as being at risk of anaphylaxis.

All staff who work with pupils, including permanent, temporary, supply, peripatetic, agency staff and regular volunteers who have a pupil-facing role, will receive allergy awareness and emergency response training at least annually and as part of induction where appropriate.

Training will cover, as appropriate:

- Common allergies and allergic reactions
- The difference between allergy, asthma, coeliac disease and food intolerance
- Common triggers and how exposure can occur
- Signs and symptoms of allergic reactions and anaphylaxis
- Emergency response, including calling 999 and informing parents/carers
- The location and use of prescribed and spare adrenaline auto-injectors
- The circumstances in which a spare AAI may be required
- The importance of administering adrenaline without delay
- The arrangements set out in this policy and pupils' IHPs
- Supporting pupils' wellbeing and inclusion
- The school's arrangements for recording and reporting incidents and near misses

The relevant staff, e.g. kitchen staff, will be trained on how to identify and monitor the correct food labelling and how to manage the removal and disposal of PPDS foods that do not meet the requirements set out in Natasha's Law.

The relevant members of staff will be trained on how to consistently and accurately trace allergen-containing food routes through the school, from supplier delivery to consumption.

Designated staff members will be taught to:

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

All staff members will:

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

13. Mild to moderate allergic reactions

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

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

If any of the above symptoms occur in a pupil, the nearest adult will stay with the pupil and refer to their IHP to determine appropriate next steps.

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

In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered.

If the reaction develops into anaphylaxis, emergency treatment will not be delayed while waiting for medical authorisation, parental consent, a designated member of staff or advice from emergency services. Where a spare AAI is available and is appropriate for the emergency, it may be administered in accordance with this policy and the emergency response arrangements.

For mild to moderate allergy symptoms, the pupil's IHP will be followed and the pupil will be monitored closely to ensure the reaction does not progress into anaphylaxis.

Should the reaction progress into anaphylaxis, the school will act in accordance with this policy. Where the pupil is required to go to the hospital, an ambulance will be called.

14. Managing anaphylaxis

In the event of anaphylaxis, the nearest adult will lay the pupil flat on the floor and try to ensure the pupil suffering an allergic reaction remains as still as possible; if the pupil is feeling weak, dizzy, appears pale and is sweating their legs will be raised.

Adrenaline should be administered as soon as possible and should not be delayed while waiting for the emergency services, a designated member of staff, parental consent or medical authorisation.

A designated staff member will be called for help and the emergency services contacted immediately.

The nearest trained member of staff should administer the pupil's prescribed AAI where it is available and appropriate. If the prescribed AAI is unavailable, has misfired or is otherwise unusable, a spare AAI should be administered where appropriate.

A spare AAI may be administered in an emergency where it is required to save life, even where prior written parental consent or medical authorisation has not been obtained.

Where there is any delay in contacting designated staff members, the nearest staff member will administer the AAI if trained and able to do so. In a life-threatening emergency, staff should not wait for a designated member of staff before administering adrenaline.

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

A member of staff will stay with the pupil until the emergency services arrive – the pupil will remain lying flat and still.

If the pupil needs to sit or stand because they are having difficulty breathing, staff will follow the emergency instructions provided in the pupil's IHP and emergency guidance. The pupil should not be allowed to stand or walk unnecessarily.

If the pupil's condition deteriorates after initially contacting the emergency services, a second call will be made to ensure an ambulance has been dispatched.

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

If the pupil stops breathing, a suitably trained member of staff will administer CPR. Emergency services should already have been contacted before CPR is commenced.

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

If an initial AAI has been administered and there is no improvement after five minutes, a second dose should be administered where another appropriate AAI is available.

A designated staff member will contact the pupil's parents as soon as is possible.

Upon arrival of the emergency services, the following information will be provided:

- Any known allergens the pupil has
- The possible causes of the reaction, e.g. certain food
- The time the AAI was administered – including the time of the second dose, if this was administered

Any used AAIs will be given to paramedics.

Staff members will ensure that the pupil is given plenty of space, moving other pupils to a different room where necessary.

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

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

Where possible, an appropriate member of staff will accompany the pupil to hospital until a parent arrives.

A copy of the Register of AAIs will be held in each classroom for easy access in the event of an allergic reaction.

Following any serious allergic reaction, the school will record and report the incident in accordance with the school's medical conditions, first aid and incident-reporting procedures. The school will review the circumstances of the incident, including whether there was any delay, difficulty or near miss in the emergency response, and identify any lessons to be learned.

Serious incidents and near misses will be used to inform any necessary changes to this policy, the pupil's IHP, risk assessments, staff training or other school arrangements.

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

15. Monitoring and review

The headteacher is responsible for reviewing this policy annually.

The policy will be reviewed at least annually, and sooner where there has been a serious allergic reaction, near miss, significant change in statutory guidance or legislation, or any other event which indicates that changes may be required.

The effectiveness of this policy will be monitored and evaluated by all members of staff. Any concerns will be reported to the headteacher immediately.

Following each occurrence of an allergic reaction, this policy and pupils' IHPs will be updated and amended as necessary.

The school will ensure that this policy is published on the school website and is brought to the attention of staff, pupils and parents/carers at least annually. The school will also ensure that relevant new staff and regular volunteers are made aware of the policy as part of induction.

The school will provide annual allergy awareness and emergency response training to relevant staff and will maintain records of training completed.

The school will ensure that information about pupils' allergies and emergency arrangements is shared appropriately with staff who need to know, including relevant temporary, supply, peripatetic and agency staff, while maintaining confidentiality.

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	

Spare AAIs

I understand that the school may purchase spare AAIs to be used in the event of an emergency allergic reaction. I also understand that, in the event of my child's prescribed AAI not working, it may be necessary for the school to administer a spare AAI, but this is only possible with medical authorisation and my written consent.

In light of the above, I provide consent for the school to administer a spare AAI to my child.

Yes	☐	No	☐

Name of parent	
Relationship to child	
Contact details of parent	
Parental signature	