ALLERGY MANAGEMENT SAFETY POLICY and GUIDANCE

CONTENTS

		Page
Introduction		3
Statement of Intent		4
Policy Aims		5
Legislation and Guidance		5
Medical Conditions Policies and Inspection		5
Roles and Responsibilities		5
Procedures for Handling Allergic Reaction		8
Supply, Storage, Care and Disposal of Medication		11
Sports Activities in School		12
Events and School Trips		12
Managing Insect Sting Allergy		12
Catering		12
Allergy Awareness and Nut Bans		13
Risk Assessment		14
Training		14
Allergies and Bullying		14
Further Information and Guidance		15
Links to Other Policies		15
APPENDICES		
Appendix 1	Allergy Management Checklist	16
Appendix 2	Glossary of Terms	16
Appendix 3	Information on Allergies	17
Appendix 4	Anaphylaxis Risk Assessment Form	18
Appendix 5	First Aid for Anaphylaxis Poster	20
Appendix 6	Epipen AAI Instructions	21
Appendix 7	Jext AAI Instructions	22
Appendix 8	Letter to Pharmacy to Order Spare AAIs	23
Appendix 9	Flowchart for Allergic Reaction without use of Adrenaline Auto-Injector	24
Appendix 10	Flowchart for Allergic Reaction without use of Adrenaline Auto-Injector	25
Appendix 11	Anaphylaxis Drill Record	26

Allergy Management Safety Policy	
Date policy is to be implemented from:	September 2026
Date policy is to be reviewed:	September 2027
Version No:	v1
Responsible Senior Leader of the School:	Laura Paske
Responsible Member of the Governing Body:	Jill Grant
Distribution to:	
All Staff	
Parents	
Governors / Trustees	
Other (specify) Including anyone providing foodstuffs or ingredients or working with food preparation and serving food	Dolce Kitchen Management Team
Key Contacts	
Safeguarding Officer	Erin Holland 01568616919
Medical Staff	
Catering Staff	Dolce 01942 707709
List any other applicable contacts	

INTRODUCTION

Allergy is a medical condition in which the body reacts to normally harmless substances such as food, insect stings, contact allergens and airborne allergens. Many individuals with allergies to food or insect stings are at risk of anaphylaxis, which is a serious and potentially fatal allergic reaction affecting the whole body and in particular the Airway, Breathing and Circulation ('ABC').

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an 'allergen') they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy. Coeliac disease and food intolerance can present symptoms which are similar to those of food allergy.

Common allergic conditions include:

- **Allergic Rhinitis** (including hay fever) which is triggered by allergens that can be carried in the air (aeroallergens'), such as pollen, house dust mite, animal fur / feathers, or mould. Symptoms include sneezing, a runny or stuffed nose and itchy or watery eyes.
- **Skin Allergies** (eczema, contact dermatitis, contact urticaria / hives) which are caused by contact with allergens including dust mites, pollen and substances like nickel, latex, and some chemicals. Symptoms include itching, hives and dry, flaky skin. Reactions can be delayed, occurring many hours after contact.
- **Food Allergy** which can cause symptoms ranging from mild itching in the mouth to whole body reactions including anaphylaxis, i.e. allergic reactions which affect the Airway, Breathing and Circulation.
- **Asthma** which in children and young people is usually allergic in nature, meaning that it may be triggered by airborne allergens such as e.g. dust mites or pollen.
- Less common allergic conditions in children and young people include allergy to **insect stings** (e.g. bee, wasp) and **medicines**.

There is a spectrum of severity, from mild local reactions (as is common in mild hay fever) to whole body reactions (common with food allergy) to more serious reactions like anaphylaxis. In general, most allergic reactions are not severe. Even for food allergy, there is a spectrum of severity ranging from mild itchy mouth / throat to whole body, but mild, skin rashes through to anaphylaxis.

Most allergic reactions do not affect the Airway, Breathing and Circulation and can be treated with a non-drowsy oral antihistamine (typically available 'over the counter' for those aged over 6 years) or local treatments such as nose sprays or eye drops. However, some children and young people are at risk of anaphylaxis and require emergency medication, for example self-administered adrenaline.

The most common causes of whole body reactions, including anaphylaxis, are:

- Foods - including peanuts, tree nuts, cow's milk / dairy foods, egg, wheat, fish / shellfish and sesame.
- Insect stings - including bee and wasp stings.
- Medication - including antibiotics and pain medicines, such as ibuprofen.
- Latex - including rubber gloves, balloons, swimming caps.

For food allergy, the majority of anaphylaxis reactions require the person to have eaten the food, although less severe allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare.

Schools will need to consider arrangements to support pupils (as well as relevant staff and visitors) with allergic conditions including:

- Pupils with food allergy.
- Pupils at risk of anaphylaxis (usually allergic to food or bee / wasp sting).
- Pupils with allergic rhinitis or allergic eye disease or eczema, who may need to be given treatment for their condition in school (e.g. eczema creams, nasal sprays, eye drops), particularly if they have more severe allergic disease or need adaptations e.g. with sport.
- Pupils with eczema or asthma, who may need additional precautions (e.g. avoiding sand pits, some swimming pools).
- Pupils with more severe allergies to animal fur, who may need to take avoidance measures (e.g. exposure to pets in school, visits to petting zoos).

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure.

Food allergies are increasing, especially in children and young people, and the severity and complexity of food allergies is also increasing. Food allergies can be fatal, and an appropriate diagnosis is essential in parallel with the need for clear food labelling.

Around 5-8% of children and young people in the UK live with a food allergy and most school classrooms will have at least one pupil with an allergy. These young people are at risk of anaphylaxis, which requires an immediate emergency response.

20% of severe allergic reactions to food happen whilst a pupil is at school, and these reactions can occur in pupils with no prior history of food allergies. Therefore, it is essential that staff are able to recognise the signs and symptoms of allergic reaction and are able to manage reactions safely and effectively.

Schools have a legal duty to support pupils with medical conditions, including allergies and are required to have a dedicated allergy safety policy, separate to their medical conditions policy, given the specific risk to life which anaphylaxis can pose. An allergy policy is required even if there are no pupils with a known history of anaphylaxis.

In summary, the allergy safety policy should include:

- A **named senior leader**, responsible for the policy (it is also good practice to have a named member of the governing body, responsible for the policy).
- How the school will **identify** pupils with allergy and **minimise the risks of exposure** to known allergens, including **managing the risk of food allergy**.
- How staff will be **trained** in allergy awareness and emergency response.
- How individuals at risk of anaphylaxis will have **access** to their prescribed adrenaline devices, alongside **'spare' adrenaline devices**.
- How pupils with allergy will be able to participate in **visits and trips**.
- How **Individual Healthcare Plans** will capture specific arrangements (including any Allergy Action Plan and / or Asthma Plan).
- How the **wellbeing** of pupils with allergies will be promoted.

STATEMENT OF INTENT

Our school is committed to promoting a whole school approach to healthcare, welfare and wellbeing and the safe management of those members of our school community who live with specific allergies.

We believe that all allergies should be taken seriously and dealt with in a professional and appropriate way.

By our actions we will work proactively to:

- Minimise the risk of exposure within the school setting.
- Encourage self-responsibility, where appropriate.
- Learn avoidance strategies.
- Have robust plans for an effective response to possible emergencies.
- Ensure inclusivity for all pupils.

Our school is clear about the need to actively support pupils with medical conditions to participate in school life. The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely in all aspects of school life.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions, including allergies, are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

POLICY AIMS

This policy aims to ensure that:

- The school complies with all relevant legislation, regulations and associated requirements.
- Proactive steps are in place to keep pupils safe.
- Pupils from diverse backgrounds, ethnicities or different cultural heritages are not disadvantaged when dealing with allergies and food labelling.
- We work with the catering provider to establish a robust process and documentation for menu planning, food labelling, avoidance of cross-contamination, stock ordering and storage of food and drink used at the school.
- We provide an effective staff awareness programme on food allergies and intolerances, recognition of possible symptoms (anaphylaxis) and actions to take.
- We develop a pupil awareness programme through PHSE and other curriculum areas.

LEGISLATION and GUIDANCE

Under section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026, schools have a legal duty to support pupils with medical conditions. Schools must adhere to legislation and statutory guidance on caring for pupils with medical conditions, including the administration of allergy medication and Adrenaline Auto-Injectors (AAIs).

This policy is based on the Department for Education's guidance on allergies in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, as well as the Food Information Regulations 2014 and the Food Information (Amendment) (England) Regulations 2019.

MEDICAL CONDITIONS POLICIES and INSPECTION

Schools are required to have a Supporting Children and Young People with Medical Conditions Policy (including allergy) in place as well as this, dedicated Allergy Management Safety Policy.

As part of its inspection arrangements, Ofsted will consider the effectiveness of a school setting's arrangements for safeguarding and for inclusion. Inspectors will consider medical conditions and allergy safety policies and the effectiveness of their implementation as part of the inspection process.

ROLES and RESPONSIBILITIES

Governors / Trustees

The Governors are responsible for ensuring:

- The school has a strategic vision for the management of allergy risk assessment and emergency procedures.
- The school has suitable, robust and effective arrangements in place to identify and safeguard the wellbeing of pupils, because of their own or someone else's allergy.
- The school provides appropriate training, information, instruction, induction and supervision on a regular basis to enable everyone to stay safe regarding allergies and their management.
- Adequate resources for managing allergies are available.
- Appropriate material is available on the school website for parents / carers, highlighting how the school is managing pupils with allergies.
- Monitoring the effectiveness of this policy to ensure it remains fit for purpose.

The Governors delegate the day-to-day responsibility for the effective delivery of this policy to the Headteacher

Jill Grant is the named member of the governing body who is responsible for this Policy.

Headteacher

Laura Paske is the named senior leader of the school who is responsible for this Policy.

The Headteacher is responsible for ensuring:

- The provision of, as far as reasonably practicable, a safe and healthy environment in which people at risk of allergic reaction and anaphylaxis can participate equally in all aspects of school life and are not subject to bullying because of their condition.
- All visitors, volunteers, work experience students, and contractors are made aware of the school's commitment to allergy management as part of the Safeguarding arrangements.
- The curriculum contains age-appropriate content so all pupils can learn about allergies and how everyone can support those who have them.
- The creation of strategic level links with healthcare professionals and catering providers and for making sure that operational level links are robust.
- That up-to-date allergy information for pupils is available and accessible to all relevant members of staff, including catering teams.
- There is a workable school emergency plan in place that is known by all staff.
- The school sends a copy of the medical details it holds for the pupils to parents / carers for review and update at the end of each school year and for obtaining updated medical information at the commencement of each calendar year and for any pupil joining in the year.
- That suitable arrangements are in place for staff with allergies when they commence work and that allergy information for visitors is sought in advance of their visit, wherever possible.
- Where a pupil requires an Individual Healthcare Plan (IHP), the involvement of healthcare and welfare professionals, teaching and catering staff, parents / carers and the pupil in establishing IHPs, as appropriate.
- Parents / carers provide Allergy Action Plans (AAPs) completed and signed by a healthcare professional, that can be kept with their medication, with copies made available for all staff to access and help the school support the pupil.
- Effective communication of individual pupil medical needs to all staff and that they know how and where to check for updated information.
- That all staff are trained to meet the statutory requirements and assessed needs, including awareness of triggers, anaphylaxis and first aid emergency procedures.
- An adequate risk assessment is undertaken prior to any school trips, excursions or offsite extra curricula activities for pupils who have allergies.
- Records of pupils who are medically prescribed an AAI are kept correctly.
- Pupil documentation and in-date medications are kept correctly and safely.
- Best practice in the labelling of foodstuffs is followed.
- That they report to the Board of Governors regarding the management of allergies within the school.

Members of Staff with Responsibilities for Medical Needs

Members of staff who have responsibilities for medical needs within the school are responsible for:

- Following all legal requirements, recommended best practice and school procedures pertaining to allergies within the school setting.
- Reporting to the Headteacher regarding pupils with allergies.
- Leading on the training of other staff regarding allergy medical needs and their identification and management.
- Working closely with sub-contracted catering managers in assisting in the support of pupils with known allergies (including meeting with parents / carers where requested) to discuss any special requirements.
- Monitoring where there is a school 'tuck shop' or where home baked items are brought into school.
- Liaising with parents / carers of pupils with known declared allergies to produce a risk assessment that includes sharing of information, allergy management, risk minimisation and emergency actions.
- Using an Allergy Action Plan (AAP) wherever possible for pupils with recognised allergies, keeping it with their medication and making sure that copies of the AAP are available for all staff to access.
- Making sure that where an additional written Individual Healthcare Plan (IHP) is not required, that the AAP is viewed and treated with the same level of seriousness.
- Ensuring all copies of the AAP / IHP located around the school and / or on IT systems are identical if an updated version is received.

- Making sure that where an AAP has not been received for a pupil with recognised allergies, or if the medication information is not clear, that they liaise with GP / healthcare professional, to obtain an up-to-date copy and / or clarification.
- Ensuring medication is stored in a rigid box and clearly labelled with the pupil's name and a photograph (older pupils should carry their AAIs and medication with them).
- Making sure they are trained in the use of an AAI and competent in performing any possible required prescribed medical treatment as outlined in the pupil's IHP and / or AAP.
- Ensuring all school trips, excursions or off-site extra curricula activities for pupils are pre-checked so that 'safe' food is provided or that effective controls are in place to minimise the risk of exposure for pupils with allergies.
- Making sure the school has an audited spare supply of in-date AAIs that are kept in a safe space at room temperature that is accessible, secure but not locked away and all staff are aware of the location.
- Monitoring the use of all AAIs to ensure they are within the expiry date including those brought into the school by pupils or external sources and are of the correct dosage.
- Arranging for the correct disposal of out-of-date AAIs.
- Ensuring that all staff are aware of the emergency procedures including how to call the emergency services where anaphylaxis is suspected in an undiagnosed individual.
- Recording all emergency uses of AAIs or reports of suspected emergencies.
- Ensuring that if the school is notified that a pupil is no longer allergic to a particular food, this information is checked prior to updating records and the IHP (if applicable).

Teaching and Support Staff

All teaching and support staff are responsible for:

- Following, as directed, all of the requirements of the school, including all legal requirements, recommended best practice and school procedures pertaining to allergies within the school setting.
- Completing appropriate anaphylaxis training, so as to be able to recognise the signs of severe allergic reactions and anaphylaxis and to respond to an allergy emergency.
- Raising awareness about allergies and anaphylaxis amongst their pupils in the classroom and around school, especially in dining areas.
- Encouraging self-responsibility and learned avoidance strategies amongst pupils living with allergies.
- Helping all pupils to understand which foods are safe for those with allergies and how they can support other pupils with specific dietary needs to stay safe.
- Highlighting the need for anti-bullying of pupils with the condition.
- Being aware of the pupils in their care (including regular cover classes) who have known allergies, as an allergic reaction could occur at any time, not just at breaks or mealtimes.
- Carefully considering the use of food or other potential allergens in lesson and activity planning.
- Making sure that any food-related activities are supervised with due caution whilst following best practice for storing, preparing, cooking and serving food.
- Ensuring that when they are leading on a school trip they check that all pupils with medical conditions, including allergies, are carrying their medication (those unable to produce their required medication would not be able to attend the excursion).
- Making sure that when leading a school trip, excursion or off-site extra curricula activity that they carry all relevant emergency supplies with them.

Parents / Carers

Parents / carers are responsible for:

- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis.
- Informing the school of any changes as soon as they are known.
- Talking with their child about allergy self-management, including what foods are safe and unsafe, how to read food labels, strategies for avoiding allergens, how to spot symptoms of allergy, how and when to tell an adult if they are experiencing an allergic reaction.
- Providing an AAP, completed by a healthcare professional, that can be kept with their medication and help the school support the pupil.

- Contributing to the provision of an IHP in partnership with the school, and relevant healthcare professionals, where required.
- Providing any other written medical documentation, instructions and medications as directed by a healthcare professional.
- Meeting with the catering provider, as necessary, to discuss any specific requirements relating to their child's allergy (information from these meetings should be recorded by the catering provider).
- Keeping the child's record on the School Grid portal up to date with allergy information, so that the catering provider has the latest information about the pupil's allergies and the kitchen staff will therefore be alerted at the food preparation and serving stages.
- Being aware of the school Allergy Policy and any arrangements for managing pupils with allergies and at risk of anaphylaxis.
- Communicating regularly with the school to support them with keeping pupils safe and acting immediately in the event of an allergic reaction.
- If required, provide their child with two in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner.
- Registering their AAIs on the manufacturer's websites to receive text alerts for expiry dates.
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included.
- Following the school's guidance on food brought in to be shared.
- Replacing medications after use or upon expiry.
- Being involved in reviewing the policy and procedures with the school's Headteacher and / or member of staff responsible for medical needs, the pupil's doctor and the pupil (if age appropriate) after a reaction has occurred.

Pupils with allergies (as age appropriate)

These pupils are responsible for:

- Having a good awareness of their allergies and supporting the knowledge of peers in helping keep them safe.
- Being proactive in the care and management of their food allergies and reactions and medication.
- Making sure they do not exchange food with others and taking care to avoid any foods which may cause an allergic reaction.
- Reading food labelling but, if unsure, avoiding the food.
- Avoiding eating anything with unknown ingredients.
- Knowing where their medication is kept and (if age appropriate and confident enough to administer their own auto-injectors) taking responsibility for always carrying AAIs on their person.
- Informing an adult as soon as they suspect they are experiencing signs of allergic reaction.

Pupils without allergies (as age appropriate)

These pupils are responsible for:

- Being aware of allergens and the risks they pose to their peers.

PROCEDURES for HANDLING ALLERGIC REACTION

Register of Pupils with Adrenaline Auto-Injectors (AAIs)

The school maintains a register of pupils who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register includes:

- Known allergens and risk factors for anaphylaxis.
- Whether a pupil has been prescribed AAIs and if so, what type and dose.
- Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the pupil.
- A photograph of each pupil to allow a visual check to be made.

The register is kept in every classroom and can be checked quickly by any member of staff as part of initiating an emergency response.

Allergic Reaction Procedures

As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately.

Staff are trained in the administration of AAIs to minimise delays in a pupil receiving adrenaline in an emergency.

If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan and, where applicable, follow the pupil's Allergy Action Plan.

If an AAI needs to be administered, a member of staff will use the pupil's own AAI, or if it is not available, a school AAI.

If the pupil has no Allergy Action Plan, staff will follow the school's procedures on responding to allergies and, if needed, the school's normal emergency procedures.

A school AAI device will be used instead of the pupil's own AAI device if:

- Medical authorisation and written parental consent have been provided, or
- The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered).

The school's AAI devices will also be used if an anaphylaxis reaction occurs in a pupil without a pre-existing diagnosis of allergy.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent / carer arrives or they will accompany the pupil to hospital by ambulance.

If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents / carers informed.

All pupils at risk of anaphylaxis should have an Allergy Action Plan that describes exactly what to do and who to contact in the event of them having an allergic reaction. The BSACI Allergy Action Plans include this information and are recommended for this purpose. The plan should include the first aid procedures for administering adrenaline.

Symptoms of anaphylaxis usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- A red raised rash (known as hives or urticaria) anywhere in the body.
- A tingling or itchy feeling in the mouth.
- Swelling of lips, face or eyes.
- Stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

A	B	C
AIRWAY	**BREATHING**	**CIRCULATION**
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**

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly so a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment, and it starts to work within seconds. It opens up the airways, stops swelling and raises the blood pressure.

Action to be taken

- Position is important – lie the person flat with their legs raised or sit them up if they are having breathing problems.
- Call for help and do not leave them unattended.
- Give adrenaline – **WITHOUT DELAY**.
- Always give adrenaline immediately to treat anaphylaxis. **If in doubt, give adrenaline**. Delays in giving adrenaline are associated with fatal outcomes.
- **NEVER** let a person having anaphylaxis stand or walk around. Always bring help and medicines to the person, and not the other way round.
- Call an ambulance (999) and tell the operator it is anaphylaxis.
- Stay with the person until medical help arrives.
- If symptoms do not improve within five minutes of a first dose of adrenaline, give a second dose using another AAI.
- If there are no signs of life commence CPR.
- Ensure the parent / carer is contacted as soon as possible.

A person who has a serious allergic reaction and / or is given adrenaline should always be taken to hospital for further observation and treatment.

Sometimes anaphylaxis symptoms can recur after the first episode has been treated. This is called a biphasic reaction.

Whilst you are waiting for the ambulance keep the pupil where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a biphasic reaction can re-occur after treatment.

Reporting and Recording Incidents

When an incident, or a 'near-miss', occurs it must be recorded. It should be reported to the pupils' parents / carers and the governing body, alongside any statutory reporting requirements. Lessons should be learned from any serious incident or 'near-miss', which may prompt a review of this policy.

Incident records should set out:

- Who was affected.
- What happened, when and where.
- Why the incident occurred (as far as is known).
- How staff and pupils responded – what was done to support the individual, whether the emergency services were called.
- How the incident concluded.

Schools acting as food businesses must report any allergen-related food safety incidents to the Local Authority when unsafe food has been supplied (for example, food containing an undeclared allergen). Further information can be found at Report a food safety issue.

Allergy Safety Drills

The school will conduct regular allergy safety drills using a simulated case of anaphylaxis to test how staff respond, without risk to any individual. The results of the drill should be recorded in the same way as an incident or near-miss and will be used to inform the ongoing review of this policy. Where appropriate, pupils will be involved in the drills, for example where one of their peers has a high risk of anaphylaxis.
The pupils should be involved in the planning of the drill to avoid a negative impact on their wellbeing. This approach can support the person at risk of anaphylaxis and provide reassurance to them and their family.

See Appendix 11 for an anaphylaxis drill record, that should be completed whenever a drill is conducted.

SUPPLY, STORAGE, CARE and DISPOSAL of MEDICATION

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for their own adrenaline devices (ADs) and to always keep them on their person, in a suitable bag or container.

For younger children or those not ready to take responsibility for their own medication, their medication should be stored as a kit, in a suitable container and clearly labelled with the pupil's name.

The medication storage container should contain:

- Two AAIs e.g. EpiPen® or Jext® (or two non-injectable nasal adrenaline devices).
- An up-to-date Allergy Action Plan.
- Antihistamine as tablets or syrup (if included in the Allergy Action Plan).
- Spoon, if required.
- Asthma inhaler (if included in the Allergy Action Plan).

It is the responsibility of the child's parents / carers to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the Safeguarding Manager / First Aider will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed to make sure they can get replacement devices in good time.

Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on very suddenly, so school staff need to be prepared to administer medication if the young person cannot.

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins should be obtained from and disposed of by a clinical waste contractor / specialist collection service / local authority

A sharps bin is kept in the following location: First aid room on the ground floor, in the locked wall cupboard

Schools are required to have 'spare' AAIs even if there are no pupils who have been prescribed one. This is because anaphylaxis reactions are unpredictable and up to 20% of anaphylaxis reactions in schools happen in children without a pre-existing diagnosis of food allergy. Schools may also have children with food allergies who have been assessed as being at lower risk of anaphylaxis and as a result have not been prescribed their own AAI.

Schools must purchase and store spare AAIs. These can be bought from pharmacies and a template letter which can be used to request the necessary AAIs is provided in Appendix 8. The Department of Health recommends that schools may wish to purchase the brand of AAI that is most commonly prescribed to its pupils, to reduce confusion and assist with training. If there are currently no pupils that have been prescribed an AAI, then any of the appropriate stated brands shown on the letter in Appendix 8 can be obtained.

Laura Paske and Sandra Beaumont Pike are responsible for buying the spare AAIs, ensuring they are stored according to the guidance, are in date and that replacement AAIs are obtained when the expiry date is near.

The Medicines & Healthcare products Regulatory Agency (MHRA) has clarified that a legal exemption under the Human Medicines (Amendment) Regulations 2017 permits school's spare AAIs to be used for the purpose of saving a life for a pupil, or other person, not known to be at risk of anaphylaxis (i.e. who does not have medical authorisation / consent in place for the spare device). The spare AAIs can be used with anyone experiencing anaphylaxis in an emergency, for the purpose of saving their life.

Schools are also permitted to buy an emergency asthma reliever inhaler (salbutamol inhaler device and spacer) without prescription, for use in emergencies. The inhaler can be used if a pupil's prescribed inhaler is not available (for example, because it is broken or empty). It is recommended that emergency asthma reliever inhalers are kept alongside spare AAIs. NB emergency asthma inhalers can only be used where prior written parental consent has been obtained.

Immediate access to an AAI can be lifesaving and while it's vital that families have their own prescribed AAIs for their child, having spare AAIs at school adds an extra layer of reassurance for everyone involved and creates a safer and more inclusive environment for pupils managing severe allergies.

If a pupil has been prescribed non-injectable adrenaline devices (nasal spray) but it is not available, the spare AAIs may be used instead.

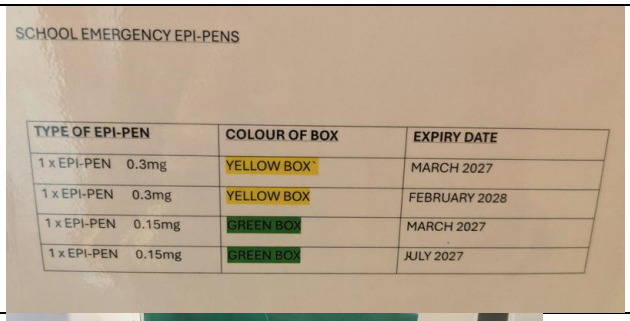
Spare AAIs will be kept separate from any pupil's own prescribed AAI and clearly labelled to avoid confusion.

Spare AAIs should be stored in pairs, so that if a second one is necessary it is on hand rather than needing to be obtained from elsewhere on site.

Schools may choose to have an 'Emergency Anaphylaxis Kit' clearly marked as such (e.g. in a red box) containing the spare AAIs and instructions for use. (The kit can also contain an emergency asthma reliever inhaler and spacers if required).

Spare AAIs are located in the following places:

<table>
<tr>
<td>Location

First aid room on the ground floor
2 x 0.15mg epipens
2 x 0.3mg epipens</td>
<td>
</td>
</tr>
<tr>
<td>Headteacher's Office


</td>
<td>
</td>
</tr>
</table>

SPORTS ACTIVITIES in SCHOOL

All pupils with allergies and who have been prescribed AAIs should take their AAIs to the sports ground / hall with them. The teachers leading the sports sessions should all be first aid trained and this must include how to manage serious allergy and anaphylaxis.

EVENTS and SCHOOL TRIPS

For events, including ones that take place outside of the school, and school trips, no pupils with allergies should be excluded from taking part.

The school must ensure that all events and school trips are planned accordingly and risk assessed. The school will make sure that all staff members involved are aware of pupils' allergies and that they have received adequate training.

Pupils should have their own AAIs with them and the school should consider whether it may be appropriate to take spare adrenaline devices in case of emergency. However, this should not cause a lack of spare AAIs on the school premises.

MANAGING INSECT STING ALLERGY

Insect sting (including bee and wasp) allergy causes a lot of anxiety and needs careful management.

Pupils with insect sting allergy should wear shoes at all times when they are outdoors and any food or drink should be covered.

Adults supervising activities must ensure that suitable medication, including AAIs, is always on hand for the management of anaphylaxis.

CATERING

All food businesses, including school caterers, must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The school menu is available for parents to view termly in advance on the school's website (www.leominsterprimaryschool.co.uk) with meals highlighted as to whether they are Vegetarian, Vegan, Gluten Free. All recipes with ingredients and allergens can be found on the School Grid portal – www.schoolgrid.co.uk for parents/ staff with a School Grid account to access.

The Safeguarding Manager will inform the catering provider of pupils with food allergies.

It is good practice to keep a list of individuals with known allergies (including up to date photos and lists of their known allergens) in places where food may be served or handled (including kitchens as well as food technology, science and art and craft classrooms). Photos and information are displayed in key areas around school: offices, first aid areas, communal areas, kitchens and in classrooms in a folder.

Parents / carers are encouraged to meet with the catering provider to discuss their child's needs.

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies are clearly labelled with the name of the pupil for whom they are intended.
- Where food is purchased from the school canteen / tuck shop, parents are advised to check the appropriateness of foods by speaking directly to the catering provider
- School caterers provide information on food allergens to parents / carers and have this available for the pupil to be able to check independently (where age appropriate). Catering staff are available to meet with parents / carers to discuss the provision of allergen safe meals.
- School leaders engage with caterers to understand the controls in place to ensure that food service conforms with legislation.
- Where age appropriate, pupils are taught to check with catering staff before purchasing food or selecting their lunch choice.
- Where food is provided by the school, staff are educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include preparing food for pupils with food allergies first; careful cleaning food preparation areas and utensils, using warm soapy water. (For further information, parents / carers are encouraged to liaise with the catering provider).
- Where food is not directly provided by the school (for example brought in as treats or to celebrate birthdays) parental engagement and permission is sought in advance to ensure inclusion and safety for pupils with allergies.
- Staff are made aware that unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary ('may contain') labelling suggesting a risk of contamination with

allergen. This applies to foods used within the classroom curriculum (e.g. cooking) as well as from the school kitchen or canteen.

- The use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) is considered as it may need to be restricted / risk assessed depending on the allergies of particular pupils and their age.
- In arts and crafts, an appropriate alternative ingredient will be substituted (e.g. wheat-free flour for play-dough or cooking). Food containers (egg cartons, yoghurt pots etc.) can be contaminated with food and alternative, non-food containers for craft activities will be used, where possible. If essential to the activity, e.g. junk modelling, it is ensured that all materials used are free from any allergens that might pose a risk for a specific pupil.
- When planning out-of-school activities such as sporting events, excursions (e.g. restaurants, food processing plants), school outings or camps, staff fully consider the catering requirements of the pupils with food allergies and the emergency planning requirements (including access to emergency medication and medical care).

ALLERGY AWARENESS and NUT BANS

The school supports the approach advocated by many allergy charities towards nut bans / nut free schools, who would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a pupil living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' strategy is a much better approach, as it ensures teachers, pupils and all other relevant persons are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs and symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

RISK ASSESSMENT

The school will conduct a detailed individual risk assessment for each pupil known to have allergies, as well as all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic pupils safe.

The assessment will cover any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology.
- Science experiments involving foods.
- Crafts using food packaging.
- Off-site events and school trips.
- Any other activities involving animals or food, such as animal handling experiences.

See Appendix 4 for an anaphylaxis risk assessment template example.

TRAINING

As they can occur at any time all staff must be trained on what to do in the event of an allergic reaction. Allergy training should be refreshed annually, and new and temporary staff should be trained as soon as they join the school to ensure confidence and competence.

It would be good practice for allergy training to include a practical session using dummy training AAIs, which are available to order through the manufacturer's website.

Training should ensure all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage them.
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever and other conditions) which can co-exist.
- Understand and can identify the main food allergens and understand the difference between food allergy, intolerance and coeliac disease.

- Know where to find information on allergy triggers.
- Can identify the range of symptoms of allergic reactions.
- Understand and can recognise anaphylaxis.
- Know how to respond in an emergency, including:
  - calling emergency services and informing parents.
  - how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).
  - training on how to use the medication / device in an emergency (whether prescribed to a given person or a spare adrenaline device).
- Understand the impact which allergy can have on a pupil's wellbeing.
- Understand this allergy safety policy.
- Know how to check whether an individual is on the record of those with known allergies and how to use an Allergy or Asthma Action Plan.
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens.
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a near miss).

ALLERGIES and BULLYING

By law, all state schools must have a behaviour policy in place that includes measures to prevent all forms of bullying among pupils, and this is a policy decided by the school.

All teachers, pupils and parents must be told what it is, and allergy bullying should be treated seriously, like any other bullying.

Under Section 100 of the Children and Families Act 2014 schools must aim to ensure that all children and young people with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

The Department for Education has provided statutory guidance for schools and colleges on keeping children safe in education. Download here: Keeping children safe in education

FURTHER INFORMATION and GUIDANCE

Other useful websites include:

Allergy UK	Anaphylaxis UK	NSPCC	Kidscape
Family Lives	Young Minds	Childline	Bullybusters
National Bullying Helpline		Anti-Bullying Alliance	

LINKS to OTHER POLICIES

This policy links to the following policies and procedures:

- Health and safety policy.
- Supporting pupils with medical conditions policy.
- First aid policy.
- Catering provider Allergens policy.

A copy of this policy has been made available on the school's website and can be made available in hard copy on request.

Appendix 1 – Allergy Management Checklist

- Does the pupil have an Individual Healthcare Plan?
- Does each pupil have a completed and signed Allergy or Asthma Action Plan?
- Has the school purchased spare adrenaline auto-injectors and emergency reliever inhalers?
- Have all school staff been trained in allergies and anaphylaxis?
- Does the school allergy policy include where and how to store AAIs?
- Is there a schedule to check the expiry dates on spare AAIs and each pupil's AAIs?
- Does the allergy policy cover food catering for pupils with allergies?
- Does the allergy policy include pupil allergy awareness?
- Has the school completed allergy risk assessments?
- Does the allergy policy include risk assessment of extra curricula activities?
- Does the allergy policy cover safeguarding pupils with allergies, including bullying?

Appendix 2 – Glossary of Terms

Allergy Action Plan

These plans are designed to facilitate first aid treatment of anaphylaxis, to be delivered by people without any special medical training or equipment, apart from access to AAIs. These plans are medical documents and should be completed by the pupil's healthcare professional in partnership with parents / carers. The plans have been designed to function as Individual Healthcare Plans for children and young people at risk of anaphylaxis. Download example here: BSACI - Allergy Action Plans

Individual Healthcare Plan (IHP)

Pupils should have an IHP if:

- They have an allergy which has a functional impact on them in the school setting;
- They are at risk of harm as a result of their allergy **and**
- They require arrangements which are additional to or different from those made generally.

These plans are drawn up in partnership between the school, parents / carers and a relevant healthcare professional e.g. school nurse, specialist or children's community nurse or paediatrician, who can best advise on the particular healthcare needs of a pupil. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the pupil manage their specific condition and overcome any potential barriers to getting the most from their education. Download here: Supporting pupils with medical conditions at school

NB - Where a pupil's health issues are related only to their allergy, the Allergy Action Plan can function as their Individual Healthcare Plan.

Asthma Action Plan

Pupils with asthma should be provided with an Asthma Action Plan. These plans are medical documents and should be completed by the pupil's healthcare professional in partnership with parents / carers. The plan provides everything staff need to know about a pupil's asthma in one place, including information about their triggers, symptoms, and medicines to be used if they have asthma symptoms and when to seek emergency help when they have an asthma attack. The plans include medical and parental consent for staff to administer an emergency reliever inhaler in the event of an asthma attack. Download example here: Asthma and Lung UK - Asthma Action Plan

Serious Incident

A serious incident is any event relating directly to a medical condition, including allergy, in which a pupil, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

Near Miss

A near miss is an event relating directly to a medical condition, including allergy, that did not result in harm but had the clear potential to do so, for example, where an error, omission or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

Appendix 3 – Information on Allergies

The most common causes of food allergies relevant to this policy are the fourteen food allergens:

Celery	**Molluscs**
Cereals containing gluten	**Mustard**
Crustaceans	**Peanuts**
Eggs	**Sesame seeds**
Fish	**Soya**
Lupin	**Sulphur Dioxide / Sulphites**
Milk	**Tree nuts**

However, it is possible that any food has the potential to cause and allergic reaction. Contact with any food or materials containing a pupil's allergen has the potential to cause an allergic reaction for that pupil.

Latex, chemicals, medicines, grasses, pollen, weeds, pets, insect venom and animal dander (shedded flakes of skin) can also cause allergic reactions.

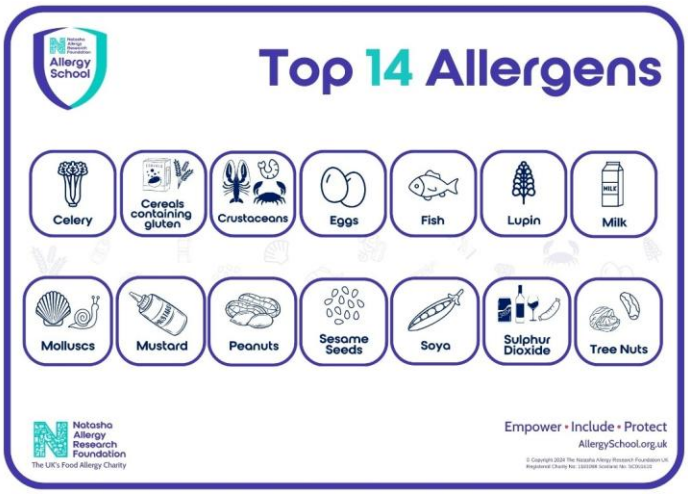
Symptoms

Mild to moderate symptoms include:

- Swelling of the eyes, face and lips.
- Runny or congested nose.
- Raised itchy rash (hives), eczema flare, skin flushing.
- Itchy mouth.
- Stomach cramps, nausea, vomiting, diarrhoea.

Severe symptoms include:

- Swollen tongue, hoarse voice or cry, difficulty swallowing and talking.
- Chest tightness.
- Breathing difficulties, persistent cough, wheeze.
- Low blood pressure, feeling faint, collapse.
- Pale and floppy (babies and small children).



Appendix 4 - Anaphylaxis Risk Assessment Form

This assessment should be completed in liaison with the parents / carers of the pupil, if appropriate.
It should be shared with everyone who has contact with the pupil.

Pupil's Name:	**Date of Birth:**
Key Worker / Teacher / Tutor:	**Name and role of other professionals involved in this assessment:**
Date of Assessment:	**Planned Review Date:**

I give permission for this assessment to be shared with anyone who needs this information to keep the pupil safe:

Headteacher / Principal: **Date:**

Parents / Carers: **Date:**

Pupil: **Date:**

What is the pupil allergic to?			
Allergen exposure risks to be considered:	**Ingestion** ☐	**Direct Contact £**	**Indirect Contact £**
Does the pupil already have an Allergy Action Plan or an Individual Healthcare Plan?		**Yes £**	**No £**
Is the pupil prescribed adrenaline auto-injectors (AAIs)?		**Yes £**	**No £**
Summary of current medical evidence seen as part of the assessment (attach copies)			

Key Questions: Please consider the activities below and insert any considerations that need to be put in place to enable the pupil to take part.

Activities:	**Considerations:**
Creative activities i.e. craft paste / glue, crayons / painting, pasta	
Science type activities i.e. bird feeders, planting seeds, food	
Musical instrument sharing (cross contamination issue)	

Cooking (food prep area and ingredients)	
Mealtime Kitchen prepared food (is allergy information available?): Packed lunches:	
Snacks: (is allergy information available?)	
Drinks	
Celebrations i.e. Birthday, Easter	
Hand washing (how accessible is this for the pupil)	
Indoor play / PE (AAIs to be with pupil)	
Outdoor play / PE (AAIs to be with pupil)	
School field (AAIs to be with pupil)	
Forest school (AAIs to be with pupil)	
Offsite trips (are staff who accompany trip trained to use AAI?)	
Allergy management:	
Does the pupil know when they are having an allergic reaction?	
What signs are there that the pupil is having an allergic reaction?	
What action needs to be taken if the pupil has an allergic reaction?	
If the medication is stored in one secure place are there any occasions when this will not be within 5 minutes reach if required? **Yes** ☐ **No** ☐ If Yes state when and how this can be adjusted:	
If the pupil is trained and confident can the medication be carried by them throughout the day? **Yes** ☐ **No** ☐ If No state the reason:	
Does the pupil have two of their own prescribed AAIs?	
How many staff need to be trained to meet the needs of the pupil?	
Are there spare AAIs available and where are they located?	
Outcome of risk assessment **New Allergy Action Plan / Individual Healthcare Plan required?** **Yes** ☐ **No** ☐ **Existing Allergy Action Plan / Individual Healthcare Plan to be updated?** **Yes** ☐ **No** ☐	

Appendix 5 - First Aid for Anaphylaxis Poster

FIRST AID FOR ANAPHYLAXIS

Allergy School

Recognise the Signs of Anaphylaxis...

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

B Breathing
- Difficult or noisy breathing
- Wheeze or persistent cough

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

An allergic reaction can escalate to anaphylaxis which is potentially life-threatening.
Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

ANAPHYLAXIS: ACTIONS TO TAKE

If any one or more of the above ABC symptoms are present, take these steps.

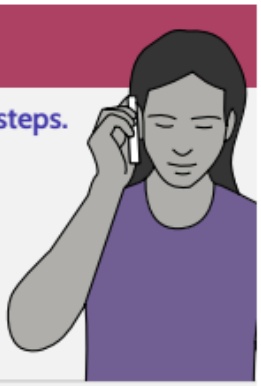
1. Administer an Adrenaline Auto Injector (AAI) without delay

Inject the AAI into the top of the outer thigh. If you're in doubt that it is anaphylaxis but one or more ABC symptoms are present, **give the AAI, it will not harm them.**



2. Dial 999 and say anaphylaxis ('ana-fill-axis')

Stay with the person until the ambulance arrives. **DO NOT let them stand up and walk around.**



3. The person should lie down immediately

If the person is not already lying down, they should do so, with legs raised if possible. If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.



4. Inject a second AAI into the outer thigh if there are no signs of improvement after 5 minutes

If there is no sign of life, start CPR immediately until help arrives.

Please learn these steps. This is life-saving information.
You never know when you will need to act in an anaphylaxis emergency.

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

Empower · Include · Protect
AllergySchool.org.uk

Registered charity England & Wales (1181098) Scotland (SC051610). Based on BSACI and 2023 MHRA guidance.

Appendix 6 - Epipen AAI Instructions

ANAPHYLAXIS

HOW TO USE EPIPEN AAIS

If you think someone is have an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Remove the blue safety cap

Grasp the EpiPen in your dominant hand and remove the blue safety cap by pulling straight up. **Remember: Blue to the Sky, Orange to the Thigh!**

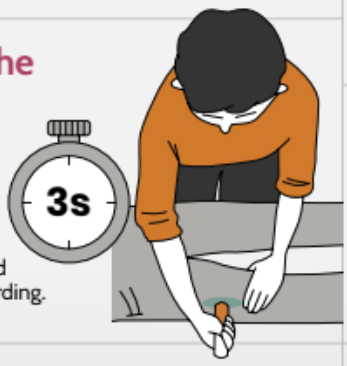


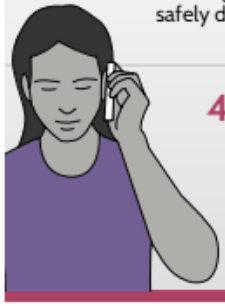
2. Position the orange tip

Hold the EpiPen at 90°, approximately 10cm away from the leg, with the orange tip pointing towards the outer thigh.

3. Administer the EpiPen AAI

Jab the EpiPen firmly into the outer thigh at a right angle. Hold firmly for 3 seconds, before removing and safely discarding.





4. Once the EpiPen AAI has been administered call 999

Ask for an ambulance and say **"ana-fill-axis".**

5. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, **with legs raised if possible.**

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side .



6. If there are no signs of improvement after 5 minutes, use a second EpiPen AAI

The person should remain still and lying down until the ambulance arrives. **Don't try to get up, even if you start to feel better.**

7. Start CPR

If there are no signs of life, **start CPR immediately** until help arrives.



For more information on EpiPen AAIs >>

Sign up to the free expiry alert service and receive reminders by text or email when your EpiPen is about to expire >>

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

Empower • Include • Protect
AllergySchool.org.uk

Registered charity England & Wales (1181098) Scotland (SCO51610). Based on BSACI and 2023 MHRA guidance. Source: EpiPen.

Appendix 7 - Jext AAI Instructions

ANAPHYLAXIS

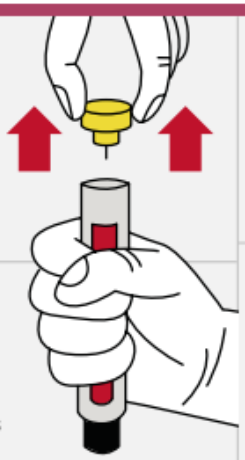
HOW TO USE JEXT AAIS

If you think someone is have an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Hold the Jext AAI in the hand you write with

Hold with your thumb closest to the yellow cap. **Pull off the yellow cap with your other hand.**



2. Place the black injector tip against the outer thigh

Hold the injector **at a right angles (approx. 90°) to the thigh.**

3. Push the black tip as hard as you can into the outer thigh

Wait until you **hear a 'click'** confirming the injection has started, then keep it pushed in. Hold the injector firmly in place against the thigh for **10 seconds (a slow count to 10)** then remove. The black tip will extend automatically and hide the needle.



4. Massage the injection area for 10 seconds

5. Once the Jext AAI has been administered call 999

Ask for an ambulance and say **"ana-fill-axis".**



6. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, **with legs raised if possible.**

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.



7. If there are no signs of improvement after 5 minutes, use a second Jext AAI

The person should remain still and lying down until the ambulance arrives. **Don't try to get up, even if you start to feel better.**

8. Start CPR

If there are no signs of life, **start CPR immediately** until help arrives.



For more information on Jext AAIs >>

Sign up to the free expiry alert service and receive reminders by text or email when your Jext AAi is about to expire >>

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

Empower · Include · Protect

AllergySchool.org.uk

Registered charity England & Wales (1181098) Scotland (SC051610). Based on BSACI and 2023 MHRA guidance. Source: Jext.

Appendix 8 - Letter to Pharmacy to order spare AAIs

[To be completed on headed school paper]

[Date]

Dear Pharmacist

We wish to purchase emergency Adrenaline Auto-injector devices for use in our school / college.

The adrenaline auto-injectors will be used in line with the manufacturer's instructions, for the emergency treatment of anaphylaxis in accordance with the Human Medicines (Amendment) Regulations 2017. This allows schools to purchase 'spare' back-up adrenaline auto-injectors for the emergency treatment of anaphylaxis.

Please supply the following devices:

Brand name*		Dose* (state milligrams or micrograms)	Quantity required
	Adrenaline auto-injector device		
	Adrenaline auto-injector device		

Signed: _____ Date: _____

Print name: _____

Head Teacher / Principal

*AAIs are available in different doses and devices. Schools may wish to purchase the brand most commonly prescribed to its pupils (to reduce confusion and assist with training). Guidance from the Department of Health to schools recommends:

For children age under 6 years:	For children age 6-12 years:	For teenagers age 12+ years:
• Epipen Junior (0.15mg) **or** • Emerade 150 microgram **or** • Jext 150 microgram	• Epipen (0.3 milligrams) **or** • Emerade 300 microgram **or** • Jext 300 microgram	• Epipen (0.3 milligrams) **or** • Emerade 300 microgram **or** • Emerade 500 microgram **or** • Jext 300 microgram

The guidance is available at:

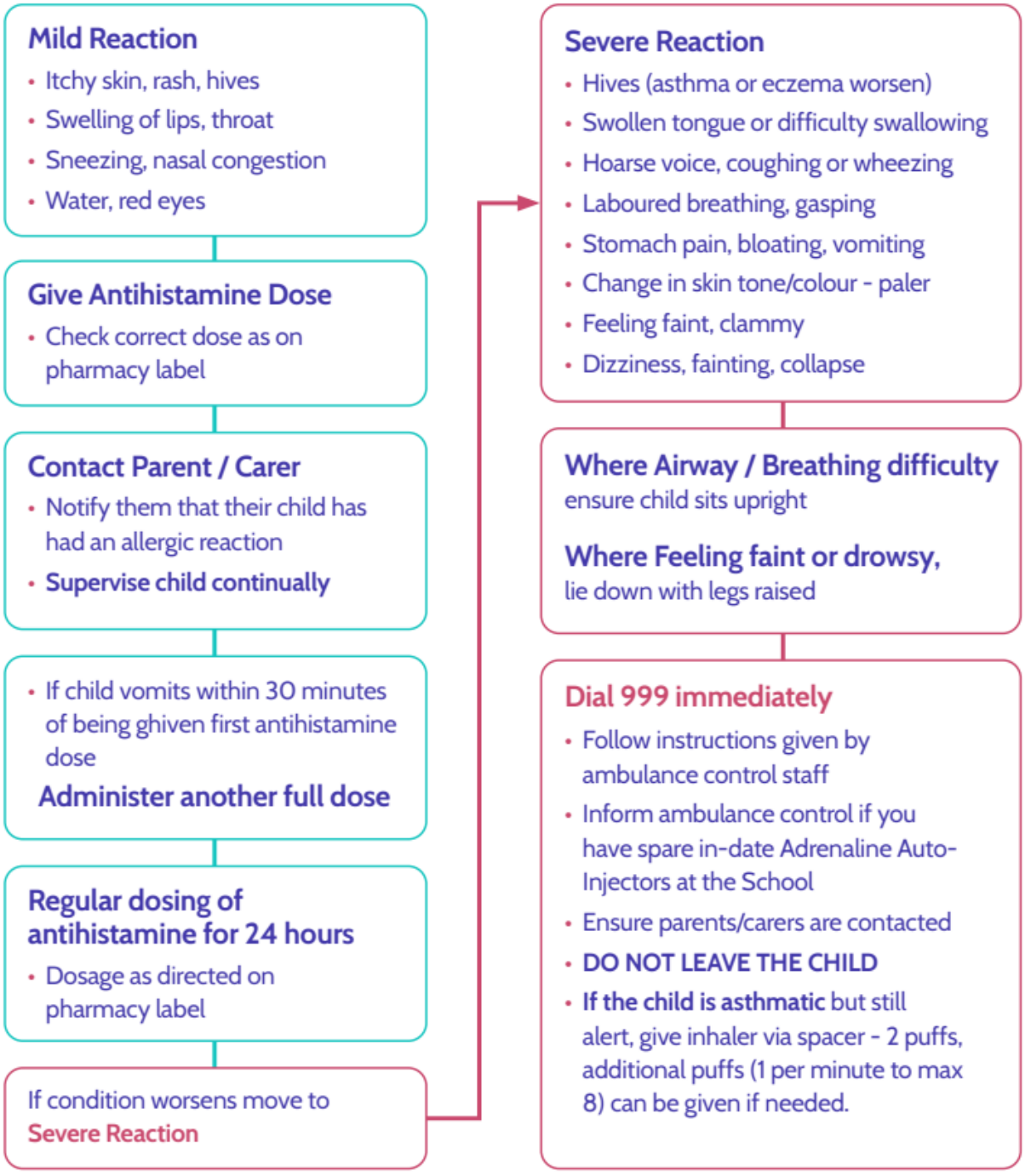
https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools

Further information can be found at http://www.sparepensinschools.uk

Appendix 9

Flowchart for Allergic Reaction without use of Adrenaline Auto-Injector.

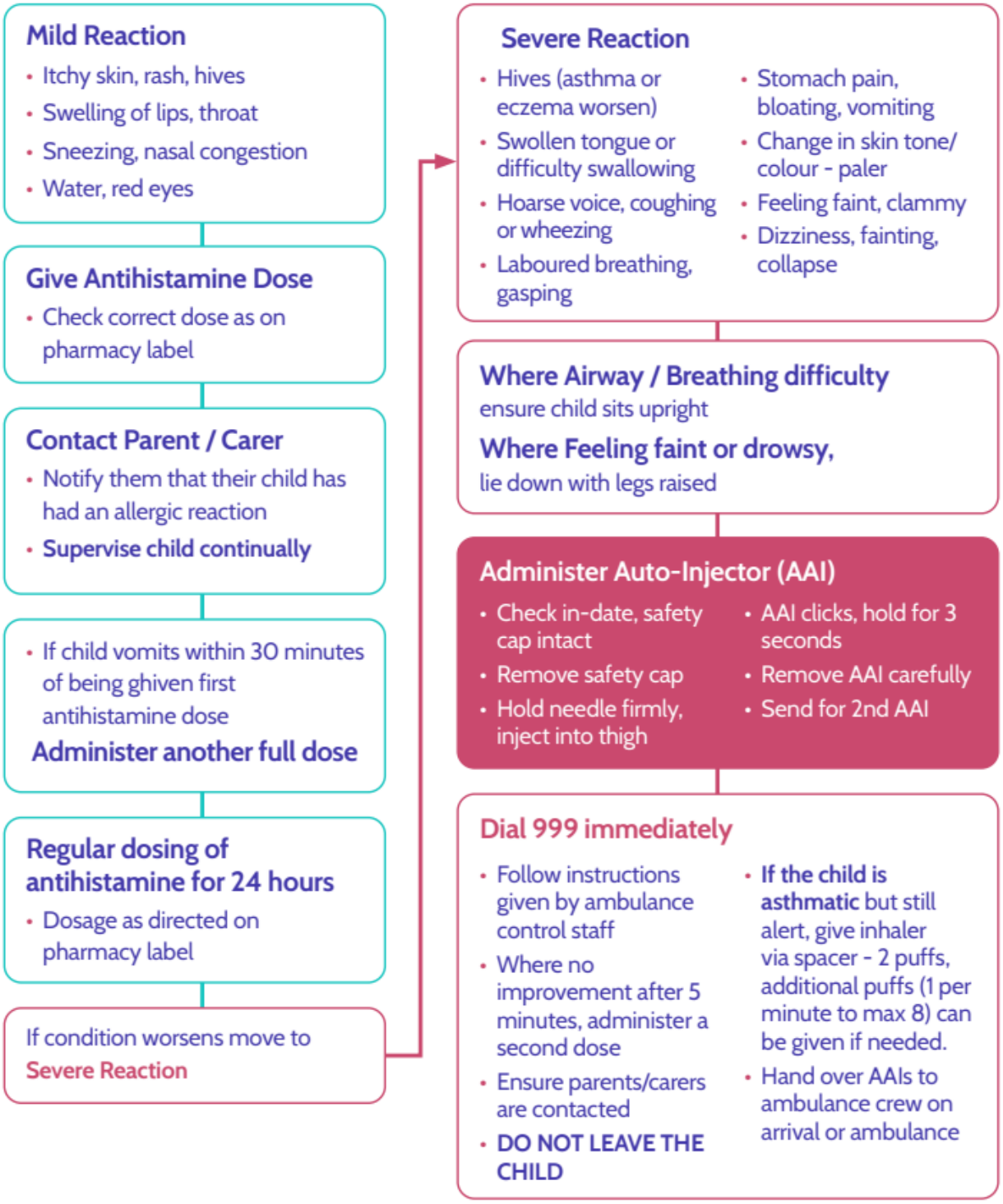
Refer to the child's BSACI Allergy Action Plan if they have one and call for other staff help if needed



Appendix 10

Flowchart for Allergic Reaction with use of Adrenaline Auto-Injector.

Refer to the child's BSACI Allergy Action Plan if they have one and call for other staff help if needed



Appendix 11 – Anaphylaxis Drill Record

School:	
Name of Allergy Lead:	

Running regular anaphylaxis drills helps ensure staff know exactly what to do in an emergency and can respond quickly, calmly and confidently. This checklist will guide you through the process in detail. It can be completed by the allergy lead and signed for record purposes

Date of the Drill:	**Staff members present:**

Why do we need to run an anaphylaxis drill?
An anaphylaxis drill helps schools to:

- **Prepare staff for real emergencies:** Practicing emergency procedures helps staff recognise symptoms quickly and respond without delay.
- **Build confidence and competence:** Rehearsing the use of adrenaline devices helps staff feel more confident carrying out their role in a real incident.
- **Improve communication and teamwork:** Drills clarify who call the emergency services, who retrieves medication, who stays with the pupil and who supports other pupils.
- **Test school procedures and equipment:** Drills help identify gaps in allergy management plans, communication systems or medication access before a real emergency occurs.
- **Support compliance with school policies and guidance:** Regular practice demonstrates that the school is taking reasonable steps to protect pupils with allergies and maintain a safe environment.
- **Reduce anxiety for pupils, parents and staff:** Knowing there is a clear, practiced emergency response helps create a safer and more reassuring school culture.

Step 1: Plan the Scenario
Detail here which scenario will be practiced. (e.g. allergic reaction in the classroom, dining hall or playground). Ensure the scenario is realistic but appropriate for staff experience levels.

Step 2: Review Emergency Procedures

Before starting the drill, make sure all staff are clear on their responsibilities. Check they all know:

- How to recognise the signs of anaphylaxis
- Where emergency medication is stored
- How to use an adrenaline auto-injector
- Who is responsible for calling 999
- How pupils' allergy care plans are accessed

Step 3: Set up the Scenario

List here what role staff will play:

Place trainer adrenaline auto-injectors in the location the real ones would usually be and get staff in their positions to run the mock scenario.

Step 4: Run the Drill

Ask staff to respond exactly as they would in a real emergency.

Key actions should include:

- Recognising the symptoms
- Calling for help
- Retrieving the pupil's medication
- Administering the adrenaline auto-injector
- Calling 999
- Monitoring and reassuring the pupil
- Following the school's emergency procedures
- Observe how quickly and effectively the team responds

Step 5: Debrief afterwards

What went well?

Any delays or confusion?

Did staff know their roles?

Was the medication easy to access?

Any improvements needed to procedures or training?

Step 5: Record and Review
Any actions identified for improvement: Use these findings to update training, emergency plans and school procedures where needed.

Good practice tips
• Run drills regularly (termly recommended) • Include new and temporary staff where possible • Practice different scenarios and locations around the school • Check training devices and emergency medication are in date • Link drills to wider first aid and safeguarding procedures • Regular anaphylaxis drills help to ensure staff are prepared to respond effectively in an emergency and support a safer environment for all pupils

Reviewed by:			
Name:	Job Title:	Signature:	Date: