Allergen & Anaphylaxis Policy

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1. Statement of intent

Name of 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.

2. 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)
- Department of Health 'Guidance on the use of adrenaline auto-injectors in schools'
- DfE 'Supporting pupils at school with medical conditions'
- DfE 'Allergy guidance for schools'
- DfE guidance on the 'Use of Emergency Salbutamol Inhalers in schools'.

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

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

3. 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 feint
- Suddenly becoming sleepy, unconscious or collapsing
- For infants and younger pupils, becoming pale or floppy.

4. Roles and responsibilities

Strategic Responsibility

The Chief Operations Officer has strategic responsibility for allergy safety, policy compliance and monitoring across Orchard Community Trust.

Operational Responsibility

Each academy will appoint a Senior Allergy Lead who is responsible for operational implementation of this policy, maintenance of registers, oversight of training, incident management and review of Individual Healthcare Plans.

The **Trust 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 risk
- 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 development, implementation and monitoring of this policy and related policies.

The **Headteacher** is responsible for:

- 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 staff are appropriately trained in the recognition of acute asthma symptoms and emergency asthma response procedures
- Ensuring that appropriate arrangements are in place for pupils with asthma, including access to prescribed reliever inhalers, Asthma Action Plans where provided, and spare salbutamol inhalers where held by the school
- 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.

The **School Operations Manager** is responsible for:

- 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.

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
- Monitoring all food supplied to pupils by both the school and parents
- Ensuring that pupils do not share food and drink in order to prevent accidental contact with an allergen.

The **catering manager** is 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 kitchen 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.

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 main 14 allergens, as is a legal obligation, and making sure this information is readily available for those who may need it
- Ensuring that the required food labelling is complete, correct, clearly legible, and is either printed on the food packaging or attached via a secure label
- Reporting to the 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 written consent for the use of a spare AAI
- 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.

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.

5. 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.

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

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-free and gluten-free options available for pupils with allergies and intolerances.

To ensure that catering staff can appropriately identify pupils with dietary needs, pupils will wear coloured wrist bands that denote their food allergy; a key explaining the colours will be displayed on the wall in the serving area so that it is visible to all kitchen staff.

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.

6. 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:

[Schools should use this section to outline the method they have adopted to track allergens. It is recommended that schools adopt a single method that can be implemented consistently. This is to ensure there is a minimal risk of errors. The below text is an example.]

- 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.

Kitchen staff will be vigilant when ensuring that all PPDS foods have the correct labelling in a clearly legible format, and that this is either printed on the packaging itself or on an attached label. Food goods with incorrect or incomplete labelling will be removed from the product line, disposed of safely and no longer offered for consumption.

Any abnormalities in labelling will be reported to the kitchen manager immediately and Edwards & Ward Operation Manager, 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 and Edwards & Ward Operation Manager, 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.

7. 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.

A supply of antihistamine tablets will be kept in the main office in case of an allergic reaction.

8. 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 in to 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 Facilities/Premises Manager.

The Facilities/Premises 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.

9. Asthma and Allergy Management

Asthma is recognised as a significant risk factor for severe allergic reactions and anaphylaxis. Where a pupil has both asthma and an allergy, the school will ensure that suitable arrangements are in place to manage both conditions effectively.

The school will:

- Ensure staff are able to recognise acute asthma symptoms, including wheezing, persistent coughing, shortness of breath, chest tightness and difficulty speaking in full sentences
- Ensure staff understand the emergency procedures for responding to an asthma attack
- Maintain records of Asthma Action Plans where these are provided by parents or healthcare professionals
- Ensure pupils have prompt access to their prescribed reliever inhaler at all times
- Inform relevant staff of the location of pupil inhalers and any emergency medication
- Maintain spare salbutamol inhalers where the school has chosen to hold them and ensure they are stored, monitored and used in accordance with current statutory guidance and the school's Supporting Pupils with Medical Conditions Policy
- Ensure that asthma information is reflected within Individual Healthcare Plans and risk assessments where appropriate.

10. 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 on the school letterheaded paper, 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 Chief Operations Officer, 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 pupils under age 6: 0.15 milligrams of adrenaline
- For pupils aged 6-12: 0.3 milligrams of adrenaline.

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 suitably safe and easily accessible location.

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:

- Name of location
- Name of location
- Name of location

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 in line with manufacturer's guidelines, protected from direct sunlight and extreme temperature.

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

- Name of staff member
- Name of staff member
- Name of staff member

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: Name of staff member.

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.

11. 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.

The school will seek medical authorisation and written parental consent for pupils at risk of anaphylaxis and record this within the Individual Healthcare Plan. However, in a life-threatening emergency, the absence of recorded consent will not prevent a member of staff from taking reasonable action, including the administration of a spare AAI where required to preserve life, in accordance with current statutory guidance

Consent will be obtained as part of the introduction or development of a pupil's IHP.

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 authorisation has been received
- Whether written parental consent has been received
- Dosage requirements.

Parents are required 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.

Name of individual checks the register is up-to-date on an annual basis.

Name of individual 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/specified folder on Microsoft Teams, which are accessible to all staff members.

12. 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 prescribed emergency medication, including any reliever inhaler and/or AAI, will be available throughout the trip. Staff accompanying the visit will be aware of the location of the medication and any relevant Asthma Action Plan or Individual Healthcare Plan.

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.

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.

13. 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 Headteacher 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 office with any necessary medication, ensuring that this is clearly labelled with the pupil's name, class, expiration date and instructions for administering it.

The school will assess whether appropriate emergency medication and control measures are available before a pupil participates in school activities or educational visits. Where a pupil's prescribed medication is unavailable, a risk assessment will be undertaken to determine whether suitable alternative emergency arrangements, including school-held spare medication where appropriate, can be implemented.

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. Where a pupil has asthma, the school will ensure that arrangements are in place for immediate access to their reliever inhaler. Asthma Action Plans, where provided, will be shared with relevant staff and used alongside Individual Healthcare Plans.

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.

Name of staff member 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.

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

14. Staff training

Designated staff members will be trained in the administration of AAIs, recognition of acute asthma symptoms, emergency asthma response procedures and the management of anaphylaxis.

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.

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 able to recognise the signs and symptoms of an asthma attack
- Understand the relationship between poorly controlled asthma and increased risk of severe allergic reactions
- Know how to obtain access to a pupil's reliever inhaler and any spare salbutamol inhaler held by the school
- Be familiar with the emergency procedures for responding to an asthma incident
- Be aware of the provisions of this policy.

All pupil-facing staff, including teachers, teaching assistants, lunchtime supervisors, office staff, catering staff, educational visit staff, volunteers, supply staff and temporary staff, will receive annual allergy-awareness training.

15. Mild to moderate allergic reaction

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. An AAI will not be administered in these situations without contacting the emergency services.

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.

16. 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. A designated staff member will be called for help and the emergency services contacted immediately. The designated staff member will administer an AAI to the pupil. Where anaphylaxis is suspected, adrenaline should be administered without delay. Staff should not delay emergency treatment whilst seeking to verify consent. Where asthma symptoms are also present, staff will follow the pupil's Asthma Action Plan, where available, whilst awaiting emergency medical assistance.

Where there is any delay in contacting designated staff members, the nearest staff member will administer the AAI.

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'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.

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

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

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.

If a pupil is taken to hospital by ambulance, two members of staff will accompany them.

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

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

All allergy-related incidents and near misses will be recorded and reviewed. Investigations will identify contributory factors, lessons learned and any corrective actions required. Findings will be used to improve procedures, risk assessments, staff training, Individual Healthcare Plans and emergency response arrangements.

17. Monitoring and review

The Chief Operations Officer is responsible for reviewing this policy annually.

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

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

18. 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	

19. Parental Consent - Spare AAIs

I understand that the school may purchase spare AAIs to be used in the event of an emergency allergic reaction. I understand that the school will normally seek medical authorisation and parental consent for the use of spare AAIs. However, in a life-threatening emergency, staff may take reasonable action, including administration of a spare AAI, where necessary to preserve life in accordance with current statutory guidance.

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			