ACHIEVING TOGETHER

FOUR STONES GATEWAY TRUST

ALLERGY SAFETY POLICY

DATE POLICY WAS APPROVED	01/09/2026
DATE POLICY WILL BE REVIEWED	Spring 2027
MEMBER OF STAFF WITH RESPONSIBILTY FOR REVIEW	Head of Estates

FOUR STONES GATEWAY TRUST
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Key Definitions

All policies incorporate the following schools or organisations within Four Stones Gateway Trust ('the Trust'):

- Clee Hill Community Academy
- Cleobury Mortimer Primary School
- Haybridge High School and Sixth Form
- Haybridge Teaching School Hub
- Haybridge SCITT
- King Charles I School
- Lacon Childe School
- SHaW (Shropshire, Herefordshire and Wolverhampton) Maths Hub
- Stottesdon CofE Primary School
- TDMS (The De Montfort School)
- Any other schools or organisations that may join the Trust from time to time and not listed above.

The terms Academy, School, Organisation and Trust are considered interchangeable in the context of all Trust policies.

Where appropriate, in this policy the term:

"CEO" includes the Chief Executive Officer

"CFOO" includes the Chief Financial Officer

"Trust Senior Leadership Team" includes Executive Headteachers, Headteachers, strategic operational leads and Teaching School/SCITT Directors.

"Headteacher" includes the appropriate School Headteacher.

"Trustees or Trust Board" are appointed Trustees who oversee the business of Four Stones Gateway Trust, agreeing the overarching strategic direction and ensuring robust governance.

"Local Academy Boards (LAB)" are appointed Governors at a local level. LAB Governors act as advocates for their school's Safeguarding, SEND, Standards and Stakeholder engagement.

"Chair" responsible for leading the board and ensuring its effectiveness

"Stakeholders" are any individuals or companies who are invested in the welfare and success of the Trust and/or School and its students, including staff members, students, parents, community members, LAB or Trust members, trade unions, local business leaders etc.

Contents

1.0 Introduction
Four Stones Gateway Trust is committed to providing a safe, inclusive and supportive environment in which every student can access education safely, regardless of any diagnosed allergy.
The Trust recognises that allergic disease is increasing amongst children and young people and that allergic reactions, including anaphylaxis, can occur rapidly and without warning. Appropriate planning, effective communication, robust risk management and well-trained staff are essential to safeguarding students with allergies.

The Trust is committed to:

- promoting the health, safety and wellbeing of all students, staff and visitors;
- ensuring students with allergies are able to participate fully in all aspects of school life;
- reducing, as far as reasonably practicable, the risk of accidental allergen exposure;
- ensuring all schools have effective procedures to recognise and respond promptly to allergic reactions;
- meeting all statutory duties relating to supporting students with medical conditions;
- complying with the Department for Education's statutory guidance *Allergy Safety in Schools*;
- fostering a culture of awareness, inclusion and shared responsibility.

Whilst every reasonable precaution will be taken, it is recognised that it is not possible to eliminate every potential allergen from the school environment. The Trust therefore adopts a risk management approach based upon identification, assessment, control and continual review.

This policy outlines The Trust's approach to allergy management, including how each school community works to reduce the risk of an allergic reaction happening and the procedures in place to respond if one does. It also sets out how we support our students with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an Allergy Aware School.

2.0 Related Policies

- Supporting Students with Medical Conditions Policy
- Health and Safety Policy
- First Aid Policy
- Educational Visits Policy
- Safeguarding Policy
- Behaviour Policy
- Food Safety Procedures
- Equality, Diversity and Inclusion Policy
- Risk Assessment Procedures
- Incident Reporting Procedures

3.0 Legislative Framework

- Department for Education – *Allergy Safety in Schools* (Statutory Guidance)
- Children and Families Act 2014
- Section 100 of the Children and Families Act 2014
- Supporting Students with Medical Conditions at School
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- Food Information Regulations 2014
- Food Safety Act 1990
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) where applicable
- Keeping Children Safe in Education
- Human Medicines Regulations relating to spare Adrenaline Auto-Injectors.

4.0 Equalities Statement
Our Trust is clear about the need to actively support students with medical conditions to participate in school life. The school will consider what reasonable adjustments are needed to enable these students to participate fully and safely in all aspects of school life.

Risk assessments will be considered where necessary to ensure that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. In doing so, students, their parents and any relevant healthcare professionals will be consulted.

5.0 Context
Food allergies are increasing in both developed and developing countries, especially in children and the severity and complexity of food allergy is also increasing. Food allergy can be fatal, and an appropriate diagnosis is essential in parallel with the need for clear food labelling worldwide.

Around 5-8% of children in the UK live with a food allergy and most school classrooms will have at least one allergic student. These young people are at risk of anaphylaxis, a potentially life-threatening reaction which requires an immediate emergency response. 20% of severe allergic reactions to food happen whilst a child is at school, and these reactions can occur in children with no prior history of food allergy. It is essential that staff recognise the signs of an allergic reaction, symptoms and are able to manage it safely and effectively. Appendix A shows further allergy conditions.

The Trust has a legal duty to support students with medical conditions, including allergies.

6.0 Definitions
6.1 ALLERGY: Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction. Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency. People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

6.2 ALLERGEN: A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex, wasp and bee stings are less common allergens. Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, brazil nut, macadamia etc.), sesame, fish, shellfish, soya and wheat. There are 14 allergens required by law to be highlighted on pre-packed food. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

6.3 ANAPHYLAXIS: Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

6.4 ADRENALINE AUTO-INJECTOR: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAIs, Epipens or by the brand name EpiPen. There are three brands licensed for use in the UK: EpiPen, Emerade and Jext Pen. For the purposes of this policy, they are referred to as AAI's.

6.5 ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

6.6 INDIVIDUAL HEALTHCARE PLAN: A detailed document outlining an individual student's condition, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, students should have an Individual Healthcare Plan (IHP) if:

- they have an allergy which has a functional impact on them in their school, college or 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.

All students with an Individual Healthcare Plan, it should be read in conjunction with their Allergy Action Plan.

6.7 RISK ASSESSMENT: A detailed document outlining an activity, the risks it poses, and any actions taken to mitigate those risks. Allergies should be included on all risk assessments for events on and off the school site.

6.8 SPARE AAI PENS: The School holds spare auto injectors (in pairs) which are held as a back-up, in case students' prescribed auto-injectors are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

6.9 Near Miss means an event which could have resulted in accidental allergen exposure, but where no reaction occurred.

6.10 Reasonable Adjustments are measures implemented under the Equality Act 2010 to support students with disabilities or medical conditions.

7.0 Principles

The Trust will adopt the following principles:

- Every student has the right to attend school safely.
- Students with allergies should not be excluded from activities unnecessarily.
- Risk should be managed rather than avoided through blanket restrictions wherever possible.
- Staff will receive appropriate information and training.
- Parents/carers remain responsible for informing schools of allergies and supplying prescribed medication.
- Schools will work collaboratively with families and healthcare professionals.
- Lessons will be learned from incidents and near misses.
- Allergy management forms part of the Trust's wider safeguarding responsibilities.

8.0 Roles and Responsibilities

8.1 Board of Trustees

The Board of Trustees is responsible for:

- approving this policy;
- ensuring effective governance arrangements are in place;
- receiving assurance that statutory duties are being met;
- monitoring compliance through Trust reporting;
- ensuring appropriate resources are available for implementation.

8.2 Chief Executive Officer

The Chief Executive Officer has overall accountability for implementation of this policy across the Trust and will ensure that:

- effective arrangements exist across all schools;
- sufficient resources are available;
- suitable leadership arrangements are established;
- significant incidents are reported appropriately;
- compliance is monitored.

8.3 Estates Leadership Team

The Estates Leadership Team will:

- oversee Trust-wide implementation;
- monitor compliance;
- commission audits where appropriate;
- identify improvements from incidents;
- ensure consistency across academies

8.4 Headteachers

Headteachers are responsible for implementing this policy within their schools and must ensure:

- students with allergies are identified promptly;
- Individual Healthcare Plans are implemented;
- appropriate staff training is completed;
- emergency medication is readily available;
- emergency procedures are understood;
- allergy information is communicated appropriately;
- applicable and suitable risk assessments are completed;

- incidents are investigated;
- annual reviews are undertaken.

Headteachers may delegate day-to-day operational duties but remain accountable for ensuring statutory requirements are met.

8.5 School Allergy Safety Lead

Each school shall nominate a competent member of staff to act as the School Allergy Safety Lead. This role will be undertaken by a member of the school senior leadership team.

The School Allergy Safety Lead has strategic responsibility for ensuring the effective implementation of this policy within the academy and for providing assurance to the Headteacher that statutory requirements are being met.

The School Allergy Safety Lead is responsible for:

- providing leadership and oversight of allergy management within the school;
- ensuring compliance with this policy and statutory guidance;
- ensuring appropriate systems and procedures are in place;
- overseeing the completion and annual review of Individual Healthcare Plans (IHPs);
- ensuring suitable risk assessments are undertaken;
- monitoring staff training and competency;
- reviewing allergy-related incidents and identifying lessons learned;
- reporting significant concerns or incidents to the Headteacher;
- ensuring appropriate monitoring and quality assurance arrangements are in place.

The School Allergy Safety Lead may delegate day-to-day administrative duties but retains overall responsibility for ensuring they are completed effectively.

8.6 Lead First Aider/Medical Administrator

Each school shall designate an appropriate member of staff to coordinate the day-to-day administration of allergy management. This must be a suitably trained member of staff.

The Allergy Administrator is responsible for:

- maintaining the Allergy Register;
- coordinating the completion and review of Individual Healthcare Plans (IHPs);
- monitoring medication expiry dates and notifying parents when replacements are required;
- maintaining records of emergency medication held within school;
- coordinating annual staff allergy awareness training and maintaining training records;
- ensuring relevant staff have access to current allergy information;
- supporting the planning of educational visits by providing relevant allergy information;
- maintaining records of allergy incidents and near misses;
- acting as the first point of contact for parents regarding routine allergy administration;
- escalating any concerns to the School Allergy Safety Lead promptly.

8.7 All Employees

All employees are responsible for:

- taking reasonable care of students in their supervision;
- following this policy;
- attending/completing mandatory training;
- understanding emergency procedures;
- reporting concerns promptly;
- participating in reviews following incidents;
- promoting an inclusive culture.
- Making the relevant people aware of any known allergies

Employees should never knowingly provide food or materials to a student where this conflicts with the student's Individual Healthcare Plan.

8.8 Parents and Carers

Parents and carers are responsible for:

- informing the school of diagnosed allergies;
- providing accurate medical information;
- supplying prescribed medication;
- replacing medication before expiry;

- participating in annual reviews;
- informing the school of any changes.

8.9 Students
Where age and understanding permit, students are encouraged to:
- understand their allergies;
- avoid known allergens;
- carry prescribed medication where agreed;
- report symptoms immediately;
- never share food, drinks or medication.

The Trust recognises that responsibility will vary according to the age, maturity and medical needs of each student.

9.0 Identification of Students with Allergies
Early identification of students with allergies is fundamental to ensuring their safety and wellbeing. Each academy must have robust procedures in place to identify students with diagnosed or suspected allergies before they attend school wherever reasonably practicable.
Information relating to allergies will be obtained through:
- admission forms;
- medical information supplied by parents or carers;
- transition meetings with previous settings;
- healthcare professionals, where appropriate and with parental consent;
- annual medical information updates;
- notification from parents/carers following a new diagnosis.

Parents and carers must notify the school immediately if:
- a new allergy is diagnosed;
- an existing allergy changes;
- medication is changed;
- emergency treatment has been administered outside school;
- an Individual Healthcare Plan requires updating.

Schools will not diagnose allergies or provide medical advice but will work collaboratively with families and healthcare professionals to support students with diagnosed medical needs.

9.1 Allergy Register
Each school shall maintain an up-to-date Allergy Register.
The register should include, where appropriate:
- student name;
- year group;
- photograph (where appropriate);
- allergen(s);
- severity of allergy;
- prescribed medication;
- location of medication;
- staff who require enhanced awareness;
- Individual Healthcare Plan review date.

The register shall:
- be reviewed at least termly;
- be updated immediately following any changes;
- be available to relevant staff whilst maintaining confidentiality;
- be accessible during emergency situations;
- accompany educational visit planning where required.

Information must be handled in accordance with UK GDPR and the Data Protection Act 2018.

9.2 Individual Healthcare Plans for Allergy (IHPs)
Every student with a significant diagnosed allergy requiring ongoing management should have an Individual Healthcare Plan (IHP).
The plan will normally be developed collaboratively between:
- parents or carers;

- the school;
- healthcare professionals where appropriate;
- the student, where age appropriate.

The IHP should be reviewed:

- annually as a minimum;
- following any allergic reaction;
- after changes to medication;
- following medical advice;
- whenever circumstances change.

9.3 Contents of an Individual Healthcare Plan for Allergy

The school will ensure that an Individual Healthcare Plan (IHP) is put in place for students whose allergy has a functional impact on their education, places them at risk of harm, or requires arrangements that are additional to or different from those provided generally for all students. The need for an IHP will be considered on an individual basis in consultation with parents and, where relevant, healthcare professionals. Not all students with allergies will require an IHP; however, students who require specific allergy management arrangements, emergency medication, risk-reduction measures or reasonable adjustments will normally have an IHP in place. The school allergy safety lead will make the final decision regarding whether an IHP is required

The Individual Healthcare Plan should include:
Where prescribed, copies of the manufacturer's emergency treatment guidance should accompany the plan. A suggested template can be found at Appendix B

IHP section	Content
Key information	The child or young person's name, date of birth, class and emergency contact details Include a current photo Who does the IHP need to be shared with in the setting?
Allergy	What allergies does the child or young person have? Identify the known allergens Is the child or young person likely to be aware that they are having an allergic reaction? Can they alert others?
Managing the allergy	Have healthcare professionals issued any care or action plans? Has the child or young person been prescribed medication? Can the condition be managed through adjustments to practice? How far can the child or young person take responsibility for managing their allergy? Do they require support or monitoring?
Impact on education	What is the potential impact on health? What is the potential impact on learning? What is the potential impact on wellbeing? If relevant, note any interaction between allergy and SEN
Arrangements for support	What support or adaptations will the school, college or early years setting put in place? How will the risk of exposure to known allergens be managed? How will food allergy be managed at meal or snack times? How will educational progress be maintained where absence or missed learning occurs due to allergy?
Visits and trips	What arrangements and adjustments may be needed to ensure participation in visits, trips etc outside the setting? What needs to be considered in a risk assessment?

Emergency response	Refer to and attach any Action Plan issued by a healthcare professional covering emergency response. What are the signs and symptoms of an emergency? What should happen in an emergency? Who should be contacted? Where are “spare” adrenaline devices located?
Review	When was the IHP issued and by whom? When was the IHP last discussed with the child or young person and their parents? When is the IHP next due to be reviewed?
Annex – Medication	*If applicable*, record any prescription medication (e.g. adrenaline) which the child or young person may require while in education Where is the medication stored? How and when may the child or young person need access? Is this emergency medication? Is there parental consent to administer medication? When was it given?
Annex – Action plans	*If applicable*, attach any Allergy or Asthma Action Plan issued by a healthcare professional Note which healthcare professional issued the plan, their role and the date issued

9.4 Staff Allergy Information

The Trust is committed to supporting employees with allergies and reducing the risk of exposure whilst at work. Employees are responsible for informing the People Team of any diagnosed allergy, including any allergies that may require emergency treatment or reasonable workplace adjustments.

All employees must notify the allergy lead of any new allergy diagnosis or any significant changes to an existing allergy as soon as reasonably practicable. They will ensure that relevant information is recorded confidentially and, where appropriate and with the employee's knowledge, shared with line managers and other staff who need to know in order to support the individual safely.

Employees are also responsible for keeping their allergy information up to date and notifying the People Team if their circumstances or medical requirements change.

Where visitors, contractors or volunteers advise the school that they have an allergy, reasonable steps will be taken to minimise risk during their visit, particularly where food is being provided or allergy hazards may be present.

10.0 Confidentiality and Information Sharing

The Trust recognises the importance of balancing confidentiality with safeguarding responsibilities. Relevant allergy information will only be shared with those who require it to fulfil their professional responsibilities.

Information may be shared with:

- teaching staff;
- support staff;
- lunchtime supervisors;
- catering teams;
- wraparound care staff;
- educational visit leaders;
- first aiders;
- supply staff where appropriate.

Parents will be informed of how information is shared to ensure their child's safety.

11. Risk Assessment
Every school shall adopt a proportionate approach to managing the risks associated with allergy, ensuring that appropriate measures are in place to minimise the risk of allergen exposure and support students with allergies to participate fully in school life.

Allergy-related risks should be considered within existing risk assessments and risk management arrangements where relevant, including consideration of:

- the likelihood of allergen exposure;
- the potential severity of an allergic reaction;
- the age and individual needs of the student;
- the level of supervision required;
- activities being undertaken;
- environmental factors; and
- emergency response arrangements.

Where a student has an Individual Healthcare Plan (IHP), the arrangements and reasonable adjustments identified within the IHP, together with the student's Allergy Action Plan where provided by a healthcare professional, should be taken into account when planning relevant activities and managing risks.
A separate individual allergy risk assessment is not routinely required where the risks and appropriate control measures are adequately addressed through existing risk assessments, the IHP and Allergy Action Plan.

Risk management arrangements should be reviewed:

- following an allergy-related incident or near miss;
- where there is a change to the student's medical needs or allergy management arrangements;
- where there are significant changes to school activities, routines or environments; and
- as part of the academy's normal review of relevant risk assessments and risk management arrangements.

12.0 Managing the School Environment
The Trust recognises that creating a completely allergen-free environment is neither practical nor achievable.
Instead, schools will implement sensible, proportionate and evidence-based control measures to minimise risk.
Measures may include:

- effective cleaning regimes;
- supervision during eating;
- hand washing before and after meals;
- discouraging food sharing;
- clear communication regarding allergens;
- safe storage of food products;
- appropriate waste disposal;
- consideration of allergens during curriculum activities.

Control measures will be determined through individual risk assessments rather than blanket restrictions wherever reasonably practicable.

13.0 Food in School
Food is frequently used within schools for learning activities, celebrations and fundraising.
Staff should consider allergy risks before introducing food into any activity.
Where food is used:

- ingredients should be known;
- allergen information should be available;
- students' Individual Healthcare Plans should be checked;
- cross-contamination should be avoided;
- alternatives should be provided where appropriate.

Students should never be encouraged to consume food if there is uncertainty regarding its ingredients.

13.1 School Catering
Our Trust-wide catering provider is Innovate, part of the Impact Food Group. They have robust procedures in place to ensure that all students, including those with food allergies, are catered for safely.

School menus, including allergen information, are available to view on each school's website.
Each school kitchen has a designated Allergy Buddy who is trained to support students with food allergies and ensure that appropriate procedures are followed.

In our primary schools, a pre order system is in place and students with food allergies are offered a suitable menu for their needs, allowing meals to be prepared safely from an appropriate menu that meets their dietary requirements.

Primary schools also provide (in house) a planned menu for breakfast and snack sessions within its wraparound provision. Information about the allergens contained within menu items will be maintained and made available to staff and parents. Before food is prepared or served, staff must be aware of the allergies and dietary requirements of all pupils attending the session and must check allergen information against individual pupil records and healthcare plans where applicable. Suitable alternatives will be provided for pupils with identified allergies.

At secondary schools, the catering till system identifies students with food allergies and displays their photograph to catering staff. Meals are not served until the student's allergy requirements have been checked and the correct meal has been confirmed in accordance with Innovate's allergy management procedures.

14.0 Classroom Activities
Teachers must consider allergy risks during curriculum planning.
Particular consideration should be given to:

- Food Technology;
- Design Technology;
- Science;
- Art;
- Forest School;
- Early Years sensory activities;
- gardening activities;
- animal handling.

Where allergens may be present, suitable control measures should be implemented before activities commence.

15.0 Celebrations and Events
Birthdays, cultural celebrations and fundraising events should be planned to ensure students with allergies can participate safely.
Schools should encourage inclusive approaches that do not unnecessarily exclude students with allergies.
Staff should:

- avoid assumptions regarding food safety;
- obtain ingredient information where appropriate;
- communicate with parents/carers when necessary;
- consider non-food alternatives where suitable.

16.0 Visitors, Contractors and External Providers
Where external organisations provide services on behalf of the Trust, reasonable steps shall be taken to ensure they understand any relevant allergy management arrangements.
This may include:

- educational providers;
- sports coaches;
- music tutors;
- contractors;
- letting users;
- volunteers.

Where activities involve food or potential allergen exposure, organisers should liaise with the school in advance.

Visitors, contractors and external providers are required to report any allergy-related near miss or safety concern to the school immediately. These reports will be recorded and reviewed to help prevent future incidents and improve allergy safety.

17.0 Before and After School Provision

The requirements of this policy apply equally to:

- breakfast clubs;
- after-school clubs;
- holiday clubs operated by the Trust;
- wraparound childcare.

Providers operating on behalf of the Trust must:

- have access to relevant Individual Healthcare Plans;
- understand emergency procedures;
- know how to summon assistance;
- know where emergency medication is stored.

18.0 Inclusion

The Trust is committed to ensuring students with allergies are able to participate fully in school life. Reasonable adjustments will be considered on an individual basis.

Students should not normally be excluded from:

- educational visits;
- residential visits;
- sporting activities;
- practical lessons;
- extracurricular activities;
- school performances.

School will not penalise students for their attendance record if their absences are related to their allergy, e.g. hospital appointments and health management.

Where additional arrangements are required, these will be identified through individual risk assessment and discussed with parents/carers.

19.0 Monitoring Daily Management

The School Allergy Safety Lead should routinely monitor:

- expiry dates of medication;
- completion of Individual Healthcare Plans;
- staff awareness;
- implementation of control measures;
- effectiveness of communication;
- any emerging concerns.

Monitoring findings should be reported to the Headteacher and used to support continuous improvement.

20.0 Food Brought into School

Students, staff and visitors may bring food onto school premises.

Schools should adopt sensible procedures that reduce unnecessary risks without creating a false sense of security.

Staff should:

- discourage the sharing of food;
- supervise younger students where appropriate;
- consider allergy risks during celebrations;
- encourage inclusive alternatives where possible.

Blanket food bans (for example, declaring a school to be completely "nut free") will not normally be adopted unless supported by a specific risk assessment and agreed by the Headteacher, as such bans cannot guarantee the absence of allergens.

21.0 Medication
Parents/carers remain responsible for providing prescribed medication for their child.
Medication supplied to school should:

- be in its original packaging;
- display the pharmacy label;
- be within its expiry date;
- be accompanied by clear instructions;
- match the details contained within the Individual Healthcare Plan.

Schools should maintain appropriate records confirming receipt of medication.

21.1 Storage of Medication
Emergency medication must always be readily accessible.
Medication should:

- be clearly labelled;
- be stored securely but not locked away;
- remain available throughout the school day;
- accompany students during off-site activities;
- be protected from excessive temperatures.

Schools should undertake routine checks to ensure medication remains in date.
Parents/Carers should be informed well in advance of expiry dates to allow replacement medication to be provided.

21.2 Students Carrying Their Own Medication
Where agreed through the Individual Healthcare Plan, students may carry their own prescribed emergency medication.
This decision should take account of:

- age;
- maturity;
- medical advice;
- understanding of their condition;
- ability to manage medication responsibly.

Schools should ensure staff know when students are carrying their own medication.

21.3. Spare Adrenaline Auto-Injectors (AAIs)
Each school will hold spare Adrenaline Auto-Injectors (AAIs) in accordance with current legislation and Department for Education guidance.

School type	**AAIs for children under age 6 years** (150 micrograms) e.g. EpiPen Junior, Jext 150	**AAIs for individuals over 6 years of age** (300 micrograms) e.g. EpiPen, Jext 300
State-funded nursery school	One pair of “spare” AAIs	n/a
Primary school	One pair of “spare” AAIs	One pair of “spare” AAIs
Secondary school	n/a	One or two pairs of “spare” AAIs *
Special school	One pair of “spare” AAIs	One pair of “spare” AAIs

* Secondary schools with large sites should consider having two pairs of “spare” AAIs, so that a pair of “spare” AAIs are available within five minutes of wherever they may be needed.

Spare AAIs:

- supplement but do not replace students' own prescribed medication;
- must only be used in accordance with legal requirements;
- should be readily accessible;
- should be checked regularly for expiry;
- should be included within emergency response procedures.
- Should be stored in pairs, so that if a secondary one is needed it is readily on hand.
- should be clearly labelled, "emergency anaphylaxis kit" to avoid any confusion with students prescribed AAIs, an emergency asthma reliever inhaler and spacers and instructions for their use, should also be stored with them.

The School Allergy Safety Lead will ensure appropriate records are maintained regarding:
- stock levels;
- expiry dates;
- replacement arrangements;
- use following an emergency.

21.4 Disposal
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 sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste specialist collection service.

22.0 Educational Visits
The Trust is committed to ensuring students with allergies can participate safely in educational visits.
All visit leaders must consider allergy management during planning.
Risk assessments should include:
- allergens likely to be encountered;
- food arrangements;
- accommodation;
- travel;
- emergency medical facilities;
- communication arrangements;
- staffing ratios;
-
- access to medication.

No student should be excluded solely because they have an allergy unless a comprehensive risk assessment concludes that risks cannot reasonably be managed.

22.1 Residential Visits
Additional planning should consider:
- catering providers;
- kitchen facilities;
- local medical services;
- emergency transport;
- overnight medication arrangements;
- staff sleeping arrangements where appropriate;
- overseas healthcare arrangements where applicable.

23.0 Physical Education and Sporting Activities
Students with allergies should be encouraged to participate fully in physical activity.
Schools should consider:
- location of emergency medication;
- staff awareness;
- environmental allergens;
- insect sting risks;
- hydration arrangements;
- emergency access.

Medication should be immediately available during sporting activities.

24.0 Wraparound Provision and Lettings

This policy applies equally to:

- breakfast clubs;
- after-school clubs;
- holiday provision operated by the Trust.

Third-party providers using Trust premises should cooperate with reasonable allergy management arrangements where activities involve children.

25.0 Staff Information and Training

All staff must receive allergy awareness training appropriate to their role.
Training shall include:

- understanding allergies;
- recognising allergic reactions;
- recognising anaphylaxis;
- emergency procedures;
- administration of Adrenaline Auto-Injectors;
- calling emergency services;
- incident reporting;
- location of emergency medication.

Training should form part of induction for new employees.
Refresher training should be completed at least annually or sooner where required.
Training records should be maintained centrally.

25.1 Allergy Safety Drills

To ensure staff are confident in recognising and responding to an allergic reaction, each academy shall undertake at least one Allergy Safety Drill annually.
Additional drills should be considered where there are significant changes to staffing, following a serious incident, or where improvements have been identified through monitoring or audit.
The purpose of an Allergy Safety Drill is to:

- test the school's emergency response procedures;
- assess staff confidence and competence in recognising the signs and symptoms of an allergic reaction and anaphylaxis;
- confirm that emergency medication can be located and accessed promptly;
- evaluate communication and coordination between staff;
- identify opportunities to improve procedures, training and emergency preparedness.

The drill should simulate a realistic scenario without placing any individual at risk.
Following each drill, the School Allergy Safety Lead shall ensure that:

- the drill is formally recorded;
- strengths and areas for improvement are identified;
- any corrective actions are allocated and monitored to completion;
- findings are shared with relevant staff;
- where appropriate, the school's Individual Healthcare Plans, risk assessments and local procedures are reviewed.

Where appropriate and following careful consideration, students may participate in an Allergy Safety Drill. Participation should always be planned sensitively, taking account of the age, understanding and wellbeing of those involved, particularly any student with a diagnosed allergy. Where a drill relates to a student with a high risk of anaphylaxis, the student and their parents or carers should be consulted during the planning process to ensure the exercise provides reassurance and does not adversely affect the student's wellbeing. Records of Allergy Safety Drills shall be retained by the school and may be reviewed as part of Trust monitoring and compliance audits. Appendix C give further details on Allergy Safety Drills.

26.0. Emergency Response

Prompt action is essential whenever an allergic reaction is suspected.
Where anaphylaxis is suspected:

1. Remain with the student.
2. Send for assistance immediately.
3. Administer the prescribed Adrenaline Auto-Injector without delay.
4. Dial **999** immediately.
5. Clearly state that anaphylaxis is suspected.
6. Contact parents or carers as soon as practicable.

7. Monitor the student continuously.
8. Administer a second Adrenaline Auto-Injector (AAI), in accordance with the manufacturer's instructions and emergency guidance.
9. Ensure the student is transferred to hospital, even if symptoms improve.

A student who has received adrenaline must always be assessed by medical professionals.
Appendix D shows a poster to be displayed of the steps above.

26.1 Recognising Anaphylaxis
Symptoms may include:

- swelling of the lips, tongue or throat;
- difficulty breathing;
- wheezing;
- persistent coughing;
- hoarse voice;
- difficulty swallowing;
- collapse;
- pale or floppy appearance;
- confusion;
- loss of consciousness.

Staff should never delay treatment if anaphylaxis is suspected.

26.2 Emergency Equipment
Schools should ensure emergency equipment is available where appropriate.
This may include:

- spare AAIs;
- emergency contact information;
- copies of Individual Healthcare Plans;
- emergency treatment guidance;
- first aid equipment;
- communication devices.

26.3 After an Incident
Following any allergic reaction, the Headteacher (or delegated senior leader) shall ensure:

- parents are informed;
- appropriate records are completed;
- medication is replaced where necessary;
- staff involved receive appropriate support;
- lessons learned are identified;
- Individual Healthcare Plans are reviewed;
- risk assessments are updated where necessary.

Where appropriate, incidents should be reported in accordance with Trust health and safety procedures.

26.3 Business Continuity
Schools should ensure allergy management arrangements remain effective during:

- staff absence;
- supply staff cover;
- emergency closures;
- educational visits;
- examinations;
- significant school events.

Emergency medication must remain accessible at all times.

27.0 Incident Reporting and Investigation
All allergic reactions, suspected allergic reactions and allergy-related near misses must be reported in accordance with the Trust's Incident Reporting Procedure.
Incidents should be recorded regardless of severity to enable the Trust to identify trends and improve controls.
Examples include:

- confirmed allergic reactions;

- suspected allergic reactions;
- administration of an Adrenaline Auto-Injector (AAI);
- accidental exposure to a known allergen;
- medication errors;
- failure to follow an Individual Healthcare Plan (IHP);
- missing, unavailable or out-of-date medication;
- near misses where no reaction occurred but there was potential for harm.

The Headteacher, or delegated senior leader, will ensure all incidents are reviewed promptly.
Where appropriate, investigations should identify:

- what happened;
- immediate causes;
- underlying causes;
- contributory factors;
- lessons learned;
- actions required to prevent recurrence.

Serious incidents should be reported to the Trust in accordance with Trust reporting procedures. Where applicable, incidents will be considered against the requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

27.1 Learning from Incidents
The Trust is committed to continuous improvement.
Following any significant allergy incident, schools should review:

- Individual Healthcare Plans;
- risk assessments;
- supervision arrangements;
- staff training requirements;
- communication procedures;
- catering arrangements;
- educational visit procedures where applicable.

Where learning is identified, this should be shared across the Trust to improve practice.

28.0 Monitoring and Assurance
The Trust will monitor compliance through:

- annual policy reviews;
- school compliance audits;
- review of staff training records;
- review of Individual Healthcare Plans;
- medication audits;
- incident trend analysis;
- internal health and safety inspections;
- safeguarding monitoring where appropriate.

29.0 Trust Compliance Audit
The Trust may undertake periodic audits to assess compliance with this policy.
Audit activity may include:

- review of Individual Healthcare Plans;
- inspection of medication storage;
- checks on Adrenaline Auto-Injector expiry dates;
- review of training records;
- discussions with staff;
- review of incident records;
- educational visit documentation;
- catering arrangements.

Findings will inform Trust-wide improvement plans.

30.0 Equality, Diversity and Inclusion
The Trust is committed to ensuring students with allergies are treated fairly and with dignity.
Reasonable adjustments will be made where required to enable students to participate fully in education.

Schools will promote understanding of allergies and seek to prevent discrimination, bullying or exclusion associated with medical conditions.
This policy supports the Trust's duties under the Equality Act 2010.

31. Record Keeping
Schools should maintain appropriate records including:
- Individual Healthcare Plans;
- allergy registers;
- parental consent forms;
- medication records;
- staff training records;
- incident reports;
- educational visit risk assessments;
- medication expiry monitoring.

Records shall be retained in accordance with the Trust's Records Retention Schedule.

32. Policy Review
This policy will be reviewed:
- annually;
- following changes to legislation or statutory guidance;
- following any significant allergy incident;
- where monitoring identifies improvements are required.

Appendix A – Allergic Conditions

Common allergic conditions include:

- Hay Fever (Allergic Rhinitis), triggered by allergens carried in the air ("aeroallergens"), such as pollen, house dust mite, animal fur/feathers, or mould. Symptoms include sneezing, a runny or stuffed nose, itchy or watery eyes.
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, 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 (see below). Some food allergies do not cause immediate reactions, but result in delayed gastrointestinal symptoms (e.g. stomach pain, vomiting, diarrhoea) some hours later, sometimes occurring with an eczema flare. While 90% of food allergic reactions are caused by peanut/tree nuts, cow's milk, egg, wheat, fish/seafood and sesame, any food can cause an allergic reaction.

Asthma in children is usually allergic in nature, meaning that it may be triggered by airborne allergens such as e.g. dust mite, animal dander or 10 pollen. On average, there are two or three children with asthma in every classroom in the UK.

Less common allergic conditions in children include allergy to insect stings (e.g. bee, wasp) and medicines. Allergic reactions vary in severity: from mild local reactions (e.g. 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, most allergic reactions do not affect the Airway/Breathing/Circulation ("ABC") and can be treated with a non-drowsy oral antihistamine (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 (e.g. self-administered adrenaline).

The most common causes of "whole body" allergic reactions – including anaphylaxis – are:

- food allergens;
- insect stings (e.g. bee, wasp);
- medication (e.g. antibiotics, pain medicines such as ibuprofen);
- latex (e.g. rubber gloves, balloons, swimming caps).

Even for food allergy, the vast 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.

Rarely, anaphylaxis may occur without obvious exposure to an allergen, for example, after exercise or in people with an underlying "mast cell" disorder such as mast cell activation syndrome (MCAS). Such individuals should have a personalised plan provided by a healthcare professional to assist the school/educational setting.

What types of allergy are in scope

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.

Schools, colleges and early years settings will need to consider what arrangements should be put in place to support children and young people with allergy, for example:

- Children and young people with food allergy
- Children and young people at risk of anaphylaxis (usually allergic to food or bee/wasp sting)
- Children and young people with allergic rhinitis (hay fever), allergic eye disease or eczema, who may need to be given treatments 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

- Children and young people with eczema or asthma, who may need additional precautions (e.g. avoiding sand pits, some swimming pools)
- Children and young people with more severe allergy to animal fur, who may need to take avoidance measures (e.g. exposure to pets in school, visits to petting zoos)

Some children and young people have medically recognised sensitivities or triggers which may not meet the clinical definition of allergy but may nonetheless result in serious or potentially life-threatening reactions (for example mast cell disorders or other systemic hypersensitivity conditions). Any known trigger with the potential to cause significant harm should be identified and managed. In such scenarios, the relevant healthcare professional should provide them with a medical letter explaining potential triggers to be avoided, and how to manage any reaction.

Asthma – Further information can be found in our Supporting Students with Medical Conditions policy. Asthma is the most common long-term condition among children and young people and one of the leading causes of school absence. Asthma remains among the top 10 causes of emergency hospital admissions among children and young people in the UK. There were 54 child deaths due to asthma and 19 from anaphylaxis between April 2019 and March 2023, as set out in the National Child Mortality Database Report on Asthma and Anaphylaxis. All of the children who died from anaphylaxis 12 and had known allergies were also diagnosed with asthma. All of the children who died due to asthma were exposed to air pollution above WHO guidelines.

Asthma exacerbations are typically precipitated by identifiable triggers. In individuals with allergic asthma, exposure to airborne allergens such as pollen, house dust mite debris, pet dander and mould spores is a common trigger of worsening symptoms and exacerbations in sensitised people. Viral respiratory infections (such as rhinovirus, flu, RSV, and COVID-19), allergen exposure, and air pollution are recognised as among the most common contributors to acute asthma exacerbations, with evidence of synergistic interactions that can increase severity in sensitised children. Exercise and cold air can also cause symptoms. Common symptoms include coughing, wheezing and breathlessness out of proportion to effort, and a tight chest. An asthma attack occurs when symptoms are severe, and breathing becomes difficult.

Poor air quality worsens asthma and increases asthma attacks, and those in deprived areas with poorer nutrition suffer increased negative health effects from poor air quality. Clean air is a core asthma control measure. Good ventilation, air quality monitoring and supplemental HEPA air filtration are essential, especially when ventilation is limited and outdoor air is polluted. Systematically integrating and embedding clean indoor air into legal health and safety duties, policies, procedures and practices will reduce pressure on staff and ensure consistency and support without too much extra work.

Children and young people known to have asthma should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. If they are able to manage their asthma themselves they should keep their inhaler on them, and if not, it should be easily accessible to them. In some cases children and young people with suspected asthma will be prescribed a reliever inhaler before they receive a formal diagnosis. Following amendment in 2014, the Human Medicines Regulations 2012 permit schools to buy an emergency asthma reliever inhaler (salbutamol inhaler device and spacer), without a prescription, for use in emergencies. The inhaler can be used if the child or young person's prescribed inhaler is not available (for example, because it is broken or empty).

Schools will keep emergency asthma reliever inhalers alongside "spare" adrenaline devices.

Coeliac disease
Coeliac disease is an autoimmune condition where the small intestine (gut) is hypersensitive to gluten in wheat and other gluten-containing grains (e.g. rye, barley). It is not an intolerance. Consuming gluten can cause significant illness (including abdominal pain and vomiting shortly after eating) which may be prolonged and result in absence from school for several days. Repeated exposure to gluten carries serious long term health risks. However, such events are not "allergic" and should not be treated as an allergic reaction. Coeliac disease cannot cause anaphylaxis, although anaphylaxis can occur in some with coeliac disease if they also have an allergy.

Effective management of coeliac disease depends on strict and consistent avoidance of gluten and robust cross-contamination controls – similar to the measures needed for a child or young person with food allergy to wheat.

Schools, colleges and early years settings need to support children and young people with coeliac disease, normally through dietary avoidance. This will be arranged as part of the school, college or setting's wider medical conditions policy and would not fall in scope of the allergy safety policy.

Food intolerances

Food intolerance is a non-immune system reaction where the body struggles to digest specific foods, causing symptoms like abdominal pain, bloating and diarrhoea for hours or days after eating. Unlike food allergies, intolerances cannot cause anaphylaxis. They are usually managed by identifying specific triggers, for example lactose intolerance or non-coeliac gluten sensitivity.

Schools and early years settings need to support children and young people with food intolerance, normally through dietary avoidance. This will be arranged as part of the school, college or setting's wider medical conditions policy and would not fall in scope of the allergy safety policy.

Appendix B – Individual Healthcare Plan (IHP) for Allergy

<table>
<tr><th colspan="2">NAME – Individual Healthcare Plan for allergy</th></tr>
<tr><td>Date of birth:</td><td rowspan="4">Current photo</td></tr>
<tr><td>Year / class:</td></tr>
<tr><td>Emergency contacts:</td></tr>
<tr><td>Staff who need to be aware:</td></tr>
<tr><td colspan="2">Allergy:

Note what allergy the child or young person has.
Note any known allergens.
Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</td></tr>
<tr><td colspan="2">How the allergy is managed:

Note any care or action plans or prescribed medication issued by healthcare professionals.
If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.
Note the extent to which the child or young person is able to take responsibility for managing their allergy.</td></tr>
<tr><td colspan="2">Impact on education:

Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.
Indicate how the allergy may impact on the child or young person’s learning.
Indicate how the allergy may impact on the child or young person’s emotional wellbeing.
If relevant, note any interaction between allergy and SEN.</td></tr>
<tr><td colspan="2">Arrangements for support:

Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.
Outline measures to reduce the risk of contact with known allergens.
Give details of the specific support or adaptations to manage food allergy at meal and snack times.
Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.</td></tr>
<tr><td colspan="2">Visits and trips:

• Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.
• Note any requirement for a risk assessment and prompts for specific issues which should be considered.</td></tr>
</table>

Emergency response: *Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.* *Otherwise summarise the signs or symptoms which would indicate an emergency.* *Set out what to do in an emergency, including whom to contact.* *If relevant, note where "spare" adrenaline devices are located.*	
Last discussed with parents/carers:	Date
Issued by:	Date:
Next planned review:	Date:

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

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

Appendix C - Allergy Safety Drill Guidance and Record

Purpose
The purpose of an Allergy Safety Drill is to test the school's emergency response arrangements for a suspected severe allergic reaction (anaphylaxis), ensuring staff understand their roles and responsibilities and that emergency procedures can be implemented promptly and effectively.

The exercise should be conducted in a supportive learning environment and must not place any individual at risk.

Frequency
Each school should complete:

- At least one planned Allergy Safety Drill each academic year.
- Additional drills following significant staff changes, serious incidents or where improvements have been identified.

Example Drill Scenario
Scenario
A Year 5 student with a diagnosed peanut allergy begins to complain of feeling unwell during lunchtime after eating food brought from home.
A member of staff notices that the student:

- reports an itchy mouth and throat;
- develops facial swelling;
- begins coughing and has difficulty breathing.

The member of staff should respond as though this is a genuine emergency.

Objectives
The drill should test whether staff:

- recognise the symptoms of anaphylaxis;
- know who to alert;
- know where the student's Individual Healthcare Plan is located;
- know where emergency medication is stored;
- can administer (or explain how they would administer) an Adrenaline Auto-Injector;
- know when to call 999;
- communicate effectively with colleagues;
- understand arrangements for contacting parents or carers;
- manage other students safely during the incident.

Suggested Observations
The observer should record:

Area	Achieved	Comments
Symptoms recognised promptly	☐	
Help requested immediately	☐	
Emergency medication located quickly	☐	
AAI procedure followed correctly	☐	
How long did it take to get emergency AAI to the incident?		
999 would have been called promptly	☐	
Communication effective	☐	
Staff remained calm	☐	
Individual Healthcare Plan referred to	☐	
Parents would have been contacted	☐	
Post-incident procedures understood	☐	

Debrief
Following the exercise, staff should discuss:

- What went well?
- Were roles and responsibilities clear?
- Was medication easy to locate?
- Was emergency information readily available?
- Were there any delays?
- Is further training required?
- Do any Individual Healthcare Plans or risk assessments require amendment?

Actions
Any actions identified should include:

Action	Responsible Person	Target Date	Completed
			☐
			☐
			☐
			☐

Record of Drill
School: _____
Date: _____
Time: _____
Facilitated by: _____
Observer: _____
Number of staff participating: _____
Scenario Used: _____
Key Learning Points:

Follow-up Actions Required:

Headteacher/School Allergy Safety **Lead Signature:**

Date: _____

Appendix D – Signs of Anaphylaxis

FIRST AID FOR ANAPHYLAXIS

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.

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

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

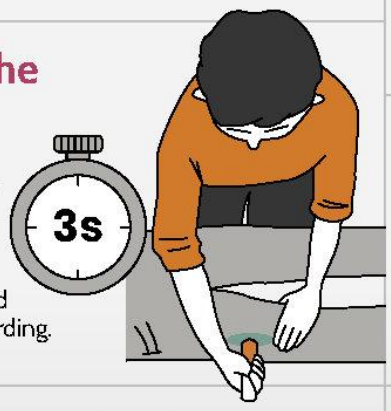
Grasp the EpiPen in your dominant hand and remove the blue safety cap by pulling straight up. **Remember: Blue to the Sky, Orange to the Thigh!**

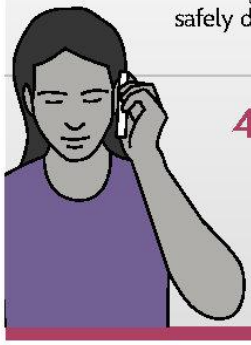
2. Position the orange tip

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.**

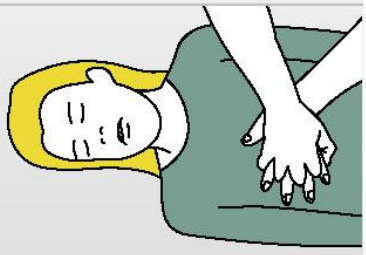
If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side .

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 >>

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ANAPHYLAXIS

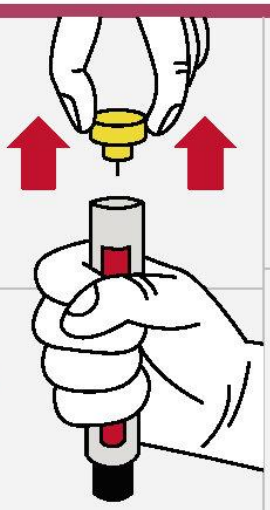
HOW TO USE JEXT AAIS

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.**

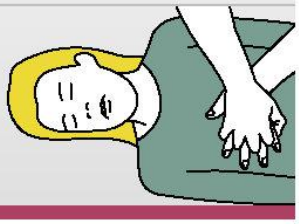
If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.

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 >>

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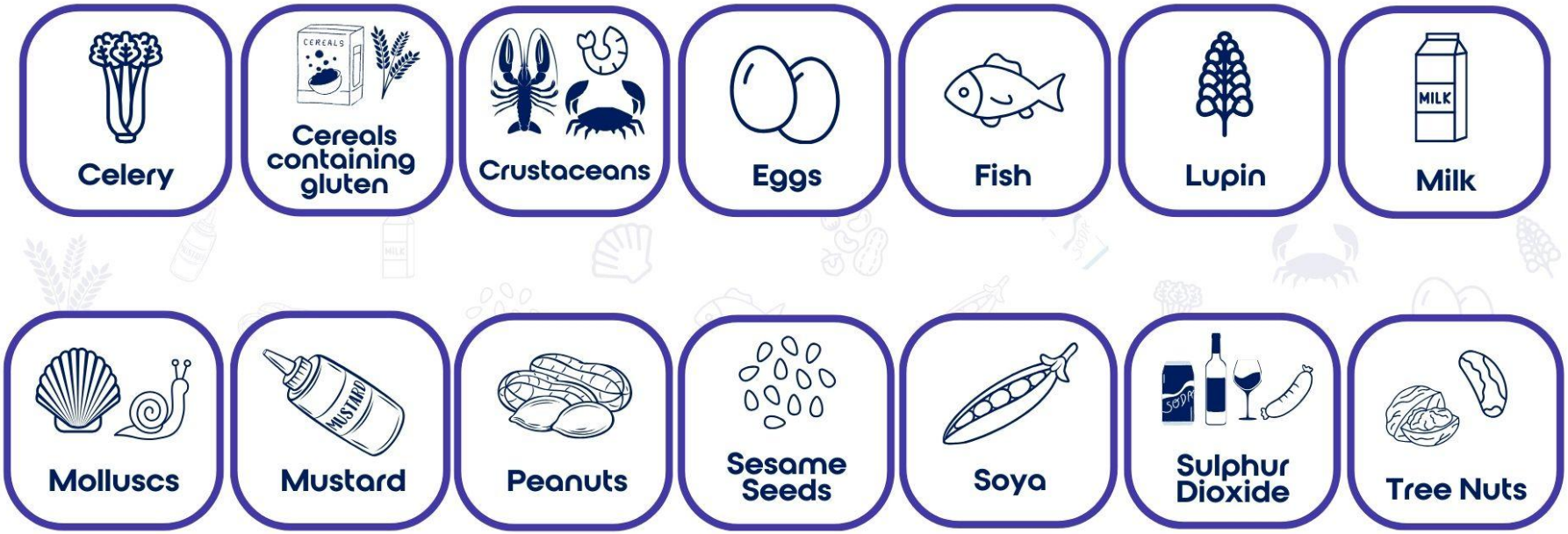
Top 14 Allergens



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Addendum

An addendum to this policy is maintained on the Trust's SharePoint site and is accessible to all staff. Staff should refer to the addendum for further information on school specific information.

The addendum is not published externally or made publicly available as it contains personal and/or sensitive information. Access is restricted to authorised staff in accordance with the Trust's information governance and data protection requirements.