St Peter's Catholic Primary School

'Christ at the Centre'

Allergy Safety Policy

Approved by:	The Governing Body	**Date:** 1st October 2026 ratification
Last reviewed on:	New Policy	
Next review due by:	Annual	

Overview of Policy for Review	
Origin of Policy	Advice from https://www.anaphylaxis.org.uk/allergywise/
New/existing Policy	New – in line with Statutory expectation DfE September 2026 Please read this in conjunction with the school's 'Supporting Children with Medical Conditions Policy' and 'First Aid Policy'
All changes tracked	N/A

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:

Louise Buxton (Headteacher)
Heidi MacDonald (First Aid Administrator)
Emily Prince (Link Governor)

Mission Statement

"At St. Peter's we strive to be a joyful, active, Catholic community, belonging to and guided by our Lord Jesus Christ.

We deliver a high quality, rounded education, focussing not only on individual academic excellence, but on each pupil's spiritual, moral, physical and emotional development. We are a forward looking school, continually seeking ways to build on our successes and further enhance the educational experience of our children.

Inspired by the values of Catholic Social Teaching, we provide superb pastoral care for the entire school, particularly the most vulnerable amongst us and we actively promote justice, charity and care for our created world.

As a community we aim to grow in communion with each other and with God. We aspire for every member of our school to become daily more like Jesus, filled with the grace and power of the Holy Spirit, allowing them to live life to the full, in hope and joy, transforming the world around them and bearing fruit that will last"

CONTENTS

1. Introduction

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to):-
Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how St Peter's Catholic Primary School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life. Staff are to be properly prepared to recognize and manage serious allergic reactions should they rise.

2. Role and responsibilities

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform the school of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred- https://www.bsaci.org/resources/allergy-action-plans) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

- **All staff**[1] will complete anaphylaxis training. Training is provided for all staff[1] on a yearly basis and on an ad-hoc basis for any new members of staff.
- **Staff** (regular or cover classes) must be aware of the pupils in their care who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.

- **Staff** leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, have immediate access to their medication.
- **First Aid Administrator** *will* ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication in in date however the **First Aid Administrator** will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- **First Aid Administrator** keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- **First Aid Administrator** ensures that any reaction or near misses are recorded and reported internally or in accordance with RIDDOR.

Pupil Responsibilities

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- There may be pupils who are trained and confident to administer their own AAIs. In these cases they may be encouraged to take responsibility for carrying them on their person at all times.

3. Allergy Action Plans

Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector.

British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by school. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. The allergy action plans are designed to function as an individual healthcare plan.

4. Emergency Treatment and Management of Anaphylaxis

What to look for:

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

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

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

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

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

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

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Action:

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis).**
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

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

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

5. Supply, storage and care of medication

Depending on their level of understanding and competence, pupils may be encouraged to take responsibility for and to carry their own **two** AAIs on them at all times in a suitable bag/container. The exact details will be shared with all staff should this occur.

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept within 5 minutes of them, not locked away and **accessible to all staff.** This kit is kept in the class teacher's desk drawer in a labelled pouch with the care plan and the AAI. The desk drawer will have a label on it, with this being shared with all staff in training.

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two AAIs i.e. EpiPen® or Jext®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

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

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

Older children and medication

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

Storage

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

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 pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by **taking it to the nearest pharmacy**. The yellow sharps bin is kept in the **First Aid Room.**

6. 'Spare' adrenaline auto-injectors in school

St Peter's Catholic Primary School has purchased spare **AAIs for emergency use in children who are at risk of anaphylaxis,** either for when their own devices are not available or not working (e.g. because they are out of date) or they are experiencing anaphylaxis for the first time.

These are stored with the emergency asthma inhalers, as below, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff.** Location reminders will be regularly shared with staff.

St Peter's Catholic Primary School holds 4 spare pens, of 2 varying strengths (2 low for 6 years old and below, 2 high for 6 years +) which are kept in the following location/s:-

Staff room- box on a dedicated labelled shelf on the left wall as you enter the staffroom (with the asthma inhalers) sign on door notifying location

First Aid Room- in an unlocked cupboard with sign on door notifying location

The **First Aid Administrator** is responsible for checking the spare medication is in date on a monthly basis and replacing as needed.

Written parental permission for use of the spare AAIs is included in the pupil's allergy action plan.

7. Staff Training

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-

Louise Buxton (Headteacher)

Heidi MacDonald (First Aid Administrator)

All staff, including the pre-school and after school club will complete anaphylaxis training[2] annually, and on an ad-hoc basis during induction of new staff.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device (currently Epipen and Jext training)
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date
- The school will carry out allergy safety drills at least once a year so review and training can be adjusted as need.

A record of staff qualified to administer AAIs through first aid certified courses will be kept, along with induction records and attendance at annual allergy training as defined above. School ensures that staff undertake a practical session using trainer devices (these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk)

8. Inclusion and safeguarding

St Peter's Catholic Primary School is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. The school ensures that children are educated at an age appropriate manner and as necessary about allergies and keeping themselves and others safe.

9. Catering

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

The school's menu is available for parents to view on the Swift Kitchen App for school lunches. The After School Club and Little Fishes Pre-school menus choices are on the related website pages in advance with all ingredients listed and allergens highlighted on the organisation website at https://www.stpetershants.co.uk/

The School Office upload the allergy information provided by parents to the Swift Kitchen App for all school provided lunches that will inform the Caterers for special menus. The Little Fishes manager, following admission adapts the snacks menus as appropriate, as does the School Office, informing the related managers of pupils with food allergies. The School Office clarifies with any related parents that the After School Club food is sourced from a supermarket and so we therefore cannot guarantee no cross- contamination.

Any children with food allergies are given a red wrist band to identify them in the school hall. A poster including photos of children with severe allergies is displayed in the kitchen (where children can't see it) for all kitchen staff to refer to .

Parents are encouraged to meet with the school to discuss their child's needs when allergies are severe.

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

- Pupils are only consuming pre-selected lunches- with the order being made on the App by the parent.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

10. School trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Staff will take one set of the spare inhalers. Pupils unable to produce their required medication will not be able to attend the excursion.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Sporting Excursions

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. Staff will take one set of the spare inhalers. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

11. Allergy awareness and nut bans

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

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk. While St Peter's has pupils with a nut allergy we ask parents and staff to refrain from bringing nuts on site.

12. Risk Assessment

St Peter's Catholic Primary School will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

Near misses will be recorded on CPOMs under 'medical' and policy with procedures will then be reviewed by the hedteacher.

School and individual risk assessments can be downloaded for free from:
https://www.anaphylaxis.org.uk/downloads-form/safer-schools-download/.

13. Useful Links

Anaphylaxis UK - https://www.anaphylaxis.org.uk/

- Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer-schools-programme/
- AllergyWise for Schools online training - https://www.allergywise.org.uk/p/allergywise-for-schools1

Allergy UK - https://www.allergyuk.org

- Whole school allergy and awareness management - https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement

BSACI Allergy Action Plans - https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/

Spare Pens in Schools - http://www.sparepensinschools.uk

Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Health Guidance on the use of adrenaline auto-injectors in schools - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) https://www.nice.org.uk/guidance/qs118

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834

Footnotes:

1 It is strongly recommended that all staff complete allergy and anaphylaxis training to ensure that any member of staff can react quickly and accurately when a child has a reaction. When the training is limited to one or only a few members of staff, children with allergies are left in a potentially life-threatening situation if that member of staff is absence or deployed elsewhere.

2 AllergyWise® training is produced by Anaphylaxis UK, the only charity in the UK supporting those with severe allergies. The training is medically reviewed by leading allergy specialists.

APPENDICES

Appendix One: Individual Pupil Risk Assessment
https://www.anaphylaxis.org.uk/downloads-form/safer-schools-download/

Appendix Two: Whole School Risk Assessment
https://www.anaphylaxis.org.uk/downloads-form/safer-schools-download/

Appendix Three: An eg of a pupil's Allergy Action Plan (received from health care professionals)

CONFIRMATION OF TRAINING – other agencies- see separate document

- **First Aid Course Syllabus**
- **Swift Kitchen- Allergy booklet**
- **360 sports coaching allergy training**
- **Supply Teacher Company**
- **Hampshire Music Service**

APPENDIX 1 Individual Pupil Risk Assessment

Complete this risk assessment in discussion with the parent/guardian, student if appropriate and medical professional if available. Consider all situations that the student may be in and agree control measures. Use the risk analysis tool at the end of the document to assess probability and impact producing further control measures if necessary. This is intended to be dynamic document and should be updated annually or after an incident or near miss.			
Can the student recognise a reaction for themselves?			
What have been the symptoms of previous reactions?			
What are the hazards for each activity?	**What are you already doing to control the risks?**	**Probability**	**Impact**
Medication:			
Storage: Location of child's medication Location of generic 'spare' AAI			
Food and drink:			
Break time snacks including drinks			
Lunch time: Hot meals Sandwiches Drinks			
Events involving food: Cake sales Parties Other PTA events Drinks			
Celebrations: e.g. Birthdays, Easter			

Curriculum activities:			
Cooking			
Creative activities: e.g. junk modelling, pasta			
Music: instrument sharing (cross contamination issue)			
Science activities:			
PE: **Indoor** **Outdoor** **Forest Schools**			
Playtime: **Playground** **Field**			
Offsite activities:			
Curriculum visitors **Day trips**			
Residential visits			
Other:			

This must be completed for any activity that is medium with the aim of bringing the risk to LOW. **Activities that are High or Extreme must not happen unless action can be implemented to bring the risk to LOW.**				
Hazard	**What further action do you need to take to control the risks?**	**Who needs to**	**What is the**	**Completed**

		carry out the action?	action needed by?	

Consequence		Minor	Moderate	Major	Critical	Catastrophic
Likelihood	Rare	Low	Low	Low	Low	Low
	Unlikely	Low	Low	Medium	Medium	Medium
	Possible	Low	Medium	Medium	High	High
	Likely	Medium	Medium	High	High	Extreme
	Certain	Medium	Medium	High	Extreme	Extreme

Consequence	Minor	Moderate	Major	Critical	Catastrophic
This is the impact of the action being allowed to happen	No reaction	Non anaphylactic reaction	Emergency response required, ambulance and hospital	Emergency response required, ambulance and hospital	Fatal, Death

Likelihood	Definition
Rare	May only occur in exceptional circumstances
Unlikely	Could occur in some circumstances, surprised if happened
Possible	Possible or likely to occur in most circumstances
Likely	Will occur in most circumstances
certain	It is expected to occur, inevitable

APPENDIX 2

Whole School Allergy Management Risk Assessment – completed by headteacher and governor July 2026

The school should have an allergy policy which is monitored. Clear communication and procedures should be regularly communicated to all staff. Annual training is recommended when allergic students are on roll or when a student with an allergy joins the school.

Training is available from: https://www.anaphylaxis.org.uk/allergywise/

Policy is free to download: https://www.anaphylaxis.org.uk/wp-content/uploads/2023/03/Model-Policy-for-allergy-at-school-v2-060323.pdf

If this is required in an editable format, please download from the best practice resource section: https://www.anaphylaxis.org.uk/education/safer-schools-programme/

What are the hazards for each activity?	What are you already doing to control the risks?	Probability	Impact
Medication:			
Storage: Location of each student's medication Location of generic 'spare' AAI Consider: • is there consistency of container throughout the school to make it easily identifiable? • Is the student able to self carry their own medication? • Is the back up medication always within 5 mins of where the students are? Are multiple sites needed for back up medication? • Is the student's and back up medication always accessible regardless of the time of day?			
Training:			
Check that the course has medical input/review Training should be updated annually Ideally all staff would be trained. If this is decided against, a rationale based on risk assessment should be produced. Consider: Will there always be a member of staff available to administer an AAI throughout the school day who is not further than 5 minutes away from the student at any given point.			

Course must include: • Signs and symptoms of allergy & anaphylaxis • Emergency response • Administration of adrenaline auto-injectors • Prevention of reactions Ideally would include: • Types of allergen: food and non-food • Curriculum • Trips & visits including sports • Reporting and recording AllergyWise® for Schools is a low cost, CPD certified course that is clinically reviewed and assured to be up to date.			
Catering: • What systems are in place to ensure that the student eats safely? Do all the catering and lunchtime staff know who has allergies and how to ensure that they are safe. Do they know how to report near misses and what to do should a reaction occur? • What measures do you have in place for liaison with the catering contractor and lunchtime supervisory staff? • Ensure up to date allergen information is available for each menu and that it is easily accessible, ideally on school website. • Make sure that any unexpected changes to the menu and allergens are communicated urgently to student/parent/guardian so that a different choice can be made. • Ensure that allergen matrix is available and kept up to date. The FSA have a free to download one: https://www.fooddocs.com/food-safety-templates/food-allergen-chart Consider: wrap round care break times			

lunch times			
<u>Events involving food:</u> Cake sales Parties Other PTA events Drinks • How can these be made inclusive? • What are the risks if the allergens are present during the events? Is handwashing possible? • What information has to be shared ahead of the event to remind all about the exclusion of an allergen if this has been agreed. Allergen Matrix can be found here: <u>https://www.fooddocs.com/food-safety-templates/food-allergen-chart</u> • Are allergens displayed, where appropriate to the event?			
<u>Celebrations:</u> • Consider discouraging cake and sweets for children as treats both for birthdays and school celebrations. • Where food is used, consider the impact for the students with allergies and discuss with parent/carer/student at the earliest opportunity to plan for a safe and inclusive event.			
Curriculum activities:			
<u>Cooking:</u> • Adapt recipes for all to create a safe cooking space. If a recipe cannot be adapted, can a different recipe be used? • Has the allergic student got their own set of cooking materials? • Are allergies included in the food technology curriculum so that all students have awareness of the impact of allergies to the health of the allergic person. • Are all students made aware of the impact of their actions on an allergic person should the specific allergens not be excluded? • Are all students taught about cross contamination and the impact of			

this?			
<u>Creative activities: e.g. junk modelling, pasta</u> • When using packaging ensure that the allergens have not been in those packets; for example: crunchy nut cornflakes should not be in a classroom where a student has a peanut allergy. When students are bringing in materials from home, ensure that communication is sent to parent/carers to specify what they are unable to bring in and monitor this when the packaging comes into school. • Plastic containers should be washed in hot soapy water to remove allergens.			
<u>Music: instrument sharing (cross contamination issue)</u> • Do instruments have to be shared? • Do blowing percussion instruments have to be shared? How can they be sterilised if they do? Can the allergic student have their own blowing instrument that they don't need to share?			
<u>Science activities:</u> • Review the science curriculum and see where allergens are used. Consider whether these have to be used and whether there are alternates that can be used? If essential, the activity needs to be individually risk assessed for the allergic student. How can that lesson be made inclusive and safe? • Consider the impact of cross contamination and whether this could cause a reaction for the allergic student.			
<u>PE:</u> Consider: Indoor Outdoor Forest Schools • Where emergency medication is kept during PE and how quickly it can be accessed. If it is left in the classroom/changing room and is needed, how quickly can it be found? Is it easily identifiable and can it be with the student within 5 mins? • Is there an allergy trained member of staff present during after school clubs? • Is there an allergy trained member of staff accompanying away			

sporting events?			
Break time: Consider: Playground Field • Where emergency medication is kept during breaktimes and how quickly it can be accessed. If it is left in the classroom and is needed, how quickly can it be found? Is it easily identifiable and can it be with the student within 5 mins? • Is there an allergy trained member of staff present during break times?			
School animals:			
Consider: Therapy dogs and the access they have to children with allergies. Is there an allergen free area that the student will be safe in? We have Dogs in School guidance that will assist with this section.			
Visitors & supply staff:			
Consider: • Has the visitor been made aware of the school's policy? • If there is an allergy free zone that has been created due to a student's individual risk assessment, how has this been communicated to the visitor/supply staff? • Does the visitor need to know about the student's allergy? Will they be using the student's allergen? Do they need to know they have to have eliminated cross contamination from themselves through handwashing after eating?			
Offsite activities:			
Day trips: Consider:			

• Is there a specific allergy section on the visit/experience risk assessment? • Is there an allergy trained member of staff accompanying the visit? • Storage of AAIs • Availability of emergency services and nearest hospital • Is there a good phone signal? If not, how will communication work? How will emergency services be called? • Is food being taken or served? It may be necessary to request that other students do not bring specific allergens on the trip to reduce risk during the day. Communication with venues and parent/carers to set out expectations. • Are any of the activities during the day high risk to the allergic student; inform venues and agree control measures, aim for inclusivity. <u>Residential visits including D of E:</u> Consider: • Storage of AAIs for each activity being undertaken & overnight • Availability of emergency services and nearest hospital • Is there a good phone signal? If not, how will communication work? How will emergency services be called? • What food is being served? Consider cross contamination. Do any menu changes need to be made to ensure safety? Will the allergic person have sufficient to eat? Does any food need to be taken? • Can students eat food in rooms? • Is there a specific allergy section on the visit/experience risk assessment? • Is there an allergy trained member of staff accompanying the visit? • Do other students need to understand signs, symptoms of allergy, how to call for help and administer an AAI?			
Other:			

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Hazard	**What further action do you need to take to control the risks?**	**Who needs to carry out the action?**	**What is the action needed by?**	**Completed**

Consequence		**Minor**	**Moderate**	**Major**	**Critical**	**Catastrophic**
Likelihood	**Rare**	Low	Low	Low	Low	Low
	Unlikely	Low	Low	Medium	Medium	Medium
	Possible	Low	Medium	Medium	High	High
	Likely	Medium	Medium	High	High	Extreme
	Certain	Medium	Medium	High	Extreme	Extreme

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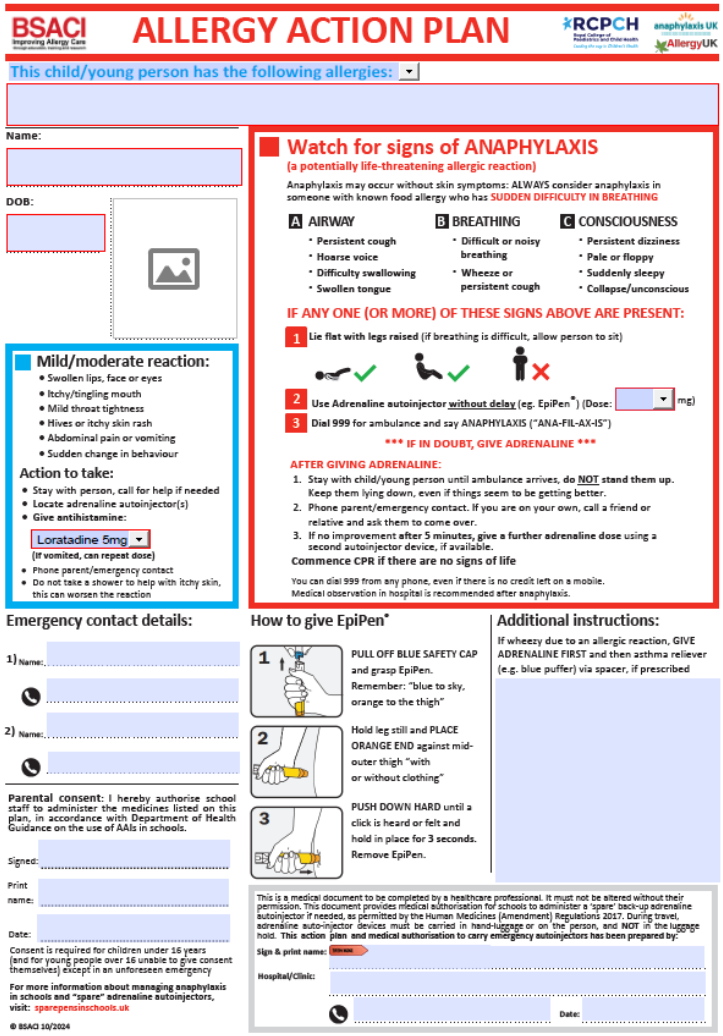
Certain	It is expected to occur, inevitable

Appendix Three: An eg of a pupil's Allergy Action Plan (received from health care professionals)



BSACI ALLERGY ACTION PLAN

RCPCH anaphylaxis UK AllergyUK

This child/young person has the following allergies:

Name:

DOB:

Mild/moderate reaction:

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

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- Give antihistamine:

Loratadine 5mg

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has SUDDEN DIFFICULTY IN BREATHING

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or persistent cough	• Pale or floppy
• Difficulty swallowing		• Suddenly sleepy
• Swollen tongue		• Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. Lie flat with legs raised (if breathing is difficult, allow person to sit)
2. Use Adrenaline autoinjector without delay (eg. EpiPen®) (Dose: mg)
3. Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

*** IF IN DOUBT, GIVE ADRENALINE ***

AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, do NOT stand them up. Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement after 5 minutes, give a further adrenaline dose using a second autoinjector device, if available.

Commence CPR if there are no signs of life

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name:

2) Name:

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed:

Print name:

Date:

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

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

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How to give EpiPen®

1. PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"
2. Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"
3. PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds. Remove EpiPen.

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the luggage hold. This action plan and medical authorisation to carry emergency autoinjectors has been prepared by:

Sign & print name:

Hospital/Clinic:

Date:

CONFIRMATION OF TRAINING – other agencies- see separate document

- First Aid Course Syllabus

-Swift Kitchen- Allergy training

-360 sports coaching allergy training

-Supply Teacher Company

-Hampshire Music Service