



Allergy and Anaphylaxis Policy

The Children's Endeavour Trust comprises:

Abbot's Hall Community Primary School
Bosmere Community Primary School
Broke Hall Community Primary School
Chilton Community Primary School
Combs Ford Primary School
Freeman Community Primary School
Springfield Junior School
Whitehouse Community Primary School

Document Control

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1. AIMS AND OBJECTIVES

This policy outlines The Children Endeavour's Trust's approach to allergy management, including how the whole-school community in each of our schools 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 pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an allergy aware trust.

This policy applies to all staff, pupils, parents/carers and visitors in each of our schools and should be read alongside these other policies:

- Asthma Policy (School Specific)
- Child Protection and Safeguarding Policy
- First Aid Policy
- Food Policy (School Specific)
- Health and Safety Policy
- Mental Health Wellbeing (Children) Policy
- Stress, Mental Health, Wellbeing (Staff) Policy
- Supporting Children with Medical Needs Policy

2. WHAT IS AN 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.

3. DEFINITIONS

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

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 and 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 UK 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.

ADRENALINE AUTO-INJECTOR (PENS): 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 AAI's,

adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this Policy, we will refer to them as Adrenaline Pens.

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

DESIGNATED ALLERGY LEAD: The member of staff responsible for overseeing allergy management across the school and acting as the main point of contact for pupils, parents and staff. See Appendix 1 for details specific to each school.

NEFFY: Neffy (official name in the UK is EURNeffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector approved. (Neffy was approved for use in the UK in 2025 for older children but it expected to be extended to younger children).

INDIVIDUAL HEALTHCARE PLAN: A detailed document outlining an individual pupil's medical conditions, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. It should incorporate guidance given by medical professionals. All pupils with an allergy should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.

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

SPARE ADRENALINE AUTO-INJECTOR (PENS): Schools are able to purchase spare adrenaline pens. These should be held as a back-up, in case pupils' prescribed adrenaline pens are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

4. ROLES AND RESPONSIBILITIES

The Children Endeavour's Trust takes a whole-school approach to allergy management in each of our schools.

4.1 Designated Allergy Lead

The Designated Allergy Lead for each school is detailed in Appendix 1. They report to the Headteacher and the Named Allergy Governor (also detailed in Appendix 1). They are responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils and staff with an allergy;
- Taking decisions on allergy management across the school;
- Championing and practising allergy awareness across the school;
- Being the overarching point of contact for staff, pupils and parents/carers with concerns or questions about allergy management;
- Maintaining a register of staff who have allergy conditions, details of those allergies and prescribed treatments
- Ensuring allergy information is recorded, up-to-date and communicated to all staff
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment);

- Ensuring staff, pupils and parents/carers have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures.
- Reviewing the school's stock of spare adrenaline pens (checking the school has an appropriate number for the setting, that they hold the correct dose, that spare adrenaline pens are stored appropriately) and ensuring staff know where they are;
- Keeping a record of any allergic reactions or near-misses, reporting these to the appropriate authority (e.g. under RIDDOR) where necessary and ensuring the circumstances are investigated and learnings shared;
- Regularly monitoring the Allergy and Anaphylaxis Policy in conjunction with CET; and
- Ensuring there is an anaphylaxis drill at least once a year.

At regular intervals the Designated Allergy Lead will check procedures and report to the Headteacher and Governing Body.

4.2 First Aid / Medical Lead

Each school will have a First Aid / Medical Lead (detailed in Appendix 1) who is responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans and information from families (this is likely to involve liaising with the admissions team for new joiners);
- Ensuring Medical Tracker is up to date, and records are completed as needed;
- Supporting the Designated Allergy Lead with disseminating this information to all school staff, including the catering team, occasional staff and those running clubs
- Ensuring the information from families is up-to-date, and reviewed annually (at a minimum), coordinating medication with families and ensuring medication is in date
- Maintaining a register of all pupils who have allergies together with details of prescribed treatments;
- Have access to the register of staff allergies and prescribed treatments
- Keeping an adrenaline pen register to include adrenaline pens prescribed to pupils and the school's stock of spare adrenaline pens, including brand, dose and expiry date and the location of spare adrenaline pens.
- Regularly checking spare adrenaline pens are where they should be, and that they are in date;
- Replacing the spare adrenaline pens when necessary;
- Arranging on-site adrenaline pen training for staff and pupils and refresher training as required e.g. before school trips.
- Assisting the Designated Allergy Lead to run an anaphylaxis drill at least annually.
- Liaising with medical professionals as required.

4.3 Office Team

The office team is likely to be the first to learn of a pupil or visitor's allergy. They should work with the Designated Allergy Lead and First Aid / Medical Lead to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity. This must be completed before the child begins at the school, usually as part of the pre-admissions meeting.
- There is a clear structure in place to communicate this information to the relevant parties (i.e. classroom staff, catering team);
- Parents/Carers and applicants are informed of catering arrangements during pre-admission meetings / events
- Plans are made for emergency medication if the child is to be left without parental supervision.

4.4 All staff

All school staff, including teaching staff, support staff, occasional staff (for example sports coaches, music teachers and those running breakfast and after school clubs) are responsible for:

- Championing and practising allergy awareness across the school;
- Reading, understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures, and asking for support if needed;
- Advising the Delegated Allergy Lead of any allergies they have and what the prescribed treatment plan is;
- Being aware of pupils (and staff, when necessary) with allergies and what they are allergic to;
- Being aware of visitors with allergies and what they are allergic to (request information when arranging for a visitor to be on site);
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate;
- Ensuring pupils always have access to their medication or carrying it on their behalf and being aware of the location of emergency adrenalin pens in school;
- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training;
- Taking part in training and anaphylaxis drills as required (at least once a year). Whilst it is the school's responsibility to ensure staff have received annual training, if the member of staff is aware they have not received any allergy training in the last 12 months they should alert a manager;
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times. Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy;
- Forwarding any communication or information that comes directly to them from parents/carers regarding allergens to the First Aid / Medical Lead; and

- Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving school site, for a match or trip.

4.5 All parents/carers

All parents and carers (whether their child has an allergy or not) are responsible for:

- Being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies;
- Providing the school office with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis and names and contact details of any medical professionals involved in their care. They should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema;
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events;
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice; and
- Encouraging their child to be allergy aware.

4.6 Parents/Carers of children with allergies

In addition to point 4.5, the parents and carers of children with allergies should:

- Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan (which can be obtained from their Medical Team e.g. GP);
- If applicable, provide the school or their child with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, ie. spoon or syringe), inhalers or creams;
- Ensure medication is in-date and replaced at the appropriate time;
- Ensure their child has access to their allergy medication, including two adrenaline pens if prescribed, on the journey to and from school;
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too;
- Sign the associated permission for the child's school photo to be shared appropriately as part of their allergy management; and
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring eg. not eating the food to which they are allergic.

4.7 All pupils

All pupils at the school should:

- Be allergy aware;

- Understand the risks allergens might pose to their peers and respect measures to support them;
- Learn how they can support their peers and be alert to allergy-related bullying;
- Older pupils will learn how to recognise an allergic reaction and support their peers and staff in case of an emergency; and
- Adhere to school restrictions / guidance on what food can be brought in from home.

4.8 Pupils with allergies (in an age appropriate manner)

In addition to point 4.7, pupils with allergies are responsible for:

- Knowing what their allergies are and how to mitigate personal risk;
- Avoiding their allergen as best as they can;
- Understanding the importance of following the school specific processes of lunch and snack services and how that mitigates risk;
- Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction;
- Carrying two adrenaline auto-injectors with them at all times, if age and capability appropriate. They must only use them for their intended purpose;
- Understanding how and when to use their adrenaline auto-injector;
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy;
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies;
- Pupils permitted to leave the school site (i.e. walking home alone) should know what to do if they have an allergic reaction off school premises. This should include how to treat themselves and raise the alarm to get help; and
- If age and capability appropriate, ensuring they have their medication with them on the journey to and from school.

5. INFORMATION AND DOCUMENTATION

5.1 Register of pupils with an allergy

Each school has a register of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as pupils with an allergy where no adrenaline pens have been prescribed. Information is also recorded on Medical Tracker.

5.2 Individual Healthcare Plans

Each pupil with an allergy which requires management in school has an Individual Healthcare Plan. This is where medication or adjustments are required in school. The information on this plan includes:

- Known allergens and risk factors for allergic reactions;
- A history of their allergic reactions;
- Detail of the medication the pupil has been prescribed including dose, this should include adrenaline pens, antihistamine etc;
- A copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis;
- A photograph of each pupil; and
- A copy of their Allergy Action Plan (if provided by a Medical Professional).

6. ASSESSING RISK

Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food lessons or cooking. This should include considering that old packaging brought in may contain traces of allergens, making play dough which contains wheat and ingredients of items such as glues;
- Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk;
- Running activities or clubs where they might hand out snacks or food “treats”. Ensure safe food is provided or consider an alternative non-food treat for all pupils; and
- Planning special events, such as cultural days and celebrations.
- Birthday treats provided by the parent/carer to be shared in class.

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity. The School will ensure compliance with the Equality Act 2010.

7. FOOD, INCLUDING MEALTIMES & SNACKS

7.1 Catering in school

The Trust is committed to providing a safe meal for all students, staff and visitors, including those with food allergies.

- Due diligence is carried out with regard to allergen management when appointing catering contractors;
- Contractors will be accountable to ensure all catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training;
- Schools with Early Years settings will adhere to the Early Years Foundation Stage statutory guidance, including having a staff member with paediatric first aid training present when food is eaten (including breakfast clubs, and snack as well as lunchtimes);

- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures. They will have completed annual food hygiene training;
- Catering Contractors will ensure a specific menu is in place for each child who has an allergy. The menu will be as close to the main school menu as possible and copies will be sent home to parents/carers prior to the menu being in place;
- Each school has robust procedures in place to identify pupils with food allergies.
- Food containing the main 14 allergens (see Allergens definition) will be clearly labelled. Other ingredient information will be available on request. If any allergy is identified in any member of the school community outside of these 14 allergens, these will also be clearly labelled.
- Pre-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging;
- Where changes are made to the ingredients this will be communicated to the office, who will ensure information is passed to parents/carers and pupils with dietary needs.

Above procedures also apply to breakfast and after-school clubs.

7.2 Food brought into school

- Children may bring packed lunches into school. These must be clearly labelled with the child's name. These should be healthy and follow the guidance in the Food Policy. No nut products may be brought into school.
- Treats may be brought in on a child's birthday to share with the class. Parents/Carers are asked to be aware of the 14 allergens and to ensure that the products are nut free.
- Bake Sales etc – food can be donated to be included in bake sales only if a full ingredient list is provided. Children will only be allowed to purchase items when with a parent/carer or if they have written permission from a parent/carer.

7.3 Food bans or restrictions

- Our schools are Allergen Aware schools. We have students with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food;
- No nut products may be brought into our schools or on a school trip.
- All food coming onto school premises or taken on a school trip or to a sporting fixture should be checked to ensure nuts are not an ingredient. Please check the label on all foods brought in. Common foods that contain these goods as an ingredient include: packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces.

7.4 Food hygiene for pupils

- Pupils will wash their hands before and after eating;
- Sharing, swapping or throwing food is not allowed;
- Water bottles and packed lunches should be clearly labelled.

8. EDUCATIONAL VISITS AND SPORTS FIXTURES

- Staff leading the trip will have a register of pupils with allergies and details of their medication. They will ensure all medication is taken on the trip and a first aider is present. Staff should notify the trip leader of any allergies;
- Allergies will be considered on the risk assessment and catering provision put in place;
- Parents/Carers, and pupils where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay;
- Staff (and some pupils, if appropriate) accompanying the trip will be trained to recognise and respond to an allergic reaction;
- Allergens will be clearly labelled on catered packed lunches and the child's name will be added to the lunchbox.
- If attending another school where food is included, details of their dietary requirements will be sent ahead to ensure they have a safe meal; and
- See Adrenaline Pens section for School Trips and Sports Fixtures.

9. INSECT STINGS

Each school (Site Manager / Office Manager) will monitor the grounds for wasp or bee nests. Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.

Staff and children are encouraged to:

- Avoid walking around in bare feet or when outside and where possible keep arms and legs covered;
- Avoid wearing strong perfumes; and
- Keep food and drink covered where possible.
- A person who has been identified as having an allergy to bee or wasp stings may prefer to eat lunch and snack within the building during the spring and summer months to lessen risk. This will be discussed on a case by case basis with the parent/carers and the child.

10. ANIMALS

It's normally the dander (flakes of skin) saliva or urine that causes a person with an animal allergy to react.

Precautions to limit the risk of an allergic reaction include:

- A pupil with a known animal allergy should avoid the animal to which they are allergic;
- If an animal comes on site a risk assessment will be done prior to the visit;
- Areas visited by animals will be cleaned thoroughly;

- Anyone in contact with an animal will wash their hands after contact;
- School trips that include visits to animals will be carefully risk assessed.

11. ALLERGIC RHINITIS/ HAY FEVER

Medication can be held in school for children who have rhinitis / hayfever.

- Medication must be brought to the school office and an appropriate medication permission form completed;
- The medication will remain in the school office and be administered by office staff as per need / under manufacturer guidance
- If preferred, parent/carers can be called to come in and administer medication

12. INCLUSION AND MENTAL HEALTH

Allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety or depression and may be more susceptible to bullying.

- No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip;
- Pupils with allergies may require additional pastoral support including regular check-ins from their teacher, teaching assistant or Pastoral Lead.
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives; and
- Bullying related to allergy will be treated in line with the school's anti-bullying policy.

13. ADRENALINE PENS

[See the government guidance on Adrenaline Pens in Schools.](#)

13.1 Storage of adrenaline pens

- Pupils and staff prescribed with adrenaline pens will have easy access to two, in-date pens at all times;
- Locations of the adrenaline pens for each school is set out in Appendix 1. Pupils must also have access to two adrenaline pens as they travel to and from school;
- Spot checks will be made to ensure adrenaline pens are where they should be and in date (at least half termly);
- Adrenaline pens must not be kept locked away;
- Adrenaline pens should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator); and
- Used or out of date pens will be returned to parents/carers or taken to a pharmacy.

13.2 Spare adrenaline pens

Each school will hold spare adrenaline pens to be used in accordance with government guidance. The locations of spare adrenaline pens are clearly signposted. Refer to Appendix 1 for specific details.

The Designated Allergy Lead and First Aid / Medical Lead are responsible for:

- Deciding how many spare pens are required It is advised to have a set of spare pens which can be taken on a trip.
- What dosage is required, based on the Resuscitation Council UK's age-based guidance (see Appendix 3);
- Which brand(s) to buy. Schools are recommended to buy a single brand if possible to avoid confusion;
- The purchasing of spare adrenaline pens which can be obtained at low cost from a local pharmacy. See government guidance above;
- Distribution around the site and clear signage; and
- Ensuring the pens are located no more than 5 minutes away from where they may be needed.

13.3 Adrenaline pens on off-site activities

- No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own devices. It is the trip leader's responsibility to check they have them;
- Adrenaline pens will be kept close to the pupils at all times e.g. not stored in the hold of the coach when travelling or left in changing rooms;
- Adrenaline pens will be protected from extreme temperatures where possible (kept out of direct sunlight);
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction; and
- Spare adrenaline pens can be taken on the trip if required

14. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See appendix on recognising and responding to an allergic reaction

If a pupil has an allergic reaction:

- Treat the pupil in accordance with their Individual Healthcare Plan for Allergy / Allergy Action Plan;
- If anaphylaxis is suspected administer adrenaline without delay;
- Treat the pupil where they are. Lie them down with their legs raised and bring medication to them;
- Use pupil's own prescribed medication if immediately available;
- Pupil can administer the adrenaline pen themselves (if able to) or a member of staff can administer pen. Ideally the member of staff will be trained, but in an emergency, anyone can administer adrenaline;

- If the pupil's own adrenaline pen is not available or misfires, then use a spare adrenaline pen;
- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or Allergy Action Plan, lie the pupil down with their legs raised, call 999 and explain anaphylaxis is suspected. Inform the operator that spare adrenaline pens are available and follow instructions from the operator. The MHRA (Medicines and Healthcare Products Regulatory Agency) says that in exceptional circumstances, a spare adrenaline pen can be administered to anyone for the purposes of saving their life;
- If, after 5 minutes, there is no improvement, use a second adrenaline pen and call the emergency services again and inform them that a second dose of adrenaline has been given;
- Do not move the pupil until a medical professional/ paramedic has arrived, even if they are feeling better; and
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany them in an ambulance until a parent or carer arrives.

15. TRAINING

15.1 The school is committed to training all staff annually to give them a good understanding of allergy.

This includes:

- Understanding what an allergy is;
- How to reduce the risk of an allergic reaction occurring;
- How to recognise and treat an allergic reaction, including anaphylaxis. Staff will be given the opportunity to practise with a training adrenaline auto-injector.
- How the school manages allergy, for example documentation, communication etc;
- Where adrenaline pens are kept (both prescribed pens and spare pens) and how to access them;
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying;
- Understanding food labelling; and
- Taking part in an anaphylaxis drill.

15.2 The school will carry out an anaphylaxis drill once a year.

This includes:

- An exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the whole school response.

16. ASTHMA

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions. Refer to each individual school's Asthma Policy.

17. REPORTING ALLERGIC REACTIONS

The school will log allergic reaction incidents and near-misses. This is to be reported via I Am Compliant and any follow up steps are to be recorded. All allergic related incident reports should be referred to CET.

Appendix 1

Abbotts Hall Community Primary School

Designated Allergy Lead	Mrs S Scarfe
Named Governor for Allergies	Mr M Drury
Headteacher	Mr D Pettitt
First Aid / Medical Lead	Mrs H Jewers

Location of Child's Medication held in School:

In the classroom in medical boxes.

Emergency Medication held in School and Location:

In the staffroom and Lodge kitchen.

Catering Contractor Arrangements:

- On being informed of a food allergy, parent/carer complete a form which is sent to the Catering Contractor who plans an allergy menu specific to that child's needs.
- Parent/Carer and child are provided with a copy of the menu.
- Teacher / School office are made aware so that a check can be made each day on what meal option the child orders.
- Lunchtime Supervisors / Kitchen staff are provided with a list of lunches each day, which note any food allergies.
- Each child with an allergy is given an allergy card as they are sent for lunch which is given to the kitchen staff who ensure the child is not given food which may trigger an allergic reaction.
- Photos of children who have food allergies are displayed in the kitchen together with details of the food they are not able to consume.
- Kitchen staff will monitor areas where children can help themselves to food during the lunch hour (e.g. salad bar). Any allergens in this area will be clearly marked.

Bosmere Community Primary School

Designated Allergy Lead	Miss S Bates
Named Governor for Allergies	Mrs V Kingsley
Executive Headteacher	Mrs L Carr
Head of School	Mr B Shaw
First Aid / Medical Lead	Mrs C Williams

Location of Child's Medication held in School:

Adrenaline pens, asthma inhalers and any associated medication are stored in the classroom first aid box located near the fire exit. These medical boxes are accessible to children at all times and are taken to PE lessons, fire drills and assemblies as required. The child's Individual Healthcare Plan (IHP) is also kept within the relevant classroom first aid box.

Emergency Medication held in School and Location:

Emergency inhalers and adrenaline pens are stored in a clearly labelled first aid bag located in the school office entrance adjacent to the fire control panel.

The following adrenaline pens are currently held as emergency medication:

- 2 × EpiPen Junior (Infant)
- 2 × EpiPen (Age 6+)

Catering Contractor Arrangements:

- On being informed of a food allergy, parent/carer complete a form which is sent to the Catering Contractor who plans an allergy menu specific to that child's needs.
- Parent/Carer and child are provided with a copy of the menu.
- Teacher / School office are made aware so that a check can be made each day on what meal option the child orders.
- Lunchtime Supervisors / Kitchen staff are provided with a list of lunches each day, which note any food allergies.
- Each child with an allergy is given an allergy card as they are sent for lunch which is given to the kitchen staff who ensure the child is not given food which may trigger an allergic reaction.
- Photos of children who have food allergies are displayed in the kitchen together with details of the food they are not able to consume.
- Kitchen staff will monitor areas where children can help themselves to food during the lunch hour (e.g. salad bar). Any allergens in this area will be clearly marked.

Broke Hall Community Primary School

Designated Allergy Lead	Mrs S Davey – Office Manager
Named Governor for Allergies	Mrs G Wright
Headteacher	Mrs R Fairs
First Aid / Medical Lead	Mrs J Noon

Location of Child's Medication held in School:

Adrenaline Pens, Asthma Inhalers and associated medications (e.g. antihistamines) are held in the classroom. They are situated in a bright orange medical box which also contains copies of the child's Individual Health Plan (IHP).

Medical boxes are always available to the children. They are taken with the class to PE, playtimes, assemblies and drills.

IHPs are also available on Medical Tracker and Arbor.

Emergency Medication held in School and Location:

Emergency Adrenaline Pens and Inhalers (with spacers) are stored in:

The staffroom by the external door (attached to the wall and signposted), there are 2 Adult doses and 2 Child doses.

Catering Contractor Arrangements:

- On being informed of a food allergy, details are recorded on Arbor & Medical Tracker, and the kitchen staff are informed.
- The catering team provide an adaptable menu for most common allergies and will liaise with parent/carer if a more tailored menu is required.
- Lunchtime Supervisors / Kitchen staff are provided with a list of lunches each day, which note any food allergies.
- Each child with an allergy is given an allergy lanyard as they are sent for lunch. They wear this while collecting and eating their lunch. The kitchen staff check the lanyards as they are served their food to ensure the child is not given food which may trigger an allergic reaction.
- Photos of children who have food allergies are available in the kitchen together with details of the food they are not able to consume.
- Kitchen staff / Lunchtime supervisors will monitor areas where children can help themselves to food during the lunch period (e.g. salad bar). Any allergens in this area will be clearly marked.

Chilton Community Primary School

Designated Allergy Lead	Mrs J Trott
Named Governor for Allergies	Mrs L Malon
Executive Headteacher	Mrs L Carr
Head of School	Mrs J Trott
First Aid / Medical Lead	Mrs J Trott

Location of Child's Medication held in School:

Adrenaline pens, asthma inhalers and any associated medication are stored in the classroom first aid box located near the fire exit. These medical boxes are accessible to children at all times and are taken to PE lessons, fire drills and assemblies as required. The child's Individual Healthcare Plan (IHP) is also kept within the relevant classroom first aid box.

Emergency Medication held in School and Location:

Emergency inhalers and adrenaline pens are stored in a clearly labelled first aid bag located in the school office entrance adjacent to the fire control panel.

The following adrenaline pens are currently held as emergency medication:

- 2 × EpiPen Junior (Infant)
- 2 × EpiPen (Age 6+)

Catering Contractor Arrangements:

- On being informed of a food allergy, parent/carer complete a form which is sent to the Catering Contractor who plans an allergy menu specific to that child's needs.
- Parent/Carer and child are provided with a copy of the menu.
- Teacher / School office are made aware so that a check can be made each day on what meal option the child orders.
- Lunchtime Supervisors / Kitchen staff are provided with a list of lunches each day, which note any food allergies.
- Each child with an allergy is given an allergy card as they are sent for lunch which is given to the kitchen staff who ensure the child is not given food which may trigger an allergic reaction.
- Photos of children who have food allergies are displayed in the kitchen together with details of the food they are not able to consume.
- Kitchen staff will monitor areas where children can help themselves to food during the lunch hour (e.g. salad bar). Any allergens in this area will be clearly marked.

Combs Ford Primary School

Designated Allergy Lead	Mrs C McCarthy
Named Governor for Allergies	Mrs F Lee
Headteacher	Mr M Wesley
First Aid / Medical Lead	Mrs C McCarthy

Location of Child's Medication held in School:

In the medical cupboard located in the main office.

Emergency Medication held in School and Location:

Inhalers are in the medical cupboard – unlocked.

AAI's in clearly labelled hanging storage on the front of the medical cupboard.

Office door is never locked whilst children are in the building.

Catering Contractor Arrangements:

- On being informed of a food allergy, parent/carer complete a form which is sent to the Catering Contractor who plans an allergy menu specific to that child's needs.
- Parent/Carer and child are provided with a copy of the menu.
- Teacher / School office are made aware so that a check can be made each day on what meal option the child orders.
- Lunchtime Supervisors / Kitchen staff are provided with a list of lunches each day, which note any food allergies.
- Each child with an allergy is given an allergy card as they are sent for lunch which is given to the kitchen staff who ensure the child is not given food which may trigger an allergic reaction.
- Photos of children who have food allergies are displayed in the kitchen together with details of the food they are not able to consume.
- Kitchen staff will monitor areas where children can help themselves to food during the lunch hour (e.g. salad bar). Any allergens in this area will be clearly marked.

Freeman Community Primary School

Designated Allergy Lead	Mrs E Gerry
Named Governor for Allergies	Mrs S Hayter
Headteacher	Mrs E Gerry
First Aid / Medical Lead	Mrs N Elmer

Location of Child's Medication held in School:

Adrenaline Pens, Asthma Inhalers and associated medications (e.g. antihistamines) are held in the classroom. They are situated in a red medical bag which also contains copies of the child's Individual Health Plan (IHP).

Medical bags are available to the children at all times. They are taken with the class to PE, assemblies and drills.

IHPs are also in the red Medical bag, are available in paper form in the office, and electronically on Medical Tracker and Arbor to all staff.

Emergency Medication held in School and Location:

Emergency Adrenaline Pens and Inhalers (with spacers) are stored in a red medical bag located in the school office. There are two junior adrenaline pens, and two adult adrenaline pens.

Catering Contractor Arrangements:

- On being informed of a food allergy, parent/carer complete a form which is sent to the Catering Contractor who plans an allergy menu specific to that child's needs.
- Parent/Carer and child are provided with a copy of the menu.
- Teacher / School office are made aware so that a check can be made each day on what meal option the child orders.
- Lunchtime Supervisors / Kitchen staff are provided with a list of lunches each day, which note any food allergies.
- Each child with an allergy is given an allergy card as they are sent for lunch which is given to the kitchen staff who ensure the child is not given food which may trigger an allergic reaction.
- Photos of children who have food allergies are displayed in the kitchen together with details of the food they are not able to consume.
- Kitchen staff will monitor areas where children can help themselves to food during the lunch hour (e.g. salad bar). Any allergens in this area will be clearly marked.

Springfield Junior School

Designated Allergy Lead	Mrs J Viner
Named Governor for Allergies	Mrs V Kingsley
Headteachers	Mrs J Viner / Miss B Taylor
First Aid / Medical Lead	Ms T Harvey

Location of Child's Medication held in School:

All pupils' individual medications are stored in their classrooms or in locked first aid cabinets in the school office (labelled with names and class).

Years 3/4 cabinet

Years 5/6 cabinet

Emergency Medication held in School and Location:

Spare Epi-Pens and inhalers & pumps (in a clear plastic lidded and labelled container)

Major Bleed kit (in its own case and labelled)

First Aid kit contents

Defibs also located in the school office and staff room. We are looking to relocate the office defib to a more central location in the school (under the mezz).

All of the above are kept in the cupboard in the school office (labelled and staff have been emailed to be made aware of their location).

Catering Contractor Arrangements:

- On being informed of a food allergy, parent/carer complete a form which is sent to the Catering Contractor who plans an allergy menu specific to that child's needs.
- Parent/Carer and child are provided with a copy of the menu.
- Teacher / School office are made aware so that a check can be made each day on what meal option the child orders.
- Lunchtime Supervisors / Kitchen staff are provided with a list of lunches each day, which note any food allergies.
- Each child with an allergy is given an allergy card as they are sent for lunch which is given to the kitchen staff who ensure the child is not given food which may trigger an allergic reaction.
- Photos of children who have food allergies are displayed in the kitchen together with details of the food they are not able to consume.
- Kitchen staff will monitor areas where children can help themselves to food during the lunch hour (e.g. salad bar). Any allergens in this area will be clearly marked.

Whitehouse Community Primary School

Designated Allergy Lead	Miss S McCullum – Office Manager
Named Governor for Allergies	Ms A Carr
Headteachers	Dr A Hall / Miss A Siddall
First Aid / Medical Lead	Mrs L Bendell (Senior Admin Officer)

Location of Child's Medication held in School:

Adrenaline Pens, Asthma Inhalers and associated medications (e.g. antihistamines) are held in the classroom. They are situated in a bright orange medical box which also contains copies of the child's Individual Health Plan (IHP).

Medical boxes are available to the children at all times. They are taken with the class to PE, assemblies and drills.

IHPs are also available on Google Drive, Medical Tracker and Arbor to all staff.

Emergency Medication held in School and Location:

Emergency Adrenaline Pens and Inhalers (with spacers) are stored in:

- Red Corridor in the Medical Room (attached to the wall and signposted)
- Main Office (Marlow Road) above the medical fridge (signposted)

In each office, there is one Adult dose and one Child dose.

If an emergency adrenaline pen is used, someone will be sent immediately to get the other one of that dosage from the other place of storage.

Catering Contractor Arrangements:

- On being informed of a food allergy, parent/carer complete a form which is sent to the Catering Contractor who plans an allergy menu specific to that child's needs.
- Parent/Carer and child are provided with a copy of the menu.
- Teacher / School office are made aware so that a check can be made each day on what meal option the child orders.
- Lunchtime Supervisors / Kitchen staff are provided with a list of lunches each day, which note any food allergies.
- Each child with an allergy is given an allergy card as they are sent for lunch which is given to the kitchen staff who ensure the child is not given food which may trigger an allergic reaction.
- Photos of children who have food allergies are displayed in the kitchen together with details of the food they are not able to consume.
- Kitchen staff will monitor areas where children can help themselves to food during the lunch hour (e.g. salad bar). Any allergens in this area will be clearly marked.

Appendix 2 Managing Allergic Reactions

Allergic Reactions Vary

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen.

Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

Mild to Moderate Reactions

Symptoms Include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

Response:

- Stay with pupil
- Call for help
- Locate adrenaline pens
- Give antihistamine
- Make a note of the time
- Phone parent/carer
- Continue to monitor the pupil

Serious Allergic Reactions / Anaphylaxis

The most serious type of reaction is called **ANAPHYLAXIS**. Anaphylaxis is uncommon and children experiencing it almost always fully recover.

In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.

People who have never had an allergic reaction before, or who have only had mild to moderate

Responding to Anaphylaxis

Symptoms of Anaphylaxis

A – Airway

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen Tongue

B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

C - Circulation

- Persistent dizziness
- Pale or floppy
- Sleepy
- Collapse or unconscious

If you suspect anaphylaxis, give adrenaline first, before you do anything else.

Delivering Adrenaline:

1. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
3. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips, or even a mobile phone in a pocket.
4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
5. Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
6. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
7. Call the pupil's emergency contact.
8. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
9. Start CPR is necessary.
10. Hand over used devices to paramedics and remember to get replacements.

For more information see the Government's [**Guidance for the use of adrenaline auto-injectors in schools.**](#)

Appendix 3

Adrenaline Dosages to be given by age: (as per guidance from The Resuscitation Council UK)

Adult and Child over 12 years old:	500mg
Child 6 years to 12 years old:	300mg
Child 6 months to 6 years old:	150mg
Child under 6 months old:	100-150mg

Appendix 4		NAME – Individual Healthcare Plan for Allergy	
Date of birth:		Current photo	
Year / class:			
Emergency contacts:			
Staff who need to be aware:			
Allergy: <i>Note what allergy the child or young person has.</i> <i>Note any known allergens.</i> <i>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.</i>			
How the allergy is managed: <i>Note any care or action plans or prescribed medication issued by healthcare professionals.</i> <i>If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.</i> <i>Note the extent to which the child or young person is able to take responsibility for managing their allergy.</i>			
Impact on education: <i>Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.</i> <i>Indicate how the allergy may impact on the child or young person's learning.</i> <i>Indicate how the allergy may impact on the child or young person's emotional wellbeing.</i> <i>If relevant, note any interaction between allergy and SEN.</i>			
Arrangements for support: <i>Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.</i> <i>Outline measures to reduce the risk of contact with known allergens.</i> <i>Give details of the specific support or adaptations to manage food allergy at meal and snack times.</i> <i>Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.</i>			
Visits and trips: <i>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.</i> <i>Note any requirement for a risk assessment and prompts for specific issues which should be considered.</i>			

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:	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: <i>Record any <u>non</u>-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting</i> <i>Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access</i> <i>Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.</i>	
Parental consent:	Date:
Prescription medication: <i>Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).</i> <i>Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.</i> <i>Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.</i>	
Prescribed by:	Date:
Parental consent:	Date:
Use of “spare” adrenaline devices: <i>Note whether parental consent has been given to administer adrenaline (e.g. using “spare” adrenaline devices) in an emergency.</i>	
Parental consent:	Date:
Use of “spare” salbutamol inhaler: <i>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.</i>	
Parental consent:	Date:

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