THE DIOCESE OF GLOUCESTER ACADEMIES TRUST
unlocking potential

Allergen and Anaphylaxis Policy

Our vision is to enable all to flourish.

Status and review cycle:	Non-statutory and every 2 years
Responsible group:	The Trust
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Contents

1.0 Statement of intent
2.0 Legal framework
3.0 Definitions
4.0 Roles and responsibilities
5.0 Food allergies
6.0 Food allergen labelling
7.0 Food labelling
8.0 Declared allergens
9.0 Changes to ingredients and food packaging
10.0 Animal allergies
11.0 Seasonal allergies
12.0 Adrenaline auto-injectors (AAIs)
13.0 Access to spare AAIs
14.0 School trips
15.0 Medical attention and required support
16.0 Staff training
17.0 Mild to moderate allergic reactions
18.0 Managing anaphylaxis
19.0 Monitoring and review
20.0 Appendix 1 - Allergy declaration form

1.0 Statement of intent

1.1 The Diocese of Gloucester Academies Trust (The Trust) strives to ensure the safety and wellbeing of all members of the school community. For this reason, this policy is to be adhered to by all staff members, parents and pupils, with the intention of minimising the risk of anaphylaxis occurring whilst at school.

1.2 In order to effectively implement this policy and ensure the necessary control measures are in place, parents are responsible for working alongside the school in identifying allergens and potential risks, in order to ensure the health and safety of their children.

1.3 The Trust or any of its schools does not guarantee a completely allergen-free environment; however, this policy will be utilised to minimise the risk of exposure to allergens, encourage self-responsibility, and plan for an effective response to possible emergencies.

1.4 The Trust is committed to ensuring that all pupils with allergies can participate fully and safely in all aspects of school life, including educational visits, clubs, enrichment activities, celebrations and school meals. Reasonable adjustments will be made where necessary to support inclusion whilst maintaining pupil safety.

2.0 Legal framework

2.1 This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2026) 'Allergy safety in schools'
- Children's Wellbeing and Schools Act 2026

3.0 Definitions

3.1 For the purpose of this policy:

Allergy – is a condition in which the body has an exaggerated response to a substance. This is also known as hypersensitivity.
Allergen – is a normally harmless substance that triggers an allergic reaction for a susceptible person.
Allergic reaction – is the body's reaction to an allergen and can be identified by, but not limited to, the following symptoms:

- Hives
- Generalised flushing of the skin
- Itching and tingling of the skin
- Tingling in and around the mouth
- Burning sensation in the mouth
- Swelling of the throat, mouth or face
- Feeling wheezy
- Abdominal pain
- Rising anxiety
- Nausea and vomiting
- Alterations in heart rate
- Feeling of weakness

Anaphylaxis – is also referred to as anaphylactic shock, which is a sudden, severe and potentially life-threatening allergic reaction. This kind of reaction may include the following symptoms:

- Persistent cough
- Throat tightness
- Change in voice, e.g. hoarse or croaky sounds
- Wheeze (whistling noise due to a narrowed airway)
- Difficulty swallowing/speaking
- Swollen tongue
- Difficult or noisy breathing
- Chest tightness
- Feeling dizzy or feint
- Suddenly becoming sleepy, unconscious or collapsing
- For infants and younger pupils, becoming pale or floppy

4.0 Roles and responsibilities

4.1 The Trust Board is responsible for:

- Ensuring that policies, plans, and procedures are in place to support pupils with allergies and who are at risk of anaphylaxis.
- Monitoring the effectiveness of this policy and reviewing it on a two yearly basis, and after any incident where a pupil experiences an allergic reaction.

4.2 The headteacher is responsible for:

- Ensuring that parents are informed of their responsibilities in relation to their child's allergies.
- Ensuring that the school's approach to allergies and anaphylaxis focusses on, and accounts for, the needs of each individual pupil.
- Ensuring that staff are properly trained to provide the support that pupils need, and that they receive allergy and anaphylaxis training annually.
- Ensuring that all relevant risk assessments, e.g. to do with food preparation, have been carried out and controls to mitigate risks are implemented.
- Ensuring that all staff are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis.
- Ensuring that all staff members are provided with information regarding allergic reactions and anaphylaxis, including the necessary precautions and how to respond.
- Ensuring that catering staff are aware of pupils' allergies and act in accordance with the school's policies regarding food and hygiene, including this policy.
- Ensuring that there are effective processes in place for medical information to be regularly updated and disseminated to relevant staff members, including supply and temporary staff.

- Ensuring that the school allergy register is maintained and all AAIs have been registered.
- Seeking up-to-date medical information about each pupil via a medical form sent to parents on an annual basis, including information regarding any allergies.
- Contacting parents for required medical documentation regarding a pupil's allergy.
- Acting as the main point of contact for parents regarding allergy management.
- Monitoring allergic incidents and near misses.

4.3 All staff members are responsible for:

- Attending relevant training regarding allergens and anaphylaxis.
- Being familiar with and implementing pupils' individual healthcare plans (IHPs) as appropriate.
- Responding immediately and appropriately in the event of a medical emergency.
- Reinforcing effective hygiene practices, including those in relation to the management of food.
- Monitoring all food supplied to pupils by both the school and parents.
- Ensuring that pupils do not share food and drink in order to prevent accidental contact with an allergen.

4.4 The catering manager is responsible for:

- Monitoring the food allergen log and allergen tracking information for completeness.
- Reporting any non-conforming food labelling to the supplier, where necessary.
- Ensuring the practices of kitchen staff comply with food allergen labelling laws and that training is regularly reviewed and updated.
- Recording incidents of non-conformity, either in allergen labelling, use of ingredients or safe staff practice, in an allergen incident log.
- Acting on entries to the allergen incident log and ensuring the risks of recurrence are minimised.

4.5 Catering staff are responsible for:

- Ensuring they are fully aware of the rules surrounding allergens, the processes for food preparation in line with this policy, and the processes for identifying pupils with specific dietary requirements.

- Ensuring they are fully aware of whether each item of food served contains any of the main 14 allergens, as is a legal obligation, and making sure this information is readily available for those who may need it.
- Ensuring that the required food labelling is complete, correct, clearly legible, and is either printed on the food packaging or attached via a secure label.
- Reporting to the catering manager if food labelling fails to comply with the law.

4.6 All parents are responsible for:

- Notifying the school of their child's allergens, the nature of the allergic reaction, what medication to administer, specified control measures and what can be done to prevent the occurrence of an allergic reaction.
- Keeping the school up-to-date with their child's medical information.
- Providing written consent for the use of a spare AAI.
- Providing the school with written medical documentation, including instructions for administering medication as directed by the child's doctor.
- Raising any concerns they may have about the management of their child's allergies with the classroom teacher.

4.7 All pupils are responsible for:

- Ensuring that they do not exchange food with other pupils.
- Avoiding food which they know they are allergic to, as well as any food with unknown ingredients.
- Notifying a member of staff immediately in the event they believe they are having an allergic reaction, even if the cause is unknown, or have come into contact with an allergen.

5.0 Food allergies

5.1 Parents will provide the school with a written list of any foods that their child may have an adverse reaction to, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

5.2 Information regarding all pupils' food allergies will be collated, indicating whether they consume a school dinner or a packed lunch, and this will be passed on to the school's catering service.

5.3 When making changes to menus or substituting food products, the school will ensure that pupils' special dietary needs continue to be met by:

- Checking any product changes with all food suppliers
- Asking caterers to read labels and product information before use

- Using the Food Standards Agency's allergen matrix to list the ingredients in all meals.
- Ensuring allergen ingredients remain identifiable.

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

5.5 Where meals include allergens or traces of allergens, staff will use clear and fully visible labels, in line with this policy, to denote the allergens of which consumers should be aware.

5.6 The school will ensure that there are always dairy- and gluten-free options available for pupils with allergies and intolerances.

5.7 To ensure that catering staff can appropriately identify pupils with dietary needs, with coloured lanyards detailing the dietary needs.

5.8 All food tables will be disinfected before and after being used.

5.9 Anti-bacterial wipes and/or cleaning fluid will be used.

5.10 Boards and knives used for fruit and vegetables will be a different colour to the rest of the kitchen knives in order to remind kitchen staff to keep them separate.

5.11 Any sponges or cloths that are used for cleaning will be colour-coded according to the areas that they are used to clean, to prevent cross-contamination.

5.12 There will be a set of kitchen utensils that are only for use with the food and drink of the pupils at risk.

5.13 There will also be a set of kitchen utensils with a designated colour. These utensils will be used only for food items that contain bread and wheat related products.

5.14 Food items containing bread and wheat will be stored separately.

5.15 The chosen catering service of the school is responsible for ensuring that the school's policies are adhered to at all times, including those in relation to the preparation of food, taking into account any allergens.

5.16 Learning activities which involve the use of food, such as food technology lessons, will be planned in accordance with pupils' IHPs, taking into account any known allergies of the pupils involved.

6.0 Food allergen labelling

6.1 The school will adhere to allergen labelling rules for pre-packed food goods, in line with the Food Information (Amendment) (England) Regulations 2019, also known as Natasha's Law.

6.2 The school will ensure that all food is labelled accurately, that food is never labelled as being 'free from' an ingredient unless staff are certain that there are no traces of that ingredient in the product, and that all labelling is checked before being offered for consumption.

6.3 The relevant staff, e.g. catering staff, will be trained prior to storing, handling, preparing, cooking and/or serving food to ensure they are aware of their legal obligations. Training will be updated as soon as practicable when there are any revisions to related to a child's needs or a change in guidance or legislation. Training for catering staff not employed directly by the school will be the responsibility of the catering contractor.

7.0 Food labelling

7.1 Food goods classed as 'pre-packed for direct sale' (PPDS) will clearly display the following information on the packaging:

- The name of the food
- The full ingredients list, with ingredients that are allergens emphasised, e.g. in bold, italics, or a different colour

7.2 The school will ensure that allergen traceability information is readily available. Allergens will be tracked using the following method:

- Allergen information will be obtained from the supplier and recorded, upon delivery, in a food allergen log stored in the kitchen
- Allergen tracking will continue throughout the school's handling of allergen-containing food goods, including during storage, preparation, handling, cooking and serving
- The food allergen log will be monitored for completeness on a weekly basis by the catering manager for Caterlink.
- Incidents of incorrect practices and incorrect and/or incomplete packaging will be recorded in an incident log and managed by the catering manager for Caterlink.
- Declared allergens

7.3 The following allergens will be declared and listed on all PPDS foods in a clearly legible format:

- Cereals containing gluten and wheat, e.g. spelt, rye and barley

- Crustaceans, e.g. crabs, prawns, lobsters
- Nuts, including almonds, hazelnuts, walnuts, cashews, pecan nuts, brazil nuts and pistachio nuts
- Celery
- Eggs
- Fish
- Peanuts
- Soybeans
- Milk
- Mustard
- Sesame seeds
- Sulphur dioxide and sulphites at concentrations of more than 10mg/kg or 10mg/L in terms of total sulphur dioxide
- Lupin
- Molluscs, e.g. mussels, oysters, squid, snails

7.4 The above list will apply to foods prepared on site, e.g. sandwiches, salad pots and cakes, that have been pre-packed prior to them being offered for consumption.

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

7.6 Any abnormalities in labelling will be reported to the catering manager for Caterlink immediately, who will then contact the relevant supplier where necessary.

7.7 The catering manager for Caterlink will be responsible for monitoring food ingredients, packaging and labelling on a weekly basis and will contact the supplier immediately in the event of any anomalies.

8.0 Changes to ingredients and food packaging

8.1 The school will ensure that communication with suppliers is robust and any changes to ingredients and/or food packaging are clearly communicated to catering staff and other relevant members of staff.

8.2 Following any changes to ingredients and/or food packaging, all associated documentation will be reviewed and updated as soon as possible.

9.0 Animal allergies

9.1 Pupils with known allergies to specific animals will have restricted access to those that may trigger a response.

9.2 In the event of an animal on the school site, staff members will be made aware of any pupils to whom this may pose a risk and will be responsible for ensuring that the pupil does not come into contact with the specified allergen.

9.3 The school will ensure that any pupil or staff member who comes into contact with the animal washes their hands thoroughly to minimise the risk of the allergen spreading.

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

10.0 Seasonal allergies

10.1 The term 'seasonal allergies' refers to common outdoor allergies, including hay fever and insect bites.

10.2 Precautions regarding the prevention of seasonal allergies include ensuring that grass within the school premises is not mown whilst pupils are outside.

10.3 Pupils with severe seasonal allergies will be provided with an indoor supervised space to spend their break and lunchtimes in, avoiding contact with outside allergens.

10.4 Staff members will monitor pollen counts, making a professional judgement as to whether the pupil should stay indoors.

10.5 Pupils will be encouraged to wash their hands after playing outside.

10.6 Pupils with known seasonal allergies are encouraged to bring an additional set of clothing to school to change in to after playing outside, with the aim of reducing contact with outdoor allergens, such as pollen.

10.7 Staff members will be diligent in the management of wasp, bee and ant nests on school grounds and in the school's nearby proximity, reporting any concerns to the headteacher or site manager.

10.8 The headteacher is responsible for ensuring the appropriate removal of wasp, bee and ant nests on and around the school premises.

10.9 Where a pupil with a known allergy is stung or bitten by an insect, medical attention will be given immediately.

11.0 Adrenaline auto-injectors (AAIs)

11.1 Pupils who suffer from severe allergic reactions may be prescribed an AAI for use in the event of an emergency.

11.2 Under The Human Medicines (Amendment) Regulations 2017 the school is able to purchase AAI devices without a prescription, for emergency use on pupils who are at risk of anaphylaxis, but whose device is not available or is not working if they choose to do so spare AAIs can be purchased from a pharmaceutical supplier, such as the local pharmacy.

11.3 The school will submit a request, signed by the headteacher, to the pharmaceutical supplier when purchasing AAIs, which outlines:

- The name of the school.
- The purposes for which the product is required.
- The total quantity required.

11.4 The headteacher, seeking advice from the pharmaceutical supplier will decide which brands of AAI to purchase.

11.5 Where possible, the school will hold one brand of AAI to avoid confusion with administration and training; however, subject to the brands pupils are prescribed, the school may decide to purchase multiple brands.

11.6 The school will purchase AAIs in accordance with age-based criteria, relevant to the age of pupils at risk of anaphylaxis, to ensure the correct dosage requirements are adhered to. These are as follows:

- For pupils under age 6: 0.15 milligrams of adrenaline
- For pupils aged 6-12: 0.3 milligrams of adrenaline

11.7 Spare AAIs are stored as part of an emergency anaphylaxis kit, which will include the following:

- One or more AAIs
- Instructions on how to use the device(s)
- Instructions on the storage of the device(s)
- Manufacturer's information
- A checklist of injectors, identified by the batch number and expiry date, alongside records of monthly checks
- A note of the arrangements for replacing the injectors
- A list of pupils to whom the AAI can be administered
- An administration record

11.8 Pupils who have prescribed AAI devices, and are over the age of seven, are able to keep their device in their possession. For pupils under the age of seven who have prescribed AAI devices, these are stored in a suitably safe and easily accessible location.

11.9 Spare AAIs are not located more than five minutes away from where they may be required. The emergency anaphylaxis kit(s) can be found at the following locations:

- **Main Office**

11.10 All staff will have access to AAI devices, but these will be stored out of reach and inaccessible to pupils – AAI devices will not be locked away where access is restricted.

11.11 All spare AAI devices will be clearly labelled to avoid confusion with any device prescribed to a named pupil.

11.12 In line with manufacturer's guidelines, all AAI devices are stored at room temperature in line with manufacturer's guidelines, protected from direct sunlight and extreme temperature.

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

- **Angela Banks**
- **Rachael Mills**

11.14 The above staff members conduct a monthly_check of the emergency anaphylaxis kit(s) to ensure that:

- Spare AAI devices are present and have not expired.
- Replacement AAIs are obtained when expiry dates are approaching.

11.15 The following staff member is responsible for overseeing the protocol for the use of spare AAIs, its monitoring and implementation, and for maintaining the Register of AAIs: **Angela Banks**

11.16 Any used or expired AAIs are disposed of after use in accordance with manufacturer's instructions.

11.17 Used AAIs may also be given to paramedics upon arrival, in the event of a severe allergic reaction, in accordance with this policy.

11.18 A sharps bin is utilised where used or expired AAIs are disposed of on the school premises.

11.19 Where any AAIs are used, the following information will be recorded on the AAI Record:

- Where and when the reaction took place
- How much medication was given and by whom

12.0 Access to spare AAIs

12.1 A spare AAI can be administered as a substitute for a pupil's own prescribed AAI, if this cannot be administered correctly, without delay.

12.2 Spare AAIs are only accessible to pupils for whom medical authorisation and written parental consent has been provided – this includes pupils at risk of anaphylaxis who have been provided with a medical plan confirming their risk, but who have not been prescribed an AAI.

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

12.4 If consent has been given to administer a spare AAI to a pupil, this will be recorded in their IHP.

12.5 The school uses a register of pupils (Register of AAIs) to whom spare AAIs can be administered – this includes the following:

- Name of pupil
- Class
- Known allergens
- Risk factors for anaphylaxis
- Whether medical authorisation has been received
- Whether written parental consent has been received
- Dosage requirements

12.6 Parents are required to provide consent on an annual basis to ensure the register remains up-to-date.

12.7 Parents can withdraw their consent at any time. To do so, they must write to the headteacher.

- **Dawn Delmain** checks the register is up-to-date on an annual basis.
- **Angela Banks** will also update the register relevant to any changes in consent or a pupil's requirements.
- Copies of the register are held in **each classroom**, which are accessible to all staff members.

13.0 School trips

13.1 The headteacher will ensure a risk assessment is conducted for each school trip to address pupils with known allergies attending. All activities on the school trip will be risk assessed to see if they pose a threat to any pupils with allergies and alternative activities will be planned where necessary to ensure the pupils are included.

13.2 The school will speak to the parents of pupils with allergies where appropriate to ensure their co-operation with any special arrangements required for the trip.

13.3 A designated adult will be available to support the pupil at all times during a school trip.

13.4 If the pupil has been prescribed an AAI, at least one adult trained in administering the device will attend the trip. The pupil's medication will be taken on the trip and stored securely – if the pupil does not bring their medication, they will not be allowed to attend the trip.

13.5 A member of staff is assigned responsibility for ensuring that the pupil's medication is carried at all times throughout the trip.

13.6 Two AAIs will be taken on the trip and will be easily accessible at all times.

13.7 Where the venue or site being visited cannot assure appropriate food can be provided to cater for pupils' allergies, the pupil will take their own food or the school will provide a suitable packed lunch.

14.0 Medical attention and required support

14.1 Once a pupil's allergies have been identified, a meeting will be set up between the pupil's parents, the relevant classroom teacher, and any other relevant staff members, in which the pupil's allergies will be discussed and a plan of appropriate action/support will be developed.

14.2 All medical attention, including that in relation to administering medication, will be conducted in accordance with the Supporting Pupils with Medical Conditions Policy.

14.3 Parents will provide the school with any necessary medication, ensuring that this is clearly labelled with the pupil's name, class, expiration date and instructions for administering it.

14.4 Pupils will not be able to attend school or educational visits without any life-saving medication that they may have, such as AAIs.

14.5 All members of staff involved with a pupil with a known allergy are aware of the location of emergency medication and the necessary action to take in the event of an allergic reaction. The school will maintain an up to date Allergy Register recording pupils with diagnosed allergies, known allergens, emergency contacts, prescribed medication, healthcare plans and dietary requirements. Relevant information will be shared with staff on a need to know basis in accordance with data protection requirements.

14.6 Any specified support which the pupil may require is outlined in their IHP.

14.7 All staff members providing support to a pupil with a known medical condition, including those in relation to allergens, will be familiar with the pupil's IHP.

- **Dawn Delmaine** is responsible for working alongside relevant staff members and parents in order to develop IHPs for pupils with allergies, ensuring that any necessary support is provided and the required documentation is completed, including risk assessments being undertaken.
- **Heather Gregory** has overall responsibility for ensuring that IHPs are implemented, monitored and communicated to the relevant members of the school community.

15.0 Staff training

15.1 Allstaff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so.

15.2 In accordance with the Supporting Pupils with Medical Conditions Policy, staff members will receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

15.3 The school will arrange specialist training on an annual basis where a pupil in the school has been diagnosed as being at risk of anaphylaxis.

15.4 The relevant staff, e.g. catering staff, will be trained on how to identify and monitor the correct food labelling and how to manage the removal and disposal of PPDS foods that do not meet the requirements set out in Natasha's Law.

15.5 The relevant members of staff will be trained on how to consistently and accurately trace allergen-containing food routes through the school, from supplier delivery to consumption. Designated staff members will be taught to:

- Recognise the range of signs and symptoms of severe allergic reactions.
- Respond appropriately to a request for help from another member of staff.
- Recognise when emergency action is necessary.

- Administer AAIs according to the manufacturer's instructions.
- Make appropriate records of allergic reactions.

15.6 All staff members will:

- Be trained to recognise the range of signs and symptoms of an allergic reaction.
- Understand how quickly anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis can occur with prior mild to moderate symptoms.
- Understand that AAIs should be administered without delay as soon as anaphylaxis occurs.
- Understand how to check if a pupil is on the Register of AAIs.
- Understand how to access AAIs.
- Understand who the designated members of staff are, and how to access their help.
- Understand that it may be necessary for staff members other than designated staff members to administer AAIs, e.g. in the event of a delay in response from the designated staff members, or a life-threatening situation.
- Be aware of how to administer an AAI should it be necessary.
- Be aware of the provisions of this policy.

16.0 Mild to moderate allergic reaction

16.1 Mild to moderate symptoms of an allergic reaction include the following:

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

16.2 If any of the above symptoms occur in a pupil, the nearest adult will stay with the pupil and refer to their IHP to determine appropriate next steps.

16.3 The pupil's parents will be contacted immediately if a pupil suffers a mild to moderate allergic reaction, and if any medication has been administered.

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

16.5 For mild to moderate allergy symptoms, the pupil's IHP will be followed and the pupil will be monitored closely to ensure the reaction does not progress into anaphylaxis.

16.6 Should the reaction progress into anaphylaxis, the school will act in accordance with this policy. Where the pupil is required to go to the hospital, an ambulance will be called.

17.0 Managing anaphylaxis

17.1 In the event of anaphylaxis, the nearest adult will lay the pupil flat on the floor and try to ensure the pupil suffering an allergic reaction remains as still as possible; if the pupil is feeling weak, dizzy, appears pale and is sweating their legs will be raised. A designated staff member will be called for help and the emergency services contacted immediately. The designated staff member will administer an AAI to the pupil. Spare AAIs will only be administered if appropriate consent has been received.

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

17.3 If necessary, other staff members may assist the designated staff members with administering AAIs.

17.4 A member of staff will stay with the pupil until the emergency services arrive – the pupil will remain lying flat and still. If the pupil's condition deteriorates after initially contacting the emergency services, a second call will be made to ensure an ambulance has been dispatched.

17.5 The headteacher will be contacted immediately, as well as a suitably trained individual, such as a first aider.

17.6 If the pupil stops breathing, a suitably trained member of staff will administer CPR.

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

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

17.9 A designated staff member will contact the pupil's parents as soon as is possible.

17.10 Upon arrival of the emergency services, the following information will be provided:

- Any known allergens the pupil has
- The possible causes of the reaction, e.g. certain food
- The time the AAI was administered – including the time of the second dose, if this was administered

17.11 Any used AAIs will be given to paramedics.

17.12 Staff members will ensure that the pupil is given plenty of space, moving other pupils to a different room where necessary.

17.13 Staff members will remain calm, ensuring that the pupil feels comfortable and is appropriately supported.

17.14 If a pupil is taken to hospital by Ambulance, two members of staff will accompany them. If one member of staff only is permitted in the Ambulance, then arrangements should be made for a second member of staff to drive to the hospital.

18.0 Monitoring and review

18.1 Following the occurrence of an allergic reaction requiring medical intervention, all relevant staff , in conjunction with the allergy lead, will review the adequacy of the school's response and will consider the need for any additional support, training or other corrective action.

Commented [CM1]: @Nicki Wadley (Central) Is this such a thing now?

18.2 Arrangements must be made for the replacement of the spare AAI's if used.

18.3 All allergic incidents and near misses, including situations where exposure to an allergen was narrowly avoided, will be recorded and reviewed. Lessons learned will be used to improve procedures, communication, training and risk management arrangements.

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

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

AIRWAY	BREATHING	CONSCIOUSNESS
Persistent cough, hoarse voice, difficulty swallowing, swollen tongue	Difficult or noisy breathing, wheeze or persistent cough	Persistent dizziness, pale or floppy, suddenly sleepy, collapse, unconscious

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

1. Lie child flat with legs raised (if breathing is difficult, allow child to sit)

2. Use Adrenaline autoinjector without delay

3. Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

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

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a 2nd adrenaline dose** using a second autoinjector device, if available.

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.

19.0 Appendix 1: Allergy declaration form

Name of pupil:			
Date of birth:		**Year group:**	
Name of GP:			
Address of GP:			

Nature of allergy:	
Severity of allergy:	
Symptoms of an adverse reaction:	
Details of required medical attention:	
Instructions for administering medication:	
Control measures to avoid an adverse reaction:	

Spare AAIs

I understand that the school may purchase spare AAIs to be used in the event of an emergency allergic reaction. I also understand that, in the event of my child's prescribed AAI not working, it may be necessary for the school to administer a spare AAI, but this is only possible with medical authorisation and my written consent.

In light of the above, I provide consent for the school to administer a spare AAI to my child.

Yes	☐	**No**	☐

Name of parent:	
Relationship to child:	
Contact details of parent:	
Parental signature:	