

Ascend Learning Trust

# Allergy Management Policy

Policy Owner: Primary Education Director  
 Date of issue: January 2026  
 Policy Level: Tier 1 (with local adaptations added)  
 Approved by: Trust board (July 25)  
 Next Review: January 2028<sup>i</sup>

## Contents

Version Control.....	1
Statement of Intent.....	2
Legal Framework.....	2
Definitions.....	2
Roles and Responsibilities.....	3
Food Allergies.....	5
Food Allergen Labelling.....	5
Food Labelling.....	5
Declared Allergens.....	6
Changes to Ingredients and Food Packaging.....	7
Animal Allergies.....	7
Seasonal Allergies.....	7
Adrenaline Auto-injectors (AAIs).....	8
Access to Spare AAIs.....	10
School Trips.....	11
Medical Attention and Required Support.....	11
Staff Training.....	12
Mild to Moderate Allergic Reaction.....	13
Managing Anaphylaxis.....	13
Monitoring and Review.....	14
Appendix 1: Risk Assessments.....	16
Appendix 2: Allergy Management Checklist.....	17

## Version Control

Version	Details	Author	Date
1.0	Policy formation	Primary Education Director	July 2025

## Statement of Intent

**Ascend Learning 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.

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

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

## Legal Framework

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

- Children and Families Act 2014
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2023) 'Allergy guidance for schools'

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

- Health and Safety Policy
- Whole-school Food Policy
- Administering Medication Policy
- Supporting Pupils with Medical Conditions Policy
- Educational Visits and School Trips Policy

## Definitions

For the purpose of this policy:

**Allergy** – is a condition in which the body has an exaggerated response to a substance. This is also known as hypersensitivity.

**Allergen** – is a normally harmless substance that triggers an allergic reaction for a susceptible person.

**Allergic reaction** – is the body's reaction to an allergen and can be identified by the following symptoms:

- Hives - Urticaria known as hives
- Itching of the skin and or mouth
- Swelling of the mouth or face
- Nausea and vomiting

**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.

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).

## Roles and Responsibilities

**The trust board** has ultimate responsibility to make arrangements to support pupils with medical conditions. The trust board may delegate their responsibilities to the CEO, the Executive Board or members of the Central Team:

- Ensuring that policies, plans, and procedures are in place to support pupils with allergies and those who are at risk of anaphylaxis and that these arrangements are sufficient to meet statutory responsibilities and minimise risks.
- Ensuring that the school's approach to allergies and anaphylaxis focusses on, and accounts for, the needs of each individual pupil.
- Ensuring that staff are properly trained to provide the support that pupils need, and that they receive allergy and anaphylaxis training at least annually.
- Monitoring the effectiveness of this policy and reviewing it on an annual basis, and after any incident where a pupil experiences an allergic reaction.

**The headteacher** is responsible for:

- The development, implementation and monitoring of this policy and related policies.
- Ensuring that parents are informed of their responsibilities in relation to their child's allergies.
- Ensuring that all relevant risk assessments, e.g. to do with food preparation, have been carried out and controls to mitigate risks are implemented.
- Ensuring that all designated first aiders are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis. This may not be sufficient in larger secondary schools, in higher risk areas all staff, especially technicians should be trained.
- 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 there is up-to-date medical information about each pupil via a medical form sent to parents on an annual basis, including information regarding any allergies.
- Ensuring parents are contacted for required medical documentation regarding a pupil's allergy.

**All staff members** are responsible for:

- Attending relevant training regarding allergens and anaphylaxis.
- Being familiar with and implementing pupils' individual healthcare plans (IHPs) as appropriate.
- Responding immediately and appropriately in the event of a medical emergency.
- Reinforcing effective hygiene practices, including those in relation to the management of food.

- Monitoring all food supplied to pupils by the school.
- 

**The catering company** is responsible for:

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

**Kitchen staff** are responsible for:

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

All parents are **responsible for**:

- Notifying the school of their child's allergens, 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 and providing an allergy action plan as the medical & parental authority to administer medication.
- Providing the school with written medical documentation, including instructions for administering medication as directed by the child's doctor.
- Raising any concerns they may have about the management of their child's allergies with the classroom teacher.

All **pupils** are responsible for:

- Ensuring that they do not exchange food with other pupils.
- Avoiding food which they know they are allergic to, as well as any food with unknown ingredients.
- If possible, 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.

## Food Allergies

Parents will inform school of known allergens as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required, which must be included in the Allergy Action Plan and signed by the parent and medical practitioner.

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

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

- Checking any product changes with all food suppliers
- Asking caterers to read labels and product information before use
- Using the Food Standards Agency's allergen matrix to list the ingredients in all meals.
- Ensuring allergen ingredients remain identifiable.

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

Government guidance states that schools should have clear processes to help catering staff to identify pupils with specific dietary requirements. Individual schools to include theirs here:

Pupils with allergies are identified on Arbor on the pupils page and on the SEND pupil needs spreadsheet by year group and need.

Staff are reminded of pupils with allergies in the September training and in staff briefings where allergies are diagnosed mid-year.

Photos of pupils who have dietary allergies are provided for catering staff.

(More information about identifying dietary needs can be found [here](#).)

## Food Allergen Labelling

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

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

The relevant staff, e.g. kitchen staff, will be trained prior to storing, handling, preparing, cooking and/or serving food to ensure they are aware of their legal obligations. Training will be reviewed on an **annual** basis, or as soon as there are any revisions to related guidance or legislation.

## Food Labelling

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

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

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

The catering company will ensure:

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

## Declared Allergens

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

- Cereals containing gluten e.g. wheat, 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

**These are the top fourteen allergens. All those working with food need to be aware of the specific food allergens in their setting and their various forms e.g. modified starch could be pea/vegetable/wheat etc and could be an allergen for many people - this is not an exhaustive list.**

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

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

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

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

## Changes to Ingredients and Food Packaging

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

Following any changes to ingredients and/or food packaging, all associated documentation will be reviewed and updated before it arrives on a school site.

## Animal Allergies

Pupils with known allergies to specific animals will have restricted access to those that may trigger a response. Before a pupil with a specific animal allergy can return to an area it should be cleaned to remove any remnants of dander.

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

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

## Seasonal Allergies

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

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

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 site manager.

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

Any pupil stung or bitten by an insect should be carefully monitored and parents informed in case of reaction. Where a pupil with a known allergy is stung or bitten by an insect, medical attention will be given immediately.

## Adrenaline Auto-injectors (AAIs)

All pupils at risk of anaphylaxis, should have an Individual Health and Care Plan (IHCP) that describes exactly what to do and who to contact in the event that they have an allergic reaction. The plan should include First Aid procedures for the administering of adrenaline.

Symptoms of anaphylaxis include one or more of the below:

### **Airway:**

- Swollen tongue
- Difficulty swallowing/speaking
- Throat tightness
- Change in voice (hoarse or croaky sounds)

### **Breathing:**

- Difficult or noisy breathing
- Chest tightness
- Persistent cough
- Wheeze (whistling noise due to a narrowed airway)

### **Circulation:**

- Feeling dizzy or faint
- Collapse
- Babies and young children may suddenly become floppy and pale
- Loss of consciousness (unresponsive)

### **Action to be taken**

- Avoid moving someone having anaphylaxis
- Position is important -lie the person flat with legs raised (or sit them up if having breathing problems – v shaped)
- Give adrenaline – WITHOUT DELAY – if an AAI is available, note the time
- Bring the AAI to the person having anaphylaxis, and not the other way round.
- Call an ambulance (999) and tell the operator it is anaphylaxis (ana-fil-ax-is)
- Stay with the person until medical help arrives
- If symptoms do not improve within five minutes of a first dose of adrenaline, give a second dose using another AAI
- The person should remain lying down, a change of position may cause cardiac arrest
- A person who has a serious allergic reaction and/ or is given adrenaline should always be taken to hospital for further observation and treatment

### **Spare Pens in Schools**

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

Under The Human Medicines (Amendment) Regulations 2017 the school is able to purchase AAI devices without a prescription, for emergency use on pupils who are at risk of anaphylaxis, but whose device is not available or is not working or those experiencing anaphylaxis for the first time.

The school will purchase spare AAIs from a pharmaceutical supplier, such as the local pharmacy.

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.

The headteacher, in conjunction with a LA school nurse, will decide which brands of AAI to purchase.

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

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

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

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

**[Secondary schools only]** Pupils who have prescribed AAI devices should keep their device in their possession.

The emergency anaphylaxis kit(s) can be found at the following locations:

- **West Manor - Students Services**
- **Central Manor- Reception**
- **East Manor - Learning support staff room**

All staff have access to AAI devices, but these are out of reach and inaccessible to pupils – AAI devices **should never be locked away or where access is restricted.**

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

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

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

- **Joanne Everett - SENDCO Administrator**

- **Principal First Aider – Emma Marriner**
- **Principal First Aider – Donna Mitchell**

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

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

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

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

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

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

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

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

## Access to Spare AAIs

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

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.

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

**Spare AAIs can be administered without paramedic advice in a life-threatening situation when it is suspected a pupil is having an anaphylactic reaction on the basis that anaphylaxis can develop at any age. AAIs can be administered to anyone, including those who are experiencing anaphylaxis for the 1st time.**

These are the top fourteen allergens. All those working with food need to be

Plan.

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

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

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

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

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

**Helga Maddock (AHT)** checks the register is up-to-date on an annual basis.

**Joanne Everett** will also update the register relevant to any changes in consent or a pupil's requirements.

Copies of the register are held on Arbor/MIS system which are accessible to teaching team in each class and SLT/office teams.

## School Trips

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

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

A designated adult will be available to support the pupil during a school trip.

If the pupil has been prescribed an AAI, adults 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.

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

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

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

## Medical Attention and Required Support

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

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

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

Pupils will not be able to attend school or educational visits without any life-saving medication that they may have, such as AAIs. This should be coded on Arbor in line with DfE codes.

All members of staff involved with a pupil with a known allergy are aware of the location of emergency medication and the necessary action to take in the event of an allergic reaction.

Any specified support which the pupil may require will be outlined in their IHP/Allergy Action Plan.

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.

**Helga Maddock (AHT Personalised Learning)** 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.

**Helga Maddock (AHT Personalised Learning)** has overall responsibility for ensuring that IHPs are implemented, monitored and communicated to the relevant members of the school community.

## Staff Training

An allergic reaction can occur at any time, so all staff should be trained on what to do in the event of an allergic reaction, as a student may be under their supervision when this happens. Allergy training should include how to administer an AAI, and the sequence of events to follow when doing so. This training should be refreshed yearly (at a minimum) and new and temporary staff should be trained as soon as they join the school to ensure confidence and competence.

It is good practice to have two named members of staff at school responsible for coordinating allergy management including the development and upkeep of the school's allergy policy.

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

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

**Acting fast is key in reducing the risk of a serious allergic reaction.**

Allergy training should include a practical session. Training should include a basic understanding of allergic disease and its risks which include:

- 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
- Understand that AAIs should be administered without delay as soon as anaphylaxis occurs.
  
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance
- Managing Allergy Action Plans and ensuring these are up to date
- Understand how quickly anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis can occur without prior mild to moderate symptoms.

- The need for monitoring after a reaction as there could be a further reaction and the pupils will be very tired
- Know after an AAI has been administered the pupil MUST go to hospital.
- 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.

## Mild to Moderate Allergic Reaction

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

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Urticaria Hives or itchy skin rash
- Abdominal pain or vomiting

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

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

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

**Guidance states that an AAI should be administered in a lifesaving situation even without medical advice.**

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

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

**Anaphylaxis is a medical emergency and anyone experiencing anaphylaxis, even if they are recovering must go to hospital as a biphasic reaction can occur.**

## Managing Anaphylaxis

In the event of anaphylaxis, the nearest adult will lay the pupil flat on the floor, raise their legs and try to ensure the pupil suffering an allergic reaction remains as still as possible; if the pupil is experiencing problems with breathing, 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. All members of staff will be able administer an AAI to the pupil. Spare AAIs will only be administered if the pupil's own is not available.

Two members of staff will stay with the pupil until the emergency services arrive – the pupil will remain lying flat and still.

If the pupil's condition deteriorates after initially contacting the emergency services, a second call will be made to ensure an ambulance has been dispatched.

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

If the pupil stops breathing, CPR will be administered by a First Aider[**See First Aid posters for details of First Aid at Work trained colleagues**] and continue to do so until the emergency services arrive. Staff should stay in contact with the emergency service and follow advise provided.

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

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

Any used AAIs will be given to paramedics.

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

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

Two members of staff should accompany the pupil to hospital in the ambulance in the absence of their parents.

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

## Monitoring and Review

The headteacher is responsible for reviewing this policy annually.

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

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

### Working with parents

Parents/guardians know their child's allergies best and so it is vital that schools work with parents to ensure they have the most up to date knowledge of each child's allergies and medication. Parents must be encouraged to:

- Provide an Allergy Action Plan signed by a healthcare professional

- Provide two in-date AAIs for their child, which should ideally be kept with the child rather than away from them.

## Appendix 1: Risk Assessments

An Academy should complete a detailed risk assessment that will enable the school to identify gaps in their systems and processes for keeping allergic children safe.

Download the Wiltshire Children Trust Anaphylaxis Risk Assessment template here

**[Wiltshire Council Wiltshire Children Trust - Anaphylaxis Risk Assessment](#)**

## Appendix 2: Allergy Management Checklist

- Does the child have an Individual Healthcare Plan
- Has your school purchased spare pens?
- Have ALL school staff been trained in allergy and anaphylaxis?
- Does the school allergy policy include where and how to store AAIs?
- Is there a schedule to check the expiry dates on spare AAIs and each child's AAI?
- Does the allergy policy cover catering for children with allergies?
- Does the allergy policy include pupil allergy awareness?
- Has the school completed an allergy risk assessment?
- Does the allergy policy include risk assessment of extra curricula activities?
- Does the allergy policy cover safeguarding children with allergies, including bullying?

---

*<sup>i</sup> The responsible officer must keep the policy or procedure current between formal reviews. Minor or technical changes to a policy or procedure that do not affect its substance may be made by the responsible officer without requiring approval from the approving body. Examples include updating staff names, contact details, or making technical adjustments required by legislation or guidance that do not alter how the policy or procedure works. If a proposed change is substantial and does not qualify as a minor or technical drafting amendment, the revised policy or procedure must be submitted to the next available meeting of the approving body for consideration and approval.*