ATTENBOROUGH LEARNING TRUST

Allergy Policy

Status: Policy

Applies to: All schools within Attenborough Learning Trust

Approved by: SSIC/Local Governing Board

Date approved: September 2026

Review date: September 2027

Policy owner: Head of Governance

Version: 1.0

1. AIMS AND OBJECTIVES

This policy sets out Uplands Infant School's approach to allergy safety and forms part of Attenborough Learning Trust's consistent framework for allergy management across all its schools. It has been developed with regard to the Department for Education's statutory guidance, Allergy safety in schools (July 2026), issued under section 100 of the Children and Families Act 2014 as amended by section 34 of the Children's Wellbeing and Schools Act 2026 (commonly referred to as Benedict's Law).

The legislation requires schools to have, publish and keep under review a dedicated allergy safety policy. This policy also reflects the DfE's expectations for staff awareness and emergency response, Individual Healthcare Plans (IHPs), access to prescribed and spare adrenaline devices, risk reduction, inclusion and learning from incidents and near misses.

This policy outlines how the whole-school community works to reduce the risk of an allergic reaction occurring, and the procedures in place to respond effectively 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 school.

This policy applies to all staff, pupils, parents and visitors to the school and should be read alongside the Administration of Medicines and Health Care Needs (Annex 3 Health and Safety Policy).

The policy will be reviewed at least annually and sooner where a serious incident, near miss, change in guidance or other learning indicates that arrangements should be reconsidered. It will be published on the school website and made available in hard copy on request.

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.

An allergy is different to an intolerance. Whilst an intolerance may cause uncomfortable symptoms it does not involve the immune system.

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, referred to as the “main 14” in this template. 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: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAIs, 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 Devices or ADs to include other adrenaline devices such as EURNeffy (see below

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

ASTHMA: Asthma is a common, long-term lung condition in which the airways can become inflamed and narrowed in response to triggers, causing symptoms such as coughing, wheezing and difficulty breathing.

ASTHMA ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person’s asthma, information about triggers, symptoms, medicines to be used if they have asthma symptoms, and when to seek emergency help when they have an asthma attack.

DESIGNATED ALLERGY LEAD: The member of staff responsible for overseeing allergy and asthma management across the school and acting as the main point of contact for pupils, parents and staff. This is referred to as the named senior leader in the statutory guidance.

EMERGENCY RESPONSE PLAN: A document (also known as a Critical Incident Plan) that outlines a school's procedure for managing an emergency and should be fit for purpose to manage a serious allergic reaction (anaphylaxis).

EURNEFFY: EURNeffy (also known as Neffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector.

INDIVIDUAL HEALTHCARE PLAN (IHP): A school document setting out the additional or different arrangements needed to support an individual pupil safely and inclusively. It is developed with the pupil (where appropriate) and parents and should refer to or attach relevant clinical plans and advice rather than replace them.

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

SPARE ADRENALINE DEVICES: Adrenaline auto-injectors are purchased by the school for emergency use. They are additional to, not a replacement for, a pupil’s prescribed devices and may be used in accordance with current government guidance to treat suspected anaphylaxis.

4. ROLES AND RESPONSIBILITIES

There is a whole-school approach allergy management.

4.1 ALLERGY POLICY & GOVERNORS

Attenborough Learning Trust is responsible for the Trust allergy safety framework. Each school has a named Designated Allergy Lead responsible for local implementation.

The Local Governing Board will:

- Provide strategic oversight of implementation, including annual review and publication of the policy;
- Satisfy themselves that arrangements meet statutory requirements and that learning from incidents is acted upon;

4.2 DESIGNATED ALLERGY LEAD

The Designated Allergy Lead is Jess Gamble who has overall responsibility for the Allergy Safety Policy.

The Designated Allergy Lead is responsible for ensuring the following (these tasks can be delegated to other staff with the Designated Allergy Lead monitoring) :

- Leading local implementation, publication and review of this policy and promoting an allergy-aware culture across the school including annual reminders to parents that the school is an allergy aware site;
- Acting as the main point of contact for pupils, parents and staff on allergy safety and ensuring the wellbeing and inclusion of people with allergies;
- Ensuring accurate and up-to-date allergy information is obtained, recorded and shared appropriately, including IHPs, Allergy/Asthma Action Plans, photographs where used, emergency contacts and medication records;
- Ensuring arrangements are in place before a pupil starts school wherever possible including mid-year admissions;
- Ensuring staff, including new, temporary, supply, peripatetic and relevant club/catering staff, receive appropriate allergy awareness and emergency response training;
- Maintaining oversight of prescribed and spare adrenaline devices, including correct dosage, location, accessibility, expiry checks, replacement and safe disposal;
- Ensuring children prescribed adrenaline have rapid access to both prescribed devices at all times and that the school can get adrenaline to any person experiencing anaphylaxis within five minutes;
- Ensuring incidents and near misses are recorded, reported, investigated and used to review practice, individual plans and this policy;
- Working with HR to ensure appropriate arrangements are considered for staff with allergies and with relevant healthcare professionals where advice is required;
- Ensuring pupils, parents, staff and visitors understand the school's allergy arrangements, including any local food restrictions or precautions and encouraging staff and visitors to share details of their own allergy; and
- Coordinating an annual allergy emergency response drill and reporting key learning through the school's usual governance assurance arrangements.

The Designated Allergy Lead will monitor implementation of this policy, review procedures at regular intervals, report to the senior leadership team and Governors through the termly Head teacher reports.

Where staff / Allergy Lead has a concern, the NHS Allergy Nurse at the Leicester Royal Infirmary (contact details can be found on an individual child's allergy plan) can be contacted for advice.

4.3 ADMISSIONS

The member/s of staff responsible for admissions into the school is likely to be the first to learn of a pupil's allergy. They should work with the Designated Allergy Lead, SENDCo and Senior Leadership Team to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity. Where allergy is suspected or diagnosis is still underway, the school will not dismiss the concern. Proportionate arrangements will be put in place based on the best available information while appropriate clinical advice is sought.
- There is a clear structure in place to communicate this information to the relevant parties (i.e. Designated Allergy Lead, relevant staff in the school, catering team);
- There is liaison with the child's previous school, or future school to ensure a smooth transition between settings.

4.4 ALL STAFF

All staff present when pupils are scheduled to be on site - including teaching and support staff, temporary and supply staff, peripatetic staff, agency workers, regular volunteers, catering staff and staff supervising breakfast or after-school clubs - are responsible for:

- Reading, understanding and putting into practice the Allergy Safety Policy and related procedures, and asking for support if needed;
- Being aware of pupils (and staff, when necessary) with allergies and what they are allergic to;
- 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, including carrying it on their behalf if necessary;
- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training;
- Taking part in the school's annual allergy emergency response drill and any additional refresher exercises required.
- 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 regarding allergens to the Designated Allergy Lead; and
- Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving the school site for a match or trip.
- Following the school's agreed procedures if food brought into school appears to present a known allergy risk, and working sensitively with the pupil and parents to prevent recurrence.
- Be curious about the contents of packed lunches, remove any items that contain identified allergens and work with parents to ensure that these items are not brought into school again.

4.5 ALL PARENTS

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

- Being aware of and understanding the school's Allergy Safety Policy and considering the safety, inclusion, and wellbeing of pupils with allergies;
- Providing *the school* with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema;
- Informing the school promptly if there are any changes to the pupils' needs or if children have a new diagnosis;
- 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;
- Distinguishing, when providing information to school, between a medically recognised allergy/intolerance and a dietary preference, so that appropriate arrangements can be made; and
- Encouraging their child to be allergy aware.

4.6 PARENTS OF CHILDREN WITH ALLERGIES

In addition to paragraph 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;
- If applicable, provide the school or their child with two labelled adrenaline devices and any other medication, for example antihistamine (with a dispenser, i.e. 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 devices, if prescribed, on the journey to and from school;
- Update the school with any changes to their child's condition and ensure the relevant paperwork is updated too;
- Provide the school with permission to use photographs of their child and sign the associated permission for it to be shared appropriately as part of their allergy management; and
- Support their child to understand their allergy diagnosis, advocate for themselves, and take reasonable steps to reduce the risk of an allergic reaction occurring e.g. 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 that allergens might pose to their peers and respect measures to support them;

- Learn how they can support the wellbeing of their peers and be alert to allergy-related bullying.

Older pupils should:

- learn how to recognise an allergic reaction and support their peers and staff in case of an emergency; and
- be aware of the contents of any packed lunch they bring to school and alert a member of staff if they have any concerns about any of the contents of the packed lunch.

4.8 PUPILS WITH ALLERGIES

In addition to paragraph 4.8, pupils with allergies, as appropriate to their age and capability, 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 or having rapid access to both prescribed adrenaline devices, in line with their age, capability and individual arrangements;
- Understanding how and when to use their adrenaline auto-injector and only using them for their intended purpose;
- 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;
- Ensuring they have their medication with them on the journey to and from school.

4.9 UNACCEPTABLE PRACTICE

The school will not prevent pupils from easily accessing prescribed medication; ignore the views of pupils, parents or healthcare professionals; assume that all pupils with allergy need the same support; send a pupil experiencing an allergic emergency to another part of the school to seek help; penalise allergy-related absence; require parents to attend school to provide routine medical support; or create unnecessary barriers to participation in lessons, clubs, visits or trips. Individual safety, dignity, inclusion and reasonable adjustments will be considered at all times.

5. INFORMATION AND DOCUMENTATION

5.1 REGISTER OF PUPILS AND STAFF WITH AN ALLERGY

The school maintains an up-to-date record of pupils and relevant staff with known allergies, including known allergens, whether emergency medication is prescribed and whether an IHP and/or Allergy or Asthma Action Plan is in place. Relevant visitor allergy information will be recorded where appropriate for the visit.

5.2 INDIVIDUAL HEALTHCARE PLANS

A pupil will have an Individual Healthcare Plan (IHP) where their allergy has a functional impact in school, puts them at risk of harm and requires arrangements additional to or different from those made generally. This is likely to include many pupils with food allergy. The IHP is developed with the pupil (where appropriate) and parents, reflects the most recent clinical advice, and refers to or attaches any Allergy and/or Asthma Action Plan.

- Known allergens, risk factors for allergic reactions and any adaptations needed;
- A history of their allergic reactions;
- If the pupil has asthma and any other medical conditions and necessary detail;
- Details of the medication that the pupil has been prescribed, including their dose, this should include adrenaline devices, antihistamine etc;
- A copy of parental consent to administer medication, including the use of spare adrenaline devices in case of suspected anaphylaxis, and asthma inhalers;
- An indication of how the child's condition may impact on their learning or wellbeing;
- If the child is able to take responsibility for their condition including in an emergency;
- A photograph of each pupil and emergency contact details; and
- A copy of their Allergy and/or Asthma Action Plan.

5.3 INFORMATION SHARING

Allergy and other health information is special category personal data. The school will hold and share it only where necessary to keep the individual safe and included, in line with the Trust Data Protection Policy. Information will be shared in a controlled and respectful way with staff and relevant providers who need it to carry out their role. Pupils and parents will be involved in decisions about information sharing wherever appropriate.

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 dynamic risk assessments. Some examples include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food lessons or cooking;
- 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.

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

7. FOOD, INCLUDING MEALTIMES & SNACKS

7.1 CATERING IN SCHOOL

The school is committed to providing safe and inclusive meals and snacks for all students, staff and visitors, including those with food allergies.

- Attenborough Learning Trust carried out due diligence with regard to allergen management when appointing catering providers;
- School share allergy information with the catering service;
- Individual menus are developed if appropriate.
- The catering service have a menu which addresses the 14 main allergens.
- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures;
- The catering team, those serving meals in schools, will endeavour to get to know the pupils with allergies and what their allergies are, supported by school staff;
- The catering team will endeavour to provide varied meal options to students and staff with allergies;
- Dishes and menus containing the main 14 allergens (see Allergens definition) are identified in the allergy matrix provided by the catering company to school. Other ingredient information will be available on request. The catering company will consider how to provide meals for children with other allergies.
- Where changes are made to the ingredients which involve the introduction of a known allergen this will be communicated to pupils / parents with dietary needs through the Allergy Lead by the producing kitchen;
- The catering company to school ensures accurate information on all products that may contain allergens. The company does not use products that contain nuts as an ingredient, and products that manufacturers declare a 'may contain declaration.'
- Food provided at breakfast club and after school club will follow the procedures outlined in this policy.

7.2 FOOD BROUGHT INTO SCHOOL / FOOD BANS OR RESTRICTIONS

Food brought from home, including packed lunches, snacks and food for events, must follow the school's communicated allergy safety arrangements.

- If sweets are brought to school for celebrations, any containing nuts are not accepted, if it says may contain nuts the sweets are handed to parents, not children.
- Notices to parents about trips contain reminders about what is acceptable in packed lunches allergens;
- Special school events – all food at events organised by the school MUST be labelled with ingredients and allergen information MUST be available.

8. EDUCATIONAL VISITS AND SPORTS FIXTURES

- Staff leading the trip will have a register of pupils with allergies and details of their medication. Staff should notify the trip leader if they themselves have any allergies;
- Allergies will be considered and recorded on risk assessments and catering provision put in place;
- If children are to bring a packed lunch for a trip, letters will remind parents that foods that are not allowed in school are not allowed on trips;
- Parents, and pupils where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay;
- If there is to be a residential trip, the provider will be contacted and allergy information shared with their catering service.
- Staff (and some pupils, if appropriate) accompanying the trip will be trained to recognise and respond to an allergic reaction;
- Any catered packed lunches will be provided by the catering service who will manage allergens

9. INSECT STINGS

Known insect-sting allergies will be managed through the pupil's IHP and risk assessment. Reasonable precautions will include avoiding known nests, monitoring the grounds for wasp/bee nests and ensuring prescribed emergency medication remains rapidly accessible.

10. ANIMALS

Known animal allergies will be considered in activity and trip risk assessments. Where animals are brought onto site, parents will be informed and the school will consider individual allergy information, handwashing, cleaning of affected areas and any reasonable adjustments needed to avoid exposure.

11. ALLERGIC RHINITIS/ HAY FEVER

Where a pupil requires treatment for allergic rhinitis / hay fever during the school day, arrangements will be agreed with parents in line with the school's medicines procedures and any relevant IHP or medical advice.

12. INCLUSION AND MENTAL HEALTH

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

- Staff are alert to the possibility of allergy-related bullying and are proactive in safeguarding the wellbeing and inclusion of pupils with allergies;
- Assemblies and the PSHE curriculum can be used to help all pupils to understand allergies in an age-appropriate manner.
- No child should be excluded from taking part in a school activity, whether on the school premises or a school trip because of their allergies;
- Pupils with allergies may require additional pastoral support including regular check-ins from their class teacher, identified adult etc;

- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives;
- Bullying related to allergy will be treated in line with the school's anti-bullying policy; and

13. ADRENALINE DEVICES

13.1 STORAGE OF ADRENALINE DEVICES

- Pupils prescribed adrenaline devices will have rapid access to two prescribed, in-date devices at all times, including in classrooms, dining areas, playgrounds, sports areas and on visits/trips. Where age and capability allow, pupils will be encouraged to carry their devices; otherwise they will be stored unlocked and immediately accessible. **Adrenaline must be capable of reaching the person experiencing anaphylaxis within five minutes;**
- The school will use clearly identifiable arrangements for carrying or storing individual emergency medication so that staff can locate it immediately;
- Spot checks will be made to ensure adrenaline devices are where they should be and in date;
- Adrenaline devices must not be kept locked away or in rooms with restricted access;
- Adrenaline devices 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 devices should be disposed of as sharps.

13.2 SPARE ADRENALINE DEVICES

This school stocks spare adrenaline auto-injectors in pairs and of appropriate dosage for its pupils. The school-specific stock is:

Location	Dosage	Number of devices	Expiry check / responsible person
Admin Office	150 micrograms	X 2	J Gamble
Admin Office	300 micrograms	X 2	J Gamble

The Designated Allergy Lead will ensure spare devices are stocked and stored in pairs, are of the correct dosage, are clearly labelled and readily accessible (not locked away), remain in date and are replaced promptly after use or expiry. The number and distribution of spare devices must enable adrenaline to reach any person experiencing anaphylaxis within five minutes.

13.3 ADRENALINE DEVICES ON OFF-SITE ACTIVITIES

- Before departure, the trip leader will check that any pupil prescribed adrenaline has both of their prescribed devices available. If the devices are not available, the trip must not proceed for that pupil until safe arrangements are in place;
- Adrenaline devices 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 devices will be protected from extreme temperatures;
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction; and
- The trip risk assessment will consider whether spare adrenaline devices should also be taken. Any decision to take spare devices must not leave inadequate spare provision on the school site.

14. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See the appendix 1 and 2 to this policy for details of how to recognise and respond to an allergic reaction.

In all cases:

- A pupil with a known allergy should be treated in accordance with their Allergy Action Plan and/or Individual Healthcare Plan.
- If anaphylaxis is suspected, adrenaline must be administered immediately and within five minutes. The person should be treated where they are and the medication brought to them. Use the individual's prescribed device first where available; a school spare device may be used if necessary. Do not delay adrenaline while contacting emergency services.
- 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 the pupil in an ambulance until a parent or guardian arrives.

Depending on the circumstances, it may be necessary to instigate the school's wider Emergency Response Plan.

15. TRAINING

The school will ensure that all staff present when pupils are scheduled to be on site receive allergy awareness and emergency response training at least annually. This includes permanent staff, temporary and supply staff, peripatetic staff, agency workers, regular volunteers, catering staff and staff supervising breakfast or after-school clubs. New staff will receive allergy information through induction, and the school will have arrangements to ensure supply/cover staff understand the essential emergency procedures before taking responsibility for pupils.

This training will cover:

- 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;
- How to treat an asthma attack using a reliever inhaler;
- How the school manages allergy, for example understanding the school's Allergy Safety Policy, emergency response, documentation, communication etc;
- How to check who has an allergy, and how to use an IHP and Allergy or Asthma Action Plan;
- Where adrenaline devices are kept (both prescribed devices and spare devices) 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;
- How to report an allergic reaction or near miss; and
- Taking part in an anaphylaxis drill.

As an Attenborough Learning Trust standard, each school will undertake an allergy emergency response drill at least annually. The drill will test the school's response, including the ability to get the correct adrenaline to the person within five minutes. The outcome will be recorded and any learning used to improve local procedures, training and this policy.

16. ASTHMA

Asthma is closely associated with allergy and an asthma attack can be life-threatening. Pupils with asthma should have rapid access to their prescribed reliever inhaler and an Asthma Action Plan, which should be referenced or attached to their IHP where relevant. The school's wider asthma and medicines arrangements apply alongside this policy.

- Any spare salbutamol inhaler will be used only in accordance with current government guidance and where the required written consent is in place.
- Children known to have asthma should have their own reliever inhaler at school at all times and on the journey to and from school.
- Spare asthma inhalers can be taken on trips providing that doing so there are still adequate spare devices available in school.

16.1 SPARE ASTHMA INHALERS

The school holds spare asthma inhalers. The Designated Allergy Lead will monitor the dates of any inhalers held. Out of date inhalers will be disposed of by taking them to a local pharmacy. Parents of children with asthma will be asked to sign a permission form for permission for the school's devices to be used when the child's device is not available.

The school-specific stock is:

Location	Dosage	Number of devices	Expiry check / responsible person
Admin Office	100 micrograms	2	09.2027 01.2029 J Gamble

17. REPORTING ALLERGIC REACTIONS, SERIOUS INCIDENTS AND NEAR MISSES

The school will record allergic reactions, serious incidents and near misses as soon as possible. Reports may arise from staff, pupils, parents or healthcare professionals, including where the effects of exposure become apparent after the pupil has left school.

- Each record will identify who was affected, what happened, when and where, the likely cause where known, the response taken, whether emergency services were called and the outcome.
- Serious incidents and relevant near misses will be shared with parents/carers and reported through the school's governance arrangements. Statutory reports, including RIDDOR where applicable, will be made as required.
- After an incident or near miss, the school will consider what can be learned and whether changes are needed to the pupil's IHP, local procedures, training or this policy. Parents and the pupil will be involved appropriately.

Appendix 1

Managing Allergic Reactions

In an emergency, staff must follow the pupil's current Allergy Action Plan and the emergency response training provided by the school. Clinical instructions in an individual healthcare professional's Action Plan take precedence over generic policy wording.

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 ALLERGIC 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 devices
- Give antihistamine. Note: if any signs of anaphylaxis are present, give adrenaline without delay.
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil for at least 60 minutes in case the reaction gets worse

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 allergic reactions previously, can experience anaphylaxis.

Appendix 2

Responding to Anaphylaxis

In an emergency, staff must follow the pupil's current Allergy Action Plan and the emergency response training provided by the school. Clinical instructions in an individual healthcare professional's Action Plan take precedence over generic policy wording.

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. Treat the patient where they are. 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. Pupils may be able to do this themselves, but some will require or want adult support. Whilst all members of staff should be trained, in an emergency, anyone can administer adrenaline.
5. Make a note of the time you gave the first dose.
6. Call 999 for an ambulance (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
7. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
8. Call the pupil's emergency contact.
9. 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.

10. Start CPR if necessary.

11. Hand over used devices to paramedics and remember to get replacements.

12. 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 guardian arrives.

Appendix 3 – ALT Allergy Incident and Near-Miss Reporting Form

This form should be completed following any allergic reaction, suspected allergic reaction, administration of adrenaline, or allergy-related near miss. Where appropriate, the incident should also be recorded through the school's usual accident/incident reporting procedures.

Section	Information to record
School	
Date and time of incident/near miss	
Location	
Name of pupil/staff member	
Year group/class (if applicable)	
Type of report	☐ Allergic reaction ☐ Anaphylaxis ☐ Near miss ☐ Other
Known allergy/allergen(s)	
Individual Healthcare Plan / Allergy Action Plan in place?	☐ Yes ☐ No ☐ Not known
What happened?	Brief factual description of the incident or near miss, including the suspected allergen/exposure where known.
Symptoms observed	Record symptoms and, where possible, the order in which they developed.

Immediate action taken	Include first aid provided, removal from allergen/exposure and action taken in accordance with the individual's Allergy Action Plan/IHP.
Medication administered	Medication/device, dose, time administered and name of person administering.
Adrenaline administered?	☐ No ☐ Prescribed device ☐ School spare device Device/dose: _____ Time given: _____
Second dose required?	☐ No ☐ Yes Device/dose: _____ Time given: _____
Emergency services contacted?	☐ No ☐ Yes Time called: _____
Hospital treatment required?	☐ No ☐ Yes ☐ Not known
Parent/carer contacted	Name: _____ Contacted by: _____ Time: _____
Staff involved/witnesses	
Immediate follow-up action	For example: replacement medication arranged, catering informed, area/product removed from use, pupil supported following incident.
Contributory factors identified	Consider communication, food preparation/service, supervision, storage/access to medication, labelling, activity/trip arrangements or other factors.
Was this incident preventable?	☐ Yes ☐ No ☐ Unclear Brief explanation:

IHP/Allergy Action Plan reviewed?	☐ Yes ☐ No ☐ Not required
Risk assessment reviewed?	☐ Yes ☐ No ☐ Not required
Policy/procedures require review?	☐ Yes ☐ No
Further staff training/briefing required?	☐ Yes ☐ No Details:
Reported to Headteacher/Allergy Lead	Name: _____ Date: _____
Other reporting required	☐ Trust ☐ Governing Board ☐ RIDDOR ☐ Other: _____ ☐ None
Form completed by	Name: _____ Role: _____ Date: _____
Reviewed by Allergy Lead/Headteacher	Name: _____ Date: _____

Learning and actions required

Record any changes required as a result of the incident or near miss.

Action required	Responsible person	Deadline	Completed/date