The Heath Family Trust (North West)

Allergy Safety Policy

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Approved by	**Lisa Bayliss**
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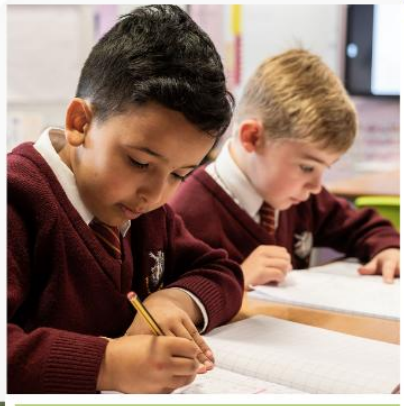

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1. Introduction and Core Principles

In line with Benedict's Law, The Heath Family Trust (NW) is committed to providing a safe, inclusive and welcoming environment for all children, young people, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols.

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

Anaphylactic reactions usually begin within minutes of being in contact with the allergen i.e. eating a trigger food, though can occur several hours later (i.e. allergy to Mammalian meat). Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases there could be a dramatic fall in blood pressure leading to collapse.

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20-30 minute window of opportunity during which steps can be taken to prevent death – therefore giving emergency adrenaline **immediately** and calling Emergency Services (999) is crucial. **Anaphylaxis always requires an emergency response**

Anaphylaxis can occur without any other signs (such as a skin rash) being present. **Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing.** Giving adrenaline in this context is very safe and may be lifesaving.

The most common causes of "whole body" allergic reactions – including anaphylaxis – are:

- Foods (e.g. peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish and sesame);
- Insect stings (e.g. bee, wasp);
- Medication (e.g. antibiotics, pain medicines such as ibuprofen);
- Latex (e.g. rubber gloves, balloons, swimming caps).

Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. Students who have a skin reaction need monitoring for at least an hour.

The Heath Family Trust has a whole school awareness approach, because it ensures all staff and students are aware of what allergies are, the importance of avoiding the individuals' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure procedures are in place to minimise risk of exposure.

Coeliac disease and food intolerance can present symptoms which are similar to those of food allergy; it is important that Coeliac disease and food intolerance should be managed through dietary avoidance, but these conditions do not pose a risk of anaphylaxis and so they are not within this allergy safety policy.

Eczema, asthma and allergies sometimes occur together – known as the atopic triad. It is important that these are managed well in order to keep the individual healthy. Asthma training is needed by all

staff and an individual's asthma care plan needs to be included with their Individual Healthcare Plan. These conditions are not included in this allergy safety policy.

The Trust understands that severe allergies are included in the Equality Act, 2010. The act considers a person disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities. Seasonal rhinitis (such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

1.2 Document Control

The electronic copy of the Allergy Safety Policy will remain the controlled copy. Where further controlled copies are required then these should be issued accordingly and added to a register of controlled copies. Any amendments made to the policy will be provided for each of the controlled copies to ensure all controlled copies in circulation remain up to date.

If uncontrolled copies of the policy are printed either in whole or part, or if uncontrolled electronic copies are issued, then these will be clearly marked as an 'UNCONTROLLED COPY'.

1.3 Register

Copy Number or Reference	Location Kept

1.4 Amendment Record

Date	Section	Ref/ Title	Details of Amendment Made	Change Made By

2. Emergency Treatment and Management of Anaphylaxis

What to look for:

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

Mild to moderate allergic reaction symptoms may include:

- A red raised rash (known as hives or urticaria) anywhere on the body
- A tingling or itchy feeling in the mouth
- Swelling of lips, face or eyes
- Stomach pain or vomiting
- Mild throat tightness
- Sudden change in behaviour

These symptoms are treated with antihistamines.

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

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

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

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

Action:

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

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

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

3. Minimising Risk and Exposure to Allergens

Minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Any food can cause a reaction with serious consequences for the individual and each of our schools will only eliminate a food following a risk assessment supported by medical advice when necessary. Where a food is restricted, this will be to the smallest area for the time necessary; for example, the cooking room for the duration of the lesson when the student with allergy is cooking. Blanket bans, especially to nuts, create a false sense of security. Whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction.

The Trust is allergy aware ensuring that the staff and students are actively aware of the risk posed by allergens, take steps to minimise the risk of exposure and have robust emergency response plans in place.

Each school within the Trust completes a school wide allergy risk assessment that seeks to minimise the risks of exposure to known allergens. The risk assessment will include:

- Identifying the food used within the curriculum and making adaptations to remove allergens that pose a risk for the whole group not just the student who has the allergy.
- Conducting specific risk assessments to manage the risks of exposure to allergens in individuals when planning external visits or trips
- Identifying measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, students, staff).
- Identifying measures to manage the risks of exposure to a food allergen through food provided by the school, college or setting
- Putting in reasonable measures to manage the risk of individuals being exposed to allergens where they have a known allergy to airborne or contact allergens
- Identifying non-food allergens within the environment and making adaptations to remove/reduce allergens that pose a risk; for example, therapy or school dogs would require enhanced cleaning and limiting to specific areas, hygiene measures after students have worked with the therapy dog

Each school will ensure that allergy is included in all school risk assessments to identify risks and plan control measures to minimise the risk of exposure.

The Trust will ensure that the risk of exposure is minimised by:

- All school and Trust staff allergy training every year
- Educating students through awareness assemblies and within PSHE
- Educating PTAs (Parent Teacher Associations) about school expectations for allergy management
- Communicating with all visitors, temporary staff and cover staff that they will be teaching a student with an allergy and ensuring that the member of staff has been trained in allergy and anaphylaxis emergency response
- Working closely with parents/carers and health professionals to understand the student's allergy
- Monitoring this policy to ensure that the agreed practices are implemented
- Establishing and maintaining high hygiene standards amongst staff, students and visitors

4. Food Provision and Catering

Each school will manage the risk of food allergy and provide clear information on allergens in food provided by:

- Ensuring the contract with the school catering company is compliant with the Food Standards Agency allergen management regulations
- Ensuring school caterers provide information on food allergens to parents/carers and have this available for the students to check independently
- Provide students' allergen information to the caterers in a timely manner to ensure that students can eat safely
- Enabling parents/carers to liaise with the catering company or school chef
- Identify students with allergies at point of service; This could be via allergy champions, coloured trays/plates, information cards that sit on the coloured tray, photos in the kitchen. The chosen method should not be reliant on one person with two people checking that the correct meal is going to the correct child.
- Ensure that food is always labelled as unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary ("may contain") labelling suggesting a risk of contamination with allergen. This applies to foods used within the classroom curriculum (e.g. cooking) as well that from the school kitchen or canteen.
- Teach students not to share food, trade food or share utensils or food containers with the reasons why

When staff provide food for the students, they receive additional training to ensure they understand how to read labels for food allergens and how to prevent cross-contamination during the handling, preparation and serving of food.

Where food is not directly provided by the school (for example brought in as treats or to celebrate birthdays) parent/carer permission will be sought in advance to ensure inclusion and safety for students with allergies.

These procedures apply to school led breakfast and after school provision. Where this is provided by a third party, the Trust, ensures that this policy is shared and the third-party provider meets the same procedures.

Ensuring that PTA events, as best practice, follow FSA (Food Standards Agency) legislation for food labelling, creating allergen matrices as necessary. Ensuring that PTA members who are serving food have a basic awareness of allergen management (signpost to free FSA training)

Students eligible for benefits based Free School Meals are entitled to their free school meal entitlement. The school will work with parents/carers to determine the best way of ensuring that students receive their meal.

5. Medication and Adrenaline Devices (ADs)

Individuals at risk of anaphylaxis are usually prescribed two adrenaline devices which they should carry with them at all times. This includes the journey to and from;

- School,
- The classroom
- Lunch area
- Playground
- Sports field
- When on visits or trips

Serious anaphylaxis is a time critical situation; delays in administering adrenaline have been associated with fatal reactions. An adrenaline device needs to be administered within 5 minutes so if the adrenaline device cannot be with them in the classroom, the adrenaline device should be stored in an appropriate central location that is unlocked and accessible at all times (including during wrap around care).

Adrenaline devices must be stored at room temperature (in line with manufacturer's guidelines) and not be exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.

6. Spare Adrenaline Devices

The Human Medicines (Amendment) Regulations 2017 permit "spare" adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

Each Trust school holds spare adrenaline devices for use in emergency situations. These are not a replacement for a student's own adrenaline device. Students prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency.

Each school's nominated Allergy Lead is responsible for checking that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis. Replacement devices will be obtained at least one month before expiry.

Adrenaline devices that are used will be disposed of in a sharps container or handed to the attending paramedic. Adrenaline devices that are out of date or where the adrenaline has degraded will be taken to a pharmacy to be disposed of. In order to receive a sharps box each school should register with the Local Authority which will be collected by them.

7. In the Event of Anaphylactic Reaction:

- Adrenaline should be administered as soon as possible, within five minutes. **Do not wait** to contact the emergency services before administering adrenaline.
- The child, young person or individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed ADs or "spare" ADs).
- If the child, young person or individual **has their own prescribed adrenaline devices**, these should be used in the first instance.
- If the child, young person or individual **does not have prescribed adrenaline devices**, "spare" adrenaline devices can be used.
- If the child, young person or individual's **prescribed adrenaline devices are not available or misfire**, "spare" adrenaline devices can be used.
- If the individual has serious allergy and asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack always administer the adrenaline first.

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used. It can be good practice for the school to obtain advance consent from parents or the young person for "spare" adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place. However, in an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given.

8. Student Self-Management

Depending on their level of understanding and competence, students will be encouraged to take responsibility for and to always carry their own two adrenaline devices on them in a suitable bag/container.

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

9. Staff Training and Emergency Response

All staff, including teaching staff, support staff, catering staff and others who may oversee students including at breakfast or after school clubs will be trained in allergy awareness and emergency response. Each school is responsible for ensuring that supply, cover, coaching and peripatetic staff have received allergy awareness training.

Training can be online or face to face.

10. Emergency Preparedness

Each school will annually hold a practice response to anaphylaxis, review how the practice went and update policy and procedures.

Throughout the year staff will be reminded of key aspects of the policy such as:

- How to find out who has an allergy
- The storage of spare adrenaline
- Practice with adrenaline trainer devices

Each school will communicate key messages regarding risk reduction leading up to festivals, trips and end of term celebrations.

During fire drills and lockdown drills, each school will ensure that a student's adrenaline device is with them. Should a real evacuation happen, the student may have to go home without adrenaline if this has not been taken out during a fire evacuation.

11. Roles and Responsibilities

11.1 The Trust Board:

The Trust Board is responsible for ensuring that the school's policy sets out the arrangements to reduce the risk of individuals coming into contact with their known allergens and sets out the emergency response plan for cases of anaphylaxis. The Trust Board monitor this policy with it being a standing agenda item at meetings.

Each school shall include allergy-related risks within its local risk register. The Trust will maintain strategic oversight through its governance and assurance arrangements.

The Trust has a named member of the senior leadership team who is responsible for allergy safety which includes driving the implementation of the allergy safety policy and contributing to the review of the policy. They are also responsible for communication with outside agencies such as the Health and Safety Executive (HSE) if a report under RIDDOR is needed.

The Chief Executive Officer is accountable to the Trust Board for ensuring implementation of this policy across the Trust.

11.2 The Named Allergy Lead for Each School

The Allergy Lead is responsible for:

- Systems to collect allergy information during the enrolment process, ensuring that this information is shared with catering. Outside of the normal admission point, ensures that information is shared with staff and catering teams as soon as possible but within two weeks of the student starting

- Holding a register of students and staff with allergies including whether they hold adrenaline and whether they have an allergy action plan
- Ensures that systems are robust for the identification of students at mealtimes
- Communication about:
  - The policy
  - The students who are on the register of those with allergies
  - The importance of recording and reporting near misses and incidents
- Communication with:
  - The Trust Board to provide updates about the policy implementation
  - Health and Safety and Designated Safeguarding Leads to keep allergy safety as part of their roles
  - Caterer; the procedures in the kitchen and the procedures for ensuring that the students with allergies are provided with a safe meal
  - Parents/carers to enable them to input into IHPs (Individual Healthcare Plans) and to request allergy action plans when appropriate
  - Students to develop an understanding of allergy through information assemblies and workshops, participating in awareness days and weeks
- Spare adrenaline devices and making sure these are checked and in date, with replacements being secured before the current ones expire
- That IHPs are created and communicated
- Training
  - Ensuring that annual training for all is completed and that allergy is included in induction even for short term members of staff.

If the Allergy Lead is supported by a medical officer, lead first aider or school nurse, the above can be amended to reflect who is responsible for which aspects.

11.3 All Staff:

All staff are responsible for:

- Understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency
- Supporting the creation of the student's IHP
- Implementing the student's IHP
- Creating an inclusive curriculum
- Curriculum adaptation to minimise risks
- Completing risk assessments for; curriculum activities involving food, trips and visits including sporting events
- Building proactive relationships with parents/carers
- Reporting near misses and incidents

11.4 Parents/ Carers:

Parents/ carers are responsible for:

- Adhering to this policy
- Providing the school with the information they need to create individual health care plans

- Updating school when reactions happen outside of school or any changes to the student's allergy and its management.
- Ensuring that the student always has in date medication with them at school

12. Identification of Individuals with Allergies

12.1 Admissions Data Collection:

Each school collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission

12.2 Information Sharing:

UK GDPR does not prevent the sharing of a student's health information (special category data). Relevant information is securely compiled and shared as necessary in a controlled way with teaching staff, support staff, supply cover, and catering teams while maintaining appropriate data privacy.

12.3 Transition:

Allergy information and existing care plans are shared as part of a student's transition. Each school will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. Each school will work with parents/carers and the student if appropriate to write a new IHP. Staff will provide information about students for transition visits ahead of a formal move.

12.4 Staff:

Pre-employment questionnaires will ask whether they have any allergies. If an allergy is declared, there will be a discussion and action plan and risk assessment created to ensure that the member of staff has a safe working environment.

12.5 Visitors and regular volunteers:

Will be asked about allergies ahead of their visit. If an allergy is declared, the Allergy Lead will be notified, and this information will be communicated as necessary to ensure that the visitor or regular volunteer has a safe working environment.

13. Student Individual Healthcare Plans (IHPs) and Allergy Action Plans

13.1 Allergy action plans

- These are clinical documents that are created by a GP / allergy nurse or allergy clinic. They detail the student's allergy and medication.
- These contain parent/carer contact details and must be signed by the parent/carer as this is the parental authority to administer medication including the administration of spare adrenaline devices.
- These will only be updated by the medical professional following a review of the student's allergy management, this could be annually or 5 yearly. Parents/carers or school need to update the photo of the student annually so that the student is recognisable.

Allergy action plans are issued for students who have an IgE (Immunoglobulin E) food allergy and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies. Students with non-IgE allergies don't experience anaphylaxis and so an allergy action plan is not issued.

13.2 Individual Healthcare Plans (IHPs)

Individual Healthcare Plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a student is fully included in the life of the school. It will identify exact risk-mitigation measures that need to be followed.

Individual Healthcare Plans are school owned documents that are co-created by school, parents/carers and students.

They should include any advice received from health professionals. If there is no advice from health professionals, information and support can be requested of the school nurses if this is needed.

Where a child has an allergy action plan and or an asthma plan, this must be included with the IHP.

It is good practice to review IHPs annually or when staff change however they must be reviewed if an incident or near miss occurs. They need to be brought to the attention of supply or cover staff and be passed on during transition to a new school.

Each school will ensure that:

- Students with an allergy action plan and/or an asthma plan have an Individual Healthcare Plan
- Students without an allergy action plan or asthma plan but have an allergy that needs active management over and above what other students need will have an Individual Healthcare Plan
- Individual Healthcare Plans are created whilst students are waiting for a diagnosis

14. School Trips and External Visits

Each school ensures that students with allergies are fully included in every trip, sporting event, or extracurricular activities. A risk assessment addressing allergen exposure in each activity, emergency medication, transport, and proximity to local emergency care will be undertaken with control measures identified. In order to ensure that the student is safe and included, alternative activities will be planned. This will include the safe storage of adrenaline for the duration of the school trip.

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all students have their medication including adrenaline devices with them before departure. Students unable to produce their required medication will not be able to attend the excursion.

In conjunction with the Allergy Lead, the trip leader will review the risk assessment to determine whether the school's spare adrenaline devices should be taken on the trip. Each school will provide additional spare adrenaline devices should the risk assessment for the trip deem necessary to take them ensuring that students remaining in school still have access to spare adrenaline devices should the need arise.

Each school will notify the host school, when arranging a sporting fixture, that a member of the team has an allergy. When a sports tea is provided, the school will ensure that the participating students' allergies are communicated and that the food provided is appropriate.

15. Serious Incidents and "Near Misses"

The Trust approaches serious incidents and "near misses" in a "no blame" spirit, seeking to learn lessons and address any issues which the incident identified, so that students are better protected in the future.

The Trust is aware, when an incident occurs that materials such as residues of food consumed or handled or samples of fluids may constitute evidence, which may need to be seized and retained.

Each school uses iAM Compliant to record allergic reactions (incidents) and near misses (e.g., accidental exposure without reaction, or labelling errors) immediately. The incident or near miss will be reviewed and a report written.

The school will share the report with the student's parents/carers, the student and the individual involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will confirm what it has learned from the incident and outline any actions it is taking as a result. The student's IHP will be updated if necessary.

If unsafe food was supplied by the school operating as a food business, the incident must be reported to the local authority environmental health team.

16. Wellbeing and Support

At The Heath Family Trust allergy safety is a priority and actions to ensure that students are included and safe are embedded into each school's culture. Students with allergies can become anxious as a result of the risk of exposure to allergens and the potential for anaphylaxis, which may be compounded by living with difficult-to-control asthma or eczema.

Each Trust school:

- Will regularly communicate to students, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks
- Includes allergy and anaphylaxis lessons during assembly, tutor time or in PSHE
- Plans school celebrations, rewards, and communal events inclusively from the outset to eliminate social isolation
- Involves students and staff with allergies in developing and reviewing the policy and procedures for allergy management
- Understands that allergy bullying is extremely serious and actively monitors, prevents, and addresses any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints
- Promotes "allergy champion" roles for staff and students (not just within the catering team) who act as a point of contact for students and staff with allergies, they can share feedback and support new joiners or anxious students
- Invites new joiners with allergies to have a tour of the kitchen and canteen so they can meet staff and get used to the mealtime environment which may help to reduce anxiety and enable staff to identify students with allergies in the dining hall
- Has proactive engagement with new joiners with known allergies, setting out the school, college or setting's policies and the support available

17. Safeguarding

The Trust recognises that a safeguarding referral may be needed if an incident highlighted concern that the child or young person might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child or young person's medical condition is not provided to a school, college or setting, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

18. Unacceptable Practice

Trust staff are clear about what constitutes unacceptable practice and are committed to ensuring that only good practice occurs. Should unacceptable practice occur the Trust will follow its own procedures to identify and address this using staff conduct policies.

Examples of unacceptable practice include (but are not limited to):

- Preventing children and young people from easily accessing and administering their medication in line with what is agreed in their Individual Healthcare Plan (for example prescribed adrenaline devices and asthma reliever inhalers) when and where necessary;
- Assuming that every child with the same condition requires the same support;
- Assuming that older children and young people do not require support related to their allergy, even if they are able to take increasing responsibility for its management;
- Ignoring the views of the child or young person or their parents or carer;
- Ignoring medical evidence or the opinion and advice of healthcare professionals;
- Assuming that a child or young person does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;
- Sending a child or young person who becomes unwell to a school office or medical room without suitable supervision. In the case of an emergency or suspected emergency (for example anaphylaxis) help should come to the child or young person;
- Penalising children or young people for their attendance record if their absences are related to their medical condition, e.g. hospital appointments and health management. This includes excluding children and young people from rewards for 100% attendance where their non-attendance is the result of a medical condition. This should be reflected in attendance policies;
- Requiring parents / carers (or otherwise making them feel obliged) to attend the school to administer medication or provide medical support to their child; or
- Preventing children and young people from participating or creating unnecessary barriers to them participating in any aspect of school, including external visits and trips, e.g. by requiring parents to accompany the child.

19. Further Reading

Allergy UK: https://www.allergyuk.org/about-allergy/types-of-allergies

Allergy Safety in Schools July 2026: https://www.gov.uk/government/publications/allergy-safety-in-schools

Guidance on the use of adrenaline auto-injectors in schools

Spare Pens in School: https://www.sparepensinschools.uk

Benedict's law:

https://benedictblythe.com/benedicts-law

https://www.anaphylaxis.org.uk/education/benedicts-law

Food:

Allergy Guidance for Schools:https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools

Allergy Guidance for food businesses: https://www.gov.uk/government/publications/allergen-guidance-for-food-businesses

Statutory Duties:

The duties under Section 34 of the Children's Wellbeing and Schools Act 2026 place a requirement on LA-maintained schools, Academies and PRUs to have allergy safety policies, publish them and keep them under review.

The duty of care under section 3 of the Children Act 1989 for any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child;

The duties to safeguard and promote the welfare of pupils and students under sections 20 and 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014 (and associated statutory guidance Keeping Children Safe in Education) and the Non-Maintained Special Schools (England) Regulations 2015;

The duty of the employer under section 2 of the Health and Safety at Work etc Act 1974 to take reasonable steps to ensure that employees are not exposed to risks to their health and safety;

The duties under the Equality Act 2010 to provide equality of opportunity for all, including those who are disabled.

The Special Educational Needs and Disability (SEND) SEND code of practice: 0 to 25 years.

The Early Years Foundation Stage (EYFS) statutory framework.

APPENDIX A

Emergency Treatment and Management of Anaphylaxis

Mild-moderate allergic reaction:

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

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs 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** to request ambulance and say ANAPHYLAXIS

*** 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 further dose** of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

APPENDIX B

School Allergy Safety Implementation Schedule

This schedule shall be completed by each school within The Heath Family Trust and reviewed annually or following any significant change to allergy management arrangements. It forms part of the Trust's assurance framework for allergy safety.

School Information

	Details
School	
Headteacher	
Allergy Safety Lead (SLT)	
Deputy Allergy Leads (2 members of staff)	
First Aid Lead	
Date Completed	
Next Review Due	

Allergy Register

Requirement	Details
Location of Allergy Register	
System Used (e.g Bromcom)	
Location of IHPs	
Location of Allergy Action Plans	

Emergency Adrenaline Devices

Requirement	Details
Brand(s) Held	
Number of 150 Microgram AAIs	
Number of 300 Microgram AAIs	
Storage Location(s)	
Storage Container Colour (avoid using green)	
Label Used (e.g. “Emergency Anaphylaxis Kit”)	

Catering Arrangements

Requirement	Details
Catering Provider	
Method of Identifying Pupils with Allergies	
Cross-contamination Controls	
Method of Providing Allergen Information	

Training

Requirement	Details
Date of last whole school training	
Induction arrangements	
Supply staff arrangements	
AAI Training	

APPENDIX C

Monthly Adrenaline Auto-Injector (AAI) Inspection Record

This form is accessible on iAM Compliant and is the preferred method of completion.

Purpose

This record should be completed monthly to confirm that all emergency adrenaline auto-injectors (AAIs) held by the school remain available, in date and fit for use. Any defects or expired devices must be reported immediately and replaced without delay.

School Details

School	
Month/ Year	
Completed By	
Position	

Monthly Inspection Record

Check	**YES**	**NO**	**Comments/ Action Taken**
Emergency AAIs are present in all designated locations			
Devices are within their expiry date			
Inspection windows show the solution is clear and colourless			
Devices show no signs of damage, leakage or contamination			

Emergency Anaphylaxis Kits are clearly labelled			
Storage locations remain accessible to staff but secure from unauthorised access			
Signage directing staff to emergency medication remains in place (where applicable)			
Replacement devices have been ordered where required			

Declaration

I confirm that the monthly inspection has been completed and that all necessary actions have been taken to ensure emergency adrenaline auto-injectors remain available for use.

Name: _____

Position: _____

Signature: _____

Date: _____