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Edna G. Olds Academy

Allergen and Anaphylaxis Policy

Policy/Procedure management log

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To be read in conjunction with Managing Medical Conditions Policy

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Statement of intent

Edna G. Olds Academy 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 children, 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 child.

Edna G. Olds Academy is 'Allergy Aware' and cannot guarantee a completely allergen-free environment; however, this policy will be utilised to minimise the risk of exposure to allergens, encourage self-responsibility, and plan for an effective response to possible emergencies.

1. 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 'Supporting Children at school with medical conditions'.
- DfE 'Allergy guidance for schools.
- Children's Wellbeing and Schools Act 2025 (including provisions commonly referred to as "Benedict's Law")
- The provisions of Benedict's Law place specific duties on schools to have robust policies and procedures for managing pupils with allergies, including requirements for Individual Healthcare Plans, staff training, access to adrenaline auto-injectors, and effective communication with parents.

This policy will be available to all stakeholders and published. It is implemented in conjunction with the following school policies and documents:

- Health and Safety Policy
- Whole-School Food Policy
- Managing Medical Conditions Policy
- Educational Offsite Visits Policy
- First Aid Policy
- Safeguarding Policy

2. Conditions and Definitions

Allergic conditions

Common allergic conditions include:

• **Hay Fever** (Allergic Rhinitis), triggered by allergens carried in the air ("aeroallergens"), such as pollen, house dust mite, animal fur/feathers, or mould. Symptoms include sneezing, a runny or stuffed nose, itchy or watery eyes.

• **Skin allergies** (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals. Symptoms include itching, hives and dry, flaky skin. Reactions can be delayed, occurring many hours after contact.

• **Food allergy**, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis (see below). Some food allergies do not cause immediate reactions but result in delayed gastrointestinal symptoms (e.g. stomach pain, vomiting, diarrhoea) some hours later, sometimes occurring with an eczema flare. While 90% of food allergic reactions are caused by peanut/tree nuts, cow's milk, egg, wheat, fish/seafood and sesame, any food can cause an allergic reaction.

• **Asthma** in children is usually allergic in nature, meaning that it may be triggered by airborne allergens such as e.g. dust mite, animal dander or pollen. On average, there are two or three children with asthma in every classroom in the UK.

• Less common allergic conditions in children include allergy to insect stings (e.g. bee, wasp) and medicines

For the purpose of this policy:

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

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

Allergic reaction – is the body's reaction to an allergen and can be identified by, but not limited to, the following symptoms:

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

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

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

3. Roles and responsibilities

The governing body is responsible for:

- Ensuring that policies, plans, and procedures are in place to support children 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 academy'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 children need, and that they receive allergy and anaphylaxis training at least annually.
- Monitoring the effectiveness of this policy and reviewing it on annual basis, and after any incident where a pupil experiences an allergic reaction.
- Ensuring a senior member of staff is identified as the lead for medical conditions and allergy management.

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.
- Ensuring that all staff members are provided with information and training regarding awareness of allergic reactions and anaphylaxis, including the necessary precautions and how to respond.
- Ensuring that catering staff are aware of childrens' allergies and act in accordance with the academy's policies regarding food and hygiene, including this policy.
- Ensuring that there are effective communication systems with all parties, through various mechanisms, such as staff room displays, electronic systems, class lists with allergy flags (delete any that are not relevant)
- Ensuring that the Kitchen staff have relevant information on children with severe allergies for example, photographs, so that they know who the pupils are.

- Ensuring that there is information for parents of pupils with allergies at the start of the academic year and provide clear written guidance to all parents about what food items should not be sent into school

All staff members are responsible for:

- Attending relevant training regarding allergens and anaphylaxis.
- Knowing which Pupils have an allergy and where to locate this information.
- Being familiar with and implementing childrens' healthcare plans (HCPs) 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 children by both the school and parents.
- Check that food bought in or given to pupils is in line with this policy

The kitchen manager is responsible for:

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

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

All children are responsible for:

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

4. Food allergies

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

Information regarding all children's 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 any child's 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.

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

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

The academy will ensure that there are always dairy- and gluten-free options available for children with allergies and intolerances.

To ensure that catering staff can appropriately identify children with dietary needs, children will have coloured plates that denote their food allergy; a key explaining the colours will be displayed on the wall in the serving area so that it is visible to all kitchen staff.

White: Legume allergy (e.g. lentils, chickpeas)

Yellow: Egg allergy

Flower decorated plate: Fish

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

Anti-bacterial wipes and cleaning fluid will be used.

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

Separate food preparation areas will be designated for the preparation of fruit and vegetables and for the preparation of other food products. Dedicated chopping boards and knives will be kept within these areas and used only for their intended purpose to prevent cross-contamination.

Cleaning equipment, including cloths and sponges, will be allocated to specific kitchen areas and used only within those designated areas. This will ensure that cleaning materials used in higher-risk areas are not transferred to other food preparation spaces, reducing the risk of cross-contamination.

A dedicated set of kitchen utensils will be reserved exclusively for the preparation and serving of food and drinks for children who are at risk from specific allergens.

Food items containing bread, wheat, or related products will be prepared in a designated area using separate utensils that are kept solely for this purpose. These utensils will not be used for preparing allergen-free meals, helping to minimise the risk of cross-contact

Food items containing bread and wheat will be stored separately.

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

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

Academy Rewards and treats will be planned in accordance with this policy, considering known allergies of the pupils in the academy. Treats and cake for occasions such as birthdays, sent in by parents MUST not be permitted due to unknown allergens that they contain.

5. Food allergen labelling

Edna G. Olds Academy 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.

We 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
- Edna G. Olds Academy will ensure that allergen traceability information is readily available. Allergens will be tracked using the following method:
- Allergen information will be obtained from the supplier and recorded, upon delivery, in a food allergen log stored in the kitchen
- Allergen tracking will continue throughout the school's handling of allergen-containing food goods, including during storage, preparation, handling, cooking and serving
- The food allergen log will be monitored for completeness on a weekly basis by the 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 and wheat, e.g. spelt, rye and barley
- Crustaceans, e.g. crabs, prawns, lobsters
- Nuts, including almonds, hazelnuts, walnuts, cashews, pecan nuts, brazil nuts and pistachio nuts
- Celery
- Eggs
- Fish
- Peanuts
- Soybeans
- Milk
- Mustard
- Sesame seeds
- Sulphur dioxide and sulphites at concentrations of more than 10mg/kg or 10mg/L in terms of total sulphur dioxide
- Lupin
- Molluscs, e.g. mussels, oysters, squid, snails

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

Edna G. Olds Academy 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 as soon as possible.

6. Animal allergies

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

In the event of an animal on the school site, staff members will be made aware of any children 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.

7. 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 children are outside.

Children with severe seasonal allergies will be provided with an indoor supervised space to spend their break and lunchtimes in, avoiding contact with outside allergens. Staff members will monitor pollen counts, making a professional judgement as to whether the pupil should stay indoors. Children will be encouraged to wash their hands after break and lunch time.

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

8. Asthma

In individuals with allergic asthma, exposure to airborne allergens such as pollen, house dust mite debris, pet dander and mould spores is a common trigger of worsening symptoms and exacerbations in sensitised people. Viral respiratory infections, allergen exposure, and air pollution are recognised as among the most common contributors to acute asthma exacerbations, with evidence of synergistic interactions that can increase severity in sensitised children. Exercise and cold air can also cause symptoms

Common symptoms include:

- Coughing

- Wheezing
- breathlessness out of proportion to effort
- a tight chest.

An asthma attack occurs when symptoms are severe, and breathing becomes difficult.

Children at Edna G. Olds Academy should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. If they are able to manage their asthma themselves, inhalers are stored in the class medical boxes. In some cases, children and young people with suspected asthma will be prescribed a reliever inhaler before they receive a formal diagnosis

9. Adrenaline auto-injectors (AAIs)

Children 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 Children who are at risk of anaphylaxis, but whose device is not available or is not working.

Spare AAIs will be 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 list of children to whom the AAI can be administered
- An administration record

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

- In the main reception area

All staff have access to AAI devices, but these are out of reach and inaccessible to children – AAI devices are not locked away 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 in line with manufacturer's guidelines, protected from direct sunlight and extreme temperature.

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

Alison Goodburn

Claire O'Donovan

The above staff members conduct a half termly 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.
- These checks must be clearly documented

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: Faye Brewin

Alison Goodburn

Claire O'Donovan

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 Medical Tracker:

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

10. 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 children for whom medical authorisation and written parental consent has been provided – this includes children 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 IHCP.

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

The school will keep a register of children (Register of AAIs) to whom spare AAIs can be administered on Medical Tracker– 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.

Copies of the register are held in on Medical Tracker, which are accessible to all staff members.

11. Wellbeing

The wellbeing of children and young people with allergy will always be considered and promoted, since the risk posed by allergy (and the possibility of anaphylaxis) can be a significant cause of anxiety.

At Edna G. Olds Academy we ensure that children have access to ELSA support if required.

12. School trips

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

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

A designated adult (first aider) will be available to support the pupil at all times during a school trip.

If the child has been prescribed an AAI, at least one adult trained in administering the device will attend the trip. The pupil's medication will be taken on the trip and stored securely – if the child 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 children with allergies, the pupil will take their own food or the school will provide a suitable packed lunch.

13. Medical attention and required support

Once a child's allergies have been identified, a meeting will be set up between the child's parents, the relevant classroom teacher, a medical professional 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- Supporting Pupils with Medical Conditions Policy.

Parents will provide the Lead DSL (or other named member of staff) with any necessary medication, ensuring that this is clearly labelled with the child's name, class, expiration date and instructions for administering it.

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

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 IHCP.

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 HCP.

Claire O'Donovan and Shai- Leigh Davies are responsible for working alongside relevant staff members and parents in order to develop HCPs for children with allergies, ensuring that any necessary support is provided and the required documentation is completed, including risk assessments being undertaken.

Shai- Leigh Davies has overall responsibility for ensuring that HCPs are implemented, monitored and communicated to the relevant members of the school community.

14. Staff training

Designated staff members (first-aid trained staff) will be trained in how to administer an AAI, and the sequence of events to follow when doing so. Training dates will be collated and stored in the L.E.A.D. Academy training log, alongside re-training dates.

In accordance with the Managing Medical Conditions Policy, staff members will receive appropriate training and support relevant to their level of responsibility to assist children with managing their allergies.

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

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.

Designated staff members will be taught to:

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

- Make appropriate records of allergic reactions.

All staff members will:

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

Temporary and supply staff will be notified of any pupils with allergens and must be made aware of the procedure in the occurrence of an issue. This is shared as an overview of the class.

The academy should also plan periodic "practice" scenarios (without administering medication) to ensure staff are confident in the emergency response procedures.

15. Mild to moderate allergic reaction

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

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

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

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

In the event that a child 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.

For mild to moderate allergy symptoms, the child’s HCP will be followed and 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 child is required to go to the hospital, an ambulance will be called.

16. Managing anaphylaxis

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

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

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

A member of staff will stay with the child until the emergency services arrive – the child will remain lying flat and still. If their 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, a suitably trained member of staff will administer CPR.

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

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

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

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 child is given plenty of space, moving other children to a different room where necessary.

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

A member of staff will accompany the child to hospital in the absence of their parents.

If a child is taken to hospital by ambulance, it may be necessary for a member of staff to accompany them.

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

Transition

Transition and Handover

As part of the transition process between year groups, a handover will take place between the current and receiving teachers. This handover will include relevant medical information, including details of allergies, alongside academic and pastoral information.

Where a pupil transfers to a new school, a named senior member of staff will contact the receiving school prior to the pupil's admission. Relevant medical and allergy information will be shared, and arrangements will be made for the secure handover of the pupil's individual healthcare plan, allergy action plan and any other relevant medical documentation.

As part of the Year 6 transition process, the Year 6 class teacher, alongside a senior leader, will ensure that relevant medical and allergy information is shared with the receiving secondary school. Where appropriate, contact will be made directly with the school's relevant staff to ensure that the pupil's healthcare needs, allergy management arrangements and emergency procedures are understood and in place before the pupil starts.

17. Information Sharing

A child or young person's health information is considered special category data under UK GDPR, which means it is highly sensitive and has additional legal protections. We will always consider a lawful basis to hold, use and share a child's special category health data when this is necessary, but it will always be done in a controlled and respectful way, because unnecessary sharing can reduce children's confidence in practitioners and can be embarrassing for children and young people who may not want to be singled out.

18. Monitoring and review

The headteacher is responsible for reviewing this policy at least annually.

In addition to the annual review, an interim review of this policy will be conducted promptly following the publication of statutory guidance by the Department for Education under the Children's Wellbeing and Schools Act 2025 (Benedict's Law), to ensure compliance with any new requirements.

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

Implementation of the policy will be tracked through internal and external quality assurance procedures.

Following each occurrence of an allergic reaction, this policy and the child's HCP will be updated and amended as necessary.

Any learning will be identified and recorded on the relevant platform, this would include Medical Tracker and My Concern.

Appendix A: Edna G. Olds Academy - Pupil Allergy Care Plan

Individual Healthcare Plan

for Children with Medical Needs (including allergies)

L.E.A.D. Academy Trust

Plan Number:

Child / Young Person's Information

Personal Details

Child's Name:		
Date of Birth:		
Year Group:		
School:		
Address:		
Postcode:		

Medical condition(s): Give a brief description of the medical condition(s) including the description of signs, symptoms, triggers, behaviours.	
Allergies:	
Date:	
Document to be updated:	

Family Contact Information

	Contact 1	Contact 2	Contact 3
Name:			
Relationship:			
Phone number:			
Work phone number:			
Email			

Other Contact Information

	Name	Contact details
Specialist nurse(if applicable):		
Key worker		
Consultant paediatrician (if applicable):		
GP:		
Link person in education:		
Class teacher:		
Health visitor/school nurse:		
SEN co-ordinator:		
Other relevant teaching staff:		
Other relevant non-teaching staff:		
Head Teacher:		
Person implementing plan:		
Any provider of alternate provision:		

This child / young person has the following medical conditions…
…requiring the following medical treatments…

Medical condition	Drug	Dose	When	How is it administered?

Does treatment of the medical condition affect behaviour or concentration?	
Are there any side effects of the medication?	
Is there any ongoing treatment hat is not be administered in school? What are the side effects? (if any)	

Routine Monitoring (if applicable)

Some medical conditions will require monitoring to help manage the child / young person's condition.

What monitoring is required?	
When does it need to be done?	
Who does the monitoring?	
Does it require any equipment?	
How is it done?	
Is there a target?	

Emergency Situations

An emergency situation occurs whenever a child / young person needs urgent treatment to deal with their condition.

What is considered an emergency situation?	
What are the symptoms?	
What are the triggers?	
What action must be taken?	
Are there any follow up actions (e.g. tests or rest) that are required?	

Impact on Child's Learning

How does the child's medical condition affect learning? i.e. memory, processing speed, co-ordination etc.	
Does the child require any further assessment of their learning?	

Care at Meal Times

Has a dietary requirement request form been completed (if required)?	
What other care is needed?	
When should this care be provided?	
How is it given?	
If it is medication, how much is needed?	
Any other important information?	

Physical Activity

Are there any physical restrictions caused by the medical condition(s)?	
Is any extra care needed for physical activity?	
Actions before exercise	
Actions during exercise	
Actions after exercise	

Trips and Activities Away from School

What care needs to take place?	
When does it need to take place?	
Who will look after medicine and equipment?	
Who outside of the school needs to be informed?	
Who will take overall responsibility for the child / young person on the trip?	

School Environment

Does the school environment affect the child's medical condition? (if so provide details)	
What changes can the school make to deal with these issues?	

Location of school medical room	

Educational, Social and Emotional Needs

Is the child / young person likely to need time off because of their condition?	
What is the progress for catching up on missed work caused by any absences?	
Does the child require extra time for keeping up with work?	
Does the child require any additional support in lessons? (include detail)	
Is there a situation where the child / young person will need to leave the classroom?	
Does the child require rest periods?	
Does the child require any emotional support?	
Does the child have a buddy? e.g. help carrying bags to and from lessons?	

Staff training

What training is required?	
Who needs to be trained?	
Provide details of courses attended? (with dates)	

Additional Information

Sign off

	Name	Signature	Date
Young person			
Parents / carer			
Healthcare professional			
School contact			
School nurse			

Appendix B – Natasha's Law - Poster

The 14 REGULATED ALLERGENS

Natasha Allergy Research Foundation

In the UK, food labelling law requires **any** business supplying food or drink to provide information about any of the 14 regulated allergens used as ingredients in their products or dishes.

These have been prioritised as the most potent and prevalent allergens affecting consumers in the UK and EU.

The 14 allergens **must** be emphasised within the ingredients list of pre-packed food or drink. This can be done, for example, by using **bold**, *italic* or coloured type, to make the allergen ingredients easier to spot.

The 14 regulated allergens are....



NARF.ORG.UK

Images from the Food Standards Agency:
https://www.food.gov.uk/sites/default/files/media/document/top-allergy-types.pdf

Appendix C - Useful Information / Posters

https://www.anaphylaxis.org.uk/factsheets/

anaphylaxis UK

Be Allergy Aware & Save a Life

anaphylaxis UK

Be Allergy Aware & Save a Life

Anaphylaxis is a serious reaction to allergens such as food, insect stings, medication & latex. The body thinks it's fighting something which shouldn't be there and sends out special chemicals to fight back.







People may experience mild or moderate symptoms including:

- Itchy skin rash
- Itchy/tingling mouth
- Swelling of lips, face or eyes
- Tummy pain or vomiting

What are the signs of a severe allergic reaction?

- Hard to swallow / coughing
- Difficult to breathe / noisy breathing
- Feeling dizzy, floppy or sleepy

1. An allergic reaction can become serious quickly, so a special adrenaline pen must be used immediately

2. Then call 999 and tell them the person is suffering from anaphylaxis (ana-fil-axis)



01252 542029 info@anaphylaxis.org.uk anaphylaxis.org.uk

Charity Number: 1085527