



Anaphylaxis Policy

*This should be read in line with:

- The Harmony Trust medications policy
- The Harmony Trust academy appendices

Document Control

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Introduction

This guidance reflects the Department for Education statutory guidance on allergy safety in schools from September 2026 (known as Benedict's Law). The Harmony Trust 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 and guidance establishes robust risk-mitigation measures and emergency response protocols.

From September 2026, schools must maintain arrangements for supporting pupils with allergies and anaphylaxis in accordance with statutory guidance. This includes maintaining emergency adrenaline auto-injectors, individual healthcare planning where appropriate, staff awareness arrangements and processes for recording and learning from allergy-related incidents. This guidance reflects the Department for Education's statutory guidance on allergy safety in schools from September 2026.



Every academy will maintain:

- a current allergy register (this must be accessible to staff who may need to respond in an emergency and reviewed regularly to ensure all information remains accurate and current). A readily accessible allergy register will be available during the school day, educational visits, wraparound provision and emergency evacuations.
- access to emergency Adrenaline Autoinjector (AAI);
- allergy management arrangements;
- individual healthcare plans where required;
- processes for recording and reviewing allergy incidents.

Each academy will identify a named senior leader responsible for oversight of allergy management arrangements. This responsibility may sit alongside the Named Lead identified within the Trust's Managing Medications Policy.

See individual Academy Health and Safety Specific Arrangements for the named lead.

Academy allergy management arrangements apply equally to breakfast clubs, after-school provision, educational visits and any other academy-organised activities.

Pupils with allergies should be enabled to participate fully in academy life wherever reasonably practicable and should not be excluded from activities solely because of their allergy.

School trips including sporting activities

A risk assessment must be completed prior to any school trip for pupil at risk of anaphylaxis participating in the visit off school premises. This risk assessment should consider whether it is appropriate to take emergency AAI(s) for use on some trips.

Pupils at risk of anaphylaxis should have both of their AAIs with them, and there should be staff trained to administer AAI in an emergency. This includes when a child is on the school site but may be away from the building (e.g. on the playground or a school playing field where it would not be easy to get the AAI quickly should it be required).

For pupils with AAI, there should be a discussion with parents about whether the pupil has access to their medication on the journey to and from school.

Definition of Anaphylaxis

It is a sudden, severe allergic reaction in which the body reacts to a foreign substance, triggering an exaggerated immune response. The reaction can be mild or severe with a slow or fast onset. Foreign substances can include foods (e.g., nuts), animal venom (e.g., wasp or bee stings), objects (e.g., latex), or drugs (e.g., penicillin).

Symptoms and signs

The symptoms and signs of Anaphylaxis can include:

- Metallic taste or tingling in the mouth.
- Swelling of face, tongue, lips and throat.
- Difficulty in swallowing.
- Flushed complexion.



- Abdominal cramps and nausea.
- Rise in heart rate.
- Wheezing or difficulty breathing.
- Collapse, unconsciousness, death.

The pupil can have any of these signs and symptoms, in any order. There is no set pattern and just because certain signs and symptoms may have been experienced before does not mean that they will experience the same ones again.

Minimising Risk

Academies should take reasonable steps to reduce exposure to known allergens while recognising that complete elimination of risk is not achievable. Measures may include:

- Identifying the food used in the curriculum and making adaptations to remove allergens that pose a risk to the whole group, not just the student with the allergy.
- Conducting specific risk assessments to manage the risks of exposure to allergens in individuals when planning external visits or trips.
- Identify measures to manage the risk of exposure to a food allergen from food brought in by others (for example, parents, students, staff).
- Identify measures to manage the risks of exposure to a food allergen through food provided by the academies.
- 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 them to specific areas, and hygiene measures after students have worked with the therapy dog.

Roles and Responsibilities:

Trustees, Executive Leaders, and Allergy Lead:

The Trustees, Executive Leaders and Allergy Lead are responsible for ensuring that the Academy's policy sets out arrangements to reduce the risk of individuals coming into contact with their known allergens and outlines the emergency response plan for cases of anaphylaxis.

The Head of Service Compliance and Health and Safety lead will support the Trustees and Executive Leaders in monitoring this policy and risk assessments as required. Any near misses or incidents relating to anaphylaxis reaction will be included in reports to the trustees.

Harmony Trust Academies nominates a designated member of the senior leadership team to be the Allergy Lead responsible for allergy safety, including driving implementation of the allergy safety policy and contributing to its review. This can be the same lead as for the managing medications policy.

The Allergy Lead is responsible for:

Communication about allergies within the Academy:

- Keeping a register of allergens of pupils/staff/volunteers who are in the academy and that relevant allergies care plans are in place as required.



- Ensuring the recording and reporting of near misses and incidents are reported back to the trust
- Providing updates about the policy implementation and training to the trust
- Supporting the Trust's Head of Compliance, Health and Safety with any outside agencies, such as the Health and Safety Executive (HSE), who will be contacted if a report under RIDDOR is needed
- Having clear lines of communication with the kitchen regarding the procedures in the kitchen for preparing food are in place and for ensuring that the pupils with allergies are provided with a safe meal
- Supporting Parents/carers to enable them to input into IHPs (Individual Healthcare Plans) and to request allergy action plans when appropriate.
- Teaching pupils to develop an understanding of allergy through information assemblies and workshops, participating in awareness days and weeks
- Ensuring spare adrenaline devices are held by the academy and making sure these are checked and in date, with replacements being secured before the current ones expire
- Ensuring all IHPs are created and communicated effectively

Training

- Ensuring that all staff receive annual training and that allergy awareness is included in induction, even for short-term staff.
- Ensuring that all staff have the opportunity to practice with trainer adrenaline devices at least annually, but ideally a few times a year.
- If a consultant supports the Allergy Lead, lead first aider or school nurse, the above can be amended to reflect who is responsible for which aspects.

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 pupils' IHP
- Implementing the pupils' IHP
- Creating an inclusive curriculum
- Adapting the curriculum 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 to the Named Allergy Lead or Principal

Parents are responsible for:

- Notifying the academy if their child is at risk of anaphylaxis.
- Adhering to this policy
- Providing the Academy with the information they need to create individual health care plans
- Updating the Academy when reactions happen outside of school or any changes to the student's allergy and its management.
- Ensuring that the student always has up-to-date medication with them at school
- Noting expiry dates and ensuring current AAIs are in school.



Pupils will be supported to develop age-appropriate understanding and self-management of their allergies.

Medication and Control

In the most severe cases of anaphylaxis, people are normally prescribed a device for injecting adrenaline. The device, an Adrenaline Autoinjector (AAI), looks like a large pen and is preloaded with the correct dose of adrenaline (depending on size and weight). It is normally injected into the fleshy part of the thigh, sometimes through light clothing, depending on the situation. The needle is not revealed, and the injection is easy to administer. Each Adrenaline Autoinjector is preloaded with a single dose and can be used only once. In cases of doubt, it is better to give the injection than to hold back. An ambulance should be called immediately.

It is not possible to give a dose that is too large using this device.

Emergency Adrenaline Auto-Injections

From 1 October 2017, the Human Medicines (Amendment) Regulations 2017 allow all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out- of-date).

AAI injectors can be purchased from a pharmacy, including online pharmacies

- Academy's spare AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI have been provided.
- The Academy's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.
- An anaphylactic reaction always requires an emergency response. Any AAI(s) held by an academy should be considered a spare/back-up device and not a replacement for a pupil's own AAI(s).
- **Nothing in this policy prevents a member of staff from taking reasonable emergency action to preserve life.**

For children age under 6 years:	For children age 6-12 years:	For teenagers age 12+ years:
• Epipen Junior (0.15mg) - or • Jext 150 microgram	• Epipen (0.3 milligrams) - or • Jext 300 microgram	• Epipen (0.3 milligrams) - or • Jext 300 microgram

Identification of Individuals with Allergies

Admissions Data Collection: The Harmony Trust Academies collect detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories before admission.



Staff: Pre-employment questionnaires will ask whether they have any allergies. If an allergy is declared, a discussion will be held, and an action plan will be created to ensure that the member of staff has a safe working environment. This is part of the onboarding process led by human resources.

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.

Information Sharing:

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

The Harmony Trust Academy systems are used to collect allergy information during the enrolment process, ensuring it is shared with catering. Consideration is given to:

- Outside of the normal admission point, the academy will ensure that information is shared with staff and catering teams before the pupil's first attendance wherever possible, and no later than the first school day following receipt of information.
- 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

Pupil Individual Healthcare Plans (IHPs) and Allergy Action Plans

Allergy action plans

Pupils: These are clinical documents created by a GP, an allergy nurse, or an allergy clinic. They detail the student's allergy and medication. The specific plan depends on the type of medication given and the nature of the allergy.

These contain parent/carers contact details and must be signed by the parent/carers, as this provides parental authority to administer medication, including the use of spare adrenaline devices. These will be updated only by the medical professional after a review of the student's allergy management, which may occur annually or every 5 years. Parents/carers or the academy need to update the student's photo annually, so the student is recognisable.

Allergy action plans are issued for students with an IgE food allergy and often a venom allergy, which can 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.

Individual Healthcare Plans are school-owned documents co-created by the Academy, parents/carers, and students. They should include any advice received from health professionals. If no advice is available from health professionals, information and support can be requested from the school nurses as needed.

Individual allergy management plans



Pupils with known allergies should have an individual healthcare plan in place (See appendix 1). For high risk allergies, the specific allergy risk assessment should be completed (see appendix 2).

Allergy plans should be shared appropriately and kept in a location which allows the right people to access them whilst ensuring the security of data.

*AAls are available in different doses and devices. Schools may wish to purchase the brand most commonly prescribed to their pupils (to reduce confusion and assist with training).

Food Provision in the Academies

The Nominated Academy lead will work with Catering Services Managers, Curriculum, Wrap-around Care, and Fundraising Leads to ensure that they 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 complies with the Food Standards Agency's allergen management regulations.
- Ensuring school caterers provide information on food allergens to parents/carers and have this available for the students to check independently
- Enabling parents/carers to liaise with the catering company or school chef
- Identifying students with allergies at the point of service by the use of lanyards with pictorial allergen identification cards.
- Ensuring Lunchtime supervisors are allergy champions.
- Monitoring Caterers to ensure they have details of all pupils and staff with allergies, along with photos, in the kitchen. This shows that allergen management does not rely on a single person; two people verify that the correct meal goes to the correct child during service.
- Ensuring that food used within the classroom curriculum (e.g. cooking) and at wrap-around services is always clearly labelled, identifying the allergen, 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.
- Teaching students not to share food, trade food or share utensils or food containers, and explain the reasons why

When staff provide food for students, they receive additional training to ensure they can read food allergen labels and prevent cross-contamination during handling, preparation, and serving. This is achieved through completing a Food Hygiene course.

Where food is not directly provided by the Academy (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 a third party provides this, academies must ensure that this policy is shared and that the third-party provider adheres to the same procedures.

Academies must ensure that PTA/fundraising events, as a best practice, follow FSA (Food Standards Agency) legislation on food labelling and create allergen matrices as necessary. Ensuring that PTA members and food-service staff have a basic awareness of allergen management. (signpost to free FSA training)



Pupils eligible for benefits-based Free School Meals are entitled to their free school meal entitlement. All trust Academies will work with parents/carers to determine the best way of ensuring that students receive their meals.

Staff Training and Emergency Response

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

Training can be online or face-to-face. The content needs to include:

- Allergy awareness, the risks it poses, how allergic reactions occur and how to manage them
- Allergy includes multiple co-existing conditions: asthma, eczema, hay fever
- Understand the difference between food allergy, intolerance and coeliac disease
- A pupil can be allergic to any food, not just the top 14 allergens
- Know the symptoms of allergic reactions and how to treat them
- Know the symptoms of anaphylaxis and how to treat
- How to locate and administer adrenaline or an asthma inhaler
- All adrenaline devices should be used to train with, as the student may have different ones to the spare adrenaline
- How to report an allergic reaction, including
- Mild to moderate attack
- Anaphylaxis
- Near miss/incident
- Understand their responsibilities in risk reduction to ensure that students are prevented from coming into contact with their allergens.
- Understand the impact that an allergy can have on a pupil's wellbeing
- Understand the Academy's allergy safety policy and
- How to check if a student is on the record of those with a known allergy
- How to use an allergy or asthma action plan

In the event of an anaphylactic reaction:

Person known to have an allergy

See appendix 3 for infographic

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

- 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 a serious allergy and asthma, and there is any doubt if they are presenting with anaphylaxis or having an asthma attack, always administer adrenaline first.

All adrenaline devices used will be disposed of in a sharps box, kept in a secure place in the medical room or other designated area. AAls if an ambulance is called must be given to paramedic.

Adrenaline devices that are out of date or where the adrenaline has degraded will be taken to a pharmacy to be disposed of. To receive a sharps box, the school should register with the Local Authority, which will collect it.

The SENDCO or senior/lead first aider should record the use of any AAI device. This should include:

- Where and when the REACTION took place (e.g. PE lesson, playground, classroom).
- Which AAI was administered and by whom.
- Any person who has been given an AAI must be transferred to hospital for further monitoring. The pupil's parents should be contacted at the earliest opportunity. The hospital discharge documentation will be sent to the pupil's GP informing them of the reaction

Person not known to have an allergy

In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the emergency AAI is appropriate.

Nothing in this policy prevents a member of staff from taking reasonable emergency action to preserve life.

Following an Anaphylaxis Incident

Following any use of an AAI, the academy will undertake a review of the circumstances surrounding the incident. This may include reviewing:

- effectiveness of emergency response;
- availability of medication;
- communication arrangements;
- supervision arrangements;
- risk assessments;
- staff awareness;
- any actions required to reduce future risk.

Serious Incidents and "Near Misses":

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



- The Harmony Trust is aware that when an incident occurs, materials such as residues of food consumed or handled or samples of fluids may constitute evidence and will need to be seized and retained. These should be placed in a sealed bag or container and labelled with the date and time. If required, they must be kept secure in a fridge.
- All Trust Academies use the Trust's Accident Investigation Report form to record allergic reactions (incidents) and near misses (e.g., accidental exposure without reaction, or labelling errors) immediately. This is to be sent to the health and safety inbox to notify the team. The incident or near miss will be reviewed, and a report will be written.
- All Trust Academies will share the report with the pupil's parents/carers and the individual involved. They should be allowed to discuss what happened and contribute their views to the review of the consequent lessons learned.
- All Harmony Trust Academies will confirm what they have learned from the incident and outline any actions they are taking as a result. The student's IHP will be updated if necessary.
- If unsafe food was supplied by the Academy, which is operating as a food business, the incident must be reported to the Trust Health and Safety Lead and the local authority environmental health team.

Unacceptable practice:

Harmony 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 Academies will follow its own procedures to identify and address it in accordance with 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 pupils and young pupils do not require support related to their allergy, even if they can take increasing responsibility for its management;
- Ignoring the views of the pupil 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 underway;
- 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 pupil;
- Penalising pupils or their attendance record if their absences are related to their medical condition, e.g. hospital appointments and health management. This includes excluding pupils from rewards for 100% attendance when their non-attendance is due to a medical condition. This should be reflected in attendance policies;
- Requiring parents/carers (or otherwise making them feel obliged) to attend the school,
- Failing to administer medication or provide medical support to a pupil; or preventing pupils from participating or creating unnecessary barriers to their participation in any aspect of



school, college, or setting life, including external visits and trips, e.g., by requiring parents to accompany the child.

Safeguarding:

The Harmony Trust recognises that a safeguarding referral may be needed if an incident highlights concern that the pupil 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 an academy, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

Policy Review and Publication

This policy is published openly on the school website and is reviewed annually, or more frequently in response to local incident trends or updated statutory guidelines.

Statutory Duties:

- The duties under Section 34 of the Children's Wellbeing and Schools Act 2026 require 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 requires 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 is 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 are to provide equality of opportunity for all, including those with disabilities.
- The Special Educational Needs and Disability (SEND) Code of Practice: 0 to 25 years.
- The Early Years Foundation Stage (EYFS) statutory framework.

Links with other policies

- Behaviour Anti-bullying
- Health and Safety
- Managing Medications
- Safeguarding

Equality Impact Assessment

Under the Equality Act 2010 we have a duty not to discriminate against people because of their age, disability, gender, gender identity, pregnancy or maternity, race, religion or belief and sexual orientation. This policy has been equality impact assessed, and we believe that it is in line with the Equality Act 2010 as it is fair, it does not prioritise or disadvantage any pupil, and it helps to promote equality in our academies.

**Data Protection Statement**

Data Audit For This Policy					
What ?	Probable Content	Why ?	Who ?	Where ?	When ?
Personal Information in risk assessments	Name, medical information, SEN info.	Ensure Compliance with the legal requirements of H&S	Principal, staff as required in the academy. Central trust team as necessary. Parents of Child	Information Will Be Held On Safety 2 Business / the Harmony Trust servers OR One Drive facility.	Documentation will be held in line with the current legal requirements. It will only be securely disposed of at the end of the required period.

As such, our assessment is that this policy:

Has Few / No Data Compliance Requirements	Has A Moderate Level of Data Compliance Requirements	Has a High Level Of Data Compliance Requirements
	✓	



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Appendix 1: Individual Healthcare plan

Child's name	
Date of birth	
Medical diagnosis or condition	
Date implemented	
Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.	
Daily care requirements/ Specific support for the pupil's educational, social and emotional needs/ Arrangements for school visits/trips etc.	
Describe what constitutes an emergency, and the action to take if this occurs, who to contact	
Other information/ Staff training needed undertaken – who, what, when/ Plan developed with	
I give consent to the school to administer the spare emergency inhaler/ Epi Pen if required.	
Signature(s) _____ Parent/Guardian	
Date: _____	



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Appendix 2 : Anaphylaxis Risk Assessment

Individual Pupil - Anaphylaxis Risk Assessment Further Consideration

This form should be completed by the setting in liaison with the parents/carers and the child, if appropriate. It should be shared with everyone who has contact with the child/young person.

pupils Name:	Date of Birth:
Academy:	Allergy Lead/SENCO/Teacher:
Phase: Primary/Secondary:	
Name and role of other professionals involved in this Risk Assessment (i.e. Specialist Nurse or School Nurse):	
Date of Assessment:	Reassessment due (this would usually be annually, unless there is an incident, at which point the risk assessment should be reviewed):
I give permission for this to be shared with anyone who needs this information to keep the child/young person safe:	
Signatures:	
Academy Principal:	Date
Parents/Carers	Date
Child/Young Person	Date
What is this child/young person allergic to?	
Allergen exposure risks to be considered Ingestion ☐ Direct contact ☐ Indirect contact ☐	
Does this child already have an Allergy Action Plan or an Individual Healthcare Plan? YES ☐ NO ☐	
Is the child prescribed adrenaline auto-injectors (AAIs)? YES ☐ NO ☐	
Summary of current medical evidence seen as part of the risk assessment (copies attached)	
Key Questions - Please consider the activities below and insert any considerations than need to be put in place to enable the child to take part.	
Activities	
Crayons/painting:	
Creative activities: i.e. craft paste/glue, pasta	



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Science type activity: i.e. bird feeders, planting seeds, food

Musical instrument sharing (cross contamination issue):

Cooking (food prep area and ingredients):

Meal time:

kitchen prepared food (is allergy information available):

packed lunches:

Snacks (is allergy information available):

Drinks:

Celebrations: e.g. Birthday, Easter:

Hand washing (secondary school how accessible is this for the child):

Indoor play/PE (AAIs to be with the child):

Outdoor play/PE (AAIs to be with the child):

School field (AAIs to be with the child):

Forest school (AAIs to be with the child):

Offsite trips (are staff who accompany trip trained to use AAI?):

Allergy Management

Does the child know when they are having an allergic reaction?

What signs are there that the child is having an allergic reaction?

What action needs to be taken if the child has an allergic reaction?

If the medication is stored in one secure place are there any occasions when this will not be within 5 minutes reach if required? Yes ☐ No ☐

If Yes state when and how this can be adjusted:

If the child is trained and confident can the medication be carried by them throughout the day? Yes ☐ No ☐

If No state reason:

Does the child have two of their own prescribed AAIs?

How many staff need to be trained to meet this child's need?

Are there backup spare AAIs available and where are they located?

Outcome of Risk Assessment

New Allergy Action Plan/Individual Healthcare Plan required?

YES ☐

NO ☐

Existing Allergy Action Plan/Individual Healthcare Plan to be updated?

YES ☐

NO ☐



Appendix 3: Anaphylaxis Action Poster

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

IF ANYONE (or more) of these signs are present

Lie the child flat with legs raised (if breathing is difficult, allow the child to sit)
Use the adrenaline autoinjector without delay
Dial 999 and request ambulance and say ANAPHYLAXIS



IF IN DOUBT, GIVE ADRENALINE

After giving Adrenaline:

Stay with the child until the ambulance arrives, do NOT stand the child up
Commence CPR if there are no signs of life
Phone parent/emergency contact
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** even if no skin symptoms are present.