Grove Street Primary and Nursery School

Grove Street Primary School

MINDS | LEARNING | FUTURES

Every child deserves a Champion

Allergen and Anaphylaxis Policy

Date of Policy	September 2026	Due for Review	September 2029
Headteacher Signature	Lisa Walsh	Chair of Governors Signature	Nicky Cornford

Contents:

Statement of intent

Grove Street Primary School 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.

The school will work in partnership with parents to identify allergens, assess risk and put appropriate control measures in place so that children with allergies can attend school safely and participate fully in school life.

The school will not be able to guarantee a completely allergen-free environment. However, the school will take all reasonable steps to minimise exposure to allergens, promote awareness and self-management where appropriate, and ensure that robust emergency procedures are in place for both known and unexpected allergic reactions.

The school will maintain this policy as a dedicated allergy safety policy, separate from its wider policy on supporting children with medical conditions, because of the specific and potentially life-threatening risks associated with anaphylaxis.

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 'Guidance on the use of adrenaline auto-injectors in schools'
- Children's Wellbeing and Schools Act 2026
- DfE 'Allergy safety in schools'

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

- Health and Safety Policy

- Whole-school Food Policy
- Administering Medication Policy
- Supporting children with Medical Conditions Policy
- Educational Visits and School Trips Policy
- Allergen and Anaphylaxis Risk Assessment

2. Definitions

For the purpose of this policy:

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

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

Allergic reaction – is the body's reaction to an allergen and can be identified by, 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 a sudden, severe and potentially life-threatening allergic reaction involving Airway, Breathing and/or Circulation problems. Skin symptoms may also be present, but are not always present. 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 faint
- Suddenly becoming sleepy, unconscious or collapsing
- [EYFS and primary schools] For infants and younger children, becoming pale or floppy

3. Roles and responsibilities

The governing board 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 school's approach to allergies and anaphylaxis focuses on, and accounts for, the needs of each individual child.
- Ensuring that risks relating to children with allergies are included on the school medical tracker register and are actively managed.

- 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 an annual basis, and following any serious allergy incident or near miss.

The headteacher is responsible for:

- Ensuring that there is a named senior leader responsible for allergy safety and the implementation of this policy.
- 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 regarding allergic reactions and anaphylaxis, including the necessary precautions and how to respond.
- Ensuring that catering staff are aware of children' allergies and act in accordance with the school's policies regarding food and hygiene, including this policy.

The school nurse is responsible for:

- Ensuring that there are effective processes in place for medical information to be regularly updated and disseminated to relevant staff members, including supply and temporary staff.
- Seeking up-to-date medical information about each child via a medical form sent to parents on an annual basis, including information regarding any allergies.
- Contacting parents for required medical documentation regarding a child's allergy.

All staff members are responsible for:

- Attending allergy and anaphylaxis training at least annually.
- Being familiar with and implementing children' individual healthcare plans (IHPs) as appropriate.
- Responding immediately and appropriately in the event of a medical emergency.
- Reinforcing effective hygiene practices, including those in relation to the management of food.
- Monitoring all food supplied to children by both the school and parents.
- Ensuring that children do not share food and drink in order to prevent accidental contact with an allergen.

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.
- Acting on entries to the allergen incident log and ensuring the risks of recurrence are minimised.

Kitchen staff are responsible for:

- Ensuring they are fully aware of the rules surrounding allergens, the processes for food preparation in line with this policy, and the processes for identifying 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 classroom teacher.

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. Identifying individuals with allergies

The school will keep a record of all individuals with allergies, including whether they have an IHP or an allergy action plan.

Where a child requires an IHP, the school will capture key information about their allergy within the IHP. A formal diagnosis will not be required before appropriate arrangements are put in place. This will include the following:

- Emergency contact details for the child's parents or family

- An up-to-date photograph of the child
- What the child's known allergens are and whether the allergen is ingested, inhaled or absorbed
- Whether the child has an allergy action plan attached to their IHP
- Whether the child has been prescribed adrenaline devices and, if so, what make and dosage it is
- Whether there is prior medical and parental consent for a spare adrenaline device or emergency asthma reliever inhaler to be used – notwithstanding that in an emergency situation that could not be foreseen, a spare adrenaline device can be used without prior parental consent
- Whether the child also has asthma, and if so, an asthma plan will be attached to the IHP which includes whether there is parental consent to use an emergency asthma reliever inhaler in an emergency

The school will use its best endeavours to gather information about known allergies, e.g. by asking a child's previous setting for relevant information and by asking the child and their parents to provide information.

Where children with allergies are starting at the school, arrangements will be put in place for the start of the relevant school term. In other cases, e.g. children moving to the school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

For staff members with allergies, arrangements will be put in place when they commence work.

For visitors with allergies, information will be sought in advance of their visit wherever possible.

The school will keep a list of individuals with known allergies in places where food may be served or handled. Such lists will be kept in areas accessible to staff only.

5. Managing exposure to allergens

The school will take reasonable steps to manage the risk of individuals with known allergies coming into contact with allergens while on the school site or during school activities.

This includes considering potential exposure to allergens through food, environmental factors, classroom activities, animals, and external visits. Measures will focus on awareness, risk assessment, and appropriate control measures, while ensuring that children with allergies are able to participate fully in school life.

Children will not be prevented from participating in activities alongside their peers simply because of a risk of exposure to allergens. Where necessary, reasonable adjustments will be made to ensure activities can be carried out safely and inclusively.

Food allergies

The school will ensure that catering staff have effective systems in place to identify children with dietary requirements at mealtimes. At least two methods of identification will be used where appropriate. These may include staff awareness, allergy registers, photographs in food preparation areas or visible identifiers such as coloured lanyards.

The school and its catering provider will take reasonable steps to minimise the risk of allergen exposure in food provided on site.

This includes:

- Ensuring allergen information is available for food served in accordance with food allergen legislation.
- Ensuring catering staff are aware of children with dietary requirements and understand the controls in place to provide allergen-safe meals.
- Checking ingredients and product information when menus or suppliers change.
- Implementing procedures to minimise the risk of cross-contamination during the preparation, handling and serving of food.
- Working with parents and children to provide suitable meal options for those with allergies, intolerances or coeliac disease wherever possible.

Children with food allergies will not be segregated from their peers at mealtimes.

Food brought into the school environment by children, parents or staff may present a risk to individuals with allergies. To reduce this risk the school will:

- Encourage clear labelling of lunch boxes, drinks bottles and food containers belonging to children with allergies.
- Set expectations that children do not share or trade food, food utensils or containers.
- Seek parental engagement where food is brought in for celebrations or special events to ensure inclusion and safety for children with allergies.
- Ensure staff are aware that unlabelled foods may present a greater risk of allergen exposure than packaged foods with allergen information.

The school may discourage certain allergens from being brought onto site where appropriate. The school, however, recognises that it cannot guarantee an allergen-free environment and will adopt an allergy-aware approach supported by strong emergency procedures.

Environmental and contact allergens

Where children have known allergies to airborne or contact allergens, e.g. pollen, dust mites, animals or insect stings, the school will take reasonable steps to reduce the risk of exposure where possible.

This may include:

- Monitoring environmental conditions where appropriate.
- Ensuring staff are aware of children with known allergies.
- Implementing appropriate control measures as identified in the child's IHP.

Classroom activities and curriculum activities

Staff planning activities will consider the potential risk of exposure to allergens.

This includes activities such as:

- Craft activities.
- Science experiments.
- Cooking activities.
- Cultural or celebration events.

- Activities involving animals.

Where materials used in activities may contain allergens, staff will consider whether suitable alternatives should be used.

Where necessary, alternative materials or approaches will be used so that children with allergies are not excluded from activities.

External visits and trips

When planning school trips, excursions, residential visits or sporting events, staff will consider the risk of allergen exposure and ensure appropriate risk assessments are carried out.

Planning will include consideration of:

- Catering arrangements and allergen risks.
- Access to emergency medication and prescribed adrenaline devices.
- Staff awareness of children' allergies and emergency procedures.

The school will conduct a risk assessment for any child at risk of anaphylaxis taking part in a trip off the premises. 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 the children are included.

Children at risk of anaphylaxis who have been prescribed an adrenaline device will have their prescribed device with them, and there will be staff available who are trained to administer adrenaline in an emergency.

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

Where necessary, a designated adult will be available to support the child at all times during a school trip.

The school will consider whether it is appropriate to take spare AAI devices in case of emergency use on the trip.

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

Reasonable adjustments will be made where necessary to enable children with allergies to participate safely in trips and activities.

Animal allergies

The Animals in School Policy will be adhered to at all times.

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 child does not come into contact with the specified allergen.

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

Where medication is required for a child with an animal allergy, this will be managed in accordance with the child's IHP and the school's medication procedures. The school will not rely on general stock medication unless this is permitted under the relevant policy and consent arrangements.

6. Food allergen labelling

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

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

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

Food labelling

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

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

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

- Allergen tracking will continue throughout the school's handling of allergen-containing food goods, including during storage, preparation, handling, cooking and serving
- Allergen incidents and near misses, including incorrect practices and incorrect and/or incomplete packaging, will be recorded in an incident log, reviewed by the kitchen manager and acted upon to minimise the risk of recurrence. Where required, incidents involving unsafe food will be reported to the relevant competent authority.

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

The school 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.

7. Adrenaline auto-injectors (AAIs)

Children at risk of anaphylaxis may be prescribed an adrenaline device (AD) for use in the event of an emergency. This may include an AAI or another prescribed adrenaline device.

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.

The school understands that anaphylaxis reactions can occur in children without a pre-existing diagnosis of a food allergy. The school will therefore stock spare AAIs for use in emergency situations.

Any spare AAIs held by the school in this way will be considered spare devices and not a replacement for the child's own device. Children who have been prescribed adrenaline devices will have their prescribed devices readily available to them at all times while at school.

Spare AAIs will be used for children:

- Who have been prescribed AAIs but their own device is not available.
- With food allergies who have been assessed as being at lower risk of anaphylaxis and therefore not prescribed their own AAIs.

In addition, spare AAIs will be used with anyone experiencing anaphylaxis in an emergency, for the purpose of saving their life. This is in accordance with the legal exemption under Regulation 238 of the Human Medicines (Amendment) Regulations 2017.

The school will submit a request, signed by the headteacher, to the pharmaceutical supplier when purchasing AAIs, which outlines:

- The name of the school.
- The purposes for which the product is required.
- The total quantity required.

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

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

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

Depending on their level of understanding and competence, children will carry their AAIs on their person at all times, or they should be quickly and easily accessible at all times.

If AAIs are not carried by the child, they will be kept in a central place in a box marked clearly with the child's name but not locked in a cupboard or an office where access is restricted.

When storing AAIs, they will be:

- Readily accessible and not locked away.
- Located less than five minutes away from where they may be needed.
- Stored in pairs, so that if a second one is necessary it is on hand rather than needing to be obtained from elsewhere on site.
- Clearly labelled, to avoid any confusion with AAIs prescribed to a named person.

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

- **Main front office**

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):

- **Amanda Wylde**

The above staff members will conduct ad-hoc and termly checks of the emergency anaphylaxis kit(s) to ensure that:

- Spare AAI devices and salbutamol inhalers are present and have not expired.
- Spare AAI devices are replaced when they are used.

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: **Sian Campbell**

Any used or expired AAIs will be disposed of in accordance with manufacturer's instructions.

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

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

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

- Where and when the reaction took place
- What medication was given
- Who administered it
- Whether a second dose was required

8. Access to spare AAIs

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

For planned use, 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. This does not prevent a spare AAI being administered in an unforeseen, life-threatening emergency where anaphylaxis is suspected.

Consent will be obtained as part of the introduction or development of a child's IHP.

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

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

- Name of child
- 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 update records at anytime using Medical tracker.

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

Sian Campbell checks the register is up to date on an annual basis.

Sian Campbell will also update the register relevant to any changes in consent or a child's requirements.

Copies of the register are held in each classroom, which are accessible to all staff members.

9. Medical attention and required support

Once a child's allergies have been identified, the school will consider what arrangements are required to support the child. Where an IHP is required, a meeting will be set up between the child's parents, the relevant classroom teacher, the school nurse and any other relevant staff members, in which the child's allergies will be discussed and a plan of appropriate action/support will be developed.

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

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

Children who require life-saving medication, such as prescribed adrenaline devices, will be expected to have their medication available at school and on educational visits.

All members of staff involved with a child 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 child may require will be outlined in their IHP.

All staff members providing support to a child with a known medical condition, including those in relation to allergens, will be familiar with the child's IHP.

The school operates a mobile phone-free environment in line with national guidance; however, where a child requires access to a mobile phone to support the management of their allergy, reasonable adjustments may be made in accordance with the Equality Act 2010. In such cases, children may be permitted to use their mobile phone for specific medical purposes related to their allergy management at agreed times and locations, as set out in their IHP.

Sian Campbell is responsible for working alongside relevant staff members and parents in order to develop IHPs for children with allergies, ensuring that any necessary support is provided and the required documentation is completed, including risk assessments being undertaken.

Sian Campbell has overall responsibility for ensuring that IHPs are implemented, monitored and communicated to the relevant members of the school community.

10.Staff training

All staff will receive allergy awareness training at least annually. This will include teaching and support staff, temporary and supply staff, peripatetic staff, agency workers, regular volunteers, catering staff and those who oversee children at breakfast or after-school clubs.

Whole-school allergy awareness training will ensure that all staff:

- Have an awareness of allergies, the risks they pose, how allergic reactions can occur and how to manage it.
- Understand that allergy includes multiple conditions, e.g. food allergy, asthma, eczema, hay fever, which can co-exist.
- Understand and can identify the main food allergens, and understand the difference between food allergy, intolerance and coeliac disease.
- Can identify the range of symptoms of allergic reactions.
- Understand and can recognise anaphylaxis.
- Know how to respond in an emergency, including:

- Calling the emergency services.
- How to locate and administer AAIs in a case of anaphylaxis or an asthma reliever inhaler during an asthma attack.
- How to use the AAI devices prescribed to children and the spare devices stocked by the school.

· Understand the impact allergies can have on a child's wellbeing.

· Understand this policy.

· Know how to check whether an individual is on the record of those with known allergies and how to use an allergy or asthma action plan.

· Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens.

· Understand how to report an allergic reaction or case of anaphylaxis – whether an incident or a near miss.

New staff members will receive allergy awareness training as part of their induction. Supply and temporary staff will be provided with relevant information about children with allergies, emergency procedures and the location of emergency medication.

New staff members will receive allergy awareness training as part of their induction. Supply, temporary and other relevant non-permanent staff will be provided with information about children with allergies, emergency procedures and the location of emergency medication, and will be required to have received appropriate allergy awareness training.

Where gaps in staff training are identified, the school will undertake a risk assessment and take appropriate action to address them. This may include arranging additional training or ensuring that appropriately trained staff are available to support children with allergies during lessons, activities, trips or other school events.

11.Mild to moderate allergic reaction

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

· Swollen lips, face or eyes

- Itchy/tingling mouth
- Mild throat tightness
- 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 child and refer to their IHP 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.

For mild to moderate allergy symptoms, the child's IHP will be followed and the child will be monitored closely in a safe place for at least 60 minutes 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.

12. Managing anaphylaxis

All staff will be aware of the 'ABC' (Airway, Breathing, Circulation) principle when recognising anaphylaxis.

Staff members will be able to recognise the following signs of anaphylaxis:

- Airways:
  - Tightening of the throat
  - Hoarse voice
  - Difficulty swallowing
  - Swollen tongue
- Breathing:
  - Sudden wheezing
  - Difficult or noisy breathing

- Persistent cough

· Circulation:

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

Where a child with asthma and a food allergy develops sudden breathing difficulties, staff will consider anaphylaxis and administer adrenaline without delay rather than an asthma reliever inhaler.

If one or more of the signs above are present, the nearest trained staff member will follow the below procedure:

1. Lay the child flat with their legs raised. If breathing is difficult, allow them to sit upright.
2. Administer adrenaline without delay, using the child's prescribed adrenaline device or a spare AAI if necessary.
3. Call 999 immediately and request an ambulance, stating that the person is experiencing anaphylaxis.

After administering adrenaline, the staff member(s) handling the situation will stay with the child until the ambulance arrives and will keep them lying down, even if the situation appears to be improving. They will then phone the child's parent or emergency contact.

If there is no improvement after five minutes, an additional dose of adrenaline will be administered using a second device.

CPR will be commenced at any time if there are no signs of life.

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

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

In the event that a child without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers a suspected severe allergic reaction, the nearest trained member of staff will administer a spare AAI without delay if anaphylaxis is suspected. Emergency services will be contacted immediately after AAI administration. Staff will be made aware that the risks associated with delaying adrenaline are greater than those associated with administering it unnecessarily.

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

- Any known allergens the child 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, two members of staff will accompany them.

A copy of the Register of AAIs will be held in each classroom for easy access in the event of an allergic reaction.

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

13. Wellbeing of children with allergies

The school recognises that allergies can have a significant impact on a child's emotional wellbeing, confidence and sense of safety. Some children with allergies may experience anxiety because of the risk of exposure to allergens and the

possibility of anaphylaxis. This may be further affected by related conditions such as asthma or eczema.

The school will take active steps to support the wellbeing of children with allergies by providing reassurance that reasonable measures are being taken to reduce the risk of allergen exposure and that robust emergency arrangements are in place.

The school will promote a culture of awareness, inclusion and respect in relation to allergies. This will include regular communication with children, parents and staff so that the school community understands the risks associated with allergies and the importance of following control measures.

The school will take appropriate steps to prevent bullying, teasing or social exclusion related to allergies, dietary needs, medication or medical conditions. Any concerns of this nature will be addressed promptly in line with the school's Behaviour Policy and Anti-bullying Policy.

To support children with allergies, the school will:

- Provide proactive support for new children with known allergies as they join the school.
- Explain to children and parents the arrangements the school will put in place to support safety and inclusion.
- Offer opportunities, where appropriate, for children with allergies and their families to become familiar with the dining environment and key staff.
- Identify appropriate staff members who can act as a point of contact for children with allergies and their parents.
- Encourage children with allergies, where appropriate, to share concerns and contribute to discussions about how they can be supported safely in school.

The school will, where appropriate, involve children with allergies and their parents in the development and review of support arrangements. The school will also consider feedback from staff and, where relevant, from other members of the school community in order to improve practice.

14.Monitoring and review

This policy will be reviewed at least annually by the named senior leader and named member of the governing board.

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

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

Child allergy declaration form

Name of child			
Date of birth		Year group	
Name of GP			
Address of GP			

Nature of allergy	
Severity of allergy	

Symptoms of an adverse reaction	
Details of required medical attention	
Instructions for administering medication	
Control measures to avoid an adverse reaction	

Spare AAIs

I understand that the school may purchase spare AAIs to be used in the event of an emergency allergic reaction. I also understand that, in the event of my child's prescribed AAI not working, it may be necessary for the school to administer a spare AAI, but this is only possible with medical authorisation and my written consent.

In light of the above, I provide consent for the school to administer a spare AAI to my child.

Yes	☐	No	☐

Name of parent	
Relationship to child	
Contact details of parent	
Parental signature	