Three Towers
An Alternative Provision Academy
Expanding Horizons

Allergy Safety & Management Procedures

Adopted: September 2026
Review period: Annually
Statutory: Yes
Required on website: No

THREE TOWERS

The Rowan Learning Trust

Document Version Control

Responsibility for Policy:	*Headteacher*
Procedures adoption date:	*September 2026*
Frequency of Review:	*Annually*
Next Review date:	*August 2027*
Related Policies:	*RLT Allergens & Anaphylaxis Policy Rowan Learning Trust - RLT Allergens and Anaphylaxis.pdf - All Documents*
Minor Revisions:	
Major changes	
Full re-write	

Allergy Lead	Mrs S Evans	Director of Operations	hindleyoffice@ttapa.net
Deputy Allergy Lead	Mrs C Lynch	Deputy Headteacher	whelleyoffice@ttapa.net

1 Introduction

We want our school to be a safe environment for anyone with allergies and so we ensure staff can recognise and respond promptly to allergic reactions, including anaphylaxis. We know that all allergy concerns must be taken seriously: prompt recognition, prevention of exposure, and immediate action in an emergency are essential to safeguarding everyone's health and wellbeing.

2 Aims

These procedures set out how we apply the RLT Allergens and Anaphylaxis Policy in practice. They:

- set out our approach to allergy safety, including reducing the risk of exposure and the procedures in place in case of allergic reaction;
- make clear how we support learners with allergies to ensure their wellbeing and inclusion;
- explain how we promote and maintain allergy awareness among the school community.

3 Legislation and guidance

These procedures comply with the Department for Education (DfE)'s statutory guidance on allergy safety in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

4 Definitions

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mold;
- 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;
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis;
- Asthma which may be triggered by airborne allergens;
- Allergy to insect stings and medicines.

Anaphylaxis is a severe, potentially life-threatening allergic reaction that can develop rapidly.

5 Roles and Responsibilities

5.1 The Rowan Learning Trust is responsible for ensuring:

- risks relating to learners with allergy are included in the risk register and actively managed;
- the school has an allergy safety policy which sets out:
    - arrangements to reduce the risk of individuals coming into contact with their known allergens;
    - emergency response plans for cases of anaphylaxis.

The trust delegates the day-to-day implementation of its policy to the headteacher and the allergy safety lead.

5.2 The Allery Safety Lead is responsible for:

- implementing the RLT Allergens and Anaphylaxis Policy and these procedures;
- reviewing these procedures at least annually, updating it when needed, and making sure it is published;
- promoting and maintaining allergy awareness across our school community;
- developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD);
- ensuring:
    - all allergy information is up to date and readily available to relevant members of staff;
    - all learners and staff who require support with allergies have an up-do-date individual healthcare plan (IHP);
    - all learners and staff with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional;
    - all staff receive regular allergy awareness training;
    - all staff are aware of the trust's policy and school's procedures regarding allergies;
    - relevant staff are aware of what activities need an allergy risk assessment;
    - serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
        - what lessons there are to learn;
        - any potential changes to the medical conditions and/or allergy safety policies and/or to any learner's IHP.

5.3 The headteacher is responsible for deciding, in discussion with the parents/carers and any relevant healthcare professionals, whether a learner's allergy can be managed through the adjustments made under our Supporting Learners with Medical Conditions Policy or whether an IHP is required to specify arrangements that reflect the learner's circumstances. The headteacher will have a similar discussion with a member of staff with an allergy to determine whether an IHP is appropriate for them or whether their allergy can be managed under the reasonable adjustments expected from employers.

5.4 The Director of Operations and the Appointed Persons for First Aid are responsible for:

- checking spare AAIs are present and in date on a monthly basis;
- making sure that replacement AAIs are obtained when expiry dates approach.

5.5 All staff are responsible for:

- maintaining awareness of the RLT Allergens and Anaphylaxis Policy and our Allergy Safety and Management Procedures;
- being aware of allergens and the risk they pose to others;
- promoting and maintaining allergy awareness among learners;
- being able to recognise the signs of severe allergic reactions and anaphylaxis;
- being aware of specific learners with allergies in their care;
- reducing the risk to others with known allergies coming into contact with known allergens;
- ensuring the wellbeing and inclusion of learners with allergies;
- reporting any allergic reaction or case of anaphylaxis to the allergy safety lead.

5.6 Parents/carers are responsible for:

- being aware of the RLT Allergens and Anaphylaxis Policy and our allergies safety and management procedures;
- providing school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis;
- *if required*, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- following school's guidance on food brought in to be shared;
- updating school on any changes to their child's condition.

5.7 Learners are responsible for being aware of allergens and the risk they pose, particularly to those with allergies. Older learners might also be expected to support their peers and staff in the case of an emergency.

5.8 Learners and staff with allergies are responsible for:

- being aware of their allergens and the risks they pose;
- carrying their AD on their person and only using it for its intended purpose;
- understanding how and when to use their AD.

12 Allergy Awareness

6.1 Staff training

We will ensure that all staff, including supply staff, trainee teachers, and regular volunteers, expected to be present during times when learners are due to be on site receive allergy awareness training at least annually. New starters will complete this training as part of their induction. It does not include contractors carrying out work with no learner-facing role.

We will conduct annual allergy safety drills which simulate a case of anaphylaxis to test out how staff respond, without risk to any individual. The results of the drill will be noted and used to inform the ongoing review of this policy.

Allergy awareness training will ensure that all staff:

- have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage them;

- understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist;
- understand the difference between food allergy, coeliac disease and food intolerance;
- know where to find information on allergy triggers;
- can identify the range of symptoms of allergic reactions;
- understand and can recognise anaphylaxis
- know how to respond in an emergency, including:
    - calling emergency services and informing parents/carers;
    - how to locate and administer emergency medication;
    - how to use the medication/device in an emergency;
- understand the impact allergy can have on a learner's wellbeing;
- understand the trust's allergy safety policy and our allergy safety and management procedures;
- know how to check whether an individual is on the record of those with known allergy, 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').

7 Identifying Individuals at Risk

7.1 Learners – as part of the admission arrangements for new learners, parent/carers complete a medical questionnaire with their child's Head of House which identifies any allergy the learner has and whether they carry medication.

For existing learners, this questionnaire is updated annually at the Pastoral Review Day. We also remind parents/carers to proactively inform the relevant Head of House if their child's medical needs change during the course of the year. Where a learner has a new diagnosis, we will set up a meeting to redo the questionnaire and complete an individual healthcare plan if required.

7.2 Staff – as part of the onboarding procedures new starters are asked about any allergies they may have and whether they carry medication. We use this information to then decide if they need an individual healthcare plan similar to those we have for learners.

For existing staff we ask them to inform the Director of Operations if their medical needs change during the course of the year. Where they receive a new diagnosis, we will complete a healthcare plan if required.

7.3 Visitors are asked to provide details of any allergies they have in advance of their visit.

7.4 Individual Healthcare Plans (IHPs)

Individuals with allergies should have an IHP if they:

- have an allergy which has a functional impact on them in the school environment;
- they are at risk of harm as a result of their allergy; and
- require arrangements which are additional to or different from those made generally.

It is not necessary for there to be a formal diagnosis of allergy for a learner or staff to have an IHP. Healthcare professionals may decide that it is more appropriate to accept that they show symptoms, rather than proceeding to a formal diagnosis.

The IHP will set out the additional and/or different arrangements that will be in place for supporting the learner or member of staff. We will make every effort to make sure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for anyone who is new to our school.

Not all learners or members of staff with an allergy will require an IHP. Some allergies will have little or no impact on the them while they are at school/work or pose no risk to them. Some allergies will not require arrangements which are additional to or different from those made generally.

The headteacher is responsible for deciding, in discussion with the parents/carers and any relevant healthcare professionals, whether a learner's allergy can be managed through the adjustments made under our Supporting Learners with Medical Conditions Policy or whether an IHP is required to specify arrangements that reflect the learner's circumstances. The headteacher will have a similar discussion with a member of staff with an allergy to determine whether an IHP is appropriate for them or whether their allergy can be managed under the reasonable adjustments expected from employers.

We will consider the following principles:

- if the arrangements or support which a learner/member of staff requires would be available to any learner/member of staff as part of normal policies, an IHP may not be required;
- If the learner/member of staff only needs non-prescription medication and the school's policies would permit them to carry and administer it, an IHP may not be required.

IHPs will be reviewed at least annually and more frequently if the learner/member of staff's needs have changed.

Where a learner moves on to a new school or college, their IHP will be shared as part of the transition.

7.5 Allergy and Asthma Action Plans

Individuals who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

Individuals who have asthma should be issued with an asthma action plan by their healthcare professional.

The plans include medical and, where required, parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the individual's IHP. Whenever the allergy action plan is updated, the individual's IHP should be reviewed to incorporate it.

7.6 Register of individuals with known allergies

All individuals with allergies will have this information noted on their personal records in ARBOR. In addition, for staff this will be on their SAMPeople record, and for learners it will be noted on their pen portrait.

We also maintain a register of individuals who have a known allergy. The register includes:

- known allergens and risk factors for anaphylaxis;
- whether the individual has been prescribed ADs (and if so, what type and dose);
- where a learner has been prescribed an AD, whether parental consent has been given to administer emergency medication;
- photograph of the individual to allow a visual check to be made.

The register is kept in the reception area and in areas where food is handled and/or served. It can be checked quickly and easily as part of initiating an emergency response.

8 Assessing risk

We will conduct a risk assessment for any individual at risk of anaphylaxis taking part in:

- lessons such as food technology;
- science experiments involving foods;
- crafts using food packaging;
- off-site events and school trips
- any other activities involving animals or food, such as animal handling experiences or baking.

A risk assessment for any individual at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

9 Minimising risk

9.1 Hygiene procedures

- individuals are reminded to wash their hands before and after eating;
- sharing of food, food containers, and food utensils is not allowed;
- where food is not directly provided by the school, parental engagement and permission will be sought in advance

9.2 Catering

We are committed to providing safe food options to meet the dietary needs of learners with allergies. We ensure that:

- all staff understand how to read labels for food allergens;
- catering staff receive appropriate training and are able to identify learners with allergies;
- catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination
- school menus are available for parents/carers and learners to view;
- where changes are made to school menus, we will make sure these comply with legislation, and continue to meet any special dietary needs of learners;
- we maintain a comprehensive list of foods used which identifies any allergens in them;
- whenever possible we source ingredients that are free of allergens;

- food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing learners and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA);
- engage with any external caterers to understand the controls in place to ensure that food service complies with relevant requirements.

9.3 Insect bites/stings

When outdoors:

- appropriate footwear should be worn at all times; learners must not go about out in bare feet or just wearing socks;
- food and drink are kept covered.

9.4 Animals – learners will always wash hands after interacting with animals to avoid putting individuals with allergies at risk through later contact. Individuals with animal allergies will not be allowed to interact with animals.

9.5 Visits and trips - learners with allergies will be **not** excluded from taking part in any school trip or visit. We will plan accordingly and arrange for the staff involved to be aware of individual's allergies and to have received appropriate training. We will conduct an individual risk assessment for any individual at risk of anaphylaxis taking part in a school trip.

Individuals, including learners at risk of anaphylaxis should have their own ADs with them. Staff on the trip will have been trained to administer adrenaline in an emergency, and appropriate measures will be taken in line with the school's AD protocols for off-site events and school trips (see section 11.5).

10 Procedures for handling an allergic reaction

All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately. They are trained in the administration of adrenaline to minimise delays in an emergency. If an individual has an allergy action plan, this must be followed.

A spare school AD device will only be used if:

- the individual does not have a prescribed AD;
- The individual's prescribed AD are not available or misfire.

11 Adrenaline Devices (ADs)

11.1 Prescribed ADs

Individuals who are prescribed ADs are encouraged to keep them near or on their person at all times including when travelling to or from the school and on school trips. It is recommended that two devices are carried at all times. If a learner cannot keep their ADs with them in the classroom (due to age or other considerations), then the devices will be stored as outlined below:

- Hindley Campus (secondary) – learner's will be stored in the Heads of House office and staff's will be stored in the main reception office;
- Whelley Campus (primary) – learner's and staff's will be stored in the main reception.

These locations are:

- centrally located and manned at all times during the working day, so the ADs are accessible at all times;
- **no more than** 5 minutes away from where they may be needed;
- kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.

In addition to being recorded on an individual's files in ARBOR, a copy of the individual's allergy action plan is kept alongside their medication, as it includes instructions on how it should be used in an emergency.

Learners with prescribed ADs should take them home with them at the end of each school day, and parents/carers are responsible for ensuring that they are in date.

11.2 Spare ADs and inhalers

Please note: *current regulations only allow schools to purchase adrenaline auto-injectors (AAIs) as spare devices. Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school's spare AAIs may be used in an emergency. Schools can purchase an emergency asthma reliever inhaler which can only be used if the pupil's prescribed inhaler is not available and where written consent has been obtained.*

The allergy safety lead is responsible for sourcing spare ADs & emergency asthma reliever inhalers as well as ensuring they are stored according to the guidance.

Details of where the spare ADs & emergency asthma inhalers are kept are shown in Appendix 4 of these procedures, in the First Aid Policy and displayed around school.

11.3 Disposal

ADs can only be used once. Once an AD has been used, it will be disposed of in line with the manufacturer's instructions.

11.4 Using spare ADs in an emergency situation without prior consent

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for spare adrenaline devices to be used in an emergency. We will endeavour to obtain advance consent from individuals and from parents/carers of learners for spare adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place.

However, in an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.

11.5 Use of ADs off school premises

Individuals at risk of anaphylaxis who are able to administer their own adrenaline should carry their own ADs with them on school trips and off-site events. The trip lead will take spare AAIs for use in an emergency.

12 Serious Incidents and "near misses"

A serious incident is any event relating directly to a medical condition (including allergy) in which a learner, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A 'near miss' is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

12.1 Incident recording

We will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded in the accident book, including the following information:

- who was affected;
- what happened, when and where;
- why the incident occurred (as far as is known);
- how staff and learners responded and what was done to support the individual;
- whether emergency services were called;
- how the incident concluded.

We approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons.

12.2 Incident reporting

For Learners - Parents/carers will be notified of the incident or 'near miss' as soon as possible and the report will be shared as soon as it is completed. They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. We will then confirm what we have learnt from the incident and outline any actions we are taking as a result. We will always share the incident report with the relevant Head of House who will consider whether any changes are needed to the learner's IHP and the Allergy Safety Lead who will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to these procedures.

For staff – the circumstances of the incident will be investigated and the investigation report shared with the member of staff. They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. We will then confirm what we have learnt from the incident and outline any actions we are taking as a result. We will always share the incident report with the Allergy Safety Lead who will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to these procedures or amendments are needed to the member of staff's IHP.

For anyone with allergies - in some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the learner/member of staff is at home. This means that incident reporting is not limited to staff during school hours – the learner (or member of staff), the learner's parents/carers or others (such as healthcare professionals) will need to report to the school if there has been an incident with a delayed reaction.

Any learning from incidents or near misses will be shared appropriately with key staff so they can act on them and reduce the chance of an incident reoccurring.

In the following circumstances we will also share the report with other professionals / agencies including but not limited to:

- with the Health and Safety Executive (HSE): incidents which arise directly out of the way we carried out a work activity which results in immediate hospitalization or

death. For example, where an individual has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff;

- the LA and Rowan Learning Trust for any allergen-related food safety incidents;.
- the main school for any dual-registered learner.

In the event that the incident or 'near miss' was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

13 Wellbeing

Individuals with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy. They can access additional support through:

- the school counsellor;
- regular check-ins with their head of House;
- reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis;

Any instances of bullying will be dealt with in line with school and trust policies.

We recognise that an incident or a 'near miss' is a serious event with a potential impact not only on the individual but their family, those involved in responding. and any witnesses. The school will provide support to those involved.

14 Information Sharing

Information about an individual's health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policies.

15 Monitoring

These procedures will be monitored by the allergy safety lead.

They will be reviewed and approved annually by the allergy safety lead, or more frequently if a serious incident or 'near miss' identifies an area for improvement.

UNICEF - UNCRC

The UN Convention of the Rights of the Child sets out human rights of every person under 18 (Article 1) and applies to every child without discrimination, whatever their ethnicity, gender, religion, language, abilities, whatever they think or say, whatever their family background (Article 2). Articles directly relating to this policy are:

2 (Non-discrimination)	24 (Health & health services)
3 (Best interests of the child)	28 (Right to education)
12 (Respect the views of the child)	29 (Goals of education)

Appendix 1: Asthma Attack Response

<table>
<tr><th>Common ‘day to day’ symptoms</th><th colspan="2">Signs of an asthma attack include:</th></tr>
<tr><td>• cough and wheeze (a ‘whistle’ heard on breathing out) when exercising;
• shortness of breath when exercising;
• intermittent cough.</td><td rowspan="2">• persistent cough (when at rest);
• a wheezing sound coming from the chest (when at rest);being unusually quiet;
• complaining of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache);</td><td rowspan="2">• difficulty in breathing (fast and deep respiration);
• nasal flaring;
• being unable to complete sentences;
• appearing exhausted;
• a blue / white tinge around the lips;
• going blue.</td></tr>
<tr><td>These symptoms are usually responsive to use of a person’s own inhaler and rest (e.g., stopping exercise). They would not usually require the person to be sent home from school, or to need urgent medical attention.</td></tr>
</table>

In the event of an asthma attack:

- the closest member of staff present will seek the assistance of a qualified first aider by either clicking the appropriate first aid button in class charts, or by calling out “first aider needed in….”
- the closest member of staff, and/or first aider will:
  - keep calm and reassure the person;
  - encourage the person to sit up and slightly forward;
  - ask the person to use their own inhaler;
  - stay with the person;
  - if needed, obtain emergency asthma kit either by calling for it or sending someone to collect it.
- if their own inhaler is not available, use the emergency inhaler*
  - immediately help the person to take two separate puffs of the salbutamol via the spacer
  - if there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. Shake the inhaler between puffs;
  - if worried at ANYTIME before reaching 10 puffs, CALL 999 FOR AN AMBULANCE;
  - if an ambulance does not arrive within 10 minutes give another 10 puffs as described above;
  - if there is improvement, stay with the person until they feel better, then return the person to school activities.
- if the first aider judges that a learner is too unwell to remain in school, parents/carers will be contacted and asked to collect their child.
- upon their arrival, the first aider will recommend next steps to the parents/carers.
- the first aider will log the incident of Class Charts and complete an accident report form on the same day, or as soon as is reasonably practical after an asthma attack.

**A learner may be prescribed an inhaler for their asthma which contains an alternative to salbutamol (such as terbutaline). The salbutamol inhaler should still be used if the learner’s own inhaler is not accessible – it will still help to relieve their asthma and could save their life.*

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE PERSON

- **appears exhausted;**
- **has a blue/white tinge around lips;**
- **is going blue;**
- **has collapsed.**

If emergency services are called for a learner a member of the office staff will contact parents/carers immediately. If a parent/carer is not available, a member of staff will accompany the learners to hospital and remain there until either a parent/carer arrives or they are relieved by a member of CLT. If emergency services are called for an adult, their emergency contacts will be informed immediately by the most appropriate member of staff. *In both cases at an appropriate point in the individual’s care, CLT and the Headteacher must be informed that the emergency services have been called.*

Appendix 2: Allergic Reactions & Anaphylaxis Response

<table>
<tr><td></td><td>Mild-moderate allergic reaction:</td><td>Anaphylaxis may occur without initial mild signs</td></tr>
<tr><td>Signs & Symptoms</td><td>• swollen lips, face, or eyes;
• itchy/tingling mouth;
• hives or itchy skin rash;
• abdominal pain or vomiting;
• sudden change in behaviour.</td><td>IF ANY ONE (or more) of these signs are present, treat as anaphylaxis
• Airway: Persistent cough - Hoarse voice - Difficulty swallowing, swollen tongue;
• Breathing: Difficult or noisy breathing - Wheeze or persistent cough;
• Consciousness: Persistent dizziness - Becoming pale or floppy - Suddenly sleepy, collapse, unconscious</td></tr>
<tr><td rowspan="2">In the event of an incident……</td><td rowspan="2">• The closest member of staff present will seek the assistance of a qualified first aider by either clicking the first aid button in class charts, or by radioing using channel 4/calling out “first aider needed in….”
• The closest member of staff will:
  ✚ keep calm and reassure the person;
  ✚ encourage the person to sit up and slightly forward;
  ✚ stay with the person;
  ✚ watch for signs of anaphylaxis.
• if the first aider judges that a learner is too unwell to remain in school, parents/carers will be contacted and asked to collect their child.
• upon their arrival, the first aider will recommend next steps to the parents/carers.</td><td>CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE SEVERE ALLERGIC REACTION PROCEDURE WITHOUT DELAY IF THE PERSON SHOWS SIGNS OF ANAPHALAXIS</td></tr>
<tr><td>ALWAYS use adrenaline device FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present
• The closest member of staff present will seek the assistance of a qualified first aider by either clicking the appropriate first aid button in class charts, or by calling out “first aider needed in….”
• The closest member of staff, and/or first aider will:
  ✚ keep calm and reassure the person;
  ✚ encourage the person to sit up and slightly forward;
  ✚ stay with the person;
  ✚ obtain the emergency AD either by calling for it or by sending someone else to collect it.
  ✚ ask the person to use their own AD;
  ▪ lie the person flat with legs raised (if breathing is difficult allow person to remain sitting up);
  ▪ use the AD without delay ***IF IN DOUBT, GIVE AD*** If their own AD is not available use the emergency one;
  ▪ do not stand the person up;
  ▪ commence CPR if there are no signs of life;
  ▪ if there is no improvement after 5 minutes, give a further dose of adrenaline using the second AD;
  ▪ stay with the person until the emergency services arrive.</td></tr>
<tr><td>Post incident</td><td colspan="2">The first aider will log the incident of Class Charts and complete an accident report form on the same day, or as soon as is reasonably practical after an allergic reaction.</td></tr>
</table>

If emergency services are called for a learner a member of the office staff will contact parents/carers immediately. If a parent/carer is not available, a member of staff will accompany the learners to hospital and remain there until either a parent/carer arrives or they are relieved by a member of CLT.

If emergency services are called for an adult, their emergency contacts will be informed immediately by the most appropriate member of staff.

In both cases at an appropriate point in the injured persons care, CLT and the Headteacher must be informed that the emergency services have been called.

Appendix 3: Emergency Services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. Your name
2. Your telephone number – School telephone no: 01942 932 760
3. Your location

   School addresses:

Three Towers Hindley	or	Three Towers Whelley
Leyland Park House		28 Heiland Road
Park Road		Whelley
Hindley		Wigan
WN2 3RX		WN1 3UR

4. State what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. Provide the exact location of the patient within the school setting
6. Provide the name of the child and a brief description of their symptoms – In the case of anaphylaxis state "This is an anaphylaxis emergency"
7. Inform Ambulance Control of the best entrance to use and state that:

   "the crew will be met and taken to the patient"

8. Put a completed copy of this form by the phone

Appendix 4: First Aiders & Supplies

FIRST AIDERS **FAW** = First Aid at Work (3-day course) **EFAW =** Emergency First Aid at Work (1-day course) **PFA =** Paediatric First Aid (2-day course)			
Full Name	**Training**		
	FAW/EFAW	**Expiry date of certificate**	**Notes**
Mr C Hill	FAW	May 2027	
Mrs C Lynch	FAW	July 2027	
Mr P King-Williams	FAW	July 2027	
Ms S Taylor	FAW	July 2027	
Mr A Worswick	FAW	October 2027	
Miss R Baldock	FAW	January 2028	
Mr J Cook	FAW	September 2028	Outdoor Ed Sept 2027
Miss H Murrell	FAW	September 2028	
Ms S Box	FAW	January 2029	
Mr P Isherwood	FAW	New staff	Booked for Jan 2027
Mr D Heyes	EFAW	March 2027	
Mrs A Scott	EFAW	March 2027	
Mrs C Seggie	EFAW	March 2027	
Ms J Edwards	EFAW	November 2027	Outdoor Ed July 2027
Mr P Smith	EFAW	November 2027	
Mr S Vernazza	EFAW	January 2028	
Mr M Ratcliffe	EFAW	January 2028	
Mrs L Thorley	EFAW	March 2028	
Ms J Campbell	EFAW	June 2028	
Mr A Kindred	EFAW	September 2028	
Ms D Halliwell	EFAW	September 2028	
Mrs H Holden	EFAW	November 2028	
Miss D Rigby	EFAW	September 2029	
Miss R Gibson	EFAW	Lapsed & refresher cancelled	Booked for 2nd Dec 2026
Ms E Arkwright	EFAW	Lapsed & refresher cancelled	Booked for 20th Jan 2027
Ms C Harris	PFA	October 2027	
Mrs K King	PFA	December 2027	
Mrs L Thorley	PFA	September 2029	

FIRST AID BOXES / MEDICAL SUPPLIES ARE LOCATED IN:		
Hindley		**Whelley**
Ground floor Reception Staffroom Site Office Canteen G2 G7 (Science) G8 (Science) Workshop	**First floor** A2 (Meeting Room) B4 (DHT Office) C1 (Art) C2 (Cooking Room) C7 (Pastoral Office) D2 E1 (AHT Office) H5 (Cooking Room) Counsellor's Office F2 (Medical Room)	Reception Staffroom Caretakers Office Main Kitchen Cedar Classroom Maple Classroom Little Acorns Classroom Cooking Room
Auto-injector Adrenalin Devices	Reception Canteen C2 (Cooking Room) C7 (Pastoral Office)	Reception Little Acorns Classroom Canteen Cooking Room
Asthma Inhalers	Reception C7 (Pastoral Office) F2 (Medical Room)	Reception Little Acorns Classroom Canteen
Trauma Kits	Reception Site Office G2 Workshop	Reception Site Office