NPAT ALLERGEN & ANAPHYLAXIS POLICY

Associated Policies:	Health & Safety policy First Aid Policy Supporting children with medical needs policy School food policy (where available)
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1.POLICY STATEMENT

Northampton Primary Academy Trust (the Trust) acknowledges its duty to ensure the safety and wellbeing of all members of our Trust and school community. For this reason, this policy is to be adhered to by all staff members, parents and pupils, with the intention of minimising the risk of anaphylaxis occurring whilst at school.

In order to effectively implement this policy and ensure the necessary control measures are in place, parents are responsible for working alongside the school in identifying allergens and potential risks, in order to ensure the health and safety of their children.

The school does not guarantee a completely allergen-free environment; however, this policy will be utilised to minimise the risk of exposure to allergens, encourage self-responsibility, and plan for an effective response to possible emergencies.

This policy aims to:

- Set out our school's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

2.WHO DOES THIS POLICY APPLY TO

This policy applies to all staff, volunteers, pupils and visitors of Northampton Primary Academy Trust.

3.POLICY REVIEW ARRANGEMENTS

The implementation of this policy will be monitored by the school Headteacher and will remain under the review of the Northampton Primary Academy Trust.

This policy will be reviewed and updated as necessary if/when any changes are made to legislation that affect our Trust's practice. Otherwise, or from then on, this policy will be reviewed annually by the CFOO, and it will be shared with and approved by the Board of Trustees.

4.LEGISLATION AND GUIDANCE

This policy is based on the Department for Education (DfE)'s guidance on allergies 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
- DFE Statutory Guidance Supporting Pupils with Medical Conditions at School 2017
- Health and Safety at Work etc. Act 1974 and The Management of Health and Safety at Work Regulations 1999
- The Equality Act 2010

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

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

6.ROLES AND RESPONSIBILITIES

We take a whole-school approach to allergy awareness.

The governing board is responsible for:

- Ensuring that policies, plans, and procedures are in place to support pupils and staff 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 focusses on, and accounts for, the needs of each individual.

- Ensuring that staff are properly trained to provide the support that pupils 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 after any incident where a pupil experiences an allergic reaction.

The headteacher is responsible for:

- The development, implementation and monitoring of this policy and related policies.
- Ensuring that parents are informed of their responsibilities in relation to their child's allergies.
- Ensuring that all relevant risk assessments, e.g. to do with food preparation, have been carried out and controls to mitigate risks are implemented.
- Ensuring that all designated first aiders are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis.
- Ensuring that all staff members are provided with information regarding allergic reactions and anaphylaxis, including the necessary precautions and how to respond.
- Ensuring that a record of staff with know allergies that require prescribed AAI's is maintained and accessible to trained and qualified first aid staff.
- Ensuring that catering staff are aware of pupils' allergies and act in accordance with the school's policies regarding food and hygiene, including this policy.

The school First Aid Lead (or person designated by the headteacher) 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 pupil via a medical form sent to parents on an annual basis, including information regarding any allergies.
- Contacting parents for required medical documentation regarding a pupil's allergy.

All staff members are responsible for:

- Disclosing personal known allergies to the school Headteacher or Trust HR Manager (For central team staff).
- Carrying own personal AAI devices where prescribed ensuring they are accessible but stored securely away from pupils.
- Attending relevant training regarding allergens and anaphylaxis.
- Being familiar with and implementing pupils' 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 pupils by both the school and parents.
- Ensuring that pupils do not share food and drink in order to prevent accidental contact with an allergen.

The kitchen manager or most senior kitchen staff member (where available) **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 pupils 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.
- Report 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 spare AAI where there is known allergy.
- 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 pupils are responsible for:

- Ensuring that they do not exchange food with other pupils.
- 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.

Pupils/staff with allergies

These pupils/staff are responsible for:

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their adrenaline auto-injector
- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose

7.ASSESSING RISK

The school will complete an allergen and anaphylaxis risk assessment for their school [**Appendix 1**]

Schools should record allergy awareness on the school risk register.

Every pupil with a diagnosed allergy that requires prescribed AAI must have an individualized healthcare plan (IHP).

In addition, the school will conduct a risk assessment for any pupil 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 pupil at risk of an allergic reaction will also be carried out where a visitor requires an assistance dog or where an assessed and trained visiting dog is allowed onto site for targeted educational support.

8.MANAGING RISK

Hygiene procedures

- Pupils are reminded to wash their hands before and after eating, handling food or handling animals.
- Sharing of food is not allowed
- Pupils have their own named water bottles
- Staff will ensure they wash hands regularly and before and after any food or animal handling

Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training and are able to identify pupils with allergies
- School menus are available for parents/carers to view with ingredients clearly labelled
- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils 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)
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

Food allergies

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

Information regarding all pupils' food allergies will be collected, indicating whether they consume a school dinner or a packed lunch, and this will be passed on to the school's catering service.

When making changes to menus or substituting food products, the school will ensure that pupils' special dietary needs continue to be met by:

- Checking any product changes with all food suppliers
- Asking caterers to read labels and product information before use

- Using the Food Standards Agency's allergen matrix to list the ingredients in all meals
- Ensuring allergen ingredients remain identifiable

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

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

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

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.

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

- Allergen information will be obtained from the supplier and recorded, upon delivery, in a food allergen log stored in the kitchen
- Allergen tracking will continue throughout the school's handling of allergen-containing food goods, including during storage, preparation, handling, cooking and serving
- The food allergen log will be monitored for completeness on a weekly basis by the kitchen manager
- Incidents of incorrect practices and incorrect and/or incomplete packaging will be recorded in an incident log and managed by the kitchen manager

Declared allergens

The following allergens will be declared and listed on all pre-packaged 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, which have been pre-packed prior to them being offered for consumption.

Packed lunches for school trips or activities that are pre-ordered, do not count as pre-packed for direct sale. All ingredient and allergen information is available to the person at the point of ordering the food, therefore, do not require a full ingredient label on the product.

Kitchen staff will be vigilant when ensuring that all pre-packaged 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.

Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If a pupil brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated.

Insect bites/stings

To minimise risk of stings and bites: When outdoors:

- Shoes should always be worn
- Food and drink should be covered

Animals

- All staff and pupils will always wash hands after interacting with animals to avoid putting individuals with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals
- Pupils 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 pupils to whom this may pose a risk and will be responsible for ensuring that the pupil does not come into contact with the specified allergen.

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

Events and school trips

- For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part
- The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training
- Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips.

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

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

If the pupil has been prescribed an AAI, at least one adult trained in administering the device will attend the trip. The pupil's medication will be taken on the trip and stored securely – if the pupil does not bring their medication, they will not be allowed to attend the trip.

Two AAIs for each named child will be taken on the trip and will be easily accessible at all times.

AAI's must not be placed in the hold of a coach, ferry or airplane. They should be carried in hand luggage or a dedicated medical storage bag.

A member of staff will be assigned responsibility for ensuring that the pupil's medication is carried at all times throughout the trip.

Where AAIs are used on a trip, any used devices should be given to the ambulance paramedics on arrival.

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

Wrap around provision

All allergy management requirements as set out in this policy apply to all 'before and after school' provision.

Staff of the provisions must be briefed on relevant IHPs and be aware of the location of AAIs.

At least one trained First aider with AAI competency must be present during all extended provision.

Where provision is supplied by an external supplier on school premises, contractual responsibility for allergy safety must be confirmed.

9.SEASONAL ALLERGIES

The term 'seasonal allergies' refers to common outdoor allergies, including hay fever and insect bites.

Precautions regarding the prevention of seasonal allergies include ensuring that grass within the school premises is not mown whilst pupils are outside.

Pupils with severe seasonal allergies will be provided with an indoor supervised space to spend their break and lunchtimes in, avoiding contact with outside allergens.

Pupils are regularly encouraged to wash their hands including after playing outside.

Some pupils with known seasonal allergies may be asked to bring an additional set of clothing to school to change into after playing outside, with the aim of reducing contact with outdoor allergens, such as pollen.

Staff members will be diligent in the management of wasp, bee and ant nests on school grounds and in the school's nearby proximity, reporting any concerns to the site manager.

The site manager is responsible for ensuring the appropriate removal of wasps, bee and ant nests on and around the school premises.

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

10.PROCEDURES FOR HANDLING ALLERGIC REACTION

Register of pupils with AAIs

The school maintains a register of pupils who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)

- Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the pupil
- A photograph of each pupil to allow a visual check to be made (this will require parental consent)

The register is kept in an easily accessible location known to all staff and can be checked quickly by any member of staff as part of initiating an emergency response.

Allowing all pupils to keep their AAIs with them will reduce delays and allows for confirmation of consent without the need to check the register.

Allergic reaction procedures

As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately.

Staff are trained in the administration of AAIs to minimise delays in pupil's receiving adrenaline in an emergency.

If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan.

If an AAI needs to be administered, a member of staff will use the pupil's own AAI, or if it is not available, a school one.

If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures

A school AAI device will be used instead of the pupil's own AAI device if:

- Medical authorisation and written parental consent have been provided, or
- The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives or accompany the pupil to hospital by ambulance.

If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed.

11.ADRENALINE AUTO INJECTORS (AAIS)

Purchasing of spare AAIs

Pupils who suffer from severe allergic reactions may be prescribed AAI for use in the event of an emergency.

Under The Human Medicines (Amendment) Regulations 2017 the school is able to purchase AAI devices without a prescription, for emergency use on pupils who are at risk of anaphylaxis, but whose device is not available or is not working.

The Headteacher or delegated person is responsible for buying AAIs and ensuring they are stored according to the guidance.

A minimum of 2 x spare AAIs are required on site of each dosage. Spare supplies must be in addition to 2 x AAIs for each named child that is prescribed.

Anaphylaxis UK would recommend schools to hold 2 x 150mg and 2 x 300mg

The school will purchase spare AAIs from a pharmaceutical supplier, such as the local pharmacy.

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 lead first aider, 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 pupils 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 pupils at risk of anaphylaxis, to ensure the correct dosage requirements are adhered to. These are as follows:

- Child 6mths-6yrs 150mg (0.15ml)
- Child 6yrs-12yrs 300mg (0.3ml)
- Adult & child>12 years 500 mg (0.5ml)

Storage (of both spare and prescribed AAIs)

All spare AAI devices will be clearly labelled to avoid confusion with any device prescribed to a named pupil.

The school will make sure all AAIs are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children
- Not locked away, but accessible and available for use at all times
- Not located more than 5 minutes away from where they may be needed

Spare AAIs will be kept separate from any pupil's own prescribed AAI and clearly labelled to avoid confusion.

Maintenance (of spare AAIs)

[Insert name of 2 staff members] are responsible for checking monthly that:

- The AAIs are present and in date
- Replacement AAIs are obtained when the expiry date is near

Disposal

AAIs can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions (for example, in a sharps bin for collection by the local council).

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

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

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

Emergency anaphylaxis kit [retain if school hold a kit / remove if not]

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAIs
- Instructions for the use of AAIs
- Instructions on storage
- Manufacturer's information

- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A list of pupils to whom the AAI can be administered
- A record of when AAIs have been administered

(larger schools will require more than one AAI kit, ideally located near the dining area and playground)

12.ACCESS TO SPARE AAIS

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

Spare AAIs are only accessible to pupils for whom medical authorisation and written parental consent has been provided – this includes pupils at risk of anaphylaxis who have been provided with a medical plan confirming their risk, but who have not been prescribed an AAI.

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

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

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

- Name of pupil
- Class
- Know allergens
- Risk factors for anaphylaxis
- Whether medical authorisation has been received
- Whether written parental consent has been received
- Dosage requirements

Parents are required to provide consent on an annual basis to ensure the register remains up to date.

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

The register will be reviewed on an annual basis and updated on an ad hoc basis relevant to any changes in consent or a pupil's requirements.

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

13.MILD TO MODERATE ALLERGIC REACTION

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

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

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

- The pupil's parents will be contacted immediately if a pupil suffers a mild to moderate allergic reaction, and if any medication has been administered.
- In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.
- For mild to moderate allergy symptoms, the pupil's IHP will be followed, and the pupil will be monitored closely to ensure the reaction does not progress into anaphylaxis.
- Should the reaction progress into anaphylaxis, the school will act in accordance with this policy. Where the pupil is required to go to the hospital, an ambulance will be called.

14.MANAGING ANAPHYLAXIS

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

Where there is an exceptional life-threatening emergency , the schools spare AAI will be used to save life, including where a pupil is not known to be at risk of anaphylaxis.

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

If necessary, other staff members may assist the designated staff members with

administering AAIs.

A member of staff will stay with the pupil until the emergency services arrive – the pupil will remain lying flat with their legs raised to maintain blood flow to vital organs. If the pupil is breathing with difficulty, allow the pupil to sit up slightly. If the pupil is unconscious they must be placed in the recovery position. The pupil must NOT be stood up or allowed to walk, even if they feel better, until this has been directed by the emergency services.

If the pupil's condition deteriorates after initially contacting the emergency services, a second call will be made to ensure an ambulance has been dispatched.

If the affected person is not a pupil the above positioning should be followed. Pregnant individuals should be positioned on their left side to prevent reduced blood return to the heart. (guidance n.d.)

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

If the pupil stops breathing, a suitably trained member of staff will administer CPR.

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

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

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

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

- Any known allergens the pupil has
- The possible causes of the reaction, e.g. certain food
- The time the AAI was administered – including the time of the second dose, if this was administered

Any used AAIs will be given to paramedics.

Staff members will ensure that the pupil is given plenty of space, moving other pupils to a different room where necessary.

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

If a pupil is taken to hospital by ambulance, one trained member of staff will accompany the pupil to hospital.

The Headteacher (or most senior person on site) must be immediately notified to arrange emergency cover.

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. Pupil Parent/Carers should be included in the post-incident review process.

Where a pupil or staff member is hospitalised or emergency services required to attend following an allergic reaction at school, the Headteacher or delegated member of SLT must keep a record of the incident which must be reported via the YMD Boon incident reporting tool as soon as reasonably practicable for onward reporting under RIDDOR 2013 legislation. The incident must also be reported to the Trusts Estates Manager and Chief Operating Officer via email and in accordance with the Trust First Aid policy and Health & Safety policy.

15.TRAINING

All staff members will be trained on allergy awareness and in how to administer AAI, and the sequence of events to follow when doing so.

The school will arrange training on annual basis.

The relevant staff, e.g. kitchen staff, will be trained in how to identify and monitor the correct food labelling and how to manage the removal and disposal of PPDS foods that do not meet the requirements set out in Natasha's Law.

The relevant members of staff will be trained in how to consistently and accurately trace allergen-containing food routes through the school, from supplier delivery to consumption.

Designated staff members will be taught to:

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

All staff members will:

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

Appendix 1 **Allergen and anaphylaxis risk assessment**

To be completed by schools and retained securely and accessible.

Summary Details				
Date original assessment completed:		Location affected:		
Person(s) completing assessment:		Headteacher sign off:		
Review completed by:		Review date:		

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by Whom and when?	Completed
Managing anaphylactic shock		• Members of staff keep on them a means of alerting others to an emergency, e.g. a whistle or two-way radio. • Others move to another location away			

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		from the individual who is experiencing anaphylaxis. • The individual experiencing anaphylaxis is not moved and, where safe and appropriate to do so, is made comfortable. • A member of staff requests an ambulance, and a suitably trained member of staff administers the adrenaline auto-injector (AAI), whilst another member of staff supports as requested. • Any staff member administering medication acts in accordance with the			

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by Whom and when?	Completed
		Administering Medication Policy. • A designated member of staff accompanies the individual to hospital, where required. • The individual's registered emergency contact is notified immediately. • All staff to complete annual allergy awareness training. • A suitable number of staff members to complete practical AAI training via a suitable training provider. Trained staff are: ○ Xxxx ○ Xxxx			

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by Whom and when?	Completed
Communication		• Parents make the school aware of any allergies their child has, any changes to allergy triggers or symptoms, and any changes to medical requirements. • Staff members make the school aware of any allergies they have, any changes to their allergy triggers or symptoms, and any changes to their medical requirements. • All persons with a known allergy will have an allergy action plan developed and shared with relevant persons to ensure staff are aware of the signs and can act in a suitable manner.			

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		• Any changes are adequately recorded, and the relevant staff are made aware of the new information, e.g. the school nurse. • Changes in food ingredients, e.g. new allergens, or the materials used in the school's resources, e.g. single-use gloves and toys, are communicated to staff, parents and pupils as soon as possible. • There are XXX amount of emergency AAI's available on site with the below mg amounts. • XXXX • Emergency AAIs are stored in XXXX, and this information has			

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by Whom and when?	Completed
		been shared with school staff.			
Eating at school		• All staff, pupils and visitors are made aware not to eat or drink at any time other than the designated break times during school hours. • Individuals are only permitted to eat and drink in the canteen. • At least two robust methods have been created within the school to identify any allergies that certain children may have so that they are provided with a meal that is safe for them to eat. These are: • XXXX			

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by Whom and when?	Completed
Failure to recognise symptoms		• As part of their induction, staff are trained to spot the symptoms of various allergic reactions and anaphylactic shock. • Individuals are taught to recognise symptoms in themselves and others. • [New] Where the individual is at risk of a reaction relating to skin contact with an allergen, e.g. natural rubber latex (NRL) allergy, regular skin checks are performed by the individual and, where appropriate, a suitable member of staff, to spot the early signs of irritation and/or dermatitis.			

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by Whom and when?	Completed
Contact-based allergens in school resources		• Contact-based allergens in school resources			
School trips		• A separate risk assessment is conducted for each school trip which is specific to the location that is to be visited. • A designated adult accompanies any pupils at risk at all times. • Pupils' medication is taken and kept by the class teacher. • Staff and volunteers ensure they have the appropriate medication with them while on a school trip. • Any AAIs, including a spare, are taken on the			

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by Whom and when?	Completed
		trip and stored securely.			
Food contamination		• All food tables are disinfected before and after being used. • Anti-bacterial wipes and cleaning fluid are used. • Boards and knives used for fruit and vegetables are a different colour to remind kitchen staff to keep them separate. • There is a set of kitchen utensils that are only for use with the food and drink of the individuals at risk. • There is also a set of kitchen utensils with a designated colour. These utensils are used only for food items that contain bread and			

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by Whom and when?	Completed
		wheat-related products. • Food items containing bread and wheat are stored separately. • [Updated] Food items containing nuts are not served at or bought into the school, in line with the school's Nut-free Policy.			
Incorrect or inaccurate food labelling		• The school ensures that, to meet its legal obligations in line with relevant legislation including Natasha's Law and Benedicts law foods classed as 'pre-packed for direct sale' (PPDS): • Clearly display the full name of the food. • Include the full ingredients list.			

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by Whom and when?	Completed
		• Clearly show any allergens, e.g. emphasised in bold. • Ingredient and allergen information is listed in a clear, legible format and either printed on the packaging or on a secured label. • The allergens listed are in line with the Allergen and Anaphylaxis Policy and apply to all PPDS foods, including PPDS foods prepared at the school. • PPDS foods that do not meet these standards are removed from the product line and/or sale and safely disposed of.			

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by Whom and when?	Completed
		• Staff report any abnormalities in PPDS food labelling to the relevant member of staff, e.g. kitchen manager, as soon as possible. • A designated member of staff is responsible for monitoring food ingredients, packaging and labelling on a regular basis. • Food suppliers are contacted in the event of any abnormalities in labelling and incorrect or incomplete ingredient lists. • PPDS foods are not labelled as 'free from' unless staff are absolutely certain there are not traces of that			

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by Whom and when?	Completed
		ingredient in the product. • Food allergen tracing procedures are in effect in line with the Allergen and Anaphylaxis Policy.			
Incorrect or inaccurate food labelling		• The school ensures that, to meet its legal obligations in line with the Food Information (Amendment) (England) Regulations 2019 (Natasha's Law) from 1 October 2021, foods classed as 'pre-packed for direct sale' (PPDS): • Clearly display the full name of the food. • Include the full ingredients list. • Clearly show any allergens, e.g. emphasised in bold.			

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by Whom and when?	Completed
		• Ingredient and allergen information is listed in a clear, legible format and either printed on the packaging or on a secured label. • The allergens listed are in line with the Allergen and Anaphylaxis Policy and apply to all PPDS foods, including PPDS foods prepared at the school. • PPDS foods that do not meet these standards are removed from the product line and/or sale and safely disposed of. • Staff report any abnormalities in PPDS food labelling to the relevant member of			

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by Whom and when?	Completed
		staff, e.g. kitchen manager, as soon as possible. • A designated member of staff is responsible for monitoring food ingredients, packaging and labelling on a regular basis. • Food suppliers are contacted in the event of any abnormalities in labelling and incorrect or incomplete ingredient lists. • PPDS foods are not labelled as 'free from' unless staff are absolutely certain there are not traces of that ingredient in the product. • Food allergen tracing procedures are in effect			

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by Whom and when?	Completed
		in line with the Allergen and Anaphylaxis Policy.			
Improper use of medication		• Where required, an AAI is kept in a small clear box inside a second clear box with the individual's name and photograph on it. • This box is kept in the individual's work area or classroom with the first aid box and all staff are made aware of its location. • Any additional medication is kept in the same box. • The medication is administered by an adequately trained, designated member of staff, in accordance			

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		with the Administering Medication Policy. • Regular reviews take place to assess the successes or failures of the school's current safeguards. • Parental consent forms are required for the administration of any medication to pupils.			
Lack of suitable training		• All staff have training on allergens and anaphylaxis following guidance from Benedicts law • A proportionate amount of staff have been trained on the use of AAIs in the event of an emergency. • Anaphylaxis drills are carried out to simulate			

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		an anaphylactic event to prepare staff for if they must manage a real occurrence.			
Unknown allergies with staff/visitors/pupils		• Signing in procedures include a question to any visitors about whether they have any allergies that the school should know about. • Pre employment health questionnaires include an allergy/intolerance section for prospective staff to fill out to inform the school of any necessary precautions. • IHCPs created for all staff with any allergies or intolerances			
Below is a list of known pupils/students, staff and regular visits with allergies which school staff should be aware off and read their allergy plans if relevant:					

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by Whom and when?	Completed
• XXX • XXX					