the beckmead trust

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Allergy and Anaphylaxis Policy

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Approved by:	Board of Trustees
Last reviewed on:	July 2026
Reviewed by:	Dee Fullerton
Next review due by:	July 2027

Revision Log

Date	Version	Brief detail of change
04/2026	1.00	New Allergy & Anaphylaxis Policy to support the Beckmead Trust and its schools to meet their obligations to pupils, staff and visitors under Benedict's Law formally known as the School Allergy Bill 2026. To be reviewed annually in 2027, then 3 yearly thereafter

CONTENTS:

1. INTRODUCTION

The Beckmead Trust and its schools strive to ensure the safety and wellbeing of all members of our community. For this reason, the Allergy and Anaphylaxis policy is to be adhered to by all staff members, parents, pupils and visitors, 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. Staff and visitors are also required to support this process and declare any allergies.

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.

2. WHY IS AN ALLERGY POLICY IMPORTANT FOR SCHOOLS

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Most allergic reactions are mild causing minor symptoms, but some can be very serious and cause anaphylaxis which is a life-threatening medical emergency. People can be allergic to almost anything, but serious allergic reactions are caused most commonly by food, insect venom (such as a wasp or bee stings), latex and medication.

Allergic disease is the most common chronic condition in childhood. On average one or two children in every class of 30 will have a food allergy so it's vital the whole school community understands allergy, knows how to reduce the risk of an allergic reaction and knows what to do in an emergency.

A severe allergic reaction can cause risk to life but even a mild to moderate reaction or near-miss can have widespread consequences.

An allergy may be a disability under the Equality Act. Whether or not this is the case for an individual child or staff member or visitor, schools need to consider whether the arrangements they have in place are consistent with their own Diversity, Equity and Inclusion and/or Equal Opportunities policies (or equivalents).

Having a robust Allergy and Anaphylaxis Policy ensures everyone:

a. is clear on procedures
b. understands their responsibility for reducing the risk of allergic reactions happening
c. knows how to respond appropriately if an allergic reaction occurs

Responsibility for a school's Allergy and Anaphylaxis Policy implementation lies with The School. The Headteacher (or nominated Designated Allergy Lead), the School's Senior Management Team and Governors are responsible for ensuring the most updated policy is implemented.

The Policy is a dynamic document and will be reviewed regularly by the central Compliance Directorate to ensure it remained uptodate and fit for purpose. Schools should alert the Director of Compliance with any queries about the Policy or its contents as soon as possible by emailing compliance@beckmeadtrust.org.

This Allergy and Anaphylaxis Policy must be publicly available and clearly communicated to all pupils, school staff and parents/carers. It must also be available for visitors on request.

3. 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
- Benedicts Law (School Allergy Safety Bill) 2026
- 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'
- DfE 'Supporting pupils at school with medical conditions'
- DfE 'Allergy guidance for schools'
- Equality Act 2010

4. LINKED POLICIES

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

- Administering Medication Policy
- AdmisAnti-bullying Policysion Arrangements Policy
- Data Protection Policy
- Data Retention Policy
- Educational Visits and School Trips Policy
- Equality Policy
- First Aid Policy
- Food Policy
- Food Safety and Hygiene Policy
- Health and Safety Policy
- Infection Control Policy
- Pets on Site Policy
- Premises Management Policy
- Safeguarding Policy
- Staff Code of Conduct
- Supporting Pupils with Medical Conditions Policy

5. AIMS AND OBJECTIVES

This policy outlines The Beckmead Trust and its Schools approach to allergy management, including how the whole-school community works to reduce the risk of an allergic reaction happening and the procedures in place to respond if one does. It also sets out how we support our pupils with allergies to ensure their

wellbeing and inclusion, as well as demonstrating our commitment to being an allergy aware school.

This policy applies to all staff, pupils, parents and visitors to the school and should be read alongside these other policies listed in section 4.

6. WHAT IS AN ALLERGY?

An allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild causing minor symptoms, some can be very serious and cause anaphylaxis which is a life-threatening medical emergency. People can be allergic to anything but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

7. DEFINITIONS

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

ANAPHYLAXIS: Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

ALLERGEN: A normally harmless substance that for some triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by UK law to be highlighted on pre-packed food and school cooked meals. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

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
- Itsching and tingling of the skiing
- 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 mouth

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

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

ADRENALINE AUTO-INJECTOR (AAI): A single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAIs, adrenaline pens or by the brand name EpiPen.

At present there are two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this Policy we will refer to them as Adrenaline Pens.

NEFFY: Neffy (official name in the UK is EURNeffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector approved. [Neffy was approved for use in the UK by the UK's Medicine and Healthcare products Regulatory Agency (MHRA) on July 18th 2025).

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

DESIGNATED ALLERGY LEAD: The member of staff responsible for overseeing allergy management across the school and acting as the main point of contact for pupils, parents and staff.

INDIVIDUAL HEALTHCARE PLAN (IHP): A formal detailed actionable document outlining an individual pupil's medical conditions, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers, healthcare professionals and, where appropriate, pupils. All pupils with an allergy should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.

RISK ASSESSMENT: A detailed document outlining an activity, the risks it poses and any actions taken to mitigate those risks. Allergy should be included on all risk assessments for events on and off the school site.

SPARE ADRENALINE PENS: Schools are able to purchase spare adrenaline pens. These should be held as a back-up in case pupils' prescribed adrenaline pens are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

STAFF: Staff employed permanently by the Trust in any of its schools. Agency staff employed by a Trust School unless deemed otherwise for the purposes of this policy.

VISITORS: This includes one-off visitors or regular visitors contracted to provide services to the Trust or School ie therapists, counsellors, coaches, contracted staff coming on site to provide a service ie cleaners, engineers etc

8. ROLES AND RESPONSIBILITIES

The Beckmead Trust and [NAME OF SCHOOL] takes a whole-school approach to allergy management.

8.1. The Board of Trustees

The Board of Trustees has ultimate responsibility for health and safety matters, including allergy awareness and the management of associated risks, across the Trust. Their responsibilities include:

a. Ensuring the Allergy and Anaphylaxis Policy is reviewed annually, or after any operational changes or significant allergy-related incidents, to ensure the provisions remain appropriate.

b. Ensuring that adequate resources, systems, and competent persons are in place to support the safe management of allergies and anaphylaxis across the Trust, in line with the Trust's Scheme of Delegation.
c. Receiving reports on allergy-related incidents, training compliance, and identified risk trends to inform strategic oversight.
d. Providing final sign-off for any changes to this policy.

8.2. **The Central Executive Team**

The Central Executive team will provide strategic oversight of this policy including overseeing the implementation and monitoring of compliance within its schools. The day to day management of this is delegated to the Director of Compliance along with any policy amendments to maintain compliance and reporting requirements.

8.3 **The Local Governance Committee is responsible for**

a. Ensuring that policies, plans, and procedures are in place to support pupils with allergies and those who are at risk of anaphylaxis and that these arrangements are sufficient to meet statutory responsibilities and minimise risks.
b. Ensuring that the school's approach to allergies and anaphylaxis focuses on, and accounts for, the needs of each individual pupil.
c. Ensuring that staff are properly trained to provide the support that pupils need, and that they receive allergy and anaphylaxis training at least annually.
d. Monitoring the effectiveness of this policy and reviewing it on an annual basis, and after any incident where a pupil experiences an allergic reaction.

8.3. **The Headteacher is responsible for:**

a. The development, implementation and monitoring of this policy and related policies.
b. Ensuring that parents are informed of their responsibilities in relation to their child's allergies.
c. Ensuring that all relevant risk assessments have been carried out and controls to mitigate risks are implemented. These risk assessments must be reviewed regularly or in the event of any significant changes.
d. Ensuring that all designated first aiders are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis.
e. Ensuring that all staff members are provided with information regarding allergic reactions and anaphylaxis, including the necessary precautions and how to respond. This includes the location of emergency medication and the necessary action to take in the event of an allergic reaction.
f. Ensuring that systems are in place to ensure all staff and visitors have declared allergies as detailed in this policy and steps implemented to mitigate risk to themselves or others.
g. Ensuring that ***all*** staff complete allergy and anaphylaxis training on an annual basis (minimum) to ensure knowledge remains current.
h. Ensuring that staff are aware of their responsibility to familiarise themselves with the IHP's and Action Plans of pupils in their care with known allergies and medical conditions.
i. To ensure systems are in place for temporary staff or regular visitors (i.e. agency staff, therapists, coaches, healthcare and other professionals) and other general visitors to be informed about how allergies and anaphylaxis is managed on site.
j. Ensuring that the above groups are aware of IHP's and action plans for children in their care with allergies before starting any sessions. This must include the necessary action to take in the event of allergic reaction.

k. Ensuring that catering staff are aware of pupil, staff and visitor' allergies and act in accordance with the school's policies regarding allergy and anaphylaxis management and food safety and hygiene.
l. If delegating this responsibility (see 6.3) to a member of SLT as Designated Allergy Lead, will ensure that this member of SLT has completed the required training and fully understands their responsibility for the safety of pupils, staff and visitors. This includes working with staff and parents to develop IHP's for pupils with allergies, ensuring any necessary support is provided and the required documentation is completed, including risk assessments being undertaken.
m. Ensuring a plan is in place that clearly describes how pupils can access their allergy medication or AAIs.
n. Ensuring that allergy and anaphylaxis is considered in all school risk assessments.
o. Line managing the Designated Allergy Lead unless deputised to another senior member of staff.
p. Overseeing food safety and food hygiene, cleaning and premises management to prevent cross contamination

8.4. **Designated Allergy Lead**

This is normally the Headteacher. However the Headteacher can nominate a Designated Allergy Lead from within the SLT team who will report to them or the lead governor for safeguarding. Unless agreed otherwise with the Head they will be responsible for 8.2. They are also responsible for:

a. Ensuring the safety, inclusion and wellbeing of pupils and staff with an allergy.
b. Taking decisions on allergy management across the school.
c. Championing and practising allergy awareness across the school.
d. Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management.
e. Ensuring allergy information is recorded, up-to-date and communicated to all staff [although they have ultimate responsibility, the collation of information may be delegated to another member of staff ie administrator)
f. Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment).
g. Ensuring staff, pupils and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures. (Maintain a register from staff confirming they have read and understood the policy).
h. Reviewing the school's stock of spare adrenaline pens (checking the school has an appropriate number for the setting, that they hold the correct dose,

that spare adrenaline pens are stored appropriately) and ensuring staff know where they are.

i. Keeping a record of any allergic reactions or near-misses, reporting these to the appropriate authority (e.g.under RIDDOR) where necessary and ensuring the circumstances are investigated and learnings shared. Allergic reactions or near misses must be logged on the accident form accessed via the schools landing page.
j. Regularly reviewing updates for the Allergy and Anaphylaxis Policy and ensuring these are implemented.
k. Ensuring there is an anaphylaxis drill once a year.
l. At regular intervals the Designated Allergy Lead will check procedures and report to the schools SLT.
m. Undertaking spot checks to ensure adrenaline pens are where they should be and in-date.
n. Ensuring that allergy and anaphylaxis is considered in all school risk assessments.
o. Overseeing food safety, food hygiene and cleaning to prevent cross contamination. Escalating any concerns to the Headteacher immediately
p. Ensuring that a system is in place in the event of an emergency requiring evacuation of the building medication is available for pupils with allergies and staff are aware they need to ensure their medication is available in the event of an emergency

8.5. **School nurse/ Healthcare team**

Some schools within the Trust are able to access the services of an external school nurse or Healthcare team periodically. They can seek advice and support to manage allergy and anaphylaxis for the school to maintain compliance. In some areas training is also offered.

8.5 **Admissions and Admin Team**

The admissions and admin team are likely to be the first to learn of a pupil or visitor's allergy. They should work with the Designated Allergy Lead team to ensure that:

a. There is a clear method to capture allergy information or special dietary information at the earliest opportunity [this should be in place before starting school, a school visit, an Open Day or Events if food is offered or likely to be eaten].
b. There is a clear structure in place to communicate this information to the relevant parties (i.e.SLT, class teams, school nursing team, catering team and first aiders).
c. Parents and applicants are informed of catering arrangements during admission events. and

d. Plans are made for emergency medication if the child is to be left without parental supervision.
e. The admin team is responsible for ensuring that each child identified as having an allergy has an Individual Health Plan (IHP), Allergy Action Plan including emergency actions on file, escalating to the Headteacher or Designated Allergy Lead within 48 any non-compliance . This should be updated with any changes in condition, treatment, medication or emergency response.
f. The admin team is responsible for ensuring that each member of staff (see definition) completes a medical form at the start of each academic year.
g. The admin staff in the front office are responsible for ensuring that all visitors are asked to declare any allergies bearing in mind the need for confidentiality in public spaces
h. The admin and admissions team are responsible for ensuring that any declared allergies are brought to the attention of the Designated Allergy Lead and Headteacher.
i. The admin team is responsible for ensuring that all records, electronic or otherwise are kept uptodate with allergy information at all times.
j. The admin team is responsible for ensuring that the grab bag and information for those with allergies is taken out of the building during an emergency evacuation.

8.6. **All staff**

All school staff are responsible for:

a. Completing annual training regarding allergens and anaphylaxis (Whilst it is the school's responsibility to ensure staff have received annual training, if the member of staff is aware they have not received any allergy training in the last 12 months they should alert a manager immediately).
b. Providing evidence of training within the past 12 months as temporary or visiting staff have completed training outside of Beckmead certificates must be provided to evidence this or training will need to be redone.
c. Taking part in allergy and anaphylaxis drills as required (at least once a year).
d. Championing and practising allergy awareness across the school.
e. Reading, understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures, and asking for support if needed.
f. Being aware of pupils (and staff or visitors when necessary) with allergies and what they are allergic to and what to do in an emergency.
g. Ensuring that for pupils in their care, with a known medical condition staff must ensure they have read the individual pupils medical information including individual healthcare plans (IHPs) and Action Plans and are familiar with implementation, support in the event of an allergic reaction or emergency.

h. Consider the risk to pupils with allergies posed by any activities and assess whether the use of any allergen in activity is necessary and/or appropriate. Confirming alternative actions with a member of SLT.
i. Ensuring pupils always have access to their medication or carrying it on their behalf depending on the age of the pupils and the management of adrenaline pens in the school
j. Considering the safety, inclusion and wellbeing of pupils with allergies at all times. Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy.
k. Forwarding any communication or information that comes directly to them from parents regarding allergens to the school admin team and SLT in writing
l. Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving school site, for trips or offsite activities.
m. Reinforcing effective hygiene practices, including those in relation to the management of food.
n. Monitoring all food supplies to pupils by both the school and parents around cross contamination and risk to others. Taking immediate action with any concerns
o. Ensuring pupils do not share food and drink in order to prevent accident contact with an allergen.

8.7. **The kitchen/catering Manager is responsible for**

a. Monitoring the food allergen log and allergen tracking information for completeness on a weekly basis.
b. Reporting any non-conforming food labelling to the supplier, where necessary or addressing any internal issues around this.
c. Ensuring the practices of kitchen staff comply with food allergen labelling laws and that training is regularly reviewed and updated.
d. Recording incidents of non-conformity, either in allergen labelling, use of ingredients or safe staff practice, in an allergen incident log.
e. Completing an allergen log for each daily menu. Updating this as menus change. This must be available for inspection by school staff if needed and clearly displayed during food service.
f. Ensuring the kitchen has access to an updated list of allergies and medical conditions for all students and staff at all times.
g. Ensuring that all catering staff, including agency cover, are aware of declared allergy and food related medical information of all pupils, staff and visitors
h. Ensuring all staff (including agency staff) working in the kitchen are appropriately trained in allergy and anaphylaxis.
i. To prepare and record any amendments to menus required for pupils or staff with allergies to food other than the "main 14" extra processes that may be

needed. This will be discussed and agreed and signed off by the Headteacher of Designated Allergy Lead

j. Maintain high standards of food safety and food hygiene standards to prevent cross contamination.

8.8 Kitchen staff are responsible for

a. 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, staff and visitors with specific dietary requirements.
b. Ensuring they are fully aware of whether each item of food served contains any of the main 14 allergens, as this is a legal obligation, and making sure this information is readily available for those who may need it on a daily basis.
c. 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.
d. Reporting to the School cook/catering manager if food labelling fails to comply with the law.

8.9 All parents

All parents and carers (whether their child has an allergy or not) are responsible for:

a. Being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies.
b. Providing the Headteacher and class teacher with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema.
c. Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events.
d. Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice. and
e. Encouraging their child to be allergy aware.

8.10 Parents of children with allergies

In addition to previous points the parents and carers of children with allergies should:

a. Notify the school of their child's allergies, 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.
b. Once a pupil's allergies have been identified, a meeting will be set up between the pupils' parents, class teacher, and any other relevant staff members, in which the pupils' allergies will be discussed and an appropriate plan of action /support developed.

c. Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan. This plan must include alternative options if it is deemed a student is unable to be responsible for their own AAI.
d. Provide the school with prescribed medication that is clearly labelled with the pupils name, class, expiration date and instructions for administering it.
e. Be aware that pupils will not be able to attend school or educational visits without any life saving medication that they may need such as AAIs.
f. If applicable, provide the school or their child with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, ie. spoon or syringe), inhalers or creams.
g. Ensure medication is in-date and replaced at the appropriate time.
h. Ensure their child has access to their allergy medication, including two adrenaline pens if prescribed, on the journey to and from school.
i. Update school with any changes to their child's medical condition(s) and ensure the relevant paperwork is updated too. This includes written medical documentation, including administering medication as directed by the child's doctor.
j. Provide the school with an up-to-date photograph of their child and sign the associated permission for it to be shared appropriately as part of their allergy management. and
k. Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring e.g. not eating the food to which they are allergic.
l. Providing written consent for the use of a spare AAI
m. Raising any concerns they may have about the management of their child's allergies with the classroom teacher, escalating to the Senior Leadership team any further concerns.

8. 11 All pupils

All pupils at the school should:

a. Be allergy aware.
b. Understand the risks allergens might pose to their peers and respect measures to support them.
c. Learn how they can support their peers and be alert to allergy-related bullying. Older pupils will learn how to recognise an allergic reaction and support their peers and staff in case of an emergency.
d. If pupils are likely to be buying or bringing in food from home and are old enough to check the ingredients, school and parents should ensure they understand they must adhere to food restrictions and guidance about food being brought in to prevent an allergic reaction to themselves or other staff or pupils.
e. All of the above should be done in an age and capability appropriate way.

8.6. **Pupils with allergies**

As well as the direction in the 'all pupils' section pupils with allergies are responsible for:

a. Knowing what their allergies are and how to mitigate personal risk [this will depend on age and capability so age appropriate support may be needed).
a. Avoiding food which they know they are allergic to as well as any food with unknown ingredients.
b. Avoiding their allergen as best as they can.
c. Understanding the importance of following the school specific processes of lunch, breakfast and snack services, food tech sessions and how that mitigates risk.
d. Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction, even if the cause is unknown.
e. Carrying two adrenaline auto-injectors with them at all times, if age and capability appropriate. They must only use them for their intended purpose.
f. Understanding how and when to use their adrenaline auto-injector.
g. Talking to their class teacher, the Headteacher, Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy.
h. Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies.
i. Pupils permitted to leave the school site during the school day or pupils who attend a Trust Residential Boarding School should know what to do if they have an allergic reaction off school premises or out of hours. This should include how to treat themselves and/or raise the alarm to get help. and
j. If age and capability appropriate, ensure they have their medication with them on the journey to and from school.

8.13 Premises staff

- Complete annual allergy and anaphylaxis training
- Monitor cleaning and hygiene standards on site to prevent cross contamination
- Comply with Trust/School requirements in this and linked policies to maintain a safe environment for staff, pupils and visitors.
- Monitor external (and internal if needed) for wasp and bee nests. If found to remedy immediately.

9. STAFF & VISITORS WITH ALLERGIES

Non Trust/School staff including agency, temporary or visiting professionals (i.e. therapists, consultants, coaches, healthcare colleagues, etc) and visitors with allergies in schools must proactively manage their conditions by informing management, or their host immediately and by following the steps below to manage and mitigate risks to themselves and others.

a. Disclose medical conditions including allergy based conditions to their line manager or host before commencement/engagement or diagnosis so a personal emergency plan and risk assessments can be undertaken and further advice sought.
b. Complete a medical declaration form before their first day of engagement/employment. This must be updated in the event of any changes. This will include details of allergy and linked conditions, administration of medication and emergency actions required in the event of an allergic reaction. Any changes must be declared and amendments reflected in all documentation.
c. This form will include consent to share details as needed within the school community and external emergency services as needed.
d. Attend any Occupational Health appointment deemed necessary by the Trust/School.
e. Accessible Medication: Ensure personal medication (AAIs, inhalers, antihistamines) is readily available and not locked away, preferably on their person or in a known, unlocked designated spot. ***Please note that care must be taken to ensure pupils do not have access to staff of visitors medication*.**
f. Maintain Supplies: Regularly check the expiration dates of personal AAIs and medications, replacing them promptly when required..
g. Ensure Colleague Awareness: Complete a medical declaration form as above. Consent for this information to be shared as above.
h. Work with your line manager or host to create a risk assessment and to train staff members who work closely with them to recognize symptoms and administer emergency medication or call emergency services.
i. Identify Triggers:Be responsible for actively managing environmental risks, such as requesting a nut-free zone if required, or managing environmental allergy triggers in the classroom. This will form part of your individual risk assessment.
j. Participate in Training: Ensure they attend the annual allergy management and anaphylaxis training provided by the school to maintain competence.
k. Visitors should be asked to declare any medical conditions or allergy based medical conditions on arrival, especially if eating on site, that the host site should be aware of.

l. Staff and visitors must bring in their own food should school not be able to meet any food based allergies

11. INFORMATION AND DOCUMENTATION

11.1 Register of pupils and staff with an allergy

The school will maintain a register of pupils and staff who have a diagnosed allergy. This includes anyone who has a history of anaphylaxis or has been prescribed adrenaline pens, as well as anyone with an allergy where no adrenaline pens have been prescribed.

11.2 AAI Record Log

Where any AAIs are used, the following information will be recorded in the schools AAI Record Log:

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

11.3 Individual Healthcare Plans

Each pupil with an allergy has an Individual Healthcare Plan. The information on this plan includes:

a. Known allergens and risk factors for allergic reactions.
a. A history of their allergic reactions.
b. Detail of the medication the pupil has been prescribed including dose, this should include adrenaline pens, antihistamine etc.
c. A copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis.
d. A photograph of each pupil. and
e. A copy of their Allergy Action Plan from their GP.

11.4 Staff with allergies

Staff with allergies must supply an Allergy Action Plan from their GP or qualified professional that details specific triggers and emergency steps. They must then work with the school to provide an Emergency Action Plan.

11.5 Risk Assessments

An allergy and anaphylaxis section must be included in all risk assessments.

11.6 Kitchen Records

a. The kitchen must maintain a list of pupils, staff and visitors who consume a school provided meal each day.
b. Menu Allergy Log

c. Allergy record of all pupils, staff and visitors with details of allergies

11.7 Arbor, accident forms and RIDDOR Reports

a. First Aiders /SLT to complete an accident form on the school landing page for each allergic reaction treated. Follow instructions to ensure all information is recorded.
b. Update Arbor and staff records accordingly

12. ASSESSING RISK

Allergens can crop up in unexpected places. All staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

a. Classroom activities, for example craft using food packaging, science experiments where allergens are present, food lessons or cooking.
b. Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk.
c. Running activities or clubs where they might hand out snacks or food "treats". Ensure safe food is provided or consider an alternative non-food treat for all pupils. and
d. Planning special events, such as cultural days and celebrations.
e. An allergy and anaphylaxis section must be included in all risk assessments.

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity. The School will ensure compliance with the Equality Act 2010.

13. 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.

13.1 Pre-Packed for direct sale (PPDS)

All staff (e.g. kitchen staff, Teachers and TA's) must complete training 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 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, with actions which may include:
    - 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 School Cook/Catering Manager.
    - Incidents of incorrect practices and incorrect and/or incomplete packaging will be recorded in an incident log and managed by the kitchen manager/catering manager
    - Declared Allergens The following allergens will be declared and listed on all PPDS foods in a clearly legible format:

        - 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 eg muscles, 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.

All staff, regardless of role, must be vigilant to ensure 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. This applies to food eaten on site,sent off site via packed lunches, snacks or meals sent to other schools sites.

Food items with incorrect or incomplete labelling will be removed from the product line, disposed of safely and no longer offered for consumption. This applies to food items in all areas including classrooms, food tech rooms, kitchenettes, purchased on/for offsite activities.

All staff, regardless of role, must be vigilant to ensure 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 items with incorrect or incomplete labelling must be removed immediately from the product line, disposed of safely and no longer offered for consumption. This applies to food items in all areas including classrooms, food tech rooms, kitchenettes, purchased on/for offsite activities.

Any abnormalities in labelling will be reported to the School Cook/Catering Manager immediately, who will then contact the relevant supplier where necessary.

The School Cook/Catering 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.

For not sourced by the school kitchen then please report this to the school Allergy Lead immediately.

13.2 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, menus and/or food packaging, all associated documentation will be reviewed and updated immediately. This information must be shared with anyone consuming food onsite.

14. FOOD, INCLUDING MEALTIMES & SNACKS

14.1 Catering in school

The school is committed to providing safe meals for all students, staff and visitors, including those with food allergies.

a. Parents must 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.
b. Catering teams must maintain a definitive list of pupils, staff and visitors eating school provided meals each day. This information mustInformation regarding all pupils' food allergies will be collated, indicating whether they consume a packed lunch or school dinner. Each school will ensure there is a process for passing this information on to the catering team including notification of any changes.
c. Due diligence is carried out with regard to allergen management when appointing catering staff.
d. All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training.
e. Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures.
f. The catering team will endeavour to get to know the pupils with allergies and what their allergies are, supported by school staff.
g. The catering team will endeavour to provide varied meal options to students. Staff with allergies are advised to bring their own food where schools are unable to safely meet their needs.
h. When making changes to menus or substituting food products, the school will ensure that pupils special dietary needs can be met by:
    - Checking any product changes with all food suppliers
    - Asking catering staff and classroom staff to read labels and product information before use.
i. The school has robust procedures in place to formally identify pupils with food allergies and record this information. This is managed by the Headteacher and/or Designated Allergy Lead supported by the Admin team. There are two

methods in place. Firstly one should be a visual check from a member of staff familiar with the pupils who have allergies. Photos of pupils with allergies should also be available. In the case of staff absences or IT outages schools should ensure there is a manual record in place as a back up.

j. Food containing the main 14 allergens will be clearly labelled . Other ingredient information will be available on request.
k. For pupils or staff with allergies to food other than the "main 14" extra processes may be needed. This will be discussed and agreed with the Catering Manager/School Cook and signed off by the Headteacher of Designated Allergy Lead.
l. Pre-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging.
m. Where changes are made to the ingredients this will be communicated to pupils and staff with dietary needs by the School Cook/Catering Manager and recorded.
n. Schools will avoid precautionary allergen or ' may contain' labelling.
o. Food provided at breakfast and during other school activities will follow these procedures or adapt accordingly, but ensure procedures to ensure safety are outlined
p. All Beckmead Trust schools sites are designated as 'nut free' environments and will display signage to confirm this.
q. School kitchens will follow the same food and allergy safety procedures, including labelling, for any foods provided for off-site activities.

14.2 Food brought into school

The Beckmead Trust requests that food is not brought into school except where students choose to have packed lunches. In this case staff will inform parents and pupils what steps are needed to maintain a safe environment around allergy and allergens and permissible foods.

Staff are also expected to adhere to the 'nut free' environments and any food other restrictions to protect pupils, staff and visitors with allergy or medical conditions when bringing their own personal food on site.

Where schools have resident staff and pupils who board the 'nut free' environment and any other restrictions on foods should apply to both staff, pupils and visitors.

Food safety and restrictions apply to food provided for special events and fundraising activities. Schools staff are advised to liaise with their internal catering teams to support this and provide risk assessment to ensure the safety of pupils, staff and visitors eating at these events. Any food purchased externally by staff for such events must follow school guidelines to maintain safety for all.

14.3 Food bans or restrictions

While schools may wish to restrict certain foods on site, messaging around this needs careful consideration. For example, bans are almost impossible to enforce but can lead to a sense of complacency or give a false sense of security. Reminding everyone to be allergy aware and to remain vigilant is vital. It is also important that the impression is not given of one allergen being more dangerous than others. Should school like to restrict certain foods recommended wording is as follows:

a. This school is an Allergen Aware school. We have students with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food.
b. We do not permit any nuts on the site and check all foods coming into the kitchen. and
c. All food coming onto school premises or taken on a school trip should be checked to ensure peanuts and tree nuts are not an ingredient in another product. Please check the label on all foods brought in. Common foods that contain these goods as an ingredient include: packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces.

14.4 Food hygiene for pupils

a. Pupils must wash their hands before and after eating.
b. Sharing, swapping or throwing food is not allowed.
c. Water bottles and packed lunches should be clearly labelled. and
d. Where schools have a residential unit staff will ensure food hygiene is practised in the main and residential units. School kitchens will have clearly documented procedures to maintain the highest level of food hygiene and food preparation standards to avoid cross contamination during the preparation and storage of foods.

15 EDUCATIONAL VISITS, SPORTS FIXTURES & OTHER OFF SITE ACTIVITIES

a. Staff leading the trip will have a register of pupils with allergies and details of their medication. Staff should notify the trip leader of any allergies.
b. Allergies will be considered on the risk assessment and catering provision put in place.
c. Parents, parent of pupils and staff pupils with allergies should be part of the trip(day trip or overnight) risk assessment,
d. All staff accompanying pupils on education trips and any other off-site activist must have completed their annual allergy and anaphylaxis training.
e. Staff (and some pupils, if appropriate) accompanying the trip will be trained to recognise and respond to an allergic reaction.
f. Allergens will be clearly labelled on catered packed lunches. Kitchens will have a clear system in place to ensure pupils and staff with allergies outside of the "main 14" always receive a safe meal .

g. If attending an off site activity at another school or venue, staff will communicate details of specific dietary requirements ahead to ensure students have a safe meal. If this cannot be done, students and staff with allergies will provide their own food.
h. See Section 24 for further information relating to school trips including residential and overseas, sports Fixtures and off-site activities.

16 INSECT STINGS

For those with a known insect venom allergy should:

a. Avoid walking around in bare feet or sandals when outside and when possible keep arms and legs covered.
b. Avoid wearing strong perfumes or cosmetics. and
c. Keep food and drink covered.

The onsite premises staff will monitor the grounds for wasp or bee nests. Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.

18. ANIMAL ALLERGIES

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

It's normally the dander (flakes of skin) saliva or urine that causes a person with an animal allergy to react.

The school will ensure that records of all known allergies is kept uptodate for pupils.

Pupils, staff and visitors must declare known allergies to animals and complete the required forms and risk assessments and raise any concerns with teacher, line manager or host as required.

Precautions to limit the risk of an allergic reaction include:

a. In the event of an animal on the school site staff should ensure that pupil(s) with a known animal allergy should avoid the animal to which they are allergic.
b. If an animal comes on site a risk assessment will be done prior to the visit.
c. Staff organising visits should liaise with the premise team to ensure areas visited by animals will be cleaned thoroughly asap..
d. Anyone in contact with an animal will wash their hands thoroughly after contact.

e. If an animal lives on site, for example in a Boarding House, pupils, parents and staff will be made aware and consideration and adaptations will be made. The Headteacher will resolve any issues around this.
f. School trips that include visits to animals will be carefully risk assessed.
g. Risk assessments will be completed for any guide, therapy or support dogs in schools.

19. SEASONAL ALLERGIES INCLUDING ALLERGIC RHINITIS/ HAY FEVER

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

Precautions regarding the prevention of seasonable allergies include ensuring that grass is mown whilst pupils are outside.

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

Staff will monitor pollen counts, making a professional judgement as to whether the pupil should stay indoors.

Pupils will be encouraged to wash their hands after playing outside.

Pupils with known seasonal allergies are encouraged 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 will be diligent in the management of wasp, bee and ants nests in school grounds and in the schools nearby proximity, reporting any concerns to the premises team asap, following up by raising a ticket on the helpdesk.

The premises team is responsible for ensuring the appropriate removal of wasp, bee and ants nests on and around the school grounds

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

20. ASTHMA

It is vital that anyone with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions.

Medications prescribed must be accessible and always in-date and instructions followed to manage and mitigate symptoms.

21. INCLUSION AND MENTAL HEALTH

Allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety and depression and are more susceptible to bullying.

a. No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip.
b. Pupils with allergies may require additional pastoral support including regular check-ins from their Class teacher/ House Parent.
c. Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives. and
d. Bullying related to allergy will be treated in line with the school's anti-bullying policy.

22. ADRENALINE PENS (AUTO-INJECTORS- AAIs)

See the government guidance on Adrenaline Pens in Schools.

22.1. Storage of AAI's

a. Pupils prescribed with adrenaline pens will have easy access to two, in-date pens at all times.
b. A school risk assessment, IHP and Action Plan will be considered to decide if adrenaline pens are to be stored centrally or if individual pupils carry them.
c. If stored centrally, state where this is and ensure access at all times. If stored centrally they should be labelled, with the pupil's Allergy Action Plan. Remember pupils must also have access to two adrenaline pens as they travel to and from school.
d. Spot checks will be made to ensure adrenaline pens are where they should be and in-date.
e. Adrenaline pens must not be kept locked away.
f. Adrenaline pens should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator). and
g. Used or out of date pens will be disposed of as sharps.

23. SPARE ADRENALINE PENS

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.

23.1 Consent

Schools must ensure that they have parental consent for use on pupils who have already been prescribed an AAI.

23.2 Ordering of Spare AAIs

The school will purchase spare AAIs from a pharmaceutical supplier, such as a local pharmacy. Schools can also purchase online via The Allergy Team system.

The school must submit a request signed by the Headteacher on school letterhead, 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 dosage level

The Headteacher will seek advice which brands of AAI to purchase and how many spare pens are required. This will include consideration of spare AAIs for grab bags for school trips/off site activities.

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 to be distributed around the site(s) with clear signage.

a. **What dosage is required**,
   Guidance for the dosage of Adrenaline Auto-Injectors (AAIs) is primarily based on the patient's weight, rather than age alone, to ensure effective treatment of anaphylaxis. The standard available doses in the UK are designed to address different weight ranges. Some brands offer a 'Jnr' range for younger/smaller children.

   The school should 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.
   Always follow the instructions on the AAI as dosage may differ based on the brand.

c. Anyone prescribed an AAI must always carry two in case they need a 2nd dose or there is an issue with the first one,

23.2 Storage of AAIs

Spare AAIs are stored as part of an emergency anaphylaxis kit which includes the following:

a. One or more AAIs
b. Instructions on how to use the device(s)
c. Instructions on how to store the devices(s)
d. Manufacturers information
e. A checklist of injectors, identified by the batch number and expiry date, alongside records of monthly checks
f. A note of the arrangements for replacing the injectors
g. A list of pupils to whom the AAI can be administered
h. An administration record

Pupils who have prescribed AAI devices, and are over the age of 7, are normally able to keep their device in their possession. If it is deemed unsafe to do so there must be a documented plan, communicated to classroom staff, including agency staff around storage location and record keeping as well as emergency procedures. Spare AAIs must not be located more than 5 minutes away from where they may be required. The emergency anaphylaxis kit(s) can be found at the following locations on site:

- Name of location
- Name of location
- Name of location

All staff must have access to AAI devices. Whilst AAI devices should not be locked away or have access restricted they must be secured against unauthorised access.

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

In line with the manufacturer guidelines, all AAI devices are stored at room temperature and protected from direct sunlight and extreme temperature

The following staff are responsible for maintaining the emergency anaphylaxis kits(s)on this school site

- Name of staff member
- Name of staff member

The above staff members will conduct a monthly check (and record in the AAI record log) of the emergency anaphylaxis kit(s) to ensure that:

- Spare AAI devices are present and have not expired
- Replacement AAIs are obtained when expiry dates are approaching

The Headteacher, or nominated Designated Allergy Lead is responsible for overseeing the protocol for the use of spare AAIs, its monitoring and implementation, and for maintaining the Register of AAIs.

Any used or expired AAIs are disposed of after use in accordance with the manufacturers 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 school premises.

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

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

This school has [insert number of] spare adrenaline pens to be used in accordance with government guidance and manufacturers instructions.

23.3 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 pupils 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
- 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 uptodate.

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

The Headteacher, or nominated deputy will check the register is up-to-date on an annual basis.

The admin team will also update the register relevant to any changes in consent or a pupil's requirements.

24. AAIs - SCHOOL TRIPS and OFF-SITE ACTIVITIES

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

c. Where the venue or site being visited cannot assure appropriate food can be provided to cater for pupils' allergies, the pupil must take their own food or the school will provide a suitable packed lunch. This also applies to accompanying staff.
d. The school will speak to the parents of pupils with allergies to ensure their co-operation with any special arrangement required for the trip.
e. All staff attending off-site activities or trips must have completed allergy and anaphylaxis training in advance. This will ensure they can recognise and respond to an allergic reaction .
f. Each pupil with a declared allergy will have a designated adult(s) available at all times to to support the pupil during the trip.
g. If the pupil has been prescribed an AAI, or other life saving medication, the medication must be taken when going offsite, stored securely but accessible. If the pupil does not bring their medication, they will not be allowed to attend the trip.
h. No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own devices. It is the trip leader's responsibility to check they have them.
i. Two Adrenaline pens will be kept close to the pupils at all times e.g. not stored in the hold of the coach when travelling or left in changing rooms.
j. Adrenaline pens will be protected from extreme temperatures.
k. Consider whether to take spare adrenaline pens to off-site activities. This should be recorded as part of the risk assessment process however the school site must not be left without spare AAI's so when purchasing schools should take account of this.

25. AAI's - RESIDENTIAL, OVERSEAS OR TRIPS RETURNING LATE

a. The same steps as above must be taken for overseas or residential trips or if trips are returning to school later than normal. The detailed risk assessment must include how to contact emergency services, location of the nearest hospital.
b. In the event of overseas trips language barriers must be planned to ensure communication issues do not delay access to emergency services.

26. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See **Appendix 1** & **2** on recognising and responding to an allergic reaction
If a pupil has an allergic reaction:

a. Treat the pupil in accordance with their Allergy Action Plan.
b. Instigate the school's Emergency Response Plan [link to this].
c. If anaphylaxis is suspected, administer adrenaline without delay.

d. Treat the pupil where they are. Lie them down with their legs raised and bring medication to them.
e. Use the pupil's own prescribed medication if immediately available.
f. Pupils can administer the adrenaline pen themselves [if able to] or a member of staff can administer a pen. Ideally the member of staff will be trained, but in an emergency, anyone can administer adrenaline.
g. If the pupil's own adrenaline pen is not available or misfires, then use a spare adrenaline pen.
h. If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or Allergy Action Plan, lie the pupil down with their legs raised, call 999 and explain anaphylaxis is suspected. Inform the operator that spare adrenaline pens are available and follow instructions from the operator. The MHRA says that in exceptional circumstances, a spare adrenaline pen can be administered to anyone for the purposes of saving their life.
i. If, after 5 minutes, there is no improvement, use a second adrenaline pen and call the emergency services again and inform them that a second dose of adrenaline has been given.
j. Do not move the pupil until a medical professional/ paramedic has arrived, even if they are feeling better. and
k. Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany pupils in an ambulance until a parent or guardian arrives.

26. ANAPHYLAXIS DRILLS

The school will carry out an anaphylaxis drill once a year.

This includes an exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the whole school response.

27. 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.

28. 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 an AAI to the pupil. Spare AAIs will only be administered if appropriate consent has been received.

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

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

A member of staff will stay with the pupil until the emergency services arrive – the pupil will remain lying flat and still. 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.

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 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.

Two members of staff will accompany the pupil to hospital in the absence of their parents.

If a pupil is taken to hospital by ambulance, two members of staff will accompany them.

A copy of the Register of AAIs will be held in an easily accessible area of the school 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.

Following each occurrence of an allergic reaction, this policy and pupils' IHPs will be updated and amended as necessary and an accident form logged via the schools landing page

29. TRAINING

The school is committed to training all staff annually to give them a good understanding of allergy and anaphylaxis.

This includes:

a. Being aware of the provisions of this policy.
b. Understanding what an allergy is.
c. How to reduce the risk of an allergic reaction occurring.
d. Understand how quickly anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis can occur with prior mild to moderate symptoms.
e. Understand that AAIs should be administered without delay as soon as anaphylaxis occurs.
f. How to recognise and treat an allergic reaction, including anaphylaxis [staff should be given the opportunity to practise with a training adrenaline auto-injector].
g. How the school manages allergies, for example Emergency Response Plan, documentation, communication etc.
h. How to respond appropriately to a request for help from another member of staff
i. Recognise when emergency action is necessary
j. Administer AAIs according to manufacturer instructions.
k. Make appropriate records of allergic reactions and where.
l. Where adrenaline pens are kept (both prescribed pens and spare pens) and how to access them.
m. The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying.
n. Understanding food labelling. and
o. Taking part in an anaphylaxis drill.
p. Training according to role i.e. kitchen and classroom staff on how to identify and monitor the correct labelling and how to manage immediate the removal and disposal of Prepacked for Direct Sale (PPDS) food where labels do not meet the requirements set out in Natasha's Law. **See section 13**

q. All staff involved in food handling activities i.e. lunch duties, breakfast and nurture support must complete Food Safety L2 training on a 3 yearly cycle or sooner due to any significant changes or an HR requirement.

30. REPORTING ALLERGIC REACTIONS

The school will log allergic reaction incidents and near-misses via the accident form on their landing page.The Headteacher or Deputy Allergy Lead will investigate and complete a Managers Investigation form for each allergy reaction incident, including near misses. Lessons learned will feed into local and central reporting systems to detail lessons learned.

Appendix 1 - Managing Allergic Reactions - The Allergy Team

MANAGING ALLERGIC REACTIONS

ALLERGIC REACTIONS VARY

Allergic Reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations

You cannot assume someone will react the same way twice, even to the same allergen.

Reactions are not always linear. They don't always progress from mild to moderate to more serious: Sometimes they are life threatening within minutes

MILD TO MODERATE REACTIONS

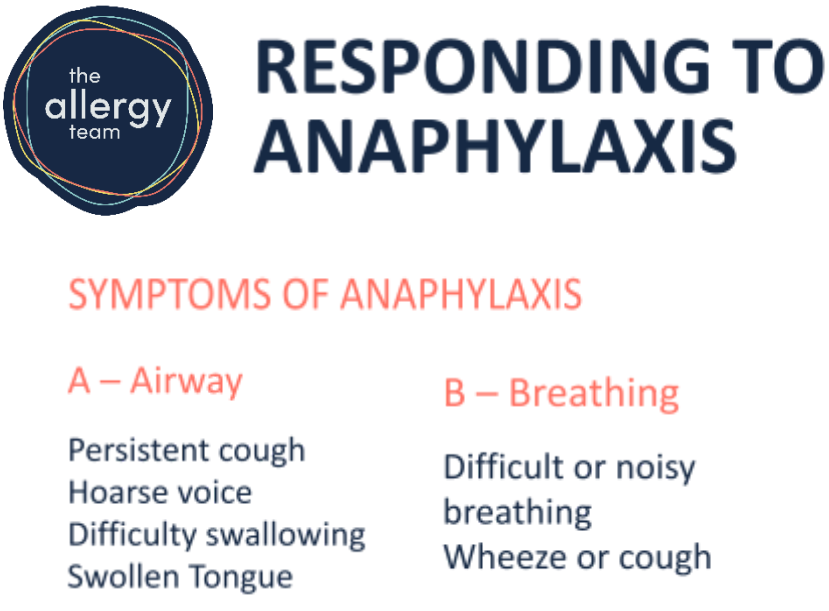
Symptoms include

- **Swollen lips, face or eyes**
- **Itchy or tingling mouth**
- **Hives or itchy rash on skin**
- **Abdominal pain**
- **Vomiting**
- **Change in behaviour**

Response

- **Stay with affected person**
- **Call for help**
- **Locate adrenaline pens (AAIs)**
- **Give antihistamine**
- **Make a note of the time**
- **Phone parent or guardian for pupils or next of kin for adults**

Appendix 2 - Responding to Anaphalyxis - The Allergy Team



IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE.

DELIVERING ADRENALINE

- Take the medication to the patient, rather than moving them.
- The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
- It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
- Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
- Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
- Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
- Call the pupil's emergency contact.
- If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
- Start CPR if necessary.
- Hand over used devices to paramedics and remember to get replacements.

For more information see the Government's Guidance for the use of adrenaline auto-injectors in schools.

Appendix 3 - Allergy Signs

1. Nut Free School (Beckmead Trust)
2. Nut Free School(add own logo)
3. Allergy Declaration Notice
4. Allergens Poster

Appendix 4 - Allergy forms

1. Menu - Allergen Record
2. Food Prep Area's - Food Safety Checklist
3. Daily checklist for school kitchens (Based on Safe Food, Better Business (rev April26)
4. Allergy Action Plans
5. Samples of action plans you may see *Please note these must have be completed and signed off by medical professionals
    a. General plan for those assessed as not needing an AAI
    b. For those prescribed Jext
    c. For those prescribed EpiPens

Appendix 5 - Useful Resources

1. Anaphylaxis UK Newsletter

Appendix 6 - Guidance & Advice

1. NHS Guidance for dealing with food allergies, anaphylaxis and when to call 999
2. Other Food Allergies
3. Anaphylaxis - Safer Schools Guidance