POLICY:
Allergen & Anaphylaxis

Review

Responsible Position:	Chief Executive Officer		
Approving Body:	Board of Trustees	**Effective Date:**	September 2026
Review Cycle:	Annual	**Next Review Due:**	July 2027

This policy is statutory and applies to all schools in the Trust.

Where this policy reflects statutory requirements, compliance is mandatory. Failure to comply may result in escalation in line with Trust governance and accountability arrangements.

Contents

Statement of Intent

Equinox Learning Trust strives to ensure the safety and wellbeing of all members of the school community. For this reason, this policy is to be adhered to by all staff members, parents/carers 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 Trust 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.

1. Legal Framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- Department of Health 'Guidance on the use of adrenaline auto-injectors in schools'
- DfE 'Supporting pupils at school with medical conditions'
- DfE 'Allergy guidance for schools'.

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

- Health and Safety Policy
- Whole-school Food procedures, in conjunction with the schools' catering provider
- Administering Medication Procedure
- Supporting Pupils with Medical Conditions Policy
- Educational Visits and School Trips Policy.

2. Definitions

For the purpose of this policy:

Allergy	is a condition in which the body has an exaggerated response to a substance. This is also known as hypersensitivity.
Allergen	is a normally harmless substance that triggers an allergic reaction for a susceptible person.
Allergic reaction	is the body's reaction to an allergen and can be identified by, but not limited to, the following symptoms: • Hives • Generalised flushing of the skin • Itching and tingling of the skin • Tingling in and around the mouth • Burning sensation in the mouth • Swelling of the throat, mouth or face • Feeling wheezy • Abdominal pain • Rising anxiety • Nausea and vomiting • Alterations in heart rate • Feeling of weakness.
Anaphylaxis	is 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 (EYFS and primary schools) becoming pale or floppy.

3. Roles & Responsibilities

The Trust board is responsible for:

- 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
- Ensuring that the school's approach to allergies and anaphylaxis focusses on, and accounts for, the needs of each individual pupil
- Ensuring that staff are properly trained to provide the support that pupils need, and that they receive allergy and anaphylaxis training 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 CEO and Headteachers are responsible for:

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

The School Matron / Medical Lead 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:

- 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
- At our primary schools, maintaining general oversight of food brought in from home, including packed lunches, and taking reasonable steps to prevent pupils with known allergies from being given unsuitable food. At our secondary school, pupils are expected to take greater responsibility for managing their own food choices and allergies, and food brought in from home is not routinely monitored
- Reinforcing that pupils should not share food or drink, in order to reduce the risk of accidental exposure to an allergen.

The kitchen manager is responsible for:

- Monitoring the food allergen log and allergen tracking information for completeness
- Reporting any non-conforming food labelling to the supplier, where necessary
- Ensuring the practices of kitchen staff comply with food allergen labelling laws and that training is regularly reviewed and updated
- Recording incidents of non-conformity, either in allergen labelling, use of ingredients or safe staff practice, in an allergen incident log
- Acting on entries to the allergen incident log and ensuring the risks of recurrence are minimised.

Kitchen staff are responsible for:

- Ensuring they are fully aware of the rules surrounding allergens, the processes for food preparation in line with this policy, and the processes for identifying 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
- Reporting to the kitchen manager if food labelling fails to comply with the law.

All parents are responsible for:

- Notifying the school of their child's allergens, the nature of the allergic reaction, what medication to administer, specified control measures and what can be done to prevent the occurrence of an allergic reaction
- Keeping the school up to date with their child's medical information
- Providing written consent for the use of a spare AAI
- Providing the school with a prescribed spare AAI for their child which will be stored in the school office or medical facility
- Providing the school with written medical documentation annually, 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 / School Matron.

All pupils are responsible for:

- Encouraged 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
- In Primary Schools, AAIs are stored in the medial box, with Key Stage 2 pupils encouraged to carry an in-date AAI in their school bag (following a discussion with parent/carer)
- In Secondary Schools, pupils should ensure that they carry an in-date AAI in their school bag.

4. 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.

- **Primary Schools** - Information regarding all pupils' food allergies is collated which indicates whether they consume a school dinner or a packed lunch. This information is passed on to the school's catering service.
- **Secondary Schools** – Documentation listing pupils names and known allergies will be passed on to Catering team.

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.

To ensure that catering staff can appropriately identify pupils with dietary needs, pupils will wear coloured wrist bands that denote their food allergy; a key explaining the colours will be displayed on the wall in the serving area so that it is visible to all kitchen staff.

At our primary schools, parents/carers record any known allergies through the online meal-ordering system. Where an allergy is identified, the system restricts the pupil's meal choices to suitable options. An alert is also displayed to kitchen staff, and the pupil is provided with a different-coloured tray to help ensure they receive the correct meal. Where necessary, a suitable alternative dessert will also be provided rather than the pupil selecting from the standard options.

At our secondary school, when pupils purchase food, kitchen staff are able to clearly see any known allergens recorded for identified pupils.

To minimise the risk of cross-contamination within school kitchens:

- All food preparation surfaces and tables will be disinfected before and after use, using appropriate antibacterial cleaning products.
- Chopping boards and knives used for fruit and vegetables will be colour-coded and kept separate from other kitchen equipment.
- Sponges and cloths used for cleaning will be colour-coded according to the areas in which they are used, for example equipment used in areas where raw meat has been prepared. Disposable cloths will be replaced daily.
- A designated set of colour-coded kitchen utensils will be used for the preparation and handling of bread, wheat and related products.
- Food containing bread, wheat or related ingredients will be stored separately, where appropriate, to reduce the risk of cross-contamination.

The school's appointed catering provider is responsible for ensuring that all relevant school policies and food safety procedures are followed at all times. This includes the safe preparation, handling and serving of food and appropriate management of known allergens.

Learning activities involving food, including food technology lessons and other curriculum activities, will be planned with appropriate consideration of pupils' known allergies and, where applicable, their Individual Healthcare Plans (IHPs).

5. Food Allergen Labelling

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

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

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

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

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

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

- Allergen 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 PPDS foods in a clearly legible format:

- Cereals containing gluten and wheat, e.g. spelt, rye and barley
- Crustaceans, e.g. crabs, prawns, lobsters
- Nuts, including almonds, hazelnuts, walnuts, cashews, pecan nuts, Brazil nuts and pistachio nuts (Note: all school kitchens are nut-free)
- Celery
- Eggs
- Fish
- Peanuts
- Soybeans
- Milk
- Mustard
- Sesame seeds
- Sulphur dioxide and sulphites at concentrations of more than 10mg/kg or 10mg/L in terms of total sulphur dioxide
- Lupin
- Molluscs, e.g. mussels, oysters, squid, snails.

The above list will apply to foods prepared on site, e.g. sandwiches, salad pots and cakes, that have been pre-packed prior to them being offered for consumption.

Kitchen staff will be vigilant when ensuring that all PPDS foods have the correct labelling in a clearly legible format, and that this is either printed on the packaging itself or on an attached label. Food goods with incorrect or incomplete labelling will be removed from the product line, disposed of safely and no longer offered for consumption.

Any abnormalities in labelling will be reported to the kitchen manager immediately, who will then contact the relevant supplier where necessary.

The kitchen manager will be responsible for monitoring food ingredients, packaging and labelling on a weekly basis and will contact the supplier immediately in the event of any anomalies.

Changes to Ingredients & 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.

6. Animal Allergies

No animals are permitted on school site.

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 the allergen spreading.

A supply of antihistamine tablets will be kept in the Medical Room in case of an allergic reaction

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7. Seasonal Allergies

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

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 will be encouraged to wash their hands after playing outside.

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 wasp, 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.

8. Adrenaline Autoinjectors (AAIs)

Pupils who suffer from severe allergic reactions may be prescribed an 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 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 Medical Lead, 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:

- For pupils under age 6: 0.15 milligrams of adrenaline
- For pupils aged 6-12: 0.3 milligrams of adrenaline
- For pupil aged 12+: 0.3 or 0.5 milligrams of adrenaline.

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

- One or more AAIs
- Instructions on how to use the device(s)
- Instructions on the storage of the device(s)
- Manufacturer's information
- A list of pupils to whom the AAI can be administered
- An administration record will be logged in Medical Tracker if used.

Kennet School - Pupils who have prescribed AAI devices are able to keep their device in their possession.

Pupils who have prescribed AAI devices, and who are in Year 6, are able to keep their device in their possession. For all other pupils who have prescribed AAI devices, these are stored in a suitably safe and easily accessible location.

Spare AAIs are not located more than five minutes away from where they may be required. The emergency anaphylaxis kit(s) can be found at the following locations:

- **Francis Baily Primary School:** - Pupil own prescription spare AAI stored in reception in the medical cupboard. The school's spare AAI stored in the same location.
- **Kennet School:** Pupils own prescription spare AAI stored in the medical room. The school's spare AAI stored in main school reception.
- **Whitelands Park Primary School:** - Pupil own prescription spare AAI stored in reception the school office. The school's spare AAI stored in the same location.

All staff have access to AAI devices– AAI devices are not locked away where access is restricted.

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

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

The following staff members are responsible for maintaining the emergency anaphylaxis kit(s):

- **Francis Baily Primary School:** Medical Lead
- **Kennet School:** School Matron.
- **Whitelands Park Primary School:** Medical Lead.

The above staff members conduct regular checks 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.

Any used or expired AAIs are disposed of after use in accordance with manufacturer's instructions.

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

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

Where any AAIs are used, information will be recorded on Medical Tracker Where and when the reaction took place

- How much medication was given and by whom.

9. 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
- Known allergens
- Risk factors for anaphylaxis
- Whether medical authorisation has been received
- Whether written parental consent has been received
- Dosage requirements.

Parents are required to provide consent on an annual basis to ensure the register remains up-to-date. They can withdraw their consent at any time. To do so, they must write to the Headteacher.

Medical Lead checks the register is up to date on an annual basis and will also update the register relevant to any changes in consent or a pupil's requirements.

Copies of the register are held in:

- **Francis Baily Primary School:** In reception, each classroom, on the One Drive and the school's MIS system (BromCom)
- **Kennet School:** In the medical room, in the main canteen, the school's MIS system (BromCom), in food technology classrooms and on Teams
- **Whitelands Park Primary School:** In the School Office, in registers and on the school's MIS system (BromCom).

All are accessible to all staff members.

10. 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.

A designated adult will be available to support the pupil at all times during a school 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.

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

Two AAIs will be taken on the trip and will be easily accessible at all times.

Where the venue or site being visited cannot assure appropriate food can be provided to cater for pupils' allergies, the pupil will take their own food.

Once a pupil's allergies have been identified, a meeting will be set up between the pupil's parents, Medical Lead and any other relevant staff members, in which the pupil's allergies will be discussed and a plan of appropriate action/support will be developed.

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

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

Pupils will not be able to attend school or educational visits without any life-saving medication that they may have, such as AAIs.

All members of staff involved with a pupil with a known allergy are aware of the location of emergency medication and the necessary action to take in the event of an allergic reaction.

Any specified support which the pupil may require will be outlined in their IHP.

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

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

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

11. Staff Training

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

In accordance with the Supporting Pupils with Medical Conditions Policy, staff members will receive appropriate training and support relevant to their level of responsibility, to assist pupils with managing their allergies.

The relevant staff, e.g. kitchen staff, will be trained on 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, e.g. kitchen staff, will be trained on 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.

12. 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.

13. 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 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.

A member of staff will accompany the pupil to hospital in the absence of their parents.

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

14. Monitoring & Review

The CEO is responsible for reviewing this policy annually.

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

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

Appendix A: Draft Letter to Parents/Carers

Dear Parent / Carer,

Allergy Action Plan

In line with Equinox Learning Trust's Severe Allergic Reaction Guidelines, we ask that you complete the enclosed Allergy Action Plan so that your child's adrenaline auto-injector can be administered safely and appropriately in the event of an emergency.

It is important that an up-to-date Allergy Action Plan is held within your child's school and by the Medical Lead for their records. Accurate and current information ensures that all relevant staff are aware of your child's medical needs and the required emergency procedures.

Please complete and return the Allergy Action Plan to your child's school as soon as possible. The school will then forward a copy to the School Nursing Team for their records.

If there are any changes to your child's allergy management, emergency treatment, prescribed medication, or dosage, it is essential that you notify both the school and the School Nursing Team so that a new Allergy Action Plan can be completed and distributed.

Please ensure that your child has their prescribed adrenaline auto-injector and a personal supply of antihistamine medication available for use in school where appropriate. We would also like to remind you that it is your responsibility to check that all medication kept in school remains in date and is replaced before its expiry date.

If you have any questions regarding the Allergy Action Plan, please contact your child's school in the first instance.

Thank you for your cooperation and support in helping us keep your child safe.

Yours faithfully,

Equinox Learning Trust

Appendix B: Severe Allergic Reaction Emergency Procedure

IMPORTANT:
A severe allergic reaction (anaphylaxis) is life-threatening and can develop rapidly.
The stages below may merge into each other quickly as the reaction develops.

Suspected severe allergic reaction identified

↓

Look for signs of anaphylaxis
Possible signs include swelling of the mouth, tongue or throat, difficulty breathing, wheeze, faintness or collapse

↓

Call for help immediately and send for the pupil's/person adrenaline auto-injector/emergency medication – remove the trigger if possible

Administer the adrenaline auto-injector without delay.
Call 999 immediately, ask for an ambulance and state "anaphylaxis"

↓

Position the pupil/person appropriately.

If feeling faint: Lie the pupil/person flat with legs raised	**If unconscious but breathing normally:** Place in recovery position to maintain the airway	**If vomiting:** Turn the head to one side	**If having difficulty breathing:** Encourage the pupil/person to sit on the floor in comfortable position to aid effective breathing	**DO NOT** allow the pupil/person to stand or walk, even if they appear to have recovered

↓

Continue to monitor airway, breathing and response

↓

Have symptoms improved after five minutes?

← **No**

→ **Yes**

No ↓

Administer a second dose using another adrenaline auto-injector, if available

Yes ↓

Continue monitoring and wait for the ambulance

↓

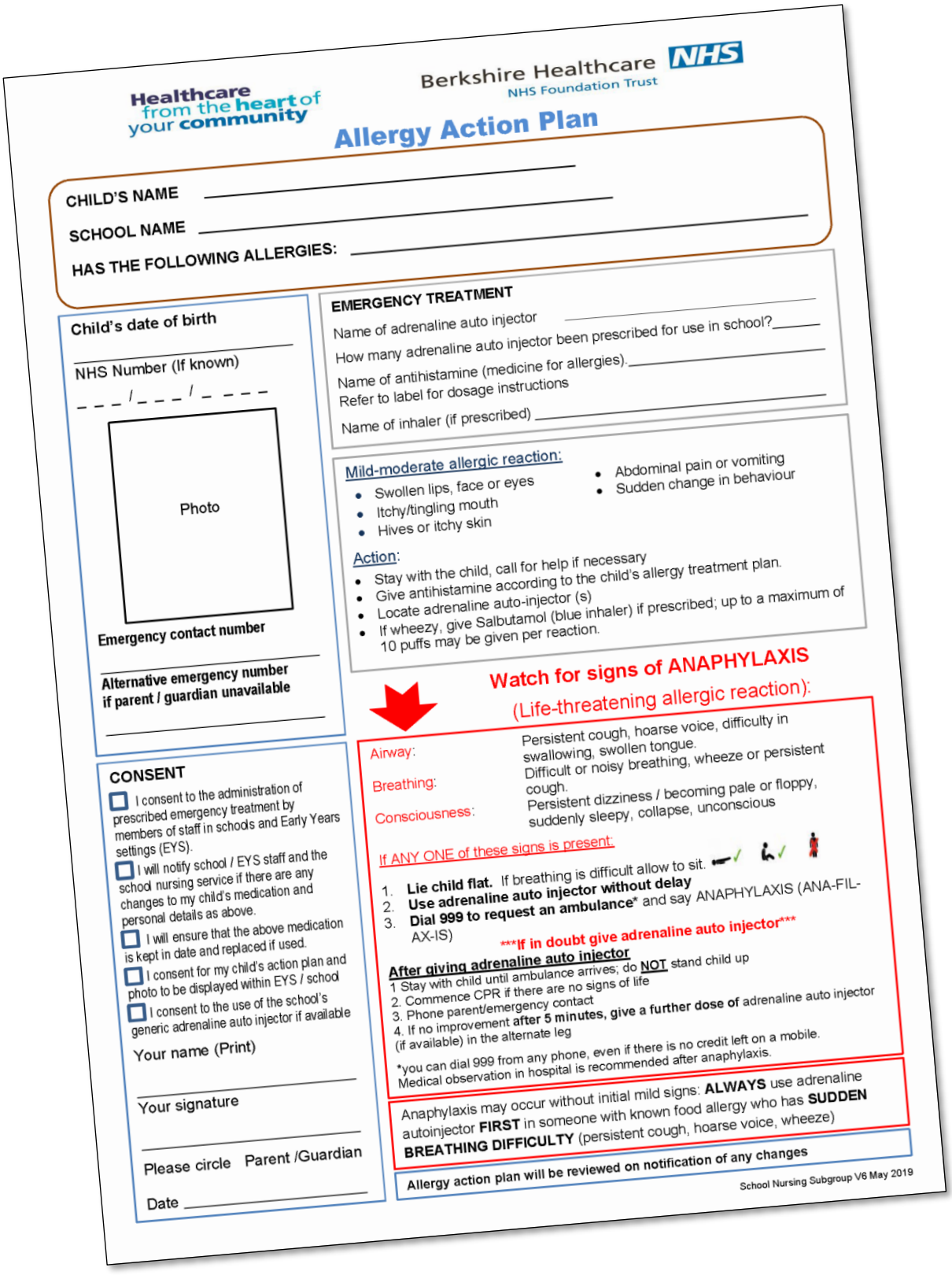
Stay with the pupil/person until the ambulance arrives and hand over all relevant information

↓

Inform parents/carers, Next of Kin: complete the required incident and medication records and review the pupil's/person individual healthcare plan

If the pupil/person becomes unresponsive and is not breathing normally, begin CPR and follow the instructions of the 999 call handler

Appendix C: NHS Berkshire Allergy Action Plan



Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

Allergy Action Plan

CHILD'S NAME _____

SCHOOL NAME _____

HAS THE FOLLOWING ALLERGIES: _____

Child's date of birth _____

NHS Number (If known)

_ _ _ / _ _ _ / _ _ _ _

Photo

Emergency contact number _____

Alternative emergency number if parent / guardian unavailable _____

EMERGENCY TREATMENT

Name of adrenaline auto injector _____

How many adrenaline auto injector been prescribed for use in school? _____

Name of antihistamine (medicine for allergies). Refer to label for dosage instructions _____

Name of inhaler (if prescribed) _____

Mild-moderate allergic reaction:

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

Action:

- Stay with the child, call for help if necessary
- Give antihistamine according to the child's allergy treatment plan.
- Locate adrenaline auto-injector (s)
- If wheezy, give Salbutamol (blue inhaler) if prescribed; up to a maximum of 10 puffs may be given per reaction.

Watch for signs of ANAPHYLAXIS

(Life-threatening allergic reaction):

Airway:	Persistent cough, hoarse voice, difficulty in swallowing, swollen tongue.
Breathing:	Difficult or noisy breathing, wheeze or persistent cough.
Consciousness:	Persistent dizziness / becoming pale or floppy, suddenly sleepy, collapse, unconscious

If ANY ONE of these signs is present:

1. **Lie child flat.** If breathing is difficult allow to sit.
2. **Use adrenaline auto injector without delay**
3. **Dial 999 to request an ambulance*** and say ANAPHYLAXIS (ANA-FIL-AX-IS)

If in doubt give adrenaline auto injector**

After giving adrenaline auto injector

1 Stay with child until ambulance arrives; do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further dose of** adrenaline auto injector (if available) in the alternate leg

*you can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.

Anaphylaxis may occur without initial mild signs: **ALWAYS** use adrenaline autoinjector **FIRST** in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze)

Allergy action plan will be reviewed on notification of any changes

School Nursing Subgroup V6 May 2019

CONSENT

☐ I consent to the administration of prescribed emergency treatment by members of staff in schools and Early Years settings (EYS).

☐ I will notify school / EYS staff and the school nursing service if there are any changes to my child's medication and personal details as above.

☐ I will ensure that the above medication is kept in date and replaced if used.

☐ I consent for my child's action plan and photo to be displayed within EYS / school

☐ I consent to the use of the school's generic adrenaline auto injector if available

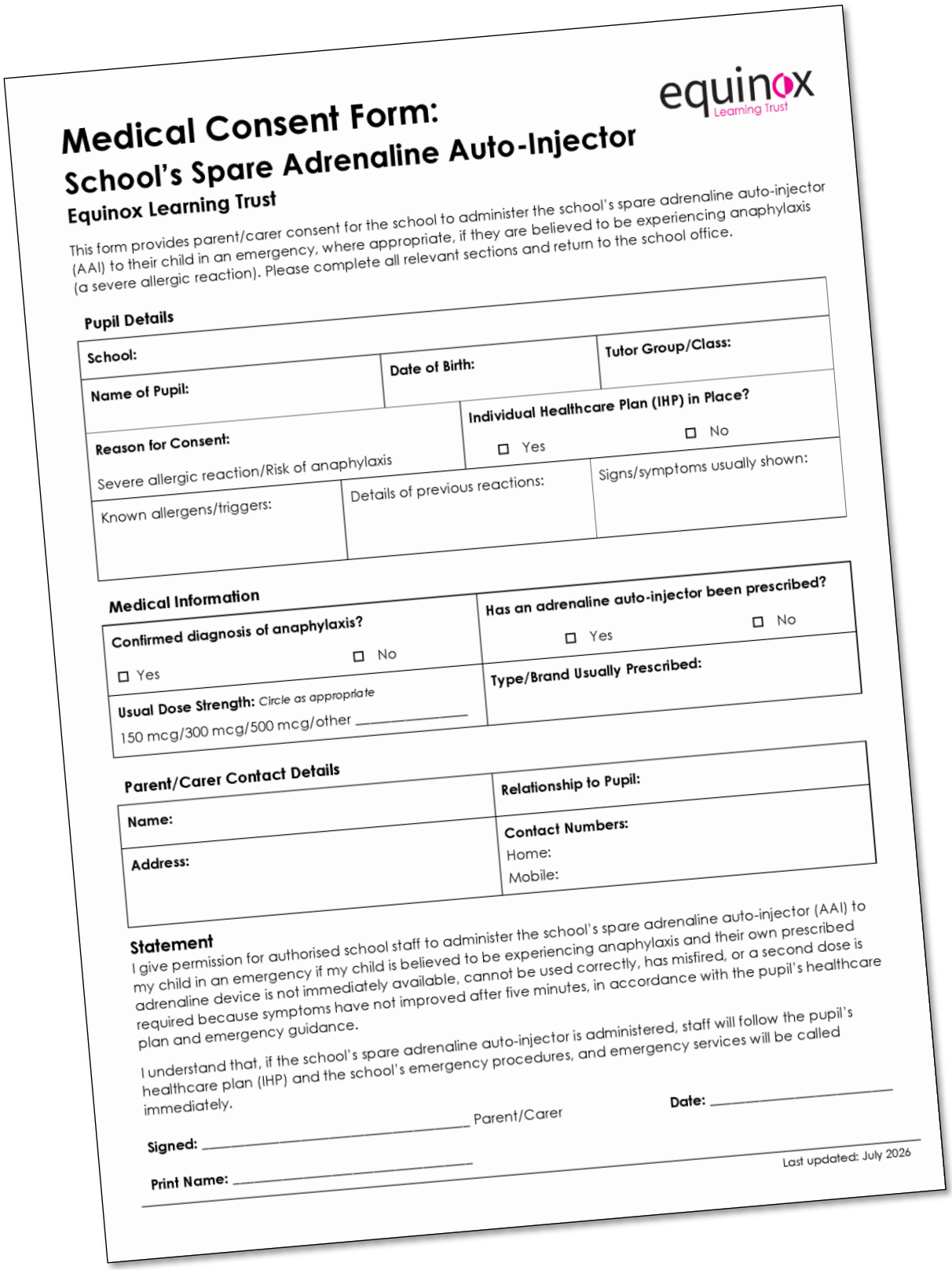
Your name (Print) _____

Your signature _____

Please circle Parent /Guardian

Date _____

Appendix D: Medical Consent Form for Use of School's Spare Autoinjector



Medical Consent Form:
School's Spare Adrenaline Auto-Injector
Equinox Learning Trust

equinox Learning Trust

This form provides parent/carer consent for the school to administer the school's spare adrenaline auto-injector (AAI) to their child in an emergency, where appropriate, if they are believed to be experiencing anaphylaxis (a severe allergic reaction). Please complete all relevant sections and return to the school office.

Pupil Details

School:		
Name of Pupil:	**Date of Birth:**	**Tutor Group/Class:**
Reason for Consent: Severe allergic reaction/Risk of anaphylaxis	**Individual Healthcare Plan (IHP) in Place?** ☐ Yes ☐ No	
Known allergens/triggers:	Details of previous reactions:	Signs/symptoms usually shown:

Medical Information

Confirmed diagnosis of anaphylaxis? ☐ Yes ☐ No	**Has an adrenaline auto-injector been prescribed?** ☐ Yes ☐ No
Usual Dose Strength: *Circle as appropriate* 150 mcg/300 mcg/500 mcg/other _____	**Type/Brand Usually Prescribed:**

Parent/Carer Contact Details

Name:	**Relationship to Pupil:**
Address:	**Contact Numbers:** Home: Mobile:

Statement

I give permission for authorised school staff to administer the school's spare adrenaline auto-injector (AAI) to my child in an emergency if my child is believed to be experiencing anaphylaxis and their own prescribed adrenaline device is not immediately available, cannot be used correctly, has misfired, or a second dose is required because symptoms have not improved after five minutes, in accordance with the pupil's healthcare plan and emergency guidance.

I understand that, if the school's spare adrenaline auto-injector is administered, staff will follow the pupil's healthcare plan (IHP) and the school's emergency procedures, and emergency services will be called immediately.

Signed: _____ Parent/Carer **Date:** _____

Print Name: _____

Last updated: July 2026