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Bronte Academy Trust
Haworth Primary School
Allergen and
Anaphylaxis Policy

Reviewed By	Approved By	Date of Approval	Version Approved	Next Review Date
DH	Heads/Chair of Governors	1 Sep 26	V1	31 August 2027

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STATEMENT OF INTENT

Bronte Academy 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 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 I 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 own children.

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

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 Trust policies:

- Health and Safety Policy
- Administering Medication Policy and Supporting Pupils with Medical Conditions Policy
- Educational Visits and School Trips Policy

2 DEFINITIONS

For the purpose of this policy:

Individual Healthcare Plan (IHP) See appendix 1 – a written plan developed for a pupil with a medical condition where their individual healthcare requires support in school. It sets out the pupil's medical needs, the support required, arrangements for medication and the actions to be taken in an emergency.

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 to 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, server 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

3 ROLES AND RESPONSIBILITIES

The Trustees are 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 Trust'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 at least annually
- Monitoring the effectiveness of this policy and reviewing it on an annual basis, and after any incident where a pupil experiences an allergic reaction

The Executive Headteacher is responsible for:

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

The Office Manager is responsible 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 and completing relevant training regarding allergens and anaphylaxis
- Being familiar with and implementing pupils' individual healthcare plans (IHPs) as appropriate

- Responding immediately and appropriately in the event of a medical emergency
- Reinforcing effective hygiene practices, including those in relation to the management of food
- Monitoring all food supplied to pupils by both the school and parents
- Monitoring pupils to try eliminate the possibility of sharing food and drink in order to prevent accidental contact with an allergen

Facilities Management (FM) are responsible for:

- Monitoring the food allergen log and allergen tracking information for completeness
- Reporting any non-conforming food labelling to the supplier, where necessary
- Kitchen staff must comply with food allergen labelling laws and that training is regularly reviewed and updated
- 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

All parents are responsible for:

- Notifying the school of their child's allergens, the nature of the allergic reaction, what medication to administer, specified control measures and what can be done to prevent the occurrence of an allergic reaction
- Keeping the school up to date with their child's medical information
- Providing written consent for the use of a spare AAI
- Providing the school with written medical documentation, including instructions for administering medication as directed by the child's doctor
- Raising any concerns they may have about the management of their child's allergies with the office staff

All pupils are responsible for (age appropriate):

- Ensuring that they do not exchange food with other pupils
- Avoiding food which they know they are allergic to, as well as any food with unknow ingredients
- Notifying a member of staff immediately in the event they believe they are having an allergic reaction, even if the cause is unknown, or have come into contact with an allergen

4 FOOD ALLERGIES

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

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

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

- Checking any product changes with all food suppliers
- Using the Food Standards Agency's allergen matrix to list the ingredients in all meals

- Ensuring allergen ingredients remain identifiable

Government guidance states that schools should have clear processes to help catering staff identify pupils with specific dietary requirements, including food allergies.

At Haworth Primary School, allergy information is obtained directly from parents/carers and recorded by the school. Where a pupil has a known allergy, a copy of the pupil's photograph and relevant allergy information is displayed in the staff room, main office and kitchen. This ensures that teaching staff, support staff, office staff and catering staff are aware of pupils with allergies and the allergens they must avoid.

The allergy information is kept up to date and will be amended promptly when the school is notified of any changes to a pupil's allergy or medical needs.

All food tables will be disinfected before and after being used.

Anti-bacterial wipes and cleaning fluid will be used.

Boards and knives used for fruit and vegetables will be a different colour to the rest of the kitchen knives in order to remind kitchen staff to keep them separate.

Any sponges or cloths that are used for cleaning will be colour-coded according to the areas that they are used to clean, e.g. a red sponge for an area which has been used for raw meat, to prevent cross contamination.

There will be a set of kitchen utensils that are only for use with the food and drink of the pupils at risk.

There will also be a set of kitchen utensils with a designated colour. These utensils will be used only for food items that contain bread and wheat related products.

Food items containing bread and wheat will be sorted separately.

The chosen catering service of the Trust is responsible for ensuring that the school's policies are adhered to at all times, including those in relation to preparation of food, taking into account any allergens.

5 FOOD ALLERGEN LABELLING

The catering service of 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 catering service of 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 and care club 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

- 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 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

Changes to ingredients and food packaging

The catering service of 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

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.

7 SEASONAL ALLERGIES

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

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

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

Staff members 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 ring an additional set of clothing to school to change into after playing outside, with the aim of reducing contact with outdoor allergens such as pollen.

Staff members will be diligent in the management of wasp, bee and any nests on school grounds and in the school's nearby proximity, reporting any concerns to the caretaker or the Trust strategic site lead.

The caretaker 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 AUTO-INJECTORS (AAIs)

Pupils who suffer from severe allergic reactions may be prescribed on 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

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
- Instructions on the storage of the device
- Manufacturer's information
- A checklist of injectors, identified by the batch number and expiry date, alongside records of monthly checks
- A note of the arrangements for replacing the injectors
- A list of pupils to whom the AAI can be administered
- An admiration record

Pupils aged seven and over who have prescribed AAI devices may keep their device in their possession where this has been approved by a senior leader and is deemed appropriate based on the individual pupil's age, maturity and ability to safely manage their device. For pupils under the age of seven, prescribed AAI devices will be 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:

- Main office

All staff have access to AAI devices, but these are out of reach and inaccessible to pupils – AAI devices are not locked away where access is restricted.

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

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

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

Rachal Kitson

The above staff members conduct a termly check 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 following staff member is responsible for overseeing the protocol for the use of spare AAIs, its monitoring and implementation, and for maintaining the register of AAIs:

- Rachal Kitson

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, the following information will be recorded on the AAI Record:

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

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

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 or the school will provide a suitable packed lunch.

11 MEDICAL ATTENTION AND REQUIRED SUPPORT

Once a pupil's allergies have been identified, a meeting will be set up between the pupil's parents, the relevant classroom teacher 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 Policy and the Supporting Pupils with Medical Conditions Policy.

Parents will provide the office staff 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 pupils IHP.

The headteacher or equivalent 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.

The headteacher or equivalent has overall responsibility for ensuring that IHPs are implemented, monitored and communicated to the relevant members of the school community.

12 STAFF TRAINING

All staff members, including teaching staff, support staff, lunchtime supervisors, catering staff, office staff, temporary staff and relevant volunteers, will receive allergy awareness and anaphylaxis training.

Training will be provided as part of the school's induction process for new staff and will be refreshed at least annually, or sooner where there has been a significant change in guidance, legislation, school procedures or an individual pupil's medical needs.

Allergy awareness training will include:

- Recognising the signs and symptoms of an allergic reaction and anaphylaxis
- Understanding that anaphylaxis can occur rapidly and may be life-threatening
- Understanding the individual allergies and specific needs of pupils within the school
- Understanding how allergens may be encountered in school, including through food, cross-contamination, animals, medication and insect stings
- Understanding the importance of preventing accidental exposure to known allergens
- Understanding the school's procedures for managing allergies and anaphylaxis
- Knowing where pupils' Individual Healthcare Plans (IHPs), allergy action plans and emergency medication are located
- Knowing how to respond in an emergency
- Understanding the importance of administering adrenaline without delay where anaphylaxis is suspected
- Understanding how to use the different adrenaline devices held by the school
- Understanding the circumstances in which a spare AAI may be administered
- Knowing when and how to contact emergency services
- Understanding the importance of recording and reporting allergic reactions, anaphylaxis incidents and near misses.

All school first aiders will receive practical training in the administration of adrenaline auto-injections (AAIs) as part of their Paediatric First Aid training. This training will include practical experience using an appropriate training device, ensuring that all school first aiders are able to safety administer an AAI when required.

Training records will be maintained by the school and will include the date of training, the nature of the training and the staff members who attended.

Staff members who are responsible for supporting pupils with allergies will be given access to relevant IHPs and allergy action plans and will be informed promptly of any significant changes to a pupil's allergy or medical requirements.

The school will ensure that temporary, agency and supply staff are provided with appropriate information about pupils with known allergies and the procedures to follow in the event of an allergic reaction.

Training will be reviewed following any serious allergic reaction, anaphylaxis incident or near miss to identify whether further training or changes to procedures are required.

13 MILD TO MODERATE ALLERGIC REACTIONS

A mild to moderate allergic reaction may include symptoms such as:

- Itching or tingling of the skin or mouth
- Hives or a rash
- Flushing of the skin
- Swelling of the lips, face or eyes
- Abdominal pain
- Nausea or vomiting
- Other symptoms identified within the pupil's IHP or allergy action plan.

Where a pupil is experiencing a mild to moderate allergic reaction, staff will:

1. Stay with the pupil and remain calm.
2. Follow the pupil's IHP or allergy action plan.
3. Administer prescribed medication where this is included within the pupil's IHP and staff are authorised and trained to do so.
4. Monitor the pupil closely for any signs that the reaction is becoming more severe.
5. Contact the pupil's parents/carers as appropriate.
6. Seek medical advice where required.

If the pupil develops any symptoms indicating anaphylaxis, staff will immediately follow the procedures set out in section 14 of this policy.

Staff must not assume that an allergic reaction will remain mild. Allergic reactions can develop rapidly and may become life-threatening.

Where there is any doubt about whether a reaction is mild/moderate or anaphylaxis, staff will treat the situation as an emergency and follow the anaphylaxis procedure.

All allergic reactions, including significant mild or moderate reactions, will be recorded in accordance with the school's medical conditions procedures.

Serious incidents and relevant near misses will be reviewed to identify any lessons that can be learned and whether changes to the pupil's IHP, risk assessment or school procedures are required.

14 MANAGING ANAPHYLAXIS

Anaphylaxis is a medical emergency and can be life-threatening. Where anaphylaxis is suspected, adrenaline must be administered without delay in accordance with the pupil's allergy action plan or IHP.

Staff must not wait for symptoms to become severe before administering adrenaline where anaphylaxis is suspected.

In the event of suspected anaphylaxis, staff will:

1. Administer the pupil's adrenaline auto-injector immediately**, in accordance with their allergy action plan/IHP and the manufacturer's instructions.
2. If the pupil's own AAI is unavailable, cannot be administered correctly or is not working, a spare school AAI may be administered where the necessary medical authorisation and parental consent are in place.
3. Call 999 immediately and state that the pupil is experiencing anaphylaxis.
4. Tell the emergency services that adrenaline has been administered and provide the school's full address and postcode.
5. Do not allow the pupil to stand or walk. The pupil should remain lying down with their legs raised where possible. If they are experiencing breathing difficulties, they may sit up with their legs extended. If they become unconscious, they should be placed in the recovery position.
6. A member of staff should remain with the pupil at all times.
7. If there is no improvement after **5 minutes**, a second adrenaline auto-injector should be administered where available and appropriate.
8. If a second dose of adrenaline is administered, the emergency services must be informed.
9. A member of staff should meet the ambulance and direct paramedics to the pupil.
10. The pupil's IHP/allergy action plan and details of any medication administered should be made available to the emergency services.
11. Used adrenaline auto-injectors should be retained and handed to the paramedics where requested.
12. Parents/carers will be contacted as soon as reasonably practicable and informed of the incident.
13. The pupil will remain under appropriate medical supervision and will not be left alone.

Important principles

Staff must remember:

- **If in doubt, give adrenaline.**
- **Adrenaline should be administered without delay where anaphylaxis is suspected.**
- **Never allow a pupil experiencing anaphylaxis to stand or walk.**
- **Always call 999 following administration of adrenaline.**
- A second dose of adrenaline should be considered after 5 minutes if there is no improvement and another device is available.
- Anaphylaxis can occur without all of the symptoms listed in this policy being present.
- Where a pupil with a known food allergy and asthma develops sudden breathing difficulties, anaphylaxis should be considered and adrenaline administered in accordance with their allergy action plan.

After an anaphylaxis incident

Following any suspected or confirmed anaphylactic reaction, the school will:

- Record the incident, including the symptoms observed, the time of the reaction, the suspected allergen, the medication administered and the time it was administered.
- Record who administered the adrenaline and any other medication.
- Inform the parents/carers.
- Ensure any used or expired AAI is replaced as soon as possible.
- Review the pupil's IHP/allergy action plan with the parents/carers and relevant healthcare professionals where appropriate.

- Review the circumstances surrounding the incident and identify whether any changes are required to the pupil's risk assessment, IHP, emergency arrangements or school procedures.
- Record and report the incident in accordance with the Trust's incident reporting procedures.
- Consider whether the incident meets the threshold for reporting as a serious incident and/or whether it constitutes a near miss.
- Ensure that any lessons learned are communicated to relevant staff and incorporated into school procedures where appropriate.

The school will ensure that all serious allergic reactions and relevant near misses are reviewed so that lessons can be learned and the risk of a future incident reduced.

14 MONITORING AND REVIEW

This policy is reviewed annually by the Governing Body. Any changes to this policy will be communicated to all relevant stakeholders.

Declaration of Responsibility

This Allergen and Anaphylaxis Policy was reviewed and formally adopted by Haworth Governors on

.....1 September 2026 .....Date

.....Signed Chair of Governors

....Signed Executive Headteacher

Appendix 1 – Individual Healthcare Plan (IHP)

INDIVIDUAL HEALTHCARE PLAN

Anaphylaxis / Severe Allergy

1. Child and Plan Details

Insert Picture Here

Child's full name	
Date of birth	
Year group / class	
School	
Parent/carer name(s)	
Parent/carer contact number(s)	
GP practice & contact number	
Plan start date	
Plan review date (see Section 9)	

2. Known Allergens and Triggers - *List all confirmed allergens/triggers exactly as documented by healthcare professional.*

☐ Cross-reactivity / foods or substances to avoid as a precaution (detail below)

3. Clinical Information

Allergy Action Plan attached? (Y/N)	
Issued by (clinician & role) & hospital	
Date issued / last reviewed	

4. Medication Management

The child has two prescribed AAIs available at all times? (Y/N)	
Devices carried by child or stored centrally?	
Storage location(s) — must be unlocked and accessible	
Checked for expiry by (name/role) & frequency	
Antihistamine for mild/moderate reactions, if prescribed (name & dose)	

Device details

Device	Location	Expiry date
Adrenaline auto-injector 1 (brand/dose): _____		
Adrenaline auto-injector 2 (brand/dose): _____		
Spare/school-stock AAI (if used)		

5. Watch for Signs and Actions to Take

Anaphylaxis can occur without any skin symptoms — always consider it in a pupil with a known allergy who has sudden difficulty breathing.

Mild to Moderate Reaction

Watch for signs:

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Mild throat tightness
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour
- Other: _____

Action to take:

1. Stay with the pupil; call for help if needed.
2. Locate Adrenaline autoinjector(s)
3. Give antihistamine if prescribed (can repeat if vomited) — see Section 6.
4. Phone parent/emergency contact.
5. Do NOT let the pupil shower to relieve itching — this can worsen a reaction.
6. Watch closely for any sign listed under Severe Reaction →

Severe Reaction
ANAPHYLAXIS

Watch for signs (any ONE = anaphylaxis):

A — Airway

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B — Breathing

- Difficult or noisy breathing
- Wheeze or persistent cough

C — Consciousness

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

IF ANYONE (OR MORE OF THESE SIGNS ARE PRESENT

1. **Lie flat with legs raised** (sit up if breathing is difficult) — never stand or walk them.



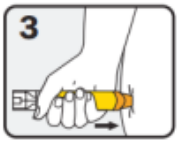
2. Give the adrenaline auto-injector (AAI) without delay.



PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



Hold leg still and PLACE ORANGE END against mid outer thigh "with or without clothing"



PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

3. Dial 999, say "anaphylaxis" (an-a-fil-ax-iss), and note the time.

AFTER GIVING ADRENALINE

1. Stay with the child until the ambulance arrives, **Do <u>NOT</u> stand them up.** Keep them lying down
2. Phone parent / Emergency Contact
3. If no improvement **after 5 minutes, give a further adrenaline dose**

Begin CPR immediately if there are no signs of life.

***** IF IN DOUBT, GIVE ADRENALINE *****

Stay with the pupil for at least one hour after any reaction, even if it appears to have resolved.

6. Staff Training and Familiarisation

All staff have completed whole-school anaphylaxis/AAI awareness training? (Y/N)	
Training provider	
Date of most recent whole-school training	
Next refresher due	

7. Parental Consent — School's Spare/Back-up Adrenaline Auto-Injector

Under the Human Medicines (Amendment) Regulations 2017, a school holding a spare/back-up AAI may use it in a genuine emergency on any pupil or adult believed to be having anaphylaxis, including a first-time or undiagnosed reaction, without prior consent. For a pupil with a known, diagnosed risk — such as this pupil —

School holds spare/back-up AAI(s) on site? (Y/N)	
Spare AAI storage location(s)	

☐ I/we consent to this pupil's school administering its spare/back-up adrenaline auto-injector if the pupil's own prescribed AAI(s) are not immediately available, are out of date, have misfired, or have already been given without full effect.

☐ I/we consent to a recent photograph of this pupil being kept with this plan/in the medical area, for staff identification purposes only.

Consent given by (name)	
Relationship to pupil	
Date	

8. Inclusion and Participation

Describe adjustments needed so the child can take part fully and safely — arrangements should minimise exclusion wherever possible.

School trips and off-site visits

PE, sport and physical activity

School meals, cooking/food activities, parties and celebrations

Other adjustments (e.g. seating, classroom snacks, exam considerations)

9. Review Arrangements

☐ Reviewed at least annually

☐ Reviewed whenever the Allergy Action Plan is updated

☐ Reviewed after any allergic reaction or near miss

☐ Reviewed on transition to a new class, year group or school

Next scheduled review date	
Reviewed with (names/roles)	

10. Developed and Agreed By

Parent/Carer	Signature:	Date:

School (e.g. SENCo/Head)	Signature:	Date:

Healthcare professional (if involved)	Signature:	Date:

Child/young person (where age-appropriate)	Signature:	Date: