Churchfield Church School and Nursery
Allergy Safety Procedure
September 2026
Adapted from ‘Allergy Schools’ model

Rationale for Allergy Procedure

Rationale for Allergy Procedure

Our school recognises that allergies can be serious, unpredictable and potentially life-threatening. We have a duty of care to ensure that all pupils with known allergies are supported safely, sensitively and consistently throughout the school day, including during lessons, lunchtimes, trips, clubs and wider school activities.

This allergy procedure has been developed to provide clear guidance for staff, parents, carers and pupils so that everyone understands their responsibilities in preventing, recognising and responding to allergic reactions. It aims to reduce risk, promote inclusion and ensure that pupils with allergies are able to access school life as safely and fully as possible.

The contents of this procedure reflect best practice guidance and take into account areas of concern highlighted in Prevention of Future Deaths Reports following the tragic deaths of children from serious allergic reactions in school settings. These cases remind us of the importance of robust procedures, clear communication, effective staff training, accurate individual healthcare plans and swift emergency responses.

This procedure also draws on the work of the wider allergy sector, including resources and templates provided by the British Society for Allergy & Clinical Immunology (BSACI), Allergy School and The Natasha Allergy Research Foundation. These organisations provide valuable guidance for schools and families in managing allergies safely and effectively.

By having a clear allergy procedure in place, our school aims to ensure that:

- pupils with allergies are identified and appropriately supported;
- individual allergy and healthcare plans are accurate, accessible and regularly reviewed;
- staff understand how to prevent exposure to known allergens where possible;
- emergency medication, including adrenaline auto-injectors, is stored safely and can be accessed quickly;
- staff are trained to recognise the signs of an allergic reaction and respond promptly;
- communication between school, parents, carers, healthcare professionals and catering providers is clear and effective;
- pupils with allergies are treated with dignity and are included in all aspects of school life.

This procedure forms part of our wider commitment to safeguarding, inclusion, medical needs provision and pupil wellbeing. It supports a whole-school approach where allergy awareness is everyone's responsibility and where the safety of children remains central to our practice.

Kitt Medical managed anaphylaxis provision

The school has subscribed to the Kitt Medical Anaphylaxis Kitt service as part of its whole-school allergy safety arrangements. The subscription provides spare adrenaline auto-injectors (AAIs), a secure and accessible wall-mounted emergency Kitt, online CPD-accredited allergy and anaphylaxis training, medication monitoring and an online management portal. The Kitt Medical Portal will be used to support the school's audit trail for staff training, completion certificates, Kitt/medication checks, near misses and incidents involving use of an AAI. School safeguarding, medical and pupil records remain the formal school record and will be updated alongside the Kitt Portal where relevant.

SCHOOL ALLERGY PROCEDURE

Date to be implemented from:	**01.09.2026**
Date to be reviewed by:	**01.09.2028**
Version No:	**v1**
Designated Allergy Lead:	**Emma Freedman**

Distribution To	
All Staff	✓
Teaching Staff / TAs	✓
Administration Staff	✓
Kitchen Staff	✓
Premises Staff	✓
Parents	✓
Governors	✓

Statement of Intent
This School is committed to promoting a whole school approach to health care, welfare and wellbeing and the safe management of those members of our school community who live with specific allergies. We believe that all allergies should be taken seriously and dealt with in a professional and appropriate way. By our actions we will work proactively to:

- minimise the risk of exposure within the school setting
- encourage self-responsibility
- learn avoidance strategies
- have robust plans for an effective response to possible emergencies
- ensure inclusivity for all pupils

Equalities statement
Our school is clear about the need to actively support pupils with medical conditions to participate in school life.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely in all aspects of school life.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

Context
Food allergies are increasing in both developed and developing countries, especially in children and the severity and complexity of food allergy is also increasing. Food allergy can be fatal and an appropriate diagnosis is essential in parallel with the need for clear food labelling worldwide.

Around 5-8% of children in the UK live with a food allergy and most school classrooms will have at least one allergic pupil. These young people are at risk of anaphylaxis, a potentially life threatening reaction which requires an immediate emergency response. 20% of severe allergic reactions to food happen whilst a child is at school and these reactions can occur in children

with no prior history of food allergy. It is essential that staff recognise the signs of an allergic reaction, symptoms and are able to manage it safely and effectively.

Schools have a legal duty to support pupils with medical conditions, including allergy.

Principles

- To comply with all relevant environmental legislation, regulations and requirements.
- To encourage proactive steps to keep pupil/students safe.
- To ensure pupils/students from diverse backgrounds, ethnicities or different cultural heritages
- are not disadvantaged when dealing with allergies and food labelling.
- To work with the catering provider/team to establish a robust process and documentation for
- menu planning, food labelling, storing, avoidance of cross-contamination, stock ordering of
- food/drink used at the school.
- To provide an effective staff awareness programme on food allergies and intolerances,
- possible symptoms (anaphylaxis) recognition and actions to take.
- To develop a pupil awareness programme through PHSE and other curriculum areas.

Allergy management checklist		
	Yes	**No**
Does the child have an Individual Healthcare Plan?		
Has your school purchased spare pens?		
Does each child have a completed and signed Allergy Action Plan?		
Have ALL school staff been trained in allergy and anaphylaxis?		
Does the school allergy policy include where and how to store AAIs?		
Is there a schedule to check the expiry dates on spare AAIs and each child's AAI?		
Does the allergy policy cover catering for children with allergies?		
Does the allergy policy include pupil allergy awareness?		
Has the school completed an allergy risk assessment?		
Does the allergy policy include risk assessment of extra curricula activities?		
Does the allergy policy cover safeguarding children with allergies, including bullying?		

Practical steps

Governors / Trustees

- Ensure the school has a strategic vision for the management of allergy risk assessment and emergency procedures
- Delegate the day-to-day responsibility for the effective delivery of this Policy to the Designated Allergy Lead.
- Ensure the school's arrangements to identify and safeguard the wellbeing of pupils, because of their own or someone else's allergy, are robust and effective
- Ensure that the school provides appropriate training, information, instruction, induction and supervision on a regular basis to enable everyone to stay safe regarding allergies and their management. It is good practice to log all training and attendees.
- Ensure adequate resources for managing allergies are available
- Ensure appropriate material is available on the school website for parent/carers highlighting how the school is managing pupils/students with allergies

Head Teacher / Designated Allergy Lead

- Monitor the effectiveness of this Policy to ensure it remains fit for purpose
- Provide, as far as practicable, a safe and healthy environment in which people at risk of allergic reaction and anaphylaxis can participate equally in all aspects of school life and are not subject to bullying because of their condition
- Ensure all visitors, volunteers, work experience students, sub-contractors are made aware of the school's commitment to allergy management as part of Safeguarding
- Ensure the curriculum contains age-appropriate content so all pupils/students can learn about allergies and how everyone can support those who have them
- Create links at strategic level with Healthcare professionals and Catering providers and ensure at operational level that links are robust
- Ensure that up-to-date allergy information for pupils/students is accessible to catering teams.
- Ensure there is a workable School Emergency Plan in place that is known by all staff
- Ensure the school sends a copy of the medical details it holds for the child to parents/carers for review and update at the end of each school year. Seek updated medical information at the commencement of each calendar year and for any pupil/student joining in year
- Where the pupil/student has an Individual Healthcare Plan (IHP), ensure the involvement of healthcare and welfare professionals, teaching and catering staff, parents/carers and the pupil/student in establishing IHPs.
- Encourage parents/carers to provide Allergy Action Plans (AAPs) completed and signed by a healthcare professional that can be kept with their medication with copies made available for all staff to access and help the school support the pupil/student
- Ensure effective communication of individual pupil medical needs to all staff and that they know how and where to check for updated information.
- Ensure there are enough trained staff to meet the statutory requirements and assessed needs, allowing for staff absences away from the school premises
- Ensure First Aid staff training includes anaphylaxis management, including awareness of triggers, anaphylaxis and first aid emergency procedures
- Ensure an adequate risk assessment is undertaken prior to any school trips, excursions or offsite extra curricula activities for pupils/students who have allergies
- Ensure records of pupils/students medically prescribed an AAI and its use are kept correctly
- Ensure pupil/student documentation and in date medication is kept correctly and safely
- Ensure best practice in the labelling of foodstuffs and their contents
- Report to the Board of Governors/Trustees regarding the management of allergies within the school

All Staff

- Follow as directed all the requirements of the school, including all legal requirements, recommended best practice and whole school procedures pertaining to allergies within the school context
- Complete appropriate anaphylaxis training and be confident to respond to an allergy emergency
- Raise awareness about allergies and anaphylaxis amongst their pupils/students in the classroom and around school, especially in dining areas
- Encourage self-responsibility and learned avoidance strategies amongst pupils/students living with allergies
- Help all pupils/students understand which foods are safe for those with allergies and how they can support other pupils/students with specific dietary needs to stay safe
- Highlight the need for anti-bullying of pupils/students with the condition
- Be aware of the pupils in their care (including regular cover classes) who have known allergies as an allergic reaction could occur at any time, not just at breaks or mealtimes
- Any food-related activities must be supervised with due caution whilst following best practice for storing, preparing, cooking and serving food
- Any staff leading on a school trip must check that all pupils/students with medical conditions, including allergies, are carrying their medication (those unable to produce their required medication would not be able to attend the excursion)
- Staff leading a school trip, excursion or off-site extra curricula activity must ensure they carry all relevant emergency supplies with them

Parents/Carers

- Notify the school of the pupil/student's allergies.
- Inform the school of any changes as soon as known
- Talk with your child about allergy self-management, including what foods are safe and unsafe, how to read food labels, strategies for avoiding allergens, how to spot symptoms of allergy, how and when to tell an adult if experiencing an allergic reaction.
- Provide an AAP completed by a healthcare professional that can be kept with their medication and help the school support the pupil/student
- Contribute to the provision of an IHP in partnership with the school, and relevant healthcare professional, where required.
- Provide any other written medical documentation, instructions and medications as directed by a health professional.
- If you require it, meet with the Catering/Chef Manager to discuss any specific requirements relating to your child's allergy (information from these meetings will be recorded by the Catering/Chef Manager)
- Be aware of the school Allergy Policy and any arrangements for managing children with allergies and at risk of anaphylaxis
- Communicate regularly with the school to support our ability to keep our children safe and act immediately in the event of an allergic reaction
- Provide appropriate in date medication (two AAIs) of the correct dosage and register their AAIs on the manufacturer's websites to receive text alerts for expiry dates
- Providing appropriate foods to be consumed by the child if necessary
- Replace medications after use or upon expiry
- Review the Policy and procedures with the school's Head/Principal and/or Member of Staff responsible for medical needs, the pupil/student's doctor and the pupil (if age appropriate) after a reaction has occurred

Supply, storage and care of medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own two AAIs on them at all times (in a suitable bag/container). For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely, not locked away and accessible to all staff.

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two AAIs i.e. EpiPen® or Jext®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the Designated Allergy Lead will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

Storage
AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal
AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor/specialist collection service/local authority (delete as appropriate). The sharps bin is kept in the following room:

Spare AAIs and the Kitt Medical Anaphylaxis Kitt

The school maintains spare AAIs through its Kitt Medical subscription. The school Kitt provides a managed supply of spare adrenaline auto-injectors in age/weight-appropriate doses. The subscription includes automatic replacement before expiry and replacement of AAIs used in an emergency once the incident has been reported through the Kitt Medical Portal.

The Kitt will be wall-mounted in a visible, known and readily accessible location. It must not be placed somewhere that would cause avoidable delay in an emergency. Staff will be made aware of the location of the Kitt during induction and allergy/anaphylaxis training. Access arrangements, including keys/emergency access, must be kept operational at all times.

The Designated Allergy Lead or nominated member of staff will complete the Kitt checks prompted through the Kitt Medical Portal and will ensure that the Kitt is intact, accessible and contains the expected in-date medication. Any discrepancy, damage, missing item or access problem must be reported immediately and rectified.

The school Kitt is an additional emergency resource and does not remove the responsibility of parents/carers to provide the pupil's own prescribed medication where this is required by their Allergy Action Plan or Individual Healthcare Plan.

Use of a spare AAI must follow current statutory guidance, the pupil's Allergy Action Plan/IHP where applicable, and emergency-service advice. If anaphylaxis is suspected, an AAI should be administered without avoidable delay in accordance with current guidance and 999 must be called.

Whenever a school spare AAI is used, the member of staff responding must ensure that the Designated Allergy Lead/Office is informed immediately. The school will record the event in the pupil's medical/incident records and IHP/AAP as appropriate, inform parents/carers, review the circumstances and any lessons learned, and log the AAI use on the Kitt Medical Portal so that the used device can be replaced under the subscription. Used AAIs will be handed to ambulance staff or disposed of safely as clinical sharps in accordance with school procedures.

Catering
All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The school menu is available for parents to view in weekly/fortnightly/monthly advance with all ingredients listed and allergens highlighted on **Arbor.**
The **Designated Allergy Lead/Office** will inform the Catering Cook of pupils with food allergies.

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen/tuck shop, parents should check the appropriateness of foods by speaking directly to the catering manager.
- The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
- For further information, parents/carers are encouraged to liaise with the Catering Manager.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

Allergy awareness and nut bans
The School supports the approach advocated by many allergy charities towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

Risk assessment
The School will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

Risk assessments and allergy safety arrangements will be reviewed following any significant change, allergic reaction, use of an AAI, or relevant near miss. Learning from incidents and near misses will be shared with relevant staff and used to improve systems, supervision, training or individual plans.

Wiltshire Children Trust - Anaphylaxis Risk Assessment Example Template.

Training

All staff are required to undertake allergy awareness and anaphylaxis training. Churchfield uses the Kitt Medical online CPD-accredited Allergy and Anaphylaxis training course as its core whole-school training programme. The course is approximately 30 minutes and covers allergy awareness, recognition of allergic reactions and anaphylaxis, emergency response and the use of adrenaline auto-injectors.

Training invitations will be issued through the Kitt Medical Portal. Completion will be monitored by the Designated Allergy Lead/nominated administrator and certificates will be retained or accessible through the Portal as evidence for the school's training audit. Staff who have not completed required training by the school's deadline will be followed up. New staff and relevant temporary staff will receive allergy safety information as part of induction and will complete the assigned Kitt Medical training as directed.

Online learning will be supplemented by practical familiarisation with trainer AAIs so that staff can confidently locate the school Kitt and understand how to use the relevant device in an emergency. A trainer device supplied with the Kitt may be used for this purpose.

Training will include:

• common allergens and triggers;
• signs and symptoms of allergic reactions and anaphylaxis, including when to call 999;
• how and when to administer an AAI and the importance of acting without avoidable delay;
• measures to reduce the risk of exposure to allergens;
• individual responsibilities and how to access Allergy Action Plans/IHPs;
• associated conditions such as asthma;
• the location and emergency access arrangements for the Kitt Medical Anaphylaxis Kitt;
• how to report allergic incidents, AAI use and near misses; and
• the school's process for reviewing incidents and learning lessons.
The Designated Allergy Lead will periodically review training completion through the Kitt Medical Portal and report assurance information to senior leaders/governors as appropriate.

Incident and near-miss reporting

The school will record, review and learn from serious allergic incidents and near misses. A near miss includes an event or failure in arrangements that did not result in harm but could reasonably have led to an allergic reaction or delayed emergency treatment, for example inaccessible medication, missing/expired medication, accidental allergen exposure without a reaction, or a failure to follow an agreed Allergy Action Plan/IHP.

Staff must report incidents and near misses promptly to the Designated Allergy Lead/Office. The school will record the event within its own medical/incident systems and update the pupil's IHP/AAP where relevant. The Kitt Medical Portal will additionally be used to log relevant near misses and

incidents and must be used whenever a school spare AAI has been administered so that Kitt Medical can verify the incident and arrange replacement medication under the subscription.

Following an incident or significant near miss, the Designated Allergy Lead will review what happened, identify any learning, amend risk assessments or procedures where necessary, communicate changes to relevant staff and, where appropriate, report themes or significant events to senior leaders/governors.

FIRST AID FOR ANAPHYLAXIS

Recognise the Signs of Anaphylaxis...

A Airways

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

B Breathing

- Difficult or noisy breathing
- Wheeze or persistent cough

C Circulation

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

An allergic reaction can escalate to anaphylaxis which is potentially life-threatening.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

ANAPHYLAXIS: ACTIONS TO TAKE

If any one or more of the above ABC symptoms are present, take these steps.

1. Administer an Adrenaline Auto Injector (AAI) without delay

Inject the AAI into the top of the outer thigh. If you're in doubt that it is anaphylaxis but one or more ABC symptoms are present, **give the AAI, it will not harm them.**

2. Dial 999 and say anaphylaxis ('ana-fill-axis')

Stay with the person until the ambulance arrives. **DO NOT let them stand up and walk around.**

3. The person should lie down immediately

If the person is not already lying down, they should do so, with legs raised if possible. If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.

4. Inject a second AAI into the outer thigh if there are no signs of improvement after 5 minutes

If there is no sign of life, start CPR immediately until help arrives.

Please learn these steps. This is life-saving information.
You never know when you will need to act in an anaphylaxis emergency.

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

Empower • Include • Protect

AllergySchool.org.uk

Registered charity England & Wales (1181098) Scotland (SC051610). Based on BSACI and 2023 MHRA guidance.

ANAPHYLAXIS

HOW TO USE EPIPEN AAIS

If you think someone is have an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Remove the blue safety cap

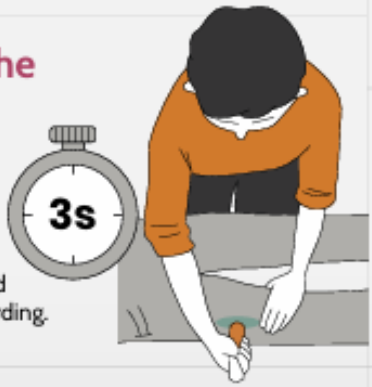
Grasp the EpiPen in your dominant hand and remove the blue safety cap by pulling straight up. **Remember: Blue to the Sky, Orange to the Thigh!**

2. Position the orange tip

Hold the EpiPen at 90°, approximately 10cm away from the leg, with the orange tip pointing towards the outer thigh.

3. Administer the EpiPen AAI

Jab the EpiPen firmly into the outer thigh at a right angle. Hold firmly for 3 seconds, before removing and safely discarding.



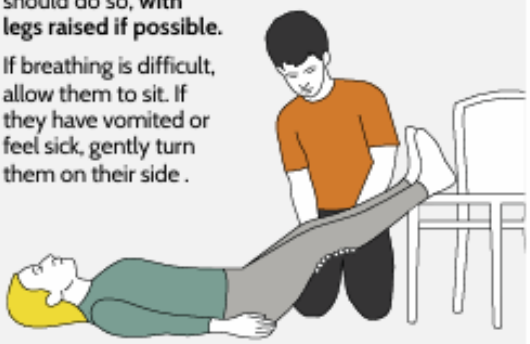
4. Once the EpiPen AAI has been administered call 999

Ask for an ambulance and say **"ana-fill-axis".**

5. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, **with legs raised if possible.**

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side .



6. If there are no signs of improvement after 5 minutes, use a second EpiPen AAI

The person should remain still and lying down until the ambulance arrives. **Don't try to get up, even if you start to feel better.**

7. Start CPR

If there are no signs of life, **start CPR immediately** until help arrives.

For more information on EpiPen AAIs >>

Sign up to the free expiry alert service and receive reminders by text or email when your EpiPen is about to expire >>

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

Empower · Include · Protect
AllergySchool.org.uk

Registered charity England & Wales (1181098) Scotland (SC051610). Based on BSACI and 2023 MHRA guidance. Source: EpiPen.

ANAPHYLAXIS

HOW TO USE JEXT AAIS

If you think someone is have an anaphylactic reaction, give the AAI without delay. It will not harm them.

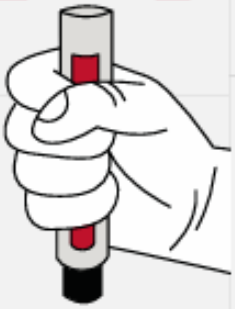
Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Hold the Jext AAI in the hand you write with

Hold with your thumb closest to the yellow cap. **Pull off the yellow cap with your other hand.**

2. Place the black injector tip against the outer thigh

Hold the injector **at a right angles (approx. 90°) to the thigh.**



3. Push the black tip as hard as you can into the outer thigh

Wait until you **hear a 'click'** confirming the injection has started, then keep it pushed in. Hold the injector firmly in place against the thigh for **10 seconds (a slow count to 10)** then remove. The black tip will extend automatically and hide the needle.

4. Massage the injection area for 10 seconds

5. Once the Jext AAI has been administered call 999

Ask for an ambulance and say **"ana-fill-axis".**

6. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, **with legs raised if possible.**

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.

7. If there are no signs of improvement after 5 minutes, use a second Jext AAI

The person should remain still and lying down until the ambulance arrives. **Don't try to get up, even if you start to feel better.**

8. Start CPR

If there are no signs of life, **start CPR immediately** until help arrives.

For more information on Jext AAIs >>

Sign up to the free expiry alert service and receive reminders by text or email when your Jext AAi is about to expire >>

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

Empower • Include • Protect
AllergySchool.org.uk

Registered charity England & Wales (1181098) Scotland (SC051610). Based on BSACI and 2023 MHRA guidance. Source: Jext.

Flowchart for Allergic Reaction without use of Adrenaline Auto-Injector.

Refer to the child's BSACI Allergy Action Plan if they have one and call for other staff help if needed

Mild Reaction

- Itchy skin, rash, hives
- Swelling of lips, throat
- Sneezing, nasal congestion
- Water, red eyes

Give Antihistamine Dose

- Check correct dose as on pharmacy label

Contact Parent / Carer

- Notify them that their child has had an allergic reaction
- **Supervise child continually**

- If child vomits within 30 minutes of being ghiven first antihistamine dose

Administer another full dose

Regular dosing of antihistamine for 24 hours

- Dosage as directed on pharmacy label

If condition worsens move to Severe Reaction

Severe Reaction

- Hives (asthma or eczema worsen)
- Swollen tongue or difficulty swallowing
- Hoarse voice, coughing or wheezing
- Laboured breathing, gasping
- Stomach pain, bloating, vomiting
- Change in skin tone/colour - paler
- Feeling faint, clammy
- Dizziness, fainting, collapse

Where Airway / Breathing difficulty

ensure child sits upright

Where Feeling faint or drowsy,

lie down with legs raised

Dial 999 immediately

- Follow instructions given by ambulance control staff
- Inform ambulance control if you have spare in-date Adrenaline Auto-Injectors at the School
- Ensure parents/carers are contacted
- **DO NOT LEAVE THE CHILD**
- **If the child is asthmatic** but still alert, give inhaler via spacer - 2 puffs, additional puffs (1 per minute to max 8) can be given if needed.

Flowchart for Allergic Reaction with use of Adrenaline Auto-Injector.

Refer to the child's BSACI Allergy Action Plan if they have one and call for other staff help if needed

Mild Reaction

- Itchy skin, rash, hives
- Swelling of lips, throat
- Sneezing, nasal congestion
- Water, red eyes

Give Antihistamine Dose

- Check correct dose as on pharmacy label

Contact Parent / Carer

- Notify them that their child has had an allergic reaction
- **Supervise child continually**

- If child vomits within 30 minutes of being ghiven first antihistamine dose

Administer another full dose

Regular dosing of antihistamine for 24 hours

- Dosage as directed on pharmacy label

If condition worsens move to Severe Reaction

Severe Reaction

- Hives (asthma or eczema worsen)
- Swollen tongue or difficulty swallowing
- Hoarse voice, coughing or wheezing
- Laboured breathing, gasping
- Stomach pain, bloating, vomiting
- Change in skin tone/ colour - paler
- Feeling faint, clammy
- Dizziness, fainting, collapse

Where Airway / Breathing difficulty

ensure child sits upright

Where Feeling faint or drowsy,

lie down with legs raised

Administer Auto-Injector (AAI)

- Check in-date, safety cap intact
- Remove safety cap
- Hold needle firmly, inject into thigh
- AAI clicks, hold for 3 seconds
- Remove AAI carefully
- Send for 2nd AAI

Dial 999 immediately

- Follow instructions given by ambulance control staff
- Where no improvement after 5 minutes, administer a second dose
- Ensure parents/carers are contacted
- **DO NOT LEAVE THE CHILD**
- **If the child is asthmatic** but still alert, give inhaler via spacer - 2 puffs, additional puffs (1 per minute to max 8) can be given if needed.
- Hand over AAIs to ambulance crew on arrival or ambulance

Information on allergies

The most common causes of food allergies relevant to this Policy are the fourteen food allergens:

- **Cereals containing Gluten**
- **Celery**
- **Crustaceans**
- **Eggs**
- **Fish**
- **Soya**
- **Milk**
- **Nuts**
- **Peanuts**
- **Mustard**
- **Sesame Seeds**
- **Sulphur dioxide/Sulphites**
- **Lupin**
- **Molluscs**

However, it is possible that any food has the potential to cause an allergic reaction. Contact with any food or materials containing a child's allergen has the potential to cause an allergic reaction for that child.

Latex, chemicals, medicines, grasses, pollen, weeds, trees, pets, insect venom and animal dander (shedded flakes of skin) can also cause allergic reactions.

Symptoms

Mild to moderate symptoms include:

- Swelling of the eyes, face and lips
- Runny or congested nose
- Raised itchy rash (hives), eczema flare, skin flushing
- Itchy mouth
- Stomach cramps, nausea, vomiting, diarrhoea

Severe symptoms include:

- Swollen tongue, hoarse voice or cry, difficulty swallowing and talking
- Chest tightness
- Breathing difficulties, persistent cough, wheeze
- Low blood pressure, feeling faint, collapse
- Pale and floppy (babies and small children)

Named allergy lead school checklist

School:

Named allergy lead:

Benedict's Law requires all schools in England to have an allergy safety policy, which is the responsibility of both a named governor and a named senior leader. The governor role is about monitoring and oversight, while the senior leader role is operational. Named senior leaders need to ensure that robust allergy systems are in place and that they are being effectively implemented.

You can use this checklist to make sure you are fulfilling all your allergy care responsibilities in your school.

What the named allergy senior leader should check now:	Completed
A named governor/trustee for allergy oversight has been formally appointed	
The school has an up-to-date medical conditions policy that has been approved by governors/trustees	
The school has an up-to-date, stand-alone allergy safety policy that has been approved by governors/trustees	
These policies are both published on the school website and accessible to parents/carers and staff	
Pupils with allergies are clearly identified on a school central allergy register/record	
Individual Healthcare Plans are in place for children and young people with known allergies and these have been communicated to their parent/carers	
ALL staff have undertaken compliant allergy awareness and emergency response training	
Compulsory spare adrenaline auto-injectors have been purchased/are held on site	
Adrenaline devices are easily accessible: staff know where they are and how to use them (including the spare adrenaline auto-injectors)	
Inclusive arrangements are in place for school trips, clubs and extracurricular activities	
Catering and food provision procedures consider allergen safety and inclusion	
There is a process for recording and reviewing any allergy incidents or near misses	
Allergy safety is linked into safeguarding and risk management processes	

Named allergy lead school checklist

As part of their role, the named senior leader responsible should ensure the school's allergy safety policy is up-to-date and reviewed regularly. You can use the following checklist to make sure the allergy safety policy is compliant.

The allergy safety policy must include:	Completed
A named allergy lead from senior leadership is identified within the school	
The allergy safety policy covers reducing the risk of exposure to allergens	
The policy covers the ordering, storage and use of spare adrenaline auto-injectors	
The policy includes clear emergency response arrangements for anaphylaxis	
Inclusive arrangements are in place for trips, clubs and activities	
Allergy risks are included within the school's risk register and actively monitored	
The policy links appropriately with safeguarding, health and safety, and risk management procedures	
The policy is understood and implemented consistently across the school	
The policy is published on the school website and accessible to parents, carers and staff	
There is a plan to review the policy annually or following any incidents or near misses	

Staff training	Completed
All staff (including teachers, teaching assistants, lunchtime supervisors, admin staff, and support staff) know how to access and renew their allergy awareness and emergency response training annually	
Staff training is recorded and a record sheet is held centrally	
Induction process has been updated for all new staff to include Benedict's law information and staff requirements	
An allergy and anaphylaxis drill has been scheduled/completed with trainer pens and a record is held centrally	

Signed Dated

Anaphylaxis drill record

School:

Named allergy lead:

HI, I'M ARLO. THANK YOU FOR HELPING KEEP CHILDREN WITH ALLERGIES SAFE!

Running regular anaphylaxis drills helps ensure staff know exactly what to do in an emergency and can respond quickly, calmly and confidently. This checklist will guide you through the process in detail. It can be completed bt the allergy lead and signed for record purposes.

Date of the drill	Staff members present

Why do we need to run an anaphylaxis drill?

An anaphylaxis drill helps schools to:

Prepare staff for real emergencies: Practising emergency procedures helps staff recognise symptoms quickly and respond without delay.

Build confidence and competence: Rehearsing the use of adrenaline devices helps staff feel more confident carrying out their role in a real incident.

Improve communication and teamwork: Drills clarify who calls emergency services, who retrieves medication, who stays with the pupil and who supports other pupils.

Test school procedures and equipment: Drills help identify gaps in allergy management plans, communication systems or medication access before a real emergency occurs.

Support compliance with school policies and guidance: Regular practice demonstrates that the school is taking reasonable steps to protect pupils with allergies and maintain a safe environment.

Reduce anxiety for pupils, parents and staff: Knowing there is a clear, practised emergency response helps create a safer and more reassuring school culture.

Anaphylaxis drill record

Step 1: Plan the Scenario

Detail here which scenario will be practised? (e.g allergic reaction in the classroom, dining hall or playground). Ensure the scenario is realistic but appropriate for staff experience levels.

Step 2: Review emergency procedures

Before starting the drill, make sure all staff are clear on their responsibilities. Check they all know:

- **How to recognise the signs of anaphylaxis**
- **Where emergency medication is stored**
- **How to use an adrenaline auto-injector**
- **Who is responsible for calling 999**
- **How pupils' allergy care plans are accessed**

Step 3: Set up the scenario

List here what role staff will play:

Place **trainer** adrenaline auto-injectors in the location the real ones would usually be.and get staff in their positions to run the mock scenario.

Anaphylaxis drill record

Step 4: Run the drill

Ask staff to respond exactly as they would in a real emergency and say “

Key actions should include:

- **Recognising the symptoms**
- **Calling for help**
- **Retrieving the pupil’s medication**
- **Administering the adrenaline auto-injector**
- **Calling 999**
- **Monitoring and reassuring the pupil**
- **Following the school’s emergency procedures**
- **Observe how quickly and effectively the team responds**

Step 5: Debrief afterwards

What went well?

Any delays or confusion?

Did staff know their roles?

Was the medication easy to access?

Any improvements needed to procedures or training?

Running an anaphylaxis drill

Step 6: Record and review

Any actions identified for improvement:

Use these findings to update training, emergency plans and school procedures where needed.

Good practice tips

- Run drills regularly (termly recommended)
- Include new and temporary staff where possible
- Practise different scenarios and locations around the school
- Check training devices and emergency medication are in date
- Link drills to wider first aid and safeguarding procedures
- Regular anaphylaxis drills help ensure staff are prepared to respond effectively in an emergency and support a safer environment for all children and young people

Reviewed by:	Name	Signed	Date
School allergy governor:			