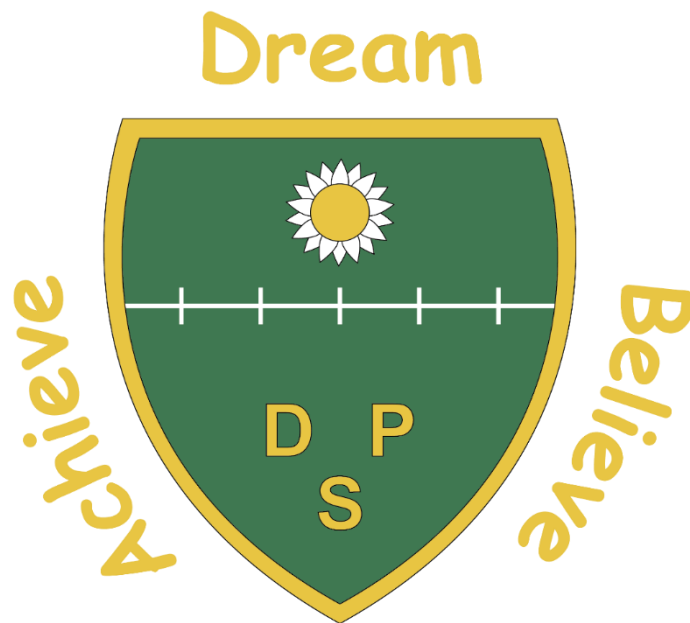


Daisyfield Primary School



Allergy Safety Policy

September 2026

Aims

This policy aims to:

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

Legislation and guidance

Section 34 of the Children's Wellbeing and Schools Act 2026 requires that LA maintained schools, academies and PRUs must have an allergy safety policy.

This policy is based on the Department for Education (DfE)'s statutory guidance on [allergy safety in schools](#) and [supporting pupils with medical conditions at school](#), the Department of Health and Social Care's guidance on [using emergency adrenaline auto-injectors in schools](#), and the following legislation:

- [The Food Information Regulations 2014](#)
- [The Food Information \(Amendment\) \(England\) Regulations 2019](#)

This policy should be read in conjunction with the Department for Education's Allergy Safety in Schools Statutory Guidance (2026), Supporting Pupils at School with Medical Conditions, the SEND Code of Practice, the Equality Act 2010, the Children and Families Act 2014, the Data Protection Act 2018 and UK GDPR, the Health and Safety at Work etc. Act 1974, the Human Medicines (Amendment) Regulations 2017, and Keeping Children Safe in Education.

Roles and Responsibilities

The Governing Board

The governing board is responsible for ensuring:

- Risks relating to pupils with allergy are included in the risk register and actively managed
- The school has an allergy safety policy which sets out:
 - Arrangements to reduce the risk of individuals coming into contact with their known allergens
 - Emergency response plans for cases of anaphylaxis
- The governing board delegates the day-to-day implementation of this policy to the Allergy Safety Lead.

Allergy Safety Lead

The nominated Allergy Safety Lead is Caitlin Morley (SENCo).

They are responsible for:

- Implementing this allergy safety policy
- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published on the school's website
- Promoting and maintaining allergy awareness across our school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices
- Checking that adrenaline auto-injector devices are within date for the academic year (September-July) for each child prescribed with a device
- Order replacement adrenaline auto-injectors a month before their expiry dates approach
- Reporting to the Governing Body annually including training, incidents, near misses, checks and policy compliance

Ensuring:

- All allergy information is up to date and readily available to relevant members of staff
- All pupils who require support with allergies have an up-to-date individual allergy healthcare plan (IAHP)
- All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
- All staff receive annual allergy awareness training
- All staff are aware of the school's policy and procedures regarding allergies
- Relevant staff are aware of what activities need an allergy risk assessment
- Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
- What lessons there are to learn from any 'near misses' or incidents
- Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IAHP

Headteacher

The headteacher is responsible for:

- Deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IAHP is required to specify arrangements that reflect the pupil's circumstances

Allergy team

Allergy Safety Lead, Caitlin Morley (SENCo), and Allergy Safety Deputy, Hajra Mohamed (Admin), are responsible for:

- Checking spare adrenaline auto-injectors are present and in date on a monthly basis and kept in a suitable environment alongside the list of pupils with a prescribed adrenaline device in school.

Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy safety policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care and ensuring their red drawstring bag is taken where the child goes by the lead teacher – e.g. on the playground, school hall etc.
- Reducing the risk to pupils with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of pupils with allergies
- Reporting any allergic reaction or case of anaphylaxis to the Allergy Safety Lead

Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy safety policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition
- Completing the Individual healthcare plans and medical forms in a timely manner.

Pupils with allergies

If age-appropriate and following medical advice, these pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their adrenaline auto-injector

Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Washing their hands before and after eating to reduce the risk of allergens spreading
- Ensuring they do not share food with their peers to reduce the risk of allergens spreading

Allergens

There are 14 major food allergens identified in food labels, however this list is not an exhaustive list of all food allergens:

1. Cereals containing Gluten
2. Celery including stalks, leaves, seeds and celeriac in salads.
3. Crustaceans (prawns, crab, lobster, scampi, shrimp paste)
4. Eggs – also food glazed with egg.
5. Fish – some salad dressings, relishes, fish sauce, some soy and Worcestershire sauces
6. Soya (tofu, bean curd, soya flour)
7. Milk – also food glazed with milk.
8. Nuts (almonds, hazelnuts, walnuts, pecan, Brazil, pistachio, macadamia, nut oils, marzipan).
9. Peanuts – sauces, cakes, desserts, ground nut oil, peanut flour.
10. Mustard – liquid, powder, seeds.
11. Sesame seeds – bread, bread sticks, tahini, hummus, sesame oil.
12. Sulphur dioxide / Sulphites (dried fruit, fruit juice drinks, wine, beer)
13. Lupin – seeds and flour, in some bread and pastries.
14. Molluscs (mussels, whelks, oyster sauce, land snails, squid)

The allergy to nuts is the most common high-risk allergy and, as such, demands more rigorous controls. However, it is important to ensure that all allergies and intolerances are treated equally as the effect on the individual can be both life-threatening and uncomfortable.

Definitions:

Allergy A condition in which the body has an exaggerated response to a substance (e.g. food or drug), also known as hypersensitivity.

Allergen A normally harmless substance, that triggers an allergic reaction in the immune system of a susceptible person.

Anaphylaxis Anaphylaxis, or anaphylactic shock, is a sudden, severe and potentially life-threatening allergic reaction to a trigger (food, stings, bites or medicines)

Adrenaline Device/ adrenaline auto-injector - A syringe style device containing the drug adrenaline. This is an individual prescribed drug which is ready for intramuscular administration. This may also be referred to as an Epi-pen / Ana Pen or Jext, which are particular brand names.

Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking
- A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

Minimising risk

Hygiene procedures:

Daisyfield will put the following procedures in place to minimise risk:

- Pupils are reminded to wash their hands before and after eating
- Sharing of food, food containers, and food utensils is not allowed
- Pupils have their own named water bottles, and lunch boxes provided to pupils with food allergies will be clearly labelled with the name of the child for whom they are intended
- Where food is not directly provided by the school, parents must provide full allergen information for any food sent in

Catering

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

- Catering staff receive appropriate training in line with legislation
- Catering staff are able to identify pupils with allergies through the allergy register stored in the school kitchen
- The school will work with caterers to understand the controls in place to ensure that engage food service complies with relevant requirements

- School menus are available for parents/carers and pupils to view with ingredients labelled when requested, and catering staff are available to discuss the provision of allergy safe meals with parents/carers
- Parents will be notified of menu changes in advance, these will comply with legislation, and continue to meet any special dietary needs of pupils
- Allergen information labelling will follow all [legal requirements](#) that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Where food is provided by the school, staff will understand how to read labels for food allergens
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

Insect bites/stings

When outdoors:

- Footwear should always be worn
- Avoid brightly coloured clothing and strong perfumes during outdoor activities where insects are common
- Food and drink should be covered
- Encourage pupils to remain calm around bees and wasps and avoid waving their arms
- Report any bee hives, wasp or ant nests to the Site Supervisor as soon as possible

Animals

All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact. Pupils with animal allergies will not interact with animals.

The school recognises its duties to both individuals with animal allergies and those who rely on guide dogs or assistance dogs. Through risk assessment, reasonable adjustments, staff training, and individual healthcare planning, the school will seek to minimise the risk of allergic reactions while promoting inclusion and equal access for all members of the school community.

Visits and trips

No pupils with allergies will be excluded from taking part.

- The school will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training

- The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip
- Pupils at risk of anaphylaxis should have their own adrenaline devices with them
- Staff trained to administer adrenaline in an emergency will be present on the school trip
- Appropriate measures will be taken in line with the school's adrenaline device protocols for off-site events and school trips.

Procedures for handling an allergic reaction

All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately. See appendix two.

Staff are trained in the administration of adrenaline to minimise delays in an emergency. If the pupil has an allergy action plan, this must be followed.

A spare school adrenaline device will only be used if:

- The pupil does not have a prescribed adrenaline device
- The pupil's prescribed adrenaline device(s) are not available or misfire. Staff must immediately call 999 before or immediately after administering adrenaline.

Identification

Identifying individuals at risk

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma which may be triggered by airborne allergens
- Allergy to insect stings and medicines

Identifying pupils at risk

We will:

For new starters, as part of the admission paperwork with parents/carers, confirm any allergy the pupil has and whether they carry medication. Where a pupil has a new diagnosis and/or has moved to the school mid-term, we will complete the necessary paperwork and put arrangements in as soon as possible.

Send a reminder to parents/carers at the start of each year asking them to update their child's medical information as necessary. Please review the Supporting children with Medical Conditions Appendix 7 and 8 for these letters.

We ask that parents/carers proactively inform school via email to Caitlin Morley (SENCo) Caitlin.morley@daisyfield.blackburn.sch.uk, within 24 hours, if their child's medical needs change during the school year.

Identifying staff and visitors at risk

As part of the induction process for new members of staff, we will request any relevant allergy information to be shared in advance of their start date.

Visitors and volunteers would also need to pro-actively share any relevant allergy information with one of the allergy team upon arrival.

Individual allergy healthcare plans (IAHP) (Appendix One)

Pupils should have an IAHP if they:

- Have an allergy which has a functional impact on them in the school environment
- They are at risk of harm as a result of their allergy; **and**
- Require arrangements which are additional to or different from those made generally

It is not necessary for a pupil to have a formal diagnosis of allergy for them to have an IAHP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

The IAHP will set out the additional and/or different arrangements that will be in place for supporting the pupil. The school will make every effort to make sure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

Not all children with an allergy will require an IAHP. Some allergies will have little or no impact on the pupil while they are at school, or pose no risk to the pupil. Some allergies will not require arrangements which are additional to or different from those made generally.

The headteacher is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IAHP is required to specify arrangements that reflect the pupil's circumstances.

The school will consider the following principles:

- If the arrangements or support which a pupil requires would be available to any pupil as part of normal policies, an IAHP may not be required
- If the pupil only needs non-prescription medication and the school's medical conditions policy would permit them to carry and administer it, an IAHP may not be required
- IAHPs will be reviewed at least annually and more frequently if the pupil's needs have changed. Where a pupil moves on to a new school or college, their IAHP will be shared as part of the transition.

Allergy and asthma action plans:

All pupils who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

All pupils who have asthma should be issued with an asthma action plan by their healthcare professional.

The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the pupil's IAHP. Whenever the allergy action plan is updated by medical professionals, parents must provide updated plans within 48 hours of receiving them and the pupil's IAHP should be reviewed to incorporate any changes.

Register of pupils with known allergies:

The school maintains a register of pupils who have a known allergy. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed adrenaline devices (and if so, what type and dose)
- Where a pupil has been prescribed an adrenaline device, whether parental consent has been given to administer emergency medication
- A photograph of each pupil to allow a visual check to be made (with parental consent)
- An up-to-date allergy register is maintained in the school office and school kitchen. Access is restricted to staff who require the information to carry out

their duties and to respond to medical emergencies. The information is handled in accordance with the school's data protection policies

- All pupils with an adrenaline device should have these carried by the supervising member of staff with the child at all times or within the classroom with the child in an accessible place. This will reduce delays and allows for confirmation of consent without the need to check the register.

Adrenaline devices (ADs)

Following the Department of Health and Social Care's Guidance on using [emergency adrenaline auto-injectors in schools](#), procedures are as follows:

Prescribed Adrenaline Devices

Pupils who are prescribed adrenaline devices will have their medication kept within a red drawstring bag with their name clearly labelling it. This must be kept with the child at all times **and** on the person of the adult supervising the child with the adrenaline device. This includes when travelling to or from the school and on school trips. Where possible, two devices are carried at all times. Pupils with prescribed adrenaline devices should have their own adrenaline devices at home and separate devices in school. It is the parents'/carers' responsibility for ensuring that they are in date.

A copy of the pupil's allergy action plan is kept within the red drawstring bag and alongside their medication, as it includes instructions on how it should be used in an emergency.

A record of who has prescribed adrenaline devices is to be kept within the school office alongside the emergency adrenaline devices. This list will be checked monthly in line with the visual check of the emergency adrenaline devices by Caitlin Morley (Allergy lead).

Spare/emergency Adrenaline Auto-injectors (ADRENALINE AUTO-INJECTORS) and inhalers:

Current regulations only allow schools to purchase adrenaline auto-injectors as spare devices. Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school's spare adrenaline auto-injector may be used in an emergency. Daisyfield has purchased two emergency asthma reliever inhalers which can only be used if the pupil's prescribed inhaler is not available and where written consent has been obtained.

The Allergy Safety Lead is responsible for sourcing spare adrenaline devices and an emergency asthma reliever inhaler and ensuring they are stored according to the guidance.

Procedures for buying spare adrenaline devices:

- The adrenaline devices will be sourced from a local pharmacy
- Two of each size adrenaline auto-injectors will be purchased (four in total)
- The brand 'Jext' to be purchased. Brand may change if supply issues arise.

Spare adrenaline auto-injectors will be stored:

In the school office in the main cupboard – this is unlocked and accessible to staff only at all times. This is no more than 5 minutes away from any point of the school. They will be stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.

Caitlin Morley and Hajra Mohamed are responsible for checking that these devices are in date, clearly labelled and present, monthly, alongside the emergency inhalers. Caitlin Morley is responsible for obtaining replacement adrenaline auto-injectors alongside the Headteacher when the expiry date is near.

Disposal:

Adrenaline auto-injectors can only be used once. Once an adrenaline auto-injector has been used, the device must be placed in a sharps container and disposed of in line with the manufacturer's instructions.

Using spare Adrenaline devices in an emergency situation without prior consent:

The [Human Medicines \(Amendment\) Regulations 2017](#) do not require consent to have been obtained for spare adrenaline devices to be used in an emergency.

The school will obtain advance consent from parents/carers or pupils for spare adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place.

However, in an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment. Staff must still record the administration immediately afterwards on Medical Tracker.

Use of Adrenaline Devices off school premises (visits and trips):

Pupils at risk of anaphylaxis should always have their adrenaline device accessible to them on school trips and off-site events. These must be carried by the adult supervising the child and stored safely in the red drawstring bag. Staff members in charge of the medicine must have received appropriate training.

Risk assessments must be carried out where the offsite activity may include potential exposure to allergens.

Serious incidents and 'near misses'

A serious incident is any event relating directly to a medical condition (including allergy) in which a pupil, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A 'near miss' is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

Incident recording

The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded on Medical Tracker within 24 hours of the incident occurring, including the following information:

- Who was affected
- What happened, when and where
- Why the incident occurred (as far as is known)
- How staff and pupils responded and what was done to support the individual
- Whether emergency services were called
- How the incident concluded

The school will approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons.

Incident reporting

The parents/carers of a pupil aged up to 16 should be notified of the incident or 'near miss' as soon as possible.

The school will share the report with the pupil's parents, the pupil or the individual involved.

They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will then confirm what we have learnt from the incident and outline any actions we are taking as a result.

In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the pupil is at home. This means that incident reporting is not limited to staff – the pupil, parents/carers or others (such as healthcare professionals) will need to report to the school if there has been an incident with a delayed reaction.

Staff will always share the incident report with Caitlin Morley (Allergy Safety Leader) and Lisa Banks (Headteacher). The Allergy Safety Lead will consider whether the

allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil's IAHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

The school will also share the report with other agencies in the following circumstances:

With the Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalization. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff.

In the event that the incident or 'near miss' was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified within 24 hours.

Allergy awareness

Staff training

The school ensures that all staff expected to be present during times when pupils are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this training as part of their induction.

This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It also includes catering staff and others who may oversee pupils at breakfast or after-school clubs. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad-hoc maintenance personnel.

The school has purchased 'training pens' from Jext so staff can practise safely and be familiar with how to use these.

The school will conduct at least one annual anaphylaxis emergency drill. This simulated exercise will test staff knowledge, communication systems, access to emergency medication and emergency response procedures. The drill will not involve any risk to pupils or staff. Findings and lessons learned will be recorded and used to support continuous improvement, staff training and the annual review of the school's Allergy Safety Policy. Records are to be monitored and held by the Allergy Safety Lead.

Allergy awareness training will ensure that all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist

- Understand the difference between food allergy, coeliac disease and food intolerance
- Know where to find information on allergy triggers
- Can identify the range of symptoms of allergic reactions
- Understand and can recognise anaphylaxis
- Know how to respond in an emergency, including:
 - Calling emergency services and informing parents/carers
 - How to locate and administer emergency medication
 - How to use the medication/device in an emergency
- Understand the impact an allergy can have on a pupil's wellbeing
- Understand the school's allergy safety policy
- Know how to check whether an individual is on the record of those with known allergy, and how to use an allergy or asthma action plan
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a 'near miss')
- Training records will be retained for audit purposes.

Awareness of allergy safety policy

This allergy safety policy will be published on the school's website and shared with parents/carers annually.

All staff should be aware of and understand the policy as part of annual allergy awareness training.

Teachers will incorporate allergy awareness into PSHE where appropriate using resources from Allergy School: <https://allergyschool.org.uk/>.

Wellbeing

The wellbeing of children and young people is of utmost importance at Daisyfield Primary school, pupils may experience bullying and may also suffer from anxiety and depression relating to their allergy.

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher and teaching assistants
- Opportunity to access ELSA support if desired
- Reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis

Daisyfield Primary School will respond to any instance of bullying in line with our behaviour policy.

Wellbeing support following an incident or ‘near miss’

The school recognises that an incident or a ‘near miss’ is a serious event with a potential impact not only on the pupil but their family, those involved in responding and any witnesses.

Following an incident or near miss, the school will:

- Provide appropriate emotional support and reassurance to the pupil involved and any other pupils that may be affected by witnessing the incident
- Communicate sensitively and promptly with parents/carers.
- Ensure staff involved have an opportunity to debrief and discuss any concerns within 24 hours.
- Review the incident to identify any lessons learned and any actions required to further reduce risk, within 24 hours.
- Update risk assessments, Individual Allergy Healthcare Plans (IAHPs), and control measures where necessary.
- Signpost pupils, families, and staff to additional wellbeing support where appropriate.
- Promote a culture of learning rather than blame, encouraging the reporting of incidents and near misses to improve allergy safety across the school.

Information sharing

Information about an individual’s health is considered special category data under UK GDPR. Which means it is highly sensitive and has additional legal protections. Schools have a lawful basis to hold, use and share a child’s special category health data when this is necessary, but it should always be done in a controlled and respectful way, because unnecessary sharing can reduce children’s confidence in practitioners and can be embarrassing for children and young people who may not want to be singled out. It will therefore be handled in line with our data protection policy.

Monitoring arrangements

This policy will be monitored by the Allergy Safety Lead. It will be reviewed and approved annually by the Allergy Safety Lead, or more frequently if a serious incident or ‘near miss’ identifies an area for improvement.

Links to other policies

This policy links to the following policies and procedures, available on the school's website:

- Health and safety policy
- Supporting pupils with medical conditions policy
- School food policy
- Data protection policy
- Behaviour policy

Appendix One – Individual Allergy Healthcare Plan template:

NAME – Individual Allergy Healthcare Plan	
Date of birth:	Current photo
Year / class:	
Emergency contacts:	
Staff who need to be aware:	
Allergy: <i>Note what allergy the child or young person has.</i> <i>Note any known allergens.</i> <i>Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</i>	
How the allergy is managed: <i>Note any care or action plans or prescribed medication issued by healthcare professionals.</i> <i>If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.</i> <i>Note the extent to which the child or young person is able to take responsibility for managing their allergy.</i>	
Impact on education: <i>Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.</i> <i>Indicate how the allergy may impact on the child or young person's learning.</i> <i>Indicate how the allergy may impact on the child or young person's emotional wellbeing.</i> <i>If relevant, note any interaction between allergy and SEN.</i>	

Arrangements for support: <i>Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.</i> <i>Outline measures to reduce the risk of contact with known allergens.</i> <i>Give details of the specific support or adaptations to manage food allergy at meal and snack times.</i> <i>Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.</i>	
Visits and trips: <i>Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.</i> <i>Note any requirement for a risk assessment and prompts for specific issues which should be considered.</i>	
Emergency response: <i>Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.</i> <i>Otherwise summarise the signs or symptoms which would indicate an emergency.</i> <i>Set out what to do in an emergency, including whom to contact.</i> <i>If relevant, note where “spare” adrenaline devices are located.</i>	
Last discussed with parents:	Date
Issued by:	Date:
Next planned review:	Date:
Medication needed while in school:	
Non-prescription medication: <i>Record any <u>non</u>-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting</i> <i>Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access</i> <i>Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.</i>	
Parental consent:	Date:

Prescription medication: <i>Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).</i> <i>Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.</i> <i>Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.</i>	
Prescribed by:	Date:
Parental consent:	Date:
Use of “spare” adrenaline devices: <i>Note whether parental consent has been given to administer adrenaline (e.g. using “spare” adrenaline devices) in an emergency.</i>	
Parental consent:	Date:
Use of “spare” salbutamol inhaler: <i>If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a “spare” salbutamol reliever inhaler.</i>	
Parental consent:	Date:
Care or Action Plans issued by healthcare professionals	
Allergy / Asthma Action Plan: <i>Attach any Action Plan to the IAHP for use in an emergency.</i> <i>Note which healthcare professional issued the plan, their role and the date issued.</i>	
Issued by:	Date:
Care Plan: <i>Note where any relevant care plan can be found.</i> <i>Note what staff are responsible for delivering / supporting delivery of the care plan.</i> <i>Note which healthcare professional issued the plan, their role and the date issued.</i>	
Date:	Date:

Appendix Two – Anaphylaxis Emergency Procedure

In the event of a serious allergic reaction, follow the steps below, taken from: [What to do in an emergency - Anaphylaxis UK](#)

Get in position

If the person is conscious, **lie them flat with their legs raised** to assist in blood flow to the heart and vital organs.

If they're having **difficulty breathing**, they can be propped up with legs stretched out straight.

Give adrenaline immediately

If you or the person affected has been prescribed adrenaline (such as EpiPen®, Jext® or EURneffy®), **use it straight away** – adrenaline is the first-line treatment for anaphylaxis.

Make a note of the time you give the first dose of adrenaline. If symptoms don't improve after **five minutes**, or symptoms get worse, **give a second dose**.

Call 999

Call emergency services immediately after using your first dose of adrenaline and tell the operator it is **"anaphylaxis"** (ana-fil-ax-is).

Give your **exact location** (What3Words can help if you are outside).

Do not move

Stay in this position until help arrives. **Do not** stand up, walk or run, even if you start to feel better.

Movement can make symptoms worse and cause a sudden drop in blood pressure.

Stay with them until emergency services arrive.