Nexus Education Schools Trust

Allergy Safety Policy

July 2026
Statutory

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1. Introduction

In line with Benedict's Law, Nexus Education Schools Trust (NEST) is committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols.

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

Anaphylactic reactions usually begin within minutes of being in contact with the allergen i.e. eating a trigger food, though can occur several hours later (i.e. allergy to Mammalian meat). Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases there could be a dramatic fall in blood pressure leading to collapse.

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20–30-minute window of opportunity during which steps can be taken to prevent death – therefore giving emergency adrenaline immediately and calling Emergency Services (999) is crucial. Anaphylaxis always requires an emergency response.

Anaphylaxis can occur without any other signs (such as a skin rash) being present. Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing. Giving adrenaline in this context is very safe and may be lifesaving.

The most common causes of "whole body" allergic reactions – including anaphylaxis – are:

- foods (e.g. peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish and sesame);
- insect stings (e.g. bee, wasp);
- medication (e.g. antibiotics, pain medicines such as ibuprofen);
- latex (e.g. rubber gloves, balloons, swimming caps).

Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. Pupils who have a skin reaction need monitoring for at least an hour.

NEST adopts a whole-school approach to allergy management, ensuring that allergy awareness, risk reduction, emergency preparedness, staff training and inclusion are embedded across all aspects of school life.

Coeliac disease and food intolerance can present symptoms which are similar to those of food allergy; it is important that coeliac disease and food intolerance are managed through dietary avoidance, but these conditions do not pose a risk of anaphylaxis and so they are not within this allergy safety policy.

Whilst asthma and eczema are not the primary focus of this policy, they will be considered where they interact with allergy risk and will be managed through the school's Medical Conditions Policy and, where appropriate, Individual Healthcare Plans.

2. Purpose and scope

This policy aims to:

- minimise the risk of allergic reactions occurring at school or during school-related activities;
- ensure pupils with allergy are supported to participate fully in school life, including meals, curriculum activities, trips, visits, clubs and sporting activities;
- ensure staff are trained to recognise allergic reactions and anaphylaxis and to respond swiftly and confidently;
- ensure pupils who require additional or different arrangements have them documented through an Individual Healthcare Plan;
- ensure prescribed and spare adrenaline auto-injectors (AAIs) are accessible, checked, stored and used appropriately;
- ensure serious allergy incidents and near misses are recorded, reviewed and used to improve practice.

3. Legislation and guidance

This policy is based upon and should be read alongside the Department for Education statutory guidance Allergy Safety in Schools (July 2026) and Supporting Pupils at School with Medical Conditions. The Trust will implement the requirements and expectations set out within both documents.

The policy reflects relevant duties and expectations under:

- Department for Education, *Allergy Safety in Schools* (July 2026)
- Department for Education, Supporting Pupils at School with Medical Conditions (statutory guidance)
- Section 34 of the Children's Wellbeing and Schools Act 2026, which requires maintained schools, academies and PRUs to have an allergy safety policy;
- Section 100 of the Children and Families Act 2014, which places duties on governing bodies and academy proprietors to support pupils with medical conditions;
- the Equality Act 2010, including the duty to make reasonable adjustments where allergy or a related condition constitutes a disability;
- the Health and Safety at Work etc. Act 1974 and associated health and safety duties;
- the Food Information Regulations 2014 and food allergen information requirements where schools provide or arrange food;
- the Early Years Foundation Stage statutory framework where the school provides early years provision;
- Keeping Children Safe in Education and the Trust Child Protection and Safeguarding Policy.
- Human Medicines (Amendment) Regulations 2017
- UK General Data Protection Regulation (UK GDPR) and Data Protection Act 2018

4. Roles and responsibilities

4.1 The Trust and Local Committee

- Ensure each school has a published Allergy Safety Policy and that it is reviewed at least annually;
- Identify a Local Committee member for oversight of medical conditions and allergy safety, and who reports to Local Committee meetings;
- Ensure allergy safety is considered within risk management arrangements and reviewed after serious incidents or near misses;
- Seek assurance that training, IHPs, emergency arrangements and incident recording are effective.

4.2 Headteacher

- Appoint a named senior leader to act as Medical Conditions and Allergy Lead with responsibility for allergy safety and implementation of this policy;
- Ensure this policy and the Trust's Supporting Pupils with Medical Conditions and Allergy Policy are implemented locally;
- Ensure effective systems are in place to identify pupils, staff and regular visitors with allergy;
- Ensure relevant staff know which pupils have allergy, where emergency medication is kept and what action to take in an emergency;
- Ensure prescribed and spare adrenaline auto-injectors (AAIs) are accessible and checked;
- Ensure allergy-related serious incidents and near misses are reported to the Local Committee and reviewed.

4.3 Medical Conditions and Allergy Lead

- Ensure systems are in place to collect allergy information during the enrolment process, ensuring that this information is shared appropriately with staff, catering, first aiders and club providers. Outside of the normal admission point, ensure that information is shared with staff and catering teams as soon as reasonably practicable and before the pupil accesses any relevant activity where practicable
- Maintain a register of pupils and staff with allergies, including details of prescribed adrenaline auto-injectors (AAIs) and allergy action plans
- Ensure robust systems are in place to identify pupils with allergies at mealtimes
- Ensure clear communication of the Allergy Safety Policy, pupils who are on the register of those with allergies and the importance of recording and reporting near misses and incidents
- The Medical Conditions and Allergy Lead will communicate with:
    - Local Committee members to provide updates about the policy implementation
    - Health and Safety and Designated Safeguarding Leads (DSLs) to keep allergy safety as part of their roles
    - Outside agencies such as Health and Safety Executive (HSE) if a report under RIDDOR is needed
    - Caterer; the procedures in the kitchen and the procedures for ensuring that the pupils with allergies are provided with a safe meal
    - Parents/carers to enable them to input into IHPs (Individual Healthcare Plans) and to request allergy action plans when appropriate
- Ensure spare AAIs and emergency kits are regularly checked and replaced before expiry;
- Support the development, review and communication of IHPs and Allergy/Asthma Action Plans
- Ensure all staff are trained in allergy safety and that allergy is included in induction even for short term members of staff.
- Support risk assessments for curriculum activities, food provision, trips, visits and extended provision;
- Record, review and learn from incidents and near misses.

4.4 All staff

- Understand their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency
- Complete allergy awareness and emergency response training;
- Know how to identify pupils with allergy and where to find relevant IHPs or emergency plans;
- Support the creation of pupils' IHPs
- Know the symptoms of allergic reactions and anaphylaxis and how to summon help;
- Know where emergency medication and spare adrenaline devices are located;

- Completing risk assessments for curriculum activities involving food, trips, visits and sporting events
- Report all allergic reactions, suspected reactions, medication issues, exposure to known allergens and near misses.

4.5 Parents and carers

- Adhere to this policy.
- provide up-to-date information about their child's allergy, known allergens, previous reactions, medication, dietary needs and medical advice;
- provide copies of Allergy Action Plans and Asthma Action Plans where available;
- provide prescribed medication and equipment in date and in accordance with the IHP;
- inform the school promptly of any change in allergy status, medication, reactions outside school or medical advice;
- work with the school to develop and review the IHP.
- Ensure pupils always have in-date medication with them at school.

4.6 Pupils

Pupils will be involved in discussions about their allergy support as appropriate to their age, understanding and competence. Pupils will be encouraged to develop self-management skills, including recognising symptoms, avoiding known allergens, not sharing food, and knowing how to seek help. Self-management does not remove the school's responsibility to have effective emergency arrangements.

4.7 Catering staff and food providers

- Manage allergen information, menu changes and meal identification processes in line with food safety requirements and school procedures;
- Work with the Medical Conditions and Allergy Lead to ensure pupils with food allergies are identified safely and discreetly;
- Reduce the risk of cross-contamination and ensure staff handling food understand allergen management expectations;
- Report any food labelling error, wrong meal, contamination concern, near miss or incident immediately.

5. Identification of individuals with allergies

Each school will actively seek allergy information at admission, transition, annual data collection and whenever needs change. Information will include known allergens, reaction history, prescribed medication, whether adrenaline is prescribed, dietary requirements, whether asthma is present, emergency plans and any reasonable adjustments required.

A register of pupils with known allergies will be maintained and this will be reviewed at least termly. This will identify whether the pupil has an IHP, Allergy Action Plan, Asthma Action Plan, prescribed adrenaline auto-injectors (AAIs) and/or dietary arrangements. Relevant information will also be collected for staff, regular volunteers and visitors where necessary to maintain a safe environment.

Pre-employment questionnaires will ask whether staff have any allergies. If an allergy is declared, there will be a discussion and action plan created to ensure that the member of staff has a safe working environment.

Regular volunteers, contractors working regularly on site and visitors will be asked about allergies ahead of their visit. If an allergy is declared, the allergy lead will be notified, and this information will

be communicated as necessary to ensure that the visitor or regular volunteer has a safe working environment.

6. Information sharing and records

Health information is special category personal data under the UK GDPR and Data Protection Act 2018, and will be shared only where necessary, proportionate and in the interests of safety. Information will be shared with relevant teaching staff, support staff, first aiders, catering staff, lunchtime staff, supply/cover staff, club providers and visit leaders where they need it to keep individuals safe. Information sharing will comply with UK GDPR, the Data Protection Act 2018 and the school's Data Protection Policy.

Records will be stored securely using the school's agreed systems. Staff will know how to access relevant information in an emergency, including where to find IHPs, Allergy Action Plans, Asthma Action Plans and emergency contact details.

7. Individual Healthcare Plans and Allergy/Asthma Action Plans

An Individual Healthcare Plan will be put in place for any pupil whose allergy has an impact on the pupil's health, safety or access to education, who is at risk of harm as a result of allergy, or who requires arrangements that are additional to or different from those made generally. This includes pupils prescribed adrenaline, pupils with a history of anaphylaxis, pupils whose allergy requires risk-reduction arrangements, and pupils whose allergy requires adjustments to food provision, curriculum activities, trips or clubs.

Where a pupil has an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, it will be attached to or referenced in the IHP. The IHP will set out:

- known allergens and likely routes of exposure;
- symptoms and emergency response;
- medication, dosage, storage, access and self-management arrangements;
- risk-reduction measures and reasonable adjustments;
- food, catering and mealtime arrangements;
- curriculum, celebration, club, trip and visit arrangements;
- staff who need to know and any training required;
- communication arrangements with parents/carers and healthcare professionals.

IHPs will be reviewed at least annually and sooner following a serious incident, near miss, updated medical advice, change in medication, change in allergy status, transition, or significant change in school arrangements.

8. Allergy awareness training

All staff will receive annual allergy awareness and emergency response training. This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers, regular volunteers, catering staff, lunchtime staff and staff supporting breakfast or after-school clubs. Training will include:

- what allergy is and how reactions can occur;
- the risks posed by allergy, including anaphylaxis;
- the difference between food allergy, coeliac disease and food intolerance;
- common symptoms of allergic reactions and anaphylaxis;
- how to locate and use an IHP, Allergy Action Plan or Asthma Action Plan;

- how to locate and administer AAIs and asthma reliever inhalers in an emergency;
- the need to administer adrenaline without delay where anaphylaxis is suspected;
- risk-reduction responsibilities, including curriculum, food, trips and clubs;
- the impact allergy can have on wellbeing;
- how to report allergic reactions, serious incidents and near misses.

All new staff will receive allergy safety information as part of induction. Supply and cover staff will be given essential allergy safety information before supervising pupils where reasonably practicable.

Training records will be maintained and monitored by the Allergy Lead.

9. Emergency treatment and management of anaphylaxis

9.1 Symptoms

Mild to moderate allergic reaction symptoms may include hives or rash, tingling or itching in the mouth, swelling of lips, face or eyes, stomach pain or vomiting, mild throat tightness, or a sudden change in behaviour.
Anaphylaxis may include airway, breathing or circulation symptoms such as swelling of the tongue or throat, hoarse voice, difficulty swallowing, sudden breathing difficulty, wheeze, persistent cough, dizziness, collapse, sudden sleepiness, confusion, pale clammy skin or loss of consciousness. Anaphylaxis can occur without a rash.

9.2 Emergency action

- Call for help and do not leave the person unattended.
- Lie the person flat with legs raised. If breathing is difficult, they may sit upright for the shortest time necessary. Do not allow them to stand or walk.
- Administer an adrenaline auto-injector immediately if anaphylaxis is suspected and a device is available. Do not delay adrenaline while waiting for emergency services.
- Call 999 and state “anaphylaxis”.
- Note the time adrenaline was given.
- If there is no improvement after five minutes, administer a second adrenaline auto-injector if available.
- If there are no signs of life, start CPR.
- Contact parents/carers as soon as possible.
- Anyone experiencing suspected anaphylaxis must be assessed by emergency medical professionals and taken to hospital as advised by emergency services.

Emergency Treatment and Management of Anaphylaxis can be found in Appendix 1.

10. Minimising risk and exposure to allergens

NEST schools will take reasonable steps to reduce the risk of individuals coming into contact with known allergens. Any restriction or control measure will be proportionate, risk assessed and reviewed. Blanket “nut-free” claims will not be used as a guarantee of safety because any food can cause an allergic reaction and such claims may create a false sense of security.

Risk reduction measures will include:
- Annual allergy awareness training for staff;
- Clear identification and communication systems for pupils with allergy;
- Considering allergen exposure in curriculum planning, including cooking, science, art, DT, music, animal-related activities and celebrations;

- Reasonable measures for airborne or contact allergens where an individual has a known allergy;
- Good hygiene routines, including handwashing and cleaning of surfaces where food is used;
- Specific risk assessments for visits, trips, residentials, clubs and external provision;
- Communication with parents/carers and healthcare professionals where specialist advice is required.

NEST schools adopt whole-school allergy awareness, training, policy, identification, incident learning and inclusion, ensuring that the staff and pupils are actively aware of the risk posed by allergens, take steps to minimise the risk of exposure and have robust emergency response plans in place.

NEST schools complete a school wide allergy risk assessment that seeks to minimise the risks of exposure to known allergens. The risk assessment will include:

- Identifying the food used within the curriculum and making adaptations to remove allergens that pose a risk for the whole group not just the pupil who has the allergy.
- Conducting specific risk assessments to manage the risks of exposure to allergens in individuals when planning external visits or trips
- Identify measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, pupils, staff).
- Identify measures to manage the risks of exposure to a food allergen through food provided by the school, college or setting
- Putting in reasonable measures to manage the risk of individuals being exposed to allergens where they have a known allergy to airborne or contact allergens
- Identifying non-food allergens within the environment and making adaptations to remove/reduce allergens that pose a risk; for example, therapy or school dogs would require enhanced cleaning and limiting to specific areas, hygiene measures after pupils have worked with the therapy dog

NEST schools will ensure that allergy is included in all school risk assessments to identify risks and plan control measures to minimise the risk of exposure.

NEST schools will ensure that the risk of exposure is minimised by

- All school staff allergy training every year
- Educating pupils through awareness assemblies and within PSHE
- Educating PTAs (Parent Teacher Associations) about school expectations for allergy management
- Communicating with all visitors, temporary staff and cover staff that they will be teaching a pupil with an allergy and ensuring that the member of staff has been trained in allergy and anaphylaxis emergency response
- Working closely with parents/carers and health professionals to understand the pupil's allergy
- Monitoring this policy to ensure that the agreed practices are implemented
- Establishing and maintaining high hygiene standards amongst staff, pupils and visitors

11. Food provision and catering

NEST schools will manage the risk of food allergy and provide clear information on allergens in food provided by:

- Ensuring the contract with the school catering company is compliant with the Food Standards Agency (FSA) allergen management regulations
- Ensuring school caterers provide information on food allergens to parents/carers and have this available for the pupils to check independently

- Provide pupils' allergen information to the caterers in a timely manner to ensure that pupils can eat safely
- Enabling parents/carers to liaise with the catering company or school chef
- Identifying pupils with allergies at point of service e.g. by lanyards, information cards etc. without the reliance on a single person.
- Ensuring that food is always labelled as unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary ("may contain") labelling suggesting a risk of contamination with allergen. This applies to foods used within the classroom curriculum (e.g. cooking) as well that from the school kitchen or canteen.
- Teaching pupils not to share food, utensils, bottles or containers with the reasons why.
- Ensuring staff who provide food for the pupils, e.g. curriculum activities, receive additional training to ensure they understand how to read labels for food allergens and how to prevent cross-contamination during the handling, preparation and serving of food.
- Planning safe and inclusive alternatives where food is used for celebrations or curriculum activities.
- Ensuring third-party providers and PTA events follow agreed allergy safety expectations where food is provided.

Where food is not directly provided by the school, for example cultural days, parent/carer permission will be sought in advance to ensure inclusion and safety for pupils with allergies.

These procedures apply to school led breakfast and after school provision. Where this is provided by a third party, NEST schools ensure that this policy is shared and the third-party provider meets the same procedures.

NEST schools will ensure that PTA events, as best practice, follow FSA (Food Standards Agency) legislation for food labelling, creating allergen matrices as necessary. They will also ensure that PTA members who are serving food have a basic awareness of allergen management.

Pupils eligible for benefits based Free School Meals are entitled to their free school meal entitlement. School will work with parents/carers to determine the best way of ensuring that pupils receive their meal.

12. Medication, prescribed AAIs and spare adrenaline devices

12.1 Prescribed adrenaline auto-injectors (AAIs)

Pupils prescribed AAIs should have rapid access to two in-date devices at all times, including in classrooms, lunch areas, playgrounds, sports fields, wraparound care and on trips or visits. The IHP will specify whether the pupil self-carries, where devices are stored and how access is maintained during the school day.

AAIs will be stored at room temperature in line with manufacturer instructions, not refrigerated, not left in direct sunlight and not exposed to extremes of heat or cold.

12.2 Spare adrenaline devices

Each school will maintain spare AAIs for emergency use in accordance with the Allergy Safety Policy and local risk assessment. Spare devices are not a replacement for a pupil's own prescribed devices.
Spare adrenaline devices will be:

- Stored in pairs;
- Clearly labelled as spare or emergency anaphylaxis kit;

- Readily accessible and not locked away;
- Located so that no person is more than five minutes from adrenaline wherever practicable;
- Available in appropriate dosage for the school population and site context;
- Checked at least monthly for expiry and condition;
- Replaced before expiry and immediately after use;
- Disposed of safely using a sharps box, pharmacy disposal route or handed to paramedics after use.

Where anaphylaxis is suspected, adrenaline must be administered as soon as possible. If the individual has their own prescribed device, this should be used first where immediately available. If their device is unavailable, misfires or they do not have one, a spare device may be used to save life.

13. School trips, external visits and extended provision

Pupils with allergy will be included in school trips, residential visits, sporting fixtures, curriculum visits, enrichment activities, breakfast clubs, after-school clubs and externally provided activities wherever this can be achieved safely through reasonable adjustments and risk assessment.

Planning will consider allergen exposure, food provision, travel, emergency access, staff training, medication, prescribed adrenaline devices, spare adrenaline devices where appropriate, communication with external providers and proximity to emergency medical care.

Trip leaders will check that pupils who need medication have it available before departure. A suitably informed member of staff will have access to relevant IHPs, Allergy Action Plans, emergency contact details and medication throughout the activity. Where appropriate, the school will take spare adrenaline devices on the trip while ensuring adequate spare devices remain available for pupils on site.

Where a sporting fixture or external event involves food, the school will communicate relevant allergy information to the host provider and agree safe arrangements in advance.

14. Serious incidents and near misses

The school will record and review all serious allergy incidents and near misses. This includes allergic reactions, suspected anaphylaxis, administration of adrenaline, failure to access medication, incorrect food provision, exposure to a known allergen, labelling errors, cross-contamination concerns, medication errors, or any event that placed an individual at immediate and significant risk of harm.

Reports will record who was affected, what happened, when and where it happened, how staff responded, whether emergency services were called, how the incident concluded and what learning has been identified. Parents/carers will be informed and given the opportunity to contribute to the review.

Serious incidents and near misses will be reviewed in a no-blame spirit to identify learning and improve procedures. The relevant IHP, Allergy Action Plan, risk assessment, staff training and this policy will be reviewed where appropriate. If unsafe food was supplied by the school as a food business, the incident will be reported to the local authority environmental health team where required.

15. Wellbeing, inclusion and safeguarding

The school recognises that allergy can affect wellbeing and may cause anxiety, isolation or embarrassment. Pupils with allergy must not be stigmatised, unnecessarily separated or excluded from school life. School celebrations, rewards, trips, meals and activities should be planned inclusively from the outset.

Allergy-related bullying or teasing is unacceptable and will be addressed through the Behaviour Policy, Anti-Bullying Policy and Safeguarding Policy. Pupils and families will be involved in reviewing support

arrangements, particularly following incidents, near misses, changes in condition or concerns about wellbeing.

A safeguarding referral may be considered where allergy-related concerns indicate that a child may be at risk of neglect, abuse or exploitation. This may include repeated failure to provide essential medication or repeated failure to share relevant medical information where this places the child at risk.

16. Unacceptable practice

It is not acceptable to:

- prevent pupils from rapid access to prescribed AAIs, asthma inhalers or other emergency medication;
- assume every pupil with the same allergy requires the same support;
- assume older pupils do not require support because they can self-manage some aspects of allergy;
- ignore the views of the pupil, parents/carers or healthcare professionals;
- assume a pupil does not have an allergy because formal diagnosis is pending;
- send a pupil experiencing a possible allergic reaction or anaphylaxis to the office or medical room unaccompanied;
- penalise pupils for attendance where absence is related to their medical condition or allergy management;
- require parents/carers to attend school to administer medication or accompany trips where reasonable school arrangements can be made;
- exclude pupils with allergy from meals, curriculum activities, celebrations, clubs, trips or visits without an individual risk assessment and consideration of reasonable adjustments;
- fail to record and review allergy-related serious incidents or near misses.

17. Policy review, publication and monitoring

This policy will be published on the school website and made available in hard copy on request. Staff will be made aware of the policy as part of annual training and induction.

This policy will be reviewed at least annually by the Trust and sooner where there is a change in statutory guidance, a serious incident, a near miss, significant change in school provision or evidence that arrangements are not effective. The Local Committee will receive assurance that the policy is implemented and that learning from incidents has been acted upon.

Schools will maintain evidence of compliance with statutory guidance, including training records, allergy registers, Individual Healthcare Plans, risk assessments, medication checks and incident investigations.

18. Links to other policies

- Supporting Pupils with Medical Conditions and Allergy Policy
- First Aid Policy
- Health and Safety Policy
- Child Protection and Safeguarding Policy
- Behaviour Policy
- Anti-Bullying Policy
- Food Safety/Catering arrangements
- Attendance Policy
- SEND Policy and SEND Information Report
- Data Protection Policy
- Complaints Policy

Appendix 1. Emergency Treatment and Management of Anaphylaxis

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting
- mild throat tightness
- sudden change in behaviour

These symptoms are treated with antihistamines.

More serious symptoms are often referred to as the ABC symptoms and can include:

- **AIRWAY** - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathing, persistent cough.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

Action:

- Keep the individual where they are, call for help and do not leave them unattended.
- **LIE individual FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE DEVICE WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh or nasal into the nostril. Specific instructions vary by brand – always follow the instructions on the device.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis).**
- If no improvement after 5 minutes, administer second adrenaline device
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the individual where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All individuals must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.

Appendix 2. Allergy safety compliance checklist

Requirement	Evidence / local arrangement	In place?
Published allergy safety policy	Policy published on website and available in hard copy.	☐ Yes ☐ No
Named allergy lead	Named senior leader responsible for allergy safety and policy implementation.	☐ Yes ☐ No
Annual review	Policy reviewed annually and after incidents/near misses.	☐ Yes ☐ No
Training	All relevant staff receive annual allergy awareness and emergency response training.	☐ Yes ☐ No
Identification	Register maintained for pupils with known allergies and relevant staff/visitors where needed.	☐ Yes ☐ No
IHPs	IHPs in place for pupils whose allergy requires additional/different arrangements.	☐ Yes ☐ No
Action plans	Allergy and Asthma Action Plans attached to IHPs where available.	☐ Yes ☐ No
Prescribed AAIs	Pupils prescribed adrenaline have rapid access to two in-date devices.	☐ Yes ☐ No
Spare AAIs	Spare adrenaline devices stored in pairs, accessible, checked and recorded.	☐ Yes ☐ No
Food provision	Allergen information and food risk controls in place.	☐ Yes ☐ No
Trips and clubs	Risk assessment arrangements include allergy, medication and emergency access.	☐ Yes ☐ No
Incidents/near misses	Reporting, review and learning process in place.	☐ Yes ☐ No
Wellbeing	Allergy-related anxiety, inclusion and bullying addressed.	☐ Yes ☐ No

Appendix 3. AAI and emergency kit register

Location	Device/brand	Dose	Quantity	Expiry date	Checked by/date

Appendix 4. Allergy incident and near miss record

Name of pupil/staff/visitor:

_____

Date and time:

_____

Location:

_____

Known allergen involved / suspected allergen:

_____

Description of incident or near miss:

_____

Symptoms observed:

_____

Medication administered and time given:

_____

999 called? Hospital attended?:

_____

Parents/carers informed and time:

_____

Immediate actions taken:

_____

Learning identified:

_____

IHP/policy/risk assessment updated?:

_____

Completed by / date:

_____

Appendix 5. Allergy risk assessment prompt sheet

- What allergens are relevant to this pupil/activity/event?
- Could food be provided, brought in, shared, used in lessons or used as a reward?
- Are any airborne, contact, insect sting, animal, latex, medication or environmental allergens relevant?
- What cleaning, hygiene, supervision or communication controls are needed?
- Who needs to know and how will information be shared?
- Where are the pupil's prescribed medicines and any spare devices?
- Can adrenaline be accessed within five minutes?
- Who is trained to respond and administer medication?
- What are the emergency arrangements and nearest access point for emergency services?
- What reasonable adjustments are needed to ensure inclusion?
- Has the pupil and parent/carer been involved where appropriate?
- Is the risk assessment reviewed after any change, incident or near miss?