



# MANAGING ALLERGY AND ANAPHYLAXIS POLICY

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**Approved by:** Governing Board  
**Reviewed by:** Senior Leadership Team  
**Next review:** September 2027  
**Named Senior Allergy Lead:** Simon Hodges  
**Head of Care:** Wendy Porter  
**Nursing Assistant:** Vicky Bull  
**Catering Lead:** Sam Thorne  
**Governor responsible:** Vacant

# **1. THE REDWAY SCHOOL**

## **ALLERGY SAFETY AND ANAPHYLAXIS POLICY**

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## 1. Introduction and core principles

The Redway School is committed to providing a safe, inclusive and welcoming environment for all pupils, staff and visitors affected by allergy. The school recognises that allergy can have a significant impact on a pupil's health, safety, wellbeing and ability to participate fully in education. Anaphylaxis is a potentially life-threatening allergic reaction requiring urgent treatment with adrenaline. The school's allergy safety arrangements are informed by the Department for Education's **Allergy safety in schools statutory guidance**, published in July 2026, and by relevant legislation and clinical guidance. The Children's Wellbeing and Schools Act 2026 introduced statutory requirements concerning allergy safety in schools, including the requirement for an allergy safety policy, annual review and publication of the policy. The school will have regard to current statutory guidance and will update its arrangements when legislation or statutory guidance changes.

The school will:

- take reasonable and proportionate steps to reduce the risk of allergen exposure;
- ensure that pupils with allergies can participate as fully as possible in school life;
- ensure that appropriate emergency arrangements are in place;
- ensure that prescribed adrenaline is rapidly accessible;
- maintain appropriate spare emergency adrenaline auto-injectors (AAIs);
- ensure that staff receive appropriate allergy awareness and anaphylaxis training;
- maintain appropriate Individual Care Plans and Allergy Action Plans;
- ensure that relevant staff have access to necessary information;
- take account of the additional needs of pupils who cannot recognise, communicate or respond independently to an allergic reaction;
- record, investigate and learn from serious incidents and near misses;
- work in partnership with pupils, parents/carers, healthcare professionals, catering staff and other relevant professionals.

## Understanding allergy and anaphylaxis

An allergy is an immune-system response to a normally harmless substance. Allergic reactions can range from mild symptoms to life-threatening anaphylaxis. Common allergens include, but are not limited to:

- peanuts;
- tree nuts;
- milk;
- egg;
- sesame;
- fish;
- crustaceans and molluscs;
- soya;
- wheat;
- celery;
- mustard;
- lupin;
- sulphites;

- insect venom;
- medicines;
- latex; and
- environmental allergens.

Anaphylaxis can develop rapidly and may occur without a skin rash or other mild symptoms. Symptoms may include problems affecting:

### **Airway**

- swelling of the throat or tongue;
- difficulty swallowing;
- hoarse voice;
- a feeling of throat closing.

### **Breathing**

- wheezing;
- difficulty breathing;
- noisy breathing;
- persistent coughing.

### **Circulation**

- dizziness;
- collapse;
- extreme weakness;
- pallor or clammy skin;
- confusion;
- loss of consciousness.

Other symptoms can include widespread hives, swelling, abdominal pain or vomiting. **If anaphylaxis is suspected, adrenaline must be given without delay. If in doubt, give adrenaline.** The school will not require staff to make a medical diagnosis before administering emergency adrenaline.

### **Coeliac disease and food intolerance**

Coeliac disease is an autoimmune condition and is not an allergy or food intolerance. It does not cause anaphylaxis but requires strict avoidance of gluten and appropriate measures to prevent cross-contamination. Food intolerance is different from food allergy and does not cause anaphylaxis. Where a pupil has coeliac disease, food intolerance or another dietary condition, appropriate dietary and healthcare arrangements will be made, but these conditions will not be treated as equivalent to anaphylaxis risk. Asthma, eczema and other atopic conditions may occur alongside allergy. Where a pupil has these conditions, they will be managed through the pupil's relevant healthcare arrangements.

## **2. Scope and aims**

This policy applies to:

- all pupils;
- all permanent and temporary staff;
- supply and agency staff;
- volunteers and visitors where relevant;
- catering staff;
- therapists and peripatetic professionals;
- residential and off-site activities

The aims of this policy are to:

- reduce the likelihood of allergic reactions;
- ensure rapid and appropriate treatment of anaphylaxis;
- ensure emergency medication is accessible wherever the pupil is;
- ensure staff understand their responsibilities;
- support pupils to participate fully in school life;
- provide clear arrangements for individual pupils;
- ensure effective communication between school, families and healthcare professionals;
- identify and manage risks associated with food, medication, activities and the environment;
- learn from incidents and near misses;
- promote an informed and supportive allergy-aware culture.

## **3. Roles and responsibilities**

### **3.1 Governing Board**

The Governing Board will:

- ensure the school has an allergy safety policy;
- ensure the policy is reviewed at least annually;
- ensure the policy is published on the school website;
- monitor implementation of the policy;
- ensure appropriate resources are available;
- seek assurance that staff training, emergency medication and risk-management arrangements are effective.

### **3.2 Senior Allergy Lead**

A named member of the Senior Leadership Team, Simon Hodges (Headteacher) will act as the Senior Allergy Lead. The Senior Allergy Lead will:

- oversee implementation of this policy;
- ensure responsibilities are clearly allocated;
- oversee allergy training;
- ensure appropriate Care Plans are in place;
- monitor serious incidents and near misses;
- ensure learning from incidents is shared;

- oversee the school's spare AAI arrangements;
- liaise with parents/carers and relevant healthcare professionals where appropriate;
- ensure the policy is reviewed annually;
- ensure relevant information is communicated to staff.

### **3.3 Head of Care and School Nursing Assistant**

The Head of Care and School Nursing Assistant will:

- maintain the school's allergy and medication records;
- ensure prescribed medication is appropriately recorded;
- monitor expiry dates;
- conduct and record medication checks;
- maintain records of emergency medication administration;
- support staff with medication-related queries;
- liaise with parents/carers regarding replacement medication;
- maintain the register of pupils prescribed adrenaline;
- ensure records are updated following changes in medication or clinical advice.

### **3.4 School staff**

All staff will:

- complete required allergy awareness and anaphylaxis training;
- familiarise themselves with relevant pupil allergy information;
- know how to access emergency medication;
- know how to summon emergency assistance;
- follow the pupil's Care Plan and Allergy Action Plan;
- take reasonable steps to prevent allergen exposure;
- never delay administration of adrenaline where anaphylaxis is suspected;
- report serious incidents and near misses;
- ensure prescribed emergency medication accompanies pupils when required;
- consider allergy risks during activities, lessons, personal care and off-site activities.

Staff must not assume that another member of staff will carry or administer medication.

### **3.5 Parents/carers**

Parents/carers should:

- provide accurate and up-to-date information about their child's allergy;
- provide the most recent Allergy Action Plan issued by the child's healthcare professional;
- provide prescribed medication as required;
- ensure prescribed medication is replaced before expiry;
- inform the school of changes to diagnosis, medication or treatment;
- participate in the development and review of the pupil's Care Plan where appropriate;
- provide information about previous severe reactions or anaphylaxis;
- work with the school to support safe participation in school activities.

The school recognises that responsibility for maintaining emergency medication is shared between families and the school. The school will monitor medication expiry dates and remind parents/carers when replacement medication is required.

### **3.6 Catering staff**

Catering staff will:

- maintain appropriate allergen information;
- follow food allergen legislation and school procedures;
- communicate with the school regarding pupils with food allergies;
- prevent avoidable cross-contamination;
- ensure relevant changes to ingredients or recipes are communicated;
- participate in allergy training appropriate to their role.

## **4. Identification, information sharing and Individual Healthcare Plans**

### **4.1 Identification**

Information about allergies will be collected:

- on admission to school;
- when a new allergy is diagnosed;
- when a pupil's allergy or treatment changes;
- following an allergic reaction or near miss.
- The school will maintain an appropriate allergy register.

### **4.2 Information sharing**

Relevant allergy information must be available to staff who need it to keep the pupil safe.

Information will be shared appropriately with:

- class and support staff;
- supply and agency staff;
- catering staff;
- relevant therapists;
- trip leaders;
- transport staff where necessary;
- staff supervising clubs or extended school activities.

Information will be shared in accordance with data protection requirements and on a need-to-know basis. The school will not rely solely on information being stored electronically. Appropriate arrangements will ensure that information is available to staff when and where it is needed.

### **4.3 Individual Healthcare Plans**

Where appropriate, a pupil with allergy will have an Individual Care Plan The Care Plan will be developed in partnership with:

- the school;
- the pupil, where appropriate;
- parents/carers; and
- relevant healthcare professionals.

The Care Plan will consider the individual needs of the pupil and may include:

- known allergens;
- previous reactions;
- prescribed medication;
- emergency treatment;
- whether the pupil can recognise symptoms;
- whether the pupil can communicate that they are becoming unwell;
- whether the pupil can independently administer medication;
- how medication will be carried;
- who will administer medication;
- classroom arrangements;
- mealtime arrangements;
- personal care arrangements;
- curriculum and activity arrangements;
- transport;
- trips and residential visits;
- communication needs;
- sensory or behavioural presentation of illness;
- emergency contacts;
- staff who need specific information or training.

For pupils who cannot reliably recognise or communicate symptoms, staff will be familiar with the individual's known signs of deterioration and the action to take. Where the pupil has other significant medical or special educational needs, the allergy Care Plan will be coordinated with other relevant healthcare plans.

## **5. Allergy Action Plans**

An Allergy Action Plan is a clinical document describing the emergency treatment for an individual pupil. The Allergy Action Plan should be completed or issued by the pupil's healthcare professional in partnership with the family.

The parent/carer is responsible for providing the school with the current plan. The Allergy Action Plan will be kept with or linked to the pupil's Care Plan and emergency medication. The school will ensure relevant staff know where the plan is located. Where an Allergy Action Plan changes, the previous version will be replaced and relevant staff informed. An Allergy Action Plan does not remove the need for the school to make appropriate individual arrangements through a Care Plan where the pupil's needs extend beyond the clinical emergency plan.

## **6. Supply, storage and care of prescribed medication**

Each pupil prescribed emergency allergy medication will have an appropriate medication arrangement based on their Care Plan and Allergy Action Plan.

Where prescribed, the pupil's emergency medication may include:

- two prescribed adrenaline devices where clinically required;
- antihistamine;
- asthma medication;
- other prescribed emergency medication.

### **Accessibility**

Emergency adrenaline must be accessible at all times. For pupils who cannot safely carry their own medication, staff must ensure that the medication accompanies the pupil or is held in an immediately accessible location. Medication must be capable of being brought to the pupil rapidly and, wherever possible, within five minutes.

Medication must not be routinely kept in a locked location where this could delay emergency treatment. Staff must not require a pupil experiencing suspected anaphylaxis to walk to the medical room or another location to obtain adrenaline.

**Help and medication must be brought to the pupil.**

### **Storage**

Adrenaline devices should:

- be stored at the temperature specified by the manufacturer;
- be protected from direct sunlight;
- be protected from excessive heat and cold;
- remain in their original packaging where appropriate;
- be clearly identifiable;
- be accessible to authorised staff.

### **Expiry and checks**

The school will operate a documented medication-checking system.

Checks will include:

- expiry date;
- correct pupil;
- correct prescribed dose;
- device condition;
- storage conditions;
- availability;
- completeness of the medication kit.

Prescribed medication will be checked at least termly and whenever there is a relevant change or use. Emergency spare AAls will be checked at least monthly and after every use. Parents/carers will be reminded when prescribed medication is approaching expiry.

### **Disposal**

Used adrenaline devices will be handled as sharps and disposed of safely in accordance with local arrangements. Where appropriate, used devices may be handed to ambulance personnel.

## **7. Spare adrenaline auto-injectors in school**

The school will maintain spare AAls for emergency use in accordance with current statutory guidance. Spare AAls are intended for use where:

- a pupil or staff member with a known allergy does not have their prescribed device available;
- a prescribed device is unavailable or has failed;

- an individual is experiencing suspected anaphylaxis for the first time and has no prescribed adrenaline device.

The school will maintain an appropriate stock of spare AAls, including appropriate doses for the age/weight groups represented within the school. Spare AAls will be stored in clearly identified emergency allergy kits.

Current locations:

- **Main School:** Reception – wall mounted emergency anaphylaxis kit.
- **Transitions Site:** Reception – wall mounted emergency anaphylaxis kit.

The school will assess whether these locations allow medication to reach every pupil within five minutes. Additional kits will be provided where necessary. The school will not rely on the two reception locations alone if this does not provide sufficiently rapid access. Spare AAls must not be locked away.

### **Use of spare AAI**

If anaphylaxis is suspected:

- Give the person's prescribed adrenaline device if it is immediately available.
- If it is unavailable, use the school's spare AAI.
- Call 999 and state **"ANAPHYLAXIS"**.
- If there is no improvement after five minutes, administer a second adrenaline device if available and appropriate.
- Follow the emergency instructions in Appendix 1.

**Treatment must not be delayed while waiting for parental consent or emergency-service advice.** The school will seek advance consent for spare AAI use wherever possible, but lack of prior consent must not delay life-saving treatment in an emergency. All use of a spare AAI will be recorded and the incident reviewed.

## **8. Emergency management of anaphylaxis**

Anaphylaxis is a medical emergency.

The school will operate on the principle:

**IF IN DOUBT, GIVE ADRENALINE.**

Staff must not wait for all symptoms to appear.

The emergency procedure is:

- Recognise possible anaphylaxis.
- Give adrenaline without delay.
- Note the time adrenaline was administered.
- Call 999 and state **ANAPHYLAXIS**.
- Keep the pupil with the member of staff and do not leave them unattended.
- Keep the pupil lying flat with legs raised where possible.
- If breathing is difficult, allow an appropriate modified position without allowing the pupil to stand or walk.
- If there is no improvement after five minutes, give the second adrenaline device.

- If the pupil becomes unresponsive and is not breathing normally, commence CPR.
- Inform parents/carers as soon as practicable.
- Ensure the pupil is transferred to hospital for medical assessment.

A pupil who has received adrenaline for suspected anaphylaxis should not be considered recovered simply because symptoms improve. The pupil should not be allowed to stand or walk while awaiting the ambulance. Antihistamines must **not** be used as a substitute for adrenaline in suspected anaphylaxis. Asthma medication must not be used as a substitute for adrenaline where anaphylaxis is suspected.

## **9. Staff allergies**

Staff will be given an opportunity to confidentially notify the school of significant allergies or anaphylaxis risk. Staff with prescribed emergency medication are responsible for making appropriate arrangements for its availability, with reasonable workplace adjustments made where required. Relevant colleagues may be informed where this is necessary to provide emergency support, taking account of confidentiality and data protection requirements. The school will consider staff allergy risk within workplace risk assessments where appropriate.

## **10. Staff training and competency**

All staff who may be present when pupils are on site will receive appropriate allergy awareness and anaphylaxis training. This includes, where relevant:

- teaching staff;
- teaching assistants;
- pastoral staff;
- nursing/medical staff;
- supply staff;
- agency staff;
- temporary staff;
- peripatetic staff;
- catering staff;
- regular volunteers;

Training will be completed:

- annually;
- as part of induction for relevant new staff;
- following significant changes to procedures;
- where additional pupil-specific training is identified.

Training will include:

- common allergens;
- signs and symptoms of allergic reaction;
- recognition of anaphylaxis;
- the importance of rapid adrenaline administration;
- how and when to use an AAI;
- practical training using trainer devices;

- use of spare AAls;
- emergency procedures;
- allergen avoidance;
- cross-contamination;
- pupil-specific arrangements;
- Care Plans and Allergy Action Plans;
- incident and near-miss reporting;
- inclusion and allergy-related bullying.

Training completion will be recorded centrally. Where a pupil requires additional clinical support or staff competency beyond general allergy awareness, this will be identified in the pupil's Care Plan and appropriate training/delegation arrangements will be made.

### **11. Inclusion, safeguarding, wellbeing and bullying**

The school is committed to ensuring that pupils with allergy are not unnecessarily excluded from education, activities or social opportunities. Reasonable adjustments will be considered to enable pupils with allergy to participate safely. The school recognises that pupils with allergy may experience:

- anxiety;
- fear of exposure;
- social isolation;
- bullying;
- teasing;
- deliberate allergen exposure;
- exclusion from activities;
- embarrassment about medication.

Allergy-related bullying will be treated as a safeguarding and behaviour concern. Staff will be particularly alert to pupils who cannot easily communicate that they are being bullied or exposed to an allergen. Deliberately exposing another pupil to a known allergen is potentially life-threatening and will be treated as a serious matter.

### **12. Catering and food management**

The school will comply with applicable food allergen legislation. Information about the 14 regulated allergens will be available for food supplied by the school. Menus and ingredient information will be made available to parents/carers in advance where practicable.

The school will:

- maintain accurate information about ingredients;
- communicate relevant allergy information to catering staff;
- ensure appropriate allergen controls;
- reduce cross-contamination;
- ensure recipe or ingredient changes are checked;
- ensure relevant staff understand food allergy procedures;
- provide appropriate meals for pupils with identified allergies;
- consider food brought into school by families or others.

Parents/carers are encouraged to discuss their child's needs with the catering team. Food must not be given to a pupil with a food allergy where there is insufficient information to establish that it is suitable. Staff should not assume that a product is safe simply because it has been used previously.

### **Food brought into school**

Food brought into school for:

- birthdays;
- celebrations;
- treats;
- fundraising;
- cultural events;
- curriculum activities

must be considered within the school's allergy arrangements. Food should not be shared or traded between pupils where this creates a foreseeable allergy risk.

### **13. Curriculum, activities and allergen exposure**

Allergy risk must be considered in:

- cooking and food technology;
- science experiments;
- art and craft;
- sensory activities;
- gardening;
- animal handling;
- outdoor learning;
- celebrations and fetes;
- cultural activities;
- residential activities;
- music and drama where food or allergenic materials may be used.

Where an allergen could reasonably pose a risk, an alternative material or activity should be used where practicable. Food containers such as egg boxes and yoghurt pots may contain allergen residues and should not be used without appropriate consideration of the risk. Staff must consider the individual pupil's known allergens rather than assuming that a generic "nut-free" approach will manage all risks.

### **14. School transport**

The school recognises that pupils may spend significant periods travelling to and from school. Where a pupil is prescribed emergency allergy medication, arrangements will ensure that the medication is available during school transport. The pupil's Care Plan will identify, where appropriate:

- who carries the medication;
- who is responsible for recognising a reaction;
- who has received relevant training;
- how emergency assistance will be summoned;
- what action should be taken if anaphylaxis occurs during transport;

- arrangements for medication handover between transport and school.

The school will liaise with the transport provider to ensure transport staff and escorts have received appropriate information and training where required. Emergency medication must not be left at school if the pupil is travelling away from the school site.

### **15. School trips, residential visits and off-site activities**

Pupils with allergy should have the same opportunities as far as reasonably possible to participate in:

- school trips;
- sports fixtures;
- residential visits;
- educational visits;
- clubs;
- enrichment activities;
- work experience where appropriate.

Risk assessments will identify:

- allergen exposure;
- access to emergency medication;
- access to emergency medical services;
- trained staff;
- catering arrangements;
- transport;
- accommodation;
- activities involving food, animals, insects or medicines.

The trip leader must confirm before departure that:

- prescribed medication is available;
- appropriate emergency spare medication is available where required;
- relevant staff know the pupil's emergency arrangements;
- emergency contact details are available;
- appropriate risk controls are in place.

A pupil will not automatically be excluded because of allergy. If planned arrangements cannot safely meet the pupil's needs, the school will consider reasonable adjustments, additional staffing, alternative arrangements or other measures to enable participation wherever possible. For residential visits, catering arrangements will be agreed in advance. External venues and host schools should be informed of relevant allergy requirements in sufficient time to make appropriate arrangements.

### **16. Allergy awareness and nut management**

The school promotes an allergy-aware culture rather than relying on a blanket allergen-free environment.

The school does not operate a blanket ban on nuts or all other allergens unless a specific risk assessment identifies that a particular restriction is necessary. A blanket nut ban cannot guarantee an allergen-free environment.

The school will instead promote:

- awareness of allergy;
- appropriate allergen avoidance;
- no food sharing or trading where this creates risk;
- safe food handling;
- clear emergency procedures;
- appropriate staff training;
- respect for pupils with allergy.

Where an individual pupil's risk assessment identifies a specific environmental restriction as necessary, this will be communicated to relevant staff.

### **17. Risk assessment and individual arrangements**

A documented individual risk assessment will be completed for:

- pupils newly diagnosed with allergy;
- pupils joining the school with significant allergy;
- pupils with a history of anaphylaxis;
- pupils whose allergy management changes;
- pupils whose needs create additional risks because of disability, communication, mobility or cognition.

Risk assessments will consider:

- classroom;
- dining;
- personal care;
- transport;
- playground;
- PE;
- swimming;
- therapy;
- outdoor learning;
- food technology;
- trips;
- residential activities;
- clubs;
- emergency access to medication.

The school will consider the specific presentation of illness for each pupil. For pupils who cannot communicate symptoms reliably, staff will identify observable indicators and appropriate action. The school will test whether emergency medication can realistically reach the pupil within five minutes. The school will not assume that a fixed medication location is adequate simply because it is technically accessible.

## **18. Suspected or undiagnosed allergy**

Where an allergy is suspected but the pupil does not yet have a formal diagnosis, the school will take the concern seriously. The school will:

- discuss concerns with parents/carers;
- seek appropriate healthcare advice where necessary;
- put reasonable interim risk-reduction measures in place;
- record relevant information;
- consider whether an IHP or risk assessment is required;
- ensure staff know what action to take if the pupil develops a severe reaction.

If an undiagnosed pupil develops suspected anaphylaxis, emergency adrenaline will be administered using the school's spare AAI where appropriate. Treatment must not be delayed while waiting for a diagnosis.

## **19. Incidents, near misses and learning**

The school will maintain a record of serious allergy incidents and near misses. This will be recorded via the schools safeguarding system MyConcern.

### **Serious incidents may include:**

- suspected or confirmed anaphylaxis;
- administration of adrenaline;
- ambulance attendance;
- hospital treatment;
- significant allergen exposure;
- an event resulting in significant risk of harm.

### **Near misses may include:**

- a meal containing a known allergen being offered but identified before consumption;
- incorrect food being prepared but intercepted;
- emergency medication being unavailable but discovered before it was required;
- an expired AAI being identified during a check;
- staff being unable to locate medication promptly;
- failure of a communication or handover process.

Following a serious incident or significant near miss, the school will consider:

- what happened;
- why it happened;
- whether the care plan remains appropriate;
- whether the risk assessment remains appropriate;
- whether staff training was adequate;
- whether medication was accessible;
- whether catering procedures were effective;
- whether information was shared appropriately;
- whether further action is required.

Parents/carers will be informed appropriately.  
Learning will be shared with relevant staff while maintaining confidentiality.  
The school will consider whether external reporting requirements apply.

## **20. Monitoring, assurance and review**

The Senior Allergy Lead will monitor implementation of this policy.  
Monitoring will include:

- staff training completion;
- pupil allergy register;
- IHP completion and review;
- Allergy Action Plan currency;
- prescribed medication expiry;
- spare AAI stock;
- emergency kit checks;
- five-minute accessibility checks;
- incident records;
- near misses;
- catering incidents;
- trip arrangements;
- transport arrangements;
- allergy-related complaints or concerns.

The school will conduct periodic emergency-response checks or drills to test whether staff can:

- identify anaphylaxis;
- locate emergency medication;
- summon help;
- administer an AAI;
- call 999;
- access the pupil's emergency information.

The policy will be reviewed at least annually and sooner where there is:

- a serious incident;
- a significant near miss;
- a change in statutory guidance;
- a change in legislation;
- a significant change in school arrangements;
- a significant change in the needs of a pupil.

## **21. Publication and communication**

The school will publish this policy on its website.  
The policy will also be made available to:

- parents/carers;
- staff;

- governors;
- relevant pupils in an accessible form;
- relevant external professionals.

At least annually, the school will take steps to bring the policy to the attention of pupils, parents/carers and all persons working at the school, whether paid or unpaid. New staff will be made aware of the policy as part of induction.

## **22. Useful guidance and resources**

The school will maintain current links to:

- [Department for Education – Allergy safety in schools statutory guidance](#);
- [Department for Education – Allergy safety policy template](#);
- Department for Education – Individual Healthcare Plan template or Care Plan;
- [Department for Education – Supporting pupils with medical conditions at school](#);
- [British Society for Allergy & Clinical Immunology \(BSACI\) – Allergy Action Plans](#);
- [Anaphylaxis UK – school allergy resources](#);
- [Allergy UK – allergy management resources](#);
- [NHS guidance on anaphylaxis and emergency treatment](#);
- [NICE guidance relating to anaphylaxis](#).

The Senior Allergy Lead will ensure that links and guidance are reviewed when this policy is reviewed.

## **APPENDIX 1**

### **Emergency Treatment and Management of Anaphylaxis**

#### **Recognising anaphylaxis**

Anaphylaxis can develop rapidly.

Possible signs include:

#### **Airway**

- swelling of the throat;
- swelling of the tongue;
- difficulty swallowing;
- hoarse voice;
- throat tightness.

#### **Breathing**

- difficulty breathing;
- wheezing;
- noisy breathing;
- persistent coughing.

#### **Circulation**

- dizziness;
- faintness;
- collapse;
- extreme weakness;
- pale or clammy skin;
- confusion;
- loss of consciousness.

Other symptoms can include:

- widespread hives;
- swelling;
- abdominal pain;
- vomiting.

**A rash does not have to be present for anaphylaxis to occur.**

#### **What to do**

##### **1. Give adrenaline immediately**

Use the pupil's prescribed adrenaline device if available. If it is unavailable, use the school's spare AAI. **Do not delay adrenaline while waiting for an ambulance or parental consent.**

##### **2. Note the time**

Record the time the adrenaline was administered.

### **3. Call 999**

State:

**"ANAPHYLAXIS."** Give the school's exact location and follow the emergency operator's instructions.

### **4. Position the pupil appropriately**

Keep the pupil lying flat with legs raised where possible.

If breathing is difficult, an appropriate modified position may be required.

**Do not allow the pupil to stand or walk.**

### **5. Give a second adrenaline device**

If there is no improvement after five minutes, administer a second adrenaline device where available and appropriate.

### **6. If the pupil becomes unresponsive**

If the pupil is not breathing normally, commence CPR and follow emergency-service instructions.

### **7. Stay with the pupil**

Do not leave the pupil unattended. Bring emergency medication and assistance to the pupil rather than moving the pupil unnecessarily.

### **8. Contact parents/carers**

Inform parents/carers as soon as practicable.

### **9. Hospital assessment**

Any pupil who has received adrenaline for suspected anaphylaxis should be assessed in hospital, even if symptoms appear to improve.

### **Important**

**Antihistamines do not replace adrenaline in anaphylaxis.**

**Asthma inhalers do not replace adrenaline in anaphylaxis.**

**If in doubt, give adrenaline.**

## **APPENDIX 2**

### **Minimum Information for an Allergy / Care Plan Record**

The pupil's record should include, as appropriate:

#### **Pupil details**

- name;
- date of birth;
- photograph;
- class/base;
- communication needs;
- relevant disability/SEND information.

#### **Allergy information**

- diagnosed allergen(s);
- suspected allergen(s), where relevant;
- type of reaction;
- previous anaphylaxis;
- previous hospital treatment;
- known triggers;
- environmental risks.

#### **Emergency treatment**

- prescribed adrenaline device;
- dose;
- number of devices;
- location;
- second-dose arrangements;
- antihistamine, if prescribed;
- asthma medication, if prescribed;
- other emergency medication.

#### **Individual needs**

- can the pupil recognise symptoms?
- can the pupil communicate symptoms?
- can the pupil self-administer?
- does the pupil require an adult to carry medication?
- are there atypical behavioural or physical signs when the pupil becomes unwell?
- are there mobility considerations?
- are there feeding/dysphagia considerations?
- are there sensory considerations?

#### **School arrangements**

- classroom;
- mealtimes;
- personal care;

- curriculum;
- PE;
- swimming;
- therapy;
- transport;
- trips;
- residential visits;
- clubs;
- emergency response.

## **Contacts**

- parent/carer 1;
- parent/carer 2;
- emergency contacts;
- relevant healthcare professional;
- school medication lead.

## **Review**

- date completed;
- date reviewed;
- next review;
- changes made;
- staff requiring additional training.

## **APPENDIX 3**

### **Emergency Adrenaline Stock-Check Requirements**

Emergency spare AAI checks should be documented.

The check should confirm:

- correct number of devices;
- appropriate doses;
- expiry dates;
- devices are undamaged;
- devices are stored correctly;
- emergency kits are clearly identified;
- emergency kits are accessible;
- staff know the location;
- the location allows rapid access;
- no device has been removed without replacement;
- trainer devices are available for training;
- emergency instructions remain current.

Checks should take place:

- at least monthly;
- after every use;
- whenever a kit is relocated;
- following a serious incident or near miss;
- whenever guidance or stock arrangements change.

Where a site has multiple buildings or large grounds, the school will test whether a spare AAI can be brought to any pupil within five minutes. Where this cannot be achieved, the school will provide additional emergency medication locations.