BFLPT

Brighter Futures Learning Partnership Trust

Allergy Safety Policy

Version 1.0

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References	

ALLERGY SAFETY POLICY

CONTENTS

1. AIMS AND OBJECTIVES

This policy outlines Brighter Futures Learning Partnership Trust approach to allergy management, in line with the Department for Education statutory guidance published in 2026 (Supporting children and young people with medical conditions and allergy). and Benedict's Law coming into force September 2026

Benedict's Law introduces a consistent national framework for allergy safety in schools, requiring whole-school allergy policies, mandatory staff training, access to adrenaline devices, and the creation of Individual Healthcare Plans for pupils with allergies.

This policy outlines how the whole-school community works to reduce the risk of an allergic reaction occurring, and the procedures in place to respond effectively if one does. It also sets out how we support our pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an allergy-aware school.

This policy applies to all staff, pupils, parents and visitors to the Trust/school and should be read alongside the Supporting Students with Medical Conditions Policy and other related policies:

2. WHAT IS AN ALLERGY?

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

An allergy is different to an intolerance. Whilst an intolerance may cause uncomfortable symptoms it does not involve the immune system.

3. DEFINITIONS

ANAPHYLAXIS: Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

ALLERGEN: A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by UK law to be highlighted on pre-packed food, referred to as the "main 14" in this template. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

ADRENALINE AUTO-INJECTOR: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAIs, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this Policy we will refer to them as Adrenaline Devices or ADs to include other adrenaline devices such as EURNeffy (see below).

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

ASTHMA: Asthma is a common, long-term condition which effects the lungs. People with asthma have airways that are more sensitive and can become inflamed and narrow on exposure to certain triggers. This can lead to difficulty in breathing.

ASTHMA ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's asthma, information about triggers, symptoms, medicines to be used if they have asthma symptoms, and when to seek emergency help when they have an asthma attack.

DESIGNATED ALLERGY LEAD: The member of staff responsible for overseeing allergy and asthma management across the school and acting as the main point of contact for pupils, parents and staff. This is referred to as the named senior leader in the statutory guidance.

EMERGENCY RESPONSE PLAN: A document (also known as a Critical Incident Plan) that outlines a school's procedure for managing an emergency and should be fit for purpose to manage a serious allergic reaction (anaphylaxis).

EURNEFFY: EURNeffy (also known as Neffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector.

INDIVIDUAL HEALTHCARE PLAN: A detailed document outlining an individual pupil's medical conditions, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. All pupils with an allergy that requires active management should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.

RISK ASSESSMENT: A detailed document outlining an activity, the risks it poses and any actions taken or to be taken to mitigate those risks. Allergy should be included in all risk assessments for events on and off the school site.

SPARE ADRENALINE DEVICES: Schools are able to purchase spare adrenaline **devices**. These should be held as a back-up, in case pupils' prescribed adrenaline **devices** are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

4. ROLES AND RESPONSIBILITIES

Brighter Futures Learning Partnership Trust expects all its schools to take a whole-school approach to allergy management.

4.1 Named Allergy Governor

Each school will have a named Allergy Governor. They work in partnership with the Designated Allergy Lead to ensure allergy safety is overseen at governing body level. They are responsible for:

- Ensuring allergy-related risks are included on the school's risk register and actively managed by the governing body;
- Providing strategic oversight of the Trust Allergy Safety Policy, ensuring it is implemented at school level and reviewed at least annually
- Acting as the governing body's named point of contact for allergy-related matters;
- Satisfying themselves that the school's allergy management arrangements meet legal and statutory requirements and reflect best practice;
- Receiving regular updates from the Designated Allergy Lead and ensuring the governing body is appropriately sighted on allergy compliance; and
- Reviewing records of allergic reaction incidents and near-misses and ensuring the school acts on any learnings to reduce the risk of future incidents.

4.2 Designated Allergy Lead

Each school will have a Designated Allergy Lead, who will be a member of the senior leadership team with overall responsibility for the Allergy Safety Policy. The Designated Allergy Lead reports to the headteacher. They are responsible for:

- Leading the publication and implementation of a Trust-wide Allergy Safety Policy;
- Ensuring the safety, inclusion and wellbeing of pupils, staff and visitors with an allergy;
- Taking decisions on allergy management across the school;
- Championing and practising allergy and asthma awareness across the school;
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management;
- Ensuring allergy information is recorded, up-to-date and communicated to all staff;
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment);
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy Safety Policy, and other related procedures;
- Reviewing the school's stock of spare adrenaline devices (checking the school has an appropriate number for the setting, that they hold the correct dose, that spare adrenaline devices are stored appropriately) and ensuring staff know where they are;
- Keeping a record of any allergic reactions or near-misses, reporting these to the governing body and appropriate authority (e.g. Under RIDDOR) where necessary, investigating the incidents and ensuring that the findings of investigations into incidents are used to update relevant policies and procedures.

- Regularly reviewing and updating the Allergy Safety Policy; and
- Ensuring there is an anaphylaxis drill at least once a year and that lessons learned are used to update the allergy safety policy and school procedures as appropriate.

The Designated Allergy Lead will monitor implementation of this policy, review procedures at regular intervals and report to the senior leadership team and Named Allergy Governor as appropriate.

4.3 Lead First Aider

The Lead first aider is responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans, Asthma Action Plans and Individual Healthcare Plans) and information from families to ensure that arrangements are in place before the pupil starts, or within 2 weeks for a mid-year transfer, liaising with the admissions team as needed;
- Working with HR to keep an updated list of staff with allergies (and creating an individual healthcare plan if necessary) and ensuring arrangements are in place to support them;
- Supporting the Designated Allergy Lead with disseminating this information to all school staff, including the catering team, occasional staff and those running clubs
- Ensuring the information from families is up-to-date and reviewed annually (at a minimum), coordinating medication with families and ensuring medication is in date;
- Keeping an adrenaline device register to include adrenaline devices prescribed to pupils and the school's stock and location of spare adrenaline devices, including brand, dose and expiry date.;
- Regularly checking spare adrenaline devices are where they should be, are easily accessible in case of emergency, and that they are in date;
- Replacing the spare adrenaline devices when necessary;
- Providing on-site adrenaline device training for staff and pupils and refresher training as required e.g. before school trips;

4.4 School Office Team

The school office team is likely to be the first to learn of a pupil or visitor's allergy. They should work with the Designated Allergy Lead and school nursing team/medical lead to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity;
- There is a clear structure in place to communicate this information to the relevant parties (i.e. school nursing team, catering team);
- Parents and applicants are informed of catering arrangements during admission events;
- Plans are made for emergency medication if the child is to be left without parental supervision; and

- There is liaison with the child's previous school, or future school to ensure a smooth transition between settings.

4.5 All staff

All school staff, including teaching staff, support staff, temporary and supply staff, volunteers, sports coaches, peripatetic music teachers, and those delivering breakfast, lunchtime and after-school clubs, are responsible for:

- Promoting a culture of allergy and asthma awareness and supporting the school's commitment to providing a safe and inclusive environment;
- Reading, understanding and complying with the Allergy Safety Policy and associated procedures, seeking advice or clarification where required;
- Being aware of pupils (and, where relevant, staff) with diagnosed allergies and the allergens that may trigger a reaction;
- Considering allergy risks when planning and delivering lessons, activities, events and educational visits, and assessing whether the use of any allergen is necessary or can be safely avoided;
- Ensuring pupils have immediate access to their prescribed emergency medication at all times, including carrying medication on a pupil's behalf where this is appropriate and in line with school procedures;
- Being able to recognise the signs and symptoms of an allergic reaction, including anaphylaxis, and responding promptly in accordance with the pupil's Allergy Action Plan and school procedures following appropriate training;
- Completing allergy awareness and anaphylaxis training, including participation in practical drills, at least annually. Staff who have not received training within the previous 12 months must notify their line manager or the Designated Allergy Lead as soon as possible;
- Promoting the safety, wellbeing and inclusion of pupils with allergies and challenging or reporting any allergy-related bullying or discriminatory behaviour in accordance with the school's Anti-Bullying Policy;
- Promptly forwarding any allergy-related information or communication received directly from parents or carers to the School Office and the Designated Allergy Lead to ensure school records remain accurate and up to date; and
- Ensuring that, before any off-site visit, fixture or activity, pupils have their prescribed medication, Allergy Action Plan and/or Individual Healthcare Plan available and that accompanying staff are aware of the procedures to follow in the event of an allergic reaction.

4.6 All parents

All parents and carers (whether their child have an allergy or not) are responsible for:

- Reading, understanding and complying with the Trust's Allergy Safety Policy and supporting the school's efforts to provide a safe, inclusive environment for all pupils with allergies;

- Providing the school with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema;

- Following any food-related guidance issued by the school/UTC or Trust, including restrictions relating to packed lunches, snacks, celebrations, fundraising events and educational visits, recognising that these measures are intended to reduce the risk of accidental allergen exposure;

- Notifying the school if their child has a food preference, dietary choice or lifestyle requirement that is not the result of a medically diagnosed allergy or medical condition. Dietary preferences must not be reported as allergies or medical intolerances unless supported by appropriate medical evidence where requested; and

- Encouraging their child to be allergy aware.

4.7 Parents of children with allergies

In addition to paragraph 4.6, the parents and carers of children with allergies should:

- Informing the school/UTC, in writing, of any diagnosed allergy, food allergy, intolerance requiring medical management, or other relevant medical condition before their child starts school or immediately following diagnosis;

- Providing complete, accurate and up-to-date information regarding their child's allergy, including the diagnosed allergen(s); the nature and severity of previous reactions, including any history of anaphylaxis; any associated medical conditions, including asthma, eczema, allergic rhinitis or hay fever; any prescribed medication; and any changes to their child's medical condition without delay;

- Providing the school/UTC with an up-to-date Allergy Action Plan or Individual Healthcare Plan, completed and signed by an appropriate healthcare professional where required, and ensuring this is reviewed whenever their child's treatment or medical needs change;

- If applicable, providing the school or their child with two labelled adrenaline devices and any other prescribed medication, for example antihistamine (with a dispenser, ie. spoon or syringe), inhalers or creams, ensuring all medication is in date, clearly labelled, replaced before expiry and replenished promptly if used;

- Ensuring their child has access to their allergy medication, including two adrenaline devices, if prescribed, on the journey to and from school;

- Responding promptly to requests from the school for updated medical information, medication or healthcare documentation;

- Informing the school immediately if an allergy diagnosis is withdrawn, amended or if treatment changes, and ensuring the relevant paperwork is updated accordingly;

- Providing the school with an up-to-date photograph of their child and signing the associated permission for it to be shared appropriately as part of their allergy management; and

- Encouraging their child, where age and developmentally appropriate, to understand their allergy, avoid sharing food, recognise symptoms, carry their prescribed medication where appropriate, and promptly report any concerns to a member of staff.

Parents and carers should be aware that the school can only implement appropriate risk assessments and support arrangements based on the information and documentation supplied by parents and healthcare professionals. Whilst the Trust will take all reasonable steps to reduce the risk of allergen exposure and respond appropriately to allergic reactions, it is not possible to guarantee an allergen-free environment. Effective allergy management relies upon timely and accurate information being provided by parents and carers, appropriate medical advice, and the cooperation of pupils, parents and school/UTC staff.

4.8 All pupils

All pupils at the school should:

- Be allergy aware;
- Understand the risks that allergens might pose to their peers and respect measures to support them;
- Learn how they can support the wellbeing of their peers and be alert to allergy-related bullying.

Older pupils should:

- learn how to recognise an allergic reaction and support their peers and staff in case of an emergency; and

4.9 Pupils with allergies

In addition to paragraph 4.8, pupils with allergies, as appropriate to their age and capability, are responsible for:

- Knowing what their allergies are and how to mitigate personal risk;
- Avoiding their allergen as best as they can;
- Understanding the importance of following the school specific processes of lunch and snack services and how that mitigates risk;
- Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction;
- Knowing the location of their two adrenaline auto-injectors at all times;
- Understanding how and when to use their adrenaline auto-injector and only using them for their intended purpose; (If they are old enough to self administer)
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy;
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies;

Ensuring they have their medication with them or access to their medication on the journey to and from school.

5. INFORMATION AND DOCUMENTATION

5.1 Register of pupils and staff with an allergy

The school has a register of pupils and record of staff who have a diagnosed allergy. This includes children and staff who have a history of anaphylaxis or have been prescribed adrenaline devices, as well as pupils and staff with an allergy where no adrenaline devices have been prescribed.

5.2 Individual Healthcare Plans

Each pupil with an allergy requiring active management by the school has an Individual Healthcare Plan. The information on this plan includes:

- Known allergens, risk factors for allergic reactions and any adaptations needed;
- A history of their allergic reactions;
- If the pupil has asthma and any other medical conditions and necessary detail;
- Details of the medication that the pupil has been prescribed, including their dose, this should include adrenaline devices, antihistamine etc;
- A copy of parental consent to administer medication, including the use of spare adrenaline devices in case of suspected anaphylaxis, and asthma inhalers;
- An indication of how the child's condition may impact on their learning or wellbeing;
- If the child is able to take responsibility for their condition including in an emergency;
- A photograph of each pupil and emergency contact details; and
- A copy of their Allergy and/or Asthma Action Plan.

6. ASSESSING RISK

Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food lessons or cooking;
- Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk;
- Running activities or clubs where they might hand out snacks or food "treats". Ensure safe food is provided or consider an alternative non-food treat for all pupils; and
- Planning special events, such as cultural days and celebrations.

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, staff should adapt the activity. The School will ensure compliance with the Equality Act 2010.

7. FOOD, INCLUDING MEALTIMES & SNACKS

7.1 Catering in school

The school is committed to providing safe and inclusive meals and snacks for all students, staff and visitors, including those with food allergies.

- Due diligence is carried out with regard to allergen management when appointing catering providers;
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training;
- Catering staff are available to discuss the provision of allergen safe meals with parents/ carers;
- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures;
- The catering team will endeavour to get to know the pupils with allergies and what their allergies are, supported by school staff;
- The catering team will endeavour to provide varied meal options to students and staff with allergies;
- The school has robust procedures in place to identify pupils with food allergies. At least two methods are used: a visual check at mealtimes by a member of staff who is familiar with the pupils who have allergies, supported by up-to-date photographs of those pupils; and an allergy register that is cross-checked against the catering team's records. The photographs and allergy register are maintained by the Lead First Aider, and back-up arrangements are documented so that identification can continue during staff absences;
- Dishes and menus containing the main 14 allergens (see Allergens definition) will be clearly labelled. Pré-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging;
- Schools with Early Years settings should detail relevant procedures for adherence to new Early Years Foundation Stage statutory guidance. The "Safer Eating" section has the relevant information for allergies;
- Food provided at breakfast club and after school club will follow these procedures;

7.2 Food brought into school

Food brought into school from home is managed carefully to keep pupils with allergies safe. Parents and carers are asked to be mindful of pupils with allergies and to follow any specific requests the school makes about foods to avoid. Where food is brought in for shared occasions, including birthday cakes, celebrations, , parent and teacher events, fundraisers, and food taken on school trips or sports fixtures, staff will check that it does not pose a risk to pupils with known allergies before it is shared. A pupil with an allergy will only be given food that has been approved by their parents or carers, and staff will always check the pupil's Allergy Action Plan before offering any food.

Homemade items that do not carry ingredient information should be avoided where a pupil with a food allergy may be present.

7.3 Food bans or restrictions

School are an Allergen Aware Academies. We have students with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food. We ask everyone to think before bringing food onto the site: avoid sharing food directly with other pupils, never pressure a pupil to eat something, and check with a member *of staff if you are unsure*

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If a pupil brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated. Staff will remind pupils and visitors to always remain allergy aware and vigilant, and all food offered to a pupil with an allergy must first be checked against their Allergy Action Plan and approved by their parents or carers.

7.4 Food hygiene for pupils

- The school will encourage pupils to wash their hands with soap and warm water before and after eating;
- Parents/carers and pupils will be advised that water bottles and packed lunches should be clearly labelled and food should not be shared or swapped; and
- Throwing food is not allowed.

8. EDUCATIONAL VISITS AND SPORTS FIXTURES

- Staff leading the trip will have a register of pupils with allergies and details of their medication. Staff should notify the trip leader if they themselves have any allergies;
- Allergies will be considered on the risk assessment and catering provision put in place;
- Parents, and pupils where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay;
- Staff (and some pupils, if appropriate) accompanying the trip will be trained to recognise and respond to an allergic reaction;
- Allergens will be clearly labelled on catered packed lunches.

See Adrenaline Devices section for School Trips and Sports Fixtures.

9. INSECT STINGS

The school takes practical steps to reduce the risk of insect stings and to respond quickly if a sting occurs, particularly for anyone with a known insect venom allergy.

Those with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and when possible keep arms and legs covered;
- Avoid wearing strong perfumes or cosmetics; and
- Keep food and drink covered.

The school site team will monitor the grounds for wasp or bee nests. Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.

10. ANIMALS

It's normally the dander (flakes of skin) saliva or urine that causes a person with an animal allergy to react.

Precautions to limit the risk of an allergic reaction include:

- A pupil with a known animal allergy should avoid the animal to which they are allergic;
- If an animal comes on site a risk assessment will be done prior to the visit;
- Areas visited by animals will be cleaned thoroughly;
- Anyone in contact with an animal will wash their hands after contact;

School trips that include visits to animals will be carefully risk assessed.

11. ALLERGIC RHINITIS/ HAY FEVER

Hay fever (seasonal allergic rhinitis) and persistent nasal allergy (for example to house dust mites, mould or animal dander) are managed as follows:

- Pupils, parents and staff are asked to inform the school of any diagnosis of hay fever or persistent nasal allergy so that individual needs can be recorded and supported;
- Where a pupil is affected, antihistamines and any prescribed nasal or eye preparations are recorded on the pupil's individual healthcare plan and administered in line with the school's medicines policy, with parental consent;
- Staff are aware that symptoms such as sneezing, a runny or blocked nose, and itchy or watering eyes can affect concentration, sleep and performance, and make reasonable adjustments where applicable;
- During periods of high pollen count, staff monitor local pollen forecasts and, where practical, limit outdoor activities for severely affected pupils and keep windows closed at peak times;

- To reduce exposure to house dust mites and other indoor allergens, classrooms are kept clean, well-ventilated and as free from dust as reasonably practicable; and

- Any pupil whose asthma or other allergic condition is triggered or worsened by allergic rhinitis is monitored, and parents are advised to seek medical review where symptoms are not well controlled.

12. INCLUSION AND MENTAL HEALTH

Allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety and depression and are more susceptible to bullying.

- Staff are alert to the possibility of allergy-related bullying and are proactive in safeguarding the wellbeing and inclusion of pupils with allergies;

- No child should be excluded from taking part in a school activity, whether on the school premises or a school trip because of their allergies, a risk assessment will be undertaken where ta risk has been considered to ensure adequate control measures are in place.

- Pupils with allergies may require additional pastoral support;

- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives;

- Bullying related to allergy will be treated in line with the school's anti-bullying policy; and

- Uniform policies take into account that children may need emergency medication near them at all times.

13. ADRENALINE DEVICES

See the government guidance on Adrenaline Devices in Schools.

13.1 Storage of adrenaline devices

- Pupils prescribed with adrenaline devices will have easy access to two, in-date devices at all times;

- Spot checks will be made to ensure adrenaline devices are where they should be and in date;

- Adrenaline devices must not be kept locked away or in rooms with restricted access;

- Adrenaline devices should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator); and

- Used or out of date prescribed devices should be returned to parents to be disposed of as sharps. Spare adrenaline devices

- Brighter Futures Learning Partnership Schools will stock spare adrenaline devices to be used in accordance with government guidance.

- The locations of spare adrenaline devices are clearly signposted within each school and all staff will be made aware of the location of the devices. Spare adrenaline devices are

distributed across each school site so that a device can be reached within five minutes from any area of the site and are never stored in locked or restricted-access rooms.

The Allergy Leads are responsible for:

- Deciding how many spare devices are required;
- What dosage is required, based on the Resuscitation Council UK's age-based guidance (see page 11);
- Which brand(s) to buy. Schools are recommended to buy a single brand if possible to avoid confusion;
- The purchasing of spare adrenaline devices. See government guidance above; and
- Distribution around the school site and clear signage.

13.2 Adrenaline devices on off-site activities

- No child with a prescribed adrenaline devices will be able to go on a school trip without two of their own devices. It is the trip leader's responsibility to check they have them;
- Adrenaline devices will be kept close to the pupils at all times e.g. not stored in the hold of the coach when travelling or left in changing rooms;
- Adrenaline devices will be protected from extreme temperatures;
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction; and

  Consider whether to take spare adrenaline devices to off-site activities. This should be recorded as part of the risk assessment process.

14. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See the appendix to this policy for details of how to recognise and respond to an allergic reaction.

In all cases:

- A pupil with a known allergy should be treated in accordance with their Allergy Action Plan and/or Individual Healthcare Plan.
- If anaphylaxis is suspected adrenaline should be administered without delay, using the school's spare device if needed.
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany the pupil in an ambulance until a parent or guardian arrives.

Depending on the circumstances, it may be necessary to instigate the school's wider Emergency Response Plan.

15. TRAINING

BFLPT is committed to ensuring that all staff receive regular (at least annual) allergy awareness training through its online training platform. This training should cover all staff, including teaching

staff, support staff, catering staff, site staff and others who may oversee children at breakfast or after-school clubs.

This training will cover:

- Understanding what an allergy is;
- How to reduce the risk of an allergic reaction occurring;
- How to recognise and treat an allergic reaction, including anaphylaxis;
- How to treat an asthma attack using a reliever inhaler;
- How the school manages allergy, for example understanding the school's Allergy Safety Policy, emergency response, documentation, communication etc;
- How to check who has an allergy, and how to use an IHP and Allergy or Asthma Action Plan;
- Where adrenaline devices are kept (both prescribed devices and spare devices) and how to access them;
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying;
- Understanding food labelling;
- How to report an allergic reaction or near miss; and
- Taking part in an anaphylaxis drill.

Each school will carry out an anaphylaxis drill once a year. This involves an exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the whole school response.

Allergy and anaphylaxis awareness training forms part of the induction process for all new members of staff, including supply, peripatetic and agency staff and any wraparound care providers. New starters receive this training before, or as soon as reasonably possible after, they begin working with pupils.

The school will maintain a record of all allergy, anaphylaxis and asthma training, showing which staff have been trained, in what, to what level, and when their training is next due to be refreshed. This training record is set out in the Staff Allergy Training Record at the end of this policy and is monitored by the Designated Allergy Lead, who arranges refresher training so that no gaps arise.

16. ASTHMA

The school understands that it is vital that pupils with allergies keep their asthma well controlled. Asthma can exacerbate allergic reactions and poorly managed asthma increases the severity of an allergic reaction.

- Staff will be aware of common asthma triggers which may include airborne allergens such as pollen, house dust mite, mould spores or pet dander and food allergens.

- All pupils with asthma will have an Asthma Action Plan. Where relevant, an Asthma Action Plan will be in addition to an Allergy Action Plan.
- The Asthma Action Plan will be included in the pupil's Individual Healthcare Plan, and will include medical and parental consent for staff to administer medicines, including an emergency reliever inhaler in the event of an asthma attack.
- Children and young people known to have asthma should have their own reliever inhaler at school at all times and on the journey to and from school.
- Where a pupil is able to manage their asthma themselves, they should keep their inhaler on them. If they cannot, it should be stored in a clearly labelled, easily accessible location.

17. REPORTING ALLERGIC REACTIONS

- The school will log all allergic reaction incidents and near-misses as soon as is feasible after they occur.
- Each record should include: Who was affected, what happened, when and where, why the incident occurred (as far as is known), how staff and the pupil responded; what was done to support the individual; whether emergency services were called and how the incident concluded
- All incident reports should be shared with:
    - the pupil's parents or carers, who will be given the opportunity to discuss the incident and contribute their views to the review; and
    - the Named Allergy Governor and the governing body, so they can consider what lessons to learn and whether policy changes are required.
- Any learning from an incident should be shared appropriately with staff so they can act on it.
- It may be necessary to share the report with other agencies, for example:
    - schools that operate as food businesses must report any allergen-related food safety incidents to their local authority;
    - Incidents arising directly from a work activity that result in death or immediate hospitalisation must be reported to the Health and Safety Executive under RIDDOR.
- Following any incident or near miss the school will meet with the child or young person and their parents/ carers to ensure they are confident the setting remains safe.
- The school recognises the impact of an incident or near miss not just on the individual and their family, but also on staff who responded and children who witnessed it and will offer appropriate support.

MANAGING ALLERGIC REACTIONS

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen.

Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

Response:

- Stay with pupil
- Call for help
- Locate adrenaline devices
- Give antihistamine. Note: if any signs of anaphylaxis are present, give adrenaline without delay.
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil for at least 60 minutes in case the reaction gets worse

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**. Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.

People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

RESPONDING TO ANAPHYLAXIS

SYMPTOMS OF ANAPHYLAXIS

A – Airway

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

B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

C - Circulation

- Persistent dizziness
- Pale or floppy
- Sleepy
- Collapse or unconscious

IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE.

DELIVERING ADRENALINE

1. Treat the patient where they are. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
3. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions. Pupils may be able to do this themselves, but some will require or want adult support. Whilst all members of staff should be trained, in an emergency, anyone can administer adrenaline.
5. Make a note of the time you gave the first dose.
6. Call 999 for an ambulance (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
7. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
8. Call the pupil's emergency contact.
9. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.

10. Start CPR if necessary.
11. Hand over used devices to paramedics and remember to get replacements.
12. Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany them in an ambulance until a parent or guardian arrives.

For more information see the Government's Guidance for the use of adrenaline auto-injectors in schools.

APPENDIX 1: STAFF ALLERGY TRAINING RECORD

This record is maintained by the Designated Allergy Lead (supported by the Lead First Aider) and reviewed at least annually and whenever a new member of staff joins. It records who has been trained, in which areas, to what level, and when refresher training is due. Level key: “Awareness” = whole-staff allergy and anaphylaxis awareness; “Responder” = trained to recognise and respond to anaphylaxis and administer an adrenaline device.

Name / Role	Training area (allergy awareness / anaphylaxis & AAI / asthma)	Level (Awareness / Responder)	Date completed	Refresher due	Delivered by

AAIs (EPIPEN) USE & SEVERE ALLERGY RESPONSE

Allergic Reaction Emergency Flowchart

1. SPOT THE SIGNS

Mild / Moderate:
- Itching, rash, hives
- Mild swelling (lips/eyes)
- Tingling mouth
- Nausea

Severe (Anaphylaxis:
- Difficulty breathing or wheezing
- Swelling of tongue or throat
- Trouble speaking or swallowing
- Dizziness, collapse

2. ACT FAST

- Call for help
- Ask someone to call 999
- Say "This is an anaphylaxis emergency"

3. GIVE ADRENALINE (AAI)

IF IN DOUBT, GIVE ADRENALINE

- Use AAI immediately
- Inject into mid - outer thigh
- Hold in place as instructed on device
- Note time given

4. POSITION

- Lay patient flat, raise legs
- If breathing difficulty, sit slightly
- Do NOT stand or walk
- Recovery position if unconscious

5. MONITOR

- Stay with child
- Check breathing and responsiveness
- Stay calm
- IF NO IMPROVEMENT AFTER 5 MINS, USE SECOND DOSE

6. HANDOVER

- Confirm ambulance arrival
- Give details (time, symptoms, allergies, steps taken)
- Hand over used AAI(s) to paramedics

7. AFTERCARE

- Ensure patient receives an assessment at the hospital
- Inform parents or carers
- Report the incident
- Replace any used AAIs

AAIs (EPIPEN) USE & SEVERE ALLERGY RESPONSE

Adrenaline Auto-Injector (AAI) Quick Reference Guide (for school staff)

If you suspect someone is experiencing anaphylaxis, you must take immediate action.

BEFORE YOU START:

- Stay calm, and act quickly
- Ask someone to call 999
- Get the patients' AAI (or a spare from school supplies)

STEP 1: REMOVE SAFETY CAP

- Take the AAI out of its case
- Remove the safety cap(s)
- Keep fingers away from both ends

STEP 2: POSITION THE DEVICE

- Hold the AAI firmly in your hand
- Place the tip against the mid-outer thigh. This can be done through clothing.

STEP 3: GIVE THE INJECTION

- Push firmly until you hear or feel a click
- Keep the device pressed in place
- Hold for 3 seconds (EpiPen) or 10 seconds (Jext)

STEP 4: REMOVE AND MASSAGE

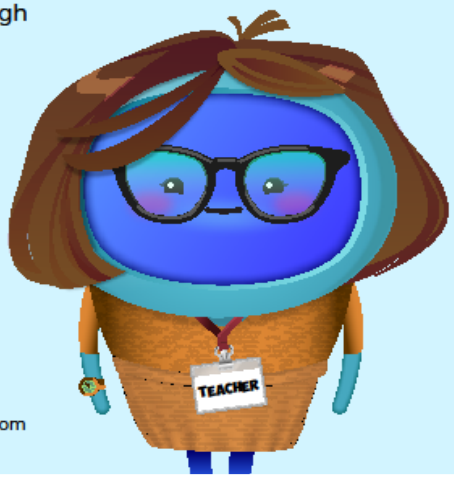
- Remove the AAI from the thigh
- Massage the area for around 10 seconds

STEP 5: AFTER USE

- Note the time of injection
- Give the used AAI to paramedics
- Be ready to give a second dose after 5 minutes if needed

IMPORTANT POINTS TO REMEMBER

- Always inject into the outer thigh, never into the arm, hand, or buttock
- Can be given through clothing
- Do not delay if symptoms are severe. If in doubt, use the AAI. Adrenaline is safe. Delay is dangerous.



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