PDET

Allergy Policy

Date	Revision & Amendment Details	By Whom
March 2026	Version 1	Central Executive Team
August 2026	Review following formal introduction of Benedict's Law	Central Executive Team

CONTENTS

1. Aims

This policy aims to:

- Set out Peterborough Diocese Education Trust's (PDET / the Trust) (which includes all schools within PDET (the / our school / schools) approach to allergy safety, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our schools support children with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among our school communities.

2. Legislation and Guidance

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

- *The Food Information Regulations 2014 (legislation.gov.uk)*
- *The Food Information (Amendment) (England) Regulations 2019*
- *The Food Information (Amendment) (England) Regulations 2022 (legislation.gov.uk)*.

3. Roles and Responsibilities

3.1 The Board of Directors (Board)

The Board is responsible for ensuring:

- Risks relating to children with allergy are included in the risk register and actively managed
- Schools have an allergy safety policy which sets out:
  - Arrangements to reduce the risk of individuals coming into contact with their known allergens
  - Emergency response plans for cases of anaphylaxis.

The Board delegates the day-to-day implementation of this policy to the allergy safety lead.

3.2 Allergy Safety Lead

The nominated **allergy safety lead** for an individual school is named in *Appendix 1* to this policy. This should be a member of the Senior Leadership Team.

They are responsible for:

- Implementing this allergy safety policy
- Contributing to the review and updating of the allergy safety policy when needed, and making sure it is published
- Promoting and maintaining allergy awareness across the school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)
- Ensuring:
  - All allergy information is up to date and readily available to relevant members of staff
  - All children who require support with allergies have an up-do-date individual healthcare plan (**IHP**)
  - All children with a known food or insect sting allergy have up to date **allergy action plans** issued by a medical professional
  - All staff receive regular allergy awareness training
  - All staff are aware of the school's policy and procedures regarding allergies
  - Relevant staff are aware of what activities need an allergy risk assessment

- Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
  - What lessons there are to learn
  - Any potential changes to the medical conditions and / or allergy safety policies and / or to any child's **IHP**.

3.2 Headteacher / Principal (Headteacher)

The Headteacher is responsible for:

- Deciding (in discussion with the parents / carers and any relevant healthcare professionals) whether a child's allergy can be managed through the adjustments made under the *Supporting Pupils with Medical Conditions Policy* or whether an **IHP** is required to specify arrangements that reflect the child's circumstances.

3.4 School Office Staff

The School Office staff (or if in a specific school it is somebody else, the individuals named in *Appendix* 1) are responsible for:

- Checking spare AAIs are present and in date on a monthly basis
- Making sure that replacement AAIs are obtained when expiry dates approach
- Any other appropriate tasks delegated by the **allergy safety lead**.

3.5 Teaching and Support Staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among children
- Maintaining awareness of the Trust's allergy safety policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific children with allergies in their care
- Reducing the risk to children with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of children with allergies
- Reporting any allergic reaction or case of anaphylaxis to the **allergy safety lead.**

3.6 Parents / Carers

Parents / carers are responsible for:

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

3.7 Children with Allergies

If age appropriate, these children are responsible for:

- Being aware of their allergens and the risks they pose
- Carrying their AD on their person and only using it for its intended purpose
- Communicating to an adult if they feel the early signs of an anaphylactic reaction
- Understanding how and when to use their AD.

3.8 Children without Allergies

These children are responsible for:

- Being aware of allergens and the risk they pose to their peers.

Older children might also be expected to support their peers and staff in the case of an emergency e.g. gaining help from another staff member.

4. Identifying Individuals at Risk

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

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

4.1 Identifying Children at Risk

Schools will:

- For new starters, send a form to all parents / carers of children after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the child has and whether they carry medication. Where a child has a new diagnosis and / or has moved to the school mid-term, the school will send a form and put arrangements in place within 2 weeks of receipt of the completed form
- Send a reminder to parents / carers at the start of each academic year asking them to update their child's medical information as necessary
- Ask parents / carers to proactively inform the school by either phone call or email to the school office if their child's medical needs change during the school year.

4.2 Identifying Staff and Visitors at Risk

- New staff will be asked to provide details of their allergies in advance of their start date
- Visitors will be asked to provide details of their allergies in advance of their visit.

4.3 Individual Healthcare Plans (IHP)

Children should have an **IHP** if they:

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

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

The **IHP** will set out the additional and / or different arrangements that will be in place for supporting the child. The school will make every effort to make sure that arrangements are put in place within 2 weeks of receipt of notification, or by the beginning of the relevant term for children who are new to the school.

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

The Headteacher is responsible for deciding (in discussion with the parents / carers and any relevant healthcare professionals) whether a child's allergy can be managed through the adjustments made under the *Supporting Pupils with Medical Conditions Policy* or whether an **IHP** is required to specify arrangements that reflect the child's circumstances.

The school will consider the following principles:

- If the arrangements or support which a child requires would be available to any child as part of normal policies, an **IHP** may not be required
- If the child only needs non-prescription medication and the *Supporting Pupils with Medical Conditions Policy* would permit them to carry and administer it, an **IHP** may not be required.

IHPs will be reviewed at least annually and more frequently if the child's needs have changed. Where a child moves on to a new school, their **IHP** will be shared as part of the transition.

4.4 Allergy and Asthma Action Plans

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

All children who have asthma should be issued with an **asthma action plan** by their healthcare professional. The plans include medical and parental / carer consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

The **allergy action plan** and / or **asthma action plan** should be attached to the child's **IHP**. Whenever the **allergy action plan** is updated, the child's IHP should be reviewed to incorporate it.

4.5 Register of Children with Known Allergies

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

- Known allergens and risk factors for anaphylaxis
- Whether a child has been prescribed ADs (and if so, what type and dose)
- Where a child has been prescribed an AD, whether parental / carer consent has been given to administer emergency medication
- A photograph of each child to allow a visual check to be made (this will require parental / carer consent).

The register is kept in the locations specified in *Appendix 1* and can be checked quickly by any member of staff as part of initiating an emergency response.

Allowing all children to have their ADs accessible at all times will reduce delays and allows for confirmation of consent without the need to check the register.

5. Assessing Risk

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

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging

- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking.

A risk assessment for any child at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

6. Minimising Risk

6.1 Hygiene Procedures

School measures to prevent contamination include:

- Children are reminded to wash their hands before and after eating
- Tables and surfaces are wiped down before food is served / eaten
- Sharing of food, food containers, and food utensils is not allowed
- Children have their own named water bottles and lunch boxes provided to children with food allergies will be clearly labelled with the name of the child for whom they are intended
- Where food is not directly provided by the school, parental / carer engagement and permission will be sought in advance.

Any other measures individual schools have are detailed in *Appendix 1.*

6.2 Catering

The school is committed to providing safe food options to meet the dietary needs of children with allergies.

- The contracted catering company staff receive appropriate training and are able to identify children with allergies
- The school / Trust will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements
- School menus are available for parents / carers and children to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy safe meals with parents / carers
- Where changes are made to school menus, the caterers will make sure these comply with legislation and continue to meet any special dietary needs of children
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing children and staff to make safer choices. The caterers will ensure allergen information labelling follows all *legal requirements* that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Where food is provided by the school, staff will understand how to read labels for food allergens
- The caterers will ensure that catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination.

6.3 Food Restrictions

We acknowledge that it is impractical to enforce allergen-free schools. However, we would like to encourage children and staff to be allergen-aware, avoiding 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 child brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be taken away and the parent informed.

Staff and children are encouraged to avoid foods with ingredients listed as 'May contain' allergens.

Where use of food forms part of activities, ingredients will be shared with parents / carers of children with known allergies. Parents / carers will be asked to give consent for the child's participation in the activity.

Where children bring in cakes, sweets or treats to celebrate birthdays or other events; these will be given out to children at the end of the school day to enable parents / carers to decide whether they are safe for their child.

6.4 Insect Bites / Stings

Procedures for **preventing** insect bites / stings when outdoors include:

- Shoes should always be worn
- Food and drink should be covered.

6.5 Animals

Hygiene procedures for managing allergies to animals such as dogs include:

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

6.6 Visits and Trips

- No children with allergies will be excluded from taking part
- The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of children's allergies and to have received appropriate training
- The school will conduct a risk assessment for any child at risk of anaphylaxis taking part in a school trip
- Children at risk of anaphylaxis should have their own AD accessible at all times
- Staff trained to administer adrenaline in an emergency will be present on the school trip
- Appropriate measures will be taken in line with the school's AD protocols for off-site events and school trips (see paragraph 8.5).

7. Procedures for Handling an Allergic Reaction

- As part of the whole-school awareness approach to allergies, all staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately
- Staff are trained in the administration of adrenaline to minimise delays in an emergency
- If the child has an **allergy action plan**, this must be followed
- A spare school AD device will only be used if:
  - The child does not have a prescribed AD
  - The child's prescribed AD is not available or misfires.

Any other specific arrangements a school has in place for responding to allergic reaction are set out in *Appendix 1*

7.1 Dealing with Insect Bites / Stings

These will be treated in line with the NHS guidance on *'How to treat an insect bite or sting'*. In the event of an allergic reaction the procedure set out above will be followed.

8. Adrenaline Devices (ADs)

8.1 Prescribed Ads

Children who are prescribed ADs are encouraged to keep them accessible at all times including when travelling to or from the school and on school trips. It is recommended that two devices are carried at all times. Children with prescribed ADs should take them home with them at the end of each school day, and parents / carers are responsible for ensuring that they are in date.

If a child cannot keep their ADs with them in the classroom (due to age or other considerations), then the devices will be stored:

- In an appropriate central location that is unlocked and accessible at all times
- **No more than** 5 minutes away from where they may be needed (larger schools may require ADs to be stored in multiple locations, such as near the dining area and playground)
- At, and kept at, room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.

Appendix 1 details the exact locations in an individual school and any additional arrangements required to make sure that children with prescribed ADs have rapid access to their devices at all times. This includes while travelling to and from school; in the lunch area, playground and sports fields; or when on visits or trips.

A copy of the child's **allergy action plan** is kept alongside their medication, as it includes instructions on how it should be used in an emergency.

Arrangements for children and parents / carers to take individually prescribed ADs home (for example, at the end of the day for the journey home) and for checking that they remain in date are set out in *Appendix 1*.

How records will be kept of which children have been provided with prescribed adrenaline (and an **allergy action plan**) are set out in *Appendix 1.*

8.2 Spare ADs and Inhalers

It should be noted that: current regulations only allow schools to purchase adrenaline auto-injectors (AAIs) as spare devices. Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school's spare AAIs may be used in an emergency. Schools can purchase an emergency asthma reliever inhaler which can only be used if the child's prescribed inhaler is not available and where written consent has been obtained.

The **allergy safety lead** is responsible for sourcing spare ADs and an emergency asthma reliver inhaler and ensuring they are stored according to the guidance.

Procedures for buying spare ADs are set out in *Appendix 1.*

Spare ADs will be stored:

- In an appropriate central location that is unlocked and accessible to **staff only** at all times
- **No more than** 5 minutes away from where they may be needed (larger schools may require ADs to be stored in multiple locations, such as near the dining area and playground)
- At, and kept at, room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.

Appendix 1 details the exact locations for an individual school.

Spare AAIs will be kept:

- In pairs, in case a second one is necessary
- Separate from any children' prescribed ADs and clearly labelled to avoid confusion.

The school office staff (or if in a specific school it is somebody else, the individuals named in *Appendix* 1) are responsible for:

- Checking monthly that spare ADs and the emergency asthma reliver inhaler are present and in date
- Obtaining replacement ADs when the expiry date is near.

8.3 Disposal

ADs can only be used once. Once an AD has been used, it will be disposed of in line with the manufacturer's instructions (for example, in a sharps bin for collection by the local council).

8.3 Using Spare ADs in an Emergency Situation without Prior Consent

The *Human Medicines (Amendment) Regulations 2017* do not require consent to have been obtained for spare ADs to be used in an emergency.

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

However, in an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.

8.5 Use of ADs Off School Premises

The Prescribed AD along with the child's **IHP / allergy action plan / asthma action plan** will be taken with the child on off premises activities and kept by the adult responsible for the child's group, so within constant access of the child should the need for it arise.

Children at risk of anaphylaxis should have their own ADs accessible at all times when on school trips and off-site events.

Arrangements for taking spare ADs for emergency use are set out in *Appendix 1.*

9. Serious Incidents and 'Near Misses'

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

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

9.1 Incident Recording

The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded in Smartlog, including the following information:

- Who was affected
- What happened, when and where

- Why the incident occurred (as far as is known)
- How staff and children responded and what was done to support the individual
- Whether emergency services were called
- How the incident concluded.

Any specific arrangements for capturing this information are detailed in *Appendix 1.*

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

9.2 Incident Reporting

The parents / carers should be notified of the incident or 'near miss' as soon as possible.

The school will share the report with the child's parents / carers, or the individual involved.

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

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

Staff will always share the incident report with the Headteacher. The **allergy safety lead** will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and / or the child's **IHP**. Any learning will be shared appropriately with staff so they can act on it and reduce the chance of an incident reoccurring.

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

- With the Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalisation. For example, where a child has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff. Schools will liaise with the Head of Estates in relation to all such incidents and before sharing any reports.

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

10. Allergy Awareness

10.1 Staff Training

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

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

The school has purchased 'training pens' from EpiPen and Jext so staff can practice safely and be familiar with the differences.

The school will conduct allergy safety drills annually. This is a simulated case of anaphylaxis to test out how staff respond, without risk to any individual. The results of the drill will be recorded and used to inform the ongoing review of this policy, any learning should therefore be shared with the Trust's central team.

Allergy awareness training will ensure that all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist
- Understand the difference between food allergy, coeliac disease and food intolerance
- Know where to find information on allergy triggers
- Can identify the range of symptoms of allergic reactions
- Understand and can recognise anaphylaxis
- Know how to respond in an emergency, including:
  - Calling emergency services and informing parents / carers
  - How to locate and administer emergency medication
  - How to use the medication / device in an emergency
- Understand the impact allergy can have on a child's wellbeing
- Understand the allergy safety policy
- Know how to check whether an individual is on the record of those with known allergy, and how to use an **allergy** or **asthma action plan**
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a 'near miss').

Any other information as to what individual schools do can be found in *Appendix 1*.

Induction arrangements for new staff and arrangements to ensure supply and cover staff have received allergy awareness training are set out in *Appendix 1.*

10.2 Awareness of Allergy Safety Policy

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

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

How the school will teach children about allergies is set out in *Appendix 1.*

11. Wellbeing

Children with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy. The school will put in place procedures to support their mental health and wellbeing, in line with the school's behaviour policy.

Children with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher
- Reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis.

The school will respond to any instance of bullying in line with its behavior policy.

11.1 Wellbeing Support Following an Incident or 'Near Miss'

The school recognises that an incident or a 'near miss' is a serious event with a potential impact not only on the children but their family, those involved in responding and any witnesses. The school will provide support to those involved.

The school will support staff involved in any incident or 'near miss'.

See section 9 of the policy for more detail on incidents and 'near misses'.

12. Information sharing

Information about an individual's health is considered special category data under UK GDPR. It will therefore be handled in line with the Trust's data protection policy.

13. Monitoring Arrangements

This policy will be monitored by the Central Executive Team and will be reviewed and approved annually or more frequently if a serious incident or 'near miss' identifies an area for improvement.

14. Links to Other Policies

This policy links to the following policies and procedures:

- Health and Safety Policy
- Supporting Pupils with Medical Conditions Policy
- Data Protection Policy
- Behaviour Policy

Appendix 1 - School Specific Information

School Name:	**Cottingham C of E Primary School**
Nominated Allergy Safety Lead:	**Faye Wason**
Allergy Safety Lead: ***any additional responsibilities (3.2)***	**Carolynn Southcombe**
Register of Children with Known Allergies: ***Location (4.5)***	*To be on display in the lunch hall next to where food is served and also on Teams for quick access for all staff*
Minimising Risk: ***Any additional hygiene procedures (6.1)***	• Children are reminded to wash their hands before and after eating • Tables and surfaces are wiped down before food is served / eaten • Sharing of food, food containers, and food utensils is not allowed • Children have their own named water bottles and lunch boxes provided to children with food allergies will be clearly labelled with the name of the child for whom they are intended • Where food is not directly provided by the school, parental / carer engagement and permission will be sought in advance. [In addition to the measures to prevent contamination set out in paragraph 6.1, we share the allergens with The Pantry who include alternative options in their menu choices which parents make for their children. As food is given out at lunchtime, staff check their list of choices with the meal provider to check that the meal is safe. Where children have known allergies, they are given a lanyard as a visual reminder to staff to be vigilant and check allergens. The child wears the lanyard throughout their time in the lunch hall so staff supervising can check food is not swapped with other children, are heightened to any signs of anaphylaxis and can respond quickly.
Handling an Allergic Reaction: ***Any additional procedures (7)***	In addition to the procedures set out in paragraph 7, we discuss as a team the needs of specific children on training days and staff meetings to ensure that communication of the response is fast and appropriate
Incident Recording – Serious Incidents and 'Near-Misses': ***Any additional information (9.1)***	In addition to what is detailed in paragraph 9.1 we would implement any lessons to be learnt as part of a consistent approach to improvement

Prescribed ADs

Location of prescribed ADs (i.e. where stored): ***if a child cannot keep their AD with them in the classroom (due to age or other considerations)*** ***(8.1)***	All ADs are stored in a named accessible box in the child's classroom
Rapid access to prescribed ADs: ***additional arrangements*** ***(8.1)***	All auto injectors are kept in classroom cupboards. Due to the small size of the school and ease of access, they are left there throughout

	the day and not moved outside. Spare injector pens are located in close, easily accessible first aid cupboards if required. Parents are responsible for bringing auto injectors to school. We have emergency Ads if they are forgotten and would also notify the parents. On school trips and visits, children with prescribed ADs would take their own devices, to be kept near the child at all times (e.g. with their assigned group leader if going around in small groups). If KS1 children are all going on a trip, only the spare AD for children younger than would be taken. Other spare devices would stay in school. For KS2 trips, none of the spare ADs would be taken so the 6+ children in KS1 still have access to emergency ADs. If it is a whole school trip, all spare ADs would be taken.
Arrangements for children and parents / carers to take individually prescribed ADs home and checking they are in date *(8.1)*	At the start and end of the day the class teacher would receive and handover the auto injector as the child either leaves or enters the school and put it into the cupboard. The class teacher is aware they must not remove the AD from the classroom. C. Southcombe checks dates on all epi pens on site each month and would highlight any due to become out of date to parent and class teacher. This is logged on Smart Log
Records of children with prescribed ADs and an allergy action plan: ***how and where kept (8.1)***	Currently there are 3 children in school with an Allergy Action Plan however this is expected to increase by one with a new child starting on an allergy action plan (NM). An Allergy Action Plan has not been completed by GP/health care professional, and the parent is chasing this. In the meantime, a plan for access, storage. C. Southcombe is to check all new starters as parents were asked for information on allergens but not all have responded. In future the Allergy Action Plan will be requested prior to the start date and communicated with the necessary staff by the Allergy Lead. Allergy Action Plans will be stored in the allergies folder on teams with print offs in the hall.

Spare ADs and inhalers – *(8.2)*

Quantity	**2 x 150mg and 2 x 300mg** **2 x emergency inhalers**
Brand (*recommended to buy a single brand to avoid confusion*)	**Epi Pen**
Purchased From	**Mr Pickfords Pharmacy Corby**
Location (i.e. where stored) ***(8.2)***	**2 x 150mg in KS1 in first aid cupboard** **2 x 300mg in KS2 first aid cupboard**

The dosage required (based on Resuscitation Council UK's age-based criteria see page 11 of the *AAI guidance*)	**150mg (KS1) & 300mg (KS2)**
Members of staff responsible for checking spare ADs and inhalers and making sure replacements are obtained, if not the school office *(3.4 & 8.2)*	**Carolynn Southcombe & Jess Pfadenhauer**
Arrangements for taking spare ADs for emergency use on school trips and off-site events *(8.5)*	**On school trips and visits, children with prescribed ADs would take their own devices, to be kept near the child at all times (e.g. with their assigned group leader if going around in small groups). If KS1 children are all going on a trip, only the spare AD for children younger than would be taken. Other spare devices would stay in school. For KS2 trips, none of the spare ADs would be taken so the 6+ children in KS1 still have access to emergency ADs. If it is a whole school trip, all spare ADs would be taken.**

Allergy Awareness

Staff Training *(10.1)*
In addition to what is detailed in paragraph *10.1* we ensure through training days, induction and updates in staff meetings that all staff are aware of the medical needs of our children and the actions required should it be required.

Our induction arrangements for new staff and arrangements to ensure supply and cover staff have received allergy awareness training are to only supply agencies who can confirm their staff have been previously trained will be used. We also have information which we hand out to supply/cover teachers which identifies any child in their care with allergies.

Teaching our children about allergies *(10.2)*
An assembly will be delivered to the children within the first term to ensure they are provided with an understanding, suitable to their age on how we keep children and staff with allergies safe.

Appendix 2: Responding to Anaphylaxis

Recognise the signs of anaphylaxis

A AIRWAYS
- Tightening of the throat
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING
- Sudden wheezing
- Difficult or noisy breathing
- Persistent cough

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

If any one (or more) of these signs are present: Don't delay

1. **Lie flat with legs raised** (if breathing is difficult, allow to sit)

2. **Give adrenaline device without delay**
(use the school's spare device if needed)

Scan this dose for instructions on how to use adrenaline devices

3. **Immediately dial 999** for ambulance
and say ANAPHYLAXIS (ana-fill-axis)

After giving adrenaline:

- Stay with person until ambulance arrives, do NOT stand them up.
  - Keep them lying down, even if things seem to be getting better.
- Phone parent/emergency contact.

If no improvement after 5 minutes, give another dose of adrenaline using a second device, if available.

Commence CPR at any time if there are no signs of life

ALWAYS GIVE ADRENALINE DEVICE FIRST if someone has **SEVERE AND SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice).
THEN SEEK MEDICAL HELP. Anaphylaxis can occur without skin symptoms

Appendix 3a: Letter Template to Pharmacy to Obtain an AAI (Information)

Schools must provide a written letter when ordering “spare” back-up adrenaline auto-injector devices.

A sample letter is provided below, which can be printed on the school’s headed paper and signed by the principal or headteacher at the school.

Ideally appropriate headed paper should be used, although this is not a legislative requirement.
In line with legislation, the order must state:

- The name of the school for which the adrenaline auto-injector devices are required
- The purpose for which devices are required; and
- The total quantity required for each device.

Appendix 3b: Letter Template to Pharmacy to Obtain an AAI

To be completed on headed school paper

[Date]

We wish to purchase emergency Adrenaline Auto-injector devices for use in our school.

The adrenaline auto-injectors will be used in line with the manufacturer's instructions, for the emergency treatment of anaphylaxis in accordance with the Human Medicines (Amendment) Regulations 2017.

This allows schools to purchase "spare" back-up adrenaline auto-injectors for the emergency treatment of anaphylaxis.

(Further information can be found at: *Using emergency adrenaline auto-injectors in schools - GOV.UK (www.gov.uk)*)

Please supply the following devices:

Brand name*	
Dose* (state milligrams or micrograms)	
Quantity required Adrenaline auto-injector device	

Signed: _____ Date: _____

Print name: [Headteacher / Principal]

*AAIs are available in different doses and devices. Schools may wish to purchase the brand most commonly prescribed to its children (to reduce confusion and assist with training).

Guidance from the Department of Health to schools recommends:

School Type	**AAIs for Children Under Age 6 Years** (150 micrograms) **e.g EpiPen Junior, Jext 150**	**AAIs for Children Over Age 6 Years of age** (300 micrograms) **e.g EpiPen, Jext 150**
State-Funded Nursery School	One pair of "spare" AAIs	N/A
Primary School	One pair of "spare" AAIs	One pair of "spare" AAIs