Inspire Partnership Academy Trust

Allergy Awareness Policy

Version 2026 (V1.4 Approved Template)

Approval Date:	June 2026
Approved by:	Audit and Risk Committee
Policy Owner:	Alan Williams
Review date:	June 2027

Contents

Contents	2
1. Statement of Intent	3
2. Roles and responsibilities	5
3. Arrangements	10
4. Conclusions	21
Appendix 1 - Health Care Plan	22
Appendix 2A - Pupil Allergy Declaration Form	24
Appendix 2B - Staff Allergy Declaration Form	25
Appendix 3 - Parental agreement to administer medicine	26
Appendix 4 - EpiPen®: Emergency Instructions	28
Appendix 5 - ANAPEN®: Emergency Instructions	30
Appendix 6 - Emergency Contact numbers	32
Appendix 7 - Note to parent / carer for medication given	34
Appendix 8 - Contacting Emergency Services	35
Appendix 9 - Checklist for responding to emergency situations	36
Further guidance	37

1. Statement of Intent

1.1. The Board of Trustees believe that ensuring the health and welfare of staff, students and visitors is essential to the success of the school and is committed to ensuring that those with medical conditions, including allergies, especially those likely to have a severe reaction (anaphylaxis), are supported in all aspects of school life.

1.2. We will:

1.2.1. Adhere to legislation and statutory guidance on caring for students with medical conditions, including the administration of allergy medication and adrenaline auto-injectors (AAIs).

1.2.2. Ensure all staff (including supply staff) are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

1.2.3. Ensure our school raises awareness of allergies and anaphylaxis to the whole school community.

1.2.4. Conduct a detailed risk assessment to help identify any gaps in our systems and processes for keeping allergic students safe for all new joining pupils with allergies and any pupils newly diagnosed.

1.2.5. Aim to reduce the risk of exposure to allergens to an acceptably low level.

1.2.6. Make sure that the school is appropriately insured and that staff are aware that they are insured to support students when necessary.

1.3. Whilst we will endeavour to ensure our school provides a safe environment for all, we cannot guarantee our school will be allergen-free.

1.4. In the event of illness, a staff member will accompany the student to the school office or medical room. In order to manage their medical condition effectively, the school will not prevent students from eating, drinking or taking breaks whenever they need to.

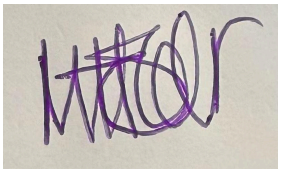
1.5. The school also has a First Aid and Medicines Policy, which may also be relevant, and all staff should be aware of.

1.6. This policy applies to all relevant school activities and is written in compliance with all current UK health and safety legislation, and has been consulted with staff and their safety representatives (Trade Union and Health and Safety Representatives).

Name: Nicholas Dear Signature:

(Chair of Audit & Risk Committee)

Name: Martha Holder

Signature: 

(Headteacher)

Date: 07.10.26

1.7. Review procedures - This Policy will be reviewed regularly and revised as necessary. Any amendments required to be made to the policy as a result of a review will be presented to the Board of Trustees for acceptance.

Document / revision no.	Date	Status / Amendment	Approved by

1.8. Distribution of copies - Copies of this policy will be distributed to each Headteacher and staff within the school including catering staff whether in-house or contracted, and also to members of the central team and Trustees.

2. Roles and responsibilities

2.1. The Board of Trustees

2.1.1. The Board of Trustees has ultimate responsibility for health and safety matters - including Allergy Awareness in the school.

2.1.2. Ensure the Allergy Awareness Policy is reviewed annually and/or after any operational changes, to ensure that the provisions remain appropriate for the activities undertaken.

2.2. The Headteacher

2.2.1. Carry out a risk assessment of allergy needs of students and staff, appropriate to the circumstances of the workplace, and review annually and/or after any significant changes.

2.2.2. Ensuring that an appropriate number of appointed persons have been provided with allergy awareness training and that their names are prominently displayed throughout the school.

2.2.3. Ensuring that appointed staff have an appropriate qualification, keep training up to date and remain competent to perform their role.

2.2.4. Ensuring all staff are aware of the school allergy awareness procedures.

2.2.5. Ensuring appropriate allergy awareness assessments are completed and appropriate measures are put in place.

2.2.6. Ensuring that catering is provided to the reasonable medical needs of staff and students.

2.2.7. Ensure allergy bullying is treated seriously, like any other bullying.

2.2.8. Reporting specified incidents to the Health and Safety Executive (HSE), when necessary.

2.3. Teaching staff

2.3.1. Ensuring they follow allergy awareness procedures.

2.3.2. Ensuring they know who the first aiders in school are and contact them straight away.

2.3.3. Completing accident reports for all incidents they attend to where a first aider is not called.

2.3.4. Informing the Headteacher or their manager of any specific health conditions or allergy needs.

2.4. Support staff

2.4.1. Ensuring they follow allergy awareness procedures.

2.4.2. Ensuring they know who the first aiders in school are and contact them straight away.

2.4.3. Completing accident reports for all incidents they attend to where a first aider is not called.

2.4.4. Informing the Headteacher or their manager of any specific health conditions or allergy needs

2.5. Business Manager or School Office lead

2.5.1. Ensuring they follow allergy awareness procedures.

2.5.2. Ensuring they know who the first aiders in school are and contact them straight away.

2.5.3. Completing accident reports for all incidents they attend to where a first aider is not called.

2.5.4. Informing the Headteacher or their manager of any specific health conditions or allergy needs.

2.6. Premises Manager

2.6.1. Ensuring they follow allergy awareness procedures.

2.6.2. Ensuring they know who the first aiders in school are and contact them straight away.

2.6.3. Completing accident reports for all incidents they attend to where a first aider is not called.

2.6.4. Informing the Headteacher or their manager of any specific health conditions or allergy needs.

2.7. Kitchen manager and catering staff

2.7.1. The School has an Allergy Awareness Policy (this policy). The catering manager is responsible for ensuring that the Food Allergy requirements are reviewed and reflective of the current menu offerings.

2.7.2. All catering staff and catering support staff have received Allergy Awareness Training & records retained https://allergytraining.food.gov.uk/ certification is retained and refresher training is provided in line with the training schedule.

2.7.3. The catering team have received all staff and student allergy requirements, the information is retained and reviews are undertaken. Any food allergies are reported to the catering team.

2.7.4. The Allergen Matrix is made available for dishes served - this will be dated and current to the menu offering for that day/week/fortnight and should cover all

items on the menu offering. Menus clearly identify ingredients that may pose a risk to allergy sufferers, enabling informed choices to be made.

2.7.5. All dishes will be reviewed for allergen contents & that the catering team continue to review the individual ingredients. The frequency will be determined by the change in products delivered, new suppliers appointed and on a regular basis (As suppliers may substitute ingredients or products that previously didn't have an allergen contained, therefore the packaging label should be crossed checked with the school's allergen matrix & updated when required, the catering manager will redate the allergen matrix to reflect the review).

2.7.6. All purchased pre-packaged items have been provided with the list of all ingredients and that the allergen details provided are in bold. To report to the supplier if any products have been delivered without the required legal labelling, and the product will not be used, until clarification of any allergens has been received by the manufacturer or supplier.

2.7.7. Rigorous food hygiene is maintained to reduce the risk of cross-contamination.

2.7.8. Cross-contamination is the physical movement or transfer of allergens from one person, object or place to another food item. Preventing cross-contamination is a key factor in preventing potential allergic reactions.

2.7.9. Controlling allergen cross-contamination

2.7.9.1. Any foods/dishes with any of these 14 allergens in must be carefully stored and handled in the kitchen so to prevent the risks of cross-contamination.

2.7.9.2. Staff training on kitchen procedures to prevent cross-contamination during storage, preparation and serving of food.

2.7.9.3. Cleaning utensils before each usage, especially if they were used to prepare meals containing allergens

2.7.9.4. A storage system should be in place to prevent cross-contamination of ingredients with other ingredients containing allergens. Keeping ingredients that contain allergens separate from other ingredients

2.7.9.5. Have a spillage plan in place to clean up allergenic ingredients: You should use disposable clothes/towels / blue rolls to prevent cross-contamination.

2.7.9.6. Effective cleaning, washing up and hand washing using hot water, cleaning and sanitising products.

2.7.9.7. Physical separation – putting a lid or cover on food, using a clean knife, board, plate, pan, working area, and aprons.

2.7.9.8. Using separate fryers/cooking equipment.

2.7.9.9. Allergen cross-contamination can also happen through using the same cooking oil. To cook gluten-free chips, you can't use the same oil which has been previously used for cooking battered fish.

2.7.10. If you can't avoid cross-contamination in food preparation, you should inform potential consumers that you can't provide an allergen-free dish.

2.8. Contractors and visitors

2.8.1. The school's Allergy Policy and reporting procedure is followed.

2.8.2. Their activities do not introduce an allergy risks to the School.

2.8.3. A high standard of hygiene is maintained whilst in school premises as a matter of good practice.

2.8.4. Any areas which may be contaminated are to be reported to the Facilities Team or their host.

2.9. Pupils and parents

2.9.1. The parents or carers of all new starters to the school are required to inform the school of any details of any food intolerances or allergies and their

management should be described by completing the Allergy Declaration Form (Appendix 2).

2.9.2. If details are unclear or ambiguous, the school will follow this up with a phone call to parents for further information which will be recorded by the school.

2.9.3. It is parents' responsibility to ensure that if their child's medical needs change at any point that they make the school aware and a revised medical needs form must be completed. Updating the school if their child's medical needs change at any point. Parents are requested to keep the school up to date with any changes in allergy management with regards to clinic summaries, re-testing and new food challenges.

2.9.4. Ensuring that any required medication (Epipens or other adrenalin injectors, inhalers and any specific antihistamine) is supplied, in date and replaced as necessary. The parents of all children who have an epi-pen in school must complete specific healthcare plan sheets stating the emergency actions to be taken. They should also give permission for the spare emergency epi-pen to be used in the event it is required.

2.9.5. Attending any meeting as required to share further information about their child's food allergy, to plan for food management in school or to complete a care plan.

2.9.6. If an episode of anaphylaxis occurs outside school, the school must be informed.

2.9.7. Children of any age must be familiar with what their allergies are and the symptoms they may have that would indicate a reaction is happening.

2.9.8. Children are encouraged to take increased responsibility for managing choices that will reduce the risk of allergic reactions. Expectations are age appropriate.

2.9.9. Children are not allowed to share food with each other.

2.9.10. Members of staff or volunteers will be asked to disclose any food allergies as part of their induction.

3. Arrangements

3.1. Medication and Auto-injectors

3.1.1. Students whose auto injectors are kept by the school are clearly detailed on the Health Care Plan - an example of which can be found in Appendix 1.

3.1.2. Students' medication is stored in:

- The medical room
- Classrooms

3.1.3. Where not included on Health Care Plans then Student Allergy Declaration Forms are completed and stored in the school office

3.1.4. A copy of the Health Care Plan and/or Allergy Declaration Form, when containing Food Allergies is also provided to the catering team.

3.2. First Aid

3.2.1. In the case of a student's anaphylactic shock, the procedures are as follows:

3.2.1.1. The member of staff on duty calls for a first aider; or if the child can walk, takes him/her to a first aid post and calls for a first aider.

3.2.1.2. The first aider administers first aid and records details in our treatment book.

3.2.1.3. Full details of the accident are recorded in our accident book or relevant online form or platform as directed by the Headteacher.

3.2.1.4. If the child has to be taken to hospital or the injury is `work' related then the accident will be included in reporting to the Executive and Trustees as appropriate.

3.2.1.5. If the incident is reportable under RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013), or the Headteacher is unsure on this requirement, then they will consult with the Trust Estates lead asap. to support their formal reporting as required.

3.3. Insurance Arrangements

3.3.1. All schools within the Inspire Partnership Academy Trust are members of the Risk Protection Arrangements (RPA) which is a government scheme covering the insurance requirements.

3.4. Educational Visits

3.4.1. In the case of a residential visit, the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre.

3.4.2. In the case of day visits a trained First Aider will carry a travel kit in case of need, including a spare auto-injector required for the pupil's needs.

3.4.3. Any pupil with a prescribed auto-injector must carry this on any educational visit or have it carried by an accompanying member of staff.

3.4.4. Where packed lunches are provided for day visits, the catering team will adhere to providing food taking into account the pupil's known allergies.

3.4.5. Where food is provided by a 3rd Party caterer on a day or residential trip, they will be provided with all known allergies of the pupils attending the educational visit.

3.5. Administering Medicines

3.5.1. Prescribed medicines may be administered in school (by a staff member appropriately trained by a healthcare professional) where it is deemed essential. Wherever possible, the student will administer their own medicine, under the supervision of a member of staff. In cases where this is not possible, the staff member will administer the medicine.

3.5.2. If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly.

3.5.3. In all cases, the school must have written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. These forms are available in the school office. (See Appendix 2 for Allergy Declaration and Appendix 3 Parental Agreement)

3.5.4. Staff will ensure that records are kept of any medication given.

3.5.5. Non-prescribed medicines must not be taken in school.

3.6. Storage/Disposal of Medicines

3.6.1. Wherever possible, children will be allowed to carry their own medicines/ relevant devices or will be able to access their medicines in the school office for self-medication, quickly and easily. Students' medicine will not be locked away out of the student's access; this is especially important on school trips. It is the responsibility of the school to return medicines that are no longer required to the parent for safe disposal.

3.6.2. Spare Auto Injectors (Epi Pens) will be held by the school for emergency use, as per the Department of Health's protocol.

3.7. Anaphylaxis

3.7.1. Anaphylaxis is a severe and potentially life-threatening reaction to a trigger such as an allergy. Anaphylaxis usually develops suddenly and gets worse very quickly

3.7.2. The symptoms include:

3.7.2.1. feeling lightheaded or faint;

3.7.2.2. breathing difficulties – such as fast, shallow breathing;

3.7.2.3. wheezing;

3.7.2.4. a fast heartbeat;

3.7.2.5. clammy skin;

3.7.2.6. confusion and anxiety;

3.7.2.7. collapsing or losing consciousness.

3.7.2.8. There may also be other allergy symptoms, including an itchy, raised rash (hives); feeling or being sick; swelling (angioedema) or stomach pain.

3.7.3. Anaphylaxis is a medical emergency. It can be very serious if not treated quickly. If someone has symptoms of anaphylaxis, you should:

3.7.3.1. Use an adrenaline auto-injector if the person has one.

3.7.3.2. Call 999 for an ambulance immediately (even if they start to feel better) – mention that you think the person has anaphylaxis.

3.7.3.3. Remove any trigger if possible – for example, carefully remove any stinger stuck in the skin.

3.7.3.4. Lie the person down flat – unless they're unconscious, pregnant or having breathing difficulties.

3.7.3.5. Give another injection after 5 to 15 minutes if the symptoms do not improve and a second auto-injector is available.

3.7.4. People with potentially serious allergies are often prescribed adrenaline auto-injectors to carry at all times. These can help stop an anaphylactic reaction from becoming life-threatening.

3.7.4.1. They should be used as soon as a serious reaction is suspected, either by the person experiencing anaphylaxis or someone helping them.

3.7.4.2. Allergy sufferers should be aware of how to to correctly use their type of auto injector and, preferably, carry two of them at all times.

3.7.5. There are 3 main types of an adrenaline auto-injector, which are used in slightly different ways. It is therefore important that staff have sufficient training and awareness of how to use the auto-injectors.

3.7.6. These are:

3.7.6.1. EpiPen

3.7.6.2. Jext

3.7.6.3. Emerade

3.8. Accidents/Illnesses requiring Hospital Treatment

3.8.1. If a student has an incident, which requires urgent or non-urgent hospital treatment, the school will be responsible for calling an ambulance in order for the child to receive treatment. When an ambulance has been arranged, a staff member will stay with the student until the parent arrives, or accompany a child taken to the hospital by ambulance if required.

3.8.2. Parents will then be informed and arrangements made regarding where they should meet their child. It is vital therefore, that parents provide the school with up-to-date contact names and telephone numbers.

3.9. Defibrillators

3.9.1. Defibrillators are available within the school as part of the first aid equipment. First aiders are trained in the use of defibrillators.

3.9.2. The local NHS ambulance service has been notified of its location.

3.10. Students with Special Medical Needs – Individual Healthcare Plans

3.10.1. Some students have medical conditions that, if not properly managed, could limit their access to education. These children may be:

3.10.1.1. Epileptic

3.10.1.2. Asthmatic

3.10.1.3. Have severe allergies, which may result in anaphylactic shock

3.10.1.4. Diabetic

3.10.2. Such students are regarded as having medical needs. Most children with medical needs are able to attend school regularly and, with support from the school, can take part in most school activities, unless evidence from a clinician/GP states that this is not possible.

3.10.3. The school will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on school visits. A risk assessment will be used to take into account of any steps needed to ensure that students with medical conditions are included.

3.10.4. The school will not send students with medical needs home frequently or create unnecessary barriers to students participating in any aspect of school life. However, school staff may need to take extra care in supervising some activities to make sure that these students, and others, are not put at risk.

3.10.5. An individual health care plan will help the school to identify the necessary safety measures to support students with medical needs and ensure that they are not put at risk. The school appreciates that students with the same medical condition do not necessarily require the same treatment.

3.10.6. Parents/carers have prime responsibility for their child's health and should provide the school with information about their child's medical condition. Parents, and the student if they are mature enough, should give details in conjunction with their child's GP and Paediatrician. The Senior First Aider/Nurse/Healthcare Professional may also provide additional background information and practical training for school staff.

3.10.7. Procedure that will be followed when the school is first notified of a student's medical condition:

3.10.7.1. All Pupils will have an Individual Health Care Plan (Appendix 1) and where required an Allergy Declaration Form (Appendix 2). This will be held centrally and shared with the required staff within the school.

3.10.7.2. This will be in place in time for the start of the relevant term for a new student starting at the school or no longer than two weeks after a new diagnosis or in the case of a new student moving to the school mid-term.

3.11. Accident Recording and Reporting

3.11.1. The Trust has a First Aid and Medicines Policy which is adapted by each school to suit their specific setting and sets out the required reporting procedures for accidents including guidance on where:

3.11.1.1. The accident may need to be reported to the HSE under the RIDDOR legislation.

3.11.1.2. Reporting to Ofsted or child protection agencies.

3.11.1.3. Parents may need to be notified.

3.11.2. Incidences of allergic reaction or anaphylaxis must be treated as accidents and reported in accordance with the First Aid and Medicines Policy.

3.12. Difference between Food Allergy and Food Intolerance

3.12.1. A food allergy is when the body's immune system (which is the body's defense against infection) mistakenly treats the protein in food as a threat. The body responds to this threat by releasing a number of chemicals in the body. These chemicals cause the symptoms of an allergic reaction.

3.12.2. A Food intolerance is more common than a food allergy. Food intolerances are thought to affect 1 in 10 people. Food intolerances do not involve the immune system. Instead, a food intolerance involves the digestive system and can cause difficulty digesting certain foods leading to symptoms such as abdominal pain, gas and diarrhoea. Those who are affected often rely on allergen labelling to avoid the foods that make them ill.

3.13. Food Allergens

3.13.1. The Food Information (Amendment) (England) Regulations 2019

3.13.1.1. The UK Food Information Amendment, also known as Natasha's Law, came into effect on the 1st of October 2021 and requires food businesses to provide full ingredient lists and allergen labelling on foods pre-packaged for direct sale on the premises. The legislation was introduced to protect allergy sufferers and give them confidence in the food they buy.

3.13.1.2. Under the new rules, food that is pre-packaged for direct sale (PPDS) must display the following clear information on its packaging:

3.13.1.2.1. The food's name

3.13.1.2.2. A full list of ingredients, emphasising any allergenic ingredients.

3.13.1.3. For schools, the new labelling requirements will apply to all food they make on-site and package, such as sandwiches, wraps, salads, and cakes. It applies to food offered at mealtimes and as break-time snacks. It will apply to food the pupils select themselves or that caterers keep behind the counter.

3.13.1.4. Food businesses need to tell customers if any food they provide contains any of the listed allergens as an ingredient.

3.13.1.5. Consumers may be allergic or have an intolerance to other ingredients, but only the 14 allergens are required to be declared as allergens by food law in the UK.

3.13.1.6. The main 14 allergens (as listed in Annex II of the EU Food Information for Consumers) are:

3.13.1.6.1. Cereals containing gluten, namely wheat (such as spelt and Khorasan wheat), rye, barley and oats

3.13.1.6.2. Crustaceans, Invertebrates (they have no backbone) with a segmented body and jointed legs. Crab, crayfish, langoustine, lobster, prawn, shrimp, scampi.

3.13.1.6.3. Egg, Egg does not have to be eaten to cause an allergic reaction; coming into contact with eggshells or touching (raw) egg can cause allergic symptoms usually affecting just the skin in highly sensitive individuals.

3.13.1.6.4. Fish, Vertebrates (they have a backbone). Most fish are covered in scales and have fins. Anchovy, basa, cod, cuttlefish, haddock, hake, halibut, mackerel, monkfish, pilchards, plaice, pollock, salmon, sardine, sea bass, swordfish, trout, tuna, turbot, whitebait.

3.13.1.6.5. Peanuts, Different varieties of peanuts are produced for different uses (for example, peanuts to be used in peanut butter and peanuts in the shell for roasting,). Peanuts are from a family of plants called legumes, the same family as garden peas, lentils, soya beans and chickpeas. Most people will be able to eat other types of legumes without any problems and it is rare for people with a peanut allergy to react to other legumes.

Peanut allergy affects around 2% (1 in 50) of children in the UK and has been increasing in recent decades.

3.13.1.6.6. Soybeans, Soy comes from soybeans and immature soybeans are called edamame beans. Soya can be ingested as whole beans, soya flour, soya sauce or soya oil. Soya can also be used in foods as a texturiser (texturised vegetable protein), emulsifier (soya lecithin) or protein filler. Soya flour is widely used in foods including; breads, cakes, processed foods (ready meals, burgers and sausages) and baby foods.

3.13.1.6.7. Milk, includes dairy items, butter, cheese, cream, yoghurt, ice-cream, ghee, whey, buttermilk, milk powders.

3.13.1.6.8. Nuts (namely almond, hazelnut, walnut, cashew, pecan nut, Brazil nut, pistachio nut and macadamia nut (Queensland nut).

Can be found in curry powders and mixes, savoury sauces, salad dressing, marinades, soup, Indian dishes, English, French and American dishes

3.13.1.6.9. Celery, celery sticks, celery leaves, celery spice, celery seeds, which can be used to make celery salt.

3.13.1.6.10. Mustard: Mustard seeds are produced by the mustard plant which is a member of the Brassica family. Seeds can be white, yellow, brown or black. Whole seeds can be used in a variety of ways in cooking including roasting, marinating or as an addition to pickled products. Whole, ground, cracked or bruised mustard seeds are mixed with other ingredients to make table mustard.

3.13.1.6.11. Sesame seeds, also known as: Benne (African name), gingelly (Sesame Oil), gomashio (Japanese Condiment), til (seed of sesame) Foods that sometimes have sesame as an ingredient include: veggie burgers, breadsticks, crackers, burger buns, cocktail biscuits, Middle Eastern foods, Chinese, Thai and Japanese foods, stir-fry vegetables, salad dishes and health food snacks.

3.13.1.6.12. Sulphur dioxide and/or sulphites, Also known as: Sulphur dioxide (E220) and other sulphites (from numbers E221 to E228) are used as preservatives in a wide range of foods, especially soft drinks, sausages, burgers, and dried fruits and vegetables.

E220 (Sulphur dioxide), E221 Sodium sulphite, E222 Sodium hydrogen sulphite, E223 Sodium metabisulphite, E224 Potassium metabisulphite, E226 Calcium sulphite, E227 Calcium hydrogen sulphite, E228 Potassium hydrogen sulphite, E150b Caustic sulphite caramel, E150d Sulphite ammonia caramel. It can be found in foods as a preservative, dried fruit and vegetables, soft drinks, fruit juices, fermented

drinks (wine, beer and cider), sausages and burgers. Anyone who has asthma or allergic rhinitis may react to inhaling sulphur dioxide.

3.13.1.6.13. Lupin, also known as lupin seeds, lupin beans and lupin flour. The lupin is well-known as a popular garden flower with its tall, colourful spikes. The seeds from certain lupin species are also cultivated as food. These are normally crushed to make lupin flour, which can be used in baked goods such as pastries, pies, pancakes and in pasta.

3.13.1.6.14. Molluscs, also invertebrates. They are soft bodied inside and some have a shell. Abalone, squid, cuttlefish, octopus, snails and whelk. Those that have a shell that opens and closes are called 'bivalve molluscs', such as clams, cockles, oysters, mussels and scallops. This also applies to additives, processing aids and any other substances which are present in the final product.

4. Conclusions

4.1. This Allergy Awareness policy reflects the school's serious intent to accept its responsibilities in all matters relating to management of allergy awareness and the administration of auto-injectors / medicines. The clear lines of responsibility and organisation describe the arrangements which are in place to implement all aspects of this policy.

4.2. The storage, organisation and administration of first aid and medicines provision is taken very seriously. The school carries out regular reviews to check the systems in place meet the objectives of this policy.

Appendix 1 - Health Care Plan

*This form to be used where not provided by their medical healthcare professional

Name of school			Photo
Child's name			
Class	Year:		
	Reg:		
Date of birth			
Child's address			

Date	
Next Review Date	

Medical condition or diagnosis	Summary	Notes

Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact		G.P	
Name		GP Name	
Phone no.		Phone no.	

Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

SEN Status	Need Type	Next SEN Review Date

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (state if different for off-site activities)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

*This will be reviewed at least annually or earlier if the child's needs change.

Appendix 2A - Pupil Allergy Declaration Form

Name of pupil:			
Date of birth:		Year group:	
Name & Address of GP:			

Nature of allergy:	
Severity of allergy:	
Symptoms of an adverse reaction:	
Details of required medical attention:	
Instructions for administering medication:	
Control measures to avoid an adverse reaction:	

Date:	Review date:

*This will be reviewed at least annually or earlier if the child's needs change.

Appendix 2B - Staff Allergy Declaration Form

Name of staff:			
Date of birth:		Position:	
Name & Address of GP:			

Nature of allergy:	
Severity of allergy:	
Symptoms of an adverse reaction:	
Details of required medical attention:	
Instructions for administering medication:	
Control measures to avoid an adverse reaction:	

Date:	Review date:

*This will be reviewed at least annually or earlier if the member of staff's needs change.

Appendix 3 - Parental agreement to administer medicine

One form to be completed for each medicine. The school will not give your child medicine unless this form is fully completed and signed.

Name of pupil:			
Date of birth:		Year group:	
Medical condition or illness			

Medicine: To be in original container with the label as dispensed by a pharmacy

Name / type / strengths of medicine (as described on container):	
Date commenced:	
Dosage and method:	
Time to be given:	
Special precautions:	
Are there any side effects that the school should know about?:	
Self-administration	Yes / No (delete as appropriate)
Procedures to take in an emergency:	

Parent / carer contact details:

Name:	
Daytime phone number:	
Relationship to child:	
Address:	

I understand that I must deliver the medicine safely to the school office.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to appropriately trained school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent signature:	Date:
Print name:	

Appendix 4 - EpiPen®: Emergency Instructions

EpiPen®: EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's name:	
Date of birth:	
Allergic to:	

ASSESS THE SITUATION
Send someone to get emergency kit which is kept in:
state details / location here

IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS

MILD REACTION	Generalised itching	⇒	ACTION Give Child's Name (Antihistamine) immediately Monitor child until you are happy that he or she has returned to normal If symptoms worsen, see SEVERE REACTION
	Mild swelling of lips or face		
	Feeling unwell / nausea		
	Vomiting		

⇓

SEVERE REACTION	Difficulty breathing / choking / coughing
	Severe swelling of lips / eyes / face
	Pale / floppy
	Collapsed / unconscious

ACTION

1. Get Child's Name's EpiPen® out and send someone to telephone 999 and tell the operator that the child is having an

'ANAPHYLACTIC REACTION'

2. Sit or lay the child on the floor.
3. Take EpiPen® and remove the grey safety cap.
4. Hold EpiPen® approximately 10cm away from the outer thigh.
5. Swing and jab the black tip of EpiPen® firmly into the outer thigh. MAKE SURE A CLICK IS HEARD AND HOLD IN PLACE FOR 10 SECONDS.
6. Remain with the child until the ambulance arrives.
7. Place the used EpiPen® into the container without touching the needle.
8. Contact parent/carer as overleaf.

Appendix 5 - ANAPEN®: Emergency Instructions

ANAPEN®: EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's name:	
Date of birth:	
Allergic to:	

ASSESS THE SITUATION
Send someone to get emergency kit which is kept in:
state details / location here

IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS

MILD REACTION	Generalised itching	⇒	ACTION Give Child's Name (Antihistamine) immediately Monitor child until you are happy that he or she has returned to normal If symptoms worsen, see SEVERE REACTION
	Mild swelling of lips or face		
	Feeling unwell / nausea		
	Vomiting		

⇓

SEVERE REACTION	Difficulty breathing / choking / coughing
	Severe swelling of lips / eyes / face
	Pale / floppy
	Collapsed / unconscious

ACTION

1. Get Child's Name's ANAPEN® out and send someone to telephone 999 and tell the operator that the child is having an

'ANAPHYLACTIC REACTION'

2. Sit or lay the child on the floor.
3. Take ANAPEN® and remove the black needle cap.
4. Remove the black safety cap from the firing button.
5. Hold ANAPEN® against the outer thigh and press the red firing button.
6. Hold ANAPEN® in position for 10 seconds.
7. Remain with the child until the ambulance arrives. Accompany the child to the hospital in an ambulance.
8. Place used ANAPEN® into the container without touching the needle.
9. Contact parent/carer as overleaf.

Appendix 6 - Emergency Contact numbers

Mother name:	
Father name:	
Other contact name:	
Signed Headteacher:	
Print name Headteacher:	
Signed Parent / Guardian:	
Print name Parent / Guardian:	
Relationship to child:	
Date agreed:	
Signed Paediatrician / GP:	
Print name Paediatrician / GP:	
Care plan written by:	
Print name:	
Designation:	
Date of review:	

Date	Time	Given by (print name)	Observation/evaluation of care	Signed/date/time

Check the expiry date of Auto-Injectors every few months.

Appendix 7 - Note to parent / carer for medication given

School name:	
Pupil name:	
Class:	
Medicine given:	
Date and time given:	
Reason:	
Signed:	
Print name:	
Designation:	

Appendix 8 - Contacting Emergency Services

Request for an ambulance

Dial 999, ask for ambulance and be ready with the following information:

1. Your telephone number:
2. Give your location as follows:Woodhill Primary School, Woodhill, Woolwich, London, SE18 5JE
3. State that the postcode is: SE18 5JE
4. Give exact location in the school
5. Give your name
6. Give name of child and brief description of symptoms
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the casualty

Speak clearly and slowly and be ready to repeat information if asked

*Please put a completed copy of this form in the school reception for reference.

Appendix 9 - Checklist for responding to emergency situations

The school must have a clear emergency procedure for cases of anaphylaxis, which should include arrangements for:

1. Summoning an ambulance in an emergency.
2. Treating the child if necessary whilst waiting for the ambulance to arrive.
3. Where to find the adrenaline, e.g., in a known, accessible location and not locked away.
4. Who should administer the adrenaline and how they can be contacted swiftly in an emergency.
5. Who else must be contacted in an emergency.
6. Ensuring that accident forms are filled out if applicable.

These procedures should be agreed with the relevant parties and clearly set out in the student's individual care plan.

Remember that even if the student is only displaying mild symptoms, care should be taken to remain very vigilant as these signs might be the precursor to a more serious attack. The serious signs to watch out for can be summarised in the form of the following questions:

- Is the child having marked difficulty in breathing or swallowing?
- Does the child appear suddenly weak or debilitated?
- Is there a steady deterioration?

If the answer to any of these questions is yes, adrenaline should be administered without delay, and an ambulance must be called.

Further guidance

Further guidance can be obtained from the organisations listed below or Judicium Education. The H&S lead in the school will keep it under review to ensure links are current.

Department for Education

Supporting pupils with medical conditions: links to other useful resources
https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3/supporting-pupils-with-medical-conditions-links-to-other-useful-resources--2

Department of Health

Guidance on the use of Auto Injectors in Schools
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Allergy Awareness Training

Food Standards Agency
https://allergytraining.food.gov.uk/

Allergy Wise training for schools
https://www.anaphylaxis.org.uk/education/allergywise-for-schools-information/

Resources for Specific Conditions

Allergy UK
https://www.allergyuk.org/

https://www.allergyuk.org/living-with-an-allergy/at-school/

http://healthconditionsinschools.org.uk/

The Anaphylaxis Campaign
www.anaphylaxis.org.uk

Asthma UK (formerly the National Asthma Campaign)
www.asthma.org.uk

National Eczema Society
www.eczema.org

Psoriasis Association
www.psoriasis-association.org.uk/

Resources for Food Allergy

Further Guidance can be obtained from The Food Standards Agency

https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses

The Food Standards Agency has also published guidance about the new requirements for PPDS food.

https://www.food.gov.uk/business-guidance/introduction-to-allergen-labelling-changes-ppds

https://www.food.gov.uk/business-guidance/prepacked-for-direct-sale-ppds-allergen-labelling-changes-for-schools-colleges-and-nurseries

Peanut Allergy - Peanuts are a common cause of food allergy, caused when the immune system reacts to the protein found in peanuts. Peanut allergy affects around 2% (1 in 50) of children in the UK and has been increasing in recent decades. It usually develops in early childhood but, occasionally, can appear in later life. Peanut allergy tends to be persistent and only approximately 1 in 5 children outgrow their allergy, usually by the age of 10.

https://www.allergyuk.org/resources/peanut-allergy-factsheet/

Allergen Resources - General information

Allergen guidance for consumers
https://www.food.gov.uk/safety-hygiene/food-allergy-and-intolerance

Allergen guidance for food businesses
https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses

Allergen labelling for food manufacturers
https://www.food.gov.uk/business-guidance/allergen-labelling-for-food-manufacturers

EU commission notice on HACCP and allergens
https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52016XC0730(01)&from=EN

EU Food Information for Consumers Regulation No. 1169/2011
https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:304:0018:0063:EN:PDF

Food alerts, product recalls and withdrawals
https://www.food.gov.uk/news-alerts/search/alerts

Food Information Regulation (England) 2014
https://www.legislation.gov.uk/uksi/2014/1855/contents/made

Safer Food Better Business
https://www.food.gov.uk/business-guidance/safer-food-better-business-sfbb

Useful resources

Allergy and intolerance sign
https://www.food.gov.uk/sites/default/files/media/document/English%20language%20FSA%20allergen%20sign_no%20logo.pdf

Chef's recipe card
https://www.food.gov.uk/sites/default/files/media/document/recipe-sheet_0.pdf

Dishes and their allergen content chart. Template and more information at
www.food.gov.uk/allergy-guidance

Allergen Checklist for Food Business
https://www.food.gov.uk/business-guidance/allergen-checklist-for-food-businesses

Spare Pens in Schools - adrenaline auto-injectors (AAIs).
http://www.sparepensinschools.uk