

POLICY TITLE:	Allergy Management in Education
Policy Number:	ACS69
Applies to:	Aspris Schools and Colleges
Version Number:	01
Date of Issue:	07/08/2026
Date of Review:	31/08/2027
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Outcome:	To minimise the risk of any student suffering a serious allergic reaction whilst at an Aspris education setting. To ensure colleagues are adequately trained to identify and manage serious allergic reactions if they occur.
Cross Reference:	AFS01 Food Safety in Commercial Kitchens AFS02 Food Safety Management System Domestic Compliance AH&S15 First Aid AH&S15A First Aid – Wales AH&S15B First Aid – Scotland AH&S35 Risk Assessment AH&S57 Major Incident Policy ACS18 Medication AOP04 Incident Management Reporting and Investigation AOP13 CPR and other Medical Emergencies
EQUALITY AND DIVERSITY STATEMENT	
Aspris is committed to the fair treatment of all in line with the Equality Act 2010. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any protected characteristics and all will be treated with dignity and respect.	

In order to ensure that this policy is relevant and up to date, comments and suggestions for additions or amendments are sought from users of this document. To contribute towards the process of review, email AsprisGovernanceHelpdesk@Aspris.com.

Allergy Management in Education

1 INTRODUCTION

- 1.1 To effectively implement this policy, each Aspris school and college will have local procedures in place that explain how it is applied and put into practice.
- 1.2 A 'Model' Allergy and Anaphylaxis Policy has been provided for this purpose, under which each school and college shall tailor it to their setting, publish it on their website, and review it at least annually. This policy should be reviewed more frequently, particularly when incidents or "near misses" indicate areas for improvement.
- 1.3 This policy should be used in conjunction with the related policies listed on the preceding page where applicable.

2 AIMS

- 2.1 This policy outlines Aspris' approach to allergy management, including how the Aspris school and college community works to reduce the risk of an allergic reaction and the procedures in place to respond if one does occur. It also sets out how we support our students with allergies to ensure their well-being and inclusion and demonstrates our commitment to being an allergy-aware school and college.

3 SCOPE

- 3.1 Aspris adopts the Department for Education's *Allergy Safety in Schools* guidance as organisational best practice. At the date of issue, the guidance is not statutory for independent schools, although the Government intends to introduce equivalent requirements through the Independent School Standards. In the meantime, Aspris will adopt the guidance and follow it voluntarily to meet moral duties and existing duties under Health and Safety legislation, Equality Act 2010 (where allergies may amount to a disability), and the Independent School Standards relating to pupil welfare and safeguarding.
- 3.2 The statutory basis for allergy management in further education colleges and other post-16 institutions differs from that applying to schools. This policy will, however, be adopted within Aspris colleges as organisational best practice.
- 3.3 Although the Department for Education's Allergy Safety in Schools guidance applies specifically to England, Aspris recommends that schools and colleges in Scotland and Wales adopt the same core principles and this policy as best practice.
- 3.4 This policy applies to all colleagues, students, parents, carers and visitors (agency colleagues, volunteers, contractors supervising pupils and supply teachers) to Aspris schools and colleges.

4 DEFINITIONS

- 4.1 **ANAPHYLAXIS:** Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.
- 4.2 **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, wasp, and bee stings are less common allergens. Although a relatively small group of foods causes most food-allergic reactions, any food can cause an allergic reaction. The 14 regulated allergens are those for which specified food-information requirements apply; they are not the only foods that can cause an allergic reaction.

- 4.3 **ADRENALINE DEVICE:** A prescribed device containing a pre-measured dose of adrenaline for the emergency treatment of anaphylaxis. Prescribed devices may include an adrenaline auto-injector or a nasal adrenaline device.
- 4.4 **ADRENALINE AUTO-INJECTOR:** A single-use device that injects a pre-measured dose of adrenaline into the outer thigh. Examples include EpiPen® and Jext®. Instructions vary between products, and the instructions provided with the relevant device must always be followed. In this policy, “AAI” means adrenaline auto-injector.
- 4.5 **ALLERGY ACTION PLAN:** This is a document filled out by a healthcare professional, detailing a person’s allergy and their treatment plan.
- 4.6 **DESIGNATED ALLERGY LEAD:** The colleague responsible for overseeing allergy management across the school or college and acting as the main point of contact for students, parents/carers and colleagues.
- 4.7 **INDIVIDUAL HEALTHCARE PLAN (IHP):** A setting-owned document which records the arrangements required to support a student where their diagnosed or suspected allergy has a functional impact, poses a risk of harm or requires support that is additional to or different from the setting’s normal arrangements. The IHP will be developed by the setting, in collaboration with the student, where appropriate with their parents or carers, and with regard to relevant healthcare advice. Any Allergy Action Plan, Asthma Action Plan or clinical care plan will remain a separate clinical document and will be attached to and referenced within the IHP.
- 4.8 **SPARE ADRENALINE AUTO-INJECTORS:** AAIs purchased and held by an eligible setting for emergency use. Spare AAIs supplement and do not replace a student’s two prescribed adrenaline devices. They may be used where prescribed devices are unavailable or misfire, or where a person without a previous diagnosis experiences suspected anaphylaxis. Nasal adrenaline devices cannot currently be purchased as spare stock.

5 RESPONSIBILITIES

5.1 Designated Allergy Lead

Each Aspris education setting will appoint a Designated Allergy Lead. This should be a member of the Senior Leadership Team (SLT). In most Aspris settings, this will be the Head Teacher or Principal (please also see 5.2).

5.1.1 The Designated Allergy Lead is responsible for:

- Ensuring the safety, inclusion and well-being of students and colleagues with an allergy;
- Making decisions on allergy management across the setting;
- Championing and practising allergy awareness;
- Being the overarching point of contact for colleagues, students, parents and carers with concerns or questions about allergy management;
- Ensuring allergy information is recorded, up-to-date and communicated to all colleagues (although they have ultimate responsibility, the collation of information may be delegated to another, for example, administrator);
- Ensuring all colleagues are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment);
- Ensuring colleagues, students, parents/carers and visitors have an awareness of the school or college’s Allergy and Anaphylaxis Policy, and other related procedures.
- Reviewing the stock of spare adrenaline devices (ensuring an appropriate number for the setting, that they hold the correct dose, that spare adrenaline devices are stored appropriately) and ensuring colleagues know where they are;
- Keeping a record of any allergic reactions or near-misses, reporting these to the appropriate authority where necessary and ensuring the circumstances are investigated and learnings shared;

- Regularly reviewing and updating the local Allergy and Anaphylaxis Policy;
- Ensuring there is an anaphylaxis drill once a year.
- At regular intervals, the Designated Allergy Lead will review procedures and report to the SLT.

5.2 Head Teacher/College Principal is responsible for:

- Supporting the Designated Allergy Lead (when this is not the Head Teacher or College Principal)
- Ensuring there is a clear method to capture allergy information or special dietary information and that paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families and carers is available and up to date for all students and reviewed annually (at a minimum).
- Ensuring there is a clear structure in place to communicate information to the relevant parties (i.e. school and college colleagues, catering team, occasional colleagues and those running clubs, etc)
- Ensuring the student's allergy information/documents provided by third parties (parents/carers, etc) is up-to-date and reviewed annually (at a minimum). Coordinating medication with families and ensuring medication is in date. Whilst it is the responsibility of parents/carers to ensure medication is up to date, the school/college should also have systems in place to check this and notify the parents/carers when they see the expiry dates are approaching in respect of medicines held by the school or college;
- Keeping an adrenaline device register to include adrenaline devices prescribed to students and the school or college's stock of spare adrenaline devices, including brand, dose and expiry date. The location of spare adrenaline devices should also be documented;
- Ensure spare adrenaline devices are checked regularly;
- Providing on-school/ college premises adrenaline device training for colleagues and refresher training as required.

5.3 All colleagues are responsible for:

- Championing and practising allergy awareness across the school or college;
- Reading, understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures, and asking for support if needed;
- Being aware of students (and colleagues, when necessary) with allergies and what they are allergic to;
- Considering the risk to students with allergies posed by any activities and assessing whether the use of any allergen in any activity is necessary and/or appropriate;
- Ensuring students always have access to their medication or carrying it on their behalf;
- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training;
- Taking part in training and anaphylaxis drills as required (at least once a year). Whilst it is the school or college's responsibility to ensure colleagues have received annual training, if a colleague is aware they have not received any allergy training in the past 12 months, they should alert a manager;
- Considering the safety, inclusion and well-being of students with allergies at all times, including preventing and responding to allergy-related bullying;
- Forwarding any communication or information that comes directly to them from parents regarding allergens to the school and college;
- Ensuring that students have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving school and college for a trip, residential or outdoor activity, etc.

5.4 All parents/carers are responsible for:

- Being aware of and understanding the school and college's Allergy and Anaphylaxis Policy and considering the safety and well-being of students with allergies;
- Notifying the school of the student's allergies and informing the school or college of any changes as soon as they are known;

- Providing an Allergy Action Plan completed by a healthcare professional that can be kept with their medication and help the school or college support the student;
- Contribute to the provision of an Individual Healthcare Plan in partnership with the school/college and relevant healthcare professionals, where required;
- Provide any other written medical documentation, instructions and medications as directed by a health professional;
- If applicable, provide the school/college or their student with two labelled adrenaline devices and any other medication, for example, antihistamine (with a dispenser, i.e., spoon or syringe), inhalers or creams.

6 INFORMATION AND DOCUMENTATION

6.1 Register of students with an allergy

6.1.1 Each school and college will maintain an up-to-date register of students with diagnosed or suspected allergies and students with asthma where this is relevant to allergy safety. **ACS Form 69A** Allergy Register may be used for this purpose.

6.1.2 The register will record:

- the student's name;
- known or suspected allergens;
- whether they have an Individual Healthcare Plan;
- whether they have an Allergy or Asthma Action Plan;
- prescribed emergency medication;
- the medication's location and expiry date;

6.2 Allergy Action Plan or Asthma Action Plans

An Allergy Action Plan or Asthma Action Plan issued by a healthcare professional is a clinical document. It must be attached to and referenced within the Individual Healthcare Plan. It does not replace the setting's Individual Healthcare Plan.

6.3 Individual Healthcare Plans (IHP's)

6.3.1 Each student with an allergy should have an Individual Healthcare Plan if;

- they have an allergy which has a functional impact on them in their school, college or setting;
- they are at risk of harm because of their allergy and
- they require arrangements which are additional to or different from those made generally.

6.3.1.1 Example - IHP Required

A student has severe hay fever which regularly triggers asthma symptoms during periods of high pollen. The student requires prescribed medication in school and agreed adjustments to outdoor activities. As the condition presents a risk of harm and requires arrangements beyond those normally available, an Individual Healthcare Plan is required.

6.3.1.2 Example - IHP Not Required

A student experiences mild seasonal hay fever, resulting in occasional sneezing and itchy eyes. Symptoms are effectively managed with antihistamines taken at home, there is no impact on learning or participation, and no additional arrangements are needed from the school.

6.3.2 The IHP should include:

- Known allergens and risk factors for allergic reactions;
- A history of their allergic reactions;
- Detail of the medication the student has been prescribed, including dose, this should include adrenaline devices, antihistamine etc;
- A copy of parental/carers consent to administer medication, including the use of spare adrenaline devices in case of suspected anaphylaxis;

- A photograph of each student; and
 - A copy of their Allergy Action Plan.
- 6.3.3 IHPs must be kept as “live” documents, and updated to reflect changes in the allergy, new advice from healthcare professionals and changes to care plans or medication. Individual Healthcare Plans should be reviewed at least annually as a minimum or more frequently if the student's needs have changed or following a significant incident or near-miss.
- 6.3.4 When a student transfers to another Aspris setting, the receiving setting must draw up its own IHP. The previous IHP should be considered as part of the transition process but must not simply be adopted without review.
- 6.3.5 Allergy information should also form part of transition arrangements between classes, key stages and receiving educational settings when students leave Aspris. Allergy information should form part of transition arrangements between classes, key stages and receiving educational settings when students leave Aspris.
- 6.3.6 **Individual Healthcare Plans Without Clinical Advice.** Where a student has a known or suspected allergy, but formal clinical advice or diagnosis is not yet available, the school or college will not disregard reported symptoms or concerns. Aspris colleagues will work in partnership with the student, parents/carers, and relevant colleagues to undertake an assessment and implement reasonable support measures based on the “best available” information. Aspris colleagues are not responsible for making clinical judgements; however, they will take a precautionary approach to safeguard the student's health, wellbeing, and access to education. If the level of support required cannot be safely determined without clinical input, the college will seek appropriate clinical advice and review arrangements as further information becomes available.
- 6.3.7 **Sharing of Information.** Relevant allergy information will be made available to colleagues who need it to keep the student safe and included. Health information is special-category personal data and will be shared only where necessary, in a controlled, proportionate and respectful manner. Current photographs and allergy information may be displayed in colleague-only food preparation and serving areas, first-aid and relevant curriculum areas where this is necessary for safety.

7 ASSESSING RISK

- 7.1 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) is triggered by airborne allergens (“aeroallergens”) such as pollen, house dust mites, animal fur or feathers, and mould. Symptoms include sneezing, a runny or stuffy nose, and itchy or watery eyes.
 - **Skin allergies** (e.g. eczema, contact dermatitis, contact urticaria/hives) are caused by contact with allergens, including house dust mites, pollen, and substances such as nickel, latex, and certain chemicals. Symptoms include itching, hives, and dry, flaky skin. Reactions can be delayed, occurring many hours after contact.
 - **Food allergy** can cause symptoms ranging from mild itching in the mouth to “whole-body” reactions, including anaphylaxis (see below). Some food allergies do not cause immediate reactions but result in delayed gastrointestinal symptoms (e.g. stomach pain, vomiting, diarrhoea) some hours later, sometimes occurring with an eczema flare.
 - **Asthma** in children is usually allergic in nature, meaning it may be triggered by airborne allergens such as dust mites, animal dander, or pollen.
 - Less common allergic conditions in children include allergies to **insect stings** (e.g. bee, wasp) and medicines.

- 7.2 Allergens can appear in unexpected educational activities. Colleagues (including visiting colleagues) must consider allergies in all activity planning and include them in risk assessments in accordance with **AH&S 35** Risk Assessment.
- 7.3 Some examples in which allergens should be considered as part of educational activities include:
- Classroom activities, for example, arts and crafts, science experiments where allergens are present, food technology lessons, cooking or life skills;
 - Student with eczema or asthma, may need additional precautions (e.g. avoiding sand pits, some swimming pools);
 - Bringing animals into the school and college, for example, a therapy animals etc.
 - Outdoor activities or clubs where snacks or prepared food may be provided, e.g., Forest Schools, outdoor provisions, breakfast and after school clubs etc.
 - Planning special events, such as cultural days, celebrations, open days, etc.
- 7.4 The inclusion of students with allergies must be considered alongside safety, and they should not be excluded. If necessary, adapt the activity to ensure compliance with the Equality Act 2010.
- 7.5 **Aspris colleagues and visitors with an allergy** - Aspris schools and colleges should determine how to identify and assist colleagues and visitors with allergies. Safety measures designed to protect children and young people with allergies will also benefit colleagues and visitors. It is advisable to ask visitors about any allergies they have, particularly if they will be receiving food.

8 FOOD, INCLUDING MEALTIMES & SNACKS

- 8.1 Further guidance on catering allergy management in schools and colleges can be found in **AFS 01** Food Safety in Commercial Kitchens and **AFS02** Food Safety Management System Domestic Compliance.
- 8.2 **Catering in school and college**
- 8.2.1 Aspris is committed to providing a safe meal for all students, colleagues and visitors, including those with food allergies.
- Due diligence is carried out regarding allergen management when appointing catering colleagues;
 - All catering colleagues and other colleagues preparing food will receive relevant and appropriate allergen awareness training (see section 16);
 - Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures;
 - Catering colleagues should endeavour to provide varied meal options to students and colleagues with allergies;
 - All Aspris schools and colleges will have robust procedures in place to identify students with food allergies,
 - Food containing the main 14 allergens (see Allergens definition) will be clearly labelled. Other ingredient information will be available on request.
 - Pre-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging;
 - Where changes are made to the ingredients, this will be communicated and documented
 - Food provided at breakfast clubs, after-school, and college clubs will follow these procedures
 - Outline any other catering procedures, for example, avoiding foods containing nuts; and if you sell food on school/ college premises state what your procedures are, for example, supporting students to avoid their allergens and whether the products sold will comply with any food restrictions.

- 8.2.2 Robust methods of identifying students with food allergies at the point of service are expected. The arrangements must not rely solely on the memory or presence of one colleague. These methods should be documented in the local policy. Methods may include;
- a current photographic allergy list in the kitchen or serving area;
 - a named allergy card or meal card;
 - a coloured tray or plate;
 - a second-person check before the meal is handed to the student.

- 8.2.3 The method chosen must be proportionate, respectful and must not unnecessarily single out or stigmatise the student.

8.3 Food brought into schools and colleges

- 8.3.1 Consideration should be given to the management of food brought into Aspris school or colleges as part of life skills lessons, food technology activities, celebrations or events, etc.

- 8.3.2 Food brought into education settings for birthdays, celebrations, rewards or events etc. must be managed through local procedures. Parent or carer engagement and permission must be obtained in advance where a student with food allergy may be affected.

8.4 Food bans or restrictions

- 8.4.1 While it may be tempting to restrict certain foods in schools or colleges, the messaging around such restrictions requires careful consideration. For example, bans are difficult to fully enforce and manage. Moreover, bans can foster complacency or a false sense of security. Reminding everyone to be **allergy-aware** and remain vigilant is vital. It is also important that Aspris schools or colleges do not give the impression of one allergen being more dangerous than others.

8.5 Food hygiene for students

- Students will be encouraged to wash their hands before and after eating;
- Students must be encouraged to not share or trade food, drinks, utensils or food containers where this could create an allergy risk.
- Packed lunches, water bottles and curriculum ingredients must be clearly labelled and stored in a way which minimises cross-contact.
- Where a school and college have kitchens or food prep areas for students to prepare their own food, measures to limit cross-contamination in preparation and the storage of food must be in place.

9 EDUCATIONAL VISITS AND OFF-PREMISES ACTIVITIES

- 9.1 Allergy management is to be integrated into existing educational visit planning, not treated separately. As such, allergy considerations will form part of the visit planning process and the educational visit risk assessment.
- 9.2 Students at risk of anaphylaxis should have their own adrenaline device with them, and there should be colleagues trained to administer adrenaline in an emergency. Schools and colleges may wish to consider whether it is appropriate, under some circumstances, to take "spare" adrenaline devices for emergency use on certain trips. However, this should not cause a lack of "spare" adrenaline devices at the main school/college premises.
- 9.3 When undertaking education visit risk assessments, the school and college should assess the nature of the visit and record the decision on whether "spare emergency devices" are required. For example, it would be appropriate to consider whether visits are remote, residential, or overseas, or whether emergency response times are likely to be significantly delayed; you may decide that additional controls are needed. For a routine local visit with normal ambulance response arrangements, the pupil's own medication will often be sufficient.

- 9.4 Education and off-school/ college premises visit risk assessment must consider:
- allergen exposure;
 - food and catering arrangements;
 - transport;
 - accommodation and residential arrangements;
 - proximity and access to emergency healthcare;
 - communication arrangements;
 - storage and accessibility of medication;
 - the number and competence of accompanying colleagues; and
 - whether an additional pair of spare AAIs should be provided without reducing the main school's emergency stock.
- 9.5 Requirements for visits and off-school/ college premises activities;
- Colleagues leading the trip will have a register of students with allergies and details of their medication. Colleagues should notify the trip leader of any allergies;
 - Allergies will be considered on the risk assessment and catering provision put in place;
 - Parents/carers, and students, where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay;
 - Colleagues accompanying the trip will be trained to recognise and respond to an allergic reaction;
 - Allergens will be clearly labelled on catered packed lunches. There should be a clear system in place to ensure students and colleagues with allergies outside of the "main 14" always receive a safe meal.

10 INSECT STINGS

- 10.1 Allergies associated with insect stings should be suitably considered, especially when education activities are undertaken outdoors, e.g., Forest School and Outdoor learning.
- 10.2 Appropriate control measures to prevent and manage insect stings should be in place. For example, 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.
- 10.3 The school and college should monitor the grounds for wasp or bee nests. Where such nests are identified the school or college should take professional guidance from Aspris Pest Control contractor.

11 ANIMALS

- 11.1 It is usually the dander (skin flakes), saliva, or urine that triggers a reaction in a person with an animal allergy. Precautions to limit the risk of an allergic reaction include:
- A student with a known animal allergy should avoid the animal to which they are allergic;
 - If an animal attends an Aspris school or college, 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
 - Where an animal lives on school/ college premises or are housed within a setting, students, parents/carers and colleagues will be made aware and consideration and adaptations will be made; and
 - School and college trips that include visits to animals will be carefully risk-assessed.

12 ALLERGIC RHINITIS/ HAY FEVER

- 12.1 Allergic rhinitis (hay fever) may affect pupils' wellbeing and concentration, particularly during pollen seasons. Local procedures should outline measures for dealing with seasonal pollen allergy and hay fever, and persistent nasal allergy due to dust mites or other allergens.

13 INCLUSION AND MENTAL HEALTH

- 13.1 Allergies can significantly affect mental health and well-being. Students may experience anxiety and depression and are more susceptible to bullying.
- No student with allergies should be excluded from taking part in a school and college activity, whether on the school and college premises or a school and college trip;
 - Students with allergies may require additional pastoral support, including regular check-ins
 - Bullying related to an allergy will be addressed in line with the school and college's anti-bullying policy.

14 ADRENALINE AUTO-INJECTORS (AAI's) (Also refer to [Government guidance on Adrenaline Devices in school and colleges.](#))

14.1 Storage of adrenaline auto-injectors (PRESCRIBED)

- Students prescribed with adrenaline devices will have easy access to two, in-date devices at all times; (students must also have access to two adrenaline devices as they travel to and from school and college)
- Local procedures should set out storage arrangements; if adrenaline devices are to be stored centrally or if students carry them;
- If stored centrally, they should be labelled with the student's Allergy Action Plan.
- Spot checks will be made to ensure adrenaline devices are where they should be and in date;
- AAIs must not be kept locked away;
- AAIs 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 devices will be disposed of as sharps.

14.2 Spare adrenaline auto-injectors

- 14.2.1 Aspris schools and colleges will have "spare" adrenaline auto-injectors of the correct dosage for their students, for use in emergency situations. Aspris have partnered with Kitt Medical, which provides an annual subscription service that includes the purchasing and replacement of used and expired adrenaline devices.
- 14.2.2 Spare adrenaline auto-injectors are provided by Kitt Medical in a secure wall-mounted kit with signage, which should be installed in a suitable central location. In the event of an anaphylaxis, adrenaline should be administered as soon as possible. In practice, this should be no more than 5 minutes; i.e., AAIs must be able to be brought to the person experiencing anaphylaxis within 5 minutes. In larger settings, more than one set of "spare" AAIs may be needed.
- 14.2.3 The locations of spare adrenaline auto-injectors should be documented in the school and college's local policy.
- 14.2.4 The Allergy Lead is responsible for ensuring that spare AAI checks are undertaken monthly to confirm:
- Location, accessibility, visibility, condition and signage;
 - that the kit is in an unlocked area and spare keys are available and accessible;
 - quantity and correct pairing and;
 - whether replacement stock is required due to AAI usage, expired dates or discolouration.

14.3 Adrenaline auto-injectors for off-school/ college premises activities (also see section 9)

- Before departure, the trip leader will confirm that a student at risk of anaphylaxis has access to both prescribed adrenaline devices and that they are in date
- AAIs should always be kept close to the students, e.g. not stored in the hold of the vehicle when travelling;
- AAIs will be protected from extreme temperatures
- Colleagues accompanying the students will be aware of students with allergies and be trained to recognise and respond to an allergic reaction; and
- Consideration as to whether "spare" AAIs are required for off-school/ college premises activities should be recorded as part of the risk assessment process.

15 RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

15.1 Mild-to-moderate allergic reactions

15.1.1 Mild-to-moderate symptoms may include:

- swollen lips, face or eyes;
- an itchy or tingling mouth;
- mild throat tightness;
- hives or an itchy skin rash;
- abdominal pain, nausea or vomiting; or
- a sudden change in behaviour.

15.1.2 Colleagues must:

- follow the student's Allergy Action Plan;
- administer an authorised non-drowsy oral antihistamine where this is specified within the student's plan/medicine instructions and where written parental consent and local medicines procedures permit;
- not leave the student unattended;
- inform the parent or carer;
- observe the student in a safe place for at least 60 minutes; and
- immediately treat the reaction as anaphylaxis if any Airway, Breathing or Circulation symptom develops.

15.2 Anaphylactic emergency

15.2.1 Anaphylaxis is suspected where a reaction affects the Airway, Breathing or Circulation. Anaphylaxis may occur without a rash or other mild symptoms. If there is doubt about whether a reaction is anaphylaxis, treat it as anaphylaxis and administer adrenaline. In the event of an anaphylactic emergency, where the individual does not have access to their prescribed AAI, or where anaphylaxis is suspected in an undiagnosed individual:

- Keep the person where they are, call for help and bring their medication to them;
- Administer the person's own prescribed adrenaline device immediately where it is available;
- If a prescribed device is unavailable or misfires, administer a spare AAI immediately without delay;
- Call 999 immediately and state that anaphylaxis is suspected;
- Record the time the first dose was administered;
- Keep the person under constant supervision until emergency services arrive;
- Keep the person lying flat where possible. If breathing is difficult, they may sit up. Do not allow the person to stand up, walk around or move unnecessarily;
- If symptoms do not improve after 5 minutes, worsen, or recur, administer a second AAI in accordance with training and the manufacturer's instructions;
- Begin CPR if there are no signs of life;
- Stay with the person until care is transferred to the emergency services.
- Inform the parent or carer as soon as practicable

15.2.2 Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. Where a parent or carer is not immediately available, an appropriate representative of the school or college should accompany the student.

16 TRAINING

- 16.1 Appropriate allergy training should be provided to all educational colleagues (regardless of role) and should include:
- 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 the school and college manage allergy, for example understanding the school or college local procedure;
 - How to respond in an emergency, including: calling emergency services and informing parents, how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack), training on how to use the medication/device in an emergency (whether prescribed to a given person or "spare" adrenaline devices);
 - 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 allergens;
 - Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a "near miss");
 - The importance of inclusion of students with allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying
- 16.2 All education colleagues (regardless of role) are required to undertake mandatory allergy and anaphylaxis e-learning training. Training is available via the Learning Lounge and should be refreshed annually.
- 16.3 In addition to e-learning, all education colleagues should be given the opportunity to practise with a training adrenaline auto-injector provided as part of the Kitt Medical annual subscription. This should be undertaken and recorded locally.
- 16.4 To confirm that Emergency Response Plans are suitable, each school and college will carry out an anaphylaxis simulation drill at least once a year. A simulation exercise in which a student or colleague has an allergic reaction, testing the whole-school and college response, should be undertaken and recorded in accordance with the **AH&S57** Major Incident Policy.
- 16.5 Colleagues with catering or food handling duties (including those supporting food technology lessons, breakfast clubs, etc.) should also complete Food Standards Agency food allergy and intolerance online training - [Home | FSA Food Allergy Training](#)

17 GOVERNANCE AND MONITORING

- 17.1 Each school or college will undertake an annual allergy-management self-assessment or audit reviewing:
- Training compliance
 - Allergy register accuracy
 - IHP completion
 - Spare AAI checks
 - Incidents and near misses
 - Educational visit arrangements
- 17.2 Responsibility for this is with the Head Teacher / College Principal and verified by the Regional Director as the Chair of Governors.

18 REPORTING ALLERGIC REACTIONS

- 18.1 All schools and colleges will log all allergic reaction incidents and near-misses in accordance with **AOP 04** Incident Management Reporting and Investigation. All allergic reactions should be appropriately investigated, discussed and lessons shared.

Associated Forms:

ACS Form 69 Model Allergy and Anaphylaxis Policy

ACS Form 69A Allergy Register

Appendix 1 - Allergens and Symptoms

Appendix 1: Allergens and Symptoms



Information on allergies

The most common causes of food allergies relevant to this Policy are the fourteen food allergens:

- Cereals containing Gluten
- Celery
- Crustaceans
- Eggs
- Fish
- Soya
- Milk
- Nuts
- Peanuts
- Mustard
- Sesame Seeds
- Sulphur dioxide/Sulphites
- Lupin
- Molluscs

However, any food can cause an allergic reaction. Contact with any food or material containing an allergen can cause an allergic reaction in that person.

Latex, chemicals, medicines, grasses, pollen, weeds, trees, pets, insect venom and animal dander (flakes of skin) can also cause allergic reactions.

Symptoms

Mild to moderate symptoms include:

- Swelling of the eyes, face and lips
- Runny or congested nose
- Raised itchy rash (hives), eczema flare, skin flushing
- Itchy mouth
- Stomach cramps, nausea, vomiting, diarrhoea
- mild throat tightness;
- sudden change in behaviour.

Severe symptoms include:

AIRWAY

- swollen tongue;
- throat swelling or tightness;

- hoarse voice or cry;
- difficulty swallowing.

BREATHING

- difficult or noisy breathing;
- wheeze;
- persistent cough;
- chest tightness.

CIRCULATION

- dizziness or feeling faint;
- sudden drowsiness or confusion;
- pale, clammy or floppy appearance;
- collapse or loss of consciousness.