St Chad's
Academies Trust

Allergy and Anaphylaxis Policy

Children first; in the footsteps of St. Chad

As we follow Christ in the footsteps of St. Chad, we seek to be servant leaders who have a desire to see all those, within our Trust family, truly flourish both spiritually and academically.

Document title	Allergy and Anaphylaxis Policy		
Owner	Compliance		
Version	1.0	**Status**	Final
Approved on	17 August 2026	**Effective from**	01 September 2026
Last updated	17 August 2026	**Last updated by**	Trust Compliance Officer
Review date	17 August 2028		
Purpose	This policy demonstrates the school's commitment to reducing the risk to pupils and staff with allergies, intolerances, coeliac disease and wider food hypersensitivities.		
The policy has been implemented following consultation, in line with statutory practice, with central team colleagues and St Chad's Academies Trust Board, and may be amended from time to time, following further consultation with St Chad's Academies Trust Board			

Related Documents	St Chad's Health and Safety Policy St Chad's Safeguarding Medical Conditions including Asthma Equality and Diversity Mental Health awareness St Chad's Overarching GDPR policy (and supporting documents)
References	Early Years Foundation Stage statutory guidance. Allergen labelling changes for prepacked for direct sale (PPDS) food government guidance on Adrenaline Pens in Schools.

If you would like this information in another language or format, please speak to the Trust.

Telephone: 01543 622 433

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1. INTRODUCTION

1.1 St Chad's Academies Trust ('the Trust') is committed to ensuring that it provides a strong infrastructure to enable our academies to flourish and improve. The Trust recognises that its leaders and colleagues are central to this success and greatly values their commitment and contribution.

1.2 The core values of the Trust form the basis of all discussions with colleagues. We expect all colleagues of St. Chad's Academies Trust to respect and model these values.

1.3 This policy outlines St Chad's Academies Trust and its academies approach to allergy management, including how the academy community works to reduce the risk of an allergic reaction happening and the procedures in place to manage and respond, as required. It also sets out how we support our pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an allergy aware academy.

This policy applies to all colleagues, pupils, parents and visitors to the academy and should be read alongside the polices listed.

2 WHAT IS AN ALLERGY?

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

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

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

3. DEFINITIONS

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

3.2 **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 and wasp and bee stings are less common allergens.

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

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

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

3.4 **ALLERGY ACTION PLAN:** This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan. St Chad's Academies Trust recommend the BSACI Allergy Action Plan paediatric templates which include versions for: people without a prescribed adrenaline pen, and people prescribed with different brands of adrenaline pen. Paediatric Allergy Action Plans - BSACI (See appendix 3)

3.5 **DESIGNATED ALLERGY LEAD**: The colleague responsible for overseeing allergy management across the academy and acting as the main point of contact for pupils, parents and colleagues.

3.6 **NEFFY:** Neffy (official name in the UK is EUR Neffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector approved. *[Neffy was approved for use in the UK in 2025 and distribution is expected from late September 2025. https://eurneffy.co.uk/wp-content/uploads/2025/08/Patient-Brochure-Web-Version-UK-NFY-10Jul2025.pdf*

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

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

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

4. ROLES AND RESPONSIBILITIES

St. Johns C of E Primary Academy takes a whole-school approach to allergy management.

4.1 Designated Allergy Lead

The Designated Allergy Lead is Denis Orr-McGuinness. They report into the Trust Headteacher. They are responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils and colleagues with an allergy;
- Taking decisions on allergy management across the school;
- Championing and practising allergy awareness across the school;
- Being the overarching point of contact for colleagues, pupils and parents with concerns or questions about allergy management;
- Ensuring allergy information is recorded, up-to-date and communicated to all colleagues
- Making sure 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, pupils and parents have a good awareness of the Academy's Allergy and Anaphylaxis Policy, and other related procedures.
- Reviewing the academy's stock of spare adrenaline pens (check the academy has an appropriate number for the setting, that they hold the correct dose, remain in date, that spare adrenaline pens are stored appropriately) and ensuring colleagues know where they are;
- Keeping a record of any allergic reactions or near-misses, reporting these on the Trust Compliance system (Smartlog) and notifying the Trust Compliance Officer who can assist on reporting to the appropriate authority (e.g. Under RIDDOR) where necessary and ensuring the circumstances are investigated and learnings shared;
- Ensuring there is an anaphylaxis drill once a year and this is recorded on Smartlog, as outlined at clause 15.2.

- As part of SLT meetings, the Designated Allergy Lead will check procedures and report to the Trust Headteacher.
- If not on site, the Designated Allergy Lead will ensure mitigation is in place for contingency, and continuity in the provision, in the same manner as first aid and safeguarding requirements, and coverage.
- The Trust Headteacher to ensure contingency and continuity should the Designated Allergy Lead rescind their role or leave the Trust's employment, to ensure there is an appointed colleague leading in this area at all times, as outlined above.
- The robust reporting of any allergic reactions or near misses to the Trust Compliance Officer will support effective reporting to the Chief of Operations for inclusion in data analytics for the Finance, Risk and Audit Committee which takes place five times per academic year and/or Trust Board, whichever is conducted first.
- The Trust Board has appointed the Finance, Risk and Audit Committee to have specific responsibility for allergy awareness and compliance.
- To support the Trust Compliance Officer with the provision and collation of data required to support the 2-yearly Health and Safety internal audit, and other internal audit requirements.

4.2 Administration Team

- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families.
- Supporting the Designated Allergy Lead with disseminating this information to all academy colleagues, including the catering team, supply staff and those running clubs before and after the normal academy day, and in all instances in line with the Trust Overarching GDPR policy and Information and Records Retention policy.
- Ensuring the information from colleagues and families is up-to-date and reviewed annually (at a minimum) Coordinating medication with colleagues and families and ensuring medication is in date.
- Keeping an adrenaline pen register to include adrenaline pens prescribed to pupils and the academy's stock of spare adrenaline pens, including brand, dose and expiry date. The location of spare adrenaline pens should also be documented
- Regularly checking spare adrenaline pens are where they should be, and that they are in date
- Replacing the spare adrenaline pens when necessary and providing on-site adrenaline pen training for colleagues and pupils and refresher training as required e.g. before school trips
- The administration team is likely to be the first to learn of a pupil or visitor's allergy. They should work with the Designated Allergy Lead to ensure that:
- There is a clear method to capture allergy information or special dietary information at the earliest opportunity [this should be in place before an academy visit, an Open Day or Taster Days if food is offered or likely to be eaten];

- There is a clear structure in place to communicate this information to the relevant parties (i.e. catering team);
- Parents and applicants are informed of catering arrangements during admission events; and
- Plans are made for emergency medication if the child is to be left without parental supervision.

4.3 All colleagues

All academy colleagues, including teaching staff, support staff, supply staff, contractors (for example sports coaches, music teachers and those running breakfast and afterschool clubs) are responsible for:

- Championing and practising allergy awareness across the academy;
- Reading, understanding and putting into practice the Trust Allergy and Anaphylaxis Policy and related procedures, and asking for support if needed;
- Being aware of pupils (and colleagues, when necessary) with allergies and what they are allergic to;
- Considering the risk to pupils (and colleagues) with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate;
- Ensuring pupils always have access to their medication or carrying it on their behalf *[depending on the age of the pupils and the management of adrenaline pens in the academy];*
- 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 academy responsibility to ensure colleagues have received annual training, if the colleague is aware they have not received any allergy training in the last 12 months they should alert their line manager;
- Considering the safety, inclusion and wellbeing of pupils and colleagues with allergies at all times. Preventing and responding to allergy-related bullying, in line with the academies behaviour policy.
- Forwarding any communication or information that comes directly to them from parents regarding allergens to the Trust Headteacher, Designated allergy lead and DSL
- Ensuring that pupils (and colleagues) have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving the academy site, for a match or trip.

4.4 All parents

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

- Being aware of and understanding the Trust's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies;
- Providing the academy with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or

anaphylaxis. They should also inform the academy of any related conditions, for example asthma, hay fever, rhinitis or eczema;

- Considering and adhering to any food restrictions or guidance the academy has in place when providing food, for example in packed lunches, as snacks or for fundraising events;
- Refraining from telling the academy if their child has an allergy or intolerance if this is a preference or dietary choice; and
- Encouraging their child to be allergy aware.

4.5 Parents of pupils with allergies

In addition to point 4.4, the parents and carers of pupils with allergies should:

- Work with the academy to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan;
- If applicable, provide the academy or their child with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, i.e. spoon or syringe), inhalers or creams;
- Ensure medication is in-date and replaced at the appropriate time;
- Ensure their child has access to their allergy medication, including two adrenaline pens if prescribed, on the journey to and from school;
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too;
- Provide the school permission for an up-to-date photograph of their child to be shared appropriately as part of their allergy management; and
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring e.g. not eating the food to which they are allergic.

4.6 All pupils

All pupils at the academy should:

- Be allergy aware;
- Understand the risks allergens might pose to their peers and respect measures to support them;
- Learn how they can support their peers and be alert to allergy-related bullying;
- Older pupils will learn how to recognise an allergic reaction and support their peers and academy colleagues in case of an emergency; and
- Age permitting, check the ingredients of food bought in from home and adhere to food restrictions in place

4.7 Pupils with allergies

In addition to point 4.6, pupils with allergies are responsible for:

- Knowing what their allergies are and how to mitigate personal risk *[this will depend on age and capability]*

- Avoiding their allergen as best as they can;
- Understanding the importance of following the academy specific processes of lunch and snack services and how that mitigates risk;
- Understanding that they should notify an academy colleague if they are not feeling well, or suspect they might be having an allergic reaction;
- Carrying two adrenaline auto-injectors with them at all times, if age and capability appropriate. They must only use them for their intended purpose;
- Understanding how and when to use their adrenaline auto-injector;
- Talking to the Designated Allergy Lead or another academy colleague if they are concerned by any academy processes or systems related to their allergy;
- Raising concerns with their class teacher if they experience any inappropriate behaviour in relation to their allergies;
- If age and capability appropriate, ensuring they have their medication with them on the journey to and from school.

5. INFORMATION AND DOCUMENTATION

5.1 Register of pupils with an allergy

The academy has a register of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as pupils with an allergy where no adrenaline pens have been prescribed. This information must be stored and monitored in line with the Trust Overarching GDPR policy and supporting documents.

5.2 Individual Healthcare Plans

Each pupil with an allergy has an Individual Healthcare Plan. The information on this plan includes:

- Known allergens and risk factors for allergic reactions;
- A history of their allergic reactions;
- Detail of the medication the pupil has been prescribed including dose, this should include adrenaline pens, antihistamine etc;
- A copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis;
- A photograph of each pupil; and
- A copy of their Allergy Action Plan. (See definitions for the BSACI templates)

6. ASSESSING RISK

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

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

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

7. FOOD, INCLUDING MEALTIMES & SNACKS

7.1 Catering in the academy

The academy is committed to providing a safe meal for all pupils, colleagues and visitors, including those with food allergies.

- Due diligence is carried out with regard to allergen management when procuring catering services as well as when appointing catering colleagues;
- All catering colleagues and other colleagues preparing food will receive relevant and appropriate allergen awareness training;
- Academies with Early Years settings should adhere to new Early Years Foundation Stage statutory guidance procedures, which must be in place to ensure children do not swap food and that all colleagues are aware of allergies and dietary requirements.
- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures;
- Catering colleagues will endeavour to get to know the pupils (and colleagues) with allergies and what their allergies are, supported by academy colleagues.
- Catering colleagues will endeavour to provide varied meal options to pupils and colleagues with allergies;
- The academy has robust procedures in place to identify pupils with food allergies, these are **Visual Check by Staff:** A designated member of the catering team who is familiar with the pupils and their specific dietary needs conducts a visual check at the serving counter or dining table.

  Photo Identification System: Up-to-date photo profiles of all pupils with diagnosed food allergies, detailing their specific allergens and emergency response plans, are securely displayed in the kitchen preparation area and kept in a discrete reference folder at the point of service.

Absence & Contingency Planning To ensure continuous safety during staff absences, duty rosters automatically assign trained cover staff who are briefed using the photo identification folder prior to meal service. All allergy profiles are audited termly and updated immediately upon notification of any medical changes

- The display of the photographs and other sensitive information will be managed in line with the Trust Overarching GDPR policy and supporting documents. If further information is required, this can be provided by the Trust Compliance Officer/Data Protection Officer.
- 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 to pupils (and colleagues) with dietary needs by the catering colleagues.
- The academy recognises that precautionary 'May Contain' labels indicate a genuine risk of cross-contamination. The academy will not serve 'May Contain' products to a child (and colleague) whose Individual Healthcare Plan (IHCP) mandates strict avoidance of that specific allergen
- Food provided at breakfast club and after school club will follow these procedures.

7.2 Food brought into the academy

To ensure the safety of all pupils and colleagues, the Trust does not allow homemade cakes or biscuits to be brought in for birthdays or celebrations. Any food brought in for sharing must be in its original, unopened packaging with a full ingredients list attached.

For all food bought from home i.e. for school trips, this will be checked by a colleague prior to departure against an attendee allergy list.

7.3 Food bans or restrictions

This academy is an Allergen Aware academy. We have pupils with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food;

The Trust and academy try to restrict peanuts and tree nuts as much as possible on the site and check all foods coming into the kitchen; and

All food coming onto academy premises or taken on an educational visit(s). This should be checked to ensure peanuts and tree nuts are not an ingredient in another product. Please check the label on all foods brought in. Common foods that contain these goods as an ingredient include packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces.

7.4 Food hygiene for pupils

- Pupils will wash their hands before and after eating
- Sharing, swapping or throwing food is not allowed
- Water bottles and packed lunches should be clearly labelled

8. EDUCATIONAL VISITS AND SPORTS FIXTURES

- Colleagues leading the trip will have a register of pupils 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, and pupils where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay;
- Colleagues (and some pupils, if appropriate) accompanying the trip will be trained to recognise and respond to an allergic reaction;
- Allergens will be clearly labelled on catered packed lunches. There is a clear system in place to ensure pupils and colleagues with allergies outside of the "main 14" always receive a safe meal. Kitchen staff have photos of all children in the serving area with allergies documented and check visually with each child and with the class teacher or support staff. They also meet with the parents of the children to ensure all checks have been completed and whether it is a preference, intolerance or an allergy. Food is labelled with the child's name and allergy so that school staff can do an additional check before food is consumed. Kitchen staff verbally remind school staff of who the child is and the allergy associated with them.
- If attending another academy/school setting, details of the pupil (and colleague's) dietary requirements will be sent ahead to ensure they have a safe meal; and
- See Adrenaline Pens section for School Trips and Sports Fixtures.

9. INSECT STINGS

Pupils and colleagues with a known insect venom allergy should:

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

The academy site manager, Richard Vaughan, will monitor the grounds for wasp or bee nests. Pupils (with or without allergies) should notify their class teacher if they find a wasp or bee nest in the school grounds and avoid them. Colleague's should notify the academy site manager.

10. ANIMALS

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

Precautions to limit the risk of an allergic reaction include:

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

- If an animal lives on site, pupils, parents and colleagues will be made aware and consideration and adaptations will be made; and
- Educational visits that include visits to animals will be carefully risk assessed.

11. ALLERGIC RHINITIS/ HAY FEVER

Managing "non-food" allergies like hay fever (seasonal allergic rhinitis) and perennial allergies (dust mites/pets) is a vital part of a school's duty of care. Unlike food allergies, these are often progressive symptoms can worsen throughout the day and significantly impact a pupil's ability to learn.

Preventative Dosing: Parents are encouraged to administer long-acting (non-drowsy) antihistamines at home before the school day begins.

Academy Stock: For children with diagnosed persistent allergies, the school will hold prescribed medication (nasal sprays, eye drops, or antihistamines) as outlined in the child's Individual Healthcare Plan (IHCP).

Emergency Relief: If a child's symptoms escalate (e.g., itchy throat, coughing), colleagues will follow the academy's medicine policy.

11.1 Seasonal Pollen

During peak season (March–September), the academy will monitor the Met Office pollen forecast. On "Very High" days, high-risk pupils (and colleagues) may be encouraged to stay indoors during lunchtime.

After outdoor play, children with severe hay fever should be encouraged to wash their hands and face to remove trapped pollen.

12. INCLUSION AND MENTAL HEALTH

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

- No pupil with allergies should be excluded from taking part in an academy activity, whether on the academy premises or a different setting i.e. an educational visit or sporting event.
- Pupils with allergies may require additional pastoral support including regular check-ins from their class teachers / safeguarding team and/or Designated Allergy Lead.
- Affected pupils will be given consideration in advance of wider academy discussions about allergy and school Allergy Awareness initiatives; and
- Bullying related to allergy will be treated in line with the academy's behaviour policy.

13. ADRENALINE PENS

13.1 Storage of adrenaline pens

- Pupils prescribed with adrenaline pens will have easy access to two, in-date pens at all times;
- Adrenaline pens are to be stored in the child's classroom in a first aid box is accessible at all times with their Allergy Action Plan.

- Spot checks will be made to ensure adrenaline pens are where they should be and in date
- Adrenaline pens must not be kept locked away
- Adrenaline pens 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 pens will be disposed of as sharps.

13.2 Spare adrenaline pens

This academy has 3 spare adrenaline pens to be used in accordance with government guidance.

The locations of spare adrenaline pens are clearly signposted. These are: Main school office in first aid cupboard (0.3mg x 1 and 0.15mg x 2) and 1 is kept in the Year 2 first aid cupboard (0.3mg x 1)

The Designated Allergy Lead is responsible for:

- Deciding how many spare pens are required
- What dosage is required, based on the Resuscitation Council UK's age-based guidance (see page 11)
- Liaising with St Chad's Academies Trust central team for the purchasing of spare adrenaline pens which can be obtained at low cost from a local pharmacy. See government guidance above; and
- Distribution around the site and clear signage.

13.3 Adrenaline pens on off-site activities

- No pupil with a prescribed adrenaline pen will be able to go on an educational visit without two of their own devices. It is the trip leader's responsibility to check they have them and the management and mitigation is covered in the appropriate risk assessment;
- Adrenaline pens will be kept close to the pupils at all times e.g. not stored in the hold of the coach when travelling or left in changing rooms;
- Adrenaline pens will be protected from extreme temperatures
- Colleagues accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction; and
- Consider whether to take spare adrenaline pens to off-site activities. This should be recorded as part of the risk assessment process, ensuring sufficient adrenaline pens remain on site for any pupil (and colleague's) needs for the duration of the off-site activities.

14. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See Appendix 1 on recognising and responding to an allergic reaction

If a pupil or colleague has an allergic reaction:

- Treat the pupil in accordance with their Allergy Action Plan;
- Instigate the academy's Emergency Response Plan
- If anaphylaxis is suspected administer adrenaline without delay;

- Treat the pupil and colleague where they are. Lie them down with their legs raised and bring medication to them;
- Use pupil/ colleague's own prescribed medication if immediately available;
- Pupil and colleague can administer the adrenaline pen themselves [if able to] or an academy colleague can administer pen. Ideally the colleague will be trained, but in an emergency, anyone can administer adrenaline;
- If the pupil's own adrenaline pen is not available or misfires, then use a spare adrenaline pen;
- If anaphylaxis is suspected but the pupil and/or colleague does not have a prescribed adrenaline pen or Allergy Action Plan, lie the pupil and/or colleague down with their legs raised, call 999 and explain anaphylaxis is suspected. Inform the operator that spare adrenaline pens are available and follow instructions from the operator. The MHRA says that in exceptional circumstances, a spare adrenaline pen can be administered to anyone for the purposes of saving their life;
- If, after 5 minutes, there is no improvement, use a second adrenaline pen and call the emergency services again and inform them that a second dose of adrenaline has been given;
- Do not move the pupil and/or colleague until a medical professional/ paramedic has arrived, even if they are feeling better; and
- Anyone who has had suspected anaphylaxis and received adrenaline **must** go to hospital, even if they appear to have recovered. An academy colleague should accompany them in an ambulance until a parent or guardian arrives, in line with safeguarding practice.

15. TRAINING

15.1 The academy is committed to training all colleagues annually to give them a good understanding of allergies and anaphylaxis.

This includes:

- 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 academy manages allergy, for example Emergency Response Plan, documentation, communication etc
- Where adrenaline pens are kept (both prescribed pens and spare pens) and how to access them
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying
- Understanding food labelling; and
- Taking part in an anaphylaxis drill.

15.2 The academy will carry out an anaphylaxis drill once a year.

This includes:

- An exercise simulating an event where a pupil or colleague has an allergic reaction and testing the whole academy response.

16. ASTHMA

It is vital that pupils (and colleague's) with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions. Follow the immediate emergency steps for an asthma attack.

- **Keep Calm and Reassure:** Sit the pupil and/or colleague upright. Do **not** let them lie down, as this makes breathing harder.
- Shake the inhaler and prime it (spray into the air once if not used recently).
- Administer the inhaler by giving one puff then asking the pupil and/or colleague to take 5 steady breathes and repeat every 60 seconds for up to 10 puffs
- **Call an ambulance immediately if:** the pupil and/or colleague does not improve, the pupil and/or colleague is too breathless or exhausted to talk, the pupil and/or colleague's lips or fingernails are turning blue/grey, the pupil and/or colleague becomes distressed, confused or floppy or you become concerned at any point during the attack

17. REPORTING ALLERGIC REACTIONS

The academy will log allergic reaction incidents and near-misses on Smartlog

All incidents should also be reported directly to the Trust Compliance officer at lea.millinchip@stchads.uk

18. CONFIDENIALITY, INFORMATION SHARING AND DATA PROTECTION

The Designated Allergy Lead and/or academy Data Manager must make the Trust Data Protection Officer aware immediately if there have been any breaches of information held, in line with the Trust Overarching Data Protection policy.

All processing, sharing, retention and security must be in accordance with the Trust Overarching GDPR policy and Information & Records Retention policy.

Appendix 1 - MANAGING ALLERGIC REACTIONS

ALLERGIC REACTIONS VARY

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

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

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

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

- Swollen lips, face or eyes

Appendix 2 - RESPONDING TO ANAPHYLAXIS

SYMPTOMS OF ANAPHYLAXIS

A – Airway

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

B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

C - Circulation

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

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

DELIVERING ADRENALINE

1. Take the medication to the pupil and/or colleague, rather than moving them.
2. The pupil and/or colleague should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
3. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
5. Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
6. Stay with the pupil and/or colleague and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
7. Call the pupil/ colleague's emergency contact.
8. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
9. Start CPR if necessary.
10. Hand over used devices to paramedics and remember to get replacements.

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

St Chad's Academies Trust

Appendix 3 – Allergy Action Plan

BSACI Improving Allergy Care through education, training and research

ALLERGY ACTION PLAN

RCPCH Royal College of Paediatrics and Child Health Leading the way in Children's Health

anaphylaxis UK

AllergyUK

Name:

.....

DOB:

.....

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has SUDDEN DIFFICULTY IN BREATHING

A AIRWAY
- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING
- Difficult or noisy breathing
- Wheeze or persistent cough
- Collapse/unconscious

C CONSCIOUSNESS
- Persistent dizziness
- Pale or floppy
- Suddenly sleepy

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

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

2 Use Adrenaline autoinjector without delay (eg. EpiPen®) (Dose: mg) **3** Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

*** IF IN DOUBT, GIVE ADRENALINE ***

AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, do NOT stand them up. Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend orrelative and ask them to come over.
3. If no improvement after 5 minutes, give a further adrenaline dose using a second autoinjector device, if available.

Commence CPR if there are no signs of life

You can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Mild throat tightness
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with person, call for help if needed • Locate adrenaline autoinjector(s)
- Give antihistamine:

.....

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent : I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: ....

Print name: ....

Date: ....

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: sparepensinschools.uk

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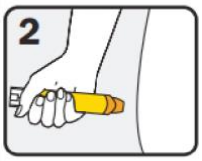
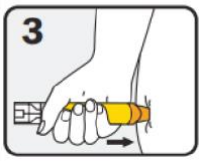
How to give EpiPen ®

PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds. Remove EpiPen.

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the luggage hold. This action plan and medical authorisation to carry emergency autoinjectors has been prepared by:

Sign & print name: .....

Hospital/Clinic: .....

..... Date: .....