The Park Federation
ACADEMY TRUST

Allergy and Anaphylaxis Policy

Approved by	Helen Abell, CEO		
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Summary of Changes

Version	Date	Summary of Changes	Approved By
1.0	July 2026	Introduction of allergy guidance and Benedict's Law	Helen Abell, CEO

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1. AIMS AND OBJECTIVES

This policy outlines James Elliman Academy's approach to allergy management, including how the whole-school community works to reduce the risk of an allergic reaction happening and the procedures in place to respond if one does. It also sets out how we support our pupils with allergies with their wellbeing and inclusion, as well as demonstrating our commitment to being an allergy aware school. This policy should be published on the academy's website so it is accessible to all parents.

This policy applies to all staff, pupils, parents and visitors to the school and should be read alongside these other policies:

- Supporting Pupils with Medical Conditions at School
- Child Protection and Safeguarding Policy
- Educational Visits Policy
- Asthma Policy
- Anti-Bullying Policy
- Positive Behaviour Policy
- Welling Policies for Staff and Children

This policy has been developed in line with:

- Department for Education *Supporting pupils with medical conditions at school*
- Department of Health *Guidance on the use of emergency adrenaline auto-injectors in schools*
  Department for Education *Allergy Safety in Schools*
- The Food Information Regulations 2014 and PPDS labelling requirements (Natasha's Law)
- Equality Act 2010
- Children and Families Act 2014 - Section 100
- Children's Wellbeing and Schools Act 2026 - section 34

2. WHAT IS AN ALLERGY?

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

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency. Anaphylaxis typically affects the airway/Breathing/Circulation ("ABC").

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

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

ALLERGY: Is a medical condition in which the body's immune system has an abnormal reaction to normally harmless substances such as food, insect stings, contact allergens and airborne allergens.

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

Most severe allergic reactions to food are caused by just 9 foods.

Eggs	Peanuts	Tree Nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc)
Sesame	Fish	Shellfish
Soya	Wheat	Milk

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.

ASTHMA: Is a lung disease caused by inflammation and tightening of the airways, it is frequently associated with allergy and anaphylaxis, because exposure to allergens can provoke an asthma attack, a potentially life-threatening condition.

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 brand names such as EpiPen or Jext. 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.

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

DESIGNATED ALLERGY LEAD: The member of staff responsible for overseeing allergy management across the school and acting as the main point of contact for pupils, parents and staff.

NEFFY: (marketed in the UK as EURneffy) is a needle-free nasal spray that delivers adrenaline. It is an alternative to adrenaline auto-injectors and was approved for use in the UK in 2025.

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

INTOLERANCE TO FOODS/INGREDIENTS: A food or ingredient that the body is unable to digest is different to allergy and does not cause a serious allergic reaction. It can cause long term health problems if not avoided. Common food intolerances include lactose and gluten. Coeliac disease is intolerant to gluten, found in rye, barley and wheat.

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 school site.

SPARE ADRENALINE PENS: Schools 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

James Elliman Academy takes a whole-school approach to allergy management. The academy's Academy Council should ensure that the school complies with its statutory duties in relation to allergy safety and supporting pupils with medical conditions.

a. Designated Allergy Lead

The senior leader responsible for allergy safety and the implementation of the policy is **Rebecca Pinkney.** The Designated Allergy Lead is **Fahmida Raquib-Khan**. They are responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils and staff with an allergy.
- Taking decisions on allergy management across the school.
- Championing and practicing allergy awareness across the school.
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management.
- Ensuring allergy information is recorded, up-to-date and communicated to all staff.
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment).
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures. Written confirmation that staff have read and understood the policy will be obtained at the start of each academic year.
- Reviewing the school's stock of spare adrenaline pens (check the school has an appropriate number for the setting, that they hold the correct dose, that spare adrenaline pens are stored appropriately) and ensuring staff know where they are.
- Keeping a record of any allergic reactions or near-misses, reporting these on IAmCompliant and to appropriate authority (e.g. RIDDOR) where necessary and ensuring the circumstances are investigated and learnings shared.
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy.

- Ensuring there is an anaphylaxis refresher once a year.

At regular intervals the Designated Allergy Lead will check procedures and report to the Senior Leadership Team.

b. The Admin Team

The Attendance Officer, Receptionist, Office Manager 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 before a child/visitor starts school/work.
- There is a clear structure in place to communicate this information to the relevant parties: The Admin Team will inform: Designated Allergy Lead, Senior Leader Responsible for Allergies, Principal, Pabulum, Year Leader and Class Teacher
- Parents and pupils are informed of catering arrangements during admission events.
- Plans are made for emergency medication if the child is to be left without parental supervision.

c. All staff

All school staff, including teaching staff, support staff, lunchtime supervisors, occasional staff e.g. sports coaches, music teachers and breakfast and afterschool club staff are responsible for:

- Championing and practising allergy awareness across the school.
- Reading, understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures, and asking for support if needed.
- Being aware of pupils (and staff, when necessary) with allergies and what they are allergic to.
- Considering the risk to pupils 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.
- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training.
- Taking part in training as required (at least once a year). Whilst it is the school's responsibility to ensure staff have received annual training, if the member of staff is aware they have not received any allergy training in the last 12 months they should alert a manager.
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times. Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy and Positive Behaviour Policy.
- Forwarding any communication or information that comes directly to them from parents regarding allergens to the Designated Allergy Lead, Senior Leader Responsible for Allergies and Principal.
- Ensuring that pupils have their medication and their Individual Health Care Plan with them when leaving school site, for a trip or residential event.

d. All parents

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

- Being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies.
- Providing the school's designated Allergy Lead with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema.
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events.
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice.
- Encouraging their child to be allergy aware.

e. Parents of children with allergies

In addition to point 4.5, the parents and carers of children with allergies should:

- Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan.
- If applicable, provide the school 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.
- Update school with any changes to their child's condition, reactions that happen outside of school and ensure the relevant paperwork is updated too.
- Sign the associated permission for a photo to be shared appropriately as part of their allergy management.
- 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.

f. All pupils

All pupils at the school 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 staff in case of an emergency.

g. Pupils with allergies

In addition to point 4.7, pupils with allergies are responsible for:

- Knowing what their allergies are and how to mitigate personal risk depending on their age.
- Avoiding their allergen as best as they can.
- Understanding the importance of following the school-specific processes of lunch and snack services and how that mitigates risk.

- Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction.
- Understanding how and when to use their adrenaline auto-injector.
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy.
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies.

h. Unacceptable Practices

School staff are committed to maintaining a safe, inclusive environment. The list below sets out what practices are unacceptable:

- preventing children from easily accessing their medication;
- ignoring the views of the child, parent or carer;
- ignoring medical evidence or the opinion and advice of healthcare professionals;
- assuming that every child with an allergy requires the same support;
- assuming that a child does not have an allergy because they do not yet have a diagnosis;
- discriminating against children with allergy by sending them home frequently for reasons associated with their allergy or prevent them from staying for normal school activities or extra-curricular activities, including lunch;
- sending a child who becomes unwell to the school office or medical room without suitable supervision. In the case of an allergic emergency, help must come to the child;
- penalising children for their attendance record if their absences are related to their allergy. This includes excluding children from rewards for 100% attendance where their non-attendance was the result of a medical condition or allergy;
- requiring parents or carers to attend school to administer medication or provide medical support to their child;
- parents or carers should not have their work or other responsibilities impacted because the school is failing to support their child's allergy; and
- preventing children from participating, or creating unnecessary barriers to them participating, in any aspect of school, including trips e.g by requiring parents to accompany the child.

5. INFORMATION AND DOCUMENTATION

a. Register of pupils with an allergy

The school 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.

b. 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.
- A copy of their Allergy Action Plan.

For a detailed breakdown of the content of Individual Healthcare Plans, see pages 49 - 58 of DfE Allergy Safety in Schools.

6. ASSESSING RISK

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

Classroom activities, for example craft using food packaging, science experiments where allergens are present, food lessons or cooking.

Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk.

Running activities or clubs where they might hand out snacks or food "treats". Ensure safe food is provided or consider an alternative non-food treat for all pupils; and

Planning special events, such as cultural days and celebrations.

Some hidden allergens to be aware of:

Playdough / Cooking: Using wheat flour or ingredients containing wheat.

Craft Supplies: Glues containing milk, wheat, or soya derivatives.

Junk Modelling: Old egg cartons or milk/yogurt containers contaminated with food allergens.

Outdoor/Animal Activities: Bird seed (which often contains nuts/sesame).

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

7. FOOD, INCLUDING MEALTIMES & SNACKS

a. Catering in school or coming into school from the academy catering department

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

- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training.
- The Early Years Foundation Stage Guidance 'safer eating' section must be followed regarding allergies and the required supervision of children in the early years. At each mealtime and snack time providers must be clear about who is responsible for checking that the food being provided meets all the requirements for each child.
- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures.
- The catering team will endeavour to get to know the pupils with allergies and what their allergies are, supported by school staff.

- The catering team will endeavour to provide varied meal options to pupils and staff with allergies.
- The school has robust procedures in place to identify pupils with food allergies: staff introduce colleagues to the child, follow the allergy list with key details and a photo of the child that is kept in the dining hall kitchen and which is regularly updated. These steps help prevent accidental exposure.
- Food containing the main 14 allergens (see Allergens definition) will be clearly labelled. Other ingredient information will be available on request if a child/adult with a different allergy joins our school.
- 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 the lead lunchtime supervisor who will cascade to other lunch staff and to the pupils with dietary needs.
- Any products that say "may contain" will not be given to a child with a known allergy unless parents have been asked prior and permission gained.
- Food provided at breakfast club and after school club will follow these procedures.
- Outline any other catering procedures for example avoiding food with nuts as an ingredient.

b. Food brought into school

All food brought into school, including on trips and events, must be shop-bought with clear ingredient labels or accompanied by an ingredient list. Sharing food is discouraged to avoid allergy risks. Birthday cakes and treats require teacher approval and must be shop-bought. Parents must notify the school of any allergies or dietary needs, and staff are trained to manage these safely.

c. Food bans or restrictions

Everyone needs to be allergy aware and to remain vigilant.

- This school is an Allergen Aware school. We have pupils with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food.
- Parents/carers should not send in any foods containing peanuts and tree nuts.
- All food coming onto school premises or taken on a school trip 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 ingredients include packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread and sauces.

d. 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

- Staff leading the trip will have a register of pupils with allergies and details of their medication.
- Allergies will be considered on the risk assessment and catering provision put in place.
- Parents, and pupils where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay.

- Staff accompanying the trip will be trained to recognise and respond to an allergic reaction.
- Allergens will be clearly labelled on catered packed lunches. The Visit Lead will liaise with Pabulum to ensure any allergies are catered for.
- Adrenaline Pens and medication will be with a responsible adult who is with the child at all times during the trip.

9. INSECT STINGS

Those with a known insect venom allergy should:

- Where possible keep arms and legs covered.
- Avoid wearing strong perfumes or cosmetics.
- Keep food and drink covered.

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

10. ANIMALS

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

Precautions to limit the risk of an allergic reaction include:

- A pupil with a known animal allergy should avoid the animal to which they are allergic.
- If an animal comes on site a risk assessment will be done prior to the visit.
- Areas visited by animals will be cleaned thoroughly.
- Anyone in contact with an animal will wash their hands after contact.
- If an animal lives on site, pupils, parents and staff will be made aware and consideration and adaptations will be made
- School trips that include visits to animals will be carefully risk assessed.

11. ALLERGIC RHINITIS/ HAY FEVER

Any children who suffer with seasonal pollen allergy will bring in the required medication needed to alleviate the symptoms and follow our school's administering medications procedures outlined in our *Supporting Children And Young Children With Medical Conditions* and allergy policy.

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 child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip.
- Pupils with allergies may require additional pastoral support including regular check-ins from a trusted adult.
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives.

- Bullying related to allergy will be treated in line with the school's anti-bullying policy and positive behaviour policy.
- The school recognises that severe allergies may constitute a disability under the Equality Act 2010 and will make reasonable adjustments where required.

13. ADRENALINE PENS

See the government guidance on Adrenaline Pens in Schools.

a. Storage of adrenaline pens

- Pupils prescribed with adrenaline pens will have easy access to two, in-date pens at all times.
- Adrenaline pens and antihistamine medication will be stored in a labelled box with the child's photo on. In the box will be a copy of the child's health care plan & allergy action plan. This will be stored in the child's classroom in a clearly marked cupboard. All staff will make themselves aware of where this is in each classroom. They will never be locked in a cupboard or stored away from the child.
- 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, not in direct sunlight or above a heat source e.g. a radiator.
- Used pens will be disposed of as sharps or given to the medical team that come to help. Adrenaline pens will be changed before they go out of date and old pens given back to parents/carers to dispose of. Alerts of when they expire will be on the school's central calendar.

b. Spare adrenaline pens

The location of the spare adrenaline pens are clearly signposted. They are located in the Medical Room and at the EYFS/KS1 PPA desk on the Nursery/Year 2 corridor in the unlocked cupboard.

The Allergy Lead, Senior Leader Responsible for Allergies and Principal are responsible for:

- Deciding how many spare pens are required.
- What dosage is required, based on the Resuscitation Council UK's age-based guidance
- Which brand to buy. Schools are recommended to buy a single brand, if possible, to avoid confusion.
- The purchasing of spare adrenaline pens which can be obtained at low cost from a local pharmacy.
- Distribution around the site and clear signage.

c. Adrenaline pens on off-site activities

- No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own devices. It is the trip leader's responsibility to check they have them.

- Adrenaline 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.
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction.
- Consider whether to take spare adrenaline pens to off-site activities. This should be recorded as part of the risk assessment process.

14. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See appendix on recognising and responding to an allergic reaction

If a pupil has an allergic reaction:

- Treat the pupil in accordance with their Allergy Action Plan.
- Instigate the school's Emergency Response Plan.
- If anaphylaxis is suspected, administer adrenaline without delay.
- Treat the pupil where they are. Lie them down with their legs raised and bring medication to them. **A pupil experiencing anaphylaxis must NEVER be allowed to stand up or walk around**.
- Use the pupil's own prescribed medication if immediately available.
- Pupils can administer the adrenaline pen themselves if able to or a member of staff can administer the adrenaline pen. Ideally the member of staff will be trained, but in an emergency, anyone can administer adrenaline if necessary.
- 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 does not have a prescribed adrenaline pen or Allergy Action Plan, lie the pupil 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 until a medical professional/ paramedic has arrived, even if they are feeling better.
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany them in an ambulance until a parent or guardian arrives.

15. TRAINING

The school is committed to training all staff annually to give them a good understanding of allergies, including asthma.

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 school manages allergies, 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.
- Taking part in an anaphylaxis refresher.

16. ASTHMA

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions. Inhalers will be kept with the child's allergy medication and we will follow our school's administering medications procedures outlined in our Supporting children and young people with medical conditions and allergy policy. James Elliman Academy also has access to emergency Salbutamol inhalers for those who have given consent.

For further information please refer to the school's Asthma Policy.

17. REPORTING ALLERGIC REACTIONS - Serious Incidents and Near Misses

The school will log allergic reaction incidents and near misses. Incidents will be reviewed to identify any improvements to procedures. The Designated Allergy Lead will review incidents so that the school can learn lessons around allergic reactions, to identify patterns or risks and update risk assessments where required.

In some cases, the impact of exposure to an allergen while in school may be delayed and not recognised until the child is back at home. It is therefore important that incident reporting is not limited to staff in the school. The child, their parents or carers, or others may need to report that there has been an incident.

The incident should be recorded in the school's accident book. A report should set out:

- Who was affected;
- What happened, when and where;
- Why the incident occurred (as far as known)
- How staff and pupils responded; what was done to support the individual; whether emergency services were called;
- How the incident concluded.

The parents or carers of a child should be notified of the incident or 'near miss' as soon as possible. The report should be shared with the child's parents, the individual involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review.

The school, college or setting should then confirm what it has learned from the incident and should outline any actions it is taking as a result. The report should always be shared with the school's designated leader responsible for medical conditions and/or allergy. They will need to consider what lessons to learn and whether changes are required to the school's medical conditions and/or allergy safety policies and/or to the arrangements in the child's Individual Healthcare Plan. Any learning should be shared appropriately with staff so they can act on them, reducing the chance of an incident reoccurring. In addition, it may also be necessary to

share the report with other agencies.

Schools acting as food businesses must report any allergen-related food safety incidents to their local authority (Report a food safety issue).

Schools must report incidents which arose directly from the way they undertook a work activity which resulted in death or immediate hospitalisation to the Health and Safety Executive (RIDDOR – incident reporting in schools (accidents, diseases and dangerous occurrences)).

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

Appendix

Allergic reactions

Allergic reactions occur when a susceptible person is exposed to something (an “allergen”) they are allergic to. Most allergic reactions do not affect the **A**irway/**B**reathing/ **C**irculation (“ABC”) and can be treated with an oral antihistamine. The features of an allergic reaction are shown in Figure 2.

Allergic reactions are unpredictable. Most reactions do not result in anaphylaxis. However, when anaphylaxis occurs, reactions usually start off as less severe (e.g.

skin rash, vomiting) but then become anaphylaxis – so someone having a reaction should always be monitored (e.g. in a first aid room) for at least 60 minutes afterwards, just in case the reaction gets worse.

Symptoms of a mild to moderate allergic reaction (not anaphylaxis) include:

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

Mild reactions can worsen and become **anaphylaxis**, affecting the **A**irway/**B**reathing/**C**irculation (“ABC”):

Figure 1: SIGNS OF ANAPHYLAXIS (a potentially life-threatening allergic reaction)

- **A: Airways**: Swelling in the throat, tongue or upper airways (tightening in the throat, hoarse voice, difficulty swallowing)
- **B: Breathing**: Sudden onset wheezing, breathing difficulty, persistent cough, noisy breathing
- **C: Circulation**: Dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness

Anaphylaxis reactions involve the **A**irway/**B**reathing/**C**irculation ("ABC"). Reactions usually progress quickly and can be life-threatening – so anaphylaxis **always** requires an immediate emergency response. The features of an anaphylaxis reaction are shown in Figure 2.

The vast majority of anaphylaxis reactions require the individual to have eaten food to which they are allergic. Contact through skin or the air tends to produce less severe allergic reactions. Anaphylaxis reactions solely due to skin contact are very rare. As noted above, anaphylaxis may rarely occur without a clearly identified allergen or without ingestion of a food trigger. Emergency planning should therefore be based on the individual child or young person's documented triggers and clinical history, rather than any assumption over whether the person has eaten a trigger food.

Anaphylaxis

Anaphylaxis reactions to food usually begin within 30 minutes of eating the trigger food, but can sometimes occur 4-6 hours later (e.g. allergy to mammalian meat). They typically affect the breathing (**A** and **B**, i.e. mimic an asthma attack) rather than the **C**irculation (blood pressure).

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that **there is only a 20–30-minute window of opportunity during which steps can be taken to prevent death**. Giving emergency adrenaline **immediately** and calling Emergency Services (999) is essential. **Anaphylaxis always requires an emergency response**.

Anaphylaxis can occur without any other signs (such as a skin rash) being present. **Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing.** Giving adrenaline in this context is very safe and may be lifesaving.

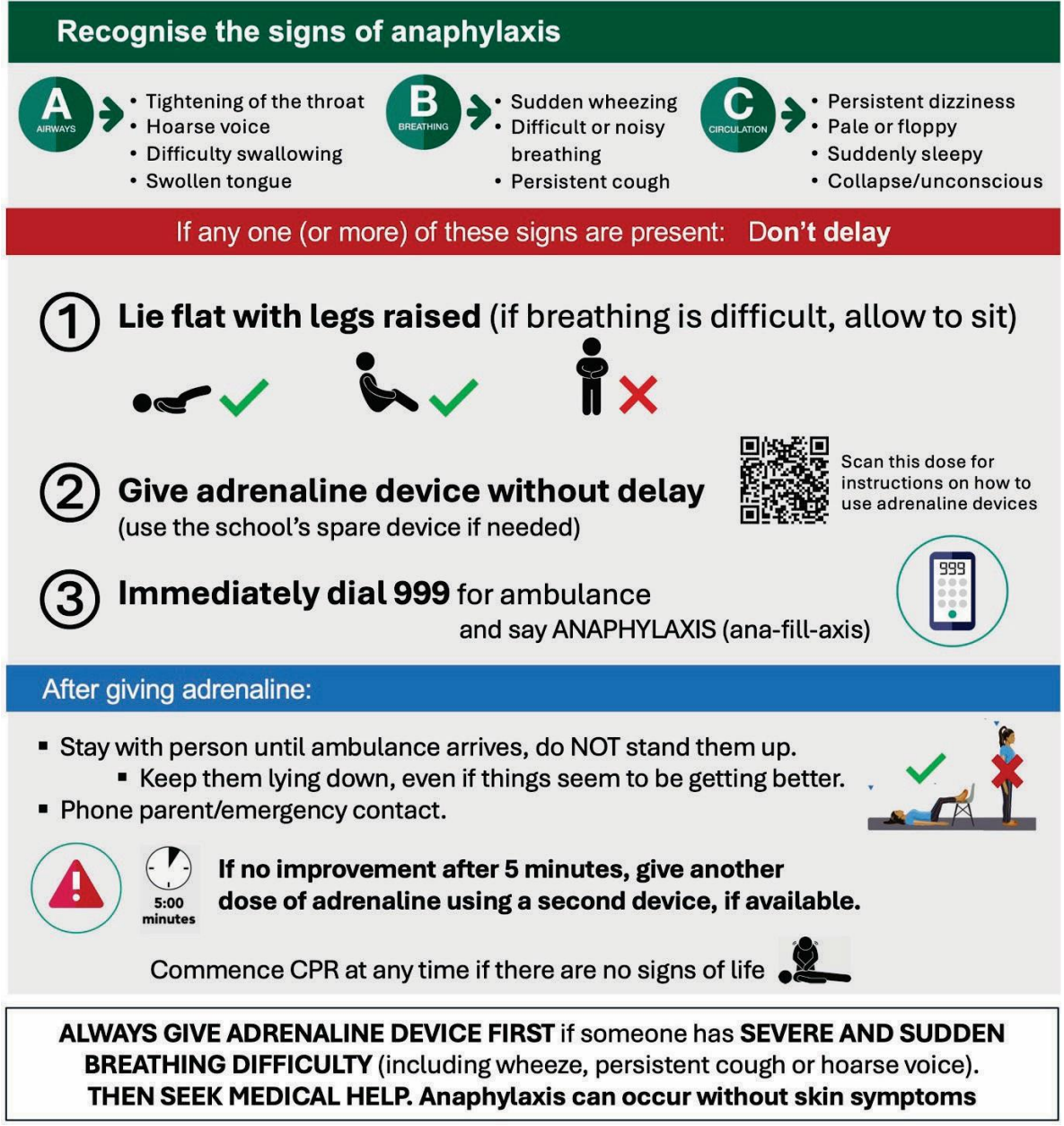


Figure 2: Management of anaphylaxis

Responding to an allergic reaction and anaphylaxis

Mild to moderate allergic reactions which do not involve **A**irway/**B**reathing/**C**irculation can be treated with oral antihistamines. For a child or young person, telephone their parent or emergency contact to tell them about the reaction. Do not leave the child or young person unattended. The child or young person does not normally need to be sent home or require urgent medical attention. They should be observed in a safe place for at least 60 minutes after reaction, as mild reactions can sometimes develop into anaphylaxis.
Anaphylaxis commonly occurs alongside mild symptoms or signs, such as an itchy mouth or skin rash. Anaphylaxis can also occur on its own, without a skin rash or other mild signs being present.

Anaphylaxis (i.e. any reactions which involve the **A**irway/**B**reathing/**C**irculation) must be treated promptly with emergency adrenaline (see figure 2). The individual's prescribed

adrenaline device – for example an adrenaline auto-injector (AAI) or nasal adrenaline device – should be used if it is available. If not, a “spare” adrenaline device can be used (see below). If in doubt whether the reaction is anaphylaxis, treat with adrenaline. Always dial 999 to request an ambulance if someone is experiencing anaphylaxis. The emergency (‘999’) operator can provide advice over the telephone if needed.

Always stay with someone having an allergic reaction for at least one hour.

- **If in doubt, always treat for anaphylaxis**
- If the child or young person has a Allergy Action Plan issued by a healthcare professional, it should be followed
- Treatment of anaphylaxis is with a dose of adrenaline (e.g. an AAI “pen” or nasal adrenaline device)

Action in an emergency

If an individual (whether a child, young person, member or staff or visitor) experiences a life-threatening medical emergency, **anyone – staff, volunteers or bystanders – may take reasonable action to save their life. The law recognises that rescuers act under extreme pressure**.

People who attempt to save a life in good faith are protected, even if an injury occurs while giving emergency care (for example, broken ribs during CPR are common and not a sign of wrongdoing). This includes administering adrenaline when an individual is suffering anaphylaxis.

Staff in schools, colleges and early years settings should be reassured that mistakes, hesitation, or imperfect technique do **not** amount to serious and wilful misconduct. The expectation is simply that staff act reasonably, to the best of their ability, in an emergency.