



Heathcoat Primary School

Allergy and Anaphylaxis Policy for Schools and Early Years Settings

Adopted by the Governing Body on 16 September 2026

Review date: June 2028

In partnership with



This Policy is based on the Department for Education approved model policies for Early Years providers and Schools and incorporates sector specific guidance. The policy must be tailored to each organisation and information needing to be personalised is indicated in highlighted text. The term “setting/school” refers to nurseries, pre-schools, childminders and schools.

The aim of this Policy is to minimise the risk of any pupil suffering a serious allergic reaction whilst at school/nursery or attending any school/nursery related activity. To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.

This Policy is designed to align with the BEP Supporting Students with Medical Conditions and Administration of Medicine Policy. This Policy has been produced in alignment with BSACI, Allergy UK and Anaphylaxis UK advice.

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school’s anaphylaxis policy are:

Carly Wilkins
Becky Budden

Contents

1. Introduction
2. Roles and responsibilities
3. Allergy action plans
4. Emergency treatment and management of anaphylaxis
5. Supply, storage and care of medication
6. ‘Spare’ adrenaline auto-injectors in school
7. Staff training
8. Inclusion and safeguarding
9. Food/Catering
10. Trips
11. Allergy awareness and nut bans
12. Risk assessment
13. Policy Review
14. Audit and Compliance
15. Continuous improvement
16. Useful links
17. Appendix A – Whole School Allergy Management Risk Assessment (Template)
18. Appendix B – Request for Spare AAls (Template)

1. Introduction

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

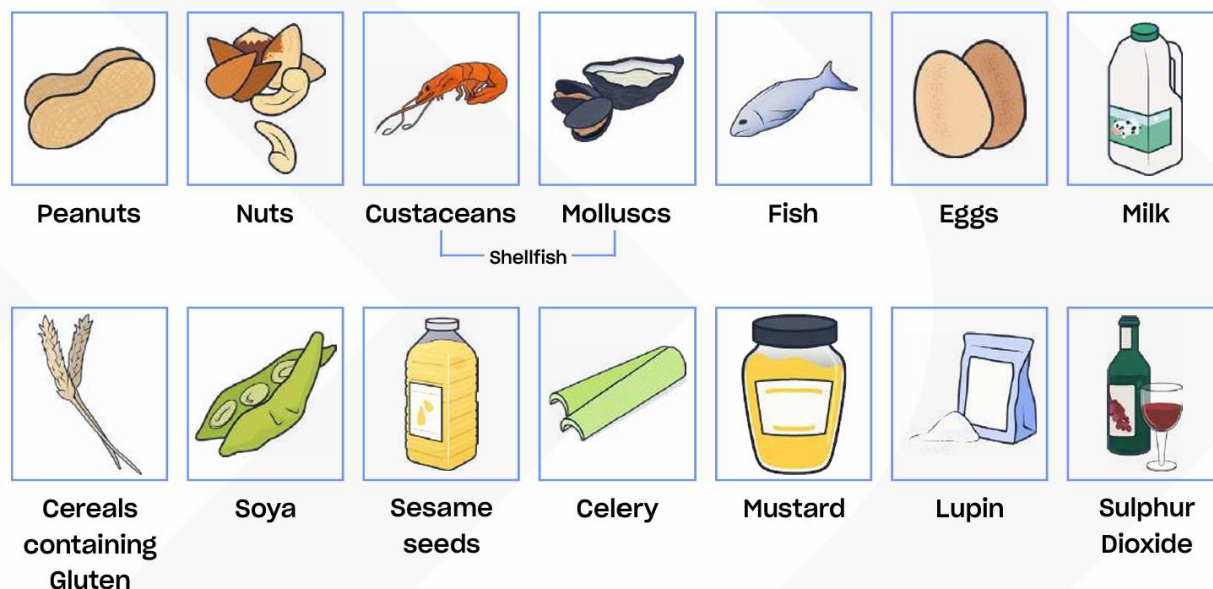
Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein; however, most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to):

Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect Venom, Pollen and Animal Dander.

There are 14 food allergens as contained within the law:



This policy sets out how Heathcoat Primary School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school/nursery life.

2. Roles and responsibilities

Parent Responsibilities

- On entry to the school/nursery, it is the parent's responsibility to inform the school office and complete a data form and to also inform the teacher of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan ([BSACI plans](#) preferred) to school/nursery. If they do not currently have an Allergy Action Plan this should be developed

as soon as possible in collaboration with a healthcare professional
e.g. School nurse/GP/allergy specialist.

- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school/nursery up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- The Senior Leadership Team have responsibilities for adding an allergy emergency alert on Arbor and to develop an individual risk assessment and management plan (RAMP) specific to the school context.
- Staff (regular or cover classes) must be aware of the pupils in their care who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- For Early Years settings - Children must always be within sight and hearing of a member of staff whilst eating. Where possible, staff should sit facing children whilst they eat so they can prevent food sharing and be aware of any unexpected allergic reactions.
- Through PSHE and the wider curriculum, staff help pupils develop an understanding of allergies, the importance of allergy awareness, and how their actions can help keep others safe.
- For Early Years settings - At each mealtime and snack time Managers must be clear about who is responsible for checking that the food being provided meets all the requirements for each child.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication.
- For Early Years settings - Children must not leave the setting without staff carrying the child's medication.
- Pupils unable to produce their required medication will not be able to attend the excursion.
- The school office or the teacher *will* ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication depending on where the medication is kept.
- It is the parent's responsibility to ensure all medication is in date however the school administration team will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The school office keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- The school administrators and teachers ensure that any reaction or near misses is recorded and reported internally or in accordance with RIDDOR.

Pupil Responsibilities

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.
- For Early Years settings - Children are encouraged to learn about their allergies and be taught to ask an adult 'is this safe for me?'
- For Early Years settings - Children should be taught to let an adult know if they are feeling unwell.

3. Allergy Action Plans

Allergy Action Plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto- injector.

British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by school. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. Allergy Action Plans are designed to function as an individual healthcare plan.

4. Emergency Treatment and Management of Anaphylaxis

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. **In younger children, anaphylaxis almost always involves skin reactions. In addition to swelling of the face, lips, tongue and eyes, hands and feet may also swell. The child may experience diarrhoea and they may display sudden behaviour changes such as inconsolable crying, become clingy and refuse food.** The child may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so treatment is needed that works rapidly.

Adrenaline is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Action:

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAls should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis)**.
- If no improvement after 5 minutes, administer second AAl.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.

5. Supply, storage and care of medication

Depending on their level of understanding and competence, Pupils will be encouraged to take responsibility for and to carry their own **two** AAls on them at all times in a suitable bag/container.

For Primary and Early Years settings - children or those not ready to take responsibility for their own medication should have an anaphylaxis kit which is kept within 5 minutes of them, not locked away and this should be **accessible to all staff at all times**.

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two AAls i.e. EpiPen® or Jext®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the school administrators will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAls their child is prescribed, to make sure they can get replacement devices in good time.

Older children and medication

Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on **very suddenly**, so school staff need to be prepared to administer medication if the young person cannot.

Storage

AAls should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

AAls are single use only and must be disposed of as sharps. Used AAls can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor.

6. 'Spare' adrenaline auto-injectors in school

Heathcoat Primary School/nursery has purchased spare **AAls for emergency use in children who are risk of anaphylaxis**, but their own devices are not available or not working (e.g. because they are out of date) or are experiencing anaphylaxis for the first time.

Most schools are required to hold two pairs of "spare" AAls, so that a pair of "spare" AAls are available within five minutes of wherever they may be needed.

Schools that operate across more than one site should ensure there are spare AAls of the appropriate dosage on each site as required.

School type	AAls for children under age 6 years (150 micrograms) e.g. EpiPen Junior, Jext 150	AAls for individuals over 6 years of age (300 micrograms) e.g. EpiPen, Jext 300
Nursery school	One pair of "spare" AAls	n/a
Primary school	One pair of "spare" AAls	One pair of "spare" AAls
Secondary school	n/a	One or two pairs of "spare" AAls

These are stored in the admin office clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff at all times**.

Heathcoat Primary School holds four spare pens which are kept in the admin office.

The school administrators are responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

AAls are available in different doses and devices. Schools may wish to purchase the brand most commonly prescribed to its pupils (to reduce confusion and assist with training). Guidance from the Department of Health to schools recommends:

For children under age 6 years:	For children aged 6-12 years:	For teenagers aged 12+ years:
Epipen Junior (0.15mg) <u>or</u> Emerade 150 microgram <u>or</u> Jext 150 microgram	Epipen (0.3 milligrams) <u>or</u> Emerade 300 microgram <u>or</u> Jext 300 microgram	Epipen (0.3 milligrams) <u>or</u> Emerade 300 microgram <u>or</u> Emerade 500 microgram <u>or</u> Jext 300 microgram

Written parental permission for use of the spare AAls is included in the pupil's allergy action plan.

The legislation does not cover providers who are independent, or charity run and these providers are currently unable to purchase spare AAls for emergency use.

7. Staff Training

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school/nursery's anaphylaxis policy are: Carly Wilkins, Becky Budden

All staff will complete iAM/AllergyWise® allergy and anaphylaxis training annually, and on an ad-hoc basis during induction of new staff.

Training includes:

- Knowing the common allergens and triggers of allergies
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAls) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date

8. Inclusion and safeguarding

Blackdown Education Partnership is committed to ensuring that students with allergies have appropriate care, support and full access to education, including PE, school trips and residential visits. The Headteacher is responsible for ensuring that staff are trained, confident and supported before taking responsibility for students with allergies. The Trust's insurance policy covers liability relating to the administration of medication. The school recognises its duties under the Equality Act 2010 and will make reasonable adjustments to ensure students with allergies can play a full and active role in school/nursery life, remain healthy, achieve their academic potential/development milestones and are not disadvantaged.

9. Food/Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The school's menu is available for parents to view in advance with all ingredients listed and allergens highlighted on Scopay. Paper copies are also available from the school office.

The office will inform the Kitchen Manager of pupils with food allergies.

The Kitchen Manager has a list of all children with allergies and children with allergies wear a sticker when they go for their school meal.

Parents/carers are encouraged to meet with the school administrators to discuss their child's needs and they will pass the information on to the Kitchen Manager.

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen/tuck shop, parents should check the appropriateness of foods by speaking directly to the catering manager.
- The pupil should be taught to also check with catering staff before purchasing food or selecting their lunch choice.
- Where food is provided by the school/nursery, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination

during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.

- Food should not be given to primary school-age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

For Early Years settings - The Nursery adheres to safer eating as set out in the Early Years Safeguarding September 2025:

- Information must be shared by the Manager with all staff involved in the preparing and handling of food.
- At each mealtime and snack time the provider/Manager must be clear about who is responsible for checking that the food being provided meets all the requirements for each child.
- Managers/providers must ensure that all staff are aware of the symptoms and treatments for allergies and anaphylaxis, the differences between allergies and intolerances and that children can develop allergies at any time, especially during the introduction of solid foods which is sometimes called complementary feeding or weaning.
- Children must always be within sight and hearing of a member of staff whilst eating. Where possible, staff will sit facing children whilst they eat so they can make sure children are prevented from food sharing and can be aware of any unexpected allergic reactions.
- The child, when old enough, should be taught to also check with staff, before eating 'is this safe for me?'

10. School trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

For Early Years settings - Trip leaders will check that they have medication for children with allergies. If the medication is not present, the child will be unable to attend the trip as it wouldn't be safe.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Sporting Excursions

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped

to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

11. Allergy awareness and nut bans

Heathcoat Primary School supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

Risk assessments may determine that a section of the provision needs to be kept free of a particular allergen. In this instance, when the child has left that area of the provision or the child's allergies change, the risk assessment must be reviewed, and restrictions lifted.

12. Risk Assessment

Heathcoat Primary School will conduct a detailed individual risk assessment for all new joining pupils with allergies and any newly diagnosed pupils, to help identify any gaps in our systems and processes for keeping allergic children safe.

For Early Years settings - The Manager will undertake a risk assessment for the setting and each individual child with allergies both newly joining and newly diagnosed. The risk assessments will identify the control measures that need to be implemented to keep the child with allergies safe; this may mean separate toys for a toddler with a milk allergy and is using anything that is likely to go into their mouth. The risk assessment will be used to help identify any gaps in our systems and processes for keeping allergic children safe.

School/nursery and individual risk assessments can be downloaded for free from:
<https://www.anaphylaxis.org.uk/downloads-form/safer-schools-download/>.

13. Policy Review

This policy will be formally reviewed by the Blackdown Education Partnership Board of Trustees at least every **two years**, or sooner if national guidance changes or significant incidents indicate earlier review is necessary.

Updates or amendments will be communicated promptly to all staff and incorporated into school-specific procedures.

14. Auditing and Compliance

Each school will carry out annual audits of:

- medication storage and stock
- consent forms
- record-keeping systems
- compliance with IHCP requirements

Any areas for improvement will be addressed through training, procedural changes, or updates to the school's internal documentation.

15. Continuous Improvement

Lessons learned from any medical incidents will be used to strengthen training, practice and policies.

16. Useful Links

Anaphylaxis UK - <https://www.anaphylaxis.org.uk/>

- Safer Schools Programme - <https://www.anaphylaxis.org.uk/education/safer-schools-programme/>
- AllergyWise for Schools online training - <https://www.allergywise.org.uk/p/allergywise-for-schools1>

Allergy UK - <https://www.allergyuk.org>

- Whole school allergy and awareness management - <https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement>

BSACI Allergy Action Plans - <https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>

Spare Pens in Schools - <http://www.sparepensinschools.uk>

Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Health Guidance on the use of adrenaline auto-injectors in schools - [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline auto injectors in schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) <https://www.nice.org.uk/guidance/qs118>

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) <https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834>

Policy Information	
Version Number:	V1.0
Version Date:	June 2026
Reason for Revision:	New Policy
Next Review Due:	June 2028



Appendix A - Whole
School Allergy Manag



Appendix B - Sample
Request for Spare AA

17. Appendix A - Whole School Allergy Management Risk Assessment – (Template)

Health & Safety Risk Assessment		
Establishment name:	Initial assessment ☒	Date of assessment:
	Review ☐	Date to be reviewed by:
	Following a significant change ☐	Assessor(s):
	Following an incident ☐	
Area/Process/Equipment being assessed: The school should have an allergy policy which is monitored. Clear communication and procedures should be regularly communicated to all staff. Annual training is recommended when allergic students are on roll or when a student with an allergy joins the school.		

Risk Assessment

What are the hazards?	Who might be harmed and how?	What are you already doing to control the risks?	Current risk level		
			L (1-5)	S (1-5)	R (1-25)
Medication:					
<u>Storage:</u> Location of each student's medication Location of generic 'spare' AAI Consider: - is there consistency of container throughout the school to make it easily identifiable? - Is the student able to self-carry their own medication?	Allergy sufferer				

	- Is the backup medication always within 5 mins of where the students are? Are multiple sites needed for back up medication? - Is the student's and backup medication always accessible regardless of the time of day?					
	Training:					
	Check that the course has medical input/review Training should be updated annually All staff should be trained. If this is decided against, a rationale based on risk assessment should be produced. Consider: Will there always be a member of staff available to administer an AAI throughout the school day who is not further than 5 minutes away from the student at any given point. Courses must include: - Signs and symptoms of allergy & anaphylaxis - Emergency response - Administration of adrenaline auto-injectors - Prevention of reactions Ideally would include: - Types of allergen: food and non-food - Curriculum - Trips & visits including sports - Reporting and recording	Allergy sufferer				
	Food and Drink:					
	<u>Catering:</u> What systems are in place to ensure that the student eats safely? Do all the catering and lunchtime staff know who has allergies and how to ensure that they are safe. Do	Allergy sufferer				

	they know how to report near misses and what to do should a reaction occur? • What measures do you have in place for liaison with the catering contractor and lunchtime supervisory staff? • Ensure that up to date allergen information is available for each menu and that it is easily accessible, ideally on school website. • Make sure that any unexpected changes to the menu and allergens are communicated urgently to student/parent/guardian so that a different choice can be made. • Ensure that allergen matrix is available and kept up to date. The FSA have a free to download one: https://www.fooddocs.com/food-safety-templates/food-allergen-chart Consider: wraparound care break times lunch times					
	<u>Events involving food:</u> Cake sales Parties Other PTA events Drinks • How can these be made inclusive? • What are the risks if the allergens are present during the events? Is handwashing possible? • What information must be shared ahead of the event to remind all about the exclusion of an allergen if this has been agreed. Allergen Matrix can be found here:	Allergy sufferer				

	https://www.fooddocs.com/food-safety-templates/food-allergen-chart Are allergens displayed, where appropriate to the event?					
	Celebrations: - Consider discouraging cake and sweets for children as treats both for birthdays and school celebrations. - Where food is used, consider the impact for the students with allergies and discuss with parent/carer/student at the earliest opportunity to plan for a safe and inclusive event.	Allergy sufferer				
	Curriculum Activities:					
	Cooking: - Adapt recipes for all to create a safe cooking space. If a recipe cannot be adapted, can a different recipe be used? - Has the allergic student got their own set of cooking materials? - Are allergies included in the food technology curriculum so that all students have awareness of the impact of allergies to the health of the allergic person. - Are all students made aware of the impact of their actions on an allergic person should the specific allergens not be excluded? - Are all students taught about cross contamination and the impact of this?	Allergy sufferer				
	Creative activities: e.g. junk modelling, pasta When using packaging, ensure that the allergens have not been in those packets; for example: crunchy nut cornflakes should not be in a classroom where a student has a peanut allergy. When students are bringing in materials from home, ensure that	Allergy sufferer				

	communication is sent to parent/carers to specify what they are unable to bring in and monitor this when the packaging comes into school. Plastic containers should be washed in hot soapy water to remove allergens.					
	<u>Music: instrument sharing (cross contamination issue)</u> - Do instruments have to be shared? - Do blowing percussion instruments have to be shared? How can they be sterilised if they do? Can the allergic student have their own blowing instrument that they don't need to share?	Allergy sufferer				
	<u>Science activities:</u> - Review the science curriculum and see where allergens are used. Consider whether these have to be used and whether there are alternatives that can be used? If essential, the activity needs to be individually risk assessed for the allergic student. How can that lesson be made inclusive and safe? - Consider the impact of cross contamination and whether this could cause a reaction for the allergic student.	Allergy sufferer				
	<u>PE:</u> Consider: Indoor Outdoor Forest Schools Where emergency medication is kept during PE and how quickly it can be accessed. If it is left in the classroom/changing room and is needed, how quickly can it be found? Is it easily	Allergy sufferer				

	identifiable and can it be with the student within 5 mins? - Is there an allergy trained member of staff present during after school clubs? - Is there an allergy trained member of staff accompanying away sporting events?					
	Break time: Consider: Playground Field - Where emergency medication is kept during breaktimes and how quickly it can be accessed. If it is left in the classroom and is needed, how quickly can it be found? Is it easily identifiable and can it be with the student within 5 mins? - Is there an allergy trained member of staff present during break times?	Allergy sufferer				
	School Animals:					
	Consider: Therapy dogs and the access they have to children with allergies. Is there an allergen free area that the student will be safe in? Anaphylaxis UK produce a useful guidance sheet, Dogs in School guidance that will assist with this section.	Allergy sufferer				
	Visitors and Supply Staff:					
	Consider: - Has the visitor been made aware of the school's policy? - If there is an allergy free zone that has been created due to a student's individual risk	Allergy sufferer				

	assessment, how has this been communicated to the visitor/supply staff? Does the visitor need to know about the student's allergy? Will they be using the student's allergen? Do they need to know they have to have eliminated cross contamination from themselves through handwashing after eating?					
	Offsite Activities:					
	<u>Day trips:</u> Consider: - Is there a specific allergy section on the visit/experience risk assessment? - Is there an allergy trained member of staff accompanying the visit? - Storage of AAls - Availability of emergency services and nearest hospital - Is there a good phone signal? If not, how will communication work? How will emergency services be called? - Is food being taken or served? It may be necessary to request that other students do not bring specific allergens on the trip to reduce risk during the day. Communication with venues and parent/carers to set out expectations. - Are any of the activities during the day high risk to the allergic student; inform venues and agree control measures, aim for inclusivity. <u>Residential visits including D of E:</u> Consider: - Storage of AAls for each activity being undertaken & overnight	Allergy sufferer				

	• Availability of emergency services and nearest hospital • Is there a good phone signal? If not, how will communication work? How will emergency services be called? • What food is served? Consider cross contamination. Do any menu changes need to be made to ensure safety? Will the allergic person have sufficient to eat? Does any food need to be taken? • Can students eat food in rooms? • Is there a specific allergy section on the visit/experience risk assessment? • Is there an allergy trained member of staff accompanying the visit? • Do other students need to understand signs, symptoms of allergy, how to call for help and administer an AAI?					
	Other:					

Further Actions Required

Row number	What further action do you need to take to control the risks?	When is the action needed by?	Who needs to carry out the action?	Completed	Remaining risk level		
					L (1-5)	S (1-5)	R (1-25)

Signed:

Dated:

Risk Descriptors

Likelihood (L)		Severity (S)	
1	Rare – May only occur in exceptional circumstances	1	Minor – no reaction
2	Unlikely – Could occur in some circumstances	2	Moderate – non-anaphylactic reaction
3	Moderate – Possible or likely to occur in most circumstances	3	Major – anaphylactic response, emergency medical intervention required, emergency call to health service
4	Likely – Will occur in most circumstances	4	Critical – emergency response required, ambulance and hospital
5	Almost certain – Expected to occur, inevitable	5	Severe – can result in fatality

Risk Matrix

Likelihood (L)	5	5	10	15	20	25
	4	4	8	12	16	20
	3	3	6	9	12	15
	2	2	4	6	8	10
	1	1	2	3	4	5
	1	2	3	4	5	
	Severity (S)					

Use the descriptors above to help assess the level of Likelihood (1-5) and Severity (1-5). Multiply the two elements together to identify the overall Risk (1-25). For example:

Likelihood 2 x Severity 4 = Risk 8

Once the risk level is identified, use the follow up response table below as a guide for what to do next.

Follow Up Response

1-2	No action required
3-4	Continue activity with safe working procedure
5-6	Monitor carefully to ensure strict adherence to safe working procedures
8-10	Improvements required within a reasonable timeframe
12-16	Immediate action required to the reduce risk
20-25	STOP activity until remedial actions carried out

18. Appendix B – Request for Spare AAI's (Template)

[To be completed on headed school paper]

[Date]

We wish to purchase emergency Adrenaline Auto-injector devices for use in our school/ college. The adrenaline auto-injectors will be used in line with the manufacturer's instructions, for the emergency treatment of anaphylaxis in accordance with the Human Medicines (Amendment) Regulations 2017. This allows schools to purchase "spare" back-up adrenaline auto-injectors for the emergency treatment of anaphylaxis. Further information can be found at:

<https://www.gov.uk/government/consultations/allowing-schools-to-hold-spare-adrenaline-auto-injectors>

Please supply the following devices:

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

Signed: _____

Date: _____

Print name: Head **Teacher/Principal**

*AAIs are available in different doses and devices. Schools may wish to purchase the brand most commonly prescribed to its pupils (to reduce confusion and assist with training). Guidance from the Department of Health to schools recommends:

For children age under 6 years:	For children age 6-12 years:	For teenagers age 12+ years:
Epipen Junior (0.15mg) or Emerade 150 microgram or Jext 150 microgram	Epipen (0.3 milligrams) or Emerade 300 microgram or Jext 300 microgram	Epipen (0.3 milligrams) or Emerade 300 microgram or Emerade 500 microgram or Jext 300 microgram

Further information can be found at <http://www.sparepensinschools.uk>