Educate U

Allergy Safety and Anaphylaxis Management Policy

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Allergy Safety and Anaphylaxis Management Policy

1. Introduction

At Educate U we are committed to ensuring the safety and well-being of all students, particularly those with allergies and at risk of anaphylaxis. This Allergy and Anaphylaxis Management Policy outlines the procedures and protocols we have in place to respond swiftly and effectively to allergic reactions, including life-threatening anaphylactic emergencies.

We recognise the serious nature of allergies and anaphylaxis and the importance of a coordinated approach to managing and preventing allergic reactions. By providing clear guidelines for staff, students, and parents and carers, we aim to create a safe environment where every student can thrive without the constant worry of allergic incidents.

This policy is designed to raise awareness, promote understanding, and ensure that staff are well-prepared to take prompt action should an allergy or anaphylactic reaction occur. Together, we can make sure that every student remains safe and supported.

Due to the vulnerable nature of our children, we will ensure we deliver information on an individual and small group basis, working with all our students to help them to understand the social, emotional and legal aspects that are associated. Each young person will be considered on an individual basis.

This policy will not guarantee a completely allergen free environment it is in place to minimize the risk of exposure, encourage self-responsibility, and plan for an effective response to possible emergencies.

We are committed to:

- Providing, as far as practicable, a safe and healthy environment in which people at risk of allergies and anaphylaxis can participate equally in all aspects of the school program.
- The encouragement of self-responsibility and learned avoidance strategies amongst students and staff suffering from allergies.
- Raising awareness about allergies and anaphylaxis amongst the school community.
- Ensuring each staff member has adequate knowledge of allergies, anaphylaxis and emergencyprocedures.
- Close liaison with parents/guardians of students who suffer allergies, to assess risks, develop risk minimisation strategies, and management strategies for their child.
- Facilitating communication to ensure the safety and wellbeing of the person with allergy who are at risk of anaphylaxis.

Scope

This policy applies to all children and young people attending Educate U and applies across all Educate U school premises, off-site provision, educational visits, work experience and school-organised activities. It applies to all employees, agency and

supply staff, volunteers, contractors and other adults working with pupils where relevant

2. Policy Aims:

- Minimise the risk of allergic and anaphylactic reactions during school-related activities.
- Ensure staff recognise allergic reactions and respond promptly and appropriately.
- Ensure that emergency medication, including prescribed AAIs and appropriate school-held spare AAIs, can be accessed without unnecessary delay.
- Promote inclusion so that allergy does not unnecessarily prevent participation in school life.
- Raise awareness of allergy and anaphylaxis across the school community.
- Support pupils to develop safe and appropriate independence in managing their allergy.
- Record and learn from allergy-related incidents and significant near misses.

3. Whole-School Allergy Safety Principles:

- Allergy safety is a whole-school responsibility.
- Risk controls will be reasonable, proportionate and based on the needs of individual pupils.
- The school will reduce avoidable exposure while recognising that it is not possible to guarantee an allergen-free environment.
- Emergency action will not be delayed where anaphylaxis is suspected.
- A pupil's age, SEND, communication, cognition, sensory profile and level of independence will be taken into account.
- Older young people will be encouraged to develop safe self-management where appropriate, without removing the school's responsibility to maintain suitable safety arrangements.
- The establishment of clear procedures and responsibilities to be followed by staff in meeting the needs of children/Staff with additional medical needs
- The involvement of parents, staff, and the child in establishing an individual medical care plan.
- Ensuring effective communication of individual child/staff medical needs to all relevant teachers and other staff.
- Ensuring First Aid Staff training includes anaphylaxis management, including awareness of triggers and first aid procedures to be followed in the event of an emergency.
- Packed lunches – a requested to give careful thought to eliminating food that may be of risk to those members of staff and pupils who suffer from such allergies.

4. Legal and Regulatory Context

This policy has been developed with regard to the allergy safety reforms commonly referred to as Benedict's Law, introduced following the death of five-year-old Benedict Blythe and the subsequent campaign to strengthen allergy safety arrangements in schools.

The statutory framework for these reforms is contained within section 34 of the Children's Wellbeing and Schools Act 2026, which introduced new allergy safety duties for schools, supported by the Department for Education's Allergy Safety in Schools statutory guidance, published in July 2026. The reforms strengthen expectations in relation to whole-school allergy policies, staff training, Individual Healthcare Plans (IHPs), adrenaline auto-injectors (AAIs), and the recording and learning from serious incidents and near misses.

Educate U has adopted the principles and requirements associated with Benedict's Law as whole-school good practice and in preparation for the equivalent requirements applying to independent special schools.

This policy should be read alongside, where applicable:

- Children's Wellbeing and Schools Act 2026, including the allergy-safety provisions and intended equivalent requirements for independent schools;
- Department for Education, Allergy safety in schools: statutory guidance (July 2026);
- Education (Independent School Standards) Regulations 2014, particularly Part 3: welfare, health and safety of pupils;
- current legislation and guidance on the use of adrenaline auto-injectors in schools;
- Food Information Regulations 2014 and relevant allergen requirements;
- Equality Act 2010, where a pupil's allergy amounts to a disability; and
- Educate U's Medication, First Aid, Health and Safety, Anti-Bullying, Behaviour, Educational Visits/LOtC and Safeguarding policies.

5. Identification, Admission and the School Allergy Register

Allergies will be identified as part of Educate U's admission and induction processes. Parents/carers will be asked to provide current information about diagnosed or suspected allergies, prescribed medication and relevant healthcare advice before the pupil starts wherever possible.

Educate U will maintain an up-to-date allergy register. This will include, as appropriate:

- the pupil's name and photograph;
- known allergen(s) and relevant triggers;
- known signs and symptoms;
- level of risk and whether the pupil is at risk of anaphylaxis;

- prescribed medication and AAI brand/dose where applicable;
- location of emergency medication;
- whether an IHP and/or Allergy Action Plan is in place;
- whether the pupil is authorised and able to carry their own AAI; and
- essential communication, supervision or environmental adjustments.

Allergy information will be reviewed whenever the school is informed of a change and when a child or young person moves class, site, key stage or provision. Relevant information will be made available to staff who need it to keep the pupil safe.

6. Individual Healthcare Plans and Allergy Action Plans

An Individual Healthcare Plan (IHP) will be developed where a pupil's allergy requires individual management arrangements in school. The plan will be developed with the parent/carer, the pupil where appropriate, and relevant healthcare advice.

The IHP and/or Allergy Action Plan should identify:

- the allergen(s), triggers and usual symptoms;
- how the pupil may communicate that they are unwell, including non-verbal or behaviour-based signs where relevant;
- preventative and risk-reduction measures;
- medication, dose and location;
- whether the pupil carries their own medication;
- the emergency response to be followed;
- consent and authorisation relevant to the use of a school-held spare AAI;
- arrangements for educational visits, off-site activities, work experience and transitions; and
- the date of review.

Plans will be reviewed at least annually and sooner where the pupil's condition, medication, risk or school arrangements change. Educate U will use a current healthcare-professional Allergy Action Plan or equivalent clinical plan where available and will not replace individual clinical advice with a generic school-created medical algorithm.

7. Reducing the Risk of Allergen Exposure

The school will use a risk-based approach to reduce avoidable allergen exposure. Controls will reflect the individual pupil's allergy, severity of risk and the activity or environment.

Food and Catering

- Relevant allergen information will be obtained and communicated when food is prepared, supplied or served by the school or an external provider.
- Cross-contact risks will be considered in food preparation and serving arrangements.

- Staff will not rely solely on statements such as “nut free” or “allergen free”; individual risk information and food labelling will be considered.
- Packed lunches and food brought into school may be subject to reasonable risk-reduction measures where a known allergy creates a significant risk.
- Pupils will be discouraged from sharing food, drinks or eating utensils where this creates an allergy risk.
- Hand washing and appropriate cleaning of food-contact surfaces will be promoted.

Curriculum and School Activities

Known allergies will be considered when planning cooking, science, sensory activities, art and craft, rewards, celebrations, animals, gardening, outdoor learning, Forest School and other activities where exposure may occur. Staff must check relevant allergy information and individual plans before higher-risk activities.

Educational Visits, Off-Site Provision and Work Experience

A child or young person’s allergy should not, in itself, prevent participation. Risk assessments will consider access to medication, staff awareness, emergency arrangements, travel time to medical assistance, food provision and known environmental triggers. Where required, the Group Leader will confirm allergen arrangements with food providers and ensure that a person able to follow the pupil’s emergency plan is available.

Prescribed emergency medication must accompany the pupil and remain accessible. The school will not rely on medication remaining at another school site.

Multi-Site Arrangements

Because Educate U operates across more than one site, allergy-safety arrangements will be considered on a site-by-site basis. Each relevant site will have appropriate access to current allergy information, emergency medication and staff who understand the required response. The location and number of emergency AAIs will take account of the layout and response time within each site.

7.

8. Allergy Types

Allergic reactions can vary widely between pupils and may be triggered by a range of substances. Common allergy types include food allergies (e.g. nuts, dairy, eggs, wheat, soya, sesame, shellfish), environmental allergies (such as pollen, dust mites, mould, or animal dander), insect sting allergies, medication allergies, and contact allergies (for example latex or certain skincare products). Reactions may range from mild symptoms, such as itching or rashes, to severe and potentially life-threatening anaphylaxis.

Allergy	Description, symptoms and management

Nut Allergy	A nut allergy is an allergic reaction to the proteins found in tree nuts or peanuts, which can cause a range of symptoms from mild to severe. Despite peanuts being legumes, they are often grouped with tree nuts (such as almonds, walnuts, cashews, and hazelnuts) due to similar allergic reactions. **Symptoms of a nut allergy** can include: • Skin reactions, such as hives, redness, or swelling • Itchy mouth, throat, or skin • Digestive issues like stomach cramps, nausea, or vomiting • Breathing difficulties, such as wheezing, coughing, or shortness of breath • Severe reactions like anaphylaxis, which can cause throat swelling, difficulty breathing, a drop in blood pressure, and loss of consciousness Anaphylaxis is a potentially life-threatening reaction that requires immediate treatment, typically with an epinephrine injection (e.g., EpiPen), followed by emergency medical care. For individuals with nut allergies, avoiding nuts is crucial. This includes being cautious of cross-contamination, as even tiny traces of nuts can trigger a reaction. It's essential for individuals with nut allergies, especially children, to be vigilant about their food intake, always check food labels, and inform those around them, including schools, caregivers, and restaurants. Having an emergency action plan in place, along with carrying an epinephrine auto-injector, is key to managing the risk effectively. **Important** • If the school is aware of a child/staff member who suffers a nut allergy, the school team will be made aware of our Allergy and Anaphylaxis policy and will be requested to eliminate nuts and food items with nuts as ingredients from meals as far as possible. This does not extend to those foods labelled "may contain traces of nuts". • Children/staff are encouraged to self-manage their allergy as far as possible in preparation for life after school where nut-free environments are rare.
Egg Allergy	An **egg allergy** is an immune system reaction to the proteins found in eggs, particularly in the egg whites, though some individuals can also react to the yolk. It is one of the most common food allergies, especially in young children, though many outgrow it as they age. **Symptoms of an Egg Allergy** The symptoms of an egg allergy can vary from mild to severe and typically develop soon after eating eggs or foods containing egg proteins. These symptoms can include: • **Skin reactions:** Hives, redness, or swelling around the face, lips, or mouth • **Digestive issues:** Stomach cramps, nausea, vomiting, or

	diarrhoea • **Respiratory issues:** Wheezing, coughing, nasal congestion, or shortness of breath • **Anaphylaxis:** A severe, life-threatening allergic reaction that can cause swelling of the throat, difficulty breathing, a drop in blood pressure, dizziness, or loss of consciousness. Anaphylaxis requires immediate treatment with an epinephrine injection and emergency medical care. **Managing an Egg Allergy** The best way to manage an egg allergy is to **avoid eggs** and any food products that contain egg proteins. Eggs are common ingredients in many foods, including baked goods, sauces, and processed foods. Therefore, individuals with an egg allergy must be diligent about reading food labels and asking about ingredients when dining out. It's essential for individuals with a severe egg allergy to **carry an epinephrine auto-injector** (e.g., EpiPen) at all times in case of accidental exposure. Schools, caregivers, and those close to the individual should be informed about the allergy and trained on how to respond if a reaction occurs. **Cross-Contamination Risk** Eggs are often used in cooking and food preparation, so there's a risk of cross-contamination, where trace amounts of egg can end up in foods that should be egg-free. This is particularly a concern in shared kitchens, restaurants, and food production facilities. Vigilance is key to preventing accidental exposure. In some cases, people with an egg allergy may also react to other foods in the same family, such as **poultry** (chicken, turkey) or **other avian eggs** (duck, quail), due to similar proteins. **Important:** Children/staff with egg allergies are managed in consultation with the parents on a case-by-case basis.
Dairy Allergy	A **dairy allergy** (also known as a milk allergy) occurs when the immune system mistakenly identifies proteins in milk, such as **casein** and **whey**, as harmful and reacts to them. Unlike lactose intolerance, which is a digestive issue, a dairy allergy is an immune response that can cause a range of symptoms, some of which can be severe. **Symptoms of a Dairy Allergy** The symptoms can range from mild to life-threatening and may occur shortly after consuming dairy products. Common symptoms include: • **Skin reactions:** Hives, eczema, swelling around the lips or face • **Digestive issues:** Stomach cramps, nausea, vomiting, or diarrhoea • **Respiratory issues:** Wheezing, coughing, nasal congestion, or difficulty breathing • **Anaphylaxis:** A severe allergic reaction, which can cause throat

	swelling, difficulty breathing, a drop in blood pressure, dizziness, or loss of consciousness. Anaphylaxis requires immediate treatment, usually with an epinephrine injection (e.g., EpiPen). **Managing a Dairy Allergy** The primary method of managing a dairy allergy is to **avoid all dairy products**, including milk, cheese, butter, yogurt, and anything made with milk-based ingredients. Since dairy is commonly found in processed foods, baked goods, and many packaged items, reading food labels carefully is essential. Some foods, such as non-dairy milk alternatives (e.g., almond milk or oat milk), can be suitable substitutes, but it's important to ensure they don't contain hidden dairy ingredients. For those with a **severe dairy allergy**, it's important to carry an **epinephrine auto-injector** at all times in case of accidental exposure. Family, friends, teachers, and caregivers should also be informed of the allergy and trained on how to respond to a potential reaction. **Cross-Contamination Risk** Cross-contamination can be a concern, especially when eating in shared kitchens or restaurants where dairy products may come into contact with non-dairy foods. It's important to ask about food preparation methods to minimise this risk and ensure that no dairy proteins have been introduced. **Dairy-Free Alternatives** Thankfully, there are many dairy-free alternatives available, from plant-based milks (like soy, almond, coconut, and oat) to dairy-free cheese and yogurt products. **Important:** Children/staff with dairy product allergies are managed in consultation with the parents on a case-by-case basis.
Pea and Legume Allergy	A pea and legume allergy refers to an allergic reaction triggered by certain types of legumes, including peas, lentils, beans, and chickpeas. These foods contain proteins that can cause the immune system to overreact, leading to symptoms that range from mild (such as hives or swelling) to severe, life-threatening reactions (like anaphylaxis). Symptoms of a pea and legume allergy can include: • Skin reactions (hives, itching, swelling) • Digestive issues (stomach cramps, nausea, vomiting, or diarrhoea) • Respiratory problems (wheezing, coughing, shortness of breath) • Anaphylaxis (a severe allergic reaction that can cause difficulty breathing, low blood pressure, and loss of consciousness) Since legumes are a common ingredient in many dishes, especially in vegetarian and plant-based foods, it's important for individuals with this allergy to read food labels carefully and ask about ingredients when dining out. Anaphylaxis, which is a medical emergency, can be life-threatening and

	requires immediate treatment, often with an injection of epinephrine (adrenaline). It's essential for those with a pea or legume allergy to carry either / or - an epinephrine auto-injector (such as an EpiPen) at all times and inform others, including school staff and caregivers, about their allergy. - Clinically prescribed anti-histamine medication. **Important:** Children/staff with pea and legume allergies are managed in consultation with the parents on a case-by-case basis.
Latex Allergy	A **latex allergy** occurs when the immune system reacts to proteins found in **latex**, a natural rubber made from the sap of the rubber tree. Latex is commonly used in products such as gloves, balloons, medical devices, and household items. This allergy is relatively common in healthcare workers and individuals who have frequent exposure to latex products. **Symptoms of a Latex Allergy** The symptoms of a latex allergy can range from mild to severe and can occur immediately after contact with latex products. They include: • **Skin reactions:** Itching, redness, hives, or swelling, often at the site of contact (e.g., hands after wearing latex gloves) • **Respiratory issues:** Sneezing, runny nose, coughing, or wheezing, particularly in response to latex particles in the air (such as when latex gloves are powdered) • **Eye irritation:** Itchy, watery eyes or swelling around the eyes • **Anaphylaxis:** A severe, life-threatening allergic reaction that can cause throat swelling, difficulty breathing, a drop in blood pressure, dizziness, or loss of consciousness. Anaphylaxis requires immediate treatment with an epinephrine injection and emergency medical attention. **Managing a Latex Allergy** The key to managing a latex allergy is **avoiding all latex-containing products**. This includes: • **Latex gloves** (often used in healthcare, cleaning, or food handling) • **Balloons** (especially rubber balloons) • **Medical devices** such as catheters, tubing, or bandages that may contain latex • **Personal care products** like condoms, diaphragms, or rubber bands • **Everyday household items** such as erasers, rubber bands, or certain types of footwear For people with a latex allergy, it's important to inform healthcare providers, teachers, and caregivers about the allergy to avoid accidental exposure to latex products. Medical facilities can often provide **latex-free environments** or use alternatives such as synthetic gloves and

	equipment. **Cross-Reactivity** There is also a phenomenon known as **latex-fruit syndrome**, where people with latex allergies may also react to certain fruits that contain similar proteins to those found in latex. These fruits can include: • Bananas • Avocados • Chestnuts • Kiwis • Papayas • Passion fruit This is due to the **cross-reactivity** between the proteins in latex and these fruits, though not everyone with a latex allergy will have reactions to these foods. **Epinephrine and Emergency Plan** For individuals with a severe latex allergy, it is crucial to **carry an epinephrine auto-injector** (e.g., EpiPen) at all times in case of accidental exposure. Having an emergency action plan and ensuring that those around the individual are aware of the allergy can prevent a potentially dangerous situation. **Prevention** Avoiding latex exposure is the most effective way to prevent allergic reactions. This may involve: • Asking for **latex-free** gloves, medical devices, and equipment in healthcare settings • **Reading labels** carefully for hidden latex ingredients, particularly in products like cosmetics, personal care items, and toys • Avoiding places where latex balloons or other latex-containing items are common **Important** If a child/staff member is allergic to latex they should avoid contact with some everyday items including, rubber gloves (unless latex free), balloons, pencil erasers, rubber bands, rubber balls, and tubes and stoppers used for science experiments
Insect Sting Allergy	An **insect sting allergy** is a type of allergic reaction triggered by the venom injected into the body during a sting from certain insects, such as **bees**, **wasps**, **hornets**, **yellowjackets**, and **fire ants**. These insects release venom that can cause an immediate immune system response in sensitive individuals, ranging from mild discomfort to severe, life-threatening reactions like anaphylaxis. **Symptoms of an Insect Sting Allergy** The symptoms of an insect sting allergy can vary depending on the individual's sensitivity to the venom. Common reactions include: • **Local reactions** (at the site of the sting):

- Pain, swelling, redness, and itching
- Raised, welt-like bumps
- Tenderness around the sting area

- **Systemic reactions** (affecting the body beyond the sting site):
  - Swelling in areas away from the sting site, such as the face or throat
  - Itchy skin or hives
  - Difficulty breathing, wheezing, or coughing
  - Dizziness or faintness
  - Rapid heartbeat or a drop in blood pressure
- **Anaphylaxis** (a severe, life-threatening allergic reaction):
  - Swelling of the throat or tongue, making it hard to breathe
  - Tightness in the chest or throat
  - Nausea, vomiting, or abdominal pain
  - Loss of consciousness or shock

Anaphylaxis requires immediate treatment with an **epinephrine injection** (e.g., EpiPen) and urgent medical care.

Managing an Insect Sting Allergy

If you have a known insect sting allergy, the most important management strategy is **avoiding stings**. Here are key steps to manage the allergy:

- **Avoid high-risk areas**: Stay clear of areas where stinging insects are common, such as flower gardens, fruit trees, trash bins, or outdoor events. Avoid wearing brightly coloured clothes or strong scents, as these can attract insects.
- **Carry an epinephrine auto-injector**: If prescribed by a doctor, always carry an **epinephrine auto-injector** to quickly treat anaphylaxis in case of a sting. Make sure you and those around you are familiar with how to use it.
- **Desensitisation (immunotherapy)**: In some cases, people with severe insect sting allergies may be advised to undergo **allergen immunotherapy** (or allergy shots). This treatment involves gradually increasing exposure to small amounts of insect venom, which can help build immunity over time and reduce the severity of allergic reactions.
- **Wear protective clothing**: If you need to be in areas where insects may be present, wear long sleeves, long pants, and closed-toe shoes. Consider wearing a veil or netting to protect your face.

Treatment for Insect Stings

- **Mild reactions** can be treated by removing the sting (if visible), cleaning the sting site, and applying a cold compress to reduce swelling. Over-the-counter antihistamines and anti-itch creams may help manage mild symptoms.
- **Severe reactions** require the use of an epinephrine injection and immediate emergency care, as anaphylaxis can escalate rapidly.

Emergency Response Plan

It's important to have an emergency action plan in place if a child or staff

	member has a history of severe insect sting reactions. This plan should include: • Immediate use of epinephrine for severe reactions • Calling emergency services right away • Staying calm and monitoring the individual's symptoms until medical help arrives **Prevention** Avoiding insect stings is the best way to prevent an allergic reaction. This can include: • Keeping food and drinks covered when outdoors to avoid attracting insects • Being cautious when near areas that are likely to have stinging insects, such as nests or beehives • Seeking medical advice about immunotherapy or using preventive medications **Important** • Diligent management of wasp, bee and ant nests on School grounds and proximity. This must include the effective system for staff reporting to management, and a system of timely response to eradicating nests. • Education of staff and students to report any above normal presence of wasps, bees or ants in all areas of the school.
Seafood Allergy	A seafood allergy is an adverse immune response to proteins found in fish (such as salmon, tuna, or cod) and/or shellfish (including crustaceans like prawns and crab, and molluscs such as mussels and squid). Seafood allergies are often lifelong and can be severe. Some individuals may be allergic to one type (fish or shellfish) but not the other; however, cross-contamination poses a significant risk. Symptoms: Symptoms may appear rapidly after exposure and can include: • Itching, hives, rash, or swelling of the lips, face, or throat • Gastrointestinal symptoms such as nausea, vomiting, or abdominal pain • Respiratory symptoms including coughing, wheezing, shortness of breath, or throat tightness • Dizziness or collapse • In severe cases, anaphylaxis, which is a medical emergency Management focuses on strict avoidance of seafood and preventing cross-contamination. Individual Healthcare Plans (IHPs) must be in place for pupils with a diagnosed seafood allergy and shared with relevant staff. Staff must follow food safety procedures, ensure clear communication around meals and activities, and recognise early signs of an allergic reaction. Where prescribed, adrenaline auto-injectors (EpiPens) must be readily accessible, and emergency procedures followed immediately if a reaction is suspected.

9. DfE Guidance on Adrenaline Auto-Injectors (AAIs)

Department for Education (DfE) guidance states that schools may hold spare adrenaline auto-injectors (AAIs), such as EpiPens, for use in emergency situations involving pupils who are at known risk of anaphylaxis. Spare AAIs are intended as a back-up emergency measure and must only be used where the pupil has a prescribed AAI, written parental consent, and medical authorisation in place. These details must be clearly recorded within the pupil's Individual Healthcare Plan (IHP), which should be completed with input from a healthcare professional and held on the school's allergy register.

DfE guidance is explicit that spare AAIs must not be administered to pupils who have not been prescribed an AAI. In cases where a pupil experiences a suspected severe allergic reaction but does not meet the criteria for use of a spare AAI, staff must immediately contact emergency services (999) and follow their advice. Schools are expected to ensure staff are trained to recognise the signs of anaphylaxis, understand emergency procedures, and appreciate that younger children may have difficulty describing their symptoms.

Spare Emergency AAI– Staff Guidance

DO:

- **DO** only administer a spare emergency AAI/EpiPen to a pupil known to be at risk of anaphylaxis.
- **DO** check that medical authorisation and written parental consent are in place and recorded in the pupil's Individual Healthcare Plan (IHP).
- **DO** call **999 immediately** in all cases of suspected anaphylaxis, whether or not an EpiPen has been administered.
- **DO** follow training and the pupil's IHP, and stay with the pupil until emergency services arrive.
- **DO** be aware that younger children may struggle to explain symptoms and rely on observed signs.

DO NOT:

- **DO NOT** administer a spare emergency EpiPen to a pupil who does not have an EpiPen prescribed.
- **DO NOT** use a spare EpiPen without confirmed medical authorisation and parental consent.
- **DO NOT** delay calling emergency services while deciding whether to administer medication.
- **DO NOT** assume symptoms are mild if there is any concern of anaphylaxis.

Educational Visits Guidance

The Group Leader will check with any food provider (including ourselves) and ensure 'safe' food is provided, or that an effective control is in place to minimise risk of exposure for people with allergies.

Where a student/staff member is prescribed EpiPen the Group Leader will ensure they or

another supervising staff member is trained in the use of the EpiPen, and capable of performing any possible required medical treatment as outlined in the Students Health Care Plan.

Parents should ensure the students has his/her/their EpiPen on the visit, and that he/she/they will be responsible for its security. Staff are responsible for their own EpiPen and its security. If in doubt over the risk of a student with an allergy taking part on an education visit the Group Leader should seek advice from the Parent or dedicated First Aider.

10. Additional Guidance

We will promote food allergy information (including anaphylaxis) through PSHE lessons. The question of banning anything in schools is, of course itself controversial. We live in a world that is contaminated with potential allergens. Anaphylactic children must learn to avoid specific triggers. While the key responsibility lies with the anaphylactic individual and his family, the school community must also be aware of the risks and consequences. In our school, the significant allergies are to peas, legumes, nuts and bees. The school policy is that nuts should not knowingly be used in any area of the curriculum. Whilst this does not guarantee a nut- free environment as traces of nuts are found in a great deal of foodstuffs it will certainly reduce the chances of exposure to people with allergies.

It is important than no one is complacent about allergen exposure around the school and students, staff and parents will be informed of the potential harm of nuts and peanuts to people in school. In addition the school recognises that there are allergies to other foods/materials and to insect stings. In short, while the aim is to significantly diminish the risk of accidental exposure to known food and other allergens it can never be completely removed.

All information relating to allergies will be stored on Bromcom, our information management system.

We will encourage our students to develop the skills needed to keep themselves safe by:

- Developing a relationship with the school first-aider or trusted adult to assist in identifying issues related to the management of the allergy in school.
- Taking responsibility for avoiding food allergens, including informing staff of his/her allergy attimes of potential risk
- Learning to recognise personal symptoms.
- Being proactive in the care and management of their own allergies and reactions.
- Keeping emergency medications where appropriate, in the first aider's office or in an agreedsuitable location. This may include carrying the medication with them at all times.
- Notify an adult if they are being picked on or threatened by other students as it relates totheir food allergy.
- Developing an awareness of their environment and likely allergen zones.

- Knowing the overall Student Health Care Plan and understand the responsibilities of the plan.
- Develop greater independence to keep themselves safe from anaphylactic reactions.

Students and staff will be encouraged to

- Wash hands before and after eating and throughout the school day.
- Avoiding sharing or trading of foods or eating utensils with others.
- Avoiding eating anything with unknown ingredients or known to contain any allergen.
- Eating only food which brought from home unless it is packaged, clearly labelled andapproved by their parents.
- Placing food on a napkin rather than in direct contact with a desk or table.
- Notifying an adult immediately if they eat something they believe may contain the food towhich they are allergic.

11. Staff Training

All staff will receive appropriate allergy-awareness training. Training will form part of induction and will be refreshed at appropriate intervals. Training will cover, as relevant:

- common allergens and routes of exposure;
- recognising allergic reactions and anaphylaxis;
- understanding that symptoms may present differently in individual pupils;
- the school's emergency procedures;
- the location and accessibility of AAIs;
- risk reduction and prevention;
- the role of IHPs and Allergy Action Plans;
- allergy-related bullying and inclusion; and
- reporting incidents and near misses.

Staff who may be required to administer an AAI will receive appropriate practical instruction and will be expected to act in accordance with their training and the pupil's individual plan. The school will maintain records of allergy training.

12. Inclusion, Wellbeing and Allergy-Related Bullying

Educate U will support pupils with allergies to participate as fully as possible in education and school life. Risk management should focus on making activities safe rather than excluding a pupil unnecessarily.

Allergy-related teasing, intimidation or bullying will not be tolerated. Deliberately exposing, threatening to expose, or pretending to expose a pupil to a known allergen will be treated seriously and managed in accordance with the school's Behaviour and Anti-Bullying Policies. Safeguarding procedures will be followed where the circumstances indicate a safeguarding concern.

13. Allergy Incidents and Near Misses

All allergy-related incidents and significant near misses will be recorded. This includes situations where:

- an allergic reaction occurs;
- an AAI or other emergency medication is administered;
- emergency services are contacted;
- a pupil is exposed or believed to have been exposed to a known allergen; or
- an event occurs which could reasonably have resulted in serious harm.

Following a serious incident or significant near miss, the Allergy Safety Lead will coordinate a proportionate review. This will consider whether individual plans and risk controls were followed, whether changes are required to an IHP, Allergy Action Plan or risk assessment, whether staff require further training, and whether wider school procedures need amendment.

Parents/carers will be informed of incidents involving their child as appropriate. Relevant lessons will be communicated to staff and recurring themes will be monitored.

14. Information Sharing and Confidentiality

Allergy information will be shared on a need-to-know basis with staff and others who require it to keep the pupil safe. This may include teachers, teaching assistants, supply or agency staff, catering staff, trip leaders, work-experience providers and other relevant adults.

Essential allergy information may include a pupil photograph where this supports safe identification. Information will be stored and shared in accordance with the school's data-protection arrangements. Confidentiality will not be used as a reason to withhold essential safety information from a person responsible for the pupil.

15. Policy Publication, Communication and Review

This policy will be published on the Educate U website and made available to pupils, parents/carers, staff and other members of the school community as appropriate.

The school will bring the policy and key allergy-safety arrangements to the attention of staff at least annually and when significant changes are made. Relevant information will also be communicated to children and young people, parents/carers and others working within the school as appropriate.

The policy will be formally reviewed at least annually and sooner where there is a significant change in legislation or guidance, following a serious allergy-related incident or near miss, or where school arrangements materially change.

16. Roles and Responsibilities

Proprietor / Directors

- Ensure appropriate allergy-safety arrangements are in place and

reviewed.
- Ensure sufficient resources are available to implement this policy.
- Receive appropriate assurance about serious allergy incidents, near misses and actions taken.

Headteacher
- Has overall responsibility for implementation of this policy.
- Will designate a suitably senior Allergy Safety Lead and ensure clear site-level arrangements.
- Will ensure allergy safety is integrated into relevant school systems, risk assessments, induction and training.

Allergy Safety Lead
- Coordinate implementation and annual review of this policy.
- Oversee the school allergy register and ensure it is kept current.
- Ensure Individual Healthcare Plans and Allergy Action Plans are in place where required and shared with relevant staff.
- Oversee staff allergy-awareness training and records of training.
- Oversee arrangements for storage, accessibility, checking and replacement of school-held emergency AAIs.
- Ensure appropriate information is available to staff at each site and during off-site activities.
- Review allergy-related incidents and significant near misses and ensure lessons are acted upon.
- Liaise with parents/carers, healthcare professionals and other relevant agencies where necessary.

First Aid / Medically Trained Staff
- Support safe storage and checking of medication where allocated.
- Respond to medical emergencies in accordance with training, the pupil's individual plan and this policy.
- Record treatment and actions taken in accordance with school procedures.

All Staff
- Complete required allergy-awareness training.
- Familiarise themselves with the allergy arrangements for pupils in their care.
- Know how to obtain emergency medication without delay.
- Follow Individual Healthcare Plans, Allergy Action Plans and agreed risk-control measures.
- Take reasonable steps to prevent avoidable allergen exposure.
- Call 999 immediately where anaphylaxis is suspected and follow emergency procedures.
- Report allergy incidents, significant near misses, medication concerns or unsafe practice.
- Respond promptly to allergy-related bullying, teasing, intimidation or deliberate exposure.

Parents and carers are responsible for:

- Providing ongoing, accurate and current medical information in writing to the school. Whilstthe school will play a role in reminding parents when information etc requires updating this responsibility lies wholly with the parents.
- Completion of the student's Health Care Plan where appropriate. The school will seek updated information via a student's Health Care Plan at the commencement of each calendar year, to which parents are required to respond. Furthermore, should a child develop a condition or have a change in condition the parents must advise the school of the fact, and details to be clarified accordingly in the student Health Care Plan.
- Providing written advice from a doctor, which explains the child's allergy, defines the allergy and reaction, and any required medication, including completion of an action plan with supporting photographic or other evidence.
- Supplying EpiPens and medication timeously
- Ensuring medication is replaced as necessary i.e on change of dose or expiry date.
- Surplus/expired medication is collected at the end of each academic year.
- Ensuring all medication has the original pharmacy label attached stating the student's name,date of birth and dose.
- Highlighting any classes/topics or activities which in the parent's view may need to be avoided
  or flagged up as 'high risk' e.g., food preparation and in science lessons.
- Contacting the school promptly where should this information/advice appears not be followed.
- Ensuring, including monitoring their use by dates and replacing medication where necessary.
- Providing appropriate foods to be consumed by the child if necessary.

Parents should also teach their child with allergies to:

- Recognise the first symptoms of a food allergic/anaphylactic reaction.
- Communicate with school staff as soon as he/she/they feels a reaction is starting.
- Carry his/her/their own EpiPen where appropriate.
- Not share snacks, lunches, drinks or utensils.
- Understand the importance of hand washing before and after eating.
- Report to the school's dedicated first-aider or a member promptly when he/she/they feels anallergic/anaphylactic reaction is beginning

Children and Young People

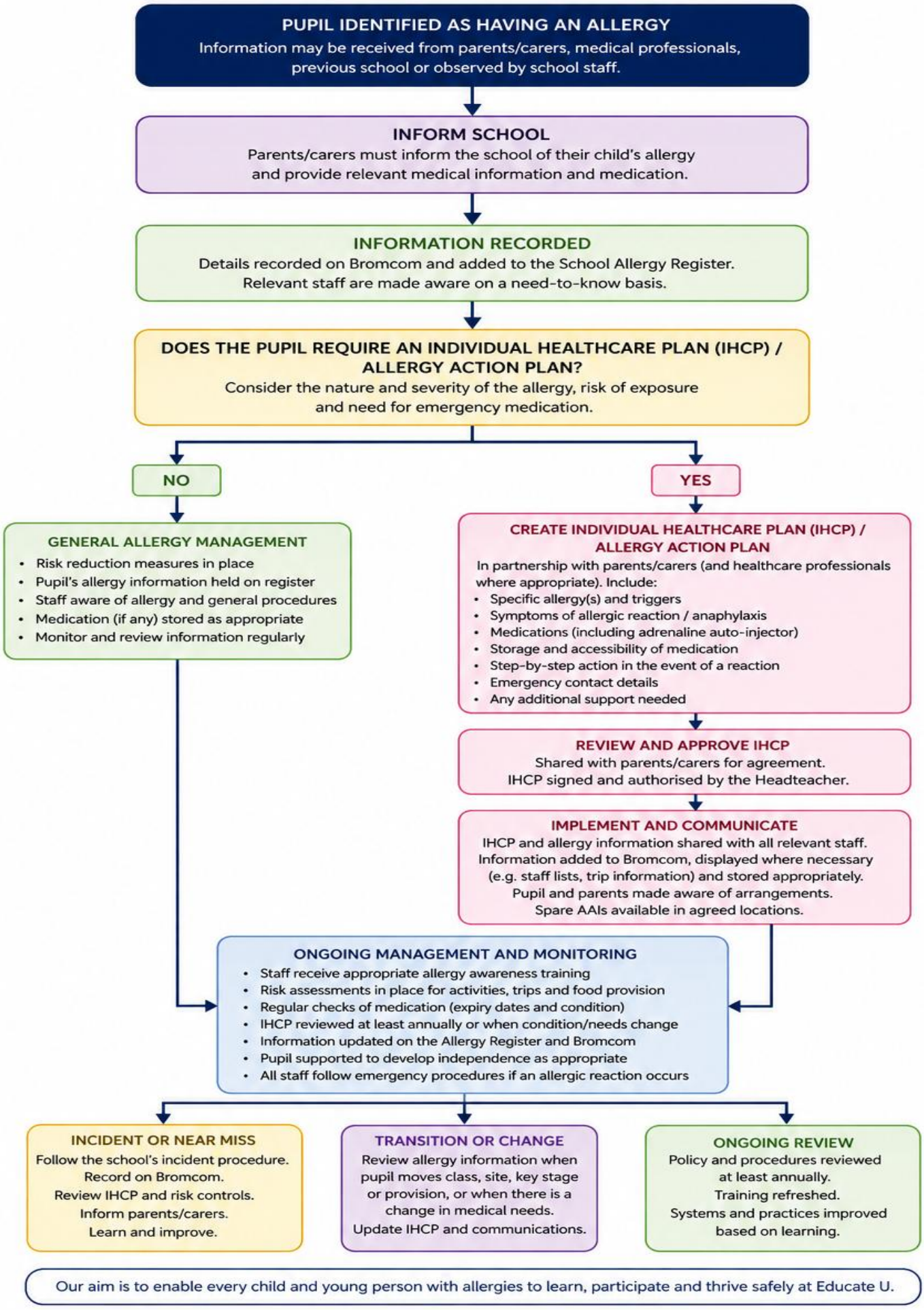
Children and young people will be supported, according to their age, understanding, communication needs and individual circumstances, to participate in managing their allergy safely. Where appropriate, this may include

recognising symptoms, informing staff, avoiding known allergens, not sharing food or utensils, carrying their own prescribed AAI and developing increasing independence.

17. Related School Policies and Documents

- Medication Policy
- First Aid Policy
- Health and Safety Policy
- Behaviour Policy
- Anti-Bullying Policy
- Safeguarding / Child Protection Policy
- Educational Visits / Learning Outside the Classroom procedures
- Individual Healthcare Plans and Allergy Action Plans
- School allergy register and medication records
- Relevant pupil and activity risk assessment

APPENDIX 1: Management of Allergies Flowchart



APPENDIX 2: DEFINITIONS

- Allergen – A normally harmless substance that triggers an allergic reaction in the immune system of a susceptible person.
- Allergy - A condition in which the body has an exaggerated response to a substance (e.g. food or drug). Also known as hypersensitivity.
- Allergic reaction – A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, generalised flushing of the skin, tingling around the mouth, swelling of tissues of the throat and mouth, difficulty breathing, abdominal pain, nausea and/or vomiting, alterations in heart rate, sense of impending doom, sudden feeling of weakness, collapse and unconsciousness.
- Anaphylaxis – Anaphylaxis, or anaphylactic shock, is normally a sudden, severe and potentially life-threatening allergic reaction to food, stings, bites, or medicines though a delayed reaction is possible in certain cases.
- EpiPen – Brand name for syringe style device containing the drug adrenaline which is ready for immediate intramuscular administration.
- Minimised Risk Environment - An environment where risk management practices have minimised the risk of (allergen) exposure to a reasonable level. Not an allergen free environment.
- Anaphylaxis Health Care Plan – A detailed document outlining an individual student's condition, treatment, and action plan for location of EpiPen.
- Management System – A record system managed by the person in charge which describes the individual student medical care plans and the particular members of staff who will need to be trained and informed of these plans.

APPENDIX 3: Severe Allergies Health Plan

This plan was last updated on _____

Student's Staff members Full Name		Attach Photo H ere
Date of Birth		
Full Address including postcode		

This plan should be completed by the student's parent/guardian and approved by his/her doctor.

Name of Parent/Guardian	
Signature	
Date	
Full Address (if different from the addressof the above-mentioned pupil)	
Relationship to Pupil	
Home Telephone number	
Mobile number	
Email address	

Name of approving doctor	
Full Address	
Doctor's signature (A letter detailing medication/care and signed by the doctor/hospitalconsultant or specialist nurse can replace the signature)	
Date	

Once completed, the parent/guardian is responsible for taking a copy of this School Health Care Planto all relevant hospital/doctors appointments for updating.

Student/staff Health Care Plan Overview

To be issued to all teachers and classroom support staff

Full Name	
Year Group	
Class	
The above named student is allergic to	

Attach Photo Here

Details of Symptoms (Please tick)

- ☐ Itching
- ☐ Red blotchy rash
- ☐ Tingling/burning sensation in mouth
- ☐ Tingling/burning sensation in lips
- ☐ Swelling of lips
- ☐ Swelling of eyes
- ☐ Swelling of face
- ☐ Swelling round any sting
- ☐ Increased rate of breathing
- ☐ Behaviour change, less responsive or confused

Any other symptoms?

Please list them below.

Details of Medication

Medication	Dose	Comment to be entered by Doctor or Parent/Guardian
☐ Antihistamine		
☐ Ventolin (Salbutamol)		
☐ Inhaler		
☐ EpiPen		

Parent/Guardian Permission

I wish my child to have the medication/care detailed in this care plan and I accept that the emergency services will be summoned as required in the event that the school staff is unable to administer the plan at any time where appropriate.

Signature of Parent/Guardian ..... Date .....

Pupil Permission (If appropriate)

I agree to the care arrangements as detailed in this plan

Name of Pupil .....

Signature of Pupil ..... Date .....

Designated Member of staff

I agree to this plan being administered in school. The medication will be administered by members ofstaff that have been made aware of the procedures to follow.

In the event that these procedures cannot be implemented at any time the school will follow advicereceived from the health professional in summoning the emergency service as appropriate.

Designated Member of Staff .....

Signature ..... Date .....

EDUCATE U
INCLUSIVE EDUCATION

ALLERGY TREATMENT ACTION PLAN

For [Pupil Name]

Insert Photo (optional)

Date of Birth: _____ Class / Tutor Group: _____

Allergy(ies): _____ Date Plan Completed: _____

Other Medical Conditions: _____

Name of GP / Hospital: _____ Review Date: _____

THIS PLAN IS FOR THE INDIVIDUAL NAMED ABOVE

This child/young person has an allergy that could cause a severe allergic reaction (anaphylaxis)

1. RECOGNISE THE SIGNS OF ALLERGIC REACTION

Symptoms may include (but are not limited to):

Skin: hives, itch, flushing, swelling of face or lips

Nose: itching, runny nose, sneezing

Mouth: itching or swelling of lips or tongue

Breathing: cough, wheeze, tight chest, difficulty breathing

Gut: stomach pain, nausea, vomiting, diarrhoea

Other: feeling of doom, pale, drowsy, dizzy

2. ASSESS – IS IT ANAPHYLAXIS?

Look for ANY ONE of the following:

Severe difficulty breathing or wheeze **OR** Swelling of tongue or throat **OR** Becoming pale, floppy, unresponsive or collapsed

NO → MILD / MODERATE REACTION

YES → ANAPHYLAXIS (SEVERE REACTION)

3A. ACTION FOR MILD / MODERATE REACTIONS

(Symptoms affecting skin, nose, eyes or mouth **ONLY**)

- ☐ Stay with the child / young person and call for help.
- ☐ Give antihistamine: _____
  Dose: _____
- ☐ Comfort and monitor closely.
- ☐ If symptoms worsen or do not improve within 10–15 minutes, follow steps for anaphylaxis (go to 3B).
- ☐ Continue to inform parents/carers.

3B. ACTION FOR ANAPHYLAXIS – FOLLOW THIS PLAN IMMEDIATELY

1 

GIVE ADRENALINE AUTO-INJECTOR (AAI) IMMEDIATELY

- Remove from case.
- Remove safety cap.
- Place black end against outer mid-thigh (through clothing if necessary).
- Push down firmly until a click is heard.
- Hold in place for **10 seconds**.

2 

CALL 999 – REQUEST AN AMBULANCE

- Say "Anaphylaxis".
- Confirm the child/young person's location.
- Do not delay calling 999.

3 

LAY FLAT

- Lay the child/young person flat.
- Raise legs unless this makes breathing difficult.
- If breathing is difficult, allow them to sit.

4 

MONITOR CLOSELY

- Stay with the child/young person at all times.
- If no improvement after **5 minutes** and symptoms continue or worsen, give a **SECOND** adrenaline auto-injector.

5 

INFORM PARENTS / CARERS

- As soon as possible.

4. AFTER THE REACTION

- ☐ The child/young person must be taken to hospital for assessment even if symptoms improve.
- ☐ Inform parents/carers as soon as possible.
- ☐ Record the incident (see 5a) and review Individual Healthcare Plan.
- ☐ Restock any used medication.
- ☐ Review what happened to help prevent future reactions.

MEDICATION DETAILS

AAI Brand: _____

Antihistamine: _____

Other Medication: _____

5a. INCIDENT RECORD

To be completed after any allergic reaction (severe or mild).

- ☐ Complete Allergic Reaction Record Form.
- ☐ Add to Bromcom.
- ☐ Inform Allergy Safety Lead.
- ☐ Share learning as appropriate.

5b. COMMUNICATION

- ☐ Ensure all relevant staff are aware.
- ☐ Inform supply/agency staff.
- ☐ Inform trip leaders and work experience supervisors.
- ☐ Update information when needs change.

5c. LOCATIONS OF MEDICATION

- ☐ Prescribed medication: _____
- ☐ Spare AAIs: _____
- ☐ Other emergency medication: _____

All medication is stored in an accessible location known to all relevant staff.

Plan agreed by (Parent/Carer): _____ Date: _____ Signature: _____

Headteacher / ALNCO / Allergy Lead: _____ Date: _____ Signature: _____

This plan should be read in conjunction with Educate U's Allergy Safety and Anaphylaxis Management Policy.