Allergy & Anaphylaxis Policy

Contents

1. Purpose

Hatton Academies Trust is committed to providing a safe, inclusive and supportive learning environment for all pupils, including those with diagnosed allergies or at risk of anaphylaxis.

The purpose of this policy is to:

- Minimise the risk of pupils experiencing allergic reactions whilst attending an academy or participating in Trust led activities
- Ensure that pupils with allergies are fully included in all aspects of academy life
- Provide a consistent Trust-wide approach to the prevention, recognition and management of allergic reactions and anaphylaxis
- Ensure that all staff are appropriately trained and confident in recognising and responding to allergic reactions, including the administration of adrenaline auto-injectors (AAIs)
- Clarify the roles and responsibilities of Trustees, Trust leaders, academy leaders, staff, parents/carers and pupils
- Ensure compliance with current legislation and Department for Education guidance relating to supporting pupils with medical conditions.

This policy forms part of Hatton Academies Trust's wider arrangements for supporting pupils with medical conditions and should be read alongside the our First Aid Policy, Supporting Pupils with Medical Conditions Policy, Educational Visits Policy, Safeguarding Policy and Health and Safety Policy.

2. Introduction

An allergy is an abnormal response by the body's immune system to a substance (allergen) that is normally harmless. Allergic reactions vary considerably in severity, ranging from mild symptoms such as itching, sneezing or skin rashes to a severe, life-threatening reaction known as anaphylaxis.

Anaphylaxis is a rapidly developing, serious allergic reaction that may affect the airway, breathing and/or circulation (commonly referred to as the ABC symptoms). Without prompt treatment using adrenaline, anaphylaxis can be fatal.

Common allergens include, but are not limited to:

- Peanuts
- Tree nuts
- Milk
- Eggs
- Sesame
- Fish
- Shellfish
- Wheat
- Soya
- Latex
- Insect venom
- Medicines

- Animal dander
- Pollen

This policy applies to all academies within our Trust, including both primary and secondary provision.

Whilst the operational arrangements at each academy may differ according to pupil numbers, age range, staffing structures and site layout, every academy will comply with the minimum standards set out within this policy.

The policy is primarily concerned with the prevention, management and emergency response to allergies and anaphylaxis affecting pupils. Staff responsibilities under this policy relate primarily to their role in protecting and supporting pupils with allergies. Separate arrangements apply where an employee has an allergy or other medical condition affecting their own health and safety at work.

Each academy will maintain a local Academy Operational Appendix which records site-specific information, including:

- Designated Medical Lead(s)
- locations of pupil medication and spare AAIs
- numbers and types of AAIs held
- emergency contact arrangements
- academy specific storage procedures
- any additional local arrangements necessary to implement this policy.

This approach enables the Trust to maintain a single consistent policy whilst allowing individual academies to manage operational arrangements that may change throughout the year without requiring amendment to the Trust policy.

3. Roles and Responsibilities

Hatton Academies Trust recognises that the effective management of allergies and anaphylaxis is a shared responsibility between the Trust, academy leaders, staff, parents/carers, pupils and healthcare professionals.

3.1 Trust Board

The Trust Board is responsible for:

- Approving and reviewing this policy
- Ensuring appropriate governance arrangements are in place to support pupils with allergies and anaphylaxis
- Ensuring sufficient resources are available to enable academies to implement this policy effectively
- Seeking assurance that all academies comply with statutory duties relating to supporting pupils with medical conditions.

3.2 Chief Executive Officer

The Chief Executive Officer is responsible for:

- Ensuring consistent implementation of this policy across all academies within the Trust
- Providing appropriate strategic oversight
- Ensuring Headteachers have the resources necessary to fulfil their responsibilities.

3.3 Principals

Principals are responsible for the day-to-day implementation of this policy within their academy.

This includes ensuring that:

- Appropriate arrangements are in place to support pupils with allergies
- A suitably trained Designated Medical Lead is appointed
- Staff receive appropriate allergy and anaphylaxis training
- Sufficient staff are available to respond to medical emergencies at all times
- Appropriate risk assessments are completed where required
- Parents/carers are engaged in planning support for pupils with allergies
- Incidents are reviewed and any lessons learned are shared.

3.4 Designated Medical Lead

Each academy will appoint a Designated Medical Lead. Depending on local arrangements, this role may be undertaken by the School Nurse, First Aider, Welfare Officer, SENCO or another suitably trained member of staff.

The Designated Medical Lead is responsible for:

- Maintaining an accurate register of pupils with diagnosed allergies
- Ensuring Individual Allergy Action Plans are available, current and readily accessible
- Maintaining records of pupils prescribed adrenaline auto-injectors (AAIs)
- Checking academy held medication at least once each term and reminding parents/carers when replacement medication is required
- Ensuring spare AAIs are checked regularly and replaced before expiry
- Maintaining records of staff training
- Recording, reporting and reviewing allergic reactions, use of medication and near misses
- Liaising with parents/carers and healthcare professionals where appropriate
- Ensuring academy operational arrangements remain current.

3.5 All Staff

All members of staff have a duty of care to act in the best interests of pupils and are responsible for:

- Completing mandatory allergy and anaphylaxis awareness training
- Familiarising themselves with pupils who have known allergies within their area of responsibility
- Taking reasonable steps to minimise exposure to known allergens
- Recognising the signs and symptoms of allergic reactions and anaphylaxis
- Responding promptly in accordance with this policy and the pupil's Individual Allergy Action Plan
- Administering emergency medication when required and within the scope of their training
- Ensuring concerns, incidents and near misses are reported promptly in accordance with academy procedures.

Staff supervising educational visits, sporting fixtures or extracurricular activities must ensure that appropriate medication accompanies the pupil and that emergency arrangements are in place before the activity begins.

3.6 Parents and Carers

Parents and carers are responsible for:

- Informing the academy of any diagnosed allergy or significant allergic reaction as soon as possible
- Providing an up-to-date Individual Allergy Action Plan completed by an appropriate healthcare professional
- Supplying all prescribed medication, ensuring it is clearly labelled and within its expiry date
- Providing replacement medication before expiry
- Informing the academy promptly of any changes to their child's medical condition or treatment
- Working in partnership with academy staff to minimise risks and support their child's participation in academy life.

3.7 Pupils

Where appropriate to their age, understanding and medical needs, pupils are encouraged to:

- Understand their allergy and recognise the early signs of an allergic reaction
- Avoid known allergens wherever reasonably possible

- Inform a member of staff immediately if they believe they have been exposed to an allergen or begin to feel unwell
- Carry their prescribed medication if agreed within their Individual Allergy Action Plan and considered appropriate by parents/carers and healthcare professionals
- Take increasing responsibility for managing their own medical condition as they mature.

3.8 Healthcare Professionals

Healthcare professionals are responsible for:

- Diagnosing allergies and prescribing appropriate medication
- Providing Individual Allergy Action Plans and reviewing these as necessary
- Advising parents/carers and academies on appropriate management where required
- Supporting pupils to develop the knowledge and skills needed to manage their allergy safely

4. Allergy Action Plans

4.1 Individual Allergy Action Plans

Hatton Academies Trust is committed to ensuring that all pupils with diagnosed allergies receive appropriate support to enable them to participate fully and safely in academy life.

Every pupil with a diagnosed allergy requiring medication or additional support must have an up-to-date **Individual Allergy Action Plan (IAAP)**, completed by an appropriate healthcare professional and agreed with the pupil's parent or carer.

The Trust recognises the **British Society for Allergy and Clinical Immunology (BSACI)** Allergy Action Plans as the preferred standard. Alternative healthcare professional produced plans may also be accepted where appropriate.

4.2 Purpose of the Individual Allergy Action Plan

The Individual Allergy Action Plan provides clear guidance for academy staff and includes:

- The pupil's diagnosed allergy or allergies
- Known allergens and triggers
- Typical signs and symptoms of an allergic reaction
- Clear instructions on recognising anaphylaxis
- Details of prescribed medication, including adrenaline auto-injectors (AAIs)
- Emergency treatment procedures
- Consent for academy staff to administer prescribed medication and, where applicable, a spare AAI
- Emergency contact details.

The Individual Allergy Action Plan forms the pupil's individual healthcare plan for allergy management within the academy.

4.3 Responsibilities

Parents and carers are responsible for:

- Providing the academy with an up-to-date Individual Allergy Action Plan
- Notifying the academy promptly of any changes to their child's allergy, treatment or prescribed medication
- Ensuring replacement plans are provided following any medical review or significant change in circumstances.

The Designated Medical Lead will:

- Ensure a current Individual Allergy Action Plan is held for every pupil with a diagnosed allergy
- Ensure plans are readily accessible to staff whilst maintaining appropriate confidentiality
- Ensure relevant staff are familiar with the contents of the plans for pupils in their care
- Review academy records at least annually to confirm plans remain current.

4.4 Review of Plans

Individual Allergy Action Plans will be reviewed:

- Annually
- Following any significant allergic reaction or episode of anaphylaxis
- Whenever there is a change in prescribed medication
- When advised by the pupil's healthcare professional
- Whenever the pupil's medical needs change.

Parents and carers should provide updated documentation as soon as reasonably practicable following any review by their healthcare professional.

4.5 Confidentiality and Information Sharing

Information relating to a pupil's allergy will be shared only with staff who require it to fulfil their duty of care.

Academies will ensure that staff responsible for teaching, supervising, transporting or supporting pupils are aware of relevant allergy information and understand their responsibilities in responding to an allergic reaction.

Information will be managed in accordance with the UK General Data Protection Regulation (UK GDPR), the Data Protection Act 2018 and the Trust's Data Protection Policy.

4.6 Individual Risk Assessments

Where appropriate, an Individual Risk Assessment will be completed alongside the Individual Allergy Action Plan.

Risk assessments may be required where:

- A pupil has experienced previous episodes of anaphylaxis
- There are multiple or complex allergies
- Additional adjustments are required to enable safe participation in academy activities
- The pupil attends educational visits, residential visits or off-site activities
- Academy leaders consider additional control measures are necessary.

Risk assessments will be reviewed alongside the Individual Allergy Action Plan or sooner if circumstances change.

5. Emergency Treatment and Management of Anaphylaxis

Anaphylaxis is a severe, life-threatening allergic reaction that requires immediate treatment with adrenaline.

All staff should be familiar with the signs and symptoms of an allergic reaction and know how to respond promptly and appropriately.

6. Recognition and Response

6.1 Recognising an Allergic Reaction

Symptoms usually develop rapidly following exposure to an allergen, although they may occasionally be delayed.

Mild to Moderate Allergic Reaction

Symptoms may include:

- Itching, tingling or redness of the skin
- Raised itchy rash (urticaria or hives)
- Swelling of the lips, face or eyes
- Tingling or itching inside the mouth
- Abdominal pain, nausea or vomiting
- Sneezing or mild nasal congestion.

A pupil experiencing only mild symptoms must be closely monitored, as symptoms can progress rapidly.

6.2 Recognising Anaphylaxis

Anaphylaxis should always be suspected if a pupil develops any **Airway, Breathing or Circulation (ABC)** symptoms.

Airway

- Swelling of the tongue or throat
- Difficulty swallowing
- Hoarse voice
- Sensation of throat tightening.

Breathing

- Persistent cough
- Wheezing
- Noisy or difficult breathing
- Shortness of breath.

Circulation

- Dizziness or fainting
- Collapse
- Pale, clammy skin
- Confusion or sudden drowsiness
- Loss of consciousness.

Where there is any doubt, staff should treat the reaction as anaphylaxis and administer adrenaline without delay.

6.3 Emergency Response Procedure

If anaphylaxis is suspected, staff must act immediately.

Step 1 – Call for Assistance

- Stay with the pupil.
- Send another adult to collect the pupil's medication or the academy's spare AAI if required.
- Do not leave the pupil unattended.

Step 2 – Administer Adrenaline Immediately

- Administer the adrenaline auto-injector (AAI) without delay.
- Follow the manufacturer's instructions for the specific device.
- Inject into the outer mid-thigh.
- Record the time the AAI was administered.

Adrenaline is the first-line treatment for anaphylaxis and should never be delayed while waiting for an ambulance or parent/carer.

Step 3 – Call 999

Request an ambulance immediately and clearly state:

"This is an anaphylactic reaction."

Provide:

- The academy address
- The pupil's age (if known)
- The time adrenaline was administered

- Details of any second dose given.

Step 4 – Position the Pupil Correctly

The pupil should remain under constant supervision.

- If conscious, they should normally lie flat with their legs raised.
- If breathing is difficult, they may sit with their legs extended, but should not stand or walk.
- If unconscious but breathing normally, place them in the recovery position.
- If the pupil stops breathing or shows no signs of life, commence CPR immediately and continue until emergency services arrive.

The pupil should not be allowed to stand or walk, even if they appear to have recovered.

Step 5 – Administer a Second AAI if Required

If there is no improvement, or symptoms worsen, administer a second AAI after **5 minutes**, if one is available.

Continue to monitor the pupil until the ambulance arrives.

Step 6 – Inform Parents or Carers

Parents or carers should be contacted as soon as it is practical to do so, ensuring that this does not delay emergency treatment or calling 999.

6.4 Following an Anaphylactic Reaction

Every pupil who receives adrenaline must be taken to hospital by ambulance for further assessment and observation, even if symptoms appear to have resolved.

Academy staff will:

- Ensure the used AAI accompanies the pupil where appropriate
- Provide emergency responders with details of the incident and treatment given
- Inform parents or carers if they have not already been contacted
- Record the incident in accordance with academy procedures
- Review the circumstances surrounding the incident to identify any learning or additional control measures
- Update the pupil's Individual Allergy Action Plan and risk assessment where required.

6.5 Recording and Reporting

Following any allergic reaction requiring emergency treatment, the Designated Medical Lead will ensure:

- A written record of the incident is completed
- The administration of medication is recorded
- Parents or carers receive a copy of the incident record where appropriate
- The incident is reviewed to identify any improvements to practice
- Reporting requirements under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), where applicable, are considered and followed.

Near misses should also be recorded and reviewed to support continuous improvement in allergy management across the Trust.

7. Supply, Storage and Care of Medication

Hatton Academies Trust is committed to ensuring that medication required to treat allergic reactions is readily available whenever pupils are in the care of the Trust.

7.1 Prescribed Medication

Parents and carers are responsible for providing all prescribed medication required by their child, including:

- Two prescribed adrenaline auto-injectors (AAIs), where appropriate
- Antihistamines where included within the Individual Allergy Action Plan
- Asthma inhalers where prescribed and identified within the Individual Allergy Action Plan.

All medication supplied must:

- Be in its original packaging
- Be clearly labelled with the pupil's name
- Be within its expiry date
- Be accompanied by a current Individual Allergy Action Plan.

7.2 Carrying Medication

Where appropriate, and following agreement between parents/carers, healthcare professionals and the academy, pupils will be encouraged to carry their prescribed medication with them at all times.

The decision regarding whether a pupil should self-carry medication will take account of:

- The pupil's age
- Level of understanding and maturity
- Ability to recognise symptoms
- Recommendations contained within the Individual Allergy Action Plan.

Where pupils are unable or not yet ready to carry their own medication, the academy will ensure it is stored in an agreed location that is readily accessible at all times.

7.3 Storage of Medication

Each academy will determine the most appropriate storage arrangements based upon:

- The age of pupils
- The layout of the academy
- Accessibility during an emergency
- Individual pupil needs.

Medication must:

- Be accessible within five minutes in an emergency
- Never be locked away or stored where access may be delayed

- Be protected from direct sunlight and extreme temperatures
- Be stored securely to prevent unauthorised access whilst remaining immediately available to trained staff.

Details of medication storage locations will be recorded within the Academy Operational Appendix.

7.4 Medication Checks

The Designated Medical Lead will ensure that academy-held medication is checked at least once each half term to confirm that it:

- Remains in date
- Is correctly labelled
- Is stored appropriately
- Corresponds with the current Individual Allergy Action Plan.

Parents and carers will be notified in advance when replacement medication is required.

7.5 Disposal of Medication

Used or expired adrenaline auto-injectors are clinical sharps and must be disposed of safely in accordance with local clinical waste procedures.

Each academy will ensure appropriate arrangements are in place for the safe disposal and replacement of medication

8. Spare Adrenaline Auto-Injectors (AAIs)

The Trust recognises that spare AAIs provide an additional safeguard where a pupil's own prescribed device is unavailable, has been mislaid, is damaged, has expired or where an additional dose is required before emergency services arrive.

Each academy will maintain an appropriate supply of spare AAIs in accordance with current Department of Health guidance.

8.1 Academy Arrangements

The number, type and location of spare AAIs held will be determined through each academy's local risk assessment, taking account of:

- The number of pupils prescribed AAIs
- The types of devices prescribed
- The size and layout of the academy
- Pupil age and mobility
- Participation in educational visits and extracurricular activities.

These arrangements will be recorded within the Academy Operational Appendix.

8.2 Storage

Spare AAIs will:

- Be clearly identified as emergency medication
- Be readily accessible to staff
- Not be kept in locked cupboards where this would delay access
- Be stored in accordance with manufacturers' recommendations.

All staff will be informed of the locations of spare AAIs.

8.3 Maintenance

The Designated Medical Lead will ensure that spare AAIs are:

- Checked monthly
- Replaced before expiry
- Replaced immediately following use
- Recorded on the academy medication inventory.

8.4 Use of Spare AAIs

Spare AAIs will only be administered:

- Where there is reasonable belief that a pupil is experiencing anaphylaxis
- Where permitted under current legislation and Department of Health guidance
- Where parental consent has been obtained through the Individual Allergy Action Plan or academy medical consent arrangements.

Following administration, parents/carers will be informed as soon as reasonably practicable and the incident will be recorded in accordance with academy procedures.

9. Staff Training

Hatton Academies Trust is committed to ensuring that all staff are appropriately trained to recognise and respond to allergic reactions and anaphylaxis.

9.1 Mandatory Training

All staff will complete allergy and anaphylaxis awareness training:

- On induction
- At least annually thereafter
- Whenever significant changes to guidance or academy procedures occur.

Training will include:

- Understanding common allergens
- Recognising mild, moderate and severe allergic reactions
- Recognising the signs of anaphylaxis

- Emergency response procedures
- Administration of adrenaline auto-injectors
- Reducing the risk of allergen exposure
- Understanding Individual Allergy Action Plans
- Reporting and recording incidents.

9.2 Practical Training

Where possible, staff will participate in practical training using manufacturer trainer devices to ensure confidence in administering AAIs.

9.3 Training Records

Each academy will maintain an accurate record of staff training, including:

- Dates completed
- Attendees
- Trainer or provider
- Refresher training requirements.

A minimum of two suitably trained members of staff at each academy will coordinate allergy management and support ongoing staff awareness.

10. Inclusion and Safeguarding

Hatton Academies Trust is committed to ensuring that pupils with allergies are able to participate fully and safely in all aspects of academy life.

No pupil will be excluded from activities solely because they have an allergy, provided reasonable adjustments can be made to manage the associated risks safely.

Academies will work in partnership with parents/carers and healthcare professionals to ensure that appropriate arrangements are in place to support participation in learning, enrichment activities, educational visits and extracurricular opportunities.

Reasonable adjustments may include:

- Individual risk assessments
- Adapted classroom activities
- Alternative food arrangements
- Adjustments during educational visits
- Increased supervision where appropriate.

The Trust recognises that living with a severe allergy may affect a pupil's emotional wellbeing as well as their physical health.

Academies will promote a culture of understanding and inclusion through allergy awareness education and will not tolerate bullying, discrimination or inappropriate behaviour relating to a pupil's medical condition.

All allergy-related information will be managed sensitively and shared only with those members of staff who require it to fulfil their safeguarding and duty of care responsibilities.

The Trust will comply with its duties under the Equality Act 2010, the Children and Families Act 2014 and the Department for Education's guidance on supporting pupils with medical conditions, ensuring that pupils with allergies receive appropriate support and are not placed at a substantial disadvantage compared with their peers.

10.1 Staff with Allergies

The Trust recognises that employees may also have allergies, including allergies that may result in anaphylaxis.

Staff are responsible for informing their line manager and/or the appropriate Trust contact where they have a medical condition that may affect their health, safety or ability to carry out their duties safely.

Where an employee requires workplace adjustments or specific arrangements to manage an allergy, these will be considered on an individual basis in accordance with the Trust's employment, health and safety, occupational health and equality arrangements.

Staff should ensure that any prescribed emergency medication required during working hours is readily accessible to them.

Colleagues should respect the confidentiality of staff medical information. Information will only be shared where necessary to support the employee's safety and with appropriate consent, subject to the Trust's legal and safeguarding responsibilities.

11. Catering and Food Management

Hatton Academies Trust recognises that effective management of food allergens is essential in reducing the risk of allergic reactions within its academies.

Where food is provided by an academy or its catering contractor, allergen information will be available in accordance with current food information legislation.

Each academy will work collaboratively with its catering provider to ensure that:

- Allergen information is readily available for all food provided
- Staff responsible for food preparation and service understand their responsibilities in relation to food allergens
- Appropriate measures are taken to minimise the risk of cross-contamination during food preparation and service
- Pupils with allergies are able to access suitable meal options wherever reasonably practicable.

The Designated Medical Lead will ensure that relevant information regarding pupils with food allergies is shared with catering staff, whilst maintaining appropriate confidentiality.

Parents and carers are encouraged to discuss their child's dietary requirements with the academy and catering provider where appropriate.

Academies will take reasonable steps to reduce the risk of accidental allergen exposure during:

- Curriculum food technology lessons
- Cooking activities
- Fundraising events

- Celebrations and parties
- Food tasting activities
- Cultural events
- Breakfast and after-school clubs.

Where food forms part of an educational activity, staff will complete an appropriate risk assessment and consider suitable alternatives where necessary to ensure pupils with allergies can participate safely.

The Trust does not support blanket bans on individual allergens across its academies, as these cannot guarantee a completely allergen-free environment. Instead, academies will promote a culture of allergy awareness, effective communication and sensible risk reduction.

12. Educational Visits and Off-Site Activities

Hatton Academies Trust is committed to ensuring that pupils with allergies are able to participate safely in educational visits, residential visits, sporting fixtures and extracurricular activities.

No pupil will be excluded from an activity solely because they have an allergy where reasonable adjustments can be made to manage the associated risks.

Before any off-site activity, the Visit Leader will ensure that:

- Appropriate risk assessments have been completed
- Relevant medical information has been reviewed
- Prescribed medication accompanies the pupil
- Spare medication is available where appropriate
- Supervising staff are aware of the pupil's allergy and emergency procedures
- Emergency contact arrangements are confirmed.

For residential visits or activities involving food provision, academies will liaise with the venue or provider in advance to ensure that appropriate arrangements are in place.

Where necessary, parents and carers may be invited to meet with academy staff before the visit to discuss individual arrangements.

Following any significant change to a planned activity, the risk assessment will be reviewed before the visit takes place.

13. Allergy Awareness and Risk Reduction

Hatton Academies Trust promotes a culture of awareness, understanding and shared responsibility in relation to allergies.

The Trust recognises that no academy can guarantee an allergen-free environment. Therefore, the emphasis is placed upon education, awareness and sensible risk management rather than blanket bans on particular foods or allergens.

Academies will seek to:

- Raise awareness of allergies amongst pupils and staff
- Encourage good hand hygiene before and after eating
- Promote cleaning of eating areas and shared equipment

- Discourage the sharing of food, drinks, utensils or medication
- Encourage pupils to report concerns immediately if they believe they have been exposed to an allergen.

Where a particular pupil presents an increased level of risk, additional control measures may be introduced following consultation with parents, healthcare professionals and academy staff.

14. Risk Assessment, Monitoring and Incident Reporting

Each academy will undertake individual risk assessments for pupils with significant allergies where appropriate.

Risk assessments will normally be completed:

- When a pupil joins the academy with a diagnosed allergy
- Following a new diagnosis
- Following an episode of anaphylaxis
- Where medical advice changes
- Before residential visits or higher-risk activities
- Where academy staff identify additional risks.

The Designated Medical Lead will ensure that:

- All allergic reactions requiring treatment are recorded
- Administration of medication is documented
- Parents or carers are informed as soon as reasonably practicable
- Lessons learned from incidents are shared with relevant staff
- Individual Allergy Action Plans and risk assessments are reviewed following significant incidents.

Near misses should also be recorded where they provide opportunities to improve practice and reduce future risks.

Where required, incidents will be reported in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) and other statutory reporting requirements.

15. Monitoring, Review and Related Documents

The Trust Board is responsible for approving this policy and reviewing its effectiveness.

The policy will normally be reviewed every two years or sooner where:

- Legislation changes
- National guidance is updated
- Following a significant incident
- Following recommendations arising from monitoring or audit.

Each academy will maintain local operational arrangements, including:

- Academy Operational Appendix
- Register of pupils with allergies
- Medication inventory

- Staff training records
- Emergency medication checks
- Individual risk assessments.

These operational documents will be reviewed regularly by the Designated Medical Lead and Principal to ensure they remain accurate and effective.

Related Policies

This policy should be read alongside the following Trust policies:

- Supporting Pupils with Medical Conditions Policy
- First Aid Policy
- Health and Safety Policy
- Safeguarding and Child Protection Policy
- Educational Visits Policy
- Equality and Accessibility Policy
- Data Protection Policy

Useful Guidance and Resources

The Trust has used national guidance and recognised best practice in developing this policy, including publications from:

- Department for Education
- Department of Health and Social Care
- British Society for Allergy and Clinical Immunology
- Anaphylaxis UK
- Allergy UK
- National Institute for Health and Care Excellence

Academies should refer to the most recent versions of national guidance when reviewing local operational arrangements.

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

- **Useful Links**

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

- Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer-schools-programme/

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

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

16. Appendices

The following appendices form part of this policy and support its implementation across Hatton Academies Trust.

The Trust policy establishes the minimum standards that all academies must meet. Each academy is responsible for maintaining accurate and up-to-date operational records within the appendices below.

Appendix A – Academy Operational Arrangements

Each academy will maintain a local operational summary which should be reviewed annually and updated whenever significant changes occur.

Appendix B – Emergency Anaphylaxis Procedure

Appendix C – Individual Allergy Risk Assessment

Risk assessments should be completed where additional controls are required.

Allergy Management Risk Assessment for Individual Pupils

This form should be completed by the academy in liaison with the parents/guardian and the pupil if appropriate. It should be shared with everyone who has contact with the pupil. It should be read alongside the pupil's Health Care Plan that has been produced by the Allergy clinic. A whole organisation approach is recommended in the management of allergy which would involve all staff to have awareness training in addition to key staff having adrenaline autoinjector (AAI) training.

Appendix D – Risk Assessment Example

Allergy Management Risk Assessment for Individual Pupils – EXAMPLE

This form should be completed by the academy in liaison with the parents/guardian and the pupil if appropriate. It should be shared with everyone who has contact with the pupil. It should be read alongside the pupil's Health Care Plan that has been produced by the Allergy clinic. A whole organisation approach is recommended in the management of allergy which would involve all staff to have awareness training in addition to key staff having adrenaline autoinjector (AAI) training.

Appendix E – Allergy Incident Form

Following a near miss, reaction or anaphylaxis a thorough review needs to be undertaken to understand why the incident happened and to identify the measures needed to prevent future occurrences.

Appendix F – Academy Allergy Register (Confidential)

Appendix G – Anaphylaxis Flow Chart Poster

Appendix A

Academy Operational Arrangements

Academy Information			
Academy Name			
Academic Year			
Principal			
Designated Medical Lead			
Deputy Medical Lead			
Date reviewed		Next Review Date	

Pupil Information			
Total Number of Pupils		Pupils Prescribed AAIs	
Pupils with Diagnosed Allergies		Pupils Authorised to Self-Carry AAIs	

Emergency Medication	Details
Types of Spare AAI's held	
Number of Spare AAIs	
Location of Spare AAI's	
Location(s) of Pupil Medication	
Sharps Bin Location	

Emergency Contacts	Details
Designated Medical Lead	
Deputy Medical Lead	
Lead First Aider	
SENDCo (if applicable)	

Routine Monitoring	Frequency	Responsible Person
Spare AAIs Checked	Monthly	
Pupil Medication Checked	Termly	
Allergy Register Reviewed	Termly	
Allergy Action Plans Reviewed	Annually / As Required	
Staff Training Refreshed	Annually	

Educational Visits

How are allergy arrangements communicated to visit leaders?

_____

Who checks medication before departure?

_____

Catering Arrangements

Named Catering Provider / Contact

_____

How are allergy requirements communicated to catering staff?

_____

Local Emergency Arrangements	Details
Ambulance Access Point	
Meeting Point for Ambulance Crew	
Location of Emergency Anaphylaxis Poster(s)	

Medical Lead / Principal Declaration:

I confirm that the information contained within this Operational Summary accurately reflects this academy's arrangements for implementing the Hatton Academies Trust Allergy and Anaphylaxis Policy.

Medical Lead / Principal Declaration: _____

Signature: _____

Date: _____

Appendix B

Emergency Anaphylaxis Procedure

If Anaphylaxis is Suspected

1. Stay with the pupil and call for assistance immediately.

2. Administer the prescribed adrenaline auto-injector (AAI) without delay.

3. Call 999 and state:

"Anaphylaxis."

Provide:

- Academy address
- Pupil's age (if known)
- Time adrenaline was administered

4. Lay the pupil flat with legs raised where possible.

If breathing is difficult, allow them to sit upright with legs extended.

Do **not** allow the pupil to stand or walk.

5. If symptoms continue after 5 minutes, administer a second AAI if available.

6. Monitor the pupil continuously until the ambulance arrives.

Commence CPR immediately if the pupil becomes unresponsive and is not breathing normally.

7. Inform parents/carers as soon as reasonably practicable.

8. Ensure the incident is fully recorded following the emergency.

Appendix C

Allergy Management Risk Assessment for Individual Pupils

REF:

Summary Sheet

Risk Assessment for: *(e.g., activity, procedure, process, equipment, environment)*

Allergy Management Risk Assessment for Individual Pupils

This form should be completed by the academy in liaison with the parents/guardian and the pupil if appropriate. It should be shared with everyone who has contact with the pupil. It should be read alongside the pupil's Health Care Plan that has been produced by the Allergy clinic. A whole organisation approach is recommended in the management of allergy which would involve all staff to have awareness training in addition to key staff having adrenaline autoinjector (AAI) training

Pupils Name:				Date of Birth:		
Academy:				Lead Member of Staff:		
Date of Assessment:				Date Assessment Reviewed:		
Assessors Name:				Date Next Review Due:		
Allergies:						
Are Reactions:	Ingestion?	✓/✗	Direct Contact	✓/✗	Indirect Contact	✓/✗
GP Name				Clinic/ Hospital Name		
GP Phone Number				Clinic/ Hospital Phone Number		
People responsible for providing support				People involved in writing this plan		
Signatures	Medical Lead: Date:			Signatures	Young Person Lead: Date:	

Parent/ Guardian Permission and Signature	I give permission for this risk assessment to be shared with anyone who needs this information to keep my student/young person safe, I give permission for my student's photograph to be displayed sensitively to keep my student safe, I give permission for the school's 'spare' AAI to be used on my student in an emergency where anaphylaxis is suspected. **Name/s:** **Signature/s:** **Date**:

Action Plan *(from assessment overleaf)*				
Additional Precautions	By Whom	By When	Evidence	Date Achieved
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Parent/ Guardian Permission and Signature	I give permission for this risk assessment to be shared with anyone who needs this information to keep my student/young person safe, I give permission for my student's photograph to be displayed sensitively to keep my student safe, I give permission for the school's 'spare' AAI to be used on my student in an emergency where anaphylaxis is suspected. **Name/s:** **Signature/s:** **Date**:

Action Plan *(from assessment overleaf)*				
Additional Precautions	By Whom	By When	Evidence	Date Achieved
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Complete this risk assessment in discussion with the parent/guardian and participant if appropriate. Consider all situations that the pupil may be in and agree control measures. Use the risk analysis tool at the end of the document to assess probability and impact producing further control measures if necessary. This is intended to be dynamic document and should be updated annually or after an incident or near miss.
Can the pupil recognise a reaction for themselves?

Hazard Description *(Anything that has the potential to cause harm)*	Risk Description & Type *(Identify who/ what is at risk and the length of exposure)*	Severity	Likelihood	Risk (RRN)	Existing Control Measures *(Are they adequate)*	Severity	Likelihood	Risk (RRN)	Is the Residual Risk Tolerable (Y/N)	Additional Precautions *(What further steps are needed to reduce the risk further)*
Medication: **Storage:** Location of pupil's medication Can the school's generic 'spare' AAI be accessed? If so, where are they stored?										
Food and drink: **Food from home** Food sent in from home (lunches and snacks).										

Hazard Description *(Anything that has the potential to cause harm)*	Risk Description & Type *(Identify who/ what is at risk and the length of exposure)*	Severity	Likelihood	Risk (RRN)	Existing Control Measures *(Are they adequate)*	Severity	Likelihood	Risk (RRN)	Is the Residual Risk Tolerable (Y/N)	Additional Precautions *(What further steps are needed to reduce the risk further)*
Creative activities										
General Activities										
Sports activities: Indoor Outdoor Forest Schools										
Free time activities: Playground Field										

Hazard Description *(Anything that has the potential to cause harm)*	Risk Description & Type *(Identify who/ what is at risk and the length of exposure)*	Severity	Likelihood	Risk (RRN)	Existing Control Measures *(Are they adequate)*	Severity	Likelihood	Risk (RRN)	Is the Residual Risk Tolerable (Y/N)	Additional Precautions *(What further steps are needed to reduce the risk further)*
Offsite activities: Visitors Day trips										
Offsite activities: Residential visits										
Other										

	Severity
1	Insignificant
2	Minor
3	Moderate
4	Major
5	Catastrophic

	Likelihood
1	Rare
2	Unlikely
3	Likely
4	Very Likely
5	Almost Certain

Express the level of risk associated with identified hazards by multiplying the hazard **severity** by the **likelihood** of the hazard occurring.

1-5 Low
6-15 Medium
16-25 High

Appendix D

Allergy Management Risk Assessment for Individual Pupils - Example

REF:

Summary Sheet

Risk Assessment for: *(e.g., activity, procedure, process, equipment, environment)*

Allergy Management Risk Assessment for Individual Pupils

This form should be completed by the academy in liaison with the parents/guardian and the pupil if appropriate. It should be shared with everyone who has contact with the pupil. It should be read alongside the pupil's Health Care Plan that has been produced by the Allergy clinic. A whole organisation approach is recommended in the management of allergy which would involve all staff to have awareness training in addition to key staff having adrenaline autoinjector (AAI) training

Pupils Name:				Date of Birth:		
Academy:				Lead Member of Staff:		
Date of Assessment:				Date Assessment Reviewed:		
Assessors Name:				Date Next Review Due:		
Allergies:						
Are Reactions:	Ingestion?	✓/✗	Direct Contact		Indirect Contact	✓/✗
GP Name				Clinic/ Hospital Name		
GP Phone Number				Clinic/ Hospital Phone Number		
People responsible for providing support				People involved in writing this plan		
Signatures	Medical Lead: Date:			Signatures	Young Person Lead: Date:	

Parent/ Guardian Permission and Signature	I give permission for this risk assessment to be shared with anyone who needs this information to keep my student/young person safe, I give permission for my student's photograph to be displayed sensitively to keep my student safe, I give permission for the school's 'spare' AAI to be used on my student in an emergency where anaphylaxis is suspected. **Name/s:** **Signature/s:** **Date**:

Action Plan *(from assessment overleaf)*				
Additional Precautions	By Whom	By When	Evidence	Date Achieved
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Complete this risk assessment in discussion with the parent/guardian and participant if appropriate. Consider all situations that the pupil may be in and agree control measures. Use the risk analysis tool at the end of the document to assess probability and impact producing further control measures if necessary. This is intended to be dynamic document and should be updated annually or after an incident or near miss.
Can the pupil recognise a reaction for themselves?
What have been the symptoms of previous reactions?

Hazard Description *(Anything that has the potential to cause harm)*	Risk Description & Type *(Identify who/ what is at risk and the length of exposure)*	Severity	Likelihood	Risk (RRN)	Existing Control Measures *(Are they adequate)*	Severity	Likelihood	Risk (RRN)	Is the Residual Risk Tolerable (Y/N)	Additional Precautions *(What further steps are needed to reduce the risk further)*
Medication: **Storage:** Location of pupil's medication Can the school's generic 'spare' AAI be accessed? If so, where are they stored?	**Student** Sneezing, itchy eyes, a runny nose, and red, raised rashes like hives, throat swelling, difficulty breathing, and a sudden drop in blood pressure, anaphylaxis.				For example: Medication is kept with the student, it is always accessible and never locked away. It is in an easily identifiable container with student's name and photograph on. It will never be more than 5 minutes away from the student. Adult has oversight of ensuring that it is always with the student and student encourage to self-carry. 'Spare' AAI is located in the school's office on the shelf (it must never be locked away). It can be accessed in an emergency.					
Food and drink: **Food from home** Food sent in from home (lunches and snacks).	**Student** Sneezing, itchy eyes, a runny nose, and red, raised rashes like hives, throat swelling, difficulty breathing, and a sudden drop in blood pressure, anaphylaxis.				Seating, inclusion, mental health (isolation), hand washing of staff, other students, cleaning of tables with hot soapy water additional measures may include ensuring no food sharing					

Hazard Description *(Anything that has the potential to cause harm)*	Risk Description & Type *(Identify who/ what is at risk and the length of exposure)*	Severity	Likelihood	Risk (RRN)	Existing Control Measures *(Are they adequate)*	Severity	Likelihood	Risk (RRN)	Is the Residual Risk Tolerable (Y/N)	Additional Precautions *(What further steps are needed to reduce the risk further)*
Food and drink: **On site Catering** Food provided or purchased from the canteen or snack facilities.	**Student** Sneezing, itchy eyes, a runny nose, and red, raised rashes like hives, throat swelling, difficulty breathing, and a sudden drop in blood pressure, anaphylaxis.				Seating, inclusion, mental health (isolation), hand washing of staff, other students, cleaning of tables with hot soapy water additional measures may include ensuring no food sharing, allergy management procedures of onsite caterers, availability of allergy matrix and other allergy information, labelling of foods					
Food and drink: **Events involving food:** Cake sales Parties Drinks Celebrations: e.g. Birthdays, Religious festivals	**Student** Sneezing, itchy eyes, a runny nose, and red, raised rashes like hives, throat swelling, difficulty breathing, and a sudden drop in blood pressure, anaphylaxis.				Controls could be that the student is able to select their cake first, safe cakes are identified and kept separately, keep packaging with the cakes if shop bought so that the allergens can be identified, ensure people who are running the event are aware of the controls, encourage the student to ask 'is this safe for me. Make sure students know to check with their adults before eating to make sure it is safe Staff should not use food-based treats unless agreed with student's adult in advance and is the same for everyone to ensure inclusion					
Cooking	**Student** Sneezing, itchy eyes, a runny nose, and red, raised rashes like hives, throat swelling, difficulty breathing, and a sudden drop in blood pressure, anaphylaxis.				Liaise with parent/guardian, as soon as cooking is planned; don't leave it until the week or day before. Discuss ingredients and any recipe adaptations that are needed. Consider food preparation and how to avoid cross contamination, ensure that utensils are kept separate and washed to remove allergens in hot soapy water.					

Hazard Description *(Anything that has the potential to cause harm)*		Severity	Likelihood	Risk (RRN)	Existing Control Measures *(Are they adequate)*	Severity	Likelihood	Risk (RRN)	Is the Residual Risk Tolerable (Y/N)	Additional Precautions *(What further steps are needed to reduce the risk further)*
Creative activities	**Student** Sneezing, itchy eyes, a runny nose, and red, raised rashes like hives, throat swelling, difficulty breathing, and a sudden drop in blood pressure, anaphylaxis.				Consider whether these could have contained the student's allergens and whether they should be used to prevent cross contamination reactions.					
General Activities	**Student** Sneezing, itchy eyes, a runny nose, and red, raised rashes like hives, throat swelling, difficulty breathing, and a sudden drop in blood pressure, anaphylaxis.				Consider how the activity or experience can be adapted for everyone to ensure that the allergic student remains safe. Eg, for a student allergic to egg, it would not be safe to use egg in experiments and only change the allergic student's egg, all students would need an alternative to remove the allergen from the room. Check all resources, consider both food and non-food items.					
Sports activities: Indoor Outdoor Forest Schools	**Student** Sneezing, itchy eyes, a runny nose, and red, raised rashes like hives, throat swelling, difficulty breathing, and a sudden drop in blood pressure, anaphylaxis.				Where is the AAIs located? This should within 5 minutes of the student or with the student. Are there additional risks in the forest school area? Trees with nuts - ensure they are left in situ and have them cleared before each session. For cooking in forest school, see sections above for suggestions					
Free time activities: Playground Field	**Student** Sneezing, itchy eyes, a runny nose, and red, raised rashes like hives, throat swelling, difficulty breathing, and a sudden drop in blood pressure, anaphylaxis.				Where is the AAIs located? This should within 5 minutes of the student or with the student. What procedures need to be in place for eating and drinking during free time?					

Hazard Description *(Anything that has the potential to cause harm)*	Risk Description & Type *(Identify who/ what is at risk and the length of exposure)*	Severity	Likelihood	Risk (RRN)	Existing Control Measures *(Are they adequate)*	Severity	Likelihood	Risk (RRN)	Is the Residual Risk Tolerable (Y/N)	Additional Precautions *(What further steps are needed to reduce the risk further)*
Offsite activities: Visitors Day trips	**Student** Sneezing, itchy eyes, a runny nose, and red, raised rashes like hives, throat swelling, difficulty breathing, and a sudden drop in blood pressure, anaphylaxis.				Consider: activities to be undertaken: farm, science centre, food centre (cheese making) and pre-visit to determine risks followed by discussion with the provider and the parent/guardian who may have previous experience of visiting similar providers. Which staff are accompanying the trip and make sure they have appropriate knowledge and training and who would go if someone was absent on the day. Ensure medication is taken and that the student is in the group with the medication.					
Offsite activities: Residential visits	**Student** Sneezing, itchy eyes, a runny nose, and red, raised rashes like hives, throat swelling, difficulty breathing, and a sudden drop in blood pressure, anaphylaxis.				As above plus discuss the menu with the provider at the earliest opportunity and then discuss with the parent/guardian. Liaise with the provider to ensure that any adaptations to the menu are made. Consider how serving the food will work to ensure that the student receives the right food. Ensure that there are no allergens in the bedroom and that the students sharing are aware and what they need to do about it, should that happen.					
Other	**Student** Sneezing, itchy eyes, a runny nose, and red, raised rashes like hives, throat swelling, difficulty breathing, and a sudden drop in blood pressure, anaphylaxis.				Anything not already covered.					

	Severity		Likelihood		
1	Insignificant	1	Rare	Express the level of risk associated with identified hazards by multiplying the hazard **severity** by the **likelihood** of the hazard occurring.	1-5 Low
2	Minor	2	Unlikely		6-15 Medium
3	Moderate	3	Likely		16-25 High
4	Major	4	Very Likely		
5	Catastrophic	5	Almost Certain		

Appendix E

Allergy Incident Form

Completed by		**Role**		**Date**	
Date of incident		**Type of incident**	**Near miss/reaction/anaphylaxis**		
Location of incident		**Person affected**	**Student/employee**		
What happened – the cause?					
Were AAIs administered?	Yes No				
What action was taken?					
What were the contributory factors?					
What needs to happen in future to avoid a recurrence?					
Are there any training needs?	Yes No				
Does the policy need reviewing?	Yes No				

Have staff (and students) involved been debriefed?	Yes No	**Have staff (and students) involved been offered support?**	Yes No
Does the student have an allergy action plan?	Yes No	**Has the allergy action plan been updated if needed?**	Yes No
Does the student have an IHP?	Yes No	**Has the IHP been updated?**	Yes No
Has replacement medication been obtained?	Yes No		
Is this RIDDOR reportable?	Yes No		
Parent/staff comments			
Date reported to Principal & Medical Lead			
Principal / Medical Lead comments			
Principal /Medical Lead signature			
Form completer's signature			

Appendix F

Academy Allergy Register (Confidential)

Not to be published with the policy but maintained locally by each academy.

Appendix G

HATTON ACADEMIES TRUST

Be Allergy Aware & Save a Life

Anaphylaxis is a serious and life-threatening reaction to allergens such as food, insect stings, medication and latex.

In the event of a serious allergic reaction, time is critical.

What to do in an emergency

Get in position

Lay the person flat and raise their legs - do NOT allow them to stand or walk.

- If unconscious, place them in the recovery position
- If breathing is difficult, they can be propped up with legs stretched out straight

Give adrenaline immediately

Administer adrenaline without delay (use prescribed AAI or intranasal EURneffy) Refer to device label for instructions.

- Note the time that the first dose of adrenaline is given
- ALWAYS carry two in-date adrenaline devices, as a second dose may be needed

Call 999

Call emergency services immediately and tell the operator it is "anaphylaxis"

(ana-fil-ax-is)

Give your exact location (What3Words can help if you are outside). Stay with the person until emergency services arrive.

Do not move

Stay lying flat or propped up until help arrives. Do not stand up, walk or run, even if you start to feel better. Movement can make symptoms worse and cause a sudden drop in blood pressure.

Give second dose of adrenaline

5 min

If symptoms don't improve after five minutes, or symptoms get worse, a second dose of adrenaline can be given.