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Boroughbridge High School and King James's School Federation

POLICY STATEMENT

Allergens Policy

Policy last reviewed (date)	June 2026
Ratified by Governors (date)	September 2026
Next policy review due (date)	September 2029
Due for review by Governors (date)	September 2029
Staff Lead	Business Manager

MISSION STATEMENT:

This policy will support the school by being reflective of the Governors' direction and School's development plan. It will be used in an efficient and effective manner by ensuring the health care and management of those members of our community suffering from specific allergies.

Significant revisions since the last review:

Amendments to sentence structure – Jan 2025
Adopted NYC Template – June 2026
Section around Benedict's Law and School Actions – June 2026
Replace Director of Business Services to Business Manager – June 2026

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Section 1: General Statement

We are an allergy-aware school. We recognise that allergic reactions can be life-threatening and commit to a whole-school approach that reduces risk, ensures rapid effective emergency response and supports inclusion and well-being.

This Policy applies to all students, staff, visitors and volunteers and should be read alongside the following policies:

- Supporting Pupils at School with Medical Conditions (DfE)
- Keeping Children Safe in Education
- Equality Act 2010
- Children and Families Act 2014
- Human Medicines (Amendment) Regulations 2017
- Educational Visits Policy

We cannot guarantee an allergen-free environment; instead, we minimise risk, promote self-management where age-appropriate and plan for emergencies.

The school recognises that severe allergic reactions, including anaphylaxis may occur in individuals with no previously known allergy. Emergency arrangements therefore apply to all students, staff, visitors and volunteers.

Equality
Some allergies may amount to a disability under the Equality Act. We will make reasonable adjustments to enable sage participation in all aspects of school life.

Section 2: General Aims

The school recognises that effective allergy management requires leadership, training, clear accountability and inclusion of students with allergies across all aspects of school life. The intent of this policy is to minimise the risk of any child suffering allergy-induced anaphylaxis whilst at school.

While peanut and tree nut allergies are common, the school recognises that all allergens can cause severe reactions. Control measures are based on individual risk assessments rather than allergen type.

The management of allergy safety is not limited to IgE-mediated allergies. Some students or staff may have medically recognised sensitivities or conditions, such as mast cell disorders or system hypersensitivity conditions, which may not meet the clinical definition of allergy but may nonetheless result in serious or potentially life-threatening reactions. Any known trigger with the potential to cause harm will be identified and managed appropriately.

The underlying principles of this policy include:
- Keep students and staff with allergies safe, included and supported.
- Ensure clear roles and responsibilities, reliable documentation and effective communication.
- Provide staff training, annual anaphylaxis drills and robust emergency procedures.
- Embed proportionate controls around food, curriculum activities and visits.

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This policy applies to all members of the school community:

- School Staff
- Parents/Carers
- Volunteers
- Supply staff
- Children
- Students

Section 3: Definitions

Allergen: A normally harmless substance that can trigger an allergic reaction (e.g., foods, medications, insect venom, latex, animal dander, pollens). There are 14 allergens that must be highlighted in UK food law: celery; cereals containing gluten; crustaceans; egg; fish; lupin; milk; molluscs; mustard; peanuts; tree nuts; soya; sulphites/sulphur dioxide; sesame. The identification of these 14 allergens is a legal requirement for food information purposes only and does not limit the range of substances that may cause an allergic reaction. The school recognises that any food, substance or environmental exposure may be an allergen for an individual and will manage risks based on individual need and risk assessment rather than allergen type.

Anaphylaxis: A severe, potentially life-threatening allergic reaction and a time-critical medical emergency.

Adrenaline Auto-Injector (AAI): A single-use device delivering a pre-measured intramuscular dose of adrenaline into the upper, outer thigh muscle (e.g., EpiPen, Jext). Where clinically appropriate and prescribed, nasal adrenaline may be used in line with current guidance.

IgE-mediated allergy: A type of allergic reaction that occurs when the immune system produces immunoglobulin E (IgE) antibodies in response to a specific allergen (for example food, insect venom, medication, latex or airborne allergens).

On re-exposure to the allergen, IgE antibodies trigger the rapid release of chemicals (including histamine) from immune cells. This can result in fast-onset symptoms, ranging from mild allergic reactions (such as itching, hives or swelling) to severe, life-threatening anaphylaxis.

Individual Healthcare Plan (IHP): School document outlining a pupil's condition, triggers, medication, risk-reduction measures and emergency actions; used alongside their Allergy Action Plan (clinical template).

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Neffy: Neffy, officially known as EURNeffy in the United Kingdom, is a nasal spray designed to administer adrenaline. It provides an approved, needle-free alternative to traditional adrenaline auto-injectors. Where nasal adrenaline is prescribed, its use will follow current Medicines and Healthcare products Regulatory Agency (MHRA) approval and Department for Education guidance. Current legislation relating to schools holding emergency "spare" adrenaline devices applies to adrenaline auto-injectors and does not currently extend to nasal adrenaline devices.

Risk Assessment: This comprehensive document identifies a specific activity, evaluates associated risks, and outlines measures implemented to mitigate those risks. Allergies must be addressed in all risk assessments for both on-site and off-site school events.

Spare Adrenaline Pens: Educational institutions are permitted to acquire additional adrenaline pens to serve as contingency supplies should a student's prescribed device be unavailable. These pens may also be administered to individuals experiencing anaphylaxis who do not have their own prescription.

Section 4: Benedict's Law and School Action Plan

Background

Benedict's Law was introduced following the death of five-year-old Benedict Blythe from an anaphylactic reaction at school. The legislation and accompanying statutory guidance strengthen allergy safety requirements for schools in England and reinforce the importance of robust allergy management systems, staff training, emergency preparedness and clear communication with families.

School Commitment

Boroughbridge High School and King James's School Federation is committed to meeting the requirements and principles of Benedict's Law by:

- Maintaining and publishing a whole-school Allergy Policy.
- Ensuring that pupils with diagnosed allergies have an up-to-date Individual Healthcare Plan (IHP) and, where appropriate, an Allergy Action Plan.
- Keeping accurate records of pupils with allergies and ensuring relevant information is shared with staff on a need-to-know basis.
- Providing appropriate allergy awareness and emergency response training for staff, including the recognition of anaphylaxis and the administration of adrenaline auto-injectors (AAIs).
- Maintaining access to emergency medication in accordance with statutory guidance and individual healthcare plans.
- Reviewing allergy management arrangements following any allergy-related incident to identify lessons learned and improvements required.
- Working closely with parents/carers, healthcare professionals and catering providers to minimise allergen risks.
- Ensuring allergy risks are considered in educational visits, extracurricular activities and any off-site provision.

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School Action Following an Allergy Incident

Following any allergic reaction occurring on school premises or during a school activity, the school will:

1. Ensure appropriate medical treatment is administered immediately.
2. Contact emergency services where required and inform parents/carers as soon as possible.
3. Record the incident in accordance with school procedures.
4. Conduct a review of the circumstances surrounding the incident.
5. Update risk assessments, Individual Healthcare Plans and control measures where necessary.
6. Share relevant learning points with staff to reduce the risk of recurrence.
7. Report significant incidents in accordance with local authority and statutory requirements.

Section 5: Roles and Responsibilities for Allergy Management

Designated Allergy Lead (DAL)

Key responsibilities include:

- **Ensuring the safety, inclusion and wellbeing of pupils and staff with allergies**, so that no individual is disadvantaged or placed at unnecessary risk due to their allergy.

- **Providing strategic oversight and leadership for allergy management across the school**, including decision-making in relation to reasonable adjustments, control measures and responses to identified risks.

- **Promoting, championing and modelling good allergy awareness and safe practice** throughout the school community.

- **Acting as the overarching point of contact** for staff, pupils, parents and carers in relation to allergy-related concerns, queries or incidents.

- **Ensuring that allergy information is accurately recorded, kept up to date and effectively communicated to all relevant staff.**
  While responsibility for collation or administration of this information may be delegated (for example, to a school nurse, SEND lead or administrator), overall responsibility remains with the school.

- **Ensuring all staff receive appropriate information, instruction and training** to develop good allergy awareness and to understand:
  - their individual roles and responsibilities;
  - how to recognise signs of an allergic reaction or anaphylaxis;
  - what actions to take in an emergency; and
  - when an activity requires an allergy-specific risk assessment (e.g. curriculum activities, trips, food handling, special events).

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- **Ensuring staff, pupils and parents/carers are aware of the school's Allergy and Anaphylaxis Policy and related procedures.**
  The school should consider obtaining and retaining confirmation that staff have read and understood the policy.

- **Overseeing the provision and management of spare adrenaline auto-injectors**, including ensuring that:
  - an appropriate number is available for the setting;
  - the correct doses are held;
  - devices are stored securely but accessibly; and
  - staff are aware of their locations and use.
- **Ensuring that all allergic reactions, incidents and near-misses are recorded and reviewed.**
  Where required, incidents will be reported to the appropriate authority (e.g. under RIDDOR). The circumstances will be investigated and lessons learned shared to prevent recurrence.

- **Regularly reviewing and updating the Allergy and Anaphylaxis Policy**, or sooner where there are changes in legislation, guidance, pupil needs or following a significant incident.

- **Ensuring that an anaphylaxis emergency drill is carried out at least once per year**, with outcomes reviewed and any required improvements implemented.

Named Governor

Provides oversight and assurance that systems, training, records and reviews are effective.

School Nurse / Medical Lead (or appointed lead)

Is responsible for:

- **Collecting, collating and coordinating allergy-related documentation and information from families**, including Allergy Action Plans and Individual Healthcare Plans (IHPs).
  This may include liaison with the admissions team to ensure appropriate information is obtained for new pupils prior to or on entry to the school.

- **Supporting the Designated Allergy Lead in disseminating relevant allergy information** to all appropriate staff, including teaching staff, support staff, catering teams, supply or occasional staff, and those running before- and after-school clubs or activities.

- **Ensuring allergy information provided by families is kept accurate and up to date**, with a formal review taking place at least annually, and sooner where there is a change in medical advice, diagnosis or pupil needs.

- **Coordinating prescribed medication with parents/carers**, ensuring that medication required to be held in school is received, appropriately labelled and stored.

- **Supporting systems to monitor medication expiry dates.**
  While parents/carers retain responsibility for ensuring medication remains in date, the nursing team or medical lead should have arrangements in place to:
  - check expiry dates of medicines held by the school; and
  - notify parents/carers in advance where expiry dates are approaching.

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- **Maintaining an up-to-date adrenaline auto-injector register**, which records:
    - adrenaline auto-injectors prescribed to individual pupils; and
    - the school's stock of spare adrenaline auto-injectors,

    including the brand, dose, expiry date and storage location of each device.

- **Regularly checking that spare adrenaline auto-injectors are stored in their designated locations**, are accessible in an emergency and remain within their expiry dates.

- **Arranging for the replacement of spare adrenaline auto-injectors** where these have been used, are nearing expiry or are otherwise no longer suitable for use.

- **Supporting the provision of on-site adrenaline auto-injector training**, including:
    - initial training for staff and, where appropriate, pupils; and
    - refresher training as required, for example in advance of educational visits or activities with increased risk.

- **Undertaking any additional allergy-related responsibilities delegated by the Designated Allergy Lead**, within the scope of the role and with appropriate training and support.

Data Team / Admin Team

The Teams are often the first point of contact where information about a pupil's or visitor's allergy or special dietary requirement is identified. The Teams will work in partnership with the Designated Allergy Lead and the School Nursing Team or Medical Lead to ensure that appropriate arrangements are in place at the earliest opportunity.

Key responsibilities include:

- **Ensuring there is a clear and effective process for capturing allergy and special dietary information** as early as possible during the admissions process.
  This should be in place prior to:
    - school visits;
    - open days;
    - taster days; or
    - any other admissions-related events where food is provided or likely to be consumed.

- **Ensuring there is a clear structure for communicating allergy-related information** to all relevant parties, as appropriate, including:
    - the Designated Allergy Lead;
    - the School Nursing Team or Medical Lead; and
    - the catering provider or catering manager.

- **Providing parents/carers and applicants with clear information about catering arrangements** during admissions events, including how food is managed and what steps are taken to support individuals with allergies.

- **Supporting early planning for emergency arrangements**, including ensuring that appropriate medication and control measures are in place where a child or young person with an allergy is attending an event without parental or carer supervision.

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All staff (including agency, volunteers and club leads)

Staff responsibilities include:

- **Championing and practising good allergy awareness** at all times, helping to promote a culture of safety, inclusion and shared responsibility across the school.

- **Reading, understanding and complying with the school's Allergy and Anaphylaxis Policy and associated procedures**, and seeking advice or support from the Designated Allergy Lead where clarification or additional guidance is required.

- **Being aware of pupils (and, where relevant, colleagues) with allergies**, including knowledge of the allergens involved and the control measures in place to reduce risk.

- **Considering the potential risks to pupils with allergies when planning or supervising activities** and assessing whether the use of any allergen is necessary, appropriate or can be avoided. Where required, staff must ensure that an allergy-specific risk assessment is completed.

- **Ensuring pupils have timely access to their prescribed medication**, or carrying medication on their behalf where appropriate, in line with:
    - the age and maturity of the pupil; and
    - the school's arrangements for managing adrenaline auto-injectors.

- **Being able to recognise the signs and symptoms of an allergic reaction, including anaphylaxis**, and responding appropriately in accordance with training and school procedures.

- **Participating in allergy and anaphylaxis training and emergency drills as required**, which will take place at least annually. While the school is responsible for ensuring staff receive appropriate training, any member of staff who is aware they have not received allergy training within the previous 12 months must inform their line manager.

- **Consistently considering the safety, inclusion and wellbeing of pupils with allergies**, ensuring that they are not excluded from activities unnecessarily and that reasonable adjustments are implemented.

- **Preventing and responding to allergy-related bullying or harassment**, in line with the school's Anti-Bullying Policy and behaviour procedures.

- **Passing on any allergy-related communication received directly from parents/carers** to the School Nurse or Healthcare Team, to ensure information is recorded and managed appropriately.

- **Ensuring that pupils have their medication and relevant documentation** (Allergy Action Plan and/or Individual Healthcare Plan) when leaving the school site for educational visits, sporting fixtures or other off-site activities.

Parents/carers (all)
Parents and carers play a vital role in supporting the safe and effective management of allergies and anaphylaxis within the school.

Their responsibilities include:

- **Being aware of and understanding the school's Allergy and Anaphylaxis Policy and related procedures**, and supporting the school in promoting the safety, inclusion and wellbeing of pupils with allergies.

- **Providing the school with accurate, timely and comprehensive information about their child's medical needs**, by liaising with the designated school contact (e.g. the School Nurse, Healthcare Team or Designated Allergy Lead).
  This information should include, as applicable:
    - confirmed allergies and dietary requirements;
    - the nature and history of the allergy;
    - details of any previous allergic reactions or anaphylaxis; and
    - any related medical conditions, such as asthma, hay fever, rhinitis or eczema.

- **Informing the school promptly of any changes** to their child's medical condition, allergy status, prescribed medication or medical advice.

- **Adhering to any food restrictions, controls or guidance implemented by the school** when providing food for their child, including packed lunches, snacks, birthday treats or food supplied for fundraising or social events.

- **Ensuring that information provided to the school about allergies or intolerances is medically accurate**, and not reporting preferences, lifestyle choices or non-medical dietary requirements as allergies or intolerances.

- **Encouraging their child to be allergy aware**, in line with their age and understanding, including recognising symptoms, avoiding known allergens where appropriate, and informing an adult if they feel unwell or at risk.

Parents/carers of pupils with allergies
In addition to the points above, the parents and carers of children with allergies should:

- **Work with the school to complete an Individual Healthcare Plan (IHP)** and provide an accompanying **Allergy Action Plan**, completed and signed by an appropriate healthcare professional where required.

- **Provide the school, or their child (where age-appropriate), with prescribed medication**, including:
    - two clearly labelled adrenaline auto-injectors where these have been prescribed; and
    - any other required medication, such as antihistamines (with a suitable measuring device), inhalers or topical treatments.

- **Ensure that all medication supplied is in date, correctly labelled and replaced promptly** when used or approaching expiry.

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- **Ensure their child has access to their allergy medication on the journey to and from school**, including two adrenaline auto-injectors where prescribed.

- **Inform the school immediately of any changes to their child's allergy status, medical condition or prescribed treatment**, and ensuring that relevant documentation (including the IHP and Allergy Action Plan) is updated accordingly.

- **Provide the school with a current photograph of their child** and giving written consent for this to be shared appropriately with relevant staff as part of the child's allergy management arrangements.

- **Support their child to understand their allergy diagnosis**, in line with their age and level of understanding, and encouraging them to:
    - advocate for themselves where appropriate; and
    - take reasonable steps to reduce the risk of an allergic reaction, for example by avoiding foods or substances to which they are allergic and alerting an adult if they feel unwell or at risk.

All Pupils

Pupils are expected to contribute to a safe, supportive and inclusive school environment for everyone, including those with allergies. In line with their age and understanding, pupils are expected to:

- **Be allergy aware** and understand that allergies can be serious and, in some cases, life-threatening.

- **Recognise and respect the risks that allergens may pose to others**, and follow any measures, rules or guidance put in place by the school to support pupils with allergies.

- **Show consideration and support towards peers with allergies**, including understanding how their actions may affect others and being alert to, and reporting, any allergy-related bullying or unkind behaviour.

- **Learn how they can help keep others safe**, for example by not sharing food, drinks or utensils where this could pose a risk.

- **Older pupils, where appropriate, will be supported to learn how to recognise the signs of an allergic reaction**, and how to alert staff and assist appropriately in an emergency, in line with school training and guidance.

- **Where pupils are permitted to bring food from home or purchase food independently**, and are of an appropriate age and maturity, they are expected to:
    - check ingredient information where required; and
    - follow any school guidance or restrictions relating to food brought onto the school site.

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Pupils with Allergies
In addition to the general responsibilities set out above, pupils with allergies are expected, in line with their age, maturity and capability, to take an active role in managing their condition and keeping themselves safe.

These responsibilities include:

- **Knowing and understanding their own allergies**, and how they can take reasonable steps to reduce personal risk. Expectations will be proportionate to the pupil's age, understanding and ability.

- **Avoiding their allergen(s) as far as reasonably practicable**, and following advice provided by parents/carers, healthcare professionals and the school.

- **Understanding and following the school's procedures for lunches, snacks and food provision**, and recognising how these arrangements help to reduce the risk of an allergic reaction.

- **Informing a member of staff immediately if they feel unwell**, or if they believe they may be experiencing an allergic reaction.

- **Carrying two adrenaline auto-injectors at all times where prescribed**, if this is appropriate for the pupil's age and capability and using them only for their intended purpose.

- **Understanding how and when to use their adrenaline auto-injector**, in line with their Allergy Action Plan and any training provided.

- **Speaking to the Designated Allergy Lead or another trusted member of staff** if they have concerns about school processes, arrangements or systems relating to their allergy.

- **Raising concerns with a member of staff if they experience, or witness, inappropriate behaviour** related to their allergy, including bullying or teasing.

- **Where pupils are permitted to leave the school site during the school day or are boarding**, understanding what to do if they experience an allergic reaction off school premises. This should include:
    - how to treat themselves;
    - how to raise the alarm and seek help; and
    - who to contact in an emergency.
- **Ensuring they have their prescribed medication with them on the journey to and from school**, where this is appropriate for their age and capability.

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Section 6: Information, Documentation and Communication

Allergy Register
The school will maintain an **up-to-date register of pupils with diagnosed allergies**.

The register will include:

- pupils with a **history of anaphylaxis**;
- pupils who have been **prescribed adrenaline auto-injectors**; and
- pupils with a **clinically diagnosed allergy where adrenaline auto-injectors have not been prescribed**.

The allergy register will be used to support effective allergy management, risk assessment and communication with relevant staff, and will be reviewed and updated regularly to reflect changes in pupil medical information.

Individual Healthcare Plans (IHPs)
Each pupil with a diagnosed allergy will have an **Individual Healthcare Plan (IHP)** in place. The IHP will be developed in partnership with parents/carers and relevant healthcare professionals and will be reviewed regularly and updated as required.

The IHP will include, as a minimum:

- **Details of the pupil's known allergens** and any identified risk factors that may increase the likelihood or severity of an allergic reaction.

- **A summary of the pupil's allergy history**, including details of any previous allergic reactions or episodes of anaphylaxis, where known.

- **Clear information about prescribed medication**, including:
    - the type of medication (e.g. adrenaline auto-injectors, antihistamines, inhalers);
    - prescribed dose(s); and
    - any specific instructions for use.

- **Written parental/carer consent for the administration of medication**, including consent for the use of the school's spare adrenaline auto-injectors in the event of suspected anaphylaxis, where applicable.

- **A recent photograph of the pupil**, to support identification and safe management arrangements.

- **A copy of the pupil's Allergy Action Plan**, setting out clear instructions on recognising symptoms and responding to an allergic reaction or anaphylaxis.

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Section 7: Risk Management in Daily Practice

Allergy Considerations in Activity Planning and Risk Assessment
Allergens can be present in a wide range of activities and environments, including in ways that may not be immediately obvious.

The school recognises the importance of proactively identifying and managing these risks.

- **All staff, including visiting staff, volunteers and external providers, must consider allergies when planning and delivering activities** and ensure that relevant risks are identified and addressed through appropriate risk assessments.

- Allergy considerations must be incorporated into risk assessments for all activities, including, but not limited to:
    - **Classroom activities**, such as:
        - arts and crafts involving food packaging or food products;
        - science experiments where allergens may be present; and
        - food technology, cooking or tasting activities.
    - **Animals brought into school**, including visiting animals (e.g. dogs) or activities such as hatching eggs, which may pose an allergen or respiratory risk.
    - **Extra-curricular activities and clubs**, where snacks, food or "treats" may be provided.
    - **Special events and celebrations**, such as cultural days, fundraising events or themed activities where food may be shared or displayed.

- Where food is provided as part of an activity, staff must:
    - ensure that **safe alternatives are available** for pupils with allergies; or
    - consider using **non-food alternatives** that allow all pupils to participate safely.

- **The inclusion of pupils with allergies must be considered alongside safety at all times.** Pupils should not be excluded from activities because of their allergy. Where necessary, activities should be **adapted or reasonable adjustments made** to enable safe participation.

- The school will ensure that arrangements for pupils with allergies are made in accordance with its duties under the **Equality Act 2010**, and that pupils with allergies are supported to participate fully in school life wherever it is reasonably practicable to do so.

Section 8: Food, Catering and Labelling

Catering and Food Allergen Management
The school is committed to providing **safe, inclusive and appropriate food** for pupils, staff and visitors, including those with food allergies.

To support this commitment, the school will ensure that:

- **Appropriate due diligence is undertaken when appointing catering providers or catering staff**, including consideration of their arrangements for allergen management, food safety and staff training.

- **All catering staff and any other staff involved in the preparation or handling of food** receive relevant and appropriate **allergen awareness training**, proportionate to their role.

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- **Anyone preparing or handling food for individuals with allergies will follow robust food hygiene, food safety and allergen management procedures**, including controls to prevent cross-contamination.

- **The catering team will be supported to become familiar with pupils who have food allergies**, and the nature of those allergies, with appropriate information shared by the school.

- **Where reasonably practicable, the catering team will provide a range of suitable meal options** for pupils and staff with food allergies, to support inclusion and choice.

- **Robust procedures will be in place to identify pupils with food allergies at the point of food service.** These procedures will include at least two methods of identification, for example:
    - a visual check by a member of staff familiar with the pupils with allergies; and
    - access to photographs of pupils with food allergies.

    Clear contingency arrangements will be documented to ensure continuity where usual staff are absent.

    These arrangements are particularly important in early years and primary settings, where pupils may be less able to manage risk independently.

- **Food containing any of the 14 specified allergens will be clearly identified**, and additional ingredient information will be made available on request.
  Where pupils or staff have allergies to foods outside the main 14 allergens, **additional control measures and communication processes** will be implemented and documented as required.

- **Pre-packed food for direct sale (PPDS)** will comply with current legislation (Natasha's Law), with full ingredient lists and allergen information displayed on the packaging.

- **Any changes to ingredients or recipes that may affect allergen content** will be communicated promptly to pupils with dietary needs and relevant staff.
  Responsibility for this communication will rest with the catering provider in liaison with the Designated Allergy Lead (or nominated school contact).

- **The school's approach to foods with precautionary allergen labelling** (e.g. "may contain") will be clearly defined and communicated to pupils, parents/carers and staff.

- **Food provided through breakfast clubs, after-school clubs or similar provision** will follow the same allergen management procedures, or equivalent controls where arrangements differ.

- **Any additional catering controls** (for example, avoiding the use of nuts as an ingredient or restricting certain foods) will be clearly documented and communicated.

- **Where food is sold on site**, such as through a tuck shop or vending provision, the school will ensure that:
    - allergen information is available;
    - reasonable measures are in place to support pupils in avoiding their allergens; and
    - any agreed food restrictions are applied consistently.

Food Brought into School and Off-Site Activities
The school recognises that food brought into school or consumed during school-related activities can present a risk to pupils with food allergies.

Clear arrangements are therefore in place to manage these risks while supporting inclusion and participation.

- **The school will set out and communicate clear expectations regarding food brought onto the school site or taken on school-organised activities**, including educational visits, sporting fixtures and residential trips.

- **Food brought in by pupils, parents/carers or visitors**, including for:
    - birthdays and celebrations;
    - tuck shops;
    - fundraising events;
    - parent/carer events; and
    - food brought into boarding houses (where applicable),
      must comply with the school's allergen management arrangements and any specific guidance or restrictions in place.
- **The school may restrict or prohibit certain foods** where this is necessary to reduce the risk to pupils with allergies. Any such restrictions will be proportionate, clearly communicated and kept under regular review.

- **Where food is provided for whole-school or class-based events**, staff will:
    - consider the needs of pupils with allergies in advance;
    - ensure suitable alternatives are available; or
    - use non-food alternatives where this provides a safer and more inclusive option.

- **Parents/carers are expected to follow school guidance when providing food** for any school-related purpose and to avoid bringing in food that could pose a foreseeable risk to pupils with known allergies.

- **For school trips, sporting fixtures and residential activities**, allergy risks associated with food will be:
    - identified as part of the risk assessment process;
    - managed through appropriate planning and communication; and
    - supported by clear arrangements for access to medication and emergency response.

- **In boarding settings**, additional controls will be in place to manage food brought into boarding houses, including clear expectations for pupils, supervision arrangements and procedures for responding to allergy-related concerns.

- **All arrangements relating to food brought into school will balance safety with inclusion**, ensuring that pupils with allergies are not excluded from activities unnecessarily and that reasonable adjustments are made in line with the school's duties under the Equality Act 2010.

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Food bans or restrictions

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

- We try to restrict peanuts and tree nuts as much as possible on the site and check all foods coming into the kitchen.

- All food coming onto school premises or taken on a school trip or to a match should be checked to ensure peanuts and tree nuts are not an ingredient in another product.

- Please check the label on all foods brought in. Common foods that contain these goods as an ingredient include: packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces.

Food Hygiene Expectations for Pupils

Good food hygiene practices play an important role in reducing the risk of allergen exposure and supporting the health and safety of all pupils, particularly those with food allergies.

The school expects that:

- **Pupils will wash their hands thoroughly before and after eating**, including before snacks and meals, to reduce the risk of cross-contamination.

- **Sharing, swapping or throwing food is not permitted** at any time, as this can present a significant risk to pupils with food allergies.

- **Water bottles, lunch boxes and packed lunches should be clearly labelled**, to support identification and reduce the risk of accidental allergen exposure.

- **Where pupils have access to kitchens or food preparation areas** (for example, in boarding accommodation, food technology rooms or pupil-used kitchen facilities), the school will have clear procedures in place to:
    - minimise the risk of cross-contamination;
    - ensure appropriate cleaning and hygiene standards;
    - manage the safe storage of food, including separation of allergenic foods where necessary; and
    - provide appropriate supervision, in line with pupils' age and capability.

These expectations support a safe, inclusive and respectful environment and apply across the school day, including during clubs, activities and residential or boarding provision where relevant.

Section 9: Educational Visits and Sports Fixtures

The school will ensure that appropriate arrangements are in place to manage allergies and anaphylaxis safely during educational visits, sporting fixtures and off-site activities.

To support this, the school will ensure that:

- **The member of staff leading the visit or activity holds an up-to-date list of pupils with allergies**, together with details of their prescribed medication and emergency arrangements. All staff accompanying the visit must be made aware of pupils with allergies and the control measures in place.

- **Allergy risks are identified and addressed within the visit risk assessment**, including consideration of:
    - activities undertaken;
    - food provision; and
    - the environment or venue being visited.

- **Catering arrangements for visits are planned in advance**, with appropriate controls in place to ensure pupils with allergies are provided with safe meals or alternatives.

- **Parents/carers, and pupils where appropriate, may be consulted during the planning process**, particularly where:
    - the visit involves food provision;
    - the pupil's allergy presents a higher level of risk; or
    - the visit includes an overnight stay or residential element.

- **Staff accompanying the visit will be trained to recognise and respond to allergic reactions and anaphylaxis**, in line with school procedures. Where appropriate and proportionate, older pupils may also be supported to understand how to raise the alarm and seek help in an emergency.

- **Where packed lunches or catered meals are provided**, allergen information will be clearly labelled. The school will have clear arrangements in place to ensure that pupils and staff with allergies outside of the "main 14" allergens are also provided with safe food. These arrangements will be documented and communicated to relevant staff.

- **Where pupils attend sporting fixtures or events hosted by another school or organisation** (for example, match teas), details of dietary requirements and allergies will be shared in advance to support the provision of a safe meal.

- **Arrangements for access to medication and emergency response** will be clearly planned and communicated, including ensuring that prescribed medication is readily accessible at all times.

Section 10: Insect Stings

Insect Sting Allergy Management
The school recognises that insect stings (for example from bees or wasps) can pose a serious risk to individuals with a known insect venom allergy. Appropriate preventative and response measures will therefore be in place to reduce the likelihood of stings and to manage risks effectively.

Preventative Measures
Where pupils or staff have a known insect venom allergy, reasonable steps will be taken to reduce exposure. This may include encouraging individuals, where age-appropriate, to:

- **Avoid walking barefoot or wearing open footwear outdoors**, and to keep arms and legs covered where reasonably practicable;

- **Avoid wearing strong perfumes, scented cosmetics or hair products**, which may attract insects;

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- **Keep food and drinks covered when outdoors**, particularly during warmer months.

These measures will be communicated sensitively and proportionately, taking account of age, setting and individual needs.

School Environment and Grounds

- The school will ensure that **the school grounds are monitored for wasp or bee nests**, with responsibility assigned to the Estates Manager.

- **Any identified nests will be risk assessed and managed appropriately**, including arranging professional removal where necessary.

- **Pupils and staff are expected to report sightings of wasp or bee nests** to a member of staff immediately and to avoid the area.

Specific Arrangements

- Where a pupil or member of staff has a known insect venom allergy, this will be recorded within their **Individual Healthcare Plan (where applicable)** and appropriate control measures put in place, including access to emergency medication.

- **If the school keeps bees, or undertakes activities involving bees**, and a pupil or staff member has a bee sting allergy, **specialist advice will be sought** to ensure risks are managed appropriately and safely.

Inclusion and Safety

All arrangements relating to insect sting allergies will be managed in a way that **balances safety with inclusion**, ensuring that pupils with allergies are supported to participate fully in school life wherever it is reasonably practicable, in line with the school's duties under the Equality Act 2010.

Section 11: Animals

Animal Allergy Management

The school recognises that **animal allergies are most commonly triggered by dander (flakes of skin), saliva or urine**, rather than animal fur alone. Appropriate controls will therefore be implemented to reduce the risk of allergic reactions while supporting safe and inclusive participation.

General Precautions

To limit the risk of an allergic reaction, the school will ensure that:

- **Pupils with a known animal allergy are supported to avoid contact with the animal(s) to which they are allergic**, in line with their Individual Healthcare Plan and age-appropriate expectations.

- **Any visit involving animals is subject to a risk assessment prior to the visit**, which will:
    - identify pupils or staff with known animal allergies;
    - assess the level of risk; and
    - set out appropriate control measures.

- **Areas accessed by animals are cleaned thoroughly after contact**, to reduce residual allergens in the environment.

- **All pupils, staff and visitors who come into contact with animals wash their hands thoroughly after contact**, and before eating or handling food.

Animals on Site

- **Where animals live on site**, for example in boarding accommodation, school residences or as part of educational provision:
    - pupils, parents/carers and staff will be informed in advance;
    - known allergies will be considered; and
    - reasonable adaptations or control measures will be implemented to reduce risk and support inclusion.

Educational Visits and Activities

- **School trips, curriculum activities or enrichment experiences that involve contact with animals** will be carefully risk assessed as part of the visit planning process.
- Where necessary, **alternative arrangements or reasonable adjustments will be made** to enable pupils with animal allergies to participate safely.

Inclusion and Safety

All arrangements relating to animal allergies will balance **safety with inclusion**, ensuring that pupils with allergies are not excluded from activities unnecessarily and that reasonable adjustments are made in line with the school's duties under the **Equality Act 2010**.

Section 12: Allergic Rhinitis / Hay Fever

The school recognises that seasonal pollen allergies (hay fever) and persistent nasal allergies caused by indoor allergens, such as house dust mites, can affect pupils' health, wellbeing and ability to participate fully in school life. Appropriate measures will be implemented to manage these conditions effectively.

General Arrangements

To support pupils with pollen-related or indoor allergen allergies, the school will:

- **Encourage parents/carers to inform the school of any diagnosed seasonal or persistent allergies**, and to provide relevant medical information where symptoms may impact learning or wellbeing.

- **Record relevant information within the pupil's Individual Healthcare Plan (where required)**, including any prescribed medication and agreed control measures.

- **Support pupils to access prescribed medication**, such as antihistamines or nasal sprays, in line with school procedures and parental consent.

Managing Seasonal Pollen (Hay Fever)

During periods of high pollen levels, the school will take reasonable steps to reduce exposure, which may include:

- Encouraging pupils to **wash their hands and face after outdoor activities**, particularly during peak pollen seasons.

- **Keeping windows closed where practicable** during high pollen periods, while ensuring adequate ventilation is maintained.

- Utilising **air cleaners/HEPA filters** to help decrease the amount of pollen present in the air.

- Allowing reasonable adjustments, such as **reducing outdoor exposure** where symptoms are severe and this is supported by medical advice.

- Supporting pupils who experience symptoms such as **itchy eyes, sneezing, headaches or fatigue**, which may affect concentration and learning.

- Regular checking of the pollen forecast Pollen forecast - Met Office, Pollen forecast - GOV.UK

Managing Indoor Allergens
To reduce exposure to indoor allergens, such as house dust mites, the school will:

- Maintain **appropriate cleaning regimes**, including regular vacuuming and dusting of classrooms and shared areas.

- Ensure **soft furnishings, carpets and bedding (where applicable, such as in boarding accommodation)** are cleaned and maintained appropriately.

- Take reasonable steps to ensure classrooms and learning spaces are **well ventilated and dry**, to discourage allergen build-up.

- Utilise **air cleaners/HEPA filters** to help decrease the amount of pollen present in the air.

- Avoid the use of **fragranced products** such as air fresheners, reed diffusers, essential oils, plug-in air fresheners etc.

Inclusion and Wellbeing

- Pupils with hay fever or persistent nasal allergies will be **supported to participate fully in school activities**, and symptoms will be managed sensitively and proportionately.

- Where symptoms have a significant impact on attendance, learning or wellbeing, **reasonable adjustments will be considered**, in line with the school's duties under the **Equality Act 2010**

Section 13: Adrenaline Pens (AAIs) – Storage, Access and Spares

Storage and Access to Adrenaline Auto-Injectors
The school will ensure that adrenaline auto-injectors (AAIs) are stored and managed safely, while remaining readily accessible in an emergency.

The following arrangements apply:

- **Pupils who have been prescribed adrenaline auto-injectors will have access to two in-date devices at all times**, in line with medical guidance and their Allergy Action Plan.

- **The school will clearly define its approach to the storage and carrying of adrenaline auto-injectors**, taking account of pupils' age, maturity and capability.
  This may include:
    - pupils carrying their own adrenaline auto-injectors; and/or
    - centrally stored adrenaline auto-injectors held by the school.

As a general principle, pupils may transition from school-managed storage to carrying their own medication at an appropriate age (often around Year 4 or Year 5), subject to individual assessment and agreement with parents/carers.

- **Where adrenaline auto-injectors are stored centrally**, the school will ensure that:
    - the storage location(s) are clearly identified and known to staff;
    - devices are clearly labelled;
    - the pupil's Allergy Action Plan is stored with or readily accessible alongside the medication; and
    - access is available at all times during the school day.

- **Arrangements will also ensure that pupils have access to two adrenaline auto-injectors when travelling to and from school**, in accordance with agreed procedures and parental responsibilities.

- **Routine spot checks will be undertaken** to confirm that adrenaline auto-injectors are:
    - present in the correct locations; and
    - within their expiry dates.

- **Adrenaline auto-injectors must not be kept locked away**, as this could delay emergency treatment.

- **Adrenaline auto-injectors will be stored in accordance with manufacturer's guidance**, including:
    - being kept at moderate temperatures;
    - avoiding exposure to direct sunlight; and
    - not being stored near heat sources (e.g. radiators).

- **Used or expired adrenaline auto-injectors will be disposed of safely as sharps**, in line with local arrangements and waste disposal guidance.

Spare Adrenaline Auto-Injectors

In line with government guidance, the school holds **spare adrenaline auto-injectors (AAIs)** for use in an emergency where a pupil is experiencing suspected anaphylaxis and their own prescribed medication is not immediately available or is not suitable.

- **KJS currently holds 4 spare adrenaline auto-injectors, BHS currently hold 3 spare adrenaline auto-injectors**

- **The locations of spare adrenaline auto-injectors are clearly identified and signposted**, and details of their location and dose are recorded.
  Spare AAIs are stored at the following locations:

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KJS
On the wall at reception (2 in the case)
On the wall in the medical room (2 in the case)

BHS
Main officer / reception (all 3)

Management and Oversight
The **Designated Allergy Lead**, supported by the **School Nursing Team / Medical Lead**, is responsible for the management of spare adrenaline auto-injectors, including:

- **Determining the appropriate number of spare AAIs required**, taking account of:
    - the size and layout of the school site;
    - the number and age range of pupils; and
    - off-site activities.
      This may include holding spare AAIs in **clearly identified grab bags** for educational visits, sporting fixtures or other off-site activities.

- **Determining the appropriate dosage(s) to be held**, in accordance with **Resuscitation Council UK age-based guidance**.

- **Selecting the brand(s) of spare AAIs to be purchased**. Where reasonably practicable, the school will aim to purchase **a single brand** to reduce the risk of confusion during an emergency.

- **Arranging the purchase of spare AAIs**, which may be obtained at low cost from a local pharmacy, in line with current government guidance.

- **Ensuring appropriate distribution of spare AAIs around the school site**, with:
    - clear signage;
    - secure but accessible storage; and
    - staff awareness of locations.

Access and Use
- Spare adrenaline auto-injectors will be **readily accessible at all times during the school day** and must not be locked away.

- Spare AAIs will be **stored and managed in accordance with manufacturer's guidance**, including temperature and storage conditions.

- **Records will be maintained** to support monitoring of:
    - brand and dose;
    - expiry dates; and
    - location.

Adrenaline Auto-Injectors on Off-Site Activities
The school will ensure that appropriate arrangements are in place to manage allergies and anaphylaxis safely during educational visits, sporting fixtures and other off-site activities.

The following arrangements apply:

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- **No pupil who has been prescribed adrenaline auto-injectors will attend an off-site activity without access to two of their own devices.**
  The visit or trip leader is responsible for checking that this requirement has been met prior to departure.

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- **Adrenaline auto-injectors will be kept readily accessible at all times during off-site activities**, including during travel.
  Devices must not be:
    - stored in the hold of a coach or vehicle; or
    - left unattended in changing rooms, bags or other inaccessible locations.

- **Adrenaline auto-injectors will be protected from extreme temperatures**, in line with manufacturer's guidance, and will not be exposed to excessive heat, cold or direct sunlight.

- **All staff accompanying pupils on off-site activities will be made aware of pupils with allergies**, and will be appropriately trained to:
    - recognise the signs and symptoms of an allergic reaction, including anaphylaxis; and
    - respond in accordance with the pupil's Allergy Action Plan and school procedures.
- **As part of the visit risk assessment, consideration will be given to taking spare adrenaline auto-injectors** (where held by the school) on off-site activities.
  This decision, including arrangements for storage and access, will be documented within the risk assessment.

Section 14: Responding to an Allergic Reaction / Anaphylaxis

The school will respond promptly and effectively to any allergic reaction, with particular urgency where **anaphylaxis is suspected**, as this is a medical emergency.

If a pupil experiences an allergic reaction, staff must take the following actions:

- **Act immediately and follow the pupil's Allergy Action Plan**, where one is in place.

- **Activate the school's Emergency Response Plan** without delay.

- **If anaphylaxis is suspected, administer adrenaline immediately.**
  Adrenaline should not be delayed while awaiting further symptoms or confirmation.

- **Treat the pupil where they are**, unless they are in immediate danger.
  The pupil should be:
    - laid flat with their legs raised to improve blood flow; and
    - medication should be brought to them.
      Do not make the pupil stand or walk.

- **Use the pupil's own prescribed adrenaline auto-injector if it is immediately available.**

- **The pupil may self-administer their adrenaline auto-injector**, if they are able to do so.
  Alternatively, a member of staff may administer the device.
  While trained staff should administer adrenaline wherever possible, **in an emergency, any person is permitted to administer adrenaline to save life**.

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- **If the pupil's own adrenaline auto-injector is unavailable, misfires or cannot be used, a spare adrenaline auto-injector must be used**, in accordance with school procedures.

- **If anaphylaxis is suspected in a pupil who does not have a known allergy, prescribed adrenaline or an Allergy Action Plan**:
    - lay the pupil flat with their legs raised;
    - call **999 immediately** and state that *anaphylaxis is suspected*;
    - inform the emergency call handler that the school holds **spare adrenaline auto-injectors**; and
    - follow the instructions given by the call handler.
      In exceptional circumstances, **a spare adrenaline auto-injector may be administered to any person for the purpose of saving life**, in line with MHRA advice.
- **If there is no improvement after 5 minutes**, administer a **second adrenaline auto-injector**, if available, and **call the emergency services again**, informing them that a second dose has been given.

- **Do not move the pupil** once adrenaline has been administered, even if symptoms appear to improve, **until assessed by a medical professional or paramedic**.

- **Any pupil who has received adrenaline for suspected anaphylaxis must be transferred to hospital**, even if they appear to have fully recovered.
  A member of school staff will accompany the pupil in the ambulance and remain with them until a parent or carer arrives.

Section 15: Inclusion, Wellbeing and Anti-Bullying

The school recognises that allergies can have a **significant impact on a pupil's mental health and emotional wellbeing**. Pupils with allergies may experience anxiety, stress or low mood related to managing risk, and may be more vulnerable to bullying or social exclusion.

To support pupils effectively, the school will ensure that:

- **No pupil with allergies is excluded from participating in school activities**, whether on the school premises or during educational visits, trips or residential activities.
  Where necessary, activities will be adapted and reasonable adjustments made to enable safe and inclusive participation.

- **Pupils with allergies are offered appropriate pastoral support**, which may include regular check-ins from a Tutor, Head of Year, House Parent or other pastoral staff, particularly where anxiety or wellbeing concerns are identified.

- **The views and experiences of pupils with allergies are considered in advance** of wider school discussions, communications or initiatives relating to allergies or allergy awareness, to ensure messaging is sensitive, proportionate and supportive.

- **Bullying or harassment related to allergies is not tolerated** and will be addressed promptly in line with the school's Anti-Bullying Policy and behaviour procedures.

- **Staff remain alert to the emotional and social impact of living with an allergy**, and will raise concerns through appropriate safeguarding, pastoral or wellbeing channels where additional support may be required.

Section 16: Training and Drills

The school is committed to ensuring that **all staff receive regular and appropriate training** to support the safe and effective management of allergies and anaphylaxis.

Allergy and Anaphylaxis Training

- **All staff will receive allergy and anaphylaxis training at least annually**, to ensure they have a clear understanding of allergies and their role in keeping pupils safe.
- Training will include, as a minimum:
    - **An understanding of what an allergy is**, including common allergens and the potential seriousness of allergic reactions;
    - **Measures to reduce the risk of an allergic reaction occurring**, including everyday control measures and good practice;
    - **How to recognise the signs and symptoms of an allergic reaction**, including anaphylaxis, and **how to respond appropriately**;
      Staff will be given the opportunity to practise using a **training adrenaline auto-injector**;
    - **How the school manages allergies**, including:
        - the Emergency Response Plan;
        - key documentation (e.g. Individual Healthcare Plans and Allergy Action Plans); and
        - communication arrangements;
    - **Where adrenaline auto-injectors are stored**, including both:
        - pupils' prescribed medication; and
        - the school's spare adrenaline auto-injectors,
          and how these can be accessed quickly in an emergency;
    - **The importance of inclusion for pupils with allergies**, including:
        - the impact of allergies on mental health and wellbeing; and
        - awareness of, and prevention of, allergy-related bullying;
    - **An overview of food labelling requirements**, to support safe food handling and supervision; and
    - **Participation in an anaphylaxis emergency drill**.

Anaphylaxis Drills

- The school will **carry out an anaphylaxis drill at least once per year**.

- The drill will include:
    - a **simulated scenario** involving a pupil or member of staff experiencing an allergic reaction; and
    - testing the **whole-school response**, including communication, access to medication and emergency procedures.
- The results of the drill are recorded and used to inform the ongoing review of the allergy safety policy.

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- The outcomes of the drill will be **reviewed**, and any lessons learned will be used to improve procedures, training or arrangements as required.

Section 17: Asthma

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions.

Section 18: Incident Reporting and Learning

We log all allergic reactions and near-misses, investigate causes, share learning, and update risk controls, training and plans as needed. Where applicable, incidents are reported to external bodies in line with statutory requirements.

Section 19: Managing Allergic Reactions

Allergic Reactions Can Vary

The school recognises that **allergic reactions are unpredictable** and may vary in severity from one episode to another. Reactions can be influenced by factors such as illness, stress or hormonal changes.

- A person may **not react in the same way each time**, even to the same allergen.
- Allergic reactions are **not always progressive**. They do not necessarily develop from mild to moderate to severe; in some cases, reactions can be **life-threatening within minutes**.
- Staff must therefore treat all suspected allergic reactions seriously and follow school procedures.

Mild to Moderate Allergic Reactions

Possible Symptoms

Symptoms of a mild to moderate allergic reaction may include:

- Swollen lips, face or eyes;
- Itchy or tingling mouth;
- Hives or an itchy skin rash;
- Abdominal pain;
- Vomiting; and/or
- Changes in behaviour (particularly in younger children).

Response to Mild or Moderate Reactions

If a pupil displays symptoms of a mild to moderate allergic reaction, staff should:

- **Stay with the pupil** and provide reassurance;
- **Call for assistance** in line with school procedures;
- **Locate the pupil's medication**, including adrenaline auto-injectors;
- **Administer antihistamine**, if prescribed and authorised;
- **Record the time** symptoms began and medication was given;

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- **Inform parents/carers** as soon as practicable; and
- **Continue to closely monitor the pupil**, as symptoms may escalate.

Serious Allergic Reactions (Anaphylaxis)

The most serious type of allergic reaction is **anaphylaxis**. Although anaphylaxis is uncommon, it is **always a medical emergency** and must be treated as time-critical.

- Anaphylaxis usually occurs within **20 minutes of exposure** to an allergen but may begin **up to 2–3 hours later**.

- A person who has never previously had an allergic reaction, or who has only experienced mild reactions in the past, **can still experience anaphylaxis**.

- While most people recover fully with prompt treatment, **anaphylaxis can be fatal in rare cases**.

Recognising Anaphylaxis

Staff should use the **A–B–C approach** to recognise the signs of anaphylaxis:

A – Airway

- Persistent cough;
- Hoarse voice;
- Difficulty swallowing; or
- Swollen tongue.

B – Breathing

- Difficult or noisy breathing;
- Wheezing; or
- Persistent cough.

C – Circulation

- Persistent dizziness;
- Pale, clammy or floppy appearance;
- Drowsiness or confusion;
- Collapse or loss of consciousness.

If anaphylaxis is suspected, adrenaline must be given immediately. Do not delay treatment.

Responding to Suspected Anaphylaxis

Administering Adrenaline

If anaphylaxis is suspected, staff must take the following actions:

1. **Bring the medication to the pupil**; do not move them unless they are in immediate danger.
2. **Position the pupil appropriately**:
    - Lay them flat with legs raised; or
    - If breathing is difficult, allow them to sit upright with legs outstretched.
3. **Do not remove clothing**, but avoid injecting through thick seams, zips, buttons or objects in pockets.
4. **Administer adrenaline into the upper outer thigh**, in accordance with the

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manufacturer's instructions.

5. **Record the time** the adrenaline was given and **call 999 immediately** (or ask another person to do so while adrenaline is administered).
   State clearly that *anaphylaxis is suspected and adrenaline has been given*.
6. **Stay with the pupil** and do not allow them to stand or move, even if they begin to feel better.
7. **Contact the pupil's emergency contact** as soon as practicable.
8. **If there is no improvement or symptoms worsen after 5 minutes**, administer a **second adrenaline auto-injector** using a different device.
   Call 999 again and inform them that a second dose has been given.
9. **Commence CPR if required**, in line with training.
10. **Hand used adrenaline auto-injectors to the paramedics** on arrival and ensure arrangements are made for replacement devices.

Aftercare

- **Any person who has received adrenaline for suspected anaphylaxis must be taken to hospital**, even if symptoms appear to have resolved.
- A **member of school staff must accompany the pupil in the ambulance** and remain with them until a parent or carer arrives.

Further guidance is available in the **Government's Guidance on the Use of Adrenaline Auto-Injectors in Schools**, which the school follows.

Section 20: Unacceptable Practice

The following examples set out unacceptable practice in relation to children and young people with allergies and related medical conditions. This list is not exhaustive.

Unacceptable practice includes:

- Preventing children and young people from **easily accessing their prescribed emergency medication**, including adrenaline auto-injectors (AAIs) and asthma reliever inhalers, in accordance with their Individual Healthcare Plan (IHP), or restricting access to medication when and where it may be required.

- Expecting or assuming that **all children with the same allergy require identical support**, controls or adjustments, rather than assessing needs on an individual basis and following the child's agreed healthcare plan.

- Assuming that **older children and young people do not require support** for their allergies because they are able to take on some self-management, without appropriate oversight, review and safety arrangements.

- **Ignoring or disregarding the views** of the child or young person, or their parents or carers, in relation to allergy management, risk controls or healthcare planning.

- **Disregarding medical evidence** or the advice of healthcare professionals, including specialist allergy advice where provided.

- Assuming that a child or young person **does not have an allergy** or related medical condition because a formal diagnosis has not yet been confirmed, for example where medical investigation is ongoing.

- **Unreasonably requesting additional medical evidence** or specialist confirmation as a condition of providing support, where reasonable information has already been supplied.

- Discriminating against children or young people with allergies by **sending them home unnecessarily**, excluding them from normal school activities, or restricting participation in lunchtimes, extracurricular activities or school events due to their allergy.

- **Sending a child who is unwell or experiencing an allergic reaction** to an office or medical room without appropriate supervision. In cases of suspected allergy-related emergencies (including anaphylaxis), assistance must come to the child immediately and emergency procedures followed.

- Penalising children or young people for attendance where absences are **linked to their medical condition**, such as allergy-related illness, hospital appointments or medical management. This includes excluding pupils from attendance rewards where non-attendance arises from a medical need and should be reflected within attendance policies.

- Setting **lower attendance expectations** for pupils with allergies, for example through sustained part-time timetables that are not clinically justified or regularly reviewed.

- Preventing children and young people from **eating, drinking or taking toilet or rest breaks** when required to safely manage their allergy or associated medical condition.

- Requiring parents or carers, or creating the expectation that they must attend school, to **administer medication or manage allergic reactions**, except where this forms part of an agreed and reasonable arrangement. Parents and carers should not be adversely impacted because the school has failed to put appropriate support in place.

- Preventing children and young people from participating in, or placing **unnecessary barriers on participation** in trips, visits, residentials or wider school life because of their allergy, including requiring parents to accompany them as a condition of attendance.

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