Name of Policy	**Allergens and Anaphylaxis Policy**
Responsible Body	Trust
Responsible Person	CFOO
Review Committee	Finance Audit and Risk Committee
Last review date	Autumn 2026
Next review date	Autumn 2029 (or earlier if new guidance or legislation issued and/or business need for earlier review identified)
Revisions at last review	New Policy to adhere to Benedict's Law

1 Purpose

The purpose of this policy is to minimise the risk of any child suffering a serious allergic reaction while at a Cheviot Academy Trust setting or attending any organisation-related activity. It ensures that all staff are properly prepared to recognise, manage, and respond safely and effectively to serious allergic reactions and anaphylaxis. Appropriate management of allergies should ensure no child is excluded from activities because of an allergy.

2 Scope

This policy applies to all staff for the protection of everyone including pupils, staff, visitors, contractors and governors.. The term "provider" or "setting" encompasses all classrooms, nurseries, pre-providers, and wrap-around care operating under the Trust's umbrella.

Roles and responsibilities

2.1 Parents/Carers Responsibilities

- **Information Sharing**: Parents/carers /carers must inform the setting headteachers of any allergies upon a child's entry to the setting. This must include histories of previous serious reactions, anaphylaxis, and current prescribed medication.

- **Allergy Action Plans**: Parents/carers must supply an up-to-date copy of their child's Allergy Action Plan, developed in collaboration with a healthcare professional.

- **Medication Supply**: Parents/carers are responsible for ensuring that all required, in-date medication is supplied and replaced as necessary.

- **Updates**: Parents/carers must immediately notify the school of any updates to the child's allergy management plan.

2.2 Governor Responsibilities

- A lead governor in each school will oversee policy implementation and review

2.3 Headteacher/SLT responsibilities

- A member of SLT will lead on allergy awareness and oversee policy implementation and review

2.4 Staff Responsibilities

- **Training and Awareness:** All school staff must complete allergy and anaphylaxis awareness, acute asthma and auto injector use training annually. Staff must be aware of the children in their care who have known allergies including asthma.

- **Mealtime Supervision:** Children must always be within sight and hearing of staff while eating. In Early Years settings staff should sit facing children to prevent food sharing and quickly spot unexpected reactions.

- **Information Distribution:** The headteacher or their nominated responsible person must ensure that information regarding food allergies and asthma is shared with all staff.

- **Medication Audits:** The headteacher or their nominated responsible person will check medication kept at the school on a termly basis and remind Parents/carers if expirations are approaching.

- **Log Upkeep:** The headteacher or their nominated responsible person must maintain a register of children prescribed an adrenaline auto-injector (AAI)/asthma inhaler and log any emergency treatments given.

2.5 Child Responsibilities

- Children are encouraged to learn about their allergies/asthma, ask an adult "is this safe for me?" before eating, and immediately report if they are feeling unwell.

2.6 Kitchen Lead Responsibilities

- Maintain compliance with the Food Information Regulation 2014 (Top 14 allergens)

- Keep the kitchen medical diet log up to date and meet with parents/carers to discuss specialised dietary needs with a school member of staff present

2.7 Designated Allergy Lead Responsibilities:

2.8 Individual Healthcare Plans (IHPs): Formally secure, review, and maintain an up-to-date Individual Healthcare Plan (IHP), alongside a verified Allergy Action Plan, (using the model allergy plan risk assessment) for every pupil with a clinically diagnosed allergy. These must be reviewed at least annually, or immediately following any change in the student's medical profile. BSACI have produced a library of allergy action plans here and here. Relevant plans should be completed for each child with an allergy.

2.9

- **Statutory Compliance & Training:** Ensure all school staff (including teaching, support, and catering personnel) undergo mandatory, regular training in accordance with **Benedict's Law**.)
- **Emergency Medication & Stock Management:** Coordinate the procurement, safe storage, accessibility, and auditing of student-specific adrenaline auto-injectors (AAIs). Crucially, the Lead must ensure the school maintains a sufficient, in-date supply of unassigned **"Spare" AAIs** in central emergency kits, distributed strategically across the school site. A supply of unassigned asthma inhalers will also be maintained.
- **Risk Mitigation, Compliance, and Inclusion:**
  - Oversee and sign off on rigorous risk assessments for high-exposure activities, including off-site educational visits, food technology classes, and school events. Compete a self assessment to measure compliance eg Allergy School's Online Self Assessment Checklist
  - Implement systems that guarantee students with severe allergies are fully included in all school activities safely and without discrimination.
  - Maintain a centralised **Incident and "Near-Miss" Log (Appendix 1)** to record any allergen-related breaches or close calls, ensuring formal post-incident reviews are conducted to continually optimize school-wide safety barriers.

3 Legal considerations

This policy follows the Food Information Regulations 2014 (requiring “Top 14” allergen marking), conforms to Early Years Safeguarding 2025 reforms and Benedicts Law.

4 Policy Statement

Cheviot relies on a "whole school awareness" culture to manage the environment, will not use nuts in our catering service and asks all parents/carers to refrain from including items containing nuts in packed lunches.

As no setting can guarantee a 100% allergen-free environment, Cheviot maintains a high level of allergy awareness, focused on strict allergen avoidance, identification of symptoms, proper staff education, and rigorous risk assessments to safely isolate risks when necessary. Awareness will be raised with pupils via inclusion in assemblies/classroom sessions/daily practical implementation of policy across school and with parents/carers/visitors/contractors by regular communication via newsletter/website/messaging service as appropriate.

Specific risk assessments for the setting and for each individual child/staff member/volunteer with allergies (both newly joining and newly diagnosed) will be undertaken to identify control measures (e.g. separate toys for toddlers with milk allergies).

Allergy information will be stored shared and destroyed in line with our data protection and GDPR policy

5 Allergens Action Plan

The setting must not devise their own allergy plans. Parents/carers must provide a certified plan created by their GP or allergy clinic.

These action plans act as an individual healthcare plan, giving formal medical and parental consent for staff to administer emergency medications, including “spare” auto-injectors if applicable.

6 Emergency Treatment and Management of Anaphylaxis

6.1 Recognising Symptoms

Anaphylaxis is a severe, life-threatening allergic reaction affecting the whole body, characterised by ABC symptoms:

Airways: Swelling in the throat/tongue, hoarse voice, difficulty swallowing.

Breathing: Sudden onset wheezing, noisy breathing, or severe breathing difficulties.

Circulation: Dizziness, feeling faint, pale clammy skin, confusion, or loss of consciousness.

Note on Mild/Moderate Symptoms: May include hives/rashes, tingling/itching in the mouth, stomach pain, or vomiting. In younger children, it may also manifest as hand/feet swelling, diarrhoea, or becoming weak, floppy, or inconsolably crying.

6.2 Emergency Action Protocol

If anaphylaxis is suspected, staff must follow our Emergency Anaphylaxis Action Protocol:

Cheviot Emergency Anaphylaxis Action Protocol.

Immediate Emergency Steps

- **Administer Adrenaline:** Use an adrenaline auto-injector (EpiPen/Jext) into the middle of the outer thigh immediately. When in doubt, give it.
- **Position the Patient:** Lie flat with legs raised to support blood flow. Sit up only if breathing is very difficult, but do not stand or walk.
- **Call 999:** Dial emergency services immediately and clearly state the word "**anaphylaxis**".
- **Repeat if Needed:** If symptoms do not improve after 5 minutes, give a second adrenaline dose in the opposite thigh if available.

Key Recognition Signs

- **Airway/Breathing:** Swelling of the tongue or throat, noisy breathing, persistent wheeze, or severe cough.
- **Circulation:** Dizziness, sudden weakness, pale/floppy appearance, collapse, or unconsciousness.
- **Skin/Other:** Widespread hives, severe flushing, or sudden abdominal pain and vomiting.

See also

NHS - Emergency Treatment of Allergic Reactions and Anaphylaxis

Anaphylaxis UK - What to do in an Emergency

Allergy UK - Anaphylaxis Symptoms and Action Sheet

7 Supply, Storage, and Care of Medication

- **Accessibility:** Emergency anaphylaxis kit must never be locked away or behind closed doors. They must remain accessible to all staff at all times and be within 5 minutes of a child.

- **Kit Contents:** Kits must be kept in a uniform, clearly labelled container or bag containing:
    - Two in-date AAI's (e.g., EpiPen or Jext)
    - An up-to-date Allergy Action Plan
    - Antihistamines/syrups and a spoon (if on the action plan)
    - An asthma inhaler (if on the action plan)
    - Copy of the Cheviot Emergency Anaphylaxis Action Protocol.

- **Schools "Spare" Adrenaline Auto-Injector Pens:** The designated Allergy Lead at each school is responsible for ordering spare AAIs. Orders must be signed by the Headteacher on official school letterhead, specifying:
    - The name, address and purpose of the school
    - The total quantity and specific brand/dosage required. To safeguard all age groups across the trust, school must stock appropriate dosages matching the pupil's demographics:
        - 0.15mg (for pupils weighing 7.5kg – 25kg)

typically Early Years/Key Stage 1
    - 0.30mg (for pupils weighing 25kg – 50kg+) typically Key Stage 2, and Secondary pupils.
  - Spares must never be locked away in a safe or deep inside a cupboard. They must be stored in a prominently labelled, visible and easily accessible location known to all staff (e.g.the main school office, medical room, or staff room) ensuring they can be retrieved within 5 minutes from any part of the school ground.
  - Spares must be stored in accordance with manufacturers guidelines

- **Disposal:** AAI's are single use. Used devices must be handed to paramedics, or placed into a dedicated sharps bin, managed by an authorised clinical waste contractor.

8 "Spare" Adrenaline Auto-Injectors (AAI's)

Only providers operating within a registered school framework are legally permitted to purchase and hold "spare" emergency AAI's. Independent or charity-run provisions are excluded by legislation.

Where permitted, spare AAIs are stored in a highly visible, unlocked container labelled "Emergency Anaphylaxis Adrenaline Pen". They must be stored in a prominently labelled, visible and easily accessible location known to all staff (e.g. the main school office, medical room, or staff room) ensuring they can be retrieved within 1-2 minutes from any part of the school ground.

These are intended for use if a pupil's prescribed pen fails, or is misplaced. Additionally, they may be used if a child with no prior history of diagnosed allergy experiences sudden, severe and unambiguous first-time anaphylactic shock on school grounds, and emergency services explicitly direct the staff member to administer the school's spare device while an ambulance is enroute.

Spares must be stored in accordance with manufacturers guidelines.

The headteacher or delegated person is responsible for inspecting these spare devices on a monthly basis to ensure they remain in-date.

The check must verify that:

- The devices are present and have not been tampered with.

- The expiry dates are valid (ideally with at least 3 months remaining before expiration)
- The adrenaline fluid visible through the viewing window is clear and colourless (if it is discoloured or contains particles, the device must be replaced immediately)
- All expiration dates must be logged with the school's medical tracker.
- The Allergy Lead must order replacement devices one month prior to the expiration date of current stock
- The expired or deployed school-held AAI's must be disposed of safely in a designated yellow medical sharps bin, never in regular waste.

9 Food, Catering, and Trips

9.1 Kitchen and Dining Room Controls

- **Menus:** Menus are made available to parents/carers in advance with explicit allergen highlights published on the school website.

- **Identification Systems:** All settings must implement the identity verification system, whereby staff are able to identify which pupils have allergens. This could be identified through an electronic system i.e Swift Kitchen, or another software package for lunch service. Where pupils are attending wraparound care (breakfast club, afterschool club) children may be asked to wear a diet lanyard, or lapel pin so staff can easily identify them when snacks are being served.

- **Cross-Contamination**: Kitchen staff must prepare allergen-safe meals first and thoroughly clean preparation areas and utensils with warm, soapy water.

- **Restrictions:** Food treats or party items must not be given to food-allergic children without explicit parental permission. Food used in crafts, science experiments, or cultural celebrations must be strictly risk-assessed.

9.2 Trips

Trips include any period where children are leaving the primary setting (e.g. nature walk, residential)

Trip leaders must pack and verify all relevant emergency medical supplies before departure. If a child's required allergy medication is missing, the child will be unable to participate in the trip.

The Standard Operating Procedure, *Off-Site Educational Visits and Activities*, outlines the process to be followed.

General

This policy is at the discretion of the boards of trustees and can be varied at any time. In the event of any conflict with primary legislation or statutory regulations, the legal provisions will have precedence over this policy in all cases.

Appendix 1

Allergen Incident/Near Miss Log

Date & time of incident	Initials of affected person	Detail of incident/near miss	Findings of post incident review	Action taken to prevent recurrence