Allergy and Anaphylaxis Policy

Our school helps us to walk with Jesus to be the best that we can be. Through God's love and guidance, we create an ethos of shared endeavour, friendship, and cooperation to help us flourish academically, emotionally, and spiritually.

"I can do all things through Christ, who strengthens me."
Philippians 4:13

Policy Author	Julie Green
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Purpose	To minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school-related activity. To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise. This model policy has been produced by BSACI, Allergy UK and Anaphylaxis UK and approved by the Department for Education. This policy is published openly on the school website and is reviewed at least annually, or more frequently in response to local incident trends or updated statutory guidelines.
Links with other policies	• Supporting Children with Medical Conditions • Medical Policy & Procedures • SEN Policy

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

Julie Green - Headteacher
Pauline Duncan - SBM

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1. Introduction & Core Principles

In line with Benedict's Law, we are committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols.

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

Anaphylactic reactions usually begin within minutes of being in contact with the allergen i.e. eating a trigger food, though can occur several hours later (i.e. allergy to Mammalian meat). Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases there could be a dramatic fall in blood pressure leading to collapse.

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20–30-minute window of opportunity during which steps can be taken to prevent death – therefore giving emergency adrenaline **immediately** and calling Emergency Services (999) is crucial. **Anaphylaxis always requires an emergency response.**

Anaphylaxis can occur without any other signs (such as a skin rash) being present. **Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing.** Giving adrenaline in this context is very safe and may be lifesaving.

The most common causes of "whole body" allergic reactions – including anaphylaxis – are:

- foods (e.g. peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish and sesame);
- insect stings (e.g. bee, wasp);
- medication (e.g. antibiotics, pain medicines such as ibuprofen);
- latex (e.g. rubber gloves, balloons, swimming caps).

Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. Students who have a skin reaction need monitoring for at least an hour.

Baxenden St. John's has a whole school awareness approach, because it ensures all staff and students are aware of what allergies are, the importance of avoiding the individuals' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure procedures are in place to minimise risk of exposure.

Coeliac disease and food intolerance can present symptoms which are similar to those of food allergy; it is important that Coeliac disease and food intolerance is be managed through dietary avoidance, but these conditions do not pose a risk of anaphylaxis and so they are not within this allergy safety policy.

Eczema, asthma and allergies sometimes occur together – known as the atopic triad. It is important that these are managed well in order to keep the individual healthy. Asthma training is needed by all staff and an individual's asthma care plan needs to be included with their individual healthcare plan. These conditions are not included in this allergy safety policy.

Baxenden St. John's understands that severe allergies are included in the Equality Act, 2010. The act considers a person disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities. Seasonal rhinitis (such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

2. Role and responsibilities

Allergy lead and governing body:
The governing body are responsible for ensuring that the school's policy sets out the arrangements to reduce the risk of individuals coming into contact with their known allergens and sets out the emergency response plan for cases of anaphylaxis. The governing body monitors this policy with it being a standing agenda item at meetings. **Baxenden St. John's** have a named governor (Kirsty Freeman/Mike Walker) who works closely with the allergy lead and reports to the meetings.

Baxenden St. John's includes the risks pertaining to students and staff with allergy on the school's medical register.

Baxenden St. John's have a named member of the senior leadership team (Julie Green) who is responsible for allergy safety which includes driving the implementation of the allergy safety policy and contributing to the review of the policy. The allergy lead is supported by the SBM, Pauline Duncan and Office Admin, Nicola Walmsley.

The allergy lead is responsible for:

- systems to collect allergy information during the enrolment process, ensuring that this information is shared with catering. Outside of the normal admission point, ensures that information is shared staff and catering teams as soon as possible but within two weeks of the student starting
- holding a register of students and staff with allergies including whether they hold adrenaline and whether they have an allergy action plan
- ensures that systems are robust for the identification of students at mealtimes
- Communication about:
  - the policy
  - the students who are on the register of those with allergies
  - the importance of recording and reporting near misses and incidents
- communication with:
  - governors to provide updates about the policy implementation
  - Health and Safety and Designated Safeguarding Leads to keep allergy safety as part of their roles
  - Outside agencies such as Health and Safety Executive (HSE) if a report under RIDDOR is needed
  - Caterer; the procedures in the kitchen and the procedures for ensuring that the students with allergies are provided with a safe meal
  - Parents/carers to enable them to input into ICPs (Individual Care Plans) and to request allergy action plans when appropriate
  - Students to develop an understanding of allergies through information assemblies and workshops, participating in awareness days and weeks
- spare adrenaline devices and making sure these are checked and in date, with replacements being secured before the current ones expire
- that ICPs are created and communicated
- Training

- ensuring that all staff annual training and that allergy is included in induction even for short-term members of staff.
- ensures that all staff have the opportunity to practice with trainer adrenaline devices at least annually but ideally a few times a year.

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform the office, SENCO, Headteacher of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred – see example in **Appendix 2**) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional (e.g. School nurse/GP/allergy specialist). The school will then formulate an individual health care plan (ICP) in conjunction with parents – see example in **Appendix 2**
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly, with dates of each review.

Staff Responsibilities

- **All staff** will complete anaphylaxis training. Training is provided for **all staff** on a yearly basis and on an ad-hoc basis for any new members of staff. This will be via a recorded training presentation by the school nursing team (provided monthly).
- Staff (regular or cover classes) must be aware of the pupils in their care who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- Creating an inclusive curriculum with adaptation to minimise risks & building proactive relationships with parents/carers
- Reporting near misses and incidents to the SENCO & keeping class records upto date
- Staff leading school trips will ensure they complete a full risk assessment and carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion. **This information will be included in the trip risk assessment.**

3. Allergy Action Plans

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

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

4. Emergency Treatment and Management of Anaphylaxis

What to look for:
Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

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

These symptoms are treated with antihistamines.

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

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

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

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

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

- Call parent/carer as soon as possible.

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

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

5. Minimising Risk and Exposure to Allergens

Minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Any food can cause a reaction with serious consequences for the individual and **Baxenden St. John's** will only eliminate a food following a risk assessment supported by medical advice when necessary. Where a food is restricted, this will be to the smallest area for the time necessary; for example, the cooking room for the duration of the lesson when the student with allergy is cooking. Blanket bans, especially to nuts, create a false sense of security. Whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction.

Baxenden St. John's is allergy aware, ensuring that the staff and students are actively aware of the risk posed by allergens, and we take steps to minimise the risk of exposure and have robust emergency response plans in place:

- SENCO/Headteacher *will* ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication is in date – however, the SENCO/Headteacher will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- SENCO/Headteacher keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- SENCO/Headteacher ensures that any reaction or near misses is recorded and reported internally or in accordance with RIDDOR.

Baxenden St. John's completes a school wide allergy risk assessment that seeks to minimise the risks of exposure to known allergens. The risk assessment will include:

- Identifying the food used within the curriculum and making adaptions to remove allergens that pose a risk for the whole group not just the student who has the allergy.
- Conducting specific risk assessments to manage the risks of exposure to allergens in individuals when planning external visits or trips
- Identify measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, students, staff).
- Identify measures to manage the risks of exposure to a food allergen through food provided by the school, college or setting
- Putting in reasonable measures to manage the risk of individuals being exposed to allergens where they have a known allergy to airborne or contact allergens
- Identifying non-food allergens within the environment and making adaptions to remove/reduce allergens that pose a risk; for example, therapy or school dogs would require enhanced cleaning and limiting to specific areas, hygiene measures after students have worked with the therapy dog

Baxenden St. John's will ensure that allergy is included in all school risk assessments to identify risks and plan control measures to minimise the risk of exposure. Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils

with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion. **This information will be included in the trip risk assessment.**

Baxenden St. John's will ensure that the risk of exposure is minimised by:

- **All staff** will complete anaphylaxis training. Training is provided for **all staff** on a yearly basis and on an ad-hoc basis for any new members of staff. This will be via a recorded training presentation by the school nursing team.
- Communicating with all visitors, temporary staff and cover staff that they will be teaching a student with an allergy and ensuring that the member of staff has been trained in allergy and anaphylaxis emergency response
- Educating students through awareness assemblies and within PSHE
- Educating PTAs (Parent Teacher Associations) about school expectations for allergy management
- Working closely with parents/carers and health professionals to understand the student's allergy
- Monitoring this policy to ensure that the agreed practices are implemented
- Establishing and maintaining high hygiene standards amongst staff, students and visitors

6. Food Provision and Catering:

Baxenden St. John's will manage the risk of food allergy and provide clear information on allergens in food by:

- Using Lancashire Catering, who provide our lunches. The school's menu is available for parents to view **termly** in advance with all ingredients listed and allergens highlighted on the organisation website at: **https://www.lancashire.gov.uk/catering**
- The Headteacher/SENCO will inform the Catering Manager & Cook of pupils with food allergies. Photos of children with their allergies listed will be displayed in the kitchen areas. It is the responsibility of the headteacher/SENCO to keep this updated.
- Parents/carers are encouraged to meet with the Catering Manager & Cook should they wish to do so to discuss their children's needs.
- Children with allergies are identified at point of service by being served first before other children in the class & kitchen staff handing the meal directly to the child. Our process is for children to order their meal in the morning, and the office staff check the choice as it is put on the SIMs system in the morning – if there is any ambiguity then this should be highlighted to the kitchen staff. The kitchen staff then cook the meal and serve as required. There are also photos in the kitchen of all children from each class who have an allergy.
- Ensure that food is always labelled. Unlabeled food poses a potentially greater risk of allergen exposure than packaged food, with precautionary ("may contain") labelling suggesting a risk of contamination with allergen. This applies to foods used within the classroom curriculum (e.g. cooking) as well as that from the school kitchen or canteen. If unsure, the parent will always be informed.
- Students eligible for benefits based Free School Meals are entitled to their free school meal entitlement. School will work with parents/carers to determine the best way of ensuring that students receive their meal.
- Teach students not to food share, trade food or share utensils or food containers with the reasons why.

When staff provide food for the students, they receive additional training to ensure they understand how to read labels for food allergens and how to prevent cross-contamination during the handling, preparation and serving of food.

Where food is not directly provided by the school (for example brought in as treats or to celebrate birthdays) parent/carer permission will be sought in advance to ensure inclusion and safety for students with allergies. At **Baxenden St John's**, any food brought in as treats will be sent home with the children – as it is handed out, children will be reminded/instructed not to open or eat these treats in school, but to wait and give to their parents.

These procedures apply to school led breakfast and after school provision.

Baxenden St. John's ensures that PTA events, as best practice, follow FSA (Food Standards Agency) legislation for food labelling, with risk assessments in place for events. PTA members who serve food have a basic awareness of allergen management and are signposted to free FSA training.

7. Medication and Adrenaline Devices (ADs)

People at risk of anaphylaxis are prescribed two adrenaline devices which they should carry with them at all times. This includes the journey to and from;

- school,
- the classroom
- lunch area
- playground
- sports field
- when on visits or trips

Serious anaphylaxis is a time critical situation; delays in administering adrenaline have been associated with fatal reactions. An adrenaline device needs to be administered within 5 minutes so if the adrenaline device cannot be with them in the classroom, the adrenaline device should be stored in an appropriate central location that is unlocked and accessible at all times (including during wrap around care).

Adrenaline devices must be stored at room temperature (in line with manufacturer's guidelines) and not be exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.

8. Spare Adrenaline Devices

The Human Medicines (Amendment) Regulations 2017 permit "spare" adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

Baxenden St. John's holds spare adrenaline devices for use in emergency situations. These are not a replacement for a student's own adrenaline device. Students prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency.

Baxenden St. John's holds four spare EpiPen devices (x2 150mcg and x2 300mcg).

These are located in the main office on the top of the medical cabinet. The main office is never locked.

Each set of pens is stored in a brightly coloured container (pink and blue) and labelled 'Emergency Anaphylaxis Kit', with the dose on the front. Photographs and labels are displayed around the school for anybody unfamiliar with where the office is.

Allergy lead, **Julie Green** is responsible for checking that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis. They will secure replacements one month before the current adrenaline device expires.

Adrenaline devices that are out of date or where the adrenaline has degraded will be taken to **Baxenden Pharmacy** to be disposed of. Adrenaline devices that are used will be disposed of by being given to a paramedic.

In the event of anaphylactic reaction:

- Adrenaline should be administered as soon as possible, within five minutes. **Do not wait** to contact the emergency services before administering adrenaline.
- The child, young person or individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed ADs or "spare" ADs).
- If the child, young person or individual **has their own prescribed adrenaline devices**, these should be used in the first instance.
- If the child, young person or individual **does not have prescribed adrenaline devices**, "spare" adrenaline devices can be used.
- If the child, young person or individual's **prescribed adrenaline devices are not available or misfire**, "spare" adrenaline devices can be used.
- If the individual has serious allergy and asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack always administer the adrenaline first.

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used. It can be good practice for the school, college or setting to obtain advance consent from parents or the young person for "spare" adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place. However, in an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given.

9. Student self-management:

Depending on their level of understanding and competence, students will be encouraged to take responsibility for and to always carry their own two adrenaline devices on them in a suitable bag/container. As a school we prefer 'bum bags' that can be worn by staff or children – this is discussed and decided with families on an individual basis.

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

10. Staff Training & Emergency Response

All staff, including teaching staff, support staff, catering staff and others who may oversee students, including at breakfast or after school clubs will be trained in allergy awareness and emergency response. The school is responsible for ensuring that supply, cover, coaching, and peripatetic staff have received allergy awareness training.

Training can be online or face to face. The content needs to include:

- Allergy awareness, the risks it poses, how allergic reactions occur and how to manage them
- Allergy includes multiple co-existing conditions: asthma, eczema, hay-fever
- Understand the difference between food allergies, intolerance and coeliac disease
- That a student can be allergic to any food, not just the top 14 allergens
- Know the symptoms of allergic reactions and how to treat

- Know the symptoms of anaphylaxis and how to treat
- How to locate and administer adrenaline or an asthma inhaler
- All adrenaline devices should be used to train with as the student may have different ones to the spare adrenaline

- How to report an allergic reaction including:
    - Mild to moderate
    - Anaphylaxis
    - Near miss/incident
- Understand their responsibilities in risk reduction to ensure that students are prevented from coming into contact with their allergens
- Understand the impact that allergy can have on a student's wellbeing
- Understand the school's allergy safety policy and
    - How to check if a student is on the record of those with a known allergy
    - How to use an allergy or asthma action plan

11. Emergency preparedness

Baxenden St John's will annually hold a practice response to anaphylaxis, review how the practice went and update policy and procedures. Throughout the year staff will be reminded of key aspects of the policy such as:

- how to find out who has an allergy
- the storage of spare adrenaline
- practice with adrenaline trainer devices

Baxenden St John's will communicate key messages regarding risk reduction leading up to festivals, trips and end of term celebrations. During fire drills and lockdown practices, **Baxenden St John's** will ensure that a student's adrenaline device is with them. Should a real evacuation happen, the student may have to go home without adrenaline if this has not been taken out during a fire evacuation.

12. Identification of Individuals with Allergies

Admissions Data Collection: Baxenden St. John's collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission via:

1. The 'Contact & Medical Information' form.
2. At the start of each term, the SENCO will update the medical register by calling parents to check if the information is upto date and accurate.

Information Sharing: UK GDPR does not prevent the sharing of a student's health information (special category data). Relevant information is securely compiled and shared as necessary in a controlled way with teaching staff, support staff, supply cover, and catering teams while maintaining appropriate data privacy. This is done through:

1. sharing the medical list with all staff – this will be kept in their class registers.
2. the register being available on 'Sharepoint'

Transition: Allergy information and existing care plans are shared as part of a student's transition. **Baxenden St. John's** will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. **Baxenden St. John's** work with parents/carers (and the student if appropriate) to write a new ICP. Staff will provide information about students for transition visits ahead of a formal move.

Staff: pre-employment questionnaires will ask whether they have any allergies. If an allergy is

declared, there will be a discussion and action plan created to ensure that the member of staff has a safe working environment.

Visitors and regular volunteers: will be asked about allergies ahead of their visit. If an allergy is declared, the allergy lead will be notified, and this information will be communicated as necessary to ensure that the visitor or regular volunteer has a safe working environment.

13. Student Individual Healthcare Plans (ICPs) and Allergy Action Plans

Allergy action plans

- These are clinical documents that are created by a GP / allergy nurse or allergy clinic. They detail the student's allergy and medication.
- These contain parent/carer contact details and must be signed by the parent/carer as this is the parental authority to administer mediation including the administration of spare adrenaline devices.
- These will only be updated by the medical professional following a review of the student's allergy management, this could be annually or 5 yearly. Parents/carers or school need to update the photo of the student annually so that the student is recognisable.

An IgE-mediated food allergy is an immune system response. Allergy action plans are issued for students who have an IgE food allergy and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies. Students with non-IgE allergies don't experience anaphylaxis and so an allergy action plan is not issued.

Individual Healthcare Plans (ICPs)

Individual healthcare plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a student is fully included in the life of the school. It will identify exact risk-mitigation measures that need to be followed. Individual Healthcare Plans are school owned documents that are co-created by school, parents/carers and students.

They should include any advice received from health professionals. If there is no advice from health professionals, information and support can be requested of the school nurses if this is needed.
Where a child has an allergy action plan and or an asthma plan, this must be included with the ICP.

It is good practice to review ICPs annually or when staff change - however they must be reviewed if an incident or near miss occurs. They need to be brought to the attention of supply or cover staff and be passed on during transition to a new school.

Baxenden St John's will ensure that:

- students with an allergy action plan and/or an asthma plan have an individual healthcare plan
- students without an allergy action plan or asthma plan but have an allergy that needs active management over and above what other students need will have an individual healthcare plan
- individual healthcare plans are created whilst students are waiting for a diagnosis

14. School trips

Baxenden St John's ensures that students with allergies are fully included in every trip, sporting event, or extracurricular activities. A risk assessment addressing allergen exposure in each activity, emergency medication, transport, and proximity to local emergency care will be undertaken with control measures identified. In order to ensure that the student is safe and included, alternative activities will be planned. This will include the safe storage adrenaline for the duration of the school

trip.

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all students have their medication including adrenaline devices with them before departure. Students unable to produce their required medication will not be able to attend.

In conjunction with the allergy lead, the trip leader will review the risk assessment to determine whether the school's spare adrenaline devices should be taken on the trip. **Baxenden St John's** will provide additional spare adrenaline devices should the risk assessment for the trip deem necessary to take them ensuring that students remaining in school still have access to spare adrenaline devices should the need arise.

Baxenden St John's will notify the host school, when arranging a sporting fixture, that a member of the team has an allergy. When a sports tea is provided, the students' school will ensure the students' allergies are communicated and appropriate food is provided. If not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

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

15. Serious Incidents and "Near Misses":

Baxenden St John's approaches serious incidents and "near misses" in a "no blame" spirit, seeking to learn lessons and address any issues which the incident identified, so that students are better protected in the future.

Baxenden St John's is aware, when an incident occurs that materials such as residues of food consumed or handled or samples of fluids may constitute evidence, which may need to be seized and retained.

Baxenden St John's uses CPOMs to record allergic reactions (incidents) and near misses (e.g., accidental exposure without reaction, or labelling errors) immediately. The incident or near miss will be reviewed and a report written.

Baxenden St John's will share the report with the student's parents/carers, the student and the individual involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. **Baxenden St John's** will confirm what it has learned from the incident and outline any actions it is taking as a result. The student's ICP will be updated if necessary.

If unsafe food was supplied by the school operating as a food business, the incident must be reported to the local authority environmental health team.

16. Wellbeing and Support

At **Baxenden St John's** allergy safety is a priority and actions to ensure that students are included and safe are embedded into the school's culture. Students with allergies become anxious as a result of the risk of exposure to allergens and the potential for anaphylaxis, which may be compounded by living with difficult-to-control asthma or eczema.

Baxenden St John's:

- regularly communicate to students, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks

- includes allergy and anaphylaxis lessons during assembly, in the lunch hall or in PSHE
- plans school celebrations, rewards, and communal events inclusively from the outset to eliminate social isolation
- involves students and staff with allergies in developing and reviewing the policy and procedures for allergy management
- understands that allergy bullying is extremely serious and actively monitors, prevents, and addresses any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints
- promotes "allergy champion" roles for staff and students (not just within the catering team) who act as a point of contact for students and staff with allergies, they can share feedback and support new joiners or anxious students
- invites new joiners with allergies to have a tour of the kitchen and canteen so they can meet staff and get used to the mealtime environment which may help to reduce anxiety and enable staff to identify students with allergies in the dining hall
- has proactive engagement with new joiners with known allergies, setting out the school, college or setting's policies and the support available

17. Safeguarding:

Baxenden St John's recognises that a safeguarding referral may be needed if an incident highlighted concern that the child or young person might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child or young person's medical condition is not provided to a school, college or setting, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

18. Unacceptable practice

Baxenden St John's staff are clear about what constitutes unacceptable practice and are committed to ensuring that only good practice occurs. Should unacceptable practice occur the school will follow its own procedures to identify and address this using staff conduct policies.

Examples of unacceptable practice include (but are not limited to):

- preventing children and young people from easily accessing and administering their medication in line with what is agreed in their Individual Healthcare Plan (for example prescribed adrenaline devices and asthma reliever inhalers) when and where necessary;
- assuming that every child with the same condition requires the same support;
- assuming that older children and young people do not require support related to their allergy, even if they are able to take increasing responsibility for its management;
- ignoring the views of the child or young person or their parents or carer;
- ignoring medical evidence or the opinion and advice of healthcare professionals;
- assuming that a child or young person does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;
- sending a child or young person who becomes unwell to a school office or medical room without suitable supervision. In the case of an emergency or suspected emergency (for example anaphylaxis) help should come to the child or young person;
- penalising children or young people for their attendance record if their absences are related to their medical condition, e.g. hospital appointments and health management. This includes excluding children and young people from rewards for 100% attendance where their non-attendance is the result of a medical condition. This should be reflected in attendance policies;
- requiring parents / carers (or otherwise making them feel obliged) to attend the school, college or setting to administer medication or provide medical support to their child; or

- preventing children and young people from participating or creating unnecessary barriers to them participating in any aspect of school, college or setting life, including external visits and trips, e.g. by requiring parents to accompany the child.

19. Further reading:

Anaphylaxis UK: for teachers by teachers, the one stop shop for all school allergy needs: https://www.anaphylaxis.org.uk/education

Allergy UK: https://www.allergyuk.org/about-allergy/types-of-allergies

Allergy Safety in Schools July 2026: https://www.gov.uk/government/publications/allergy-safety-in-schools

Guidance on the use of adrenaline auto-injectors in schools

Spare Pens in School: https://www.sparepensinschools.uk

Benedict's law:
https://benedictblythe.com/benedicts-law
https://www.anaphylaxis.org.uk/education/benedicts-law

Food:
Allergy Guidance for Schools:https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools
Allergy Guidance for food businesses: https://www.gov.uk/government/publications/allergen-guidance-for-food-businesses

Statutory Duties:

The duties under Section 34 of the Children's Wellbeing and Schools Act 2026 place a requirement on LA-maintained schools, Academies and PRUs to have allergy safety policies, publish them and keep them under review.

The duty of care under section 3 of the Children Act 1989 for any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child;

The duties to safeguard and promote the welfare of pupils and students under sections 20 and 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014 (and associated statutory guidance Keeping Children Safe in Education) and the Non-Maintained Special Schools (England) Regulations 2015;

The duty of the employer under section 2 of the Health and Safety at Work etc Act 1974 to take reasonable steps to ensure that employees are not exposed to risks to their health and safety;

The duties under the Equality Act 2010 to provide equality of opportunity for all, including those who are disabled.

The Special Educational Needs and Disability (SEND) SEND code of practice: 0 to 25 years.

The Early Years Foundation Stage (EYFS) statutory framework.

Individual Health Care Plan
Allergy Management

PHOTO OF CHILD HERE

This care plan is an agreement drawn up between the parent/carers and school until further support from the health service is in place. It is a plan of how the condition will be managed whilst the child is in school.
All parties are responsible for ensuring the information is accurate and up to date. Parents retain responsibility for ensuring any medication required is provided to school and is in date and to inform of any changes to condition.

Name & Class:	**NAME**				
Date of Birth:					
NHS Number:					
School/nursery:	Baxenden St Johns CE Primary School				
Date care plan :	**Initiated**	**Review 1**	**Review 2**	**Review 3**	

Condition	1.
Medication in School	1.
Where Stored in School	1.
Dose	1.
Route	1.
Administered by who? Include details of when trained.	All school staff are trained in epi-pen/medicine administration. Office staff to administer Piriton & Calpol

Emergency Contacts:

Clinic/Hospital Contact	**General Practitioner**
Name:	Name:
Address:	Address:
Tel Number:	Tel Number:

E-mail:	E-mail:

History of condition, details of allergy and individual symptoms (include triggers, signs, treatment, equipment/devices).
ANAPHALAXIS

Special care requirements that is in addition to the above information (educational, social & emotional needs). If appropriate, give the child's voice/comments here:

ANAPHALAXIS – MILD/MODERATE REACTIONS

Symptoms	**Action**
Itching/tingling of the lips tongue and mouth Swelling of the face lids and eye lids Red raised itchy rash Hives/Wheals Vomiting or tummy pain (bear in mind this could also be EoE depending on context/timing of reaction)	○ Encourage to spit food out ○ Stay with child and open medication (to be carried at all times by adults in bum bag) ○ Give antihistamine ○ RING 999 & Notify parents ○ If child were to vomit, it is safe to give second dose of antihistamine ○ Observe, allow to resume classroom activities if no further deterioration and if child feels ok, but avoid exercise

ANAPHALAXIS - SEVERE REACTIONS

Symptoms	**Action**
In addition to the above in red (mild symptoms) Difficulty/noisy breathing Wheeze /persistent cough Difficulty talking/hoarse voice ziness/feeling faint	○ Lie the child down with legs raised ○ Give adrenaline pen ○ If breathless allow them to find a comfortable position ○ Do not allow them to stand ○ Call ambulance, stating child is experiencing anaphylaxis (ana-fil-ak-sis) ○ Contact parents.

Agreement:

Parent/Guardian

Print name ……Signature ……Date ……..

Child/Young Person

Print name ……Signature ……Date ……..

School Staff

Print Name ……Signature ……Date ……...

Health Professional

Print name … …… Designation … … ……Date……

ALLERGY ACTION PLAN

BSACI Improving Allergy Care | RCPCH | anaphylaxis UK | AllergyUK

This child/young person has the following allergies:

Name:

DOB:

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has SUDDEN DIFFICULTY IN BREATHING

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or persistent cough	• Pale or floppy
• Difficulty swallowing		• Suddenly sleepy
• Swollen tongue		• Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie flat with legs raised** (if breathing is difficult, allow person to sit)



2. **Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: _____ mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

*** IF IN DOUBT, GIVE ADRENALINE ***

AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, **do NOT stand them up.** Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjector device, if available.

Commence CPR if there are no signs of life

You can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Mild throat tightness
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

Loratadine 5mg

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Emergency contact details:

1) Name: _____

_____

2) Name: _____

_____

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: _____

Print name: _____

Date: _____

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: sparepeninschools.uk

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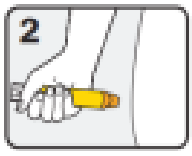
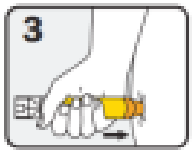
How to give EpiPen®



PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds.** Remove EpiPen.

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and medical authorisation to carry emergency autoinjectors has been prepared by:**

Sign & print name: _____

Hospital/Clinic: _____

_____ **Date:** _____

My asthma triggers

Tick the triggers that make your asthma worse:

- ☐ Pollen
- ☐ Exercise
- ☐ Cold/flu
- ☐ Stress
- ☐ Weather
- ☐ Air pollution
- ☐ Other (please list here):

> "Always keep your blue reliever inhaler and your spacer with you. You might need them if your asthma gets worse."
> **Dr Andy Whittamore**
> Asthma + Lung UK's GP

Book your child's asthma review

You should book an asthma review at least once a year, or more if your child needs it. If your child has been to A&E, or been prescribed steroid tablets or liquid, you should book an asthma review straight away. Remember to bring:

- their action plan, to see if it needs updating
- any inhalers and spacers they have, to check they're using them in the best way
- their peak flow meter if they use one
- any questions about their asthma and how to manage it.

Date of next asthma review:

Healthcare professional contact details:

Asthma and Lung UK is a charitable company limited by guarantee with company registration number 01863614, with registered charity number 326730 in England and Wales, SC038415 in Scotland, and 1177 in the Isle of Man.

Trusted Information Creator
Patient Information Forum

Parents and carers

As well as wheezing, coughing and a tight chest, your child might have their own unique symptoms that tell you their asthma is getting worse. You can list them here:

Does your child tell you when they need their asthma inhaler?

☐ Yes ☐ No

Does your child need help taking their asthma medicines?

☐ Yes ☐ No

Get the most from your child's action plan:

- take a photo and keep it on your phone, and on your child's phone if they have one
- stick a copy on your fridge door
- share your child's action plan with their school, holiday club or grandparents – whoever is caring for your child.

Learn more about what to do during an asthma attack:
www.asthmaandlung.org.uk/asthma-attacks

Get advice, support and information at **AsthmaAndLung.org.uk** or find us on social media:

Questions about asthma?
Talk to our friendly respiratory nurse specialists for more support.
Call **0300 222 5800**
(Monday to Friday, 9am to 1pm and 2pm to 5pm)

Last reviewed July 2025; next review July 2028. V1.

ASTHMA+ LUNG UK

Child asthma action plan

Fill this in with your healthcare professional

This asthma action plan is for children who use separate preventer and reliever inhalers. If you are on a MART or AIR regime, please use our MART or AIR asthma action plan.

Name and date:

1 My daily asthma routine

I need to take my preventer inhaler every day.

My preventer inhaler is called:

and its colour is:

I take ____ puff(s) in the morning.

I take ____ puff(s) at night.

I rinse my mouth out afterwards. I do this every day even if my asthma's okay.

I must remember to use my spacer with my inhaler. If I do not have one, I'll go back to my healthcare professional and ask for one.

Other asthma medicines I take every day:

My reliever inhaler helps when I have symptoms.

My reliever inhaler is called:

and its colour is:

IMPORTANT: If I need my blue reliever inhaler when I do sports or activity, I need to see a healthcare professional.

2 When I feel worse

My asthma is getting worse if I have any of these symptoms:

- I wheeze, cough, my chest hurts, or it's hard to breathe
- I need my blue reliever inhaler 3 or more times a week
- I'm waking up at night because of my asthma (this is an important sign and I will book a next day appointment with my healthcare professional).

If my asthma gets worse, I will:

- take my preventer medicines as normal
- take ____ puff(s) of my blue reliever inhaler every 4 hours if needed
- see my healthcare professional within 24 hours if I do not feel better.

URGENT! If your reliever inhaler is not lasting 4 hours, you need to take emergency action now. **See section 3.**

Other things my healthcare professional says I need to do if my asthma is getting worse:

3 In an asthma attack

I'm having an asthma attack if I have any of these symptoms:

- my reliever inhaler is not helping or it's not lasting 4 hours at a time
- I find it hard to walk or talk
- I find it hard to breathe
- I'm coughing or wheezing a lot
- my chest is tight or it hurts.

If I have an asthma attack, I will:

1. Call for help. Sit up and try to keep calm.
2. Take 1 puff of my reliever inhaler (with my spacer, if I have it) every 30 to 60 seconds, up to a total of 10 puffs.
3. If I don't have my reliever inhaler, or it's not helping, or if I'm worried at any time, **call 999 for an ambulance.**
4. If the ambulance has not arrived after 10 minutes and my symptoms are not improving, repeat step 2.
5. If my symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately**.

IMPORTANT: If you have a MART or AIR inhaler, please tell the responder when you **call 999**.

What to do after your child's asthma attack:

- If the asthma attack was managed at home, contact your GP surgery or call **111**.
- If your child was treated in hospital, take them to see a healthcare professional within 48 hours of being discharged.
- Make sure your child finishes any medicine they're prescribed, even if they start to feel better.
- If your child does not improve after treatment, see a healthcare professional urgently.

11.69 x 8.27 in