The Bishop Konstant Catholic Academy Trust

Learning Communities, Inspired by Faith

Trust Allergy Awareness Policy – 2026/27

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Lead Member of Staff:	Head of Estates and Operations
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Mission Statement

All policies are written in line with our Trust Mission statement:

"Inspired by faith through love, friendship and joy."

We embrace the teachings of Jesus Christ, infusing every aspect of our trust with **love**. Our students, families, and staff are encouraged to show compassion, kindness, and respect to one another, creating nurturing environments where everyone feels valued and loved. We foster a deep sense of love for God, self, and others, empowering our students to make positive contributions to society.

We recognise the importance of relationships and the power of **friendship** in shaping lives. Our schools foster an atmosphere of genuine fellowship, where students form deep connections with their peers, teachers, and the wider community. We promote inclusivity, understanding, and empathy, cultivating an environment where diversity is embraced and friendships are built on mutual respect. Our students learn the value of teamwork, cooperation, and service, as they become compassionate leaders who forge lasting friendships rooted in faith.

We believe that **joy** is a reflection of God's presence in our lives. Our schools are places where joy abounds, where students are encouraged to find joy in learning, discovering their talents, and building meaningful relationships. Through engaging and innovative teaching, we inspire a lifelong love of learning, instilling in our students a sense of wonder and curiosity about the world around them. We celebrate achievements, milestones, and special moments, ensuring that joy permeates our school communities.

Change Control

Version	***Date***	***Author***	***Changes***

Contents

Mission Statement 2

Change Control 2

This policy should be read alongside the Trust First Aid and Medicines Policy. 5

Roles and Responsibilities 5

2.1.1 The Board of Directors 5

2.2 The Head of Estates and Operations 5

2.3 Headteachers 5

2.4 Designated Allergy Lead 6

2.5 Teaching Staff 6

2.6 Support Staff 7

2.7 The Health & Safety Leads 7

2.8 Premises Managers 7

2.9 Kitchen Managers and Catering Staff 7

2.10 Contractors and Visitors 8

2.11 Pupils and Parents 8

3 **Arrangements** 8

3.1 Training and Competence 8

3.2 Medication and Auto-injectors 9

3.3 First Aid 9

3.4 Educational Visits 9

3.5 Classroom and Non-kitchen Areas 10

3.7 Administering Medicines 10

3.8 Storage and Disposal of Medicines 10

3.9 Anaphylaxis 11

3.10 Accidents/Illnesses Requiring Hospital Treatment 11

3.11 Defibrillators 12

3.12 Students with Special Medical Needs – Individual Healthcare Plans and Allergy Action Plans. 12

3.13 Allergy Identification, Communication and Practical Management Systems 13
3.14 Pupil identification methods 13
3.15 Dining Hall and Food Service Controls 13
3.16 Staff communication and information sharing 13
3.17 Classroom, club and non-dining arrangements 13
3.18 Accident Recording and Reporting 13
3.19 Monitoring and review 14
3.20 Difference between Food Allergy and Food Intolerance 14
3.21 Food Allergens 15
4. Conclusions 17
5. Supporting Documents 18
6. Further Guidance 18

This policy should be read alongside the Trust First Aid and Medicines Policy.

Roles and Responsibilities

2.1.1 The Board of Directors

2.1.1. The Board of Directors has ultimate responsibility for health and safety matters, including Allergy Awareness and management of associated risks, in the Trust.

2.1.2. Ensure the Allergy Awareness Policy is reviewed annually, or after any operational changes or significant allergy related incidents, to ensure that the provisions remain appropriate for the activities undertaken.

2.1.3. The Board of Directors will ensure that adequate resources, systems and competent persons are in place to support the safe management of allergies and anaphylaxis across the Trust, in line with the Trust's Scheme of Delegation.

2.1.4. The Board of Directors will receive reports on allergy-related incidents, training compliance, and identified risk trends to inform strategic oversight.

2.2 The Head of Estates and Operations

2.2.1 The Head of Estates and Operations is responsible for ensuring that this Allergy Awareness Policy and associated arrangements are implemented across all Academies within the Trust and that operational arrangements reflect the Trust's requirements.

2.2.2 Ensuring that communication and reporting systems are in place so that allergy-related incidents, near misses, and emerging risks are reported to the Board of Directors.

2.2.3 Where catering services are centrally procured by the Trust, the Head of Estates and Operations will ensure that contracted services comply with the Trust's allergy management requirements and ensure contractors are appropriately vetted and monitored.

2.2.4 The Head of Estates and Operations will ensure mechanisms are in place to monitor the effectiveness of this policy, including staff training, compliance and implementation across the Trust

Note that individual Headteachers remain responsible for the day-to-day implementation of this policy at their Academy.

2.2.5 The Trust recognises that allergies may arise from food, medication, insect stings, airborne allergens and contact allergens. Risk assessments and support arrangements will be developed proportionately according to the individual needs of the affected person.

2.3 Headteachers

2.3.1 The Headteacher is responsible for the day-to-day implementation of the Allergy Awareness Policy within their Academy, and for ensuring effective delivery of arrangements to support pupils with medical conditions, including working with the designated allergy lead , ensuring allergy related incidents, near misses, and concerns are recorded and reported via the Trust's designated reporting systems and escalated as required to the Board of Directors.

2.3.2 The Headteacher will appoint a member of the Senior Leadership Team with strategic responsibility for allergy safety. This individual will oversee implementation of this policy, monitor compliance, review incidents and near misses, and report to the Board of Trustees as required.

2.3.3 Ensuring suitable and sufficient risk assessments are carried out to identify and manage the allergy needs of students and staff and are reviewed regularly and following any significant changes or incidents.

2.3.4 Ensure a central allergy register is established, maintained, and made accessible to relevant staff, including for educational visits, staff cover and risk assessment purposes.

2.3.5 Ensure that Individual Health Care Plans (IHPs) and allergy action plans are implemented and kept under review for students diagnosed with serious allergies.
2.3.6 Ensuring that all staff, without exception (including supply staff, volunteers, contractors, lunchtime supervisors and transport staff), receive appropriate allergy and anaphylaxis training, including emergency response, which is regularly refreshed.
2.3.7 Ensuring that appointed staff have an appropriate qualification, keep training up to date and remain competent to perform their role.
2.3.8 Ensuring all staff are aware of the Trust's allergy awareness policy and procedures.
2.3.9 Ensuring that catering arrangements meet the medical and dietary needs of pupils with allergies, in line with their Individual Healthcare Plans.
2.3.10 Ensure allergy bullying is treated seriously, like any other bullying and those with allergies are not excluded from any school activities.
2.3.11 Reporting specified incidents to the Health and Safety Executive (HSE), when necessary.
2.3.12 Ensure that all staff receive regular updates on allergy risks and changes to students' Individual Healthcare Plans.

2.4 Designated Allergy Lead

2.4.1. The allergy lead must be appointed and is Mrs Velayudhan Tomlin, Headteacher and will be responsible for:

a) Acting as the single point of contact for allergy and anaphylaxis management for staff, pupil, parents/carers and external professionals.
b) Ensuring IHPs and AAPs are developed, implemented and reviewed and updated in line with this policy and clinical advice.
c) Maintaining oversight of the school/trust allergy register, ensuring it is accurate, up to date and accessible to relevant staff.
d) Coordinating and monitoring allergy and anaphylaxis training for all staff, including refresher training and maintaining appropriate records.
e) Ensuring the availability, safe storage, checking and replacement of spare emergency auto injectors in accordance with statutory guidance.
f) Ensure effective communication of allergy information to staff, supply staff, volunteers, catering teams and staff supporting educational visits.
g) Reviewing allergy related incidents and near misses, contributing to learning lessons and improvement actions.
h) Liaising with the Headteachers, first aid lead, catering providers and the trust where required.
i) The designated allergy lead will undertake allergy emergency response exercises and anaphylaxis drills to test emergency arrangements, staff awareness and response procedures. Outcomes will be reviewed and used to improve practice.

2.5 Teaching Staff

2.5.1 Ensuring they follow allergy awareness procedures and this policy at all times.
2.5.2 Ensuring they are familiar with any relevant pupils' Individual Healthcare Plans (IHPs) and allergy action plans and are able to recognise the symptoms of an allergic reaction and take appropriate action.
2.5.3 Ensuring they know who the first aiders in Academy are and how to access emergency support, including the location of emergency medication such as AAIs.
2.5.4 Completing accident reports for all incidents they attend to where a first aider is not called.
2.5.5 Informing the Headteacher or their manager and the designated allergy lead of any specific health conditions or allergy needs.
2.5.6 Ensure surfaces are wiped down before and after eating outside of main dining areas to reduce the risk of allergen exposure.
2.5.7 Students are prohibited from sharing food during lessons or clubs and this is consistently enforced.
2.5.8 Ensuring prompt communication of any concerns, incidents or changes relating to pupils' allergies to the appropriate staff.

2.6 Support Staff

2.6.1 Ensuring they follow allergy awareness procedure and this policy at all times.
2.6.2 Ensuring they are familiar with any relevant pupils' Individual Healthcare Plans (IHPs) and allergy action plans and are able to recognise the symptoms of an allergic reaction and take appropriate action.
2.6.3 Ensuring they know who the first aiders in the Academy are and how to access emergency support, including the location of emergency medication such as AAIs where relevant to their role.
2.6.4 Completing accident reports for all incidents they attend to where a first aider is not called.
2.6.5 Informing the Headteacher or their manager and the designated allergy lead of any specific health conditions or allergy needs
2.6.6 Ensure surfaces are wiped down before and after eating outside of main dining areas to reduce the risk of allergen exposure.
2.6.7 Students are prohibited from sharing food during lessons or clubs and this is consistently enforced where staff are supervising.
2.6.8 Ensuring prompt communication of any concerns, incidents or changes relating to pupils' allergies to the appropriate staff.

2.7 The Health & Safety Leads

2.7.1 Ensuring they follow allergy awareness procedures and this policy as applicable to their role.
2.7.2 Ensuring they know who the first aiders in Academy are and how to contact them in an emergency.
2.7.3 Completing accident reports for all incidents they attend to where a first aider is not called.
2.7.4 Informing the Headteacher or their manager of any specific health conditions or allergy needs.
2.7.5 Supporting the Headteacher in maintaining accurate records of staff training and compliance related to allergy management.
2.7.6 Supporting the maintenance of accurate records relating to pupils with allergies, including contributing to the allergy register where appropriate.
2.7.7 Supporting the coordination of communication with parents/carers and external professionals where required.

2.8 Premises Managers

2.8.1 Ensuring they follow allergy awareness procedures and this policy as applicable to their role.
2.8.2 Ensuring they know who the first aiders in Academy are and how to contact them in an emergency.
2.8.3 Completing accident reports for all incidents they attend to where a first aider is not called.
2.8.4 Informing the Headteacher or their manager of any specific health conditions or allergy needs.
2.8.5 Ensuring that cleaning regimes and site management practices support the reduction of allergen risks, including appropriate cleaning of surfaces and shared areas.
2.8.6 Ensuring that contractors working on site are aware of relevant allergy controls and comply with the Trust's requirements where applicable.
2.8.7 Ensuring that reasonable measures are taken to maintain good indoor air quality through appropriate ventilation, cleaning and maintenance arrangements, taking account of individuals affected by asthma or airborne allergens.

2.9 Kitchen Managers and Catering Staff

2.9.1 The catering manager is responsible for ensuring that food allergy requirements are reviewed and accurately reflect current menu offerings and pupil needs.
2.9.2 Ensuring all catering staff receive appropriate allergy awareness and food hygiene training, with records maintained and refresher training completed in line with the training schedule.
2.9.3 Ensuring that up-to-date information on staff and pupil allergies is received, maintained and used to inform safe food preparation and service.
2.9.4 Ensuring an accurate and up-to-date allergen matrix is available for all food provided, enabling informed choices to be made.
2.9.5 Ensuring that ingredient information is regularly reviewed and updated, particularly when suppliers or products change.
2.9.6 Ensuring all pre-packaged foods comply with legal allergen labelling requirements, and that any non-compliant products are not used until verified.

2.9.7 Ensuring robust food hygiene practices are in place to minimise the risk of allergen cross-contamination
2.9.8 Ensuring appropriate controls are in place to prevent allergen cross-contamination during the storage, preparation and serving of food.
2.9.9 Ensuring that where allergen risks cannot be safely managed, this is clearly communicated to the school and parents/carers, and alternative arrangements are agreed.

2.10 Contractors and Visitors

2.10.1 The Trust 's Allergy Policy and reporting procedure is followed.
2.10.2 Ensure their activities do not introduce or increase allergy risks within the Trust's premises.
2.10.3 Ensure a high standard of hygiene is maintained whilst in Trust premises to minimise the risk of allergen contamination.
2.10.4 Any areas which may be contaminated are to be reported to the Facilities Team or their host.
2.10.5 Provide the school with any relevant information as to their own allergies where necessary.

2.11 Pupils and Parents

2.11.1 The parents or carers of all new starters to the Academy are required to inform the Academy of any details of any food intolerances or allergies and their management should be described by completing the Allergy Declaration Form (Appendix 2).
2.11.2 If details are unclear or ambiguous, the Academy will follow this up with a phone call to parents for further information which will be recorded by the Academy.
2.11.3 It is parents' responsibility to ensure that if their child's medical needs change at any point that they make the Academy aware, and a revised medical needs form must be completed. Updating the Academy if their child's medical needs change at any point. Parents are requested to keep the Academy up to date with any changes in allergy management with regards to clinic summaries, re-testing and new food challenges.
2.11.4 Ensuring that any required medication (EpiPen's or other adrenalin injectors, inhalers and any specific antihistamine) is supplied, in date and replaced as necessary. The parents of all children who have an epi-pen in Academy must complete specific healthcare plan sheets stating the emergency actions to be taken. They should also give permission for the spare emergency epi-pen to be used in the event it is required.
2.11.5 Attending any meeting as required to share further information about their child's food allergy to assist in planning for the management of their child's allergy and completion of a care plan.
2.11.6 If an episode of anaphylaxis occurs outside of the Academy, the Academy must be informed.
2.11.7 Children of any age must be familiar with what their allergies are and the symptoms they may have that would indicate a reaction is happening.
2.11.8 Children are encouraged to take increased responsibility for managing choices that will reduce the risk of allergic reactions. Expectations are age appropriate.
2.11.9 Children are not allowed to share food with each other.
2.11.10 Members of staff or volunteers will be asked to disclose any food allergies as part of their induction.
2.11.11 Reasonable adjustments will be considered for staff and visitors with known allergies to ensure their health, safety and inclusion whilst on site.

3 Arrangements

3.1 Training and Competence

3.1.1 The Trust recognises that effective allergy management relies on competent, informed and confident staff, therefore:

a) All staff, including temporary and supply staff, will receive allergy awareness training to effectively recognise allergic reactions and to respond effectively to anaphylaxis.
b) The appointed Designated Allergy Lead will receive appropriate training which will be refreshed at least annually and following any significant changes to procedures, equipment, legislation or pupil needs.
c) Staff expected to administer or assist with adrenaline auto-injectors (AAIs) will receive appropriate practical training and regular refresher training.

d) Staff will be trained to ensure any pupil experiencing an allergic reaction will be continuously supervised and monitored for a minimum of 60 minutes following the reaction, in line with current clinical guidance.
e) Temporary, agency, volunteer and supply staff will be provided with relevant allergy information and emergency arrangements as part of their induction.
f) Refresher training will be completed at least annually and following any significant changes to procedures, equipment, legislation or pupil needs.
g) Training records will be maintained and monitored by the Academy and reported to the Trust as required.

3.2 Medication and Auto-injectors

3.2.1 Students' medication is stored in:
a) In class grab bags within class medical boxes in each classroom (out of the reach of children) or in the refrigerator in the staffroom where needed.
b) Students keep their own auto injectors with them
c) Students whose auto injectors are kept by the Academy are clearly detailed in Health Care Plans and Allergy Declaration Forms.

3.2.2 Student Allergy Declaration Forms are completed and stored on the school's electronic management information system.

3.2.3 A copy of the Allergy Declaration Form, when containing Food Allergies, is also provided to the catering team.

3.2.4 Emergency medication, including prescribed and spare adrenaline auto-injectors, will be stored and managed so that they can reasonably be accessed and administered within five minutes of an emergency occurring. The Academy spare auto- injector is stored in the main office.

3.2.5 Pupils prescribed adrenaline auto-injectors should provide and have access to two prescribed devices at all times in accordance with clinical guidance

3.3 First Aid

3.3.1 In the case of a student's anaphylactic shock, the procedures are as follows:

a) The member of staff on duty calls for a first aider; or if the child can walk, takes them to a first aid post and calls for a first aider

b) The first aider administers first aid and records details in our treatment book

c) Full details of the accident are recorded in our accident book

d) If the child has to be taken to hospital or the injury is `work' related, then the accident is reported to the Governing Body

e) If the incident is reportable under RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013), then, as the employer the Board of Directors will arrange for this to be done

f) All serious allergy incidents and near misses will be reviewed to identify lessons learned and improvements required to prevent recurrence.

3.4 Educational Visits

3.5.1 In the case of a **residential visit**, the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre.

3.5.2 In the case of day visits a trained First Aider will carry a travel first aid kit in case of need, including a spare auto-injector appropriate to the pupil's needs.

3.5.3 All staff attending the educational visit will be aware of any pupils with allergies and be aware of their Individual health care plan and their allergy action plan.

3.5.4 Any pupil with a prescribed auto-injector must carry this on any educational visit.
3.5.5 Where packed lunches are provided for day visits, the catering team will adhere to providing food taking into account the pupil's known allergies.
3.5.6 Where food is provided by a third-party caterer on a day or residential trip, they will be provided with details of all known allergies of the pupils attending the educational visit.
3.5.7 Where educational visits involve cooking, food preparation, animal contact, environmental allergens, or food provided by third parties, allergy risks will be considered during planning and risk assessment. Appropriate control measures will be implemented and reasonable adjustments made to ensure pupils with allergies are able to participate safely and are not excluded from activities.
3.5.8 Educational visit risk assessments will consider exposure to food, contact and airborne allergens, including animal contact, environmental allergens, pollen, and activities that may increase allergen exposure. Appropriate control measures will be implemented to ensure the safe inclusion of affected pupils.

3.5 Classroom and Non-kitchen Areas

3.6.1 In the case of eating taking place outside the catering and main dining facilities the staff will ensure desks/ tables are cleaned before and after eating activities.
3.6.2 All staff have received allergy awareness training and are aware of pupils allergies.
3.6.3 All relevant staff have completed safe food handling training.
3.6.4 Pupils are prohibited from sharing food in class or during clubs.
3.6.5 Where a pupil has a known allergy to airborne allergens, reasonable control measures will be implemented, which may include ventilation arrangements, management of classroom resources, restrictions on identified triggers, and consideration of allergen exposure during activities involving animals, plants or strong fragrances.

3.7 Administering Medicines

3.7.1 Prescribed medicines may be administered in the Trust by staff members who are appropriately trained by a healthcare professional, where it is deemed essential. Wherever possible, students will administer their own medicine, under the supervision of a member of staff.
3.7.2 If a child refuses to take their medication, staff will inform their parents/guardians accordingly.
3.7.3 In all cases, we must have written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. These forms are available in each Trust office. Forms are reviewed annually or when a student's medical needs change, (see the Trust's Allergy Declaration and Parental Agreement forms).
3.7.4 Staff will ensure that records are kept of any medication given and any reactions are monitored and communicated with parents/carers

3.8 Storage and Disposal of Medicines

3.8.1 Wherever possible, students will be allowed to carry their own medicines / relevant devices or will be able to access their medicines in the Academy office for self-medication, quickly and easily. Students' medicine will not be locked away out of the student's access. This is especially important whilst on Academy trips. It is the responsibility of the Academy to return medicines that are no longer required, to the parent for safe disposal.
3.8.2 Spare auto-injectors will be held by the Academy for emergency use, in line with the student's Individual Healthcare Plan, allergy action plan and Department of Health protocols.
3.8.3 Auto-injectors are checked on a termly basis to ensure they are in date and are in the correct location by the admin team.
3.8.4 Spare auto-injectors are located in the main office and are signed in and out.
3.8.5 If the spare auto-injector is used the Headteachers are notified and a new spare is ordered.

3.9 Anaphylaxis

3.9.1 The Children's wellbeing and Schools Bill provides statutory guidance to introduce core, lifesaving protections, including:

a) A clear whole school dedicated allergy policy
b) Comprehensive allergy and anaphylaxis training for all school staff.
c) Access to emergency adrenaline auto-injectors (AAIs)
d) Individual care plans and allergy action plans for pupils with food allergies.

3.9.2 The Academy and Trust recognises that individuals at highest risk require the highest level of protection. Therefore, arrangements are in place to ensure effective communication, emergency plans, training, individual healthcare plans and allergy action plans.

3.9.3 Anaphylaxis is a severe and potentially life-threatening reaction to a trigger, such as foods, insect stings, medications or other allergens.

3.9.4 The symptoms include:

a) feeling lightheaded or faint
b) breathing difficulties – such as fast, shallow breathing
c) wheezing
d) a fast heartbeat
e) clammy skin
f) confusion and anxiety
g) collapsing or losing consciousness

There may also be other allergy symptoms, including an itchy, raised rash (hives), feeling or being sick, swelling (angioedema) or stomach pain.

3.9.5 What to do if someone has anaphylaxis. Anaphylaxis is a medical emergency. It can be very serious if not treated quickly. If someone has symptoms of anaphylaxis, you should:

a) Use an adrenaline auto-injector, if available, following the correct procedure.
b) Call 999 for an ambulance immediately, even if they start to feel better, mention that you think the person has anaphylaxis.
c) Remove any trigger if possible, for example, carefully remove any stinger stuck in the skin.
d) Lie the person down flat, unless they're unconscious, pregnant or having breathing difficulties.
e) Give another injection after 5 to 15 minutes if the symptoms do not improve and a second auto-injector is available.
f) If in doubt, treat for anaphylaxis and administer adrenaline.

3.9.6 All staff must be trained in recognising and responding to anaphylaxis and using auto-injectors relevant to the medical needs of students.

3.9.7 People with potentially serious allergies are often prescribed adrenaline auto-injectors to carry at all times. These can help stop an anaphylactic reaction from becoming life-threatening and should be used as soon as a serious reaction is suspected, either by the person experiencing anaphylaxis or someone helping them.

3.9.8 There are two main types of adrenaline auto-injectors, which are used in slightly different ways. It is therefore important that staff have sufficient training and awareness of how to use each specific type of auto-injectors. These are:

a) EpiPen
b) Jext

NOTE: Emerade has been discontinued in the UK with a full recall since 2023 due to failure to activate. These MUST NOT be used.

3.10 Accidents/Illnesses Requiring Hospital Treatment

3.10.1 If a student has an incident, which requires urgent or non-urgent hospital treatment, the Academy will be responsible for calling an ambulance. When an ambulance has been arranged, a staff member will stay with the student until the parent arrives, or accompany the student taken to the hospital by ambulance if required.

3.10.2 Parents will then be informed and arrangements made regarding where they should meet their child.

It is vital therefore, that parents provide the Academy with up-to-date contact names and telephone numbers.

3.11 Defibrillators

3.11.1. Defibrillators are available within the Academy as part of the first aid equipment.

3.11.2. First aiders are trained in the use of defibrillators, and defibrillators are clearly marked and accessible.

3.11.3. The local NHS ambulance service have been notified of defibrillator locations.

3.12 Students with Special Medical Needs – Individual Healthcare Plans and Allergy Action Plans.

3.12.1. The Trust recognises that allergies may arise from food, medication, insect stings, airborne allergens and contact allergens. Risk assessments and support arrangements will be developed proportionately according to the individual needs of the affected person. Where a pupil is affected by airborne allergens, reasonable measures will be considered to minimise exposure and support their health, wellbeing and participation in school activities.

3.12.2. Some students have medical conditions that, if not properly managed, could limit their access to education. These conditions may include, but are not limited to, severe food allergies, allergies to insect stings, allergies to animals or medication allergies.

3.12.3. Where students with severe allergies are identified, an Individual Healthcare Plan (IHP) must be developed. This ensures:

a) All staff are aware of the student's allergy and potential triggers

b) Specific safety measures are identified and in place to reduce the risk of exposure to allergens

c) Clear emergency procedures are defined, including administration of auto-injectors and calling for medical assistance.

d) Catering, classroom, and activity arrangements accommodate the student's allergy safely.

e) Responsibilities of staff, parents, and the student (where age-appropriate) are clearly documented.

f) Any allergies of pupils, staff or visitors are communicated with the catering team or any 3rd party suppliers, all staff, midday supervisors and club leaders.

3.12.4. Where students with allergies are identified, an allergy action plan (AAP) must be developed. This is an essential tool to manage allergies with risks of anaphylaxis. The AAP must provide clear and concise guidance on how to recognise and treat severe allergic reactions and should where possible, align with the latest clinical treatment guidelines.

3.12.5. When developing and reviewing IHPs or AAPs, ensure:

a) Parents/carers provide detailed information about their child's allergies, medical history, and prescribed emergency medication (e.g., adrenaline auto-injectors)
b) Students with severe allergies must have an IHP completed in conjunction with their GP, Paediatrician, and the Academy's Senior First Aider
c) IHPs and AAPs must be developed before the student starts at the Academy, or within two weeks of diagnosis/enrolment
d) IHPs and AAPs are reviewed at least annually or sooner if there is a significant change in the student's allergy status, medication, or triggers.

3.13 Allergy Identification, Communication and Practical Management Systems

3.13.1. The Academy will implement clear, proportionate and age-appropriate systems to ensure that pupils with allergies are readily identified and that relevant information is communicated effectively to staff, catering teams, and where appropriate, pupils. These arrangements must:

a) Protect pupils' dignity and personal data.
b) Be consistent with Individual Healthcare Plans (IHPs) and Allergy Action Plans (AAPs).
c) Be clearly understood by all relevant staff, including temporary and supply staff.
d) Be reviewed regularly to ensure they remain effective.

The Academy will document the systems in place locally and ensure they are communicated through induction, training and routine briefings.

3.14 Pupil identification methods

3.14.1 The Academy uses the following systems to identify pupils with allergies:

a) Photographic allergy registers within the school pupil medical information booklet (located in all classrooms in a confidential place, in the staffroom, main office and headteacher's office and accessible to staff. They are also secured safely on the school's management information system.

3.15 Dining Hall and Food Service Controls

3.15.1 To reduce the risk of allergen exposure during mealtimes, the School/Academy operates the following arrangements:

a) Named staff oversight during service for pupils with known allergies.

3.16 Staff communication and information sharing

3.16.1 Allergies are communicated effectively through:

a) A central allergy register accessible to teaching staff, support staff and catering teams.
b) Daily or termly allergy briefings for relevant staff.
c) Clear handover procedures for supply staff and external providers.
d) Inclusion of allergy information in trip planning and cover arrangements.

3.17 Classroom, club and non-dining arrangements

Where food is used outside main dining areas (e.g. classrooms, clubs, events), the Academy ensures:

a) All staff are aware of pupils with allergies before activities take place.
b) Surfaces are cleaned before and after food use.
c) Food sharing is prohibited.
d) Alternative activities or materials are provided where required.

3.18 Accident Recording and Reporting

3.18.1. First aid and accident record book:

a) An accident form will be completed by the relevant member of staff on the same day or as soon as possible after an incident resulting in an anaphylactic shock.

b) Records will be retained securely in line with GDPR and the Trust's Data Protection Policy. For pupils, accident and medical records will be kept until the pupil reaches age 21 (or 25 for those with special educational needs). For staff, records will be retained for a minimum of 3 years

c) Parents/carers will be informed promptly of any significant allergy related incident or near miss involving their child.

3.18.2. Reporting to the Health & Safety Executive (HSE):

a) Any incident that meets RIDDOR criteria will be reported to the Health and Safety Executive within statutory timeframes.

b) Academies will notify the Trust's Head of Estates and Operations of all serious allergy related incidents.

c) For full details of RIDDOR Reporting requirements and procedures, refer to the HSE's guidance and the Trust's Accident & Incident Reporting procedure.

3.18.3. Parents/carers must be informed on the same day of any allergy-related incident and treatment provided.

3.18.4. Registered Early Years Providers must notify Ofsted of any serious accident, illness, or injury within 14 days.

3.19 Monitoring and review

3.19.1. The Trust will monitor the effectiveness of its allergy management arrangements to ensure they remain suitable, effective and compliant with statutory requirements and recognised best practice.

3.19.2. Monitoring activities will include:

a) Review of allergy-related incidents, emergency responses and near misses.

b) Monitoring the completion and effectiveness of staff training and refresher training.

c) Review of Individual Healthcare Plans (IHPs) and Allergy Action Plans (AAPs) to ensure they remain accurate and up to date.

d) Audit of allergy registers, communication arrangements and medication management systems.

e) Monitoring of emergency equipment, medication storage arrangements and spare adrenaline auto-injector (AAI) checks.

f) Periodic health and safety audits, inspections and assurance activities.

g) Review of compliance with this policy and associated procedures across Trust settings.

3.19.3. Findings from monitoring activities will be reviewed by the appropriate leaders and used to identify trends, implement corrective actions, share good practice and inform future policy reviews. Significant findings and allergy-related risks will be reported through the Trust's governance arrangements as appropriate.

3.19.4. **Unacceptable Practice -** The Trust will not:

a) Prevent pupils from accessing prescribed allergy medication.

b) Require parents to routinely attend school activities to manage their child's allergy.

c) Exclude pupils from educational visits or extracurricular activities because of allergies.

d) Send a pupil experiencing an allergic reaction to seek assistance unsupervised.

e) Ignore clinical advice or information provided by parents or healthcare professionals.

3.20 Difference between Food Allergy and Food Intolerance

3.20.1. A food allergy is when the body's immune system (which is the body's defence against infection) mistakenly treats the protein in food as a threat. The body responds to this threat by releasing several chemicals in the body. These chemicals cause symptoms of an allergic reaction.

3.20.2. Food intolerance is more common than food allergies. Food intolerances are thought to affect 1 in 10 people. Food intolerances do not involve the immune system. Instead, food intolerance involves the digestive system and can cause difficulty digesting certain foods leading to symptoms such as abdominal pain, gas and diarrhoea. Those who are affected often rely on allergen labelling to avoid the foods that make them ill.

3.21 Food Allergens

3.21.1. **The Food Information (Amendment) (England) Regulations 2019.** The UK Food Information Amendment, also known as Natasha's Law, came into effect on the 1st of October 2021 and requires food businesses to provide full ingredient lists and allergen labelling on foods pre-packaged for direct sale on the premises. The legislation was introduced to protect allergy sufferers and give them confidence in the food they buy. Under the new rules, food that is pre-packaged for direct sale (PPDS) must display the following clear information on its packaging:

a) The food's name
b) A full list of ingredients, emphasising any allergenic ingredients.

For Trusts, the new labelling requirements will apply to all food they make on-site and package, such as sandwiches, wraps, salads, and cakes. It applies to food offered at mealtimes and as break-time snacks. And, as mentioned earlier, it will apply to food the pupils select themselves or that caterers keep behind the counter. Food businesses need to tell customers if any food they provide contains any of the listed allergens as an ingredient. Consumers may be allergic or have an intolerance to other ingredients, but only the 14 allergens are required to be declared as allergens by food law in the UK.

3.21.2. The main 14 allergens (as listed in Annex II of the EU Food Information for Consumers) are:

1. **Cereals containing gluten**, namely wheat (such as spelt and Khorasan wheat), rye, barley and oats

2. **Crustaceans, Invertebrates** (they have no backbone) with a segmented body and jointed legs. Crab, crayfish, langoustine, lobster, prawn, shrimp, scampi.

3. **Egg,** Egg does not have to be eaten to cause an allergic reaction; coming into contact with eggshells or touching (raw) egg can cause allergic symptoms usually affecting just the skin in highly sensitive individuals.

4. **Fish**, Vertebrates (they have a backbone). Most fish are covered in scales and have fins. Anchovy, basa, cod, cuttlefish, haddock, hake, halibut, mackerel, monkfish, pilchards, plaice, pollock, salmon, sardine, sea bass, swordfish, trout, tuna, turbot, whitebait.

5. **Peanuts**, Different varieties of peanuts are produced for different uses (for example, peanuts to be used in peanut butter and peanuts in the shell for roasting,). Peanuts are from a family of plants called legumes, the same family as garden peas, lentils, soya beans and chickpeas. Most people will be able to eat other types of legumes without any problems, and it is rare for people with a peanut allergy to react to other legumes.

   Peanut allergy affects around 2% (1 in 50) of children in the UK and has been increasing in recent decades.

6. **Soybeans,** Soy comes from soybeans and immature soybeans are called edamame beans. Soya can be ingested as whole beans, soya flour, soya sauce or soya oil. Soya can also be used in foods as a texturiser (texturized vegetable protein), emulsifier (soya lecithin) or protein filler. Soya flour is widely used in foods including; breads, cakes, processed foods (ready meals, burgers and sausages) and baby foods.

7. **Milk,** includes dairy items, butter, cheese, cream, yoghurt, ice-cream, ghee, whey, buttermilk, milk powders.

8. **Nuts** (namely almond, hazelnut, walnut, cashew, pecan nut, Brazil nut, pistachio nut and macadamia nut (Queensland nut). Can be found in curry powders and mixes, savoury sauces, salad dressing, marinades, soup, Indian dishes, English, French and American dishes

9. **Celery**, celery sticks, celery leaves, celery spice, celery seeds, which can be used to make celery salt.

10. **Mustard**, Mustard seeds are produced by the mustard plant which is a member of the Brassica family. Seeds can be white, yellow, brown or black. Whole seeds can be used in a variety of ways in cooking including roasting, marinating or as an addition to pickled products. Whole, ground, cracked or bruised mustard seeds are mixed with other ingredients to make table mustard.

11. **Sesame seeds**, Also known as: Benne (African name), gingelly (Sesame Oil), gomashio (Japanese Condiment), til (seed of sesame) Foods that sometimes have sesame as an ingredient include: veggie burgers, breadsticks, crackers, burger buns, cocktail biscuits, Middle Eastern foods, Chinese, Thai and Japanese foods, stir-fry vegetables, salad dishes and health food snacks.

12. **Sulphur dioxide and/or sulphites**, Also known as: Sulphur dioxide (E220) and other sulphites (from numbers E221 to E228) are used as preservatives in a wide range of foods, especially soft drinks, sausages, burgers, and dried fruits and vegetables. E220 (Sulphur dioxide), E221 Sodium sulphite, E222 Sodium hydrogen sulphite, E223 Sodium metabisulphite, E224 Potassium metabisulphite, E226 Calcium sulphite, E227 Calcium hydrogen sulphite, E228 Potassium hydrogen sulphite, E150b Caustic sulphite caramel, E150d Sulphite ammonia caramel. It can be found in foods as a preservative, dried fruit and vegetables, soft drinks, fruit juices, fermented drinks (wine, beer and cider), sausages and burgers. Anyone who has asthma or allergic rhinitis may react to inhaling sulphur dioxide.

13. **Lupin**, also known as lupin seeds, lupin beans and lupin flour. The lupin is well-known as a popular garden flower with its tall, colourful spikes. The seeds from certain lupin species are also cultivated as food. These are normally crushed to make lupin flour, which can be used in baked goods such as pastries, pies, pancakes and in pasta.

14. **Molluscs**, also invertebrates. They are soft bodied inside and some have a shell. Abalone, squid, cuttlefish, octopus, snails and whelk. Those that have a shell that opens and closes are called 'bivalve molluscs', such as clams, cockles, oysters, mussels and scallops. This also applies to additives, processing aids and any other substances which are present in the final product.

4. Conclusions

4.1. This Allergy Awareness policy reflects the Trust's serious intent to accept its responsibilities in all matters relating to management of allergy awareness and the administration of auto-injectors / medicines. The clear lines of responsibility and organisation describe the arrangements which are in place to implement all aspects of this policy.

4.2. The storage, organisation and administration of first aid and medicines provision is taken very seriously. The Trust carries out regular reviews to check the systems in place meet the objectives of this policy

5. Supporting Documents

The following documents form part of this policy and are to be used in conjunction with it. These provide the required forms and supporting materials necessary for the implementation of this policy. All documentation can be found on Arbor, the school's management information system.

a) Health Care Plans
b) Allergy Action Plans
c) Pupil Allergy Declaration Form
d) Staff Allergy Declaration Form
e) Parental agreement to administer medicine
f) EpiPen®: Emergency Instructions
g) ANAPEN®: Emergency Instructions
h) Emergency Contact Numbers
i) Note to parent/carer for medication given
j) Checklist for Responding to Emergency Situations

6. Further Guidance

Further guidance can be obtained from the organisations listed below or Judicium Education. The H&S lead in the Trust will keep it under review to ensure links are current.

- Department for Education Supporting pupils with medical conditions: links to other useful resources
- Department for Education Allergy safety in Schools
- Children's Wellbeing and Schools Act 2026 https://www.legislation.gov.uk/ukpga/2026/21/contents
- Department of Health Guidance on the use of Auto Injectors in Schools

Training

- Allergy Awareness Course in Schools https://www.judiciumeducation.co.uk/elearning/allergy-awareness-course-in-Schools
- Food Allergy Awareness https://www.judiciumeducation.co.uk/elearning/food-allergy-awareness
- Food Hygiene Level 2 https://www.judiciumeducation.co.uk/elearning/food-hygiene-level-2
- Food Standards Agency https://allergytraining.food.gov.uk/
- Allergy Wise Training for Schools https://www.anaphylaxis.org.uk/allergywise/

Resources for Specific Conditions

- Allergy UK
  - https://www.allergyuk.org/
  - https://www.allergyuk.org/living-with-an-allergy/at-School/
- The Anaphylaxis Campaign www.anaphylaxis.org.uk
- Asthma UK (formerly the National Asthma Campaign) www.asthma.org.uk
- National Eczema Society www.eczema.org
- Psoriasis Association www.psoriasis-association.org.uk/
- Benedict Blythe Foundation https://benedictblythe.com/benedicts-law/

Resources for Food Allergies

- Further Guidance can be obtained from The Food Standards Agency https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses
- The Food Standards Agency has also published guidance about the new requirements for PPDS food.
  - https://www.food.gov.uk/business-guidance/introduction-to-allergen-labelling-changes-ppds

- https://www.food.gov.uk/business-guidance/prepacked-for-direct-sale-ppds-allergen-labelling-changes-for-Schools-colleges-and-nurseries
- https://www.allergyuk.org/resources/peanut-allergy-factsheet/

Allergen Resources - General information

- Allergen guidance for consumers https://www.food.gov.uk/safety-hygiene/food-allergy-and-intolerance
- Allergen guidance for food businesses https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses
- Allergen labelling for food manufacturers https://www.food.gov.uk/business-guidance/allergen-labelling-for-food-manufacturers
- EU commission notice on HACCP and allergens https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52016XC0730(01)&from=EN
- EU Food Information for Consumers Regulation No. 1169/2011 https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:304:0018:0063:EN:PDF
- Food alerts, product recalls and withdrawals https://www.food.gov.uk/news-alerts/search/alerts
- Food Information Regulation (England) 2014 https://www.legislation.gov.uk/uksi/2014/1855/contents/made
- Safer Food Better Business https://www.food.gov.uk/business-guidance/safer-food-better-business-sfbb
- Technical guidance https://www.food.gov.uk/business-guidance/food-allergen-labelling-and-information-requirements-technical-guidance-summary

Additional Useful Resources

- Allergy and intolerance sign https://www.food.gov.uk/sites/default/files/media/document/Allergen%20and%20Intolerance%20sign%20%28Colour%29.pdf
- Chef's recipe card https://www.food.gov.uk/sites/default/files/media/document/recipe-sheet_0.pdf
- Dishes and their allergen content chart. Template and more information at www.food.gov.uk/allergy-guidance
- Allergen Checklist for Food Business https://www.food.gov.uk/business-guidance/allergen-checklist-for-food-businesses
- Spare Pens in Schools - adrenaline auto-injectors (AAIs). http://www.sparepensinSchools.uk

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Appendix A

Individual Health Care Plan

Trust Allergy Awareness Policy – template for schools to personalise

School to personalise: *replace all text highlighted in yellow with your school's own details before use.*

School name: St Joseph's Catholic Primary School, Pontefract

This plan should be completed by the school, in partnership with the pupil's parent/carer and, where appropriate, relevant health professionals (e.g. GP, school nursing team, paediatric allergy team). It should be reviewed at least annually, or sooner if the pupil's needs change.

1. Pupil details

Pupil name	
Date of birth	
Year group / class	
Medical condition / allergy	
GP name and surgery	
Clinic / hospital and consultant (if applicable)	

2. Description of medical needs / allergy

Known allergen(s) / trigger(s)	
Description of symptoms of a reaction	
Severity (mild / moderate / severe – anaphylaxis risk)	
Other relevant medical information (e.g. asthma, which increases anaphylaxis risk)	

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3. Daily management and support required

Support needed at school (e.g. during meals, food technology, trips, PE)	
Dietary requirements / food avoidance	
Arrangements for school trips, sports day and off-site activities	

4. Medication

Name of medication	
Dose and method of administration	
Storage arrangements (must not be locked away)	
Expiry date – to be checked termly	
Self-administration – can the pupil manage their own condition/medication?	

5. Emergency action

Who is trained and available to administer emergency treatment	
Step-by-step emergency action (or attach Allergy Action Plan / AAI Emergency Instructions, Appendices B, F and G)	
Emergency contact 1 (name, relationship, number)	

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Emergency contact 2 (name, relationship, number)	

6. Safeguarding and information sharing

- Information in this plan is shared with staff on a need-to-know basis (e.g. class teacher, SENCo, first aiders, catering staff, supply/cover staff) to keep the pupil safe, in line with the Trust's data protection and confidentiality arrangements.
- Where a parent/carer repeatedly fails to provide required medication, equipment or information, or a pupil's medical needs are not being met at home in a way that places them at risk, staff should consider whether this indicates a safeguarding concern (potential neglect) and discuss with the Designated Safeguarding Lead in line with the Trust's Child Protection and Safeguarding Policy and Keeping Children Safe in Education.

7. Training

Staff trained to support this pupil (names)	
Date of most recent training	
Training renewal due	

8. Review and agreement

Plan prepared by (name/role)	
Date prepared	
Review date (at least annually)	
Parent/carer signature and date	
School representative signature and date	
Health professional signature and date (if applicable)	

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Appendix B

Allergy Action Plan

Trust Allergy Awareness Policy – template for schools to personalise

School to personalise: *replace all text highlighted in yellow with your school's own details before use.*

School name: St Joseph's Catholic Primary School, Pontefract

To be completed for any pupil at risk of anaphylaxis or a significant allergic reaction, alongside the Individual Health Care Plan (Appendix A). A photograph of the pupil should be attached, and copies kept with the pupil's medication, in the school office/first aid room and in the classroom register.

Pupil name	
Date of birth	
Class / form	
Photo attached (Y/N)	
Known allergen(s)	

Mild to moderate reaction – signs and symptoms

- Swelling of lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Nausea, vomiting or abdominal pain

Mild to moderate reaction – action

Treatment / medication to give (e.g. antihistamine, dose)	
Stay with the pupil and monitor closely – watch for signs of a severe reaction	

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Severe reaction (anaphylaxis) – signs and symptoms

- Difficulty breathing, wheeze or persistent cough
- Swelling of the throat or tongue
- Difficulty swallowing, hoarse voice
- Dizziness, collapse, loss of consciousness
- Pale, floppy or clammy skin

Severe reaction – action: CALL 999 IMMEDIATELY AND STATE "ANAPHYLAXIS"

Adrenaline auto-injector (AAI) device and dose prescribed	
Where the AAI is kept	
Administer the AAI without delay – see Appendix F (EpiPen®) / Appendix G (Anapen®/alternative device) for step-by-step instructions	
Lay the pupil flat with legs raised (or sitting if breathing is difficult) – do not stand or walk them	
If no improvement after 5–10 minutes, or symptoms return, give a second dose of adrenaline if available	
Stay with the pupil until the ambulance arrives; send someone to meet paramedics and direct them	

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Contacts

Parent/carer 1 (name, number)	
Parent/carer 2 (name, number)	
GP surgery	
Staff trained to administer AAI (names)	

Plan agreed by parent/carer (signature, date)	
Plan agreed by school (signature, date)	
Review date	

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Appendix C

Pupil Allergy Declaration Form

Trust Allergy Awareness Policy – template for schools to personalise

School to personalise: *replace all text highlighted in yellow with your school's own details before use.*

School name: St Joseph's Catholic Primary School, Pontefract

To be completed by a parent/carer for any pupil with a known allergy, and returned to the school office. Please update and resubmit this form whenever your child's allergy status changes.

Pupil details

Pupil name	
Date of birth	
Year group / class	
Home address	

Allergy details

Allergen(s) (e.g. peanuts, tree nuts, milk, egg, sesame)	
Has this allergy been medically diagnosed? By whom?	
Symptoms previously experienced	
Severity of previous reaction(s)	
Has your child ever needed hospital treatment or an adrenaline auto-injector for this allergy?	

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Does your child carry their own medication (e.g. antihistamine, AAI)?	
Other allergies, asthma or relevant medical conditions	

Emergency contacts

Parent/carer 1 – name and number	
Parent/carer 2 – name and number	
GP name and surgery	

- I confirm the above information is accurate and I will notify the school promptly of any change to my child's allergy status or medication.
- I understand this information will be shared with relevant school staff (e.g. teachers, catering staff, first aiders) on a need-to-know basis to keep my child safe, and may be recorded on an Individual Health Care Plan (Appendix A) and Allergy Action Plan (Appendix B).

Parent/carer name	
Signature	
Date	

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Appendix D

Staff Allergy Declaration Form

Trust Allergy Awareness Policy – template for schools to personalise

School to personalise: *replace all text highlighted in yellow with your school's own details before use.*

School name: St Joseph's Catholic Primary School, Pontefract

To be completed by any member of staff with a known allergy, and returned to the Headteacher / line manager and school office, so that appropriate support can be arranged.

Name	
Role	
School site(s) based at	
Allergen(s)	
Symptoms previously experienced	
Severity of previous reaction(s)	
Medication carried (e.g. antihistamine, own adrenaline auto-injector)	
Where medication is kept during the working day	
Support required from the school / colleagues	
Emergency contact – name and number	
GP name and surgery	

- I consent to this information being shared with my line manager and, where necessary, with colleagues who may need to support me in an emergency.

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- I will inform the school promptly of any change to my allergy status or medication.

Employee signature	
Date	
Line manager notified (name, date)	

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Appendix E

Parental Agreement for School to Administer Medicine

Trust Allergy Awareness Policy – template for schools to personalise

School to personalise: *replace all text highlighted in yellow with your school's own details before use.*

School name: St Joseph's Catholic Primary School, Pontefract

The school will not give a pupil medicine unless this form has been completed and signed by a parent/carer. Please complete and return this form to the school office along with the medicine, in its original, labelled container.

About the pupil

Pupil name	
Date of birth	
Class / form	
Known allergies	

Medicine

Name/type of medicine (as described on the container)	
Date dispensed / expiry date	
For how long will your child take this medicine?	
Dose and method	
Timing / frequency	

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Are there any side effects the school should know about?	
Self-administration – can your child take this themselves, with supervision?	
Storage requirements (e.g. refrigeration)	

Contacts

Parent/carer name and number	
GP name and surgery	

- The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school's Administering Medicines procedure.
- I will notify the school in writing if there is any change in dosage or discontinuation of this medicine, or if the medicine is finished/expired.

Parent/carer signature	
Date	

For school use – receipt of medicine

Received by (name/role)	
Quantity received	
Date received	

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Appendix F

EpiPen® Emergency Instructions

Trust Allergy Awareness Policy – template for schools to personalise

School to personalise: *replace all text highlighted in yellow with your school's own details before use.*

School name: St Joseph's Catholic Primary School, Pontefract

Important: this sheet is a general guide only. Always follow the individual pupil's Allergy Action Plan (Appendix B) and the instructions printed on the specific device prescribed, as doses differ by device and by body weight. Only staff who have received appropriate training should administer an adrenaline auto-injector (AAI).

Pupil name(s) prescribed EpiPen®	
Dose prescribed (EpiPen® Jr 0.15mg or EpiPen® 0.3mg)	
Where the EpiPen® is stored	

When to use

- Use immediately at the first signs of a severe allergic reaction (anaphylaxis) – for example difficulty breathing, swelling of the throat or tongue, persistent dizziness or collapse – as set out in the pupil's Allergy Action Plan.
- If in doubt, give the adrenaline – the risk of harm from an unnecessary dose is very much lower than the risk of delaying treatment for anaphylaxis.

How to use an EpiPen® – step by step

- **1.** Remove the EpiPen® from its protective carry tube.
- **2.** Form a fist around the EpiPen® with the orange tip pointing downwards (blue to the sky, orange to the thigh).
- **3.** With your other hand, pull off the blue safety release cap.
- **4.** Swing and firmly push the orange tip against the outer mid-thigh, through clothing if necessary, at a 90° angle to the leg, until it "clicks".
- **5.** Hold firmly in place for 3 seconds (count slowly: 1, 2, 3).

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- **6.** Remove the EpiPen® and massage the injection site for a further 10 seconds.
- **7.** Note the time the injection was given.
- **8.** Call 999 immediately, state "anaphylaxis", and say a second dose may be required.
- **9.** Lay the pupil flat with legs raised (or allow them to sit up if breathing is difficult) – do not allow them to stand or walk.
- **10.** If there is no improvement after 5–10 minutes, or symptoms return, give a second dose using a new EpiPen® in the opposite thigh, if available and prescribed.
- **11.** Stay with the pupil until the ambulance arrives. Send the used EpiPen®(s) to hospital with the pupil.

After use

- Always call 999/ambulance after use, even if the pupil appears to recover – symptoms can return.
- Record the incident (Appendix J checklist and the Trust's accident/incident reporting procedure) and inform the parent/carer as soon as possible.
- Replace the used EpiPen® and inform the parent/carer that a replacement prescription is needed.
- Check expiry dates on all AAI devices at least termly – in-date spares should be held where permitted under the Trust's spare AAI policy.

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Learning Communities, Inspired by Faith

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Chief Executive Officer: Mr Robert Pritchard
The Bishop Konstant Catholic Academy Trust,
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Appendix G

Jext® / Emerade® Emergency Instructions

Trust Allergy Awareness Policy – template for schools to personalise

School to personalise: *replace all text highlighted in yellow with your school's own details before use.*

School name: St Joseph's Catholic Primary School, Pontefract

Please check before use: Anapen® was withdrawn from the UK market and is no longer supplied (following a manufacturer recall). The adrenaline auto-injectors (AAIs) currently licensed for use in the UK are EpiPen® (Appendix F), Jext® and Emerade®. This appendix covers Jext® and Emerade®. Schools should confirm which device each pupil has been prescribed and use the matching instructions and dose – do not assume; check the label on the device itself and the pupil's Allergy Action Plan.

Pupil name(s)	
Device prescribed (Jext® 150/300micrograms or Emerade® 150/300/500micrograms)	
Where the device is stored	

When to use

- Use immediately at the first signs of a severe allergic reaction (anaphylaxis), as set out in the pupil's Allergy Action Plan.
- If in doubt, give the adrenaline – the risk of harm from an unnecessary dose is very much lower than the risk of delaying treatment for anaphylaxis.

How to use Jext® – step by step

- **1.** Remove the Jext® from its case.
- **2.** Pull off the yellow safety cap (needle end).
- **3.** Place the black tip against the outer mid-thigh at a 90° angle, through clothing if necessary.
- **4.** Press firmly until you hear a click, then hold in place for 10 seconds.
- **5.** Remove the device and note the time given.

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- **6.** Call 999 immediately, state “anaphylaxis”.
- **7.** Lay the pupil flat with legs raised (or sitting if breathing is difficult).
- **8.** If no improvement after 5–10 minutes, give a second dose in the opposite thigh if available and prescribed.

How to use Emerade® – step by step

- **1.** Remove the Emerade® from its case and pull off the black safety cap.
- **2.** Place the needle end against the outer mid-thigh at a 90° angle, through clothing if necessary.
- **3.** Press firmly until you hear a click, then hold in place for 5 seconds.
- **4.** Remove the device and note the time given.
- **5.** Call 999 immediately, state “anaphylaxis”.
- **6.** Lay the pupil flat with legs raised (or sitting if breathing is difficult).
- **7.** If no improvement after 5–10 minutes, give a second dose in the opposite thigh if available and prescribed.

After use

- Always call 999/ambulance after use, even if the pupil appears to recover – symptoms can return.
- Send the used device to hospital with the pupil where possible.
- Record the incident (Appendix J checklist) and inform the parent/carer as soon as possible.
- Replace the used device and check expiry dates on all AAIs at least termly.

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Appendix H

Emergency Contact Numbers

Trust Allergy Awareness Policy – template for schools to personalise

School to personalise: *replace all text highlighted in yellow with your school's own details before use.*

School name: St Joseph's Catholic Primary School, Pontefract

This list should be displayed in the school office, staff room and first aid room, and reviewed at the start of each term.

Emergency services

Ambulance / Fire / Police (life-threatening emergency)	**999**
Non-emergency police	101
NHS non-emergency advice	111

School key contacts

Headteacher / Head of School	Mrs M Velayudhan Tomlin
Deputy Headteacher	Mr S Bartram
School office (main line)	01977 701493
Designated Safeguarding Lead (DSL)	Mrs M Velayudhan Tomlin Tel: 01977 701493 safeguarding@sjp.bkcat.uk
Deputy DSL	safeguarding@sjp.bkcat.uk Tel: 01977 701493 Mrs S Smith Mrs J Clements Mr S Bartram
First Aid Lead / Medical Needs Coordinator	Mrs M Velayudhan Tomlin (Headteacher) and Mrs M-A Kaushiva (SENDCo) admin@sjp.bkcat.uk Tel: 01977 701493

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SENCo	Mrs M-A Kaushiva
Catering manager / kitchen	Miss C Cross (Dolce)
Site manager / caretaker	Mr D Hall

Health contacts

Local GP surgery	
Nearest A&E department	Pinderfields, Wakefield
School nursing team	
Paediatric allergy clinic (if applicable)	

Trust contacts

Head of Estates and Operations	01924 802285
Trust central office	01924 802285

Poisons and additional advice

- National Poisons Information Service (for health professionals): available via the TOXBASE service or by calling 111 for parent/carer advice.
- Anaphylaxis UK helpline: 01252 542029 – www.anaphylaxis.org.uk

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Appendix I

Note to Parent/Carer – Medication Given

Trust Allergy Awareness Policy – template for schools to personalise

School to personalise: *replace all text highlighted in yellow with your school's own details before use.*

School name: St Joseph's Catholic Primary School, Pontefract

To be completed by the member of staff administering medication and sent home with the pupil (or via the usual home-school communication method) on the same day.

Pupil name	
Class / form	
Date	
Time medication given	
Medication given (name and dose)	
Reason for administering (e.g. allergic reaction, routine medicine)	
Any symptoms/reaction observed before or after	
Administered by (name and role)	
Witnessed by (name and role, if applicable)	
Follow-up action needed (e.g. GP review, replace stock, update plan)	

Please contact the school office on 01977 701493 if you have any questions about this note.

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Appendix J

Checklist for Responding to Emergency Allergic Reaction Situations

Trust Allergy Awareness Policy – template for schools to personalise

School to personalise: *replace all text highlighted in yellow with your school's own details before use.*

School name: St Joseph's Catholic Primary School, Pontefract

For staff to follow, and complete, during and immediately after a suspected severe allergic reaction (anaphylaxis). Keep with first aid / AAI equipment.

During the emergency

☐ **Recognise the signs** of a severe reaction (breathing difficulty, throat/tongue swelling, collapse, pale/floppy) – check the pupil's Allergy Action Plan (Appendix B).

☐ **Call for help** – send someone to fetch the AAI and a trained first aider; do not leave the pupil alone.

☐ **Administer the adrenaline auto-injector** without delay, following Appendix F (EpiPen®) or Appendix G (Jext®/Emerade®) – note the time given.

☐ **Call 999** immediately, state "anaphylaxis", and confirm the school address.

☐ **Position the pupil** lying flat with legs raised, or sitting if breathing is difficult – never stand or walk them.

☐ **Monitor** breathing, consciousness and colour continuously until help arrives.

☐ **Give a second dose** of adrenaline after 5–10 minutes if there is no improvement, or symptoms return, and a second device is available.

☐ **Begin CPR** if the pupil stops breathing or shows no signs of life, and continue until paramedics arrive.

☐ **Send someone to meet** the ambulance and direct paramedics to the pupil.

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Immediately after

☐ Contact parents/carers as soon as possible and inform them which hospital the pupil is being taken to.

☐ A member of staff known to the pupil should accompany them to hospital if a parent/carer is not immediately available, taking the pupil's Health Care Plan and any used AAI device(s).

☐ Inform the Headteacher / Head of School and the designated First Aid Lead.

☐ Complete an accident/incident report in line with the Trust's Health and Safety procedures.

☐ Replace any used medication/equipment and check remaining stock and expiry dates.

☐ Review the pupil's Health Care Plan and Allergy Action Plan with parents/carers, updating as needed.

☐ Offer support to any pupils or staff who witnessed the incident, and consider a debrief for staff involved.

☐ Where the reaction may relate to a wider safeguarding concern (e.g. food provided at home, non-compliance with a medical plan), discuss with the Designated Safeguarding Lead.

Record of this incident

Pupil name	
Date and time	
Staff member completing this checklist	
Ambulance called at (time)	
AAI given at (time) – dose 1	
AAI given at (time) – dose 2 (if applicable)	
Parent/carer informed at (time)	

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