CARWARDEN HOUSE COMMUNITY SCHOOL

Allergy safety policy

Approved by: Trustees	**Date:** September 2026
Last reviewed on:	
Next review due by:	

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1. Aims

This policy aims to:

- Set out our school's approach to allergy safety, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

Carwarden House School is committed to providing a safe, inclusive environment for all pupils with allergies. In line with Benedict's Law and Department for Education guidance, the school will take all reasonable steps to minimise allergen exposure, ensure staff are appropriately trained, maintain emergency medication, and implement effective individual healthcare plans. The school seeks to enable pupils with allergies to participate fully and safely in all aspects of school life while promoting awareness, vigilance, and rapid response to allergic reactions.

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s statutory guidance on allergy safety in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- Children's Wellbeing and Schools Act 2026
- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

3. Roles and responsibilities

3.1 The trustee/governing board

The trustee/ governing board is responsible for:

- Ensuring the school has an allergy safety policy which sets out:
    - Arrangements to reduce the risk of individuals coming into contact with their known allergens
    - Emergency response plans for cases of anaphylaxis
- Reviewing and approving the allergy safety policy at least annually
- Taking steps to ensure the allergy safety policy is:
    - Generally known within the school and to parents of pupils at the school
    - At least once a year, brought to the attention of all pupils, parents/carers, staff and volunteers
    - Published on the school's website
- Ensuring risks relating to pupils with allergies are included in the risk register and actively managed

The governing board delegates the day-to-day implementation of this policy to the allergy safety lead.

3.2 Allergy safety lead

They're responsible for:

- Implementing this allergy safety policy
- Contributing to the review of the allergy safety policy
- Promoting and maintaining allergy awareness across our school community

- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)
- Ensuring:
    - All allergy information is up to date and readily available to relevant members of staff
    - All pupils who require support with allergies have an up-do-date individual healthcare plan (IHP)
    - All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
    - All staff receive regular allergy awareness training
    - All staff are aware of the school's policy and procedures regarding allergies
    - Relevant staff are aware of what activities need an allergy risk assessment
    - Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
        - What lessons there are to learn
        - Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP

3.3 Headteacher

The headteacher is responsible for:

- Deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances

3.4 Admin Team

Identified members of the admin team are responsible for:

- Checking spare ADs are present and in date on a monthly basis
- Making sure that replacement ADs are obtained when expiry dates approach

3.5 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy safety policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care
- Reducing the risk to pupils with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of pupils with allergies
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead

3.6 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy safety policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner

- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

3.7 Pupils with allergies

If age-appropriate, these pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Awareness of they may have that would indicate a reaction is happening
- Carrying their AD on their person and only using it for its intended purpose
- Understanding how and when to use their AD

3.8 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Older pupils might also be expected to support their peers and staff in case of an emergency.

3.9 Kitchen manager and catering staff

- The Academy has an Allergy Awareness Policy; the catering manager is responsible for ensuring that the Food Allergy requirements are reviewed and reflective of the current menu offerings.
- All catering staff and catering support staff have received Allergy Awareness Training & records retained https://allergytraining.food.gov.uk/ certification is retained, and refresher training is provided in line with the training schedule.
- The catering team have received all staff and student allergy requirements, the information is retained, and reviews are undertaken. Any food allergies are reported to the catering team.
- The Allergen Matrix is made available for dishes served - this will be dated and current to the menu offering for that day/week/fortnight and should cover all items on the menu offering. Menus clearly identify ingredients that may pose a risk to allergy sufferers, enabling informed choices to be made.
- All dishes will be reviewed for allergen contents & the catering team continue to review the individual ingredients. The frequency will be determined by the change in products delivered, new suppliers appointed and on a regular basis (As suppliers may substitute ingredients or products that previously didn't have an allergen contained, therefore the packaging label should be crossed checked with the school's allergen matrix & updated when required, the catering manager will redate the allergen matrix to reflect the review).
- All purchased pre-packaged items have been provided with the list of all ingredients and that the allergen details provided are in bold. To report to supplier if any products have been delivered without the required legal labelling, and the product will not be used, until clarification of any allergens has been received by the manufacturer or supplier.

- Rigorous food hygiene is maintained to reduce the risk of cross-contamination.
- Cross-contamination is the physical movement or transfer of allergens from one person, object, or place to another food item. Preventing cross-contamination is a key factor in preventing potential allergic reactions.
- Controlling allergen cross-contamination.

    1. Any foods/dishes with any of these 14 allergens in must be carefully stored and handled in the kitchen so to prevent the risks of cross-contamination.
    2. Staff training on kitchen procedures to prevent cross-contamination during storage, preparation and serving of food.
    3. Cleaning utensils before each usage, especially if they were used to prepare meals containing allergens
    4. A storage system should be in place to prevent cross-contamination of ingredients with other ingredients containing allergens. Keeping ingredients that contain allergens separate from other ingredients.
    5. Have a spillage plan in place to clean up allergenic ingredients: You should use disposable clothes/towels / blue rolls to prevent cross-contamination.
    6. Effective cleaning, washing up and hand washing using hot water, cleaning and sanitising products.
    7. Physical separation – putting a lid or cover on food, using a clean knife, board, plate, pan, working area, and aprons.
    8. Using separate fryers/cooking equipment.

    If you can't avoid cross-contamination in food preparation, you should inform the Headteacher that you can't provide an allergen-free dish.

4. Identifying individuals at risk

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma which may be triggered by airborne allergens
- Allergy to insect stings and medicines

4.1 Identifying pupils at risk

We will:

- For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the pupil has and whether they carry medication. Where a pupil has a

new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks

- Send a reminder to parents/carers at the start of each year asking them to update their child's medical information as necessary

We ask that parents/carers proactively inform us by either phone call to the school 01276 709080 or an email to info@carwarden.surrey.sch.uk if their child's medical needs change during the school year.

4.2 Identifying staff and visitors at risk

- Asking new staff to provide details of their allergies in advance of their start date
- Asking visitors to provide details of their allergies in advance of their visit

4.3 Individual healthcare plans (IHP)

Pupils should have an IHP if they:

- Have an allergy which has a functional impact on them in the school environment
- They are at risk of harm as a result of their allergy; and
- Require arrangements which are additional to or different from those made generally

It is not necessary for a pupil to have a formal diagnosis of allergy for them to have an IHP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

The IHP will set out the additional and/or different arrangements that will be in place for supporting the pupil. The school will make every effort to make sure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

Not all children with an allergy will require an IHP. Some allergies will have little or no impact on the pupil while they are at school, or pose no risk to the pupil. Some allergies will not require arrangements which are additional to or different from those made generally.

The headteacher is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances.

The school will consider the following principles:

- If the arrangements or support which a pupil requires would be available to any pupil as part of normal policies, an IHP may not be required
- If the pupil only needs non-prescription medication and the school's medical conditions policy would permit them to carry and administer it, an IHP may not be required

IHPs will be reviewed at least annually and more frequently if the pupil's needs have changed. Where a pupil moves on to a new school or college, their IHP will be shared as part of the transition.

4.4 Allergy and asthma action plans

All pupils who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

All pupils who have asthma should be issued with an asthma action plan by their healthcare professional.

The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the pupil's IHP. Whenever the allergy action plan is updated, the pupil's IHP should be reviewed to incorporate it.

4.5 Record of individuals with known allergies

The school maintains a record of all individuals who have a known allergy. The record includes:

- Known allergens and risk factors for anaphylaxis

- Whether a pupil has an Individual Healthcare Plan and/or an Allergy Action Plan
- A photograph of each individual (photographs of pupils will require parental consent)

The record is kept in Arbor and by catering staff. Those requiring personal medication for allergies also carry that medication on their person in an orange medication bag with their IHP/Care plan.

The school keeps a copy of this record in places where food may be served or handled (including food technology, science, craft and art classrooms).

We allow all pupils to keep their ADs with them to reduce delays, and this allows for confirmation of consent without the need to check the record.

5. Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

6. Minimising risk

6.1 Hygiene procedures

- Pupils are reminded to wash their hands before and after eating
- Sharing of food, food containers, and food utensils is not allowed
- Pupils have their own named water bottles, and lunch boxes provided to pupils with food allergies will be clearly labelled with the name of the child for whom they are intended
- Where food is not directly provided by the school, parental engagement and permission will be sought in advance

6.2 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training and are able to identify pupils with allergies
- The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements
- School menus are available for parents/carers and pupils to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy safe meals with parents/carers
- Where changes are made to school menus, we will make sure these comply with legislation, and continue to meet any special dietary needs of pupils
- Food allergen information relating to the ‘top 14’ allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Where food is provided by the school, staff will understand how to read labels for food allergens
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

6.3 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

6.4 Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

6.5 Visits and trips

- No pupils with allergies will be excluded from taking part
- The school will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training
- The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip
- Pupils at risk of anaphylaxis should have their own ADs with them
- Staff trained to administer adrenaline in an emergency will be present on the school trip
- Appropriate measures will be taken in line with the school's AD protocols for off-site events and school trips (see section 8.5)

7. Procedures for handling an allergic reaction

- All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately
- Staff are trained in the administration of adrenaline to minimise delays in an emergency
- If the pupil has an allergy action plan, this must be followed
- A spare school AD device will only be used if:
    - The pupil does not have a prescribed AD
    - The pupil's prescribed AD are not available or misfire
    - School AD devices in case of an emergency can be found in Room 2 in 6th Form and the Medical

8. Adrenaline devices (ADs)

8.1 Prescribed ADs

Pupils who are prescribed ADs are encouraged to keep them near or on their person at all times including when travelling to or from the school and on school trips. It is recommended that two devices are carried at all times. Pupils with prescribed ADs should take them home with them at the end of each school day, and parents are responsible for ensuring that they are in date.

If a pupil cannot keep their ADs with them in the classroom (due to age or other considerations), then the devices will be:

- Allocated to a member of staff in the group and move with the class to each classroom.
- Medications are signed in and out daily by staff in the pupils tutor group.
- Additional emergency medication AD's are located in Room 2 in 6th Form and the medical room in the main building should a prescribed AD's fail to administer.

A copy of the pupil's allergy action plan is kept alongside their medication, as it includes instructions on how it should be used in an emergency.

8.2 Spare ADs

Please note: current regulations only allow schools to purchase adrenaline auto-injectors (ADs) as spare devices. Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school's spare ADs may be used in an emergency.

The allergy safety lead is responsible for sourcing spare ADs and ensuring they are stored according to the guidance.

Additional purchases:

- Sourced from Selles medical
- 2xAdult 1xJunior
- Epipen Auto injector
- Adult 300mcg /Junior 150mcg

Spare ADs will be stored:

- In room 2 in 6th form (Adult) and in the medical room (1xAdult &1xJunior) in the main building.
- Located out of direct sunlight and stored at room temperature (as per the suppliers' instructions)
- Secured Emergency Adrenaline Auto-Injector (AAI) Cabinets

Spare AAIs will be kept:

- Separate from any pupils' prescribed ADs and clearly labelled to avoid confusion

The admin team are responsible for:

- Checking monthly that spare ADs are present and in date
- Obtaining replacement ADs when the expiry date is near

8.3 Disposal

ADs can only be used once. Once an AD has been used, it will be disposed of in line with the manufacturer's instructions.

8.4 Using spare ADs in an emergency situation without prior consent

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for spare adrenaline devices to be used in an emergency.

The school will obtain advance consent from parents/carers or pupils 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. This avoids potentially fatal delays in treatment.

8.5 Use of ADs off school premises

Pupils at risk of anaphylaxis who are able to administer their own adrenaline should carry their own ADs with them on school trips and off-site events

9. Serious incidents and 'near misses'

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a pupil, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A **'near miss'** is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

Information on how to make a RIDDOR report is available here:

http://www.hse.gov.uk/riddor/report.htm

9.1 Incident recording

The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded in the accident book, including the following information:

- Who was affected
- What happened, when and where
- Why the incident occurred (as far as is known)
- How staff and pupils responded and what was done to support the individual
- Whether emergency services were called
- How the incident concluded

The school will approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons.

9.2 Incident reporting

The parents/carers of a pupil aged up to 16 should be notified of the incident or 'near miss' as soon as possible. For students over 16 with pupil agreement, parent will be notified of 'near misses in the same way.

The school will share the report with the pupil's parents, the pupil or the individual involved.

They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will then confirm what we have learnt from the incident and outline any actions we are taking as a result.

In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the pupil is at home. This means that incident reporting is not limited to staff – the pupil, parents/carers or others (such as healthcare professionals) will need to report to the school if there has been an incident with a delayed reaction.

Staff will always share the incident report with Alex Ewen. The allergy safety lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil's IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

The school will also share the report with other agencies in the following circumstances:

- With the Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalization. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff.
- To the local authority: any allergen-related food safety incidents.]

In the event that the incident or 'near miss' was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

10. Allergy awareness

10.1 Staff training

The school ensures that all staff expected to be present during times when pupils are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this training as part of their induction.

This includes permanent staff, temporary staff, supply teachers, peripatetic staff, and regular volunteers. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

Annual Allergy awareness training will ensure that all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist

- Understand the difference between food allergy, coeliac disease and food intolerance
- Know where to find information on allergy triggers
- Can identify the range of symptoms of allergic reactions
- Understand and can recognise anaphylaxis
- Know how to respond in an emergency, including:
    - Calling emergency services and informing parents/carers
    - How to locate and administer emergency medication
    - How to use the medication/device in an emergency
- Understand the impact allergy can have on a pupil's wellbeing
- Understand the school's allergy safety policy
- Know how to check whether an individual is on the record of those with known allergy, and how to use an allergy or asthma action plan
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a 'near miss')

Administration of epipens is also covered as part of first aid training completed by staff every 3 year rolling program.

10.2 Awareness of allergy safety policy

This allergy safety policy will be published on the school's website and shared with parents/carers at the start of the school year.

All staff should be aware of and understand the policy as part of annual allergy awareness training.

11. Wellbeing

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their tutor team.
- Reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis

The school will respond to any instance of bullying in line with its behavior policy.

11.1 Wellbeing support following an incident or 'near miss'

The school recognises that an incident or a 'near miss' is a serious event with a potential impact not only on the pupil but their family, those involved in responding. and any witnesses. The school will provide support to those involved.

The school will support staff involved in any incident or 'near miss'.

See section 9 of the policy for more detail on incidents and 'near misses'.

12. Information sharing

Information about an individual's health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

13. Monitoring arrangements

The arrangements set out in this policy will be monitored by the allergy safety lead.

The governing board will review and approve this policy annually, or more frequently if a serious incident or 'near miss' identifies an area for improvement.

14. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical needs policy
- Data protection policy
- Behavior policy

Appendix 1 - INDIVIDUAL HEALTHCARE PLAN

Name of student	
Name of school/setting	
Group/class/form	

Date of birth						
Student's address						
Medical diagnosis or illness						
Date						
Review date						
Family Contact Information						
Name						
Relationship to student						
Phone no(s)	**(work)**		**(home)**		**(mobile)**	
Name						
Relationship to student						
Phone no(s)	**(work)**		**(home)**		**(mobile)**	
Clinic/Hospital Contact						
Name						
Phone no.						
G.P.						
Name						
Phone no.						
Name of student						
Who is responsible for providing support in school						

Describe medical needs and give details of student's symptoms, triggers, signs, treatments, facilities required, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision.

Daily care requirements

Specific support for the student's educational, social and emotional needs

Arrangements for school visits/trips etc.

Name of student	

Other information e.g. action to take if the pupil refuses medication.

Describe what constitutes an emergency, and the action to take if this occurs (document if the parent has consented to emergency salbutamol use if appropriate)

Who is responsible in an emergency (*state if different for off-site activities*)?

Plan developed with

Medicines Trained Staff training needed/undertaken – who, what, when

Form copied to

Signed		Date	

Appendix 2A – Pupil Allergy Declaration Form

Name of pupil:			
Date of birth:		**Year group:**	
Name of GP:			
Address of GP:			

Nature of allergy:	
Severity of allergy:	
Symptoms of an adverse reaction:	
Details of required medical attention:	
Instructions for administering medication:	
Control measures to avoid an adverse reaction:	

Date

Review date.

This will be reviewed at least annually or earlier if the child's needs change.
Arrangements that will be made in relation to the child travelling to and from the academy. ***If the student has a life-threatening condition, specific transport healthcare plans will be carried on vehicles.***

Appendix 2B – Staff Allergy Declaration Form

Name of Staff:			
Date of birth:		**Position:**	
Name of GP:			
Address of GP:			

Nature of allergy:	
Severity of allergy:	
Symptoms of an adverse reaction:	
Details of required medical attention:	
Instructions for administering medication:	
Control measures to avoid an adverse reaction:	

Date _____

Review date. _____

This will be reviewed at least annually or earlier if the staff's needs change.

Appendix 3 - Parental consent to administer medicine.

Name Of Pupil		D.O.B.		
Form				
Medical condition or illness				
Medicine				
Name/type of medicine (as described on the container)		Expiry date		
		Self-administration	Yes ☐	No ☐
Dosage & method		Timing		
Special precautions/other instructions				
Are there any side effects that the school needs to know about?				
Procedures to take in an emergency				
NB: Medicines must be in the original container as prescribed by the pharmacy. A correct supply of the most recently dated medicine is required.				
Contact Details				
Name				
Daytime telephone number				
Relationship to child / young person				

Address	

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 policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medicine or if the medicine is stopped.

Signature		Date	

Appendix 4 – EpiPen®: Emergency Instructions

EpiPen®: EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's Name: _____

DOB: _____

Allergic to: _____

ASSESS THE SITUATION

Send someone to get the emergency kit, which is kept in: with the student / Medical Room

IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS

MILD REACTION

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/Nausea
- Vomiting

SEVERE REACTION

- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy.
- Collapsed/unconscious

ACTION

- Give _____ (Antihistamine) immediately
- Monitor child until you are happy, he/she has returned to normal.
- If symptoms worsen see – **SEVERE REACTION**

ACTIONS

1. Get _____EpiPen® out and send someone to telephone 999 and tell the operator that the child is having an

'ANAPHYLACTIC REACTION'

2. Sit or lay the child on the floor.
3. Take EpiPen® and remove the grey safety cap.
4. Hold EpiPen® approximately 10cm away from the outer thigh.
5. Swing and jab the black tip of EpiPen® firmly into the outer thigh. MAKE SURE A CLICK IS HEARD AND HOLD IN PLACE FOR 10 SECONDS.
6. Remain with the child until the ambulance arrives.
7. Place the used EpiPen® into the container without touching the needle.
8. Contact parent/carer as overleaf.

Appendix 5 – ANAPEN®: Emergency Instructions

ANAPEN®: EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's Name: _____

DOB: _____

Allergic to: _____

ASSESS THE SITUATION

Send someone to get the emergency kit, which is kept in: with the student / Medical Room

IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS

MILD REACTION

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/Nausea
- Vomiting

SEVERE REACTION

- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy.
- Collapsed/unconscious

ACTION

- Give _____ (Antihistamine) immediately
- Monitor child until you are happy, he/she has returned to normal.
- If symptoms worsen see – **SEVERE REACTION**

ACTIONS

1. Get _____ANAPEN® out and send someone to telephone 999 and tell the operator that the child is having an
   'ANAPHYLACTIC REACTION'
2. Sit or lay the child on the floor.
3. Get ANAPEN® and remove the black needle cap.
4. Remove the black safety cap from the firing button.
5. Hold ANAPEN® against the outer thigh and press the red firing button.
6. Hold ANAPEN® in position for 10 seconds.
7. Remain with the child until the ambulance arrives. Accompany the child to the hospital in an ambulance.
8. Place used ANAPEN® into the container without touching the needle.
9. Contact parent/carer as overleaf.

Appendix 6 – Emergency Contact Numbers – Autoinjector Users

Emergency Contact Numbers

Mother: _____

Father: _____

Other: _____

Signed Headteacher: _____Print Name: _____

Signed parent/guardian: _____Print Name: _____

Relationship to child: _____Date agreed: _____

Signed Paediatrician/GP: _____Print Name: _____

Care Plan written by: _____Print Name: _____

Designation: _____

Date of review: _____

Date	Time	Given by (print name)	Observation/evaluation of care	Signed/date/time

Check the expiry date of Auto-Injectors every few months.

Appendix 7 – Note to parent/carer for medication given.

Note to parent/carer.

Name of academy _____

Name of child _____

Group/class/form. _____

Medicine given. _____

Date and time given. _____

Reason _____

Signed by _____

Print Name _____

Designation _____

Appendix 8 - Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information:

1. Your telephone number:

   01276 709080

2. Give your location as follows *(insert academy address*)

   118 Upper Chobham Road Camberley

3. State that the postcode is:

   GU15 1EJ

4. Give exact location in the academy *(insert brief description)*

   _____

   _____

   _____

5. Give your name: _____

6. Give name of child and a brief description of child's symptoms

   _____

   _____

   _____

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the casualty

Speak clearly and slowly and be ready to repeat information if asked.

Put a completed copy of this form by the telephone.

Appendix 9 - Checklist for Responding to Emergency Situations

The academy must have a clear emergency procedure for cases of anaphylaxis, which should include arrangements for:

1. Summoning an ambulance in an emergency.
2. Treating the child if necessary whilst waiting for the ambulance to arrive.
3. Where to find the adrenaline, e.g., in a known, accessible location and not locked away.
4. Who should administer the adrenaline and how they can be contacted swiftly in an emergency.
5. Who else must be contacted in an emergency.
6. Ensuring that accident forms are filled out if applicable.

These procedures should be agreed with the relevant parties and clearly set out in the student's individual care plan.

Remember that even if the student is only displaying mild symptoms, care should be taken to remain very vigilant as these signs might be the precursor to a more serious attack. The serious signs to watch out for can be summarised in the form of the following questions:

- Is the student having marked difficulty in breathing or swallowing?
- Does the child appear suddenly weak or debilitated?
- Is there are steady deterioration?

If the answer to any of these questions is yes, adrenaline should be administered without delay, and an ambulance must be called.

Further Guidance

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

Department for Education

Supporting pupils with medical conditions: links to other useful resources
https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3/supporting-pupils-with-medical-conditions-links-to-other-useful-resources--2

https://www.gov.uk/government/news/stronger-protections-for-children-with-allergies-in-school

Department of Health

Guidance on the use of Auto Injectors in Schools
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Allergy Awareness Training

- Food Standards Agency
https://allergytraining.food.gov.uk/

Resources for Specific Conditions

- Allergy UK
https://www.allergyuk.org/

http://medicalconditionsatschool.org.uk/documents/Legal-Situation-in-Schools.pdf

- The Anaphylaxis Campaign
www.anaphylaxis.org.uk

https://anaphylaxis.org.uk/education/essential-guidance-for-schools-on-using-spare-adrenaline-auto-injectors-aais/

- Asthma UK (formerly the National Asthma Campaign) www.asthma.org.uk

- National Eczema Society
www.eczema.org

- Psoriasis Association www.psoriasis-association.org.uk/

Resources for Food Allergy

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

Peanut Allergy - Peanuts are a common cause of food allergy, caused when the immune system reacts to the protein found in peanuts. Peanut allergy affects around 2% (1 in 50) of children in the UK and has been increasing in recent decades. It usually develops in early childhood but, occasionally, can appear in later life. Peanut allergy tends to be persistent and only approximately 1 in 5 children outgrow their allergy, usually by the age of 10.

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

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