Kirk Merrington Primary School
Whole-School Allergy Safety Policy

Developed by:	K Hall – Headteacher
Governor responsible:	J. Gilling – Acting Chair of Governors
Last Reviewed	September 2026
Next review due by:	September 2027 - to be reviewed annually by Headteacher and Chair

1. Statement of Intent

At Kirk Merrington Primary School, the health, safety, and wellbeing of every child is paramount. Allergies and anaphylaxis are serious medical conditions that can be life-threatening. We are committed to providing an inclusive, allergen-aware environment where pupils with allergies can participate fully and safely in all aspects of school life.

This policy is a standalone policy and reflects the requirements of:

- Allergy Safety in Schools: Statutory Guidance (DfE, 2026)
- Benedict's Law (enacted under the Children's Wellbeing and Schools Act 2026)
- Supporting Pupils with Medical Conditions Guidance (DfE)
- Children and Families Act 2014
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Food Information Regulations (FIR) / Food Information for Consumers (FIC)

2. Aims

Kirk Merrington Primary will:

- Protect pupils and staff from avoidable exposure to known allergens.
- Ensure early recognition and rapid treatment of allergic reactions and anaphylaxis.
- Promote complete inclusion without segregation, discrimination, or unnecessary restrictions.
- Reduce exposure to allergens through practical, proportionate risk management rather than impossible total elimination.
- Ensure all staff understand their responsibilities and can act in an emergency without delay.
- Maintain a transparent, "no-blame" culture around incident reporting and emergency intervention.

3. Scope

This policy applies to all aspects of the school day and extended activities, including:

- All pupils and staff (teaching, support, administrative, premises, and lunchtime supervisors).
- Supply staff, volunteers, governors, and external contractors.
- Before and after-school clubs, breakfast clubs, and extra-curricular activities.
- Educational day visits, residential trips, and sports events.

4. Definitions

Allergy	An immune system response to a normally harmless substance (e.g., food, insect venom, pollen, latex, medications).
Anaphylaxis	A severe, rapidly developing, and life-threatening systemic allergic reaction requiring immediate administration of adrenaline and emergency services.
Adrenaline Auto-Injector (AAI)	A pre-filled medical device used to deliver a measured dose of adrenaline in an emergency (e.g., EpiPen®, Jext®, Emerade®).

5. Roles and Responsibilities

5.1 The Governing Body

The governing board is responsible for ensuring:

- Risks relating to pupils with allergy are included in the risk register and actively managed
- 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

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

5.2 Allergy safety lead

The nominated allergy safety leads are Mrs K Hall and Mrs L Cleminson who are responsible for:

- Implementing this allergy safety policy
- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published
- 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

5.3 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

5.4 Responsibilities

Mrs Kirsty Hall and Mrs Laura Cleminson are responsible for:

- Checking spare AAIs are present and in date on a monthly basis
- Making sure that replacement AAIs are obtained when expiry dates approach
- Disposing of AAIs following the expiry date

5.5 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

5.6 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

5.7 Pupils with allergies

If age-appropriate, these pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Carrying their AD on their person and only using it for its intended purpose
- Understanding how and when to use their AD

5.8 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 the case of an emergency.

6. 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

6.1 Identifying pupils at risk

Initial school admissions forms and annual update requests ask parents for information on medical conditions.

Parents/carers are reminded to inform school if their child's medical needs change during the school year. This can be done in person, via phone or email.

6.2 Identifying staff and visitors at risk
The following arrangements are in place for identifying staff and visitors with known allergies:

- 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

All visitors are asked to read and sign to say they have read the Visitor Information Sheet, which outlines that Kirk Merrington Primary is an allergy aware school.

6.3 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.

Kirk Merrington Primary's IHP, incorporates clinical guidance from the child's GP or specialist Allergy Action Plan.

Each IHP contains:

- Pupil photo, name, class, and emergency contacts.
- Specific known allergens (food, insect stings, latex, medications, environmental).
- Specific signs and symptoms for that individual pupil.
- Details of prescribed medications, exact AAI brand/dose, and storage locations.
- Specific risk mitigations for lunchtimes, classroom activities, and off-site visits.

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.

Kirk Merrington Primary 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.

6.4 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.

6.5 Register of pupils with known allergies

Kirk Merrington Primary maintains a register of pupils who have a known allergy. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed ADs (and if so, what type and dose)
- Where a pupil has been prescribed an AD, whether parental consent has been given to administer emergency medication
- A photograph of each pupil to allow a visual check to be made (this will require parental consent)

The register is kept in the school office which is easily accessible to staff and in areas where food is served or handled and can be checked quickly by any member of staff as part of initiating an emergency response. Discrete visual reference sheets for quick identification in emergency situations are also held in classrooms and the staff room.

Allowing all pupils to keep their ADs with them will reduce delays and allows for confirmation of consent without the need to check the register.

7. Assessing risk

Kirk Merrington Primary 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.

8. Minimising risk

Kirk Merrington Primary does not describe itself as "nut-free" or "allergen-free." Claiming an environment is completely allergen-free creates a dangerous false sense of security, as reactions can be triggered by many non-nut foods, insect stings, or environmental factors. Instead, our school operates an Allergen-Aware Policy, focusing on strict risk management, hygiene, education, and rapid emergency preparation.

8.1 Hygiene procedures

To prevent contamination at Kirk Merrington Primary:

- Pupils are reminded to wash their hands before and after eating. (Note: Hand sanitiser gel does not

remove food allergens).
- Sharing of food, food containers, and food utensils is not allowed.
- Pupils have their own individual 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
- Tables and food preparation surfaces are thoroughly cleaned with warm soapy water before and after meals.

8.2 Catering

Kirk Merrington Primary 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

8.3 Insect bites/stings

In order to prevent insect bites/stings, when outdoors:

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

8.4 Curriculum Activities

Cooking, science, art or sensory play sessions are risk-assessed in advance. Non-food alternatives are used where possible. If food is used, allergen-safe options are verified.

8.5 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 10.5 - use of ADS off school premises)

9. 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
- Spare AD device is to be easily accessible in the school office.

The school's protocol for responding to an allergic reaction and anaphylaxis are outlined in Appendix A: Signs and Symptoms of Allergic Reaction & Anaphylaxis.

10. Adrenaline devices (ADs)

10.1 Prescribed ADs

- Pupils at risk of anaphylaxis must have two in-date AAIs in school at all times.
- AAIs must be kept in an unlocked, easily accessible central location (classrooms / with child)
- Medication must never be locked away and should be no more than 5 minutes away from where they may be needed.
- AAIs must be kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- A spare set of AAIs are kept in school for pupils at risk of anaphylaxis (school office).
- Parents are responsible for ensuring that they are in date.
- Children with AAIs should take them on the playground and sports fields and on visits or trips.
- 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.
- Pupils and parents/carers to take individually prescribed ADs home (for example, at the end of the day for the journey home) and regularly check that they remain in date
- Records will be kept of which pupils have been provided with prescribed adrenaline (and an allergy action plan) in the school office.

10.2 Spare ADs and inhalers

Current regulations only allow schools to purchase adrenaline auto-injectors (AAIs) 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 AAIs may be used in an emergency. Schools can purchase an emergency asthma reliever inhaler which can only be used if the pupil's prescribed inhaler is not available and where written consent has been obtained.

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

Procedures for buying spare ADs:

- 2 spare ADs will be sourced from a local pharmacy
- The dosage required will be based on Resuscitation Council UK's age-based criteria (see page 11 of the AAI guidance)

Spare ADs will be stored:

- In an appropriate central location (the School Office) that is unlocked and accessible to staff only at all times

- No more than 5 minutes away from where they may be needed
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

Spare AAIs will be kept:

- In pairs, in case a second one is necessary
- Separate from any pupils' prescribed ADs and clearly labelled to avoid confusion

Mrs Kirsty Hall and Mrs Laura Cleminson are responsible for:

- Checking monthly that spare ADs [and the emergency asthma reliever inhaler] are present and in date
- Obtaining replacement ADs when the expiry date is near

10.3 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 (for example, in a sharps bin for collection by the local council).

10.4 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.

10.5 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.

- Risk assessments must explicitly address allergen risks for any off-site trip or residential.
- Every child with a known severe allergy must bring their own prescribed, in-date AAI devices. These must remain accessible with the designated staff member or trained group leader throughout the trip.
- Designated staff must carry the pupil's two prescribed AAIs, IHP, and mobile communication at all times.
- Food venues, transport, and activity providers are vetted in advance regarding allergen safety.
- No child with an allergy will be excluded from trips, nor will parents be required to attend as a condition of participation.
- Official Department of Health guidance states that schools may also consider taking a spare emergency AAI on the trip if deemed appropriate by your risk assessment.
- While not legally mandatory to take off-site, bringing the school's general emergency spare AAI provides a vital backup if a child's individual pen misfires, is damaged, or is used incorrectly during an emergency.

11. 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.

11.1 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.

11.2 Incident reporting
The parents/carers of a pupil will be notified of the incident or 'near miss' as soon as possible. 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 Mrs Kirsty Hall and Mrs Laura Cleminson. 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. [See how to make a RIDDOR report]
- To the local authority: any allergen-related food safety incidents. [See how to report a food safety issue]

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.

12. Allergy awareness

12.1 Staff training
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, agency workers and regular volunteers. It also includes catering staff and others who may oversee pupils at breakfast or after-school clubs. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

The school has purchased 'training pens' from EpiPen and Jext so staff can practise safely and be familiar with the differences.

The school will conduct allergy safety drills annually. This is a simulated case of anaphylaxis to test out how staff respond, without risk to any individual. The results of the drill will be recorded and used to inform the ongoing review of this policy.

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')

Anaphylaxis is a life-threatening medical emergency. Action must be taken within 5 minutes. The Emergency Anaphylaxis Protocol is detailed in Appendix A.

Kirk Merrington Primary School ensures that staff undertake a practical session using trainer devices (obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk).

12.2 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 are aware of and understand the policy as part of annual allergy awareness training.

Age-appropriate allergy awareness education is integrated into assemblies and the PSHE curriculum to build peer empathy and understanding such as with resources from Allergy School.

13. Wellbeing and Inclusion

Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy. Pupils with allergies will never be isolated or segregated during lunchtimes, activities, or special events simply because of their allergy.

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher.
- 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

Kirk Merrington Primary will respond to any instance of bullying in line with its behaviour policy.

13.1 Wellbeing support following an incident or 'near miss'

Kirk Merrington Primary 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'.

14. 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.

15. Monitoring arrangements

This policy will be monitored by the allergy safety lead.

It will be reviewed and approved annually by the allergy safety lead, or more frequently if a serious incident or 'near miss' identifies an area for improvement.

16. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- School food policy
- Data protection policy
- Behaviour policy

17. Useful Links

Anaphylaxis UK - https://www.anaphylaxis.org.uk/

- Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer- schools-programme/
- AllergyWise for Schools online training - https://www.allergywise.org.uk/p/allergywise-for-schools1

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

- Whole school allergy and awareness management - https://www.allergyuk.org/schools/whole-school-allergy-awareness- andmanagement

BSACI Allergy Action Plans - https://www.bsaci.org/professional- resources/resources/paediatric-allergy-action-plans/

Spare Pens in Schools - http://www.sparepensinschools.uk

Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Health Guidance on the use of adrenaline auto-injectors in schools - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

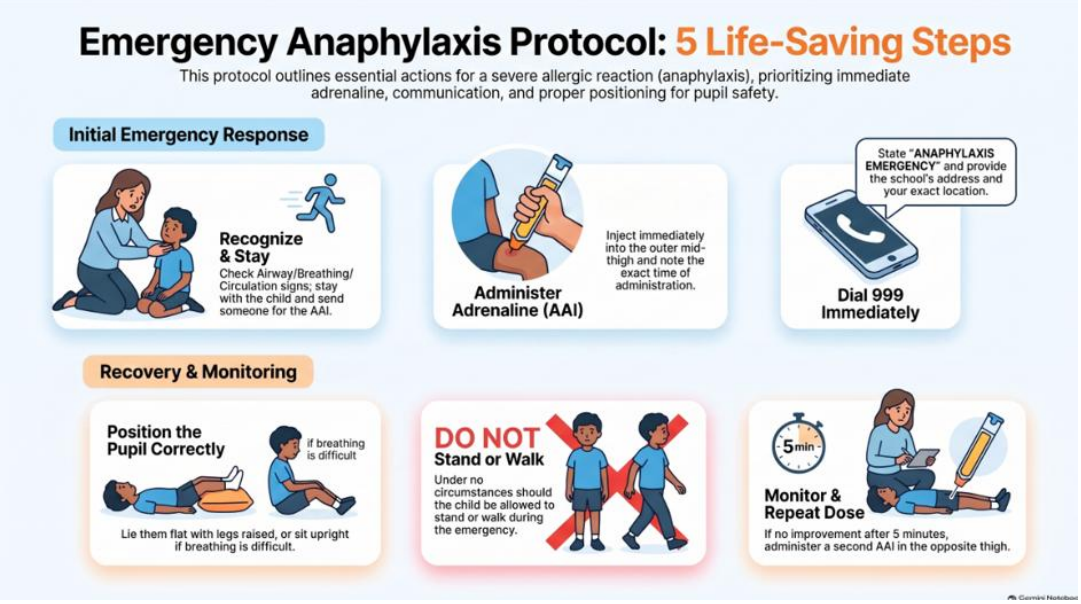
Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) https://www.nice.org.uk/guidance/qs118

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834

Appendix A: Signs and Symptoms of Allergic Reaction & Anaphylaxis

Reaction Level	Typical Symptoms	Action Required
Mild / Moderate Reaction	• Swelling of lips, face, or eyes • Hives, rash, or itchy skin • Itchy/tingling mouth • Abdominal pain, vomiting, or nausea	• Stay with pupil. • Give prescribed antihistamine if directed in IHP. • Contact parents. • Watch closely for progression to severe symptoms.
Severe Reaction (Anaphylaxis) *(Life-Threatening)*	• **Airway:** Swollen tongue/throat, difficulty swallowing or speaking, hoarse voice • **Breathing:** Persistent cough, wheezing, noisy/difficult breathing	**IMMEDIATE EMERGENCY RESPONSE:** 1. Administer AAI immediately into outer thigh.

	• **Circulation:** Pale/floppy, dizziness, collapse, loss of consciousness	2. Call 999 ("Anaphylaxis"). 3. Keep pupil flat (or seated if struggling to breathe). 4. Call parents. 5. Repeat AAI after 5 minutes if no improvement.



- **Never force a child experiencing anaphylaxis to walk or stand up (this can trigger sudden cardiac collapse).**
- **Never leave the child unattended.**
- **Always send the used AAI(s) to the hospital with the paramedic team.**

Appendix B: Annual Compliance Audit Checklist

Item / Action	Responsible Person	Completed / Date
Named Senior Leader appointed as Allergy Lead	Headteacher / SLT	☐
Standalone Allergy Policy published on school website	Allergy Lead	☐
Central Allergy Register updated for all classes	Allergy Lead	☐
Non-clinical IHPs in place and reviewed for all affected pupils	Allergy Lead / Parents	☐
100% of staff completed accredited annual allergy/AAI training	Allergy Lead	☐
Emergency Spare AAIs purchased, checked, and accessible	Allergy Lead	☐
"Allergen-Aware" (non "nut-free") guidance communicated to parents	Headteacher	☐
Trip risk assessments include specific allergen protocols	Educational Visits Coordinator	☐
Annual review report submitted to Governing Body	Allergy Lead	☐