The Romero Catholic Academy
Nurturing the Talent of Tomorrow

Allergen Policy

Responsible for policy: Catering/ CC1: Finance, Audit, Resources and Premises Committee
Policy Status: Statutory
Review: Annually
Chair of Directors:

The Romero Catholic Academy
Nurturing the Talent of Tomorrow

Contents

1. Definitions

In this **Allergen Policy**, unless the context otherwise requires, the following expressions shall have the following meanings:

i ‘**The Romero Catholic Academy**’ means the Company named at the beginning of this **Allergen Policy** and includes all sites upon which the Company is undertaking, from time to time, being carried out. The Romero Catholic Academy includes; **Corpus Christi**, **Good Shepherd**, **Sacred Heart**, **SS Peter and Paul**, **St Gregory**, **St John Fisher**, **St Patrick**, **Cardinal Wiseman**, **Shared Services Team**.

ii **‘Romero Catholic Academy’** means the Company responsible for the management of the Academy and, for all purposes, means the employer of staff at the Company.

iii **‘Board’** means the board of Directors of the Romero Catholic Academy.

iv **‘Chair’** means the Chair of the Board or the Chair of the Local Academy Committee of the Academy appointed from time to time, as appropriate.

v **‘Clerk’** means the Clerk to the Board or the Clerk to the Local Academy Committee of the Academy appointed from time to time, as appropriate.

vi **‘Chief Executive Officer’** means the person responsible for performance of all Academies and Staff within the Multi Academy Company and is accountable to the Board of Directors.

vii ‘**Diocesan Schools Commission**’ means the education service provided by the diocese, which may also be known, or referred to, as the Birmingham Diocesan Education Service.

viii **‘Local Governing Body’** means the governing body of the School who are the ‘eyes and ears’ for the Board of Directors

ix **‘Governors’** means the governors appointed and elected to the Local Governing Body of the School, from time to time.

x **‘Principal’** means the substantive Principal, who is the person with overall responsibility for the day-to-day management of the school.

xi **‘School’** means the school or college within The Romero Catholic Academy and includes all sites upon which the school undertaking is, from time to time, being carried out.

xii **‘Shared Services Team’** means the staff who work in the central team across the Company (e.g. HR/ Finance)

xiii **‘Vice-Chair’** means the Vice-Chair of the Governing Body elected from time to time.

xiv **‘Natasha’s Law’** means **Natasha's Law** and it refers to changes to food information regulations requiring Prepacked for Direct Sale (PPDS) foods to carry a full ingredients list with allergens emphasised – refer to **Natasha’s legacy becomes law** for more information.

xv **‘Benedict’s Law’** refers to legislative and statutory requirements introduced through the Children's Wellbeing and Schools Act 2026 and the DfE's *Allergy Safety in Schools* statutory guidance which strengthen allergy safety arrangements in schools: link – **DfE - Allergy safety in schools statutory guidance**

xvi **‘Allergy’** a condition in which the body has an exaggerated response to a substance (e.g. food or drug), also known as hypersensitivity.

xvii **‘Allergen’** a normally harmless substance, that triggers an allergic reaction in the immune system of a susceptible person.

xviii **‘Anaphylaxis’** or anaphylactic shock, is a sudden, severe and potentially life-threatening allergic reaction to a trigger (e.g. food, stings, bites, or medicines).

xix **‘Adrenaline Auto-Injector (AAI)’** is a pre-loaded, single-use device containing adrenaline for emergency treatment of anaphylaxis. It is prescribed for individuals at risk of severe allergic reactions and is designed for immediate intramuscular administration. Common brands include EpiPen®, Jext® and Emerade® Anapen® (where available). Schools must also hold spare adrenaline auto-injectors for emergency use in accordance with statutory guidance.

2. Introduction

- The Romero Catholic Academy recognises that pupils, staff, parents/carers and visitors may have food allergies or intolerances, some of which can result in severe or life-threatening allergic reactions.
- The Romero Catholic Academy is committed to a whole-school approach to allergy management. Creating an allergy-aware environment, like safeguarding, is **everyone's responsibility**. This policy sets out the measures in place to support and protect individuals with food allergies and intolerances.
- While no school can guarantee a completely allergen-free or nut-free environment, The Romero Catholic Academy will take all reasonable steps to reduce the risk of allergen exposure through effective risk assessment, staff training, clear communication and appropriate control measures. This enables individuals with allergies, and where appropriate their parents/carers, to make informed decisions & manage risks safely.

3. Legislation and Guidance framework

- This policy has been developed in accordance with **Section 34 of the Children's Wellbeing and Schools Act 2026**, which requires all local authority maintained schools, academies and pupil referral units (PRUs) to have an allergy safety policy.
- The policy is informed by the Department for Education's statutory guidance, including *Allergy Safety in Schools* and *Supporting Pupils at School with Medical Conditions*, together with the Department of Health and Social Care's guidance on the use of emergency adrenaline auto-injectors (AAIs) in schools.
- In addition, this policy has been developed with reference to the following legislation and regulatory requirements:

    - The Food Information Regulations 2014;
    - The Food Information (Amendment) (England) Regulations 2019 (commonly known as **Natasha's Law**);
    - The Food Information to Consumers Regulation (EU) No. 1169/2011, as retained in UK law;
    - Relevant statutory and non-statutory guidance relating to allergy management in educational settings, including the requirements of **Benedict's Law**.

- This policy aims to ensure a consistent and effective approach to allergy prevention, risk management, emergency response and support for pupils with allergies across the school.

4. Anaphylaxis

- Anaphylaxis and other allergic reactions can be triggered by a wide range of substances. In school settings, food allergens are the most common source of risk and therefore require particular vigilance. To support effective allergen management, staff must be aware of the 14 major food allergens identified in food information legislation and ensure that allergen information is checked, communicated and managed appropriately.
- Anaphylaxis is a severe and potentially life-threatening allergic reaction at the extreme end of the allergic spectrum. Anaphylaxis may occur within minutes of exposure to the allergen, although sometimes it can take hours. It can be life-threatening if not treated quickly with an adrenaline auto-injectors (AAI).
- Any allergic reaction, including anaphylaxis, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it perceives as a threat. Anaphylaxis can be accompanied by shock (known as anaphylactic shock): this is the most extreme form of an allergic reaction.

- The common causes of allergies relevant to this policy are the 14 major food allergens:
  (*Examples below are not exhaustive, all products **must** be checked for allergen information before use and recorded on the daily allergen sheet).*
    - **Cereals** - containing gluten, including vinegars
    - **Celery** - including stalks, leaves, seeds, and celeriac in salads
    - **Crustaceans** - prawns, crab, lobster, scampi, shrimp paste, this is not an exhaustive list
    - **Eggs** - also food glazed with egg. Lecithin is also an egg product
    - **Fish** - some salad dressings, relishes, fish sauce and paste, some soy and Worcester sauces
    - **Soya** - tofu, bean curd, soya flour
    - **Milk and dairy** - also food glazed with milk, chocolate / chocolate drops, custard, also lactose
    - **Nuts** - almonds, hazelnuts, walnuts, pecan nuts, Brazil nuts, pistachio, cashew and macadamia (Queensland) nuts, nut oils, marzipan
    - **Peanuts** - sauces, cakes, desserts, ground nut oil, peanut flour
    - **Mustard** - liquid mustard, mustard powder, mustard seeds
    - **Sesame** - bread, bread sticks, tahini, houmous, sesame oil
    - **Sulphur dioxide/sulphites** -dried fruit, fruit juice drinks, wine, beer, sausages
    - **Lupin** - seeds, and flour, in some bread and pastries
    - **Molluscs** - mussels, whelks, oyster sauce, land snails and squid

The allergy to **dairy (cow's milk) and nuts** are the most common high-risk allergies and, as such, demands more rigorous controls. However, it is important to ensure that all allergies and intolerances are treated equally as the effect to the individual can be both life-threatening and uncomfortable, if suffered.

Staff **must** recognise that anaphylaxis may occur in individuals with **no previously known allergy** and must follow emergency response procedures whenever anaphylaxis is suspected.

Common triggers of anaphylaxis, can be objects such as:

- **Peanuts and tree nuts**: peanut and tree nut allergies are among the most common causes of severe allergic reactions and can lead to anaphylaxis.
- **Other foods**: including dairy products (milk), eggs, fish, shellfish, sesame, wheat and soya which are among the most common food triggers of severe allergic reactions and anaphylaxis.
- **Insect stings**: including, but not limited to, bees, wasps and hornets.
- **Latex**: such as latex gloves and other latex-containing products or PPE.
- **Medication and drugs**: including prescribed medications, over-the-counter medicines and, in some cases, illicit drugs.

5. Roles and Responsibilities

We take a whole MAC/ school approach to allergy awareness:

Pupils with known allergens are responsible for:

- Being aware of their allergens and the risks they pose.
- Understanding how and when to use their adrenaline auto-injector.
- If age-appropriate, carrying their AAI on their person and only using it for its intended purpose.

Pupils without allergies are responsible for:

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

Parents/Carers are responsible for:

- All parents are responsible for carefully considering the food they provide to their child packed lunches and snakes and trying to limit the allergens included.
- Providing the school with accurate and up-to-date information regarding their child's allergy, medical condition and prescribed medication and being aware of the school's policy.
- Supplying prescribed medication, including adrenaline auto-injectors (AAIs), where required, ensuring that medication is in date and replaced before its expiry date.
- Informing the school immediately of any changes to their child's allergy status, medical needs, emergency contacts, healthcare professional advice or prescribed medication.
- Working in partnership with the school to co-create, develop, review and maintain their child's Individual Healthcare Plan (IHP) and emergency procedures.
- Ensuring the school is aware of any allergy-related requirements for educational visits, residential visits or extracurricular activities.

Staff are responsible for:

- Reminding pupils to wash their hands before and after eating.
- Being aware of pupils who have allergies, intolerances or other medical conditions that require support and management.
- Recognising that anaphylaxis may occur in individuals with no previously known allergy and following emergency response procedures whenever anaphylaxis is suspected.
- Ensuring they know how to access pupils' Individual Healthcare Plans (IHPs) and understand the actions required in an emergency such as administrating an AAI when required.
- Ensuring that additional adrenaline auto-injectors are available in agreed locations across the school, that staff are aware of their locations and access arrangements, and that appropriate procedures are in place for educational visits and off-site activities.
- Completing allergy awareness and adrenaline auto-injector training annually as required by the school and applying that training in practice.
- Ensuring that any relevant allergy or dietary information is communicated to the catering team in advance of educational visits, enrichment activities and other events involving food. Requests for catering provision should be submitted at least five working days in advance using the approved proforma.

The Allergy Safety Lead is responsible for:

- Overseeing the implementation of the **TRCA Allergy Policy**, coordinating staff training, reviewing incidents and near misses, maintaining oversight of Individual Healthcare Plans (IHPs), liaising with parents/carers and health professionals, and driving continuous improvement in allergy safety arrangements, ensuring catering team are up to date with any changes in IHPs.
- Ensuring all prescribed adrenaline auto-injectors, any spare emergency adrenaline devices and inhalers held by the school are checked regularly to confirm they are in date, appropriately stored and readily accessible when required.
- Ensuring expired or damaged adrenaline devices are disposed of safely and in accordance with pharmacy or manufacturer guidance.
- Developing, implementing and reviewing Individual Healthcare Plans for pupils with allergies, in partnership with parents/carers and, where appropriate, healthcare professionals.
- Ensuring Individual Healthcare Plans are communicated to relevant staff and consistently implemented to support pupils with serious allergies, including food, medication, animal and insect venom allergies.
- Ensuring robust arrangements are in place for allergy management during catering activities, educational visits, extracurricular activities, wraparound care and other school events.
- Maintaining records of allergy incidents and near misses, reviewing lessons learned and implementing any required actions to reduce future risk.
- Acting as the school's designated point of contact for allergy-related concerns and supporting effective communication between the school, families, catering providers and relevant healthcare professionals.

Principal is responsible for:

- Maintaining an up-to-date pupil allergy register, including photographs where necessary, proportionate and lawful to support safeguarding and medical needs.
- Ensuring the pupil allergy register is shared with relevant staff at the start of each academic year and updated promptly whenever a pupil joins the school or there is a change to a pupil's allergy status. Information must be shared on a strict need-to-know basis in accordance with UK GDPR and data protection legislation. Relevant information will be made available to staff responsible for the pupil's care, supervision, catering and educational provision. The school is responsible for maintaining accurate pupil allergy profiles and ensuring that all relevant staff, including the Catering Teams, are informed promptly of any changes.
- Ensuring that all staff complete annual allergy awareness training and that all staff receive training appropriate to their role on recognising an allergic reaction and responding to anaphylaxis, including the administration of adrenaline auto-injectors where required.
- Ensuring that emergency medication, including any spare/adrenaline auto-injectors held by the school, is readily accessible **within 5 minutes**, properly stored, in date, and located in clearly identified areas communicated to all staff.
- Ensuring that Individual Healthcare Plans (IHPs) are in place, reviewed regularly and implemented for pupils with significant allergies where required.
- Ensuring appropriate procedures are in place to reduce the risk of allergen exposure across all school activities, including catering provision, educational visits, extracurricular activities and lettings.
  Publishing the **TRCA Allergen Policy** on the school's website and making it available to parents, carers, staff and visitors. The policy will be reviewed annually by the Head of Catering, in consultation with relevant stakeholders, each July for implementation from August and republished following any review or legislative changes.

Nominated Governor for Allergy is responsible for:

- Providing oversight of pupil safety and well-being in relation to allergies, monitoring compliance with Benedict's Law and DfE allergen guidance, and seeking assurance that appropriate training and procedures are in place including the publication of the TRCA Allergen Policy on the website.
- Ensuring allergy management is on the Academy's **risk register**.
- Ensuring the **well-being** of pupils with **allergies** is promoted by the school.

The Catering teams are responsible for:

- Using only authorised suppliers and being the controlling point and contact for all purchases of food stuffs for Romero Catering produced catering provision. Ensuring suppliers of all foods and catering suppliers are aware of the school's food allergy policy.
- Producing allergen free meals in a safe environment using appropriate equipment and ingredients, creating clean areas of safe segregation when producing allergen free meals to reduce risk of cross contamination.
- The daily creation and updating of allergen information forms are ready available to kitchen and dinner hall personnel.
- Ensuring supplies of food stuffs are nut free or labelled 'may contain' nuts. Products containing or potentially containing nuts (marked as 'may contain') **must** be rejected in primary schools at point of delivery.
- Being aware of pupils and staff who have such food allergies and updating this training **annually** or if renewal dates specify, or a training need is identified. Dining hall staff will support catering teams in ensuring pupils are accurately identified and provided with the correct meals. Staff will monitor self-service areas, including salad bars and dessert stations, where applicable, and remain alert to food items brought onto site which could present a risk to pupils with high-risk allergies.
- Clear labelling of items of site-prepared packaged foodstuffs that may contain nuts and advising known allergens and date information.
- The actual supply of foods to pupils will be in partnership with allergen trained school dining hall team members who will ensure that the correct meal is given to the correct pupil having checked the individual allergen needs, this will work as a further control measure to ensure correct meals are provided to correct pupils.
- Completion of annual allergen awareness training, and training in the use of adrenaline devices by all staff regardless of position.

Educational Visits, Events, Class Sessions, Enhancement programme *(example packed lunches/BBQs)*

- All staff must check and be aware of the allergen requirements of all pupils they are taking off-site and be responsible for ensuring that they **always have their medication available.** Where food intolerance has been identified with a pupil going off-site, this must be relayed to the Catering Teams if they are ordering or producing packed lunches/refreshments.
- On educational visits, accompanying staff must also**:**
  - Physically check that pupils have their medication before leaving site.
  - Ensure that all food collected from the Catering Teams has been clearly labelled and they are aware of any foods that **must not** be given to pupils (also any foods that pupils may purchase outside of the school during the trip).
- Where a school has requested a BBQ/ Burger Van or such food events, detailed information must be provided at least five working days in advance using a pro forma provided. This is to allow for the correct ordering and supply of products. Allergen advice must be made aware at the time of ordering.

- When delivering 'Enhancement' or 'Class Sessions' to pupils, all food in primaries must be sourced and provided/produced as **nut free**, in all school locations. An allergen sheet must also be available listing all known allergens and positively indicate the presence of any of these in any food supplied/provided, any ingredients stated as '*may contain*' must be recorded as such. A copy must be provided for and be retained by the school kitchen and a copy provided to the school for reference.

Charity/Fundraising Events/External Catering providers

- Where a school has an open event where parents or staff bring food in for the pupils it is important that the school informs those attending of pupils attending with allergies so these allergens can be identified, communicated and avoided. The Catering Team does not have any control over the food bought in during this time or for these events so it cannot be fully monitored.
- If the school hosts any 'coffee mornings' or 'bake day' type events for charity or fundraising it is important that no food poses a risk to the end consumer, however, this cannot be monitored by the Catering Team; monitoring/advising of allergens is the responsibility of the school.
- Where products are not produced or supplied from site, but sold by the school, food including some sweets, home bakes and many boxes of chocolates, appropriate signage **must** be in place. This **must** state the following: 'This item was not produced by the Romero Catholic Academy; therefore, we cannot guarantee that it does not contain nuts or any other allergen'. Allergen ingredients **must** be made readily available.
- Any site-prepared packaged items for resale must advise allergen details and a clear use-by date under **Natasha's Law**.
- All products **must** be plated separately and stored as such (wrapped/covered/sealed where possible) to prevent cross contamination to other items for purchase when sold and or consumption when given.
- It should be left to the discretion of the person buying the food that they accept the risk that allergens may be present. Allergen ingredient list **must** still be available.
- Products containing nuts **must** not be bought to school sites due to the risk of airborne exposure and due to the age of some pupils.
- Where a school engages an external catering provider, the school must ensure that the provider complies with all food information and allergen legislation, including the provision and display of allergen information for all food products offered for sale or consumption. The school will seek assurance that appropriate allergen management and emergency procedures are in place.

School Canteen for Secondary pupils/students at Cardinal Wiseman

- The school canteen procures/produces many items that are available to the pupils to buy. Items that are sealed must carry their own allergen labels or be included on the branded packaging.
- Staff will have access to further information of the ingredients used to make the items on sale.
- If additional flavours or new lines are added this information must be updated. Where possible, during storage and display, items that are known to contain nuts (although they are individually wrapped and sealed during the manufacturing process) **must** be stored separately to other food items. This is to limit cross contamination and reduce risk.
- Tills/points of sale will advise of individual pupil's allergen status electronically when a pupil/staff member 'signs in' to their account. This allergen information status will be input on the electronic system by school administration when registering pupils. It is the **school's responsibility** to accurately maintain and update **pupil allergen profiles**.

Reasonable adjustments by all schools

The **school** will not:

- Exclude pupils from activities because of allergies where reasonable adjustments can be made.
- Require parents/carers to attend school trips solely due to a pupil's allergy.
- Penalise pupils for allergy-related absence.
- Permit pupils to self-manage allergies without appropriate support and risk assessment.

Managing Spare 'AAI'

Schools will maintain appropriate stocks of spare adrenaline auto-injectors (AAIs) in line with statutory guidance. Spare AAIs may be purchased without a prescription from a pharmaceutical supplier using a request signed by the Headteacher or Principal. Devices will be stored in accessible locations, of the appropriate dose for pupils, stocked in pairs, regularly checked to ensure they are in date, and positioned so that they can be accessed and administered promptly in an emergency.
Schools will need to stock "spare" AAIs of the correct dosage for their pupils.

- "Spare" AAIs should always be stocked and stored in pairs.
- In the event of an anaphylaxis reaction, adrenaline should be brought to the child or young person and administered within five minutes, i.e. adrenaline devices should be no more than **five minutes away** from wherever they might be needed.

This means that most schools will need to obtain two pairs of "spare" AAIs:

School type	AAIs for children under age 6 years (150 micrograms) e.g. EpiPen Junior, Jext 150	AAIs for individuals over 6 years of age (300 micrograms) e.g. EpiPen, Jext 300
State-funded nursery school	One pair of "spare" AAIs	n/a
Primary school	One pair of "spare" AAIs	One pair of "spare" AAIs
Secondary school	n/a	One or two pairs of "spare" AAIs *
Special school	One pair of "spare" AAIs	One pair of "spare" AAIs

* Secondary schools with large sites should consider having two pairs of "spare" AAIs, so that a pair of "spare" AAIs are available within five minutes of wherever they may be needed.

Disposal of AAIs

- Used adrenaline auto-injectors (AAIs), including EpiPens, Jext and Emerade devices, must be disposed of as sharps in an approved sharps container and removed through the school's clinical waste disposal arrangements. They must never be placed in general waste bins.

Locations of AAIs

- In **primary** schools, there are spare AAIs stored in the Office.
- In **secondary** schools, there are:
  - 2 located in the medical room in the student hub
  - 2 located in the medical room/office in the swimming pool
  - 2 located in the front reception in the kitchen area
  - 2 located in canteen in the canteen office

6. Symptoms

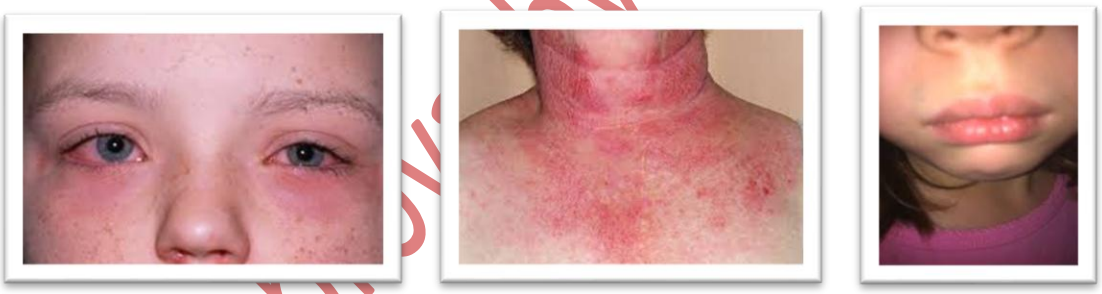
Anaphylaxis has a whole range of symptoms. Any of the following may be present and is not intended to be an exhaustive list, although most people with anaphylaxis would not necessarily experience all of these:

- Generalised flushing of the skin anywhere on the body
- Nettle rash (hives) anywhere on the body
- Difficulty in swallowing or speaking
- Swelling of tongue/throat and mouth
- Alterations in heart rate
- Severe asthma symptoms
- Abdominal pain, nausea, and vomiting
- Sense of impending doom
- Sudden feeling of weakness (due to a drop in blood pressure)
- Collapse and unconsciousness

Mild reactions can worsen and become anaphylaxis, affecting the Airway/Breathing/Circulation ("ABC)

- A: **Airways**: Swelling in the throat, tongue or upper airways (tightening in the throat, hoarse voice, difficulty swallowing)
- B: **Breathing**: Sudden onset wheezing, breathing difficulty, persistent cough, noisy breathing
- C: **Circulation**: Dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness

Possible physical symptoms



When symptoms are those of anaphylactic shock the position of the pupil is very important because anaphylactic shock involves a fall in blood pressure.

- If the patient is feeling faint or weak, looking pale, or beginning to go floppy, lay them down with their legs raised. They should not stand up.
- If there are also signs of vomiting, lay them on their side to avoid choking (recovery position).
- If they are having difficulty breathing caused by asthma symptoms and/or by swelling of the airways, they are likely to feel more comfortable sitting up.

Action to take:

Ask other staff to assist, particularly with making phone calls, one person must take charge and ensure that the following is undertaken:

- If you are alone call with the pupil or adult, shout out for help.
- Ring 999 immediately to get the ambulance on the way. – state what has happened so that they can assess the situation and bring medication to the location. There **must** be **no** delay in using the person's medication. Locate the nearest first aider to come and assist.
- Use the person's adrenaline device, or the one located in the school's agreed location for the pupil, or a school provided and maintained device from an agreed location.

- Ensure that reception is aware that an ambulance is coming onto site, and if onsite that the Facility Site Officer if available to ensure and aid quick entry.
- Stay in the immediate area to assist staff and/or direct the Emergency Services as requested.
- All allergic reactions, anaphylaxis incidents and allergy-related near misses must be recorded, investigated and reviewed. Lessons learned will be shared where appropriate and any required changes to procedures, Individual Healthcare Plans or staff training will be implemented promptly.

7. Individual Healthcare Plans

- For each child, pupil or student who has an allergy, intolerance or other medical conditions that require support and management an Individual Healthcare Plans must be written; it details the exact support that will be given whilst the pupil is at school.
- Medical information for pupils is private and confidential and must be handled in compliance with UK GDPR and data protection legislation.
- All incidents and near missed must be recorded (on CPOMs on the 'first aid' section), reviewed and lessons learned identified to help prevent recurrence. A 'near miss', is an unplanned event or close call that doesn't result in a reaction but had the potential to do so.
- Example DfE templates can be found in Appendix 2 and each Individual Healthcare Plan **must:**
  - Be co – created by school and parents/ carers.
  - Be owned by the school.
  - Have an Allergy action plan attached.
  - Be reviewed annually.
  - Be available in a physical copy (in the event of a reaction) and on the MIS; it can be displayed in GDPR controlled areas such as staffroom and the school kitchen (but not open areas such as a classroom or office).

8. Linked policies

- TRCA Supporting Pupils with Medical Conditions and Administration of Medicines Policy.
- TRCA Minibus policy

9. Monitoring and review

- The Head of Catering will review this policy each July in readiness for the new academic year.
- The annual review of the policy will take place in CC1: Finance, Audit, Resources and Premises.

Appendix 1 Recognising signs

Recognise the signs of anaphylaxis

A (AIRWAYS)
- Tightening of the throat
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B (BREATHING)
- Sudden wheezing
- Difficult or noisy breathing
- Persistent cough

C (CIRCULATION)
- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

If any one (or more) of these signs are present: **Don't delay**

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

② **Give adrenaline device without delay**
(use the school's spare device if needed)

Scan this dose for instructions on how to use adrenaline devices

③ **Immediately dial 999** for ambulance
and say ANAPHYLAXIS (ana-fill-axis)

After giving adrenaline:

- Stay with person until ambulance arrives, do NOT stand them up.
  - Keep them lying down, even if things seem to be getting better.
- Phone parent/emergency contact.

5:00 minutes

If no improvement after 5 minutes, give another dose of adrenaline using a second device, if available.

Commence CPR at any time if there are no signs of life

ALWAYS GIVE ADRENALINE DEVICE FIRST if someone has **SEVERE AND SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice). **THEN SEEK MEDICAL HELP. Anaphylaxis can occur without skin symptoms**

Appendix 2 Individual Healthcare Plan Templates (3 versions)

<table>
<tr><th colspan="3">NAME – Individual Healthcare Plan for allergy</th></tr>
<tr><td>Date of birth:</td><td></td><td rowspan="4">Current photo</td></tr>
<tr><td>Year / class:</td><td></td></tr>
<tr><td>Emergency contacts:</td><td></td></tr>
<tr><td>Staff who need to be aware:</td><td></td></tr>
<tr><td colspan="3">Allergy:
Note what allergy the child or young person has.
Note any known allergens.
Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</td></tr>
<tr><td colspan="3">How the allergy is managed:
Note any care or action plans or prescribed medication issued by healthcare professionals.
If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.
Note the extent to which the child or young person is able to take responsibility for managing their allergy.</td></tr>
<tr><td colspan="3">Impact on education:
Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.
Indicate how the allergy may impact on the child or young person’s learning.
Indicate how the allergy may impact on the child or young person’s emotional wellbeing.
If relevant, note any interaction between allergy and SEN.</td></tr>
<tr><td colspan="3">Arrangements for support:
Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.
Outline measures to reduce the risk of contact with known allergens.
Give details of the specific support or adaptations to manage food allergy at meal and snack times.
Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.</td></tr>
<tr><td colspan="3">Visits and trips:
Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.
Note any requirement for a risk assessment and prompts for specific issues which should be considered.</td></tr>
<tr><td colspan="3">Emergency response:
Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.
Otherwise summarise the signs or symptoms which would indicate an emergency.
Set out what to do in an emergency, including whom to contact.
If relevant, note where “spare” adrenaline devices are located.</td></tr>
<tr><td colspan="2">Last discussed with parents:</td><td>Date</td></tr>
<tr><td colspan="2">Issued by:</td><td>Date:</td></tr>
<tr><td colspan="2">Next planned review:</td><td>Date:</td></tr>
</table>

NAME – Individual Healthcare Plan for allergy Annex: Medication needed while in school / college / setting	
Non-prescription medication: *Record any non-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Parental consent:	**Date**:
Prescription medication: *Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Prescribed by:	**Date**:
Parental consent:	**Date**:
Use of "spare" adrenaline devices: *Note whether parental consent has been given to administer adrenaline (e.g. using "spare" adrenaline devices) in an emergency.*	
Parental consent:	**Date**:
Use of "spare" salbutamol inhaler: *If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a "spare" salbutamol reliever inhaler.*	
Parental consent:	**Date**:

NAME – Individual Healthcare Plan for allergy Annex: Care or Action Plans issued by healthcare professionals	
Allergy / Asthma Action Plan: *Attach any Action Plan to the IHP for use in an emergency.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Issued by:	**Date:**
Care Plan: *Note where any relevant care plan can be found.* *Note what staff are responsible for delivering / supporting delivery of the care plan.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Date:	**Date:**