Wembrook Primary School

Allergies and Anaphylaxis Policy (Benedict's Law)

Signed:
Headteacher _____

Chair of Governors _____

Allergies and Anaphylaxis Policy

In line with Benedict's Law, the school is committed to providing a safe, inclusive and welcoming environment for all pupils, staff and visitors with allergies and to ensuring robust measures are in place to minimise risk and respond effectively to allergic emergencies.

This policy is designed to be incorporated into the schools wider Medical Conditions policy as required by the Supporting Pupils in schools with medical conditions statutory guidance.

This policy applies at all times when the pupil is in or under the care of the School, that is:

- In or at School
- On School-organised trips
- At a School sporting event

Designated Allergy Lead

The named staff members (at least 2) responsible for co-ordinating staff anaphylaxis training and the upkeep of the School's anaphylaxis policy are:
Stewart Marsden
Lisa Bayliss
Katy Jones
They will be supported by two volunteers who will check AAIs monthly. These are: Katrina Hall (Mental Health Lead) and Jessica Blackburn (First Aid)

1. Introduction

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure.

Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to) Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Celery, Latex, Insect venom, Pollen, House Dustmites, Animal Fur/Feathers or Mould.

This policy sets out how Wembrook Primary School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Legislation

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

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform the Office Staff **and** class teacher of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents should provide the school with sufficient and up to date information about their child's medical needs. This will include returning the school's Data Collection form ASAP each academic year.
- Parents must also update the school if there are any changes to your child's medical needs during the school year. Please notify the school office **and** your child's class teacher.
- Parents should act as key partners in the development and review of their child's Health Care Plan.
- Parents should provide appropriately prescribed medicines and equipment.
- Parents should ensure that they (or another nominated adult) are contactable at all times. Any changes to phone numbers should be notified to the school office, either in person or by emailing: wembrookoffice@welearn365.com
- Parents must ensure that they provide the school with two in-date adrenaline auto-injectors and any other medication including inhalers, anti-histamines etc and making sure these are replaced in a timely manner. These should be clearly labelled and provided in the original container, as dispensed by the pharmacist and include instructions about administration, storage and dosage.
- Follow the school's guidance on food brought into school.

Staff Responsibilities

- All staff will complete anaphylaxis training annually.
- All staff should be able to recognise the signs of an allergic reaction, which include: swelling of the throat or tongue; difficulty breathing or breathing very fast; difficulty swallowing, tightness in the throat or a hoarse voice; wheezing, coughing or noisy breathing; feeling tired or confused; feeling faint, dizzy or fainting; skin that feels cold to the touch; blue, grey or pale skin, lips or tongue; a rash that's swollen, raised or itchy.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies, as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.

- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- The Class Teacher will ensure that the up-to-date Allergy Action Plan is kept in the purple folder in the classroom, near to the pupil's medication. A copy should also be retained in the pupil's individual file in the office.
- It is the parent's responsibility to ensure all medication is in date, however staff will monitor medication kept at school and send a reminder to parents if medication is approaching expiry.
- The school office keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- Anaphylaxis drills will take place at least annually to ensure that all AAIs are accessible within five minutes from anywhere on site.

Pupil Responsibilities

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for the process.

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 out an annual data collection form to parents/carers at the start of each year on the parent 'My Child At School (MCAS) app asking them to update their child's medical information as necessary.

- We ask that parents/carers proactively inform us if their child's medical needs change during the school year. This can be done by sending an email to wembrookoffice@welearn365.com or by coming to the school office and completing a change of medical details form.

4.2 Identifying staff and visitors at risk

- We ask new staff to provide details of any allergies in advance of their start date
- We ask visitors to alert a member of staff about any allergies on arrival at the school.

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 two 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. IHP's will also be reviewed after an incident or near miss. Where a pupil moves on to a new school or college, their IHP will be shared as part of the transition.

5. Allergy and Asthma Action Plans

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

Wembrook Primary School recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

All pupils who have asthma should be issued with an Asthma Action Plan by their healthcare professional.

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

6. Emergency Treatment and Management of Anaphylaxis

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

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

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

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

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

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

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

Action:

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

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

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

Using spare AAIs 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.

7. Supply, storage and care of medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own **two** AAIs on them at all times (in a suitable bag/container).

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely, not locked away and **accessible to all staff**.

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two AAIs i.e. EpiPen® or Jext®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the Class Teacher will monitor medication kept at school and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

Older children and medication

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

Storage

Pupil AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes. They are stored in each child's classroom, plus pupils with allergies who use our Kids Club Wraparound Care, also have an AAI stored in the Kids Club room.

Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. The school sharps bin is kept in the school office and can be disposed of by a clinical waste contractor.

8. 'Spare' adrenaline auto-injectors in school

Wembrook Primary School has purchased spare AAIs for emergency use in children who are at risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date).

These are stored in an orange-coloured case, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and accessible and known to all staff.

Wembrook Primary School holds **four** spare pens which are kept in the following location: **School Office**. The office staff are responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

The EpiPen Junior AAIs (green box) are suitable for children up to the age of 6 years old. The EpiPen AAIs (yellow box) are suitable for children aged 6 to 12 years old.

Age	Child Weight	EpiPen dosage	Which EpiPen?	
Under 6 years	7.5kg - 25kg	0.15mg	EpiPen Jr (green box)	
6-12 years	26kg & over	0.3mg	EpiPen (yellow box)	

Written parental permission for use of the spare AAIs is included in the pupil's allergy action plan.

If anaphylaxis is suspected in an undiagnosed individual call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

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.

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.

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 Stewart Marsden and Lisa Bayliss. 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.

10. Staff Training

Staff training should include:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Understand the school's allergy safety policy

- Know how to check whether an individual is on the record of those with known allergies and how to use an allergy or asthma action plan
- Understand their responsibilities in reducing the risk of individual's with known allergies, coming into contact with their known allergens
- Know how to respond in an emergency, including:
    1. Calling emergency services and informing parents/carers
    2. How to locate and administer emergency medication
    3. How and when to administer the medication/device in an emergency.
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date
- Understand the impact having an allergy can have on a pupil's wellbeing
- Understand how to report an allergic reaction, or case of anaphylaxis (whether an incident or a near miss.)
- A practical session using trainer devices. Both Epipen and Jext trainer devices are available from the School Office at any time and will be brought along to training sessions.

11. Inclusion, Safeguarding and Wellbeing

Wembrook Primary School is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

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

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

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'.

12. Minimising Risk

Wembrook Primary School will conduct a detailed individual risk assessment for all existing pupils with allergies, new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

The Class Teacher will also 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. There is already a separate risk assessment for the school dog.

13. Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The website of the Food Standards Agency defines the 14 named allergens as: celery, cereals containing gluten (such as wheat, barley and oats), crustaceans (such as prawns, crabs and lobsters), eggs, fish, lupin, milk, molluscs (such as mussels and oysters), mustard, peanuts, sesame, soybeans, sulphur dioxide and sulphites (if the sulphur dioxide and sulphites are at a concentration of more than ten parts per million.)

The school menu is available for parents to view in weekly/fortnightly/monthly advance with all ingredients listed and allergens highlighted on the school website at https://www.wembrook.warwickshire.sch.uk/school-information/school-meals

Parents should notify the school by completing a Change of Medical Details form and an Educaterer's Special Diet form (both available from the school office.) The office staff will record details of the child's allergies and/or special diet on their School Management System, retain a copy of the Educaterer's form in the pupil's file, then pass the original form on to the Catering Manager. Each child with a food allergy or special diet should wear a purple wristband when they collect their school meals.

If required, parents/carers can meet with the Catering Manager to discuss their child's needs.

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen/tuck shop, parents should check the appropriateness of foods by speaking directly to the catering manager.
- The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.

- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

14. 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

15. Insect bites/stings

When outdoors:

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

16. Insect bites/stings

- 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

17. School trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight

school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Sporting Excursions

Children with allergies should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

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

18. Allergy awareness and nut bans

Wembrook Primary School supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the 9 pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

If a decision is made at any time to ban a particular allergen, this will be reviewed annually.

19. Bananas

Currently we have made the decision to become a banana-free school, due to a severe life-threatening pupil allergy. This will be reviewed annually.

20. Useful Links

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

- Safer Schools Programme - https://www.anaphylaxis.org.uk/education/saferschools-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-awarenessandmanagement

BSACI Allergy Action Plans - https://www.bsaci.org/professionalresources/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/uploAAIs/system/uploAAIs/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/uploAAIs/system/uploAAIs/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

21. Allergy Management Checklist

- Anaphylaxis Emergency Response Plan?
- Has your school purchased spare pens?
- Does each child have a completed and signed Allergy Action Plan?
- Have ALL school staff been trained in allergy and anaphylaxis?
- Does the school plan include where and how to store AAIs?
- Is there a schedule to check the expiry dates on spare AAIs and each child's AAI?
- Does the policy cover catering for children with allergies?
- Does the policy include pupil allergy awareness?
- Has the school completed an Allergy Risk Assessment?
- Does the policy include risk assessment of extra-curricular activities?
- Does your policy cover safeguarding children with allergies, including bullying?