



CROSFIELDS SCHOOL

Policy/Procedure Name:	Allergy Safety Policy
Policy Owner:	Designated Allergy Lead: Director of Compliance and Operations
Approved by:	Head Named Allergy Governor: Ms Zoë Brass
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1. AIMS AND OBJECTIVES

This policy outlines Crosfields approach to allergy management, in line with the Department for Education's Statutory Guidance ([Supporting children and young people with medical conditions and allergy](#)) and [Allergy safety in schools](#) [Statutory guidance for governing bodies of maintained schools and proprietors of academies in England \(July 2026\)](#). This guidance currently applies to maintained schools and academies; the School has adopted it in full ahead of equivalent requirements being introduced for independent schools through the Independent School Standards. The School will continue to monitor developments in allergy legislation and update this policy accordingly.

Benedict's Law will introduce a consistent national framework for allergy safety in schools, requiring whole-school allergy policies, mandatory staff training, access to adrenaline devices, and the creation of Individual Healthcare Plans for pupils with allergies.

This policy outlines how the whole-school community works to reduce the risk of an allergic reaction occurring, and the procedures in place to respond effectively if one does. It also sets out how we support our pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an allergy-aware school.

This policy applies to all staff, pupils, parents and visitors to the school and should be read alongside the First Aid Policy and Healthcare Policy, and other related policies: Safeguarding, Catering and Food Safety, Health and Safety, EYFS Food Policy, and the Thomas Frank's Allergen and Dietary Requirements Procedure for Schools.

2. WHAT IS AN ALLERGY?

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can develop allergic reactions to a wide range of substances, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

An allergy is different to an intolerance. Whilst an intolerance may cause uncomfortable symptoms it does not involve the immune system.

3. DEFINITIONS

ANAPHYLAXIS: Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

ALLERGEN: A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by UK law to be highlighted on pre-packed food, referred to as the “main 14” in this policy. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

ADRENALINE AUTO-INJECTOR: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAIs, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this Policy, we will refer to them as Adrenaline Devices or ADs to include other adrenaline devices such as EURneffy (see below).

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person’s allergy and their treatment plan.

ASTHMA: Asthma is a common, long-term condition which affects the lungs. People with asthma have airways that are more sensitive and can become inflamed and narrow on exposure to certain triggers. This can lead to difficulty in breathing.

ASTHMA ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person’s asthma, information about triggers, symptoms, medicines to be used if they have asthma symptoms, and when to seek emergency help when they have an asthma attack.

DESIGNATED ALLERGY LEAD: The member of staff responsible for overseeing allergy and asthma management across the school and acting as the main point of contact for pupils, parents and staff. This is referred to as the named senior leader in the statutory guidance.

EMERGENCY RESPONSE PLAN: A document (also known as a Critical Incident Plan) that outlines a school's procedure for managing an emergency and should be fit for purpose to manage a serious allergic reaction (anaphylaxis).

EURNEFFY: EURneffy (also known as Neffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector.

INDIVIDUAL HEALTHCARE PLAN: A detailed document outlining an individual pupil's medical conditions, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. All pupils with an allergy that requires active management should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.

RISK ASSESSMENT: A detailed document outlining an activity, the risks it poses and any actions taken or to be taken to mitigate those risks. Allergy should be included in all risk assessments for events on and off the school site.

SPARE ADRENALINE DEVICES: Schools are able to purchase spare adrenaline **devices**. These should be held as a back-up, in case pupils' prescribed adrenaline **devices** are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

4. ROLES AND RESPONSIBILITIES

Crosfields takes a whole-school approach to allergy management.

4.1 Named Allergy Governor

The Named Allergy Governor is Zoë Brass. They work in partnership with the Designated Allergy Lead to ensure allergy safety is overseen at governing body level. They are responsible for:

- Ensuring allergy-related risks are included on the school's risk register and actively managed by the Governing Body;
- Providing strategic oversight of the School's Allergy Safety Policy, ensuring it is reviewed at least annually and published on the School's website;
- Acting as the Governing Body's named point of contact for allergy-related matters;
- Satisfying themselves that the School's allergy management arrangements meet legal and statutory requirements and reflect best practice;
- Receiving regular updates from the Designated Allergy Lead and ensuring the Governing Body is appropriately sighted on allergy compliance; and
- Reviewing records of allergic reaction incidents and near-misses and ensuring the School acts on any learnings to reduce the risk of future incidents.

4.2 Designated Allergy Lead

The **Designated Allergy Lead** (DAL) is Chan Odedra, the Director of Compliance and Operations (DCO). They report into the Head and the Allergy Governor. They are responsible for:

- Leading the publication and implementation of a School-wide Allergy Safety Policy;
- Ensuring the safety, inclusion and wellbeing of pupils, staff and visitors with an allergy;
- Taking decisions on allergy management across the school;
- Championing and practising allergy and asthma awareness across the school;
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management;
- Ensuring allergy information is recorded, up-to-date and communicated to all staff in conjunction with the School Nursing Team;
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment), in conjunction with the School Nursing Team;
- Recording attendance at allergy awareness and anaphylaxis training
- Ensuring that allergy information is reviewed before pupils move between sections of the School at the end of the academic year (EYFS, Prep and Senior) and relevant staff briefed.
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy Safety Policy, and other related procedures;
- Providing oversight of the school's stock of spare adrenaline auto-injectors, ensuring that the nursing team maintains sufficient quantities for the school's requirements, monitors expiry dates and usage, and positions devices appropriately throughout the school site to support a timely emergency response.
- Keeping a record of any allergic reactions or near-misses, reporting these to the governing body and appropriate authority (e.g. Under RIDDOR) where necessary, investigating the incidents and ensuring that the findings of investigations into incidents are used to update relevant policies and procedures.
- Regularly reviewing and updating the Allergy Safety Policy; and
- Ensuring there is an anaphylaxis drill at least annually and that lessons learned are used to update the Allergy Safety Policy and school procedures as appropriate.

The Designated Allergy Lead will monitor implementation of this policy, review procedures at regular intervals and report to the Senior Leadership Team and Named Allergy Governor as appropriate.

4.3 Lead Nurse

Dawn Taylor Fox, the Lead Nurse, is responsible for:

- Collecting and coordinating all required documentation and information from families, including Allergy Action Plans, Asthma Action Plans, and Individual Healthcare Plans, to ensure appropriate arrangements are in place before a pupil starts school. For pupils joining mid-year, this process must be completed within two weeks of admission. Dietary and allergy care plans **must** be completed and agreed before the pupil's first day at school.
- Working with HR to keep an updated list of staff with allergies (and creating an individual healthcare plan if necessary) and ensuring arrangements are in place to support them;
- Supporting the Designated Allergy Lead with disseminating this information to all School staff, including the Catering Team, occasional staff and those running clubs
- Ensuring the information from families is up-to-date and reviewed annually (at a minimum), coordinating medication with families and ensuring medication is in date;
- Ensuring that the families of pupils, or members of staff with known allergies are aware of their responsibility to immediately inform the School if the circumstances of their allergy or treatment plan change, so that the School can make suitable adjustments to individual healthcare plans and arrangements.
- The Lead Nurse is responsible for the procurement, receipt, recording, storage and ongoing management of all adrenaline auto-injectors (AAIs) held by the School. The team will maintain an accurate inventory of devices, monitor stock levels, expiry dates and usage, arrange timely replacement of devices as required, and ensure that all AAIs are clearly identified and appropriately located across the school site to support a prompt emergency response. The School Nursing Team will also ensure that enough age-appropriate AAI doses are available in relevant areas of the School, taking account of the age ranges and needs of pupils within those locations, so that suitable emergency medication is readily accessible at all times.
- Keeping an adrenaline device register to include adrenaline devices prescribed to pupils and the School's stock and location of spare adrenaline devices, including brand, dose and expiry date.;
- Regularly checking spare adrenaline devices are in the correct location, are easily accessible in case of emergency, and that they are in date;

- Replacing the spare adrenaline devices when necessary;
- Providing on-site adrenaline device training for staff and pupils and refresher training as required e.g. before school trips;
- Providing the Thomas Franks Location Manager with pupil dietary requirement information (name, year group, photograph, Red/Amber/Green category and prescribed medication) before the start of each academic year, updating it as soon as reasonably possible for new pupils or changed requirements, and confirming it at the start of each term as part of the termly allergen audit;
- Ensuring copies of this policy, the Healthcare Policy and relevant Individual Healthcare Plans are available to the catering team; and

4.4 Admissions Team

The Admissions Team is likely to be the first to learn of a pupil or visitor's allergy. Where a prospective pupil has a known allergy, their parent/carer must notify the Admissions Team before the visit by filling in the Visiting Crofields form, which will be sent to them via email. For a visiting child with anaphylaxis who carries an AAI, the allergy information given on this form will be shared with the School Nurse, Catering Team and any other members of staff who will have responsibility for the child during a visit or event. Where food is provided, allergen information will be checked in advance and reasonable adjustments made. The pupil's prescribed medication (including adrenaline auto-injectors where applicable) must accompany the pupil during the visit. A risk discussion will be conducted where necessary for visiting pupils who carry an AAI, particularly for taster days and activities involving food or animals.

For general open events involving prospective pupils, where the child remains the responsibility of their parents/carer, the parent or carer is responsible for looking after their child and ensuring that they check allergen information for any food consumed and have any relevant medication with them during the event.

4.5 All staff

All School staff, including teaching staff, support staff, occasional staff including sports coaches, music teachers and those running breakfast and afterschool clubs are responsible for:

- Championing and practising allergy and asthma awareness across the School;
- Reading, understanding and putting into practice the Allergy Safety Policy and related procedures, and asking for support if needed;
- Being aware of pupils (and staff, when necessary) with allergies and what they are allergic to;

- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate;
- Ensuring pupils always have access to their medication, including carrying it on their behalf if necessary;
- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training;
- Taking part in training and anaphylaxis drills as required (at least once a year). Whilst it is the School's responsibility to ensure staff have received annual training, if the member of staff is aware they have not received any allergy training in the last 12 months they should alert a manager;
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times. Preventing and responding to allergy-related bullying or behaviour issues, in line with the School's Anti-Bullying Policy or Behaviour Policy;
- Forwarding any communication or information that comes directly to them from parents regarding allergens to the Nursing Team and Designated Allergy Lead by emailing medicalteam@crosfields.com; and
- Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving the school site for a match or trip and taking spare generic allergy medicine them and ensuring it is carried with the alongside the pupil for the duration of the trip, such that it is readily available if needed.
- Ensuring allergy medication, including adrenaline auto-injectors, is not left in direct sunlight, overheated areas, or exposed to cold conditions for extended periods when taken off-site, and is stored within the temperature range of **15-25°C**.
- Where a pupil uses the School managed transport service, the **designated member of staff on Transport Duty** who is covering departure handovers on that day is responsible for confirming that medication is present before departure, in accordance with their risk assessment and Individual Healthcare Plan. They will also be responsible for ensuring that the taxi driver is aware of the pupil's allergy and has a copy of the pupil's allergy risk assessment has been shared with them, which details what action should be taken in the event of an anaphylactic shock.
- Where supervising pupils at mealtimes or serving food (including at clubs and events), being familiar with the dietary requirements of the pupils present, ensuring a trained first aider is on duty, contactable and close to the dining area while pupils are eating, and signing the allergen matrix that accompanies any food not served directly by the Catering Team.
- Confirming annually that they have read and understood this policy.

4.6 All parents

All parents and carers (whether their child has an allergy or not) are responsible for:

- Being aware of and understanding the school's Allergy Safety Policy and considering the safety, inclusion, and wellbeing of pupils with allergies;
- Completing and returning the annual Medical Questionnaire before the given deadline, which is sent to parents every July. New parents will also receive this form before their child starts at the School. Parents and carers should use the form to provide The Nursing Team with full information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema;
- Considering and adhering to any food restrictions or guidance the School has in place when providing food, for example in packed lunches, as snacks or for fundraising events;
- Refraining from telling the School their child has an allergy or intolerance if this is a preference or dietary choice; and
- Encouraging their child to be allergy aware.

4.7 Parents of children with allergies

In addition to paragraph 3.6, the parents and carers of children with allergies should:

- Work with the School to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan;

Parents/carers are responsible for providing the School with the required medication, including the correct number of AAIs, antihistamines (together with an appropriate measuring device, for example a spoon or oral syringe), inhalers or topical creams

- **EYFS/Year One:** two AAIs should be provided, one device to be carried by the supervising staff accompanying the pupil at all times during the school day, the other to be stored in the Medical Room
- **Year 2 to Year 6:** two AAIs should be provided. Where a pupil has been assessed by the school as competent to self-carry, one AAI should be carried by the pupil at all times during the school day, with the other device stored in the Juniors Medical Room. If a pupil is not approved to self-carry, the member of staff accompanying the pupil will carry one AAI, with the spare stored in the Juniors Medical Room
- **Seniors Pupils:** consistent with Medicines and Healthcare Products Regulatory Agency (MHRA) and specialist allergy guidance, Seniors pupils who have been prescribed adrenaline auto-injectors (AAIs)

and who have been assessed by the School as competent to self-carry are expected to have immediate access to two prescribed AAIs throughout the school day. Wherever possible, pupils should carry two prescribed AAIs on their person at all times, including during lessons, break and lunchtime periods, sporting activities and educational visits. An additional named spare AAI will be kept in the Senior Medical Room.

- Ensure medication is in-date and replaced at the appropriate time;
- Ensure their child has access to their allergy medication, including their adrenaline injector devices and emergency inhaler, if prescribed, on the journey to and from School;
- Update the School with any changes to their child's condition and ensure the relevant paperwork is updated too;
- Provide the School with an up-to-date photograph of their child and sign the associated permission for it to be shared appropriately as part of their allergy management; and
- Support their child to understand their allergy diagnosis, advocate for themselves, and take reasonable steps to reduce the risk of an allergic reaction occurring e.g. not eating the food to which they are allergic.

Where a pupil uses the School managed transport service, the parent is responsible for ensuring that the Pupil carries their allergy medication with them during the taxi journey from home to school, in accordance with their risk assessment and Individual Healthcare Plan.4.8

4.8 All pupils

All pupils (age appropriately) at the School should:

- Be allergy aware;
- Understand the risks that allergens might pose to their peers and respect measures to support them;
- Learn how they can support the wellbeing of their peers and be alert to allergy-related bullying.
- Be aware that they must not share food, including any snacks or treats that they bring in from home.

4.9 Pupils with allergies

In addition to paragraph 3.8, pupils with allergies, as appropriate to their age and capability, are responsible for:

- Knowing what their allergies are and how to mitigate personal risk;
- Avoiding their allergen as best as they can;

- Understanding the importance of following the school specific processes of lunch and snack services and how that mitigates risk;
- Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction;
- Carrying their AAI devices with them at all times during the School day. Devices for pupils in Year 1 and below are carried by the staff supervising them throughout the school day. Pupils in Years 2 to 6 are required to carry one AAI, where they have been assessed as competent to self-carry (if not assessed as competent, accompanying staff will carry the device); their spare second AAI device will be stored in the Juniors Medical Room. Consistent with the Medicines and Healthcare Products Regulatory Agency (MHRA) and specialist allergy guidance, Seniors pupils who have been prescribed adrenaline auto-injectors (AAIs) and who have been assessed by the School as competent to self-carry are expected to have immediate access to two prescribed AAIs throughout the school day. Wherever possible, pupils should carry two prescribed AAIs on their person at all times, including during lessons, break and lunchtime periods, sporting activities and educational visits. Parents/carers are responsible for providing the prescribed AAIs required by the School. An additional prescribed AAI for each Seniors pupil will be stored in the Seniors Medical Room.
- Understanding how and when to use their adrenaline auto-injector and only using them for their intended purpose;
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy;
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies;
- If leaving the school site either with permission, or to travel home independently at the end of the School day, knowing what to do if they have an allergic reaction off the school premises including how to treat themselves and how to raise the alarm to get help; and
- Ensuring they have their medication with them on the journey to and from School.

4.10 Visitors, contractors and hirers

Visitors and contractors are asked to declare any allergy upon signing in via Inventory.

Hirers of School facilities have access to the adrenaline device and emergency instructions and are responsible for allergy management of their own participants.

5. INFORMATION AND DOCUMENTATION

Register of pupils and staff with an allergy

The School has a register of pupils and record of staff who have a diagnosed allergy. This includes children and staff who have a history of anaphylaxis or have been prescribed adrenaline devices, as well as pupils and staff with an allergy where no adrenaline devices have been prescribed.

Individual Healthcare Plans

Each pupil with an allergy requiring active management by the School has an Individual Healthcare Plan, whether or not they are required to carry a prescribed adrenaline device. The information on this plan includes:

- Known allergens, risk factors for allergic reactions and any adaptations needed;
- A history of their allergic reactions;
- If the pupil has asthma and any other medical conditions and necessary detail;
- Details of the medication that the pupil has been prescribed, including their dose, this should include adrenaline devices, antihistamine etc;
- A copy of parental consent to administer medication, including the use of spare adrenaline devices in case of suspected anaphylaxis, and asthma inhalers;
- An indication of how the child's condition may impact on their learning or wellbeing;
- If the child is able to take responsibility for their condition including in an emergency;
- Emergency contact details; and
- A copy of their Allergy and/or Asthma Action Plan.
- Care plans for pupils who carry an AAI will also include a recent photograph of the pupil.

6. ASSESSING RISK

Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food lessons or cooking;
- Bringing animals into the School, for example a dog or hatching chick eggs can pose a risk;

- Running activities or clubs where they might hand out snacks or food “treats”. Ensure safe food is provided or consider an alternative non-food treat for all pupils; and
- Planning special events, such as cultural days and celebrations.

Inclusion of pupils with allergies will be considered alongside safety and they should not be excluded. If necessary, activities will be adapted to ensure compliance with the Equality Act 2010.

7. FOOD, INCLUDING MEALTIMES & SNACKS

7.1 Catering in School

The School is committed to providing safe and inclusive meals and snacks for all students, staff and visitors, including those with food allergies.

- Due diligence is carried out with regard to allergen management when appointing catering providers;
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training;
- Catering staff are available to discuss the provision of allergen safe meals with parents/ carers;
- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures;
- The catering team will endeavour to get to know the pupils with allergies and what their allergies are, supported by School staff;
- The catering team will endeavour to provide varied meal options to students and staff with allergies;
- The school has robust procedures in place to identify pupils with food allergies during snack time and school mealtimes, these are outlined below:

7.2 Early Years Foundation Stage (EYFS)

- All children with an allergy or dietary requirement will wear a badge clearly displaying their name and allergy/dietary information. Children will also be provided with a coloured tray to indicate their specific dietary or allergy needs.
- In Nursery, a member of staff will collect the appropriate trays from the serving counter and ensure they are given to the correct children. In Pre-school and Reception, a member of staff will supervise children as they queue and ensure that allergy and dietary badges are clearly displayed to catering staff before food is served.

- At snack times, an up-to-date list of pupils with allergies and dietary requirements will be readily available. Staff will be familiar with individual requirements and will ensure that children only receive foods that are safe for them.

7.3 Years 1 to 6

- Pupils with allergies will wear a red lanyard clearly identifying their allergen(s) when attending meals and snack times. Pupils with dietary requirements will wear a yellow lanyard clearly identifying their dietary needs.
- A member of staff will check each pupil's lanyard and liaise with the catering team to ensure that appropriate food options are provided and that dietary and allergy requirements are met.
- Pupils in the Red category (see Catering procedures below) are served a pre-plated, covered and named meal prepared separately in the kitchen and are not served from the main counter.

7.4 Years 7 and Above

- Students are expected to inform catering staff of their allergy or dietary requirements when attending the serving counter. All food items will be clearly labelled by the catering team.
- The catering team will maintain an up-to-date register of all students with allergies and dietary requirements and will use this information to support safe meal provision. Dishes and menus containing the main 14 allergens (see Allergens definition) will be clearly labelled using full words, not symbols or abbreviations. Other ingredient information will be available on request;
- Information on allergens will be available for the pupil to check independently;
- Pre-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging;

Where changes are made to the ingredients which involve the introduction of a known allergen this will be communicated to pupils with dietary needs by the Catering Allergen Champion through the allergen matrix and pre-service briefing. 7.5 Catering procedures

Catering at Crosfields is provided by Thomas Franks. All food is purchased, stored, prepared and served in accordance with the Thomas Franks Allergen and Dietary Requirements Procedure for Schools (v4.1, 31 August 2026), which is reviewed annually with the School and signed by the Location Manager and by

the Designated Allergy Lead as the School's representative. A copy, together with any agreed variation addendum, is held by the Nursing Team and in the Catering Office. Thomas Franks is responsible for allergen controls up to the point of service; the School is responsible for the supervision and identification of pupils in the dining areas, including self-service areas.

Pupil dietary information is provided to the Location Manager before the start of each academic year, updated as soon as reasonably possible for new or changed requirements, and confirmed at the start of each term as part of the termly allergen audit. The catering team does not change a pupil's dietary controls without written confirmation from the School.

The Catering Team will raise any allergen concern arising from other food providers using the catering areas (for example breakfast or after-school clubs) with the Designated Allergy Lead immediately. Any allergen incident or near miss in catering is reported to the School via the accident and incident form on the Useful Links area of the School intranet, the same day and investigated jointly.

7.6 Precautionary allergen labelling ("may contain")

Thomas Franks catering operations at the School are nut free: no product containing, or labelled as "may contain", peanuts or tree nuts is purchased. For other allergens, any product carrying a "may contain" warning is recorded on the allergen matrix as "m/c" and treated as containing that allergen for the purposes of menu planning, labelling and the pre-service briefing. Because Red-category pupils receive individually prepared meals, precautionary labelling is managed for them on an individual basis in consultation with parents and, where needed, the Location Manager. Pupils and parents should assume that a "may contain" product is unsuitable for a pupil allergic to that allergen unless their Allergy Action Plan states otherwise.

7.7 Breakfast and after-school clubs and other food providers

Food provided at breakfast club, after-school clubs and holiday provision follows the same procedures as school mealtimes. Where food prepared by Thomas Franks is served by School or club staff rather than the Catering Team, a checked and signed allergen matrix accompanies the food and the receiving member of staff signs to confirm they have understood the allergen information. Food is not sold to pupils on site other than through the Catering Team.

7.8 Food brought into school

The School provides snacks and lunch for all pupils and, therefore, pupils, parents and carers are not routinely required to bring food into school. Where food or drink is brought onto the school site, parents, carers and pupils are asked not to bring items containing nuts. Food and drink provided by the School or brought from home must not be shared, exchanged or swapped between pupils. The School regularly reminds pupils, parents and carers of these expectations as part of its arrangements to reduce the risk of allergic reactions.

Birthday treats and similar food for sharing should not be distributed by pupils in school. If a parent wishes to send in a birthday treat, each item must be individually wrapped, shop-bought and carry full ingredient and allergen information and be handed to the Form Tutor (or equivalent) for distribution. The items will be distributed by the Form Tutor (or equivalent) directly handing them to parents at the end of the day so that each family can decide whether they are suitable for their own child. If a EYFS or Juniors pupil is attending an After School Activity or Prep, the treat will be kept by the Tutor and handed to the parent the next time they collect their child from school.

Food from home is not consumed at School events, fundraisers, clubs, trips or match teas unless it has been agreed in advance with the Designated Allergy Lead and is fully labelled with ingredient and allergen information.

The School is an Allergen Aware school. Rather than relying on bans of individual foods, which can give a false sense of security, everyone is asked to remain vigilant, check labels and follow the guidance above.

7.9 Food hygiene for pupils

- The school will encourage pupils to wash their hands with soap and warm water before and after eating;
- Parents/carers and pupils will be advised that water bottles and any packed lunches brought in from home for specific events such as school trips should be clearly labelled and food should not be shared or swapped; and
- Throwing food is not allowed.

8. EDUCATIONAL VISITS AND SPORTS FIXTURES

- Staff will be required to check dietary and allergy requirement via Evolve when leading a trip. All trip leaders will be required to have completed annual anaphylaxis training prior to departing on the trip. The trip leader will be required to liaise with the medical team prior to the trip to ensure they are aware of all medical conditions and have all medication / emergency AAI required for the trip. Staff should notify the trip leader if they themselves have any allergies;
- Sports fixtures - Sports staff are required to check Socs to ensure they are aware of any student who has an allergy. They are required to collect the spare individual AAI/Inhalers held in the nurse Medical Rooms prior to departing.
- Allergies will be considered on the risk assessment and catering provision put in place; where a third-party caterer will be providing food e.g. on a residential trip, the Trip Leaders will ensure that they are aware of any allergy requirements for pupils on the trip and that the School is satisfied

that the caterers have suitable provision in place to safely manage the allergy risk.

- Parents, and pupils where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay;
- Staff (and some pupils, if appropriate) accompanying the trip will be trained to recognise and respond to an allergic reaction;
- Allergens will be clearly labelled on catered packed lunches. *Any food not served directly by the Catering Team (for example packed lunches for trips, fixtures or clubs) is accompanied by a checked and signed allergen matrix, and the receiving member of staff signs to confirm they have understood the allergen information.* If attending Match Tea at another school, the Nursing Team will email details of their dietary requirements ahead to ensure they have a safe meal; and
- See Adrenaline Devices section for School Trips and Sports Fixtures.
- For residential trips, the Trip Leader will be responsible for ensuring that the accommodation providers are made aware of any students or staff with allergy requirements during the planning stage and that suitable provision is in place to manage the allergy needs during the trip. This should include (but is not limited to):
 - Ensuring suitable and safe catering is available for the individual/s with an allergy
 - Age-appropriate bedroom medication arrangements are agreed
 - Overnight supervision arrangements are put in place and both pupil and staff are aware of what to do in case of an emergency
 - All staff are aware of emergency hospital access plans in advance of the trip.
 - 24-hour medication access is made available during the trip.

9. INSECT STINGS

Those with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and when possible keep arms and legs covered;
- Avoid wearing strong perfumes or cosmetics; and
- Keep food and drink covered.

The School Estates Team will monitor the grounds for wasp or bee nests. Pupils should notify a member of staff if they find a bee, wasp or hornet nest in the School Grounds. If a member of staff finds a bee, wasp or hornet nest in the School grounds, they should notify a member of the Estates Team by emailing Faults@crosfields.com

10. ANIMALS

It's normally the dander (flakes of skin) saliva or urine that causes a person with an animal allergy to react.

Precautions to limit the risk of an allergic reaction include:

- A pupil with a known animal allergy should avoid the animal to which they are allergic;
- If the School makes arrangements for an animal or animals to come on site, a risk assessment will be carried out prior to the visit where this is a risk that a pupil or member of staff with an allergy will come into contact with the animal;
- Areas visited by animals will be cleaned thoroughly;
- Anyone in contact with an animal will wash their hands after contact;
- If an animal lives on site, pupils, parents and staff will be made aware and consideration and adaptations will be made; and
- School trips that include visits to animals will be carefully risk assessed.
- Parents bringing dogs onto site during drop off and pick up, and when watching matches are asked to keep their dog on a lead.
- The School dog is of a hypoallergenic breed. The owner will be made aware if there are pupils with an animal allergy at the School, and will be cautious to ensure that pupils with allergies do not make contact with the dog. In the event of a pupil attending the School with a severe anaphylaxis diagnosis linked to animals, a full risk assessment will be carried out, suitable risk assessments will be put in place and relevant members of staff will be briefed.

11. ALLERGIC RHINITIS/ HAY FEVER

Allergic rhinitis, commonly known as hay fever, is an allergic reaction that occurs when the immune system responds to allergens such as pollen, house dust mites, animal dander, mould, or other environmental triggers. It is a common condition that can affect both pupils and staff.

Common symptoms may include:

- Sneezing
- A runny or blocked nose
- An itchy nose, mouth or throat
- Red, itchy or watery eyes
- Coughing

Symptoms may develop shortly after exposure to an allergen and can vary in severity. Hay fever can affect concentration, learning, attendance, and overall wellbeing.

Pupils with hay fever should have their condition recorded where appropriate, and parents/carers should ensure that the school is informed of any diagnosed allergies and any medication required. Where medication is prescribed or recommended for use during the school day, this should be managed in accordance with the school's Healthcare Policy.

Where possible, the school will take reasonable steps to minimise exposure to known allergens and support affected pupils in managing their symptoms. Parents/carers are encouraged to seek advice from their GP, pharmacist, or other healthcare professional regarding appropriate treatment and symptom management.

12. INCLUSION AND MENTAL HEALTH

Allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety and depression and are more susceptible to bullying.

- Staff are alert to the possibility of allergy-related bullying and are proactive in safeguarding the wellbeing and inclusion of pupils with allergies;
- No child should be excluded from taking part in a school activity, whether on the School premises or a School trip because of their allergies, and parents will not be required to attend in order for a child to take part;
- Pupils with allergies may require additional pastoral support including regular check-ins from their Form Tutor or Head of House;
- Affected pupils will be given consideration in advance of wider School discussions about allergy and school Allergy Awareness initiatives;
- Bullying related to allergy will be treated in line with the School's Anti-Bullying policy; and
- Uniform policies take into account that children may need emergency medication near them at all times.

13. ADRENALINE DEVICES

See the government guidance on [Adrenaline Devices in Schools](#).

13.1 Storage of adrenaline devices

- Pupils prescribed with adrenaline devices will have easy access to two, in-date devices at all times;

- Where a pupil prescribed adrenaline devices arrives at School without them, the Nursing Team will contact parents to arrange for the devices to be brought in as soon as possible. In the meantime the pupil will be supervised, the location of the nearest spare device confirmed, and the pupil's participation in higher-risk activities (for example food lessons or off-site activities) risk assessed;
- Spot checks will be made to ensure adrenaline devices are where they should be and in date;
- The School will ensure that adrenaline devices are not kept locked away or in rooms with restricted access;
- Adrenaline devices will be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator); and
- Used or out of date devices will be disposed of as sharps.
- The process for the storage and management of prescribed adrenaline devices and other relevant medication for pupils of different ages is set out in the table below:
-

Age Group	Process
EYFS – Year 2	Staff are responsible for ensuring that the pupils AAI and emergency inhaler are always kept with them when in school and on school trips or events.
Year 3 – Year 6	Pupils are required to wear a bum bag to carry their AAI and emergency inhaler if prescribed. Additional Individual AAI's are kept in the Juniors' Medical Room, in an unlocked cupboard with the pupil's name, class and photo clearly labelled for easy identification together with their individual BSACI care plans.
Year 7 – Year 11	Pupils are required to carry their AAIs and emergency inhaler in their school bag and to always have their bag with them. Additional Individual AAI's are kept in the Seniors' Medical Room, in an unlocked cupboard with the pupil's name, class and photo clearly labelled for easy identification together with their individual BSACI care plans.
All staff are made aware in their anaphylaxis training of the location where additional individual pupils' AAIs are kept. New staff will be shown where they are kept as part of their induction process. The cupboards are labelled for easy identification and are situated close to the door for easy access.	

13.2 Spare adrenaline devices

The School has **9** x 0.15 mg (Junior) and **8** x 0.3 mg (Adult) spare adrenaline devices to be used in accordance with government guidance.

The locations of spare adrenaline devices are clearly signposted. They are stored in a green medical box, with emergency procedure instructions attached to the box. The instructions include information required for calling 999, including the postcode and what three words location of the incident. Please note that the Sports Hall and Main School office have location details.

Spare adrenaline devices are stored in the following locations:

Location	Device Details
Sports Hall	• 2 x 0.3 mg Senior AAI • Salbutamol Inhaler • Defibrillator
Junior Medical Room	• 2 x Junior 0.15mg AAI • 2 x Senior 0.3mg AAI • Salbutamol Inhaler Plus spare AAI/inhalers supplied by individual pupils – each pupil has a labelled bag which contains their specific medication
Junior Dining Room	• 2 x Junior 0.15mg AAI
Seniors Medical Room	• Salbutamol Inhaler • Defibrillator Plus spare AAI/inhalers supplied by individual pupils – each pupil has a labelled bag which contains their specific medication
Senior Dining Room	• 2 x Senior 0.3mg AAI
Forest School	• 3 x Junior 0.15mg AAI
Senior Medical Room	School Trip devices, as follows: • 2 x Junior 0.15mg AAI • 2 x Senior 0.3mg AAI • Salbutamol Inhaler

The Designated Allergy Lead and Lead Nurse are responsible for:

- Deciding how many spare devices are required;
- What dosage is required, based on the Resuscitation Council UK's age-based guidance;
- Which brand(s) to buy. Schools are recommended to buy a single brand if possible to avoid confusion;
- The purchasing of spare adrenaline devices. See government guidance above; and-
- Distribution around the school site and clear signage.

13.3 Adrenaline devices on off-site activities

- A child who has been prescribed an adrenaline device must not attend a School trip without 2 Adrenaline Autoinjectors. It is the trip leader's responsibility to check they have them; where a pupil who has been prescribed adrenaline auto-injectors (AAIs) arrives for an off-site activity, educational visit, sporting fixture or other school-related event without their own prescribed AAIs, reasonable efforts must be made to obtain the pupil's prescribed medication before departure. If this is not possible and a parent/carer is unable to attend with the medication, the School may provide a spare emergency AAI, provided that:
 - The pupil has a current Allergy Action Plan/Individual Healthcare Plan that confirms a diagnosis of anaphylaxis and the prescribed dose of adrenaline.
 - The dosage of the spare AAI is consistent with the pupil's prescribed treatment and care plan.
 - Staff accompanying the pupil are aware of the pupil's allergy, emergency procedures and the location of the medication.
- A pupil may be administered a spare AAI of a different brand from their usual prescribed device, provided that the adrenaline dose is equivalent and staff are familiar with its use.
- An up-to-date Allergy Action Plan and any required first-line medication, such as antihistamines, must accompany the pupil in accordance with their Individual Healthcare Plan.
- The decision as to whether a pupil may safely participate in an activity without their own prescribed AAIs should be based on an individual risk assessment, taking into account the nature of the activity, access to emergency services, the availability of spare AAIs and the pupil's specific medical needs. Where the risks cannot be adequately managed, the School reserves the right to postpone the pupil's participation until appropriate medication is available.

- Adrenaline devices will be kept close to the pupils at all times e.g. not stored in the hold of the coach when travelling or left in changing rooms;
- Adrenaline devices will be protected from extreme temperatures;
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction; and
- Consider whether to take additional spare adrenaline devices to off-site activities. This should be recorded as part of the risk assessment process.

14. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See the appendix to this policy for full details of how to recognise and respond to an allergic reaction.

In all cases:

- A pupil with a known allergy should be treated in accordance with their Allergy Action Plan and/or Individual Healthcare Plan.
- If anaphylaxis is suspected:
 - Administer adrenaline immediately (if pupil does not have an AAI, use a school device with the correct dosage for the pupil's age).
 - Call 999.
 - Record administration time.
 - Give a second AAI after 5 minutes if symptoms persist.
 - Accompany pupil to hospital.
 - Retain used device for ambulance staff
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany the pupil in an ambulance until a parent or guardian arrives.

Depending on the circumstances, it may be necessary to instigate the School's wider Crisis Management Plan.

15. POST INCIDENT REVIEW

The Designated Allergy Lead will conduct a post-incident review in conjunction with the Director of Compliance and Operations, Lead Nurse and the Head within 2 working days following every use of an AAI, to identify future staff training requirements, adjustments to emergency procedures and any changes required to Crosfields policies, procedures and risk assessments as a result of the incident.

16. TRAINING

The School is committed to ensuring that all staff receive regular (at least annual) allergy awareness training. This training should cover all staff, including teaching staff, support staff, catering staff, site staff and others who may oversee children at breakfast or after-school clubs.

This training will cover:

- Understanding what an allergy is;
- How to reduce the risk of an allergic reaction occurring;
- How to recognise and treat an allergic reaction, including anaphylaxis;
- How to treat an asthma attack using a reliever inhaler;
- How the School manages allergy, for example understanding the School's Allergy Safety Policy, emergency response, documentation, communication etc;
- How to check who has an allergy, and how to use an IHP and Allergy or Asthma Action Plan;
- Where adrenaline devices are kept (both prescribed devices and spare devices) and how to access them;
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying;
- Understanding food labelling;
- How to report an allergic reaction or near miss; and
- Taking part in an anaphylaxis drill.

The school will carry out an anaphylaxis drill once a year. This involves an exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the whole school response.

Training is delivered by the School Nursing Team or an approved external provider and includes practice with trainer adrenaline devices. Attendance is recorded by the Nursing Team and monitored by the Designated Allergy Lead, who reports completion to the Senior Leadership Team and the Named Allergy Governor. New staff receive allergy awareness training as part of induction and before taking sole charge of pupils, and are shown the location of spare adrenaline devices. Catering staff are trained under the Thomas Franks procedure and sign its annual acceptance sheet. All staff confirm annually that they have read and understood this policy.

17. ASTHMA

The School understands that it is vital that pupils with allergies keep their asthma well controlled. Asthma can exacerbate allergic reactions and poorly managed asthma increases the severity of an allergic reaction.

Asthma affects the small airways (bronchioles) that carry air in and out of the lungs.

Asthma causes a person's airways to become inflamed, swollen and constricted (or narrowed) and excess mucus is produced.

Well controlled asthma allows the pupil to remain symptom free and able to participate in all activities

17.1 The School:

- Recognises that asthma is a widespread, serious but reversible condition and the school welcomes all pupils with asthma.
- Ensures that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings, or field trips and other out-of-hours school activities.
- Recognises that pupils with asthma always need immediate access to reliever inhalers.
- Ensures there are emergency salbutamol inhaler kits, clearly marked, in the Senior Medical Room and Junior Medical Room (see Emergency Salbutamol Inhalers below).
- Ensures parents of pupils with inhalers have signed the consent for the use of emergency salbutamol inhaler. This is done via the Medical Questionnaire Microsoft form sent out annually to all pupils.
- All pupils who have a diagnosis of asthma will require an Asthma + Lung UK Asthma Action Plan, indicating medication given, triggers and emergency inhaler procedure. If no steroid inhaler is prescribed, a Salbutamol ONLY inhaler will be available. These are held within provision maps for all staff to access.
- Ensures that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma.
- Ensures that all staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in an asthma attack.
- Understands that pupils with asthma may experience bullying and has procedures in place to prevent this.

17.2 Asthma medicines:

- Immediate access to reliever medicines is essential.
- Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent, doctor or asthma nurse and class teacher agree they are mature enough. This is usually recommended from year 2.
- The reliever inhalers of younger pupils are kept in the classroom.

- All inhalers must be labelled with the child's name by the parent.
 - School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff at this school are happy to do this.
 - School staff should familiarise themselves with the location of the school generic Emergency Salbutamol inhalers.
 - An Emergency Salbutamol Inhaler should be taken on school trips/residential trips and sports fixtures in case of any emergency.
 - All school staff will let pupils take their own medicines when they need to and in accordance with their care plan.
-
- Staff will be aware of common asthma triggers which may include airborne allergens such as pollen, house dust mite, mould spores or pet dander and food allergens.
 - All pupils with asthma will have an Asthma + Lung UK Asthma Action Plan.
 - The Asthma Action Plan will include medical and parental consent for staff to administer medicines, including an emergency reliever inhaler in the event of an asthma attack.
 - Children and young people known to have asthma should have their own reliever inhaler at school at all times and on the journey to and from school.
 - Where a pupil can manage their asthma themselves, they should keep their inhaler on them. If they cannot, it should be stored in a clearly labelled, easily accessible location.
 - As part of the annual medical questionnaire completed by parents/carers, consent must be obtained for the administration of the School's emergency Salbutamol inhaler where appropriate.
 - The School maintains 12 emergency Salbutamol inhaler kits. These are located within the Junior and Senior School Nurses' Medical Rooms (five kits in each Medical Room). The kits are stored alongside the emergency adrenaline auto-injectors (AAIs) in clearly labelled, unlocked medical cupboards to ensure rapid access in an emergency.
 - Emergency Salbutamol inhaler kits are also taken on educational visits, residential trips, sporting fixtures and other off-site activities where pupils may require immediate access to asthma medication.
 - In addition, the School maintains a further two emergency Salbutamol inhaler kits, located within:
 - The Sports Hall emergency AAI box.
 - The Educational Visits/Trips emergency AAI box.

- Each emergency Salbutamol inhaler kit contains one salbutamol metered-dose inhaler (MDI); and an appropriate single- patient-use spacer device.
- Emergency inhalers will only be administered in accordance with this policy, the pupil's medical information, and current Department for Education guidance. Following use, parents/carers will be informed as soon as reasonably practicable, and a record of administration will be maintained.

17.4 Maintenance of Emergency Inhaler Kits

- The School Nursing Team is responsible for ensuring that all emergency inhaler kits are regularly checked and that inhalers and spacer devices remain in date, in good condition and available for use at all times. Any inhalers used, damaged or approaching their expiry date will be replaced promptly.

18. REPORTING ALLERGIC REACTIONS

The School will log all allergic reaction incidents and near-misses as soon as is feasible after they occur.

- Each record should include: Who was affected, what happened, when and where, why the incident occurred (as far as is known), how staff and the pupil responded; what was done to support the individual; whether emergency services were called and how the incident concluded
- All incident reports should be shared with:
 - the pupil's parents or carers, who will be given the opportunity to discuss the incident and contribute their views to the review; and
 - the Named Allergy Governor and the Governing Body, so they can consider what lessons to learn and whether policy changes are required.
- Any learning from an incident should be shared appropriately with staff so they can act on it.
- It may be necessary to share the report with other agencies, for example:
 - Schools that operate as food businesses must report any allergen-related food safety incidents to their local authority;
 - Incidents arising directly from a work activity that result in death or immediate hospitalisation must be reported to the Health and Safety Executive under RIDDOR.
- Following any incident or near miss the School will meet with the pupil or young person and their parents/ carers to ensure they are confident the setting remains safe.

- The School recognises the impact of an incident or near miss not just on the individual and their family, but also on staff who responded and children who witnessed it and will offer appropriate support.

19. POLICY REVIEW AND MONITORING

This policy is reviewed annually by the Designated Allergy Lead with the Lead Nurse, and approved by the Head and the Named Allergy Governor. It is also reviewed following any allergic reaction incident, near miss or anaphylaxis drill, and whenever statutory guidance or the Independent School Standards change. Implementation is monitored through termly spot checks of adrenaline device locations and expiry dates, the termly catering allergen audit, training completion records and the incident and near-miss log. The Designated Allergy Lead reports on allergy compliance to the Senior Leadership Team each term and to the Governing Body at least annually.



MANAGING ALLERGIC REACTIONS

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen.

Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

Response:

- Stay with pupil
- Call for help
- Locate adrenaline devices
- Give antihistamine. Note: if any signs of anaphylaxis are present, give adrenaline without delay.
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil for at least 60 minutes in case the reaction gets worse

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**. Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.

People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

21. Appendix Two: Responding to Anaphylaxis



RESPONDING TO ANAPHYLAXIS

SYMPTOMS OF ANAPHYLAXIS

A – Airway

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen Tongue

B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

C - Circulation

- Persistent dizziness
- Pale or floppy
- Sleepy
- Collapse or unconscious

IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE.

DELIVERING ADRENALINE

1. Treat the patient where they are. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
3. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions. Pupils may be able to do this themselves, but some will require or want adult support. Whilst all members of staff should be trained, in an emergency, anyone can administer adrenaline.
5. Make a note of the time you gave the first dose.
6. Call 999 for an ambulance (or get someone else to do this while you give adrenaline). Inform the ambulance service that anaphylaxis is suspected and adrenaline has been administered.
7. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
8. Call the pupil's emergency contact.

- 9.** If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
- 10.** Ensure that you make a note of the time of both adrenaline doses, medication batch numbers and the name of the person who administered the medication.
- 11.** Start CPR if necessary.
- 12.** Hand over used devices to paramedics and remember to get replacements.
- 13.** Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany them in an ambulance until a parent or guardian arrives.

For more information see the Government's [Guidance for the use of adrenaline auto-injectors in schools](#).