



Allergen and anaphylaxis policy

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Version number.	Summary of changes since last version.
1.1	Inclusion of appendices (page 16 onwards): • Appendix 1- Managing Allergic reaction • Appendix 2- Responding to Anaphylaxis • Appendix 3- Individual Healthcare Plan for Allergy Template • Appendix 4- School Anaphylaxis Drill Protocol • Appendix 5-School Allergy Safety Implementation Schedule • Appendix 6-Monthly Adrenaline Auto Injector Inspection Record Template
1.0	Initial policy

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1. AIMS AND OBJECTIVES

This policy outlines Gosforth Group's approach to allergy management, including how the whole-school community works to reduce the risk of an allergic reaction happening and the procedures in place to respond if ones do. 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 Trust.

This policy applies to all staff, pupils, parents and visitors to the school.

2. DEFINITIONS

2.1 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 be allergic to anything, but serious allergic reactions are most caused by food, insect venom (such as a wasp or bee sting), latex and medication.

2.2 Anaphylaxis

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

2.3 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. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

2.4 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 AAls, 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 Pens.

2.5 Allergy Action Plan

This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

2.6 Designated Allergy Lead

The member of staff responsible for overseeing allergy management across the school and acting as the main point of contact for pupils, parents and staff.

2.7 NEFFY

Neffy (official name in the UK is EURNeffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector approved. Neffy was approved for use in the UK in 2025 and distribution is expected from late September.

2.8 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 should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.

2.9 Risk Assessment

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

2.10 Spare Adrenaline pens

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

3. ROLES AND RESPONSIBILITIES

Gosforth Group takes a whole-school approach to allergy management. This will be overseen by the Trust's Health and Safety Manager.

3.1 Designated Allergy Lead

Each Academy in the Trust will have a nominated Allergy Lead.

The Designated Allergy Lead will normally be a member of the senior leadership team, ideally on the academic side, with pastoral responsibilities.

They are responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils and staff with an allergy.
- Taking decisions on allergy management across the school.

- Championing and practising allergy awareness across the school.
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management.
- Ensuring all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment)
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures.
- Ensuring there is an anaphylaxis drill once a year.

3.2 School First Aid Lead

They are responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families (this is likely to involve liaising with the admissions team for new joiners);
- 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. Whilst it is the responsibility of parents/carers to ensure medication is up to date, the first aid lead should also have systems in place to check this and notify the parents/carers when they see the expiry dates are approaching in respect of medicines held by the school.
- Ensuring allergy information is recorded, up-to-date and communicated to all staff;
- Keeping an adrenaline pen register to include adrenaline pens prescribed to pupils and the school's stock of spare adrenaline pens, including brand, dose and expiry date. The location of spare adrenaline pens should also be documented;
- Regularly checking spare adrenaline pens are where they should be, and that they are in date;
- Providing on-site adrenaline pen training for staff and pupils and refresher training as required e.g. before school trips;
- Reviewing the school's stock of spare adrenaline pens (checking that the school has an appropriate number for the setting, that they hold the correct dose, that spare adrenaline pens are stored appropriately) and ensuring staff know where they are;
- Ensuring any allergic reactions or near-misses are reported on the MY Compliance management system where necessary and ensuring the circumstances are investigated and learnings shared.

3.3 Admissions Team

The admissions team is likely to be the first to learn of a pupil or visitor's allergy. They should work with the Designated Allergy Lead and school nursing team/medical lead to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity this should be in place before a school visit, an Open Day or Taster Days if food is offered or likely to be eaten.
- There is a clear structure in place to communicate this information to the relevant parties (i.e. School first aid team, catering team).
- Parents and applicants are informed of catering arrangements during admission events.
- Plans are made for emergency medication if the child is to be left without parental supervision.

3.4 All staff

All school staff, including teaching staff, support staff, and occasional staff are responsible for:

- Championing and practising allergy awareness across the school.
- Reading, understanding and putting into practice the Allergy and Anaphylaxis 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 or carrying it on their behalf depending on the age of the pupils and the management of adrenaline pens in the school.
- 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). It is the school's responsibility to ensure staff have received annual training. The training is available on the National College platform. 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 always. Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy.
- Forwarding any communication or information that comes directly to them from parents regarding allergens to the First Aid Lead/ Designated Allergy Lead.
- Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving school site, for a match or trip.

3.5 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 and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies.
- Providing the school with 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.
- Encouraging their child to be allergy aware.

3.6 Parents of children with allergies

In addition to point 3.5, 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.
- If applicable, provide the school or their child with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, i.e. spoon or syringe), inhalers or creams.
- Ensure medication is in-date and replaced at the appropriate time.
- Ensure their child has access to their allergy medication, including two adrenaline pens if prescribed, on the journey to and from school.
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated.
- 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.
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring e.g. not eating the food to which they are allergic.

3.7 All pupils

All pupils at the school should:

- Be allergy aware.
- Understand the risks allergens might pose to their peers and respect measures to support them.

- Learn how they can support their peers and be alert to allergy-related bullying.
- Older pupils will learn how to recognise an allergic reaction and support their peers and staff in case of an emergency; and
- If pupils are likely to be buying or bringing in food from home and are old enough to check the ingredients include a line about adhering to food restrictions or guidance about food being brought in.

3.8 Pupils with allergies

In addition to point 3.7, pupils with allergies are responsible for:

- Knowing what their allergies are and how to mitigate personal risk, this will depend on age and capability.
- 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.
- Always carrying two adrenaline auto-injectors with them, if age and capability appropriate. They must only use them for their intended purpose.
- Understanding how and when to use their adrenaline auto-injector.
- 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.
- Pupils permitted to leave the school site (example on a school trip) should know what to do if they have an allergic reaction off school premises. This should include how to treat themselves and raise the alarm to get help.
- If age and capability appropriate, ensuring they have their medication with them on the journey to and from school.

4. INFORMATION AND DOCUMENTATION

4.1 Register of pupils with an allergy

The school has a register of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as pupils with an allergy where no adrenaline pens have been prescribed.

4.2 Individual Healthcare Plans

Each pupil with an allergy has an Individual Healthcare Plan. The information on this plan includes:

- Known allergens and risk factors for allergic reactions.
- A history of their allergic reactions.
- Detail of the medication the pupil has been prescribed including dose, this should include adrenaline pens, antihistamine etc.
- A copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis.
- A photograph of each pupil.
- A copy of their Allergy Action Plan.

5. ASSESSING RISK

Allergens can crop up in unexpected places. 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.
- Planning special events, such as cultural days and celebrations.

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity. The school will ensure compliance with the Equality Act 2010.

6. FOOD

6.1 Catering in school

Gosforth Group schools are committed to providing a safe meal for all students, staff and visitors, including those with food allergies. The Trust engages the services of Newcastle City Council (NCC) for provision of catering services to the schools.

The NCC’s approach to the management of risk associated with food intolerance is summarised below:

An allergen folder - the folder consists of a specific allergen and special diets procedure as well as a checklist and information cards to enable our staff to manage food intolerance where vulnerable consumers are present.

Our procurement procedure requires all suppliers to provide a comprehensive ingredient list and written information of known allergens contained in their products as required by the **Food Labelling Regulations 1996**.

Our procedures are designed to reduce cross contamination risks during food storage, production and service.

All food handling staff receive training and instruction about food intolerances through our mandatory food safety training programme.

All student and staff enquiries about ingredients are taken seriously, our employees are trained to be considerate and understanding when such questions are raised.

Our training programmes ensure that any customer questions about food ingredients are followed through.

Special recipes and menus are developed to cater for those with food intolerances. We work with parents on an individual basis in determining the menus specific for their child with food allergies.

We make every effort to source appropriate products where higher-risk situations are identified.

The Trust will ensure:

- Due diligence is carried out regarding allergen management when appointing a catering contractor.
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training.
- 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; these are parents advises the school of their children's allergies at the point of enrolling into the school.
- The students' allergies are recorded in SIMS.
- SIMS integrates with IDStore daily where the student details including allergens are updated.
- IDStore updates the catering till system every 30 mins.
- When a student is identified on the till system their reported allergens are displayed to the catering assistant operating the till including their photo for visual identification.
- Food containing the main 14 allergens (see Allergens definition) will be clearly labelled. Other ingredient information will be available on request.
- 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 this will be communicated to pupils with dietary needs.

6.2 Food bans or restrictions

- Gosforth Group schools are allergen aware schools. We have students with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food.
- We try to restrict peanuts and tree nuts as much as possible on the site and check all foods coming into the kitchen.
- All food coming onto school premises or taken on a school trip or to a match should be checked to ensure peanuts and tree nuts are not an ingredient in another product. Please check the label on all foods brought in. Common foods that contain these goods as an ingredient include packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces.

6.3 Food and Technology lessons

- Pupils will wash their hands before and after lessons.
- Staff have access to student information on SIMS and are aware of pupils who are allergic to specific allergens.
- Staff can adapt recipes during food practical lessons to eliminate the use of the ingredient.

7. EDUCATIONAL VISITS AND SPORTS FIXTURES

- Staff leading the trip will have a register of pupils with allergies and details of their medication. Staff should notify the trip leader of any allergies.
- Allergies will be considered on the risk assessment and catering provision put in place.
- 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. There should be a clear system in place to ensure pupils and staff with allergies outside of the “main 14” always receive a safe meal.
- If attending Match Tea at another school, details of their dietary requirements will be sent ahead to ensure they have a safe meal; and
- See Adrenaline Pens section for School Trips and Sports Fixtures.

8. INSECT STINGS

Staff and Pupils with a known insect venom allergy should:

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

The school facilities team will monitor the grounds for wasp or bee nests. Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.

9. ANIMALS

It is normally the dander (flake 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 staff/pupil with a known animal allergy should avoid the animal to which they are allergic.
- If an animal comes on site a risk assessment will be done prior to the visit.
- Areas visited by animals will be cleaned thoroughly.
- Anyone in contact with an animal will wash their hands after contact.
- School trips that include visits to animals will be carefully risk assessed.

10. 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.

- No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip.
- Pupils with allergies may require additional pastoral support including regular check-ins from their Tutor etc.
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives; and
- Bullying related to allergy will be treated in line with the school's anti-bullying policy.

11. ADRENALINE PENS

11.1 Storage of adrenaline pens

- The adrenaline pens should be stored in easily accessible location such as the main reception or the first aid room. they should be labelled, with the pupil's Allergy Action Plan.

- Pupils prescribed with adrenaline pens will have easy access to two, in-date pens always and as they travel to and from school.
- Spot checks will be made to ensure adrenaline pens are where they should be and in date.
- Adrenaline pens must not be kept locked away.
- Adrenaline pens should be stored at moderate temperatures, not in direct sunlight or above a heat source (for example a radiator); and
- Used or out of date pens will be disposed of as sharps.

11.2 Spare adrenaline pens

The schools have spare adrenaline pens to be used in accordance with government guidance. The locations of spare adrenaline pens are clearly signposted.

The Allergy Lead and Lead Nurse/ Designated first aiders are responsible for:

- Deciding how many spare pens are required.
- What dosage is required, based on the Resuscitation Council UK's age-based guidance (see page 11);
- Which brand(s) to buy. Schools are recommended to buy a single brand if possible, to avoid confusion;
- The purchasing of spare adrenaline pens which can be obtained at low cost from a local pharmacy.

11.3 Adrenaline pens on off-site activities

- No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own devices. It is the trip leader's responsibility to check they have them.
- Adrenaline pens will be always kept close to the pupils e.g. not stored in the hold of the coach when travelling or left in changing rooms.
- Adrenaline pens 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 spare adrenaline pens to off-site activities. This should be recorded as part of the risk assessment process.

12. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See appendix on recognising and responding to an allergic reaction.

If a pupil has an allergic reaction:

- Treat the pupil in accordance with their Allergy Action Plan.

- Instigate the school's Emergency Response Plan.
- If anaphylaxis is suspected administer adrenaline without delay.
- Treat the pupil where they are. Lie them down with their legs raised and bring medication to them.
- Use pupil's own prescribed medication if immediately available.
- Pupil can administer the adrenaline pen themselves if able to or a member of staff can administer pen. Ideally the member of staff will be trained, but in an emergency, anyone can administer adrenaline.
- If the pupil's own adrenaline pen is not available or misfires, then use a spare adrenaline pen.
- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or Allergy Action Plan, lie the pupil down with their legs raised, call 999 and explain anaphylaxis is suspected. Inform the operator that spare adrenaline pens are available and follow instructions from the operator. The MHRA says that in exceptional circumstances, a spare adrenaline pen can be administered to anyone for the purposes of saving their life.
- If, after 5 minutes, there is no improvement, use a second adrenaline pen and call the emergency services again and inform them that a second dose of adrenaline has been given.
- Do not move the pupil until a medical professional/ paramedic has arrived, even if they are feeling better.
- 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.

13. TRAINING

- 13.1 The school is committed to training all staff to give them a good understanding of allergy.

The mandatory training [Certificate in Allergy and Anaphylaxis Awareness](#) is available on the National College e-learning platform.

This covers:

- 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
- Allergy Emergency Response Plan, documentation, communication

- Where adrenaline pens are kept (both prescribed pens and spare pens) 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

13.2 The school will carry out an anaphylaxis drill once a year.

This includes:

- An exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the whole school response.

14. ASTHMA

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions.

15. REPORTING ALLERGIC REACTIONS

The school will log allergic reaction incidents and near-misses in the MY Compliance management system. Where applicable, the incidents will be investigated and documented in the MY Compliance management system.

All staff can access the MY Compliance incident reporting form via the designated link for the school hosted on the health and safety hub on the intranet.

Alternatively, allergy incidents can be recorded by scanning the designated Incident reporting QR code for the school displayed on the school Health and Safety Board.

Appendix 1

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 pupils
- Call for help
- Locate adrenaline pens
- Give antihistamine
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil

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.

Appendix 2

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. 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.
5. Make a note of the time you gave the first dose and call 999 request an ambulance and say **Anaphylaxis** (or get someone else to do this while you give adrenaline)
6. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
7. Call the pupil's emergency contact.
8. 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.
9. Start CPR if necessary.
10. Hand over used devices to paramedics and remember to get replacements.

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

Individual Healthcare Plan for allergy	
Name:	Current photo
Date of Birth:	
School:	
Year / class:	
Emergency contacts:	
Staff who need to be aware:	
Allergy: <i>Note what allergy the child or young person has.</i> <i>Note any known allergens.</i> <i>Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</i>	
How the allergy is managed: <i>Note any care or action plans or prescribed medication issued by healthcare professionals.</i> <i>If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.</i> <i>Note the extent to which the child or young person can take responsibility for managing their allergy.</i>	
Impact on education: <i>Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.</i> <i>Indicate how the allergy may impact on the child or young person's learning.</i> <i>Indicate how the allergy may impact on the child or young person's emotional wellbeing.</i> <i>If relevant, note any interaction between allergy and SEN.</i>	

Arrangements for support:

Give details of the specific support or adaptations which the Academy will put in place, within its educational remit.

Outline measures to reduce the risk of contact with known allergens.

Give details of the specific support or adaptations to manage food allergy at meal and snack times.

Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.

Visits and trips:

Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate. Note any requirement for a risk assessment and prompts for specific issues which should be considered.

Emergency response:

Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.

Otherwise summarise the signs or symptoms which would indicate an emergency.

Set out what to do in an emergency, including whom to contact.

If relevant, note where "spare" adrenaline devices are located.

Last discussed with parents:	Date
Issued by:	Date:
Next planned review:	Date:

NAME – Individual Healthcare Plan for allergy

Annex: Medication needed while in school

Non-prescription medication:

Record any non-prescription medication (e.g. oral antihistamines) which the child or young person may need to manage their allergy in the education setting

Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access

Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.

Parental consent:

Date:

Prescription medication:

Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).

Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.

Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.

Prescribed by:

Date:

Parental consent:

Date:

Use of “spare” adrenaline devices:

Note whether parental consent has been given to administer adrenaline (e.g. using “spare” adrenaline devices) in an emergency.

Parental consent:

Date:

Use of “spare” salbutamol inhaler:

If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a “spare” salbutamol reliever inhaler.

Parental consent:

Date:

NAME – Individual Healthcare Plan for allergy
Annex: Care or Action Plans issued by healthcare professionals

Allergy / Asthma Action Plan:

Attach any Action Plan to the IHP for use in an emergency.

Note which healthcare professional issued the plan, their role and the date issued.

Issued by:

Date:

Care Plan:

Note where any relevant care plan can be found.

Note what staff are responsible for delivering / supporting delivery of the care plan.

Note which healthcare professional issued the plan, their role and the date issued.

Date:

Date:

Appendix 4

SCHOOL ANAPHYLAXIS DRILL PROTOCOL

10–15-minute exercise | Staff training only

This checklist reflects the Department for Education's new allergy-safety statutory guidance published July 2026, which applies from September 2026, alongside current NHS advice

DRILL SAFETY: Use a trainer auto-injector only. Do not administer real medication. Brief participants that this is a simulated emergency and provide a clear STOP DRILL signal.

Scenario

Location: School Corridor/ Canteen/Classroom

Simulated Pupil: Student with Known Food Allergy

Trigger: After eating, pupil develops widespread hives, facial/tongue swelling, persistent cough and difficulty breathing.

1. RECOGNISE – 0–2 minutes

Staff member:

- ☐ Recognises possible anaphylaxis
- ☐ Stays with pupil
- ☐ Calls for assistance
- ☐ Identifies/retrieves the pupil's prescribed adrenaline device
- ☐ Does not delay treatment while trying to establish certainty

Observer (Designated Allergy Lead): Time from recognition → simulated adrenaline.

Key message: If anaphylaxis is suspected, adrenaline should be given without delay

2. RESPOND – 2–4 minutes

- ☐ Uses the training device according to the device-specific training
- ☐ States: "Adrenaline given at [time]."
- ☐ Positions pupil appropriately – normally lying flat with legs raised; if breathing is difficult, allow them to sit up cautiously
- ☐ Pupil is not allowed to stand or walk
- ☐ Staff member remains continuously with pupil

NHS guidance specifically advises against standing or walking during anaphylaxis

3. CALL 999 – 2–5 minutes

Another staff member:

- ☐ Simulates calling 999
- ☐ States: “Suspected ANAPHYLAXIS”
- ☐ Gives exact school location/access point
- ☐ Gives pupil's age
- ☐ Describes symptoms
- ☐ States adrenaline has been administered
- ☐ Gives time of administration
- ☐ Remains available to follow dispatcher instructions

Observer (Designated Allergy Lead) : Time recognition → simulated 999 call.

4. PREPARE FOR DETERIORATION – 5–8 minutes

Scenario inject:

‘The pupil's symptoms have not improved sufficiently after five minutes’

Staff should:

- ☐ Recognise the need for a second adrenaline dose
- ☐ Locate the second prescribed device / school's emergency device in accordance with school policy
- ☐ Simulate administration using a trainer
- ☐ Inform the simulated emergency dispatcher
- ☐ Continue monitoring the pupil
- ☐ Be prepared to commence CPR if the pupil becomes unresponsive and is not breathing normally

NHS guidance advises a second autoinjector if symptoms have not improved after 5 minutes.

5. SCHOOL RESPONSE – 8–10 minutes

- ☐ Senior/designated staff member informed
- ☐ Emergency access route opened/checked
- ☐ Someone is positioned to meet ambulance crew

- ☐ Parent/carer notification procedure initiated
- ☐ Other pupils are safely managed away from the incident
- ☐ Relevant Individual Healthcare Plan is available to responding staff
- ☐ Medication/device information is ready for paramedics

6. STOP & DEBRIEF – 10–15 minutes

What went well?

Where was there delay/confusion?

Could staff locate the correct adrenaline device immediately?

☐ Yes ☐ No

Could staff identify the school's exact ambulance access point?

☐ Yes ☐ No

Were roles clear?

☐ Yes ☐ No

One action we will take following this drill:

Owner: _____ Due: _____

7. SCORING - Observer (Designated Allergy Lead)

Critical action

✓ / ✗

Anaphylaxis recognised promptly

☐

Adrenaline response initiated without unnecessary delay

☐

Correct trainer device located

☐

999 called promptly

☐

Appropriate positioning maintained

☐

Critical action

✓ / X

Pupil not allowed to stand/walk

☐

Second-dose procedure understood

☐

Emergency access prepared

☐

Parent/carers procedure understood

☐

Staff knew individual plan/device arrangements

☐

PASS (✓): No critical safety failures and staff demonstrate a coordinated emergency response

REPEAT/IMPROVE: Any significant delay in adrenaline, emergency call, access to medication, positioning, or escalation should trigger corrective action and a repeat drill

Appendix 5

School Allergy Safety Implementation Schedule

This schedule shall be completed by each school within the Gosforth Group Trust and reviewed annually or following any significant change to allergy management arrangements. It forms part of the Trust Assurance framework for allergy safety

1. School Information

	Details
School	
Head of School	
Designated Allergy Lead	
Deputy Allergy Lead	
First Aid Lead	
Date Completed	
Next Review Due	

2. Allergy Register

Requirement	Details
Location of Allergy Register	
System Used	
Location of IHPs	
Location of Allergy Action Plans	

3. Emergency Adrenaline Devices

Requirement	Details
Brands Held	
Number of 150 Microgram AAls	
Number of 300 Microgram AAls	

Storage Location(s)	
Storage Container	
Label Used (e.g. Emergency Anaphylaxis Kit)	

4. Catering Arrangements

Requirement	Details
Catering Provider	
Method of Identifying pupils with Allergies	
Cross contamination Controls	
Method of providing Allergen Information	

5. Training

Requirement	Details
Date of last whole school training	
Induction arrangement	
Supply Staff arrangement	
AAI Training	
Date of last Anaphylaxis Drill	

Appendix 6

Monthly Adrenaline Auto Injector (AAI) Inspection Record

This record should be completed monthly to confirm that all emergency adrenaline auto injectors held by the school remains available, in date and fit for use. Any defects or expired devices must be reported immediately and replaced without delays.

School	
Month/ Year	
Completed by	
Position	

Monthly Inspection Record

Check	Yes	No	Comments/Action Taken
Emergency AAI are present in all designated locations			
Devices are within their expiry date			
Inspection windows show the solution is clear and colourless			
Devices show no signs of damage, leakages or contamination			
Emergency Anaphylaxis kits are clearly labelled			
Storage locations remain accessible to staff but secure from unauthorised access			
Signage directing staff to emergency medication remains in place			
Replacement device has been ordered where required			

Declaration

I confirm that the monthly inspection has been completed and that all necessary actions have been taken to ensure emergency adrenaline auto injector remain available for use.

Name.....
Position.....
Signature.....
Date.....

References

- [Allergy safety in schools - GOV.UK](#)
- [AllergyWise in Education | Anaphylaxis UK](#)
- [Government guidance on Adrenaline Pens in Schools](#)
- [Supporting pupils at school with medical conditions](#)