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Allergy Policy

In collaboration with:
Kingston and Sutton Health and Safety Teams

Responsible: Director of Finance and Operations

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School Allergies Policy and Guidance

1.Introduction:

Anaphylaxis is a life-threatening allergic reaction that occurs when someone with an allergy or allergies is exposed to something that causes an adverse reaction (known as an allergen), such as certain foods, medicine or insect stings.

Symptoms of anaphylaxis happen very quickly. They usually start within minutes of coming into contact with the allergen.

Anaphylaxis UK states that 20% of fatal food-anaphylaxis cases in children occur in school. So it is essential there are suitable controls in place.

2.Legal Requirements and Standards

Health and Safety at Work Act 1974 – Schools have a legal and moral duty to ensure the health, safety and wellbeing of employees and those, such as students and pupils, who are affected by the school's undertakings. This includes the use of a third party to provide food services such as in many school canteens.

The school will also comply with the EU Food Information for Consumers Regulation (1169/2011)

Prepacked for Direct Sale (PPDS) Food - On the 01st of October 2021, the requirements for prepacked for direct sale (PPDS) food labelling changed in Wales, England, and Northern Ireland. The new labelling helps protect consumers by providing potentially life-saving allergen information on the packaging. Any business that produces PPDS food will be required to label it with the name of the food and a full ingredients list, with allergenic ingredients emphasised within the list.

PPDS is food which is packaged at the same place it is offered or sold to consumers and is in this packaging before it is ordered or selected. For example, a sandwich made in your kitchen, packaged and sold in the canteen.

PPDS does not apply to any food that is not in packaging or is packaged after being ordered by the consumer. These are types of non-prepacked food and do not require a label with name, ingredients and allergens emphasised. **In these cases, allergen information must still be provided but this can be done through other means, including orally**.

The **Food Information Regulations 2014** requires all food businesses including school caterers to show the allergen ingredients' information for the food they serve. This makes it easier for schools to identify the food that pupils with allergies can and cannot eat.

Children's Wellbeing and Schools Act 2026 introduced statutory requirements for schools in England to have an allergy safety policy. From 01 September 2026, schools are required to have the allergy policy finalised, review it at least annually, publicise it to pupils, parents and people working at the school, and to publish it on the school's website.

The school will have regard to the **Department for Education's Allergy Safety in Schools statutory guidance (July 2026)** and the accompanying **Individual Healthcare Plan (IHP) template (July 2026)** when developing and reviewing its allergy management arrangements and individual support plans.

Please note: The new legislation has not suggested rewriting any Health Care Plans as long as they are suitable.

3. Aims and Objectives

It is the policy of The John Fisher School to minimise the risks so far as reasonably practicable of any person suffering allergy-induced anaphylaxis, or food intolerance whilst at school or attending any school related activity. The policy aims to reduce the risk of anaphylaxis occurring in individuals at risk. It sets out guidance for staff to ensure they are properly prepared to manage such emergency situations should they arise. Where an external canteen, breakfast/after school club are used, they will either follow this policy or have their own which meets or exceeds this level.

This policy will follow guidance from:

- Department for Education - Supporting Pupils at School with Medical Conditions
- Food Standards Agency
- Anaphylaxis UK
- The school's selected H&S advisors

Anaphylaxis UK estimates there are around 680,000 children in England living with allergies. It is also estimated that 20% of the UK population has one or more allergies. Although The John Fisher School cannot guarantee it is an allergen free location, we will use this policy to help reduce the risk to staff and pupils/students in line with legislation, or where reasonable, better than the standard.

This policy does not include religious, moral/philosophical dietary requirements or other reasons for not eating certain food.

The school is committed to proactive risk food allergy management through the following:

- encouraging self-responsibility and learned avoidance strategies amongst those staff/pupils/students suffering from allergies;
- remind staff, parents and pupils/students to confirm to the school any allergies when action may be required;
- ensuring pupils/students who need them have an Individual Healthcare Plans(IHCPs) in place, including those with allergies;
- in the same way, the school encourages staff to notify the school of known risk of anaphylaxis to provide a care plan or keep one with their adrenaline auto-injector. Staff would need to be asked to provide written consent in these cases;
- keeping an up-to-date list of staff/pupils/students with allergies and ensuring (where required) the school's caterers have access to the information;
  liaising with the school's canteen and other food provider's staff/management;
  regular monitoring of the management plan for menu planning, food labelling, stores and stock ordering and customer awareness of food produced on site; and

provision of a whole school awareness programme on food allergies/intolerances, possible symptoms (anaphylaxis) recognition and treatment (e.g. the use of adrenaline auto-injectors such as EpiPens and similar devices).

The policy, IHPs and allergy management arrangements will be reviewed at least annually and sooner where there is a significant change in the staff/pupil's medical condition, allergy, medication, treatment, circumstances or support needs, or following a significant allergic reaction, serious incident or relevant near miss.
This allergies policy is readily accessible to parents and staff. The policy should be published on the school, college or setting's website and be made available in hard copy on request.

4. Responsible Person

Michelle Laviniere, PA/ Office Manager has been appointed as the Responsible Person for the school and has overall responsibility for helping ensure suitable controls are in place.

The Responsible Person will work in conjunction with the family/person with the allergy (staff, pupils/students and pupils'/students' families/guardians etc.), the school's first aid staff, Home Economics Department (Food Technology) and Special Educational Needs Coordinator (SENDCO).

The Responsible Person in conjunction with Isabelle Hendley, DOFAO will also ensure that any specific training is organised through your local School Nurse Service or other reputable/trusted supplier.

The Responsible Person in conjunction with Isabelle Hendley, DOFAO will liaise with the school's food providers (such as external canteen, breakfast and after school clubs etc.)

The Responsible Person will also ensure there is a record of all people with allergies, which notes:

- Name
- Picture of the person
- What they are allergic to
- Symptoms
- Actions to take

This document should be reviewed annually or earlier due to new staff/pupils/students joining the school or new information being provided relating to a staff/pupil/student's medical situation.

The Responsible Person will ensure that the school considers whether an Individual Healthcare Plan (IHP) is required for each pupil with an allergy.

An IHP should be completed particularly where the person:

- is at risk of anaphylaxis;
- requires prescribed medication or emergency medication during school hours;
- requires support from school staff to manage their allergy;
- requires specific arrangements to reduce the risk of exposure to an allergen;
- requires specific arrangements for school meals, food technology, educational visits or other activities;
- has previously experienced a serious allergic reaction;
- has other medical or individual needs associated with their allergy; or

- would benefit from an agreed individual plan to ensure consistent management of their condition.

The IHP should be developed with the pupil and parent/carer and, where appropriate, the relevant healthcare professional. The plan should identify the support required, responsibilities of staff, emergency arrangements and arrangements for reviewing the plan.

Where required, the Responsible Person will ensure the student has an Individual Health Care Plan (IHCP)

The Department for Education's **Individual Healthcare Plan template** will be used or adapted where appropriate.

5. Information from Parents and Staff

Parents/carers are required to inform the school of any allergy or medical condition affecting their child that may require support or specific arrangements while at school or when participating in school-related activities. Relevant information should include, where applicable, details of known allergens, previous serious allergic reactions or anaphylaxis, symptoms, prescribed medication and any existing allergy or emergency action plan. Parents/carers should also provide any relevant medical information or advice from a healthcare professional where this is necessary to support the safe management of the child's condition. The school uses the Student Allergy Notification and Assessment Form in Appendix A to collect the information.

Staff are encouraged to inform the school of any allergy or medical condition that may require support or specific arrangements while at work. Where appropriate, staff use the Staff Member Food Allergy Form in Appendix B to provide relevant information.

The school will consider the information provided and determine what arrangements and controls are required to support the pupil safely. Where an Individual Healthcare Plan (IHP) is considered necessary, this will be developed in partnership with the staff, pupil, parent/carer and, where appropriate, the relevant healthcare professional, using the Department for Education Individual Healthcare Plan template or an appropriate equivalent.

Relevant information will be shared, on a need-to-know basis, with staff and other persons who require the information to support the pupil/staff safely. This may include the Responsible Person, class/form teachers, first aiders, designated staff responsible for administering medication, office staff, catering staff or contractors, and staff responsible for educational visits or other activities. Information will be handled in accordance with the school's data protection and confidentiality arrangements.

6. Training for Staff

The following staff members (at least 2) are responsible for coordinating staff anaphylaxis training:

Name	Role	Training Name	Date
Isabelle Hendley	DOFAO	Natasha's Foundation and 'High Speed Training' – Allergy and	October 2026

		Anaphylaxis training for schools.	
Phillip Bennett	Deputy Headteacher	All staff CPD, Test AAI demonstration and Sutton Nurses Team training	November 2026

All staff are required to complete Anaphylaxis training on an annual basis. (This is separate from general first aid training.)

Training on Anaphylaxis should be provided to all school staff on an annual basis

What should the training include?

It should include:

- Recognise signs and symptoms of anaphylaxis
- Know how to manage an emergency
- Know how to administer an adrenaline auto-injector (AAI)
- Care planning
- Consider how to keep the school environment safe for children/staff at risk of anaphylaxis

Important Guidance: **Information, Instruction & Training - Type and Frequency**	
Annual Anaphylaxis Training - All staff	All staff should complete Anaphylaxis training on an annual basis. Access the FREE Anaphylaxis training from your local School Health Team: • **Sutton schools** - Please contact Sutton's School Nurse Team for training
All staff	All staff should receive in-house training in the application of this policy. General advice on how to use adrenaline auto-injectors (such as EpiPens etc.) can be found at the following: https://www.anaphylaxis.org.uk/wp-content/uploads/2018/01/Frequently-Asked-Questions-in-Schools-Factsheet-Jan-2018.pdf
Staff providing First Aid assistance:	Where there are pupils/students/staff with allergies, schools are advised to take this into account when deciding upon the level of first aid provision needed at the school and on school trips to ensure that staff are trained accordingly.

	For early years and foundation stage, at least one person who has a current paediatric first aid (PFA) certificate must be on the premises and available at all times when children are present and should accompany children on outings. Where there are pupils and/ or staff present that are at risk of anaphylactic shock selected staff will also require training in the correct use of adrenaline auto-injector, e.g. EpiPens. It is important that the First Aiders are included in the annual anaphylaxis training as discussed above within this table. Schools should also contact the School Nurse Service for their area to ascertain if further specialist training, relating to a pupil's specific condition would be required and for the expected regularity of refresher training.

7. Supply, storage and care of medication

The school will take responsibility for managing the supply, storage and care of their medication.

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own two auto adrenaline injectors (AAIs) on them at all times in a suitable bag/container. At the John Fisher School we recommend a red draw string bag for ease of identification and consistency.

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept within 5 minutes of them, not locked away and accessible to all staff – These are kept in the Student Services office. For non- child specific spare AAI's please see the schools AAI site plan and map attached. (Spare AAI's are located in the First Aid Room, The food technology block and in Plough Lane sports pavilion).

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

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

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

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

Older children and medication

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

Storage

Adrenaline auto-injectors should be stored at room temperature, protected from direct sunlight and temperature extremes.

8. Common Food Allergens

Guidance:

Common Food Allergens:
Food Standards reports (https://allergytraining.food.gov.uk/english/rules-and-legislation/) there are 14 allergens (or products that contain them) that must be suitably labelled/indicated as being present in food. They are:

- celery
- cereals containing gluten (such as wheat, rye, barley and oats)
- crustaceans (such as prawns, crabs and lobsters)
- eggs
- fish
- lupin
- milk
- molluscs (such as mussels and oysters)
- mustard
- peanuts
- sesame
- soybeans
- sulphur dioxide and sulphites (at a concentration of more than ten parts per million)
- tree nuts (such as almonds, hazelnuts, walnuts, brazil nuts, cashews, pecans, pistachios and macadamia nuts)

https://allergytraining.food.gov.uk/english/rules-and-legislation/#allergen-rules

The above list does not cover all the food groups that may be an issue (for example kiwi fruit and peas (legumes)), and only notes those that must be noted on labels.

9. What about Banning Nuts?

Guidance:

Banning Nuts:
Nut allergies are the most common, high risk allergy and it is believed that 1 in 55 pupils/students have a nut allergy.

Generally, Anaphylaxis UK does not necessarily support 'peanut bans' in all schools provided there are suitable controls in place on the management of allergies and allergens. However, this is dependent on the level of risk towards staff/pupils/students.

The DfE's September 2026 school-food allergy guidance now recommends an **"allergy aware" / "nut-aware" environment rather than a "nut-free" policy**, while emphasising active risk awareness, exposure reduction and robust emergency arrangements.

The school has considered the risks associated with nuts and other allergens and operates an allergy-aware approach.

After appropriate risk assessment and consultation, the school has a full ban of nuts (as listed above) in place. This ban will be suitably publicised.

10. Communicating Information about Allergies

Information about allergies is on the school's website and parents are informed when their children join the school and staff are informed when they join the school and when required.

All staff, including agency and supply staff, are made aware of the school's allergy policy during the Induction and any updates or new risks are included at staff meetings and news items to parents.

11. Reporting Allergies

The school requests that parents and staff report any food allergies that affect staff/pupils/students when the student or staff member first joins the school (or if they joined prior to this policy being used, they will be asked when this policy is activated).

Parents/Staff are encouraged to report allergies when they are aware of the condition.

Parents/Guardians are required to complete the form in Appendix A, which will also be available on the school's website, unless they have already, previously supplied the information to the school. Where the school's assessment identifies that an Individual Healthcare Plan is required, an IHP will be developed in accordance with the Department for Education guidance. An individual health plan will also be required.

Staff should complete Appendix B for their own allergies.

A copy of the documents will be kept securely on file

12. Data Protection (GDPR)

Medical information for pupils and staff is private and confidential. However, key information will be passed on to relevant staff/Depts and third parties., including a photo of the student (where required). This will include and is not limited to the following:

- The First Aid Lead and first aiders
- Catering contractor/School caterers
- Breakfast/After School Clubs
- Home Economics Dept staff (Food Technology)
- SENDCO (for pupils/students)
- The Headteacher and SLT team
- Documents pertaining to educational visits

13. School Catering and Food Technology

The school will work with its caterers (internal or external provider) and Food Technology team each year when reviewing the student lunch menus and source of ingredients. Information gathered using this policy will be used to reduce the risk to people within the school.

The **caterers** will review their procedures as required. For example, they will:

- ensure staff have training/guidance regarding allergens;
- review ingredients and menus;
- publicise information on food containing allergens
- ensure their staff are aware of those with allergies ;(this may include photos);

The **Food Technology Team** will:

Review all classes for pupils/students with allergies attending. The teachers will be aware of any pupil with a relevant allergy and will take suitable action, including:

- carefully plan cooking activities including lesson planning and risk assessments;
- maintaining high standards of cleaning;
- minimise contamination during cleaning procedures;
- opening windows to maintain good general ventilation where appropriate;
- consider the provision of disposable masks (FFP3) for those pupils with allergies (FFP = Filtering Facepiece); and
- have an approach of the parent, carers, pupil/student and teachers working together.

Important Guidance:

Minimising contamination

It is good practice to:

- Provide clean equipment, clothing and a work space not used by other pupils/students.
- Keep a basic, sealed plastic box with a set of equipment in it that is not used for cooking with allergens.
- Aprons washed thoroughly and only used by pupils/students/staff with allergies
- Where required due to severe allergies, consider using ingredients that do not contain the relevant allergen

Fetes/Fairs

Food stalls will note any allergens used or that could have contaminated the food.

The school may suggest parents bring food *replacements* for events, such as fetes/fairs, bake sales and birthdays, so the allergic child can feel more involved.

The school will minimise using food as a treat or reward.

14. Symptoms and Treatment

14.1 Symptoms

We follow the advice provided by Anaphylaxis UK:

What to look for:

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

Mild to moderate allergic reaction symptoms may include:

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

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

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

Some people may have other symptoms. If that is the case, these will be noted in their individual care plans.

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

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

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

What does adrenaline do?

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

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

14.2 TREATMENT AND ACTION:

Action:

Keep the child where they are, call for help and do not leave them unattended.

1. **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
2. **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. Adrenaline Auto-injectors should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
3. CALL **999** and state **ANAPHYLAXIS (ana-fil-axis).**
4. If no improvement after 5 minutes, administer second adrenaline auto-injector.
5. If no signs of life commence CPR.
6. Call parent/carer as soon as possible.
7. Whilst you are waiting for the ambulance, keep the child where they are. **Do not stand them up, or sit them in a chair, even if they are feeling better.** This could lower their blood pressure drastically, causing their heart to stop.
8. All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

Guidance:

Spare Injector:
The Human Medicines Regulations 2017 allow the school to purchase and hold spare adrenaline auto injectors, without the need for a prescription. Any spare injector must be:

- regularly checked to ensure it is still within date, and
- replaced if used.

For more information on this, go to: https://www.anaphylaxis.org.uk/campaigning/spare-pens-in-schools-campaign/

Please note:

Excerpt from the current "Guidance on the use of adrenaline auto-injectors in schools"

> *"Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an adrenaline auto-injector should carry two of the devices at all times. This guidance does not supersede this advice from the MHRA, I and any spare auto-injector(s) held by a school should be in addition to those already prescribed to a pupil."*

15. Educational Visits and Trips

All educational trip risk assessments will review the medical needs of staff and pupils/students prior to the trip and make plans accordingly taking into account the activities planned.

Where a pupil has an IHCP, the educational visit planning process must take the requirements of the IHCP into account. The member of staff responsible for the visit must ensure that any required medication, emergency medication and relevant allergy information accompany the pupil. Staff responsible for the pupil must understand the emergency arrangements contained within the IHP before the visit takes place.

Where reasonable, school trips will avoid areas that may affect a pupil/student's allergy. Where such trips are being planned, the school will get advice from the School Health Team and work with the parents and the School Health Team to work out what is possible.

Where reasonable, school trips will avoid areas that may affect a student's allergy.

If pupils/students are going offsite, staff will check to ensure each pupil/student/s two adrenaline auto-injectors (or other suitable medication) is being carried, before setting off. (Please note that pupils and students who need adrenaline auto-injectors need to have two of them with them - current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an adrenaline auto-injectors should carry two of the devices at all times.)

The need for an injector will be noted on all relevant educational visit documents during the planning stage.

16. Disposal of Used Adrenaline Auto-Injectors

Adrenaline auto-injectors are single use and must be disposed of as sharps when they have been used. They can be given to ambulance paramedics on arrival (This will help them identify what medication has been given to the person) or can be disposed of in a sharps bin. The sharps bin is kept in the first aid room.

The school provides sharps bins for use in school and on trips.

Guidance:

Sharps Bins:
If a student or adult requires a sharps bin as they have regular injections or tests., the school can ask them to provide and dispose of their sharps bin.

17. Cross Contamination

Cross contamination can occur between food and objects if arrangements are not in place to avoid this.

Staff and pupils/students are encouraged to wash their hands after eating and the school has good hygiene procedures in place to reduce the risk

See also Section 13 - Food Catering and Food Technology which discusses this.

18. Allergy Bullying

The school will monitor for allergy bullying and where required will teach all pupils/students about the risk from allergies.

The school also has an anti-bullying policy in place.

19. Intolerance to Food

Guidance:

Food Intolerance:
Although not life threatening, food intolerances are more common than allergies and can cause people to feel unwell. The symptoms of food intolerances tend to come on slower, even several hours after consumption. For example, people can be intolerant to gluten. This is called coeliac disease.

Typical symptoms include bloating and stomach cramps.

This Policy focuses on allergies rather than food intolerance.

Guidance:

Useful Links
Department for Education: Supporting pupils with medical conditions at school
Link: https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

Anaphylaxis Campaign
Link: https://www.anaphylaxis.org.uk/

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Appendix A

The John Fisher School Student Allergy Notification and Assessment Form

Family/Student Section

This document should be completed by the parents/guardians and given to the school (Or if needed, the school will go through the document with the parent/guardian, especially where English is a second language etc.)

Student's Name	
Class	
Picture of Student (Place on form or attached to document/email etc.)	

Allergy to (please highlight)

Food allergies

- ☐ Celery
- ☐ Cereals containing gluten (wheat, rye, barley, oats)
- ☐ Crustaceans (prawns, crabs, lobsters)
- ☐ Eggs
- ☐ Fish
- ☐ Lupin
- ☐ Milk
- ☐ Molluscs (mussels, oysters, squid, etc.)
- ☐ Mustard
- ☐ Peanuts
- ☐ Sesame
- ☐ Soybeans
- ☐ Sulphur dioxide and sulphites (>10 mg/kg or 10 mg/L)
- ☐ Tree nuts (almonds, hazelnuts, walnuts, Brazil nuts, cashews, pecans, pistachios, macadamia nuts)

Other common allergies

- ☐ **Bee stings**
- ☐ **Wasp stings**
- ☐ **Hornet stings**
- ☐ **Other insect bites/stings**
- ☐ **Latex**
- ☐ **Medicines/drugs** – please specify below
- ☐ **Antibiotics** – please specify below
- ☐ **Plasters/adhesives**
- ☐ **Disinfectants/antiseptics**
- ☐ **Animal/dander** – e.g. cats, dogs
- ☐ **House dust mites**
- ☐ **Pollen / hay fever**
- ☐ **Grass**
- ☐ **Mould**
- ☐ **Other allergy** – please specify: _____

Known symptoms/reactions to the allergen(s)	• **Swelling of the mouth, tongue or throat** • **Difficulty in swallowing/speaking** • **Alterations in heart rate** • **Hives** • **Abdominal cramps, Nausea, vomiting** • **Sudden feeling of weakness** • **Difficulty in breathing** • **Collapse and Unconsciousness** • **Sense of impending doom** • **Others - Please specify:** _____
What actions are required to deal with the allergic reaction?	
Is medication (adrenaline auto-injectors such as epipens etc.) required for the student to deal with allergy? If yes, which? (If yes to this, the parent/guardian will also need to complete a medication request form)	Yes/No If Yes, please specify the medication:
Is there any care or action plans issued by healthcare professionals ?	Yes/No If Yes, please provide a copy:
Has the above allergy been confirmed by the student's GP/doctor?	Yes/No
I am happy for the relevant allergen information on this form and (where required) a photo of my child to be displayed in the school's staff room, medical area, Home Economics Dept (staff area only) and the school's catering kitchen (near main servery).	Yes/No
I am aware the school may require more information, which may include medical information to ensure the safety of the pupil. This will be given as requested	Yes/No
Emergency contacts:	1st 2nd
Name of parent/guardian completing form	
Signature of parent/guardian completing form	
Date of completion	

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The John Fisher School Section (school to complete section)

Does the student's condition require additional controls such as access to medication? If yes, where will this be stored?	Yes/No
Confirmation that the parent/guardian has supplied the above medication?	Yes/No/NA
What, if any, additional controls are required?	
Does the student have a separate Individual Health Care Plan or Action Plan by a health professional?	Yes/No/NA If Yes, do we have a copy ? Yes/No
Confirmation that the parent/guardian has completed a medication request form that has been agreed by the school?	Yes/No/NA
Does the school have a photo of the student for display?	Yes/No/NA
Has the relevant information regarding person's the allergy been passed on to the school's first aiders?	Yes/No/NA
Do staff have the relevant training to deal with an allergic reaction (such as 'epipen' training etc.)	
Name of school's Responsible Person	
Date of completion	
Review date (Annual)	

Caterers and other Food Providers

If a student or staff member has a food allergy covered by this document, the school's food provider will be informed, so they can review ingredients and menus where required and help avoid serving food to people who should not have it.

Has a copy of the completed form (and in relation to pupils/students, a photo) been passed to the caterers? Yes/No

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Appendix B

Staff Member Allergy Form

Staff Member Section

Please complete this section of the form. Thank you.

Member of Staff's Name	
Department	
Working Locations	
Email address	
Allergy to (please highlight)	
Food allergies • ☐ Celery • ☐ Cereals containing gluten (wheat, rye, barley, oats) • ☐ Crustaceans (prawns, crabs, lobsters) • ☐ Eggs • ☐ Fish • ☐ Lupin • ☐ Milk • ☐ Molluscs (mussels, oysters, squid, etc.) • ☐ Mustard • ☐ Peanuts • ☐ Sesame • ☐ Soybeans • ☐ Sulphur dioxide and sulphites (>10 mg/kg or 10 mg/L) • ☐ Tree nuts (almonds, hazelnuts, walnuts, Brazil nuts, cashews, pecans, pistachios, macadamia nuts)	**Other common allergies** • ☐ **Bee stings** • ☐ **Wasp stings** • ☐ **Hornet stings** • ☐ **Other insect bites/stings** • ☐ **Latex** • ☐ **Medicines/drugs** – please specify below • ☐ **Antibiotics** – please specify below • ☐ **Plasters/adhesives** • ☐ **Disinfectants/antiseptics** • ☐ **Animal/dander** – e.g. cats, dogs • ☐ **House dust mites** • ☐ **Pollen / hay fever** • ☐ **Grass** • ☐ **Mould** • ☐ **Other allergy** – please specify: _____ •
If other, please note below	
Known symptoms and reactions to allergen(s)	
What actions are required to deal with the allergic reaction? Please note them here, stage by stage as appropriate.	
Is medication (epipens etc.) required for the member of staff to deal with the allergy? If yes, which?	Yes/No
Where is/are the medication(s)/device(s) stored?	
Is there any separate Individual Health Care Plan or Action Plan by a health professional?	Yes/No

Has the above allergy been confirmed by the member of staff's GP/doctor?	Yes/No
I am happy for the relevant allergen information on this form to be shared with the First Aid Team at the	Yes/No
Name of person completing this form:	
Signature of member of staff to whom this form applies:	
Date of completion	

Management Section (Management to complete section)

Does the member of staff's condition require additional controls such as access to medication? If yes, where will this be stored?	Yes/No
What, if any, additional controls are required?	
Does the staff has a separate Individual Health Care Plan or Action Plan by a health professional?	Yes/No/NA If Yes, do we have a copy ? Yes/No
Has staff been assigned for delivering / supporting delivery of the care plan or action plan ?	Yes/No/NA If Yes, Who?
Has the relevant information regarding the member of staff's allergy been passed on to the first aiders?	
Do staff have the relevant training to deal with an allergic reaction (such as 'epipen' training etc.)	
Name of school's Responsible Person	
Date of completion	
Review date (Annual)	

Appendix C

Anaphylaxis UK - Save a Life - Symptoms and Actions

anaphylaxis UK

Be Allergy Aware & Save a Life

Anaphylaxis is a serious and life-threatening reaction to allergens such as food, insect stings, medication & latex.

Recognise the ABC symptoms and act quickly - you could save a life.

WHAT TO LOOK FOR

A Airway
- Persistent cough
- Vocal changes (hoarse voice)
- Difficulty swallowing
- Swelling in throat, tongue or upper airway

B Breathing
- Difficult or noisy breathing
- Wheezing

C Consciousness/Circulation
- Feeling lightheaded or faint
- Clammy skin
- Confusion, sudden sleepiness
- Unresponsive/ unconscious (due to a drop in blood pressure)

These severe symptoms may occur alongside milder stomach or skin symptoms.

Anaphylaxis may occur without any skin symptoms.

WHAT TO DO

1. Lay the person flat and raise their legs - do NOT allow them to stand or walk anywhere.
   A. If unconscious, place them in the recovery position
   B. If breathing is difficult, allow them to sit up
2. Administer an adrenaline auto-injector without delay (refer to device label for instructions)
3. Phone 999 and tell them the person is suffering from anaphylaxis (anna-fill-ax-is)
4. If there is no improvement of symptoms after 5 minutes, a second dose of adrenaline can be given

Medical observation in hospital is recommended after anaphylaxis

01252 542029 info@anaphylaxis.org.uk anaphylaxis.org.uk

Charity Number: 1085527

Appendix D

NHS advice on anaphylaxis and how to use an adrenaline auto-injector

Link to NHS Advice on Anaphylaxis

How to use an adrenaline auto-injector

There are different types of adrenaline auto-injectors and each one is given differently.

- EpiPen instructions (EpiPen website)
- Jext instructions (Jext website)