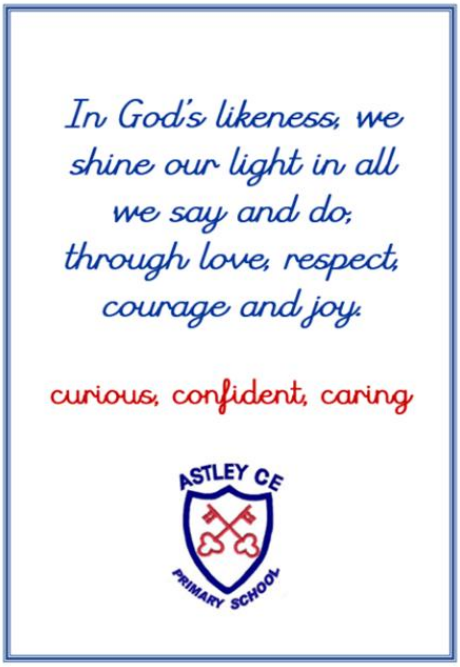
Responsible body	Title of policy
Governing body	Allergy and Anaphylaxis Policy

Our Vision



This policy has been developed with regard to the statutory guidance 'Supporting children and young people with medical conditions and allergies' (DfE, 2026) and will be reviewed accordingly.

The purpose of this policy to minimise the risk of any pupil suffering a serious allergic reaction whilst at school, Wrap Around Care, or attending any school-related activity. And to ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.

Ratified by the Governing Body: September 2026
Date for review: September 2027

Signed by:

Chair of governors Lisa Screen

Headteacher Tracie Langfield

The named staff members responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:
Tracie Langfield
Amandine Stone

Contents

- Introduction

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

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

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

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

Common UK Allergens include (but are not limited to):-
Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

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

This policy applies equally to breakfast clubs, after-school provision, wraparound care, educational visits, sporting activities, and other school-organised activities whether on or off site

- Role and responsibilities

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform

reception staff of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.

- Parents are to supply a copy of their child's Individual Healthcare Plan (IHP)(BSACI plans preferred) to school. If they do not currently have an Individual Healthcare Plan (IHP)this should be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Individual Healthcare Plan (IHP)will be kept updated accordingly.

Staff Responsibilities

- All staff will complete anaphylaxis training. Training is provided on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff (regular or cover classes) must be aware of the pupils in their care who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will need to be risk assessed and consideration made to mitigate attending.
- SENCO and lead First Aider *will* ensure that the up-to-date Individual Healthcare Plan (IHP)is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication is in date, however the Lead First Aider will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- Lead First Aider keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- Lead First Aider ensures that **all allergic reactions and near misses**

are recorded, reported internally, and escalated in accordance with RIDDOR where required

- Near misses, including accidental allergen exposure where no reaction occurred, medication access issues, administration errors, or failures to follow agreed procedures, will be recorded and reviewed with the same rigour as allergy incidents to identify learning opportunities and reduce future risk.
- **All allergy incidents will be reviewed** to identify learning points, and actions taken will be recorded and shared with relevant staff where appropriate.
- Following a serious allergic reaction or anaphylaxis event, consideration will be given to the emotional wellbeing of the pupil, family, staff and classmates. Appropriate pastoral support will be provided where required
- Information about pupils with allergies will be shared appropriately when pupils move between classes, key stages, schools or education settings.
- Transition meetings will be arranged where necessary to ensure staff understand the pupil's allergy management requirements and emergency procedures.

Pupil Responsibilities

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

• Allergy Action Plans

Every pupil whose allergy requires ongoing management in school will have an Individual Healthcare Plan (IHP). The pupil's clinically issued Allergy Action Plan will be attached to and form part of the IHP. The IHP will set out the pupil's support arrangements, emergency procedures, medication arrangements, educational adjustments and named responsible staff.

British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by school. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. Individual Healthcare Plan (IHP) are designed to function as an individual healthcare plan.

- Emergency Treatment and Management of Anaphylaxis

What to look for:
Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

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

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

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

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 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 the airways
- It stops swelling
- It raises blood pressure

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

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

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

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

Following any anaphylactic reaction, the school will review the incident, including response times, access to medication, and staff actions, to inform any necessary updates to training or procedures.

- <u>Supply, storage and care of medication</u>

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

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is accessible within five minutes under normal operating conditions, not locked away and **accessible to all staff.**

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

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

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the School Lead First Aider will check medication kept at 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

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes. The **number and placement of adrenaline auto-injectors (AAIs)**, including spare AAIs, will be **reviewed annually** to ensure they are accessible within **five minutes** from anywhere on the school site.

Disposal
AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival.

Recording, Reporting and learning from incidents
Allergy incidents are reviewed by the Lead First Aider and Headteacher.
Actions are **recorded** on schools MIS pupil record.
Policy and staff training are updated where lessons are identified.

- 'Spare' adrenaline auto-injectors in school

Astley Primary School holds **spare adrenaline auto-injectors (AAIs) for emergency use**, in line with statutory requirements under Benedict's Law.
These may be used for:
· pupils with a known allergy whose own AAI is unavailable, unusable or expired
· **any pupil experiencing anaphylaxis for the first time**, where clinically indicated.
These are stored in a red drawstring bag, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff (in first aid cupboard).**

Astley Primary School holds spare AAIs. The number of spare devices held will be reviewed annually, taking into account school size, layout, and pupil needs.

The Lead First Aider is responsible for checking the spare medication is in date monthly and to replace as needed.

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

- Staff Training

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-

Tracie Langfield
Amandine Stone

All staff training forms part of the school's statutory duty to ensure allergy safety under Benedict's Law.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis - knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing Individual Healthcare Plan (IHP)and ensuring these are up to date

Astley Primary School ensures that staff undertake a practical session using trainer devices (these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk

- Inclusion and safeguarding

Astley Primary School is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. Allergy safety is recognised as a **safeguarding issue**, and failure to follow this policy may place a child at risk of significant harm.

The school recognises that severe allergies may constitute a disability under the Equality Act 2010. The school will make reasonable adjustments to ensure pupils with allergies are not placed at a substantial disadvantage compared with their peers.

- Catering

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

The school's menu is available for parents to view a month in advance with all ingredients listed and allergens highlighted on the organisation website at School Meals - Astley CE Primary School

The Office Manager will inform the lunchtime serving staff and Stay and Play staff (employed by school) of pupils with food allergies. This will be in the form of Individual Health Care Plans and individual 'at a glance' cards with pupil photos and allergens clearly identified.

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

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- Where food is provided by the school, staff are educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the school office manager or Headteacher.
- **Food should not be given to primary school-age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).**
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) is carefully considered and may need to be restricted/risk assessed depending on the allergies of children and their age.

- School trips

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

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

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Sporting Excursions

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

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

- Allergy awareness and nut bans

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

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

- Monitoring and Review

  The Governing Body will nominate a link governor for allergy safety.

  The Headteacher will act as the designated senior leader responsible for allergy safety.

  The Allergy Safety Policy will be published on the school website and reviewed annually, following any serious incident, or sooner where changes in legislation or statutory guidance require amendment.

- Risk Assessment

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

- Useful Links

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

- Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer- schools-programme/
- AllergyWise for Schools online training - https://www.allergywise.org.uk/p/allergywise-for-schools1

Allergy UK - https://www.allergyuk.org

- Whole school allergy and awareness management - https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement

BSACI Individual Healthcare Plan (IHP)- https://www.bsaci.org/professional- resources/resources/paediatric-allergy-action-plans/

Spare Pens in Schools - http://www.sparepensinschools.uk

Department for Education Supporting pupils at school with medical conditions - Supporting children and young people with medical conditions and allergy

Allergy Safety in School Allergy safety in schools statutory guidance

Department of Health Guidance on the use of adrenaline auto-injectors in schools - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) https://www.nice.org.uk/guidance/qs118

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834