Holy Trinity & St John's CE Primary School

Allergy & Anaphylaxis Policy 2026-2027

To be read in conjunction with the Medical Policy

This policy has been written using contributions from The Allergy Team (theallergyteam.com/) and Allergy School – Natasha's Foundation (allergyschool.org.uk/) model policies. This policy has been written to reflect the guidance in Allergy Safety in Schools (DfE, 2026) and Supporting Children and Young People with Medical Conditions and Allergies (DfE Consultation, 2026) and the legislative changes associated with the implementation of Benedict's Law.

Holy Trinity & St John's CE Primary School will continue to monitor developments in statutory guidance and legislation. This policy will be reviewed and amended as necessary following future publications, ensuring that our practices remain compliant with national requirements and reflect best practice in safeguarding and supporting pupils with medical conditions and allergies.

Why is an allergy safety policy important?

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.

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

People can be allergic to almost anything, but serious allergic reactions are caused most commonly by food, insect venom (such as a wasp or bee stings), latex and medication.

Allergic disease is the most common chronic condition in childhood. On average, one or two children in every class of 30 will have a food allergy so it's vital the whole school community understands allergy, knows how to reduce the risk of an allergic reaction and knows what to do in an emergency.

A severe allergic reaction can cause risk to life but even a mild to moderate reaction or near-miss can have widespread consequences.

Severe allergies may fall under the definition of disability under the Equality Act. Whether or not this is the case for an individual child, schools need to consider whether the arrangements they have in place are consistent with their own Diversity, Equity and Inclusion and/or Equal Opportunities policies (or equivalents).

Having a robust Allergy Safety Policy ensures that everyone:

- is clear on procedures
- is able to encourage inclusivity for children with allergy
- understands their responsibility for reducing the risk of allergic reactions happening
- knows how to respond appropriately if an allergic reaction occurs

Responsibility for a school's Allergy Safety Policy lies with the school.

Mrs Donna McGuirk (SENCO & Designated Allergy Lead) and a named member of the Governing Body and are responsible for the policy, ensuring it is reviewed at least annually, remains fit for purpose and is implemented effectively.

This Allergy Safety Policy will be publicly available and published on the school's website and clearly communicated to all pupils, school staff and parents/carers.

Aims & Objectives

This policy outlines Holy Trinity & St John's Primary School's approach to allergy management, in line with the Department for Education's [statutory] guidance published in July 2026 - *Allergy Safety in Schools*, and also the document *Supporting children and young people with medical conditions and allergy*.

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

This policy applies to all staff, pupils, parents/carers and visitors to the school and should be read alongside the Medical Conditions Policy and other related policies; the implementation of this policy is supported by the school's Safeguarding and Child Protection Policy, First Aid Policy, Health and Safety Policy, Educational Visits Policy, SEND Policy, Equality Objectives and other relevant procedures relating to the health, safety, welfare and inclusion of pupils.

What is an allergy?

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

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

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

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

Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Guidance and Legislation

This policy reflects the requirements and recommendations set out in the Department for Education's statutory guidance Allergy Safety in Schools, alongside the guidance Supporting Pupils at School with Medical Conditions and the Department of Health and Social Care's guidance on the provision and use of emergency adrenaline auto-injectors in schools. This policy is also based upon the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

Roles and Responsibilities

Holy Trinity & St John's CE Primary School takes a whole-school approach to allergy management.

Designated Allergy Lead

The Designated Allergy Lead is Mrs Donna McGuirk (SENCO). She reports into the Headteacher and the Allergy Lead Governor reports to the Chair of Governors.

They are responsible for:

- Leading the development, implementation, publication, monitoring and regular review of the school's Allergy Safety Policy.
- Promoting a culture of allergy and asthma awareness, safety, inclusion and wellbeing across the school community.
- Act as the primary point of contact for pupils, parents/carers, staff and visitors regarding allergy management, concerns and queries.
- Coordinating the collection, review and secure maintenance of allergy-related documentation, including Allergy Action Plans, Asthma Action Plans and Individual Healthcare Plans (IHPs), ensuring arrangements are in place before a pupil starts school.
- Liaise with admissions staff, parents/carers, healthcare professionals and relevant school staff to ensure allergy information is accurate, up to date and appropriately communicated.
- Ensure allergy information, risk assessments and healthcare arrangements are regularly reviewed, updated at least annually, and communicated to all relevant staff, including catering teams, supply staff, volunteers, contractors where appropriate and staff running clubs, educational visits and extracurricular activities.
- Working with the Headteacher to maintain an up-to-date record of staff members with allergies

and ensure appropriate support arrangements, including Individual Healthcare Plans where necessary.

- Ensuring prescribed medication and emergency medication arrangements are in place, regularly reviewed and that families are supported in maintaining in-date medication.
- Maintaining an up-to-date register of prescribed and spare adrenaline auto-injectors (AAIs), including their location, brand, dose and expiry date.
- Regularly checking that spare AAIs are stored correctly, remain easily accessible for emergency use, are available throughout the school site, and are within their expiry dates.
- Arranging for the timely replacement of expired, used or otherwise unsuitable spare AAIs.
- Reviewing the school's stock of spare AAIs to ensure sufficient quantities and appropriate dosages are available to meet the needs of the school community.
- Ensuring all staff receive appropriate allergy and anaphylaxis awareness training, including emergency response procedures and the use of adrenaline auto-injectors and that refresher training is provided as required.
- Supporting the delivery of allergy awareness education and training to pupils where appropriate.
- Ensuring staff understand their responsibilities for allergy management, including when allergy-specific risk assessments are required.
- Promoting awareness and understanding of the school's Allergy Safety Policy and related procedures among staff, pupils and parents.
- Overseeing arrangements to ensure the safety, inclusion and participation of pupils with allergies in all aspects of school life, including educational visits, clubs, enrichment activities and mealtimes.
- Monitoring and reviewing allergy management practices across the school and take strategic decisions where required.
- Maintaining records of allergic reactions, anaphylaxis incidents and near misses, ensuring appropriate reporting, investigation and follow-up actions are completed.
- Reporting significant incidents and trends to the governing body and relevant external agencies where required.
- Ensuring learning from incidents, investigations, drills and near misses is used to improve policy, practice, training and risk management procedures.
- Arranging and evaluating an anaphylaxis emergency drill at least annually and ensure any lessons learned are implemented promptly.
- Providing regular updates and assurance to other senior leaders and governors regarding the effectiveness of allergy safety arrangements within the school.

Named Allergy Governor

The Named Allergy Governor is Mrs Stacey Mitchell. They work in partnership with the Designated Allergy Lead to ensure allergy safety is overseen at Governing Body level.

They are responsible for:

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

Admissions

The Office Team team is likely to be the first to learn of a pupil or visitor's allergy. They should work with the Designated Allergy Lead who will ensure that:

- *There is a clear method to capture allergy information or special dietary information at the earliest opportunity;*
- *There is a clear structure in place to communicate this information to the relevant parties (i.e., catering team);*
- *Parents/carers 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; and*
- *There is liaison with the child's previous school, or future school to ensure a smooth transition between settings.*

All staff

All school staff and those working within our school:

- *Championing and practising allergy and asthma awareness across the school;*
- *Reading, understanding and putting into practice the Allergy Safety Policy and related procedures and asking for support if needed;*
- *Being aware of pupils (and staff, when necessary) with allergies and what they are allergic to;*
- *Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate;*
- *Ensuring pupils always have access to their medication, including carrying it on their behalf if necessary;*
- *Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training;*
- *Taking part in training and anaphylaxis drills as required (at least once a year). Whilst it is the*

school's responsibility to ensure staff have received annual training, if the member of staff is aware they have not received any allergy training in the last 12 months they should alert a manager;

- Considering the safety, inclusion and wellbeing of pupils with allergies at all times. Preventing and responding to allergy-related bullying, 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 (Designated Allergy Lead); and
- Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving the school site for a match or trip.

All parents/carers

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

- Being aware of and understanding the school's Allergy Safety Policy and considering the safety, inclusion and wellbeing of pupils with allergies;
- Providing Holy Trinity & St John's CE Primary School (Designated Allergy Lead) 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; and
- Encouraging their child to be allergy aware.

Parents/carers of children with allergies

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

All pupils

All pupils at the school should:

- Be allergy aware;
- Understand the risks that allergens might pose to their peers and respect measures to support them;
- Learn how they can support the wellbeing of their peers and be alert to allergy-related bullying.

Allergies and Bullying

By law, all state schools must have a Behaviour Policy in place that includes measures to prevent all forms of bullying among pupils and this is a policy decided by the school. All teachers, pupils and parents must be told what it is and allergy bullying should be treated seriously, like any other bullying. Schools must, under Section 100 of the Children and Families Act 2014, aim to ensure that all children with medical conditions, 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.

The Department for Education has provided statutory guidance for schools and colleges on keeping children safe in education. Please view the guidance here.

Other useful websites include:

- NSPCC
- National Bullying Helpline
- Family Lives
- Kidscape
- Anti-Bullying Alliance
- Young Minds
- Childline
- Bully Busters

Pupils with allergies

Pupils with allergies, as appropriate to their age and capability, are responsible for:

- Knowing what their allergies are and how to mitigate personal risk;
- Avoiding their allergen as best as they can;
- Understanding the importance of following the school specific processes of lunch and snack services and how that mitigates risk;
- Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction;
- Understanding how and when to use their adrenaline auto-injector and only using them for their intended purpose;
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy;
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies;

- Knowing what to do if they have an allergic reaction off the school premises including how to treat themselves and how to raise the alarm to get help; and

Information and Documentation

Register of pupils and staff with an allergy

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

Individual Healthcare Plans

Each pupil with an allergy requiring active management by the school has an Individual Healthcare Plan. The information on this plan includes:

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

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; and
- 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, staff should adapt the activity. The school will ensure compliance with the Equality Act 2010.

Food, including mealtimes and snacks

Catering in school

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

- Due diligence is carried out with regard to allergen management when appointing catering providers;
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training;
- Administration staff and the Designated Allery Lead are available to discuss the provision of allergen safe meals with parents/ carers;
- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures;
- The catering team will endeavour to get to know the pupils with allergies and what their allergies are, supported by school staff; all pupils with allergies have a lanyard to wear when choosing their lunch
- The catering team will endeavour to provide varied meal options to pupils and staff with allergies;
- The school has robust procedures in place to identify pupils with food allergies, these include ensuring the Designated Allergy Lead is available to discuss concerns with parents/carers and equipping staff to identify causes for concern
- Dishes and menus containing the main 14 allergens (see Allergens definition) will be clearly labelled using full words, not symbols or abbreviations. Other ingredient information will be available on request;
- Pre-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging;
- Where changes are made to the ingredients which involve the introduction of a known allergen this will be communicated to pupils with dietary needs;
- The school will meet the requirements of the Early Years Foundation Stage (EYFS) Statutory Framework for Group and School-Based Providers (September 2026) in relation to safer eating. Accurate information regarding pupils' allergies, intolerances and dietary needs will be obtained, recorded and regularly reviewed. Relevant staff will have access to this information and appropriate allergy management procedures, including individual allergy action plans where necessary, to ensure pupils are provided with safe food and drink and protected from allergen exposure. Staff will be trained and supported to recognise and respond to allergic reactions, including anaphylaxis.;
- The requirements of this policy extend to the school's wraparound childcare provision. All staff involved in breakfast club, after-school clubs and after-school wraparound childcare activities will adhere to the school's food allergy management procedures, including the sharing of allergy information, implementation of allergy action plans, safer eating practices and emergency response arrangements.
- Holy Trinity & St John's CE Primary School is a nut free school.

Food brought into school

No food items may be brought into school for sharing, distribution or use in activities without the prior agreement of the school. Where approval is granted, a full and accurate list of ingredients must be provided to enable appropriate allergy and risk assessments to be undertaken and to safeguard pupils with food allergies and intolerances. Holy Trinity & St John's CE Primary School is an Allergen Aware school, we have children with a wide range of allergies to different foods.

Food hygiene for pupils

Parents/carers and pupils will be advised that water bottles and packed lunches should be clearly labelled and food should not be shared or swapped.

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 if they themselves have any allergies;
- Allergies will be considered on the risk assessment and catering provision put in place;
- Parents/carers, and pupils where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay;
- Staff accompanying the trip will be trained to recognise and respond to an allergic reaction;
- See Adrenaline Devices section for school trips and Sports fixtures.

Insect Stings

Those with a known insect venom allergy should:

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

The school site superintendent, Business Manager and Headteacher 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.

Animals

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

Precautions to limit the risk of an allergic reaction include:

- A pupil with a known animal allergy should avoid the animal to which they are allergic;
- If 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;
- If an animal lives on site, for example in a Boarding House, pupils, parents and staff will be made aware and consideration and adaptations will be made; and

- School trips that include visits to animals will be carefully risk assessed.

Inclusion and mental health

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

- Staff are alert to the possibility of allergy-related bullying and are proactive in safeguarding the wellbeing and inclusion of pupils with allergies;
- No child should be excluded from taking part in a school activity, whether on the school premises or a school trip because of their allergies;
- Pupils with allergies may require additional pastoral support including regular check-ins from their class teacher;
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives;
- Bullying related to allergy will be treated in line with the school's anti-bullying policy;
- Uniform policies take into account that children may need emergency medication near them at all times.

Adrenaline Devices

See the government guidance on Adrenaline Devices in Schools.

Storage of adrenaline devices

- Pupils prescribed with adrenaline devices will have easy access to two, in-date devices at all times;
- Spot checks will be made to ensure adrenaline devices are where they should be and in date;
- Adrenaline devices are not be kept locked away or in rooms with restricted access;
- Adrenaline devices should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator); and
- Used or out of date devices should be disposed of as sharps.

Spare adrenaline devices

Holy Trinity & St John's CE Primary School has x2 spare adult and x2 spare child Epipens stored centrally in the school office

The main difference between green and yellow Mylan EpiPen auto-injectors is the amount of medicine they contain and the body weight they are meant for:

Yellow EpiPen (Adult Dose)

Dose: Contains 0.3 mg of epinephrine.

Weight: For anyone who weighs approximately 30 kg or more. Green EpiPen

Jr (Junior Dose)

Dose: Contains 0.15 mg of epinephrine (half the adult dose).

Weight: For children who weigh between approximately 15 to 30 kg.



The Allergy Lead responsible for:

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

Adrenaline devices on off-site activities

- No child with a prescribed adrenaline devices 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 devices will be kept close to the pupils at all times e.g., not stored in the hold of the coach when travelling or left in changing rooms;
- Adrenaline devices will be protected from extreme temperatures;
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction; and
- Consider whether to take spare adrenaline devices to off-site activities. This should be recorded as part of the risk assessment process.

Responding to an allergic reaction/anaphylaxis

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

In all cases:

- A pupil with a known allergy should be treated in accordance with their Allergy Action Plan and/or Individual Healthcare Plan.
- If anaphylaxis is suspected adrenaline should be administered without delay, using the school's spare device if needed. The MHRA says that in exceptional circumstances, a spare adrenaline device can be administered to anyone for the purposes of saving their life, even without consent. Further to this, in line with the Department for Education's *Allergy Safety in Schools* guidance, all staff should take reasonable action to protect and preserve life in the event of a suspected anaphylactic reaction or other life-threatening medical emergency.
- Staff are expected to respond in good faith and to the best of their ability, including administering an adrenaline auto-injector where appropriate.

- The school recognises that the law protects those who act reasonably to save a life in an emergency and will support staff in fulfilling this responsibility.
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany the pupil in an ambulance until a parent or guardian arrives.

Training

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

This training will cover:

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

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

Asthma

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

- Staff will be aware of common asthma triggers which may include airborne allergens such as pollen, house dust mite, mould spores or pet dander and food allergens.
- All pupils with asthma will have an Asthma Action Plan. Where relevant, an Asthma Action Plan will be in addition to an Allergy Action Plan.
- The Asthma Action Plan will be included in the pupil's Individual Healthcare Plan and will include medical and parental consent for staff to administer medicines, including an

emergency reliever inhaler in the event of an asthma attack.

- Children and young people known to have asthma should have their own reliever inhaler at school at all times. Children should also have their own reliever inhaler on the journey to and from school for which responsibility lies with the parents and carers.
- Inhalers are clearly lablled and held in the children's classroom.
- Spare emergency inhalers will be kept in the main school office.

Reporting allergic reactions

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

- Each record should include: Who was affected, what happened, when and where, why the incident occurred (as far as is known), how staff and the pupil responded; what was done to support the individual; whether emergency services were called and how the incident concluded
- All incident reports should be shared with:
  - the pupil's parents/carers, who will be given the opportunity to discuss the incident and contribute their views to the review; and
  - the Named Allergy Governor and the Governing Body, so they can consider what lessons to learn and whether policy changes are required.
- Any learning from an incident should be shared appropriately with staff so they can act on it.
- It may be necessary to share the report with other agencies, for example:
  - Incidents arising directly from a work activity that result in death or immediate hospitalisation must be reported to the Health and Safety Executive under RIDDOR.
- Following any incident or near miss the school will meet with the child or young person and their parents/ carers to ensure they are confident the setting remains safe.
- The school recognises the impact of an incident or near miss not just on the individual and their family, but also on staff who responded and children who witnessed it and will offer appropriate support.

Managing Allergic Reactions

ALLERGIC REACTIONS VARY

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

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

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

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

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

Response:

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

SERIOUS ALLERGIC REACTIONS/ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**. Anaphylaxis is uncommon, and children experiencing it almost always fully recover. In rare cases, anaphylaxis can be fatal. **It should always be treated as a time-critical medical emergency.**

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

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

Responding to Anaphylaxis

SYMPTOMS OF ANAPHYLAXIS

A – Airway

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

B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

C - Circulation

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

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

DELIVERING ADRENALINE

1. Treat the patient where they are. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
3. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions. Pupils may be able to do this themselves, but some will require or want adult support. Whilst all members of staff should be trained, in an emergency, anyone can administer adrenaline.
5. Make a note of the time you gave the first dose.
6. Call 999 for an ambulance (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
7. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
8. Call the pupil's emergency contact.
9. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
10. Start CPR if necessary.
11. Hand over used devices to paramedics and remember to get replacements.
12. Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany them in an ambulance until a parent or guardian arrives.

For more information see the Government's Guidance for the use of adrenaline auto-injectors in schools.

Management of anaphylaxis (Allergy Safety in Schools, DfE (2026))



FIRST AID FOR ANAPHYLAXIS

Recognise the Signs of Anaphylaxis...

A Airways
- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B Breathing
- Difficult or noisy breathing
- Wheeze or persistent cough

C Circulation
- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

An allergic reaction can escalate to anaphylaxis which is potentially life-threatening.

ANAPHYLAXIS: ACTIONS TO TAKE

If any one or more of the above ABC symptoms are present, take these steps.

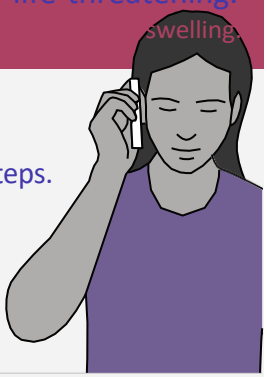
1. Administer an Adrenaline Auto Injector (AAI) without delay

Inject the AAI into the top of the outer thigh. If you're in doubt that it is anaphylaxis but one or more ABC symptoms are present, give the AAI, it will not harm them.



2. Dial 999 and say anaphylaxis ('ana-fill-axis')

Stay with the person until the ambulance arrives. DO NOT let them stand up and walk around.



3. The person should lie down immediately

If the person is not already lying down, they should do so, with legs raised if possible. If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.



4. Inject a second AAI into the outer thigh if there are no signs of improvement after 5 minutes

If there is no sign of life, start CPR immediately until help arrives.

Please learn these steps. This is life-saving information

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

Empower • Include • Protect
AllergySchool.org.uk

Registered charity England & Wales (1181098) Scotland (SC051610). Based on BSACI and 2023 MHRA guidance.

ANAPHYLAXIS

HOW TO USE EPIPEN AAIS

If you think someone is have an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Remove the blue safety cap

Grasp the EpiPen in your dominant hand and remove the blue safety cap by pulling straight up. Remember: Blue to the Sky, Orange to the Thigh!



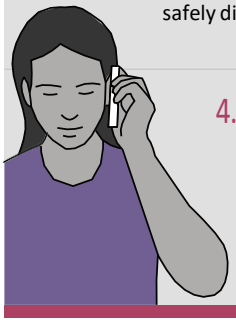
2. Position the orange tip

Hold the EpiPen at 90°, approximately 10cm away from the leg, with the orange tip pointing towards the outer thigh.

3. Administer the EpiPen AAI

Jab the EpiPen firmly into the outer thigh at a right angle. Hold firmly for 3 seconds, before removing and safely discarding.





4. Once the EpiPen AAI has been administered call 999

Ask for an ambulance and say "ana-fill-axis".

5. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, with legs raised if possible.

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side .

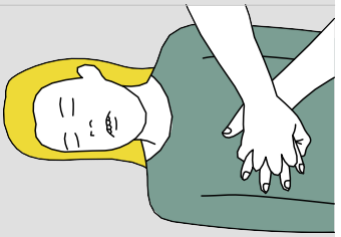


6. If there are no signs of improvement after 5 minutes, use a second EpiPen AAI

The person should remain still and lying down until the ambulance arrives. Don't try to get up, even if you start to feel better.

7. Start CPR

If there are no signs of life, start CPR immediately until help arrives.



For more information on EpiPen AAIs >>

Sign up to the free expiry alert service and receive reminders by text or email when your EpiPen is about to expire >>

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

Empower • Include • Protect

AllergySchool.org.uk

Registered charity England & Wales (1181098) Scotland (SC051610). Based on BSACI and 2023 MHRA guidance. Source: EpiPen.

ANAPHYLAXIS

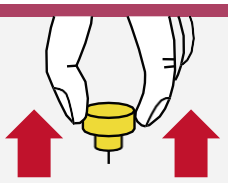
HOW TO USE JEXT AAIS

If you think someone is have an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

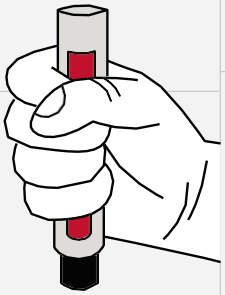
1. Hold the Jext AAI in the hand you write with

Hold with your thumb closest to the yellow cap. Pull off the yellow cap with your other hand.



2. Place the black injector tip against the outer thigh

Hold the injector at a right angles (approx. 90°) to the thigh.



3. Push the black tip as hard as you can into the outer thigh

Wait until you hear a 'click' confirming the injection has started, then keep it pushed in. Hold the injector firmly in place against the thigh for 10 seconds (a slow count to 10) then remove. The black tip will extend automatically and hide the needle.



4. Massage the injection area for 10 seconds

5. Once the Jext AAI has been administered call 999

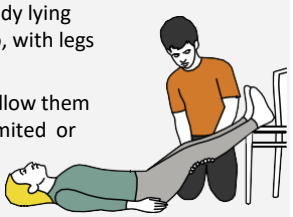
Ask for an ambulance and say "ana-fill-axis".



6. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, with legs raised if possible.

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.

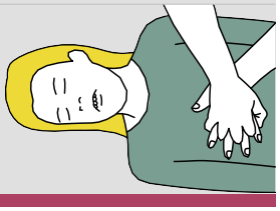


7. If there are no signs of improvement after 5 minutes, use a second Jext AAI

The person should remain still and lying down until the ambulance arrives. Don't try to get up, even if you start to feel better.

8. Start CPR

If there are no signs of life, start CPR immediately until help arrives.



For more information on Jext AAIs >>

Sign up to the free expiry alert service and receive reminders by text or email when your Jext AAi is about to expire >>

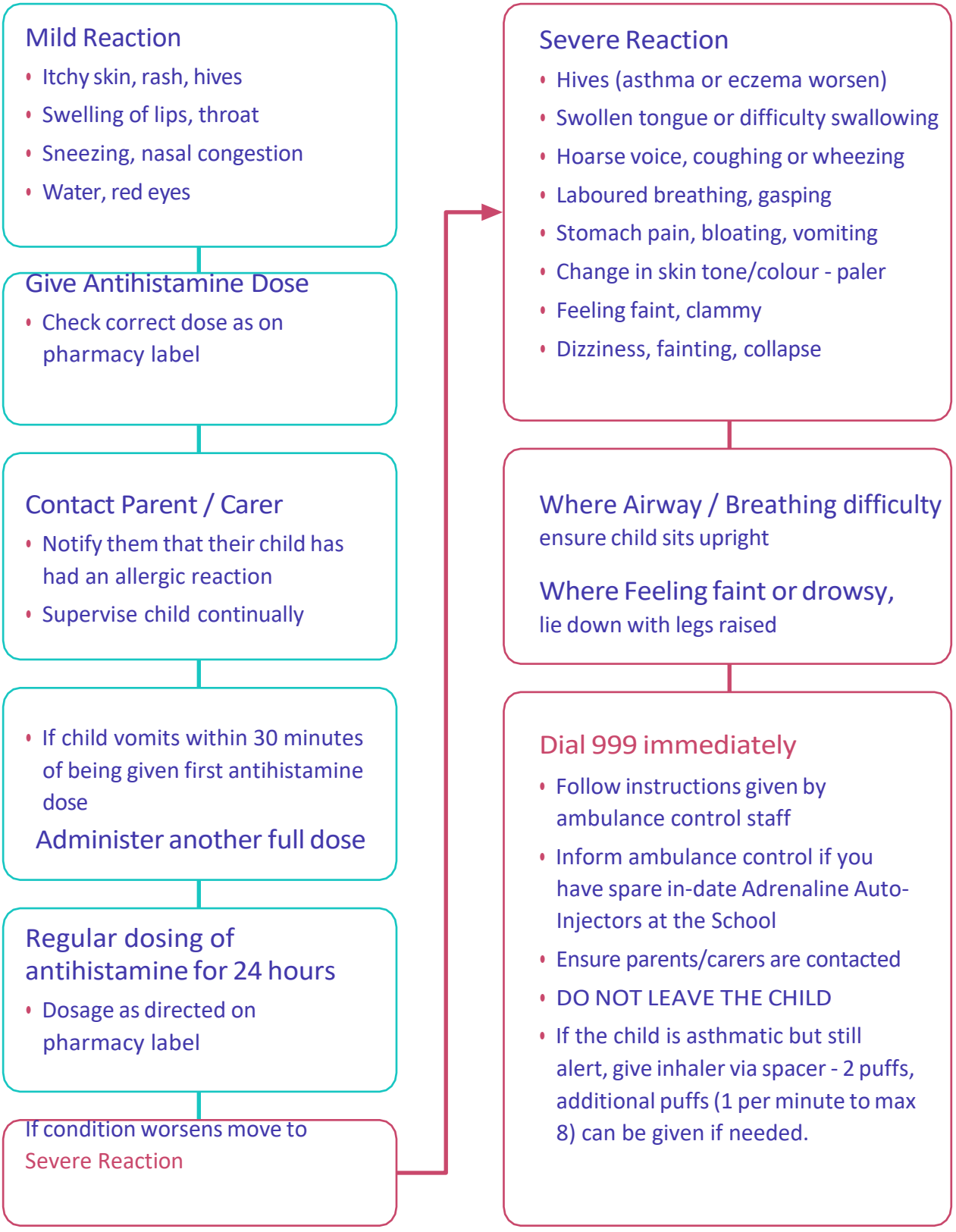
Natasha Allergy Research Foundation
The UK's Food Allergy Charity

Empower • Include • Protect
AllergySchool.org.uk

Registered charity England & Wales (1181098) Scotland (SC051610). Based on BSACI and 2023 MHRA guidance. Source: Jext.

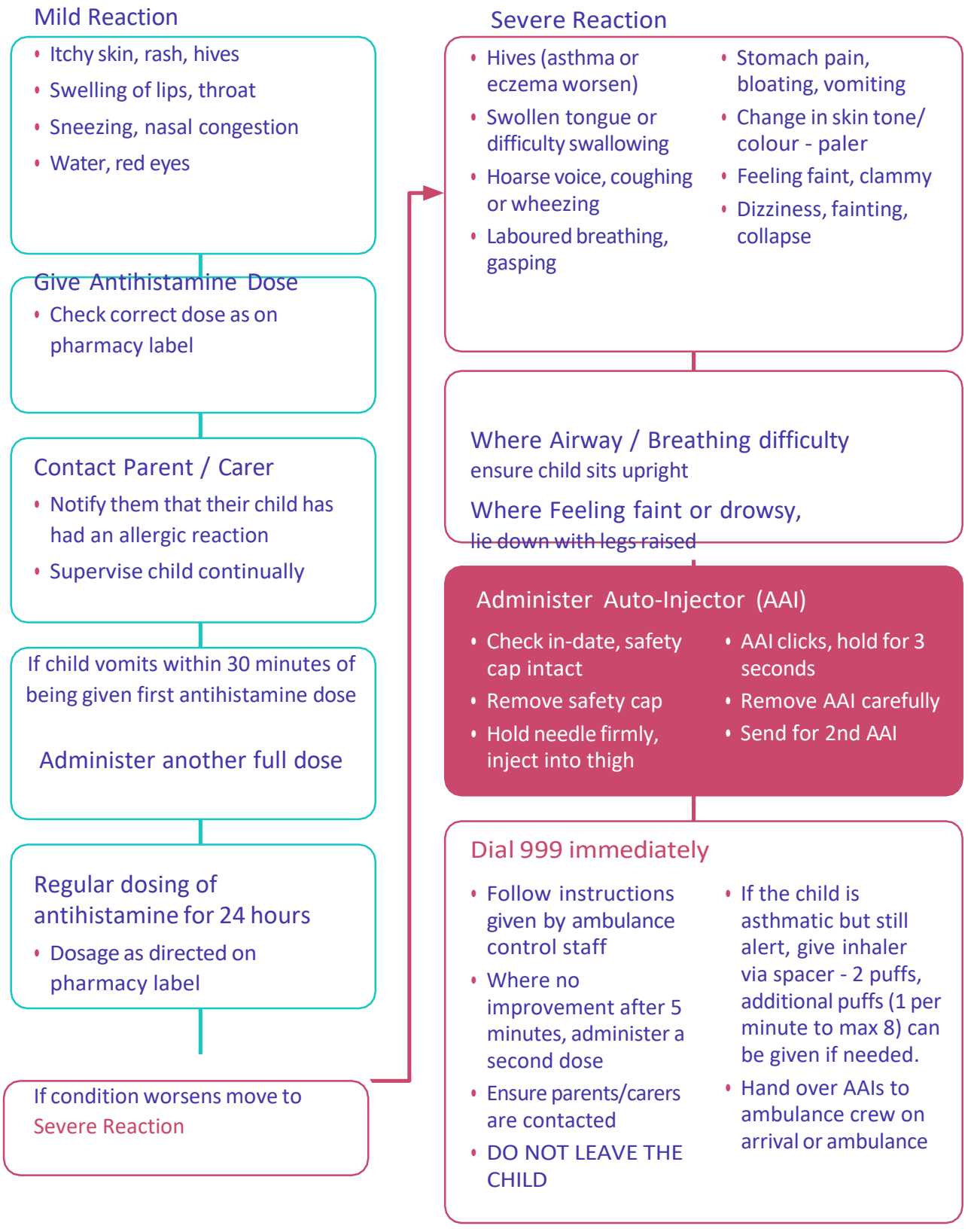
Flowchart for Allergic Reaction without use of Adrenaline Auto-Injector.

Refer to the child's BSACI Allergy Action Plan if they have one and call for other staff help if needed



Flowchart for Allergic Reaction with use of Adrenaline Auto-Injector.

Refer to the child's BSACI Allergy Action Plan if they have one and call for other staff help if needed



Information on allergies

The most common causes of food allergies relevant to this Policy are the fourteen food allergens:

- Cereals containing Gluten
- Celery
- Crustaceans
- Eggs
- Fish
- Soya
- Milk
- Nuts
- Peanuts
- Mustard
- Sesame Seeds
- Sulphur dioxide/Sulphites
- Lupin
- Molluscs

However, it is possible that any food has the potential to cause an allergic reaction. Contact with any food or materials containing a child's allergen has the potential to cause an allergic reaction for that child.

Latex, chemicals, medicines, grasses, pollen, weeds, trees, pets, insect venom and animal dander (shedded flakes of skin) can also cause allergic reactions.

<u>Symptoms</u>

Mild to moderate symptoms include:

- Swelling of the eyes, face and lips
- Runny or congested nose
- Raised itchy rash (hives), eczema flare, skin flushing
- Itchy mouth
- Stomach cramps, nausea, vomiting, diarrhoea

<u>Severe symptoms include:</u>

- Swollen tongue, hoarse voice or cry, difficulty swallowing and talking
- Chest tightness
- Breathing difficulties, persistent cough, wheeze
- Low blood pressure, feeling faint, collapse
- Pale and floppy (babies and small children)

Other support and resources

- Allergy Guidance for Schools - https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools
- Allergy UK Helpline: providing support, advice and information for those living with allergic disease tel. weekdays 9am-5pm 01322 619898 - www.allergyuk.org
- Early Years Foundation Stage Statutory Guidance, Section 3 Safeguarding and Welfare Requirements - Food and Drink - Statutory framework for the early years foundation stage (publishing.service.gov.uk)
- Example menus for early years settings in England - Part I Guidance - Example menus for early years settings in England: part 1 (publishing.service.gov.uk) - Managing food allergies, intolerances and meeting cultural needs; Providing food allergen information; Reading food labels; Allergen information
- Food Standards Agency food allergy and intolerance online training - https://allergytraining.food.gov.uk/
- For pupils / pupils with Medical Conditions at School - Supporting pupils with medical conditions at school - GOV.UK (www.gov.uk)

  Wales: https://www.gov.wales/sites/default/files/publications/2018-12/supporting-learners-with-healthcare-needs.pdf

  Scotland: https://www.gov.scot/publications/supporting-children-young-people-healthcare-needs-schools/

  Northern Ireland: https://www.education-ni.gov.uk/publications/supporting-pupils-medication-needs
- FSA reporting tool for allergies - https://www.gov.uk/government/news/fsa-launches-allergy-and-intolerance-reporting-tool
- Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

  Wales: https://www.gov.wales/sites/default/files/publications/2018-12/guidance-on-the-use-of-emergency-adrenaline-auto-injectors-in-schools-in-wales.pdf
- Training for Schools - https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-schools/
- Transitioning to Secondary School - https://www.anaphylaxis.org.uk/living-with-serious-allergies/serious-allergy-guidance-for-parents/preparing-for-and-managing-the-transition-to-secondary-school/
- Whole school allergy and awareness management - https://www.allergyuk.org/schools/whole-school-allergy-awareness-and management

Top 14 Allergens poster

