



Allergy & Anaphylaxis Policy

Review

Review Cycle	Date of Current Policy	Author(s) of Current Policy	Review Date
Annually	September 2026	Clare Moton	September 2027

Ratification

Role	Name	Signature	Date
Chair of Governors	Enza Phillips		13/10/26.
Head Teacher	Charlotte Carter		13/10/26

Purpose	To minimise the risk of anyone onsite or away from site on school business or educational visits, etc. suffering a serious allergic reaction and to ensure all staff are properly prepared to recognise and manage serious allergic reactions should they arise.
Links with other policies	Health Safety & Wellbeing Policy Supporting Pupils with Medical Conditions Policy Food & Nutrition Policy

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1. Inclusion and safeguarding

We are committed to ensuring that those with medical conditions, including allergies, are appropriately supported so that they remain healthy and achieve their full potential.

2. 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 is in line with the **Children's Wellbeing and Schools Act 2026**, is published on the school's website and is readily available to parents/carers and staff. A hard copy is available to parents/carers on request. This policy sets out how we will support children and adults with allergies, to ensure they are safe and are not disadvantaged in any way.

3. Role and responsibilities

Parent / Carer Responsibilities

- On entry, it is the parent's/carer's responsibility to **declare their child's allergies or suspected allergies on the Admission Form**. This information must include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents/Carers are responsible for supplying a copy of their child's **Allergy Action Plan** ([BSACI plans](#) preferred) to us. If there isn't an Allergy Action Plan, this must be developed as soon as possible in collaboration with a healthcare professional e.g. Health Visitor/GP/allergy specialist.
- Parents/Carers are responsible for **ensuring any required medication is supplied**, is in date and replaced as necessary (see also point 6 below).
- Parents/Carers of children requiring Adrenaline Auto-Injectors (AAIs) must **bring 2 prescribed, labelled and in-date AAIs to school with their child each day**. These must be handed to the child's Key Person at the start of the session. **Parents/Carers are responsible for collecting their child's AAIs at the end of the session**, if these are required at home.
- Parents/Carers must **keep the school up to date with any changes** in allergy management and are responsible for arranging an update of the Allergy Action Plan accordingly.
- Parents/Carers will enable their child with allergies to have a **developmentally-appropriate awareness of their symptoms** and to try to let an adult know as soon as they suspect they are having an allergic reaction.

Staff Responsibilities

- Staff will inform the setting's School Business Manager (Health & Safety lead) of their **own allergies**. This information must include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication. The School Business Manager (Health & Safety lead) will inform the Medicines Management Care Coordinator. The School Business Manager (Health & Safety lead) and staff member will write a Risk Assessment to address the staff member's needs.
- Staff with allergies are responsible for ensuring that their **own required medication is supplied, is in date and is replaced** as necessary.
- The school will request such information from **visitors** to the site, as part of our usual signing-in processes.
- All staff (including temporary staff) present during times when pupils are scheduled to be on site will complete **allergy and anaphylaxis training annually** to a recognised standard to comply with the law, known as Benedict's Law. New members of staff joining during the year will also complete this training during their induction period.
- **Staff (regular or temporary) will be made aware of all children who have known allergies**, as an allergic reaction could occur at any time and not just at mealtimes.
- **Key People of children requiring AAIs** will ensure that they **receive 2 prescribed, labelled and in-date AAIs from the parent/carer at the start of each session** and that these are **returned at the end** of the session or **transferred to Froglets** as required. Key People will **store the AAIs** in the agreed (unlocked) location in the **child's key room alongside the child's care plan**, and will ensure that **colleagues are aware** of the location. If the child is based in the 2-Year-Old corridor, Key People will ensure that the AAIs are **relocated to the agreed location in the Family Room** when the child is using the 3-Year-Olds corridor or main garden.
- Key People will support the child with allergies and their parents/carers to **promote wellbeing**. We recognise that the risk posed by allergy, and the possibility of anaphylaxis, can be a significant cause of anxiety for children and their families/carers.
- Key People and Early Years Practitioners will work with **all children to support understanding and actions to address allergies** (e.g., helping children understand not to share food), as appropriate.
- **Staff planning any activity** should consider the **risk of exposure to allergens, including airborne or contact allergens** e.g., when planning craft, sensory, food or animal activities, or when planning visitors to the site or visits offsite.
- Any **food-related activities** will be supervised with due caution. Before commencing food activities, staff planning and leading the activity will check ingredients for known allergies of children in the setting and take appropriate action to ensure the safety of all children.
- **Leaders of offsite visits** will complete **Risk Assessments** to manage the risk of exposure to allergens in individuals with an allergy (children and adults) when planning an offsite visit. Leaders of offsite visits will ensure that all relevant emergency supplies are taken on the visit. These leaders will check that **medication** for all adults and children with medical conditions, including allergies, is taken on the offsite visit. **Those unable to produce their required medication will not be able to attend**. This will be reinforced prior to such events to avoid disappointment.
- The Medicines Management Care Coordinator is responsible for ensuring that the up-to-date Allergy Action Plan is kept with the individual's medication.
- The Medicines Management Care Coordinator will ensure that parents/carers receive regular reminders that it is their responsibility to ensure all medication

is in date, the kit is up-to-date and clearly labelled. The Medicines Management Care Coordinator will also check medication on a seasonal basis, (Autumn, Spring, Summer). Reminders will be given to parents/carers if medication is approaching expiry.

- The Medicines Management Care Coordinator will keep a register ('Adrenaline Auto Injector Log' published by Eureka) of those who have been prescribed an AAI and a record of use of any AAI(s) and emergency treatment given, and
- Any staff member who witnesses an allergic reaction or near miss must report it to the School Business Manager (Health & Safety Lead) who will take action, where necessary, to report externally. In the event of the Health & Safety Lead being offsite, this will be reported to the Head or Deputy Head.

4. Individual Healthcare Plans and Allergy Action Plans

Children should have an Individual Healthcare Plan (IHP) if:

- they have an allergy which has a functional impact on them in school;
- they are at risk of harm as a result of their allergy; and
- they require arrangements which are additional to or different from those made generally.

The IHP will set out the additional and/or different arrangements that will be in place at school for supporting the child with their medical condition or allergy, including emergency situations. Arrangements may include flexibility and reasonable adjustments, as well as medication.

Where a child has an **Allergy Action Plan and/or Asthma Action Plan** issued by a healthcare professional, the **Individual Healthcare Plan should refer to it and be stored alongside it**. When an updated Action Plan becomes available, the child's IHP should be reviewed to incorporate changes.

[Note: British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. The allergy action plans are designed to function as an individual healthcare plan and **should only be amended in very limited circumstances and on professional advice.**]

5. Emergency Treatment and Management of Anaphylaxis

What we will 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, and
- 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, and
- 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 someone 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 up the airways
- It stops swelling, and
- It raises blood pressure.

As soon as anaphylaxis is suspected, we will administer adrenaline without delay.

Action: We will

- Keep the person where they are, call for help, ask for the nearest defibrillator to be brought to the scene, and not leave them unattended
- **LIE THE PERSON FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this will only be for as short a time as possible
- **USE AN ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAls will be given into the muscle in the outer thigh. Specific instructions vary by brand, and we will always follow the instructions on the device
- **CALL 999** and state someone is having an **ANAPHYLAXIS (ana-fil-axis) reaction, giving our postcode and what3words location**
- If there is no improvement after 5 minutes, we will administer second AAI
- If there are no signs of life we will commence CPR, deploy the defibrillator, and
- Call parents/carers/next of kin as soon as possible, subject to liaison with the emergency services.

Whilst awaiting the arrival of emergency services, we will continue to keep the person where they are. We will not stand them up, or sit them in a chair, even if they are feeling better. We know this could lower their blood pressure drastically, causing their heart to stop.

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

6. Supply, storage and care of medication

For those not ready to take responsibility for their own medication (i.e., pupils), we will keep an anaphylaxis kit within 5 minutes of them, not locked away and **accessible to all staff**.

Medication will be stored in a suitable bag/container and clearly labelled with individual's name(s).

The medication storage container(s) should contain:

- Two AAls 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, and
- Asthma inhaler (if included on allergy action plan).

During initial conversations with families about their child's AAI, staff will communicate that it is possible to subscribe to expiry alerts for the relevant AAI, to make sure replacement devices are in place in good time.

Storage

We note that AAI should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

AAIs are single use only. Used AAI must accompany the patient to hospital for reference during treatment. Used AAI will be given to ambulance paramedics on arrival. For this reason, there is no sharps bin onsite.

7. 'Spare' adrenaline auto-injectors

We have purchased spare **AAIs for emergency use in emergency situations on and off site**. They will also be used where those with their own devices are not available or not working (e.g. because they are out of date) or are experiencing anaphylaxis for the first time.

Spare AAI are stored in the following locations:

St Philip's Marsh Nursery: **Main foyer**

Cashmore Early Years Centre: **Kitchen serving hatch area**

Spare AAI are stored in a box hooked onto a green mount, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen'. This is accessible (not behind a locked door) and the **location is known to all staff**.

The Medicines Management Care Coordinator is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

Written permission from parents/carers for use of the spare AAI is included in allergy action plan(s).

8. Staff Training

The named staff members responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy, records of training and refreshing, individual risk assessments are:

1. Charlotte Carter (Policy upkeep)
2. Sharon Cutler (Staff Risk Assessments)
3. Maggie Blake (Staff training)
4. Emmeline James (Child Risk Assessments)

All our staff will complete allergy and anaphylaxis training from a reputable provider annually, and on arrival of new staff during the year.

Training includes:

- Knowing the common allergens and triggers of allergies.
- 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 AAls) in the event of anaphylaxis – knowing how and when to administer the medication/device.
- Measures to reduce the risk of anyone having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what.
- Managing allergy action plans and ensuring these are up to date.

As part of our provider's Paediatric First Aid courses, staff undergo practical First Aid sessions, using AAI trainer devices.

9. Catering

All food businesses (including our 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 menu provided by our caterer is available on our school website and hard copies are available in reception. Allergens are highlighted on the menu.

School administrators will inform the Catering Manager of those with food allergies and are responsible for keeping them up to date.

We adhere to the following Department of Health [Guidance on the use of adrenaline auto-injectors in schools](#) recommendations:

- Bottles, other drinks and lunch boxes provided by parents/carers for those with food allergies must be clearly labelled with the child's name.
- Where food is provided by us, staff will be 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 those 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 Catering Manager.
- Food will not be given to food-allergic children without parents/carers permission (e.g. birthday cake, food treats).
- Use of food in crafts, cooking activities, other activities and special events (e.g. fetes, celebrations, cultural events) needs to be considered and may need to be risk assessed/modified depending on the allergies of particular children/adults.

10. Offsite Visits

Relevant emergency supplies will be taken. Trip leaders will check that all with medical conditions, including allergies, carry their medication or are supported to do so. Those unable to produce their required medication will not be able to attend.

All the activities on the trip will be risk assessed to see if they pose a threat to those with an allergy with alternative activities planned, if necessary, to ensure inclusion.

11. Allergy awareness and nut bans

Nuts are only one of many allergens that could affect people. We cannot guarantee a truly allergen free environment for those living with food allergy. We, therefore, adopt a culture of allergy awareness and education.

We will continue to pursue a 'whole setting awareness of allergies' approach, as it ensures teachers, pupils, service users, visitors, and all other staff are aware of what allergies are, the importance of avoiding allergens, the signs and symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

12. Risk Assessment

We conduct an individual risk assessment with and for all new staff and for children with allergies and anyone newly diagnosed. This helps to identify any gaps in our systems and processes for keeping those with an allergy safe.

Staff will seek clarity from parent/carers to ascertain whether a child has an intolerance or a confirmed allergy. This is to help establish the level of risk to the child.

13. Useful Links

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

- Safer Schools Programme – <https://www.anaphylaxis.org.uk/education/safer-schools-programme/>

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

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

BSACI Allergy Action Plans - <https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>

Spare Pens in Schools - <https://www.spareadrenalineinschools.uk/>

Department for Education Supporting pupils at school with medical conditions –

[Supporting pupils at school with medical conditions](#)

Department of Health Guidance on the use of adrenaline auto-injectors in schools –

[Guidance on the use of adrenaline auto-injectors in schools](#)

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>