Windrush Valley Prep School and Nursery

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Policy Documents Annual Review Record

Green text identifies amendments or additions made during the September 2026 compliance review.

Citation	This document shall be cited as: Allergy Safety and Anaphylaxis Management Policy and linked to the following policies: Health and Safety Policy Medical Conditions and First Aid Policy Accident and Investigation Procedures
Person responsible	Headteacher
Comments to	Headteacher
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Person reviewing/updating	Victoria Barron
Source/author	Victoria Barron
Implementation	Immediate and on-going
Approved by	Toby Mullins 28.09.2026

Allergy Safety and Anaphylaxis Management Policy

1. Introduction

This policy sets out Windrush Valley School's approach to allergy safety and management, including how the whole-school community works to identify and minimise the risk of exposure to known allergens and how the school responds to allergic reactions and anaphylaxis. It also sets out how the school supports pupils with allergies to ensure their safety, wellbeing, inclusion and participation.

This policy applies to all staff, pupils, parents/carers, visitors and other adults working in or providing services to the school. It is the school's dedicated allergy safety policy and will be reviewed at least annually and published on the school website. The school will have regard to the Department for Education's Allergy safety in Schools statutory guidance (July 2026), as applicable to the school's status. Other related policies include:

- Health and Safety Policy
- Medical Conditions and First Aid Policy

This policy should also be read alongside the Department for Education's Allergy safety in schools statutory guidance (July 2026), the school's Data Protection/Privacy arrangements and relevant food safety guidance.

2. 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.

3. Definitions

ANAPHYLAXIS: Anaphylaxis is a potentially fatal allergic reaction affecting the airway, breathing and/or circulation (ABC). It is a medical emergency requiring immediate treatment.

ALLERGEN: A normally harmless substance that, for some people, triggers an allergic reaction. Allergens may be found in food, insect stings, medicines, latex, contact materials and airborne substances such as pollen or animal dander.

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

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

ADRENALINE DEVICE (AD): A device used to deliver adrenaline in an emergency. This includes an adrenaline auto-injector (AAI) and a licensed non-injectable nasal adrenaline device such as EURneffy. People at risk of anaphylaxis are generally advised to carry two devices.

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan. [We recommend the BSACI Allergy Action Plan paediatric templates which include versions for: people without a prescribed adrenaline pen, and people prescribed with different brands of adrenaline pen. Paediatric Allergy Action Plans - BSACI]

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

EURNEFFY: EURneffy is a licensed nasal adrenaline device. It is a needle-free alternative to an adrenaline auto-injector and is included within this policy wherever the term "adrenaline device" is used.

INDIVIDUAL HEALTHCARE PLAN (IHP): A school document setting out the additional or different arrangements the school will put in place to support a specific pupil with their allergy. It is not a clinical document. It should be developed by the school in collaboration with the pupil and parents/carers, taking account of advice from healthcare professionals, and should refer to and attach relevant clinical care/action plans.

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

SPARE ADRENALINE DEVICES (SPARE ADs): Emergency adrenaline devices held by the school for use in accordance with this policy, including where a person's prescribed device is unavailable or misfires, or where an individual experiences anaphylaxis without a prescribed device. Spare ADs must be the correct dosage for the pupils in the school and must be readily accessible.

4. Role and responsibilities

Windrush Valley School takes a whole-school approach to allergy management.

4.1 Governor of Allergy Management

The role of the Allergy Governor is to provide strategic oversight of the school's allergy and anaphylaxis management, ensuring compliance with statutory safety standards. They hold the school leadership accountable for protecting vulnerable pupils and act as a critical link between the proprietor and the designated Allergy Lead. The Chair of Governors will act as the Allergy Governor.

Specific responsibilities of the Allergy Governor include:

- Policy Oversight: Taking ownership of the school's dedicated Allergy Safety Policy, ensuring it is published on the school website, communicated to staff, pupils and parents/carers, and reviewed at least annually.
- Compliance and Monitoring: Holding the Senior Leadership Team accountable for implementing robust risk-reduction procedures, such as Individual Healthcare Plans (IHCPs) and incident reporting protocols.
- Staff Training: Ensuring that all staff undergo mandatory annual allergy and anaphylaxis awareness training, and that designated staff are fully trained in administering emergency medication.
- Emergency Preparedness: Verifying that the school maintains an adequate supply of correctly dosed spare adrenaline devices and, where applicable, emergency asthma reliever inhalers, with clear arrangements for storage, access, checking, replacement and emergency response.
- Reviewing Incidents: Ensuring that any serious allergic reactions or "near misses" are thoroughly investigated, with lessons learned fed back into updated safety procedures.

4.2 Designated Allergy Lead

The Designated Allergy Lead is shared between the Deputy Designated Safeguarding Lead and the SBM. They report into the Headteacher and are the named senior leader(s) responsible for oversight of this policy. They are responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils and staff with an allergy;
- Taking decisions on allergy management across the school;
- Championing and practising allergy awareness across the school;
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management;
- Ensuring allergy information is recorded, up-to-date and communicated to all staff;

- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment);
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures;
- Reviewing the school's stock of spare adrenaline pens (check the school has an appropriate number for the setting, that they hold the correct dose, that spare adrenaline pens are stored appropriately) and ensuring staff know where they are;
- Keeping a record of any allergic reactions or near-misses, reporting these to the appropriate authority (e.g. under RIDDOR) where necessary and ensuring the circumstances are investigated and learnings shared;
- Regularly reviewing and updating the Allergy Safety and Anaphylaxis Management Policy, including following serious incidents and near misses; and
- Ensuring there is an anaphylaxis drill once a year.

At regular intervals the Designated Allergy Lead will check procedures and report to the Advisory Body.

4.3 Healthcare

The School Administrator is responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families including new joiners;
- Supporting the Designated Allergy Leads with disseminating this information to all school staff, including the catering team, occasional staff and those running clubs
- Ensuring the information from families is up-to-date, and reviewed annually (at a minimum)
- Coordinating medication with families and ensuring medication is in date;
- Keeping an adrenaline pen register to include adrenaline pens prescribed to pupils and the school's stock of spare adrenaline pens, including brand, dose and expiry date. The location of spare adrenaline pens should also be documented;
- Regularly checking spare adrenaline pens are where they should be, and that they are in date;
- Replacing the spare adrenaline pens when necessary; and
- Organising on-site adrenaline pen training for staff and pupils and refresher training as required.

4.4 Admissions Team

The School Administrator is likely to be the first to learn of a pupil or visitor's allergy. They should work with the Designated Allergy Leads to ensure that:

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

4.5 All staff

All school staff, including teaching staff, support staff, occasional staff (for example sports coaches, music teachers and those running extended day activities are responsible for:

- Championing and practising allergy awareness across the school;
- Reading, understanding and putting into practice the Allergy and Anaphylaxis Management Policy and related procedures, and asking for support if needed;
- Being aware of pupils (and staff, when necessary) with allergies and what they are allergic to;
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate;
- Ensuring pupils always have access to their medication or carrying it on their behalf;
- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training;
- Taking part in allergy awareness and emergency response training as required, at least annually, including recognition and response to anaphylaxis and acute asthma. New staff, supply/cover staff, agency staff, peripatetic staff and regular volunteers who may be present while pupils are on site will receive appropriate allergy awareness induction before or as soon as practicable after starting. First aid training alone is not sufficient.
- 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 School Administrator; and
- Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving school site, for a match or trip.

4.6 All parents

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

- Being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies;
- Providing the School Administrator 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.

4.7 Parents of children with allergies

In addition to point 4.6, the parents and carers of children with allergies should:

- Work collaboratively with the school and their child to develop and review an Individual Healthcare Plan, and provide relevant healthcare-professional Allergy Action Plan(s) where issued.
- If applicable, provide the school or their child with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, ie. spoon or syringe), inhalers or creams;
- Ensure medication is in-date and replaced at the appropriate time;
- Ensure their child has access to their allergy medication, including two adrenaline pens if prescribed, on the journey to and from school;
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated 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 and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring eg. not eating the food to which they are allergic.

4.8 All pupils

All pupils at the school should:

- Be allergy aware;
- Understand the risks allergens might pose to their peers and respect measures to support them;
- Learn how they can support their peers and be alert to allergy-related bullying;
- Older pupils will learn how to recognise an allergic reaction and support their peers and staff in case of an emergency.

4.9 Pupils with allergies

In addition to point 4.8, pupils with allergies are responsible for:

- Knowing what their allergies are and how to mitigate personal risk (subject to age appropriateness);
- 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;
- Carrying their prescribed two adrenaline devices with them at all times, where age, competence and individual circumstances make this appropriate, or knowing where they are stored and how to access them rapidly. Decisions about self-management will be individualised with the pupil, parents/carers and, where appropriate, healthcare professionals.
- Understanding how and when to use their prescribed adrenaline device; if age and capability appropriate.
- 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; and
- If age and capability appropriate, ensuring they have their medication with them on the journey to and from school.

5. Information and Documentation

5.1 Register of pupils with an allergy

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

5.2 Individual Healthcare Plans

Pupils with an allergy should have an Individual Healthcare Plan where the allergy has a functional impact at school, poses a risk of harm, or requires arrangements that are additional to or different from those made generally. IHPs are developed and owned by the school in collaboration with the pupil and parents/carers, taking account of healthcare-professional advice. They should not be used to make clinical judgements.

An IHP should, as relevant to the individual pupil, include:

- The pupil's name, date of birth, ~~current photograph~~ and parent/carer contact details, together with who needs to know about the allergy and the support required;
- The allergy or suspected allergy, known allergens/triggers and relevant functional impact or risks;
- Whether the pupil can recognise symptoms, alert others and take responsibility for managing their allergy, including any supervision required;
- The potential impact on health, learning, wellbeing and, where relevant, SEN;
- Specific arrangements and reasonable adjustments to reduce exposure to allergens, including food allergy arrangements at meal and snack times;
- Arrangements for maintaining educational progress if allergy-related absence or missed learning occurs, including communication of missed work and catch-up support;
- Arrangements for visits, trips and other activities outside the normal timetable, including risk assessment prompts;
- Emergency response arrangements, including reference to and attachment of the most recent healthcare-professional Allergy Action Plan and/or Asthma Action Plan;
- Prescribed medication, the prescriber/healthcare professional, date issued, storage arrangements, access arrangements, parental consent and whether it is emergency medication;
- The location of spare adrenaline devices and, where relevant, emergency asthma inhalers;
- Review dates and confirmation of discussion with the pupil and parents/carers. Clinical/action plans should be updated by the relevant healthcare professional and the IHP updated accordingly.

6. Assessing Risk

Allergens can crop up in unexpected places. Staff, including visiting staff, will consider allergy in activity planning and risk assessments. This includes food, airborne and contact allergens and the needs of pupils, staff and visitors with known allergy. Some examples include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food lessons or cooking;
- Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk;
- Running activities or clubs where they might hand out snacks or food "treats". Ensure safe food is provided or consider an alternative non-food treat for all pupils; and
- Planning special events, such as cultural days and celebrations.

Inclusion of pupils with allergies must be considered alongside safety. Pupils must not be prevented from taking part simply because an activity may involve an allergen. Where an activity would expose a pupil to a known allergen, staff will seek a safe alternative, preferably for the whole group, or adapt the activity so the pupil is not unnecessarily excluded.

7 Food, including Mealtimes and Snacks

7.1 Catering in school

The school is committed to providing a safe meal for all students, staff and visitors, including those with food allergies.

- Due diligence is carried out with regard to allergen management when appointing catering staff;
- The School Chef and other staff preparing and serving food (the Catering Team) will receive relevant and appropriate allergen awareness training;
- [Schools with Early Years settings should adhere to new Early Years Foundation Stage statutory guidance. The "Safer Eating" section has the relevant information for allergies;
- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures;
- The school and catering team will use appropriate cross-contamination controls, including careful cleaning of food preparation areas and utensils and, where practicable, preparing food for pupils with food allergy before other food. Staff handling food will be trained to read labels and follow allergen-control procedures.
- The catering team will endeavour to get to know the pupils with allergies and what their allergies are, supported by school staff;
- The Chef will provide safe and suitable meal options for pupils with allergies, with appropriate variety and in accordance with the pupil's IHP and dietary requirements.
- The school has robust procedures in place to identify pupils with food allergies, these are:
    - A visual check from a member of staff familiar with the pupils who have allergies.
    - Photos of pupils with allergies attached to Lunch Lists;
- Food containing the 14 allergens required to be declared under food law will be clearly identified. Allergen information will be available to parents/carers and, where appropriate, in a form the pupil can check independently. Catering staff will be available to discuss safe meal provision.
- Pre-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging;
- Where ingredients, products, suppliers or recipes change, allergen information will be rechecked before the food is served and changes will be communicated to pupils with dietary needs and their parents/carers as appropriate.
- Packed lunches and teas provided by the School will follow these procedures.

7.2 Food brought into school

Food brought into school or taken on school trips and sports fixtures, including cakes and other food items, must be clearly labelled with the intended pupil's name. Where food is intended to be shared (such as cakes brought in for a cake sale) clear allergen information must be provided and displayed on the food provided. Where food does not have the required allergen labelling, it will not be shared.

7.3 Food bans or restrictions

- This school is an Allergen Aware school. We have pupils with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food. The school does not rely on a "nut-free" policy as a guarantee of safety; all known allergens must be managed according to individual risk assessments and IHPs.
- The School must insist that peanuts, tree nuts and foods containing sesame are not brought onto site. All foods coming into the kitchen will be checked; and
- All food coming onto school premises or taken on a school trip or to a match should be checked to ensure peanuts, tree nuts and sesame are not an ingredient in another product. Please check the label on all foods brought in. Common foods that contain these goods as an ingredient include:
    - Breads and bakery products containing sesame seeds or nuts i.e. bread sticks, burger buns
    - packaged nuts,
    - cereal bars, energy bars, granola
    - satay sticks,
    - chocolate bars,
    - chocolate spread
    - nut butters,
    - some salad dressings and sauces,
    - hummus,
    - Tahini
    - falafel
    - Asian foods containing sesame oil or seeds
    - certain pestos.
- Always check ingredient labels carefully.
- If food with these allergens are brought into school, the food will be removed from the child and the school will provide an alternative. The removed food will be returned to the parent at the end of the school day.

7.4 Food hygiene for pupils

- Pupils will wash their hands before and after eating;
- Sharing, swapping or throwing food is not allowed; and
- Water bottles and packed lunches should be clearly labelled.

8 Educational visits and Sports Fixtures

- Staff leading the trip will have appropriate access to the relevant register of pupils with allergies, their IHPs and details of required medication, in accordance with data protection arrangements. The trip leader must ensure that allergy risk assessments and emergency arrangements are in place before the visit.
- Allergies will be considered on the risk assessment and catering provision put in place;
- Parents, and pupils where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay;
- Staff accompanying the trip will be trained to recognise and respond to an allergic reaction;

- Allergens will be clearly labelled on catered packed lunches. Catered for packed lunches for pupils with allergies outside of the "main 14" will be identified accordingly to ensure that they always receive a safe meal;
- If attending Match Tea at another school, details of their dietary requirements will be sent ahead to ensure they have a safe meal; and
- See Adrenaline Pens section for School Trips and Sports Fixtures.

9 Insect Stings

Measures for preventing and dealing with insect stings include ensuring that those with a known insect venom allergy:

- 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 Business Manager 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.

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

11 Allergic Rhinitis/Hay Fever

Children and staff with a seasonal pollen allergy and hay fever will be treated following the same procedures above. Parents will be required to provide the school with antihistamine and complete an IHCP

12 Inclusion and Mental Health

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

- No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip, simply because of their allergy. Reasonable adjustments and safe alternatives will be used where necessary. The school will actively

support wellbeing, including reassurance, pastoral support and measures to prevent and respond to allergy-related bullying.

- Pupils with allergies may require additional pastoral support including regular check-ins from their teacher;
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives; and
- Bullying related to allergy will be treated in line with the school's anti-bullying policy.

13 Adrenaline Devices (ADs)

The school will manage prescribed and spare adrenaline devices in accordance with current Department for Education, DHSC and MHRA guidance.

13.1 Storage of adrenaline pens

- Pupils prescribed with adrenaline devices will have rapid access to two, in-date devices at all times, including in classrooms, lunch areas, playgrounds, sports fields, on visits and when travelling to and from school. Pupils will be encouraged to carry their devices where age and individual circumstances make this appropriate. Where a pupil cannot carry them, they will be stored in an appropriate unlocked and accessible location.
- The location of prescribed adrenaline devices is recorded on the Medical Information Summary Sheet/medical information system and is communicated to staff who need to know.
- Spot checks will be made to ensure adrenaline pens are where they should be and in date;
- Adrenaline devices must not be locked away or stored where access is restricted.
- Adrenaline pens 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 adrenaline auto-injectors will be disposed of safely in accordance with manufacturer guidance and medicines/sharps disposal requirements. Used devices may be handed to ambulance staff, taken to a pharmacy or disposed of through an appropriate sharps disposal route.

13.2 Spare adrenaline pens

This school currently has 8 spare adrenaline devices. The Designated Allergy Lead will review the number and dosage regularly to ensure that the stock is appropriate for the pupils in the school and the guidance in force.

The locations of spare adrenaline devices are identified on the Medical Information Summary Sheet. Spare devices will be stored in pairs, clearly labelled as emergency/spare devices, in safe central locations that are accessible at all times and sufficiently close to allow adrenaline to be administered within five minutes.

- First Aid Box in the Old School Cloakroom
- First Aid Ruck Sacks in the New Block
- First Aid box in the Garden Room 1

The Designated Allergy Lead is responsible for:

- Deciding how many spare pens are required;

- What dosage(s) are required, based on current clinical guidance and the ages/needs of pupils in the school;
- Which brand(s) to buy. Schools are recommended to buy a single brand if possible to avoid confusion;
- The purchasing and replacement of spare adrenaline devices, ensuring that used or out-of-date devices are replaced promptly;
- Distribution around the site and clear signage.

13.3 Adrenaline pens on off-site activities

- No child at risk of anaphylaxis will go on a school trip without their prescribed adrenaline devices where these have been prescribed. The trip leader is responsible for checking arrangements. A risk assessment will be completed and trained staff will accompany the pupil. Spare devices may be taken where appropriate, whilst ensuring that at least one set remains on the school premises.
- Adrenaline devices will be kept close to the pupils at all times, including during travel, sports and activities, and will not be stored in inaccessible locations such as the hold of a coach or a changing room.
- Adrenaline pens will be protected from extreme temperatures;
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction; and
- Consider whether to take spare adrenaline pens to off-site activities. This should be recorded as part of the risk assessment process.

14 Responding to an Allergic Reaction / Anaphylaxis

See appendix on recognising and responding to an allergic reaction

If a pupil has an allergic reaction:

- Treat the pupil in accordance with their healthcare-professional Allergy Action Plan and IHP, where applicable. If symptoms suggest anaphylaxis, treat as an emergency without delay.
- Instigate the school's Critical Incident and Emergency Action Plan found here: G:\Shared drives\All Staff\Staff Related\Current Policies;
- If anaphylaxis is suspected, administer adrenaline as soon as possible and within five minutes. Do not wait to contact emergency services before giving adrenaline.
- Use pupil's own prescribed medication if immediately available;
- The pupil may administer their prescribed adrenaline device themselves if able and it is safe to do so; otherwise a trained member of staff should administer it. In an emergency, any person may take reasonable action to save life.
- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline device, or their device is unavailable or has misfired, use a spare adrenaline device.
- Place the pupil flat with legs raised (or sitting with legs outstretched if breathing is difficult), bring the device to the pupil rather than moving them, and call 999 immediately.
- Do not move the pupil until a medical professional/ paramedic has arrived, even if they are feeling better; and

- 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.

15 Training

15.1 The school will provide allergy awareness and emergency response training at least annually to all staff who may be present while pupils are on site, including permanent, temporary, supply, agency, peripatetic staff, regular volunteers and catering/club staff. New staff and supply/cover staff will receive appropriate induction. First aid training alone is not sufficient.

Training includes:

- Understanding what an allergy is;
- How to reduce the risk of an allergic reaction occurring;
- How to recognise and respond to allergic reactions, including anaphylaxis and acute asthma;
- How the school manages allergy, for example Critical Incident and Emergency Action Plan, documentation, communication etc;
- Where prescribed and spare adrenaline devices are kept, how to access them within five minutes, and how to use the devices in an emergency;
- 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 recognise and respond to an acute asthma attack, including locating and using a prescribed or emergency reliever inhaler where permitted and appropriate; and
- Taking part in an anaphylaxis drill.

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

This includes:

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

16 Asthma

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions. Children with Asthma will be required to complete an Individual Healthcare Plan as above.

17 Information Sharing

Allergy information is sensitive health information. The school will collect, use and share information only as necessary to keep pupils safe and included, in accordance with UK GDPR, the school's privacy/data protection arrangements and safeguarding duties. Staff will be given the information they need to act safely; unnecessary wider sharing or identification of pupils will be avoided. Where appropriate, the pupil and parents/carers will be involved in decisions about who needs to know.

18 Reporting Allergic Reactions

The school will record serious allergy-related incidents and near misses, including incidents reported after the pupil has returned home. Pupils, parents/carers and healthcare professionals may report incidents. Incidents will be reported to parents/carers and the governing body/proprietor as appropriate, alongside any statutory reporting requirements. Serious incidents and near misses will be investigated, lessons learned, and the relevant policy, risk assessment and/or IHP reviewed where necessary.

Lucy Maudsley
Headteacher
September 2026

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 pens
- Give antihistamine
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**. Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later. People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

RESPONDING TO ANAPHYLAXIS

SYMPTOMS OF ANAPHYLAXIS

A – Airway

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

B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

C - Circulation

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

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

DELIVERING ADRENALINE

1. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
3. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
5. Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
6. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
7. Call the pupil's emergency contact.
8. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
9. Start CPR if necessary.
10. Hand over used devices to paramedics and remember to get replacements.

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