KING'S STANLEY C OF E PRIMARY SCHOOL

WHERE WE CARE ABOUT LEARNING AND EACH OTHER

King's Stanley C of E Primary School
Allergy and Anaphylaxis Policy

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1. Introduction

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

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

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

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

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

This policy sets out how King's Stanley C of E Primary School will support pupils with allergies, to ensure
they are safe and are not disadvantaged in any way whilst taking part in school life.

This is the school's allergy safety policy, as required by section 100 of the Children and Families Act 2014 (as amended by section 34 of the Children's Wellbeing and Schools Act 2026). It has regard to the Department for Education's statutory guidance Allergy safety in schools (July 2026).

This policy covers allergy and anaphylaxis. Asthma is included only where it relates to allergic reactions and anaphylaxis. Coeliac disease, food intolerances and the wider management of asthma are covered by the school's Supporting Pupils with Medical Conditions policy. Information about pupils' allergies is held and shared in line with the school's data protection policy.

2. Role and responsibilities

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform office staff of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication. The school will also ask the child's previous school or setting for relevant information, and will ask parents to confirm their child's allergy information each year.
- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional. Where an allergy is suspected but not yet diagnosed, the school will agree interim arrangements with parents rather than waiting for a diagnosis.
- Parents are responsible for ensuring any required medication is supplied (two devices where adrenaline is prescribed), in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

- All staff will complete allergy awareness and anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff. In this policy, 'staff' includes teaching and support staff, supply, agency and peripatetic staff, catering staff, lunchtime supervisors, breakfast and after-school club staff, and regular volunteers.
- Staff (regular or cover classes) must be aware of the pupils in their care who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.

- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. If a pupil's medication cannot be found, the trip leader will contact the parent or carer, and every effort will be made to enable the pupil to attend safely, for example by arranging for the medication to be brought in or by taking the school's spare AAIs, provided this does not leave the school without them. Pupils unable to produce their required medication will not be able to attend the excursion.
- Office staff *will* ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication in in date however the School office staff will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- Office staff keeps a register of all pupils with known allergies, recording their known allergens, whether they have been prescribed adrenaline devices (AAIs or nasal devices), and whether they have an Individual Healthcare Plan and/or Allergy Action Plan, and a record of use of any AAI(s) and emergency treatment given.
- Office staff ensures that any reaction or near misses is recorded and reported as set out in the Serious incidents and near misses section of this policy.

Pupil Responsibilities

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

3. Allergy Action Plans and Individual Healthcare Plans

Allergy Action Plans are medical documents issued by a healthcare professional. They provide medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto- injector.

British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by school. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

Where a pupil's allergy affects them at school, puts them at risk of harm, and needs arrangements that are additional to or different from those made for all pupils, the school will draw up an Individual Healthcare Plan (IHP) with the pupil and their parents. The IHP sets out what the school will do to keep the pupil safe and included, including in an emergency, and the pupil's Allergy Action Plan is attached to it. IHPs will be in place by the start of term for new pupils, or within two weeks for pupils joining mid-term, and will be reviewed at least annually and after any serious incident, near miss or change in medical advice.

4. Emergency Treatment and Management of Anaphylaxis

What to look for:

Symptoms usually come on quickly, usually within 30 minutes of exposure to the allergen, but occasionally several hours later.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body

- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

For a mild to moderate reaction, follow the pupil's Allergy Action Plan (for example, give antihistamine if prescribed), contact the parent or carer, and do not leave the pupil unattended. The pupil should be observed in a safe place by an adult for at least 60 minutes, as mild reactions can develop into anaphylaxis. Anaphylaxis can also occur without a rash or other mild symptoms.

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

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

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

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

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

What does adrenaline do?

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

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

- Keep the child where they are, call for help and do not leave them unattended. If in doubt, treat as anaphylaxis. Always bring the adrenaline to the child; never send the child to fetch it or move them to the office.
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis).**
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

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

causing their heart to stop.

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

If a pupil with asthma and a known allergy suddenly has difficulty breathing, consider anaphylaxis. Never give an asthma reliever inhaler instead of adrenaline. Staff who act reasonably and in good faith in an emergency are protected, even if their technique is imperfect, and should not hesitate to give adrenaline.

5. Supply, storage and care of medication

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept within 5 minutes of them, not locked away and accessible to all staff. This will be in the school office. The office is kept unlocked while pupils are on site. Any adult supervising pupils, including supply staff, lunchtime supervisors, volunteers and club staff, must be able to pass through the internal security door so that the kit can be brought to the pupil within five minutes.

Where appropriate, and agreed with parents, pupils will be encouraged to keep their prescribed devices with them in their school bag. In school the pupils' devices will be kept in bags behind the classroom door. The bags will travel with the child on to the field for sports or other events. Parents should ensure their child has access to adrenaline on the journey to and from school; where the school holds a pupil's devices, the arrangements for this will be agreed with parents and recorded in the pupil's IHP.

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

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

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

Storage
AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Some pupils may be prescribed a nasal adrenaline device instead of an AAI. The same storage and access arrangements apply, and the school's spare AAIs may be used if the pupil's own device is not available.

Disposal
AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. The sharps bin is kept in the first aid room.

6. 'Spare' adrenaline auto-injectors in school

King's Stanley C of E Primary School has purchased spare **AAIs for emergency use in children who are risk of anaphylaxis,** but 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.

These are stored in school office, clearly labelled, kept safely, not locked away and **accessible and known to all staff.**

The school holds two pairs of spare AAIs (one pair of 150 microgram devices for children under 6, and one pair of 300 microgram devices for children aged 6 and over), kept together in a clearly labelled emergency anaphylaxis kit in the school office.

Office staff are responsible for checking the spare medication is in date on a monthly basis and to replace as needed. Spare AAIs will be replaced promptly after use or before they expire.

Written parental permission for use of the spare AAIs is included in the pupil's allergy action plan. Consent is not legally required to use a spare AAI in an emergency, including for a pupil with no known allergy, and staff should not delay treatment to check for consent.

7. Staff Training

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

Rachel Bijlmer
Sharron Cook

All staff (as defined under Staff Responsibilities) will complete allergy awareness and anaphylaxis training at least annually. New, supply and cover staff will receive this training as part of their induction before working with pupils. First aid training alone does not meet this requirement.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date
- Recognising that sudden breathing difficulty in a pupil with asthma and allergy may be anaphylaxis, and that an asthma reliever inhaler is never a substitute for adrenaline
- The difference between food allergy, coeliac disease and food intolerance
- The impact allergy can have on a pupil's wellbeing
- This policy, how to check the allergy register, and how to report an allergic reaction or near miss

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

8. Inclusion and safeguarding

King's Stanley C of E Primary School is committed to ensuring that all children with medical

conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Staff will be alert to the anxiety that pupils with allergy may experience and will reassure pupils and parents about the steps taken to keep them safe. Allergy-related bullying, such as deliberately exposing a pupil to an allergen, mocking their need to avoid certain foods, or threatening them with an allergen, will be treated seriously under the school's behavior and anti-bullying policy.

Unacceptable practice

The following practices are not acceptable at this school:

- preventing pupils from easily accessing their medication
- sending a pupil who may be having an allergic reaction to the office or elsewhere without adult supervision – help must come to the pupil
- ignoring the views of pupils or parents, or the advice of healthcare professionals
- assuming every pupil with allergy needs the same support, or that a pupil has no allergy because it has not yet been diagnosed
- preventing pupils with allergy from taking part in normal school activities, including lunch, clubs, visits and trips, or creating unnecessary barriers to their taking part (for example, by requiring a parent to attend)
- requiring parents to come into school to give medication

9. Catering

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

The school's menu is available for parents to view weekly in advance with all ingredients listed and allergens highlighted on the school website.

The School office will inform the Cook of pupils with food allergies. At mealtimes, at least two methods will be used to identify pupils with food allergies (for example, a staff check and photographs with allergen details at the serving point). Pupils with food allergies will not be seated apart from their peers. If the menu changes at short notice, allergen information will be checked and the change highlighted before food is served.

The school adheres to the following recommendations from the DfE statutory guidance Allergy safety in schools (2026):

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school, staff should 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 children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.

- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Pupils will be discouraged from sharing or swapping food, drinks, utensils or containers.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and will be risk assessed. Where an activity would use an allergen affecting a pupil, an alternative will be used for the whole group so that no pupil is excluded.
- Activities involving animals, and materials that may contain food allergens (for example play dough, some glues, egg boxes, yoghurt pots and bird feed), will be considered in the same way.

10. School trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. If a pupil's medication cannot be found, the trip leader will contact the parent or carer, and every effort will be made to enable the pupil to attend safely, for example by arranging for the medication to be brought in or by taking the school's spare AAIs, provided this does not leave the school without them. At least one member of staff on every trip will be trained to administer adrenaline. Pupils unable to produce their required medication will not be able to attend the excursion.

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

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

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

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

11. Allergy awareness and nut bans

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

awareness and education.

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

12. Risk Assessment

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

Where a pupil has a known allergy to a contact or airborne allergen (for example latex, pollen or animal dander), the reasonable measures needed will be set out in their IHP.

School and individual risk assessments can be downloaded for free from: https://www.anaphylaxis.org.uk/downloads-form/safer-schools-download/.

13. Serious incidents and near misses

A serious incident is any allergy-related event in which a pupil, member of staff or visitor is harmed or placed at immediate and significant risk of harm, including where emergency medication, urgent medical treatment or emergency services are needed. A near miss is an event that did not cause harm but clearly could have, for example a pupil being served food containing a known allergen.

All serious incidents and near misses will be:

- recorded in the accident book as soon as possible, including who was affected, what happened, how staff responded and the outcome
- reported to the pupil's parents or carers as soon as possible
- reported to the named senior leader for allergy safety, who will review, in a no-blame way, what can be learned and whether this policy or the pupil's IHP needs to change
- reported to the pupil's healthcare professional where the incident related to their Allergy Action Plan
- reported to the local authority where unsafe food may affect others, and to the Health and Safety Executive under RIDDOR only where the incident arose from a work activity and led to death or a person being taken directly to hospital for treatment

Parents, pupils and healthcare professionals can also report reactions that become apparent after the pupil has left school. The governing body will receive periodic reports on serious incidents and near misses, and they will be considered at each review of this policy.

14. Publication and review

This policy is published on the school website and is available in hard copy from the school office on request. It is shared with all staff as part of annual allergy training, and with parents of pupils with allergy when their child joins the school or is diagnosed.

The policy is reviewed at least annually by the named senior leader for allergy safety and approved by the governing body. It will also be reviewed after any serious incident or near miss that suggests changes are needed. Pupils, parents and staff with allergy will be invited to contribute to reviews.

15. Useful Links

Department for Education – Allergy safety in schools: statutory guidance, template policy and IHP template (July 2026) - https://www.gov.uk/government/publications/allergy-safety-in-schools

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

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

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

- Whole school allergy and awareness management - https://www.allergyuk.org/for-industry-and-education/schools-early-years/whole-school-allergy-awareness-management-2/

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

Spare Adrenaline in Schools - https://www.spareadrenalineinschools.uk

Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

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

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

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