ALLERGY & ANAPHYLAXIS POLICY

March 2026

Next Review: March 2027

Approved by: Headteacher

1. AIMS AND OBJECTIVES

This policy outlines Glade Hill Primary & Nursery School's approach to allergy management, including how the whole-school community works to reduce the risk of an allergic reaction happening and the procedures in place to respond if ones 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 and visitors to the school and should be read alongside these other policies:

Safeguarding

Supporting Children with Medical Conditions

Mental Health & Wellbeing

Intimate Care

Children with Additional Health Needs who Cannot Attend School

Health & Safety

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 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 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 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 Pens.**

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

INDIVIDUAL HEALTHCARE PLAN: A detailed document outlining an individual pupil's condition, 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 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 to mitigate those risks. Allergy should be included on all risk assessments for events on and off the school site.

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

4. ROLES AND RESPONSIBILITIES

Glade Hill Primary & Nursery School takes a whole-school approach to allergy management.

4.1 Designated Allergy Lead

The Designated Allergy Lead is Lorna Raynor who reports to the Headteacher, **Anna Stapleton**

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
- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families
- Ensuring allergy information is recorded, up-to-date and communicated to all staff, including the Catering Team, occasional staff and staff running clubs
- 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)

- Coordinating medication with families and ensuring medication is in date by keeping an up-to-date adrenaline pen register. Whilst it's the parents and carers responsibility to ensure medication is up to date, the school should also have systems in place to check this and notify the parents when they see the expiry date is approaching
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures
- Reviewing the stock of the school's spare adrenaline pens (check the school has enough and the locations are correct), replacing when necessary and ensuring staff know where they are
- Ensuring there is a clear method to capture allergy information or special dietary information for all pupils, staff and visitors to the school site and there is a clear structure in place to communicate this information to the relevant people
- Keep a record of any allergic reactions or near-misses and ensure an investigation is held as to the cause and put in place any learnings
- Ensuring relevant staff have regular adrenaline pen training
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy
- Ensuring there is an Anaphylaxis Drill once a year

4.2 All staff

All school staff, to include teaching staff, support staff, occasional staff (for example sports coaches, music teachers and those running breakfast and afterschool clubs) are responsible for:

- Championing and practising allergy awareness across the school
- Understanding and putting into practice the Allergy and Anaphylaxis 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 [depending on the age of the pupils and the management of adrenaline pens in the school]
- Being able to recognise and respond to an allergic reaction, including anaphylaxis
- Taking part in training and anaphylaxis drills as required (at least once a year) and to tell a manager if they have not received any in the last 12 months
- 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

4.3 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 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
- Encouraging their child to be allergy aware
- Informing school immediately of any changes regarding their child's allergy, medical or dietary needs.

4.4 Parents of children with allergies

In addition to point 4.3, the 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 pens (where possible, but one if there are issues with supply) 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
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too
- 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, they are allergic to.

4.5 All pupils

All pupils at the school should:

- Be allergy aware
- Understand the risks allergens might pose to their peers
- Learn how they can support their peers and be alert to allergy-related bullying.
- Older pupils will learn how to recognise and respond to an allergic reaction and to support their peers and staff in case of an emergency
- If pupils are likely to be buying or bringing in food from home and are old enough to check the ingredients, they should adhere to the school's food restrictions and guidance about food being brought in

All of the above should be done in an age-appropriate way

4.6 Pupils with allergies

In addition to point 4.5, pupils with allergies are responsible for:

- Knowing what their allergies are and how to mitigate personal risk [this will depend on age and may not be appropriate with very young children]
- Avoiding their allergen as best as they can
- Ensure that the meal is served on a blue plate and has a sticker with their name on it.
- Understand that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction

- If age-appropriate, carry two adrenaline auto-injectors with them at all times (at least one if supply issues). They must only use them for their intended purpose
- Understand how and when to use their adrenaline auto-injector
- Talk to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy
- Raise concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies

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

Each pupil with an allergy has an Individual Healthcare Plan. The information on this plan includes:

- Known allergens and risk factors for allergic reactions
- A history of their allergic reactions
- Detail of the medication the pupil has been prescribed including dose, this should include adrenaline pens, antihistamine etc.
- A copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis
- A copy of their Allergy Action Plan, given to them by a medical professional.

6. 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 tech 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.
- 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, adapt the activity.

7. FOOD, INCLUDING MEALTIMES & 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. The school will work with the NCC Catering Team to ensure that all points below are adhered to.

7.1.1 NCC Catering Team responsibilities

- Due diligence is carried out with regard to allergen management when appointing catering staff
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training
- 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.
- The catering team will endeavour to provide varied meal options to students and staff with allergies.
- Food containing the main 14 allergens (see Allergen's definition) will be clearly identified for pupils, staff and visitors to see. Other ingredient information will be available on request.
- Food packaged to go 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 this will be communicated to pupils with dietary needs by the designated Allergy Lead and the catering team

7.1.2 School responsibilities

The school has robust procedures in place to identify pupils with food allergies, these are as follows –

- When children join the school, parents are asked to complete registration paperwork, including details of allergies and the administration team will pass this information to the designated allergy lead.
- Allergies, along with medical and dietary information, are recorded on the Arbor MIS. Allergies and medical information including their Allergy Action Plan (AAP) and Individual Healthcare Plan (IHP) are pinned to the top of the child's profile page so that all staff can clearly see any allergies and medical information and view the child's AAP or IHP.
- The Designated Allergy Lead will ensure that Catering Staff have an up-to-date list of children who have allergies and intolerances. The information on the list consists of a photograph of the child, child's full name, year group, class and their known allergy. These lists are also displayed in the staff room, Breakfast club area and school office.
- Catering & midday staff are provided with a daily meal print out list which clearly show the child's name and their allergy. Catering staff check through the lunch choice list every day and make necessary adjustments to children's meals.

- Staff, midday staff and catering staff are aware of children with allergies and ensure visual checks are made and children are served the correct meal, on a blue plate with a sticker applied clearly showing their name.
- Supply staff or a new member of staff, can use the individual allergy cards, available from the office, which show a picture of the child along with their name and allergy information.

7.2 General Approach to "May Contain" Labelling

The school is aware that some food products carry **Precautionary Allergen Labelling (PAL)** such as **"may contain [allergen]" or "produced in a factory that handles [allergen]".** While these do not guarantee the presence of allergens, they indicate a potential risk of cross-contamination during production.

To ensure the safety of pupils with allergies, the following principles apply across all food-related activities in school:

- Food products carrying PAL for allergens relevant to any child's known allergy will be **avoided** when preparing or serving food to that child.
- If a pupil has an **Individual Healthcare Plan (IHP)** allowing them to consume certain PAL-labelled foods, this will be respected following parental and medical guidance.
- All staff involved in food provision are trained to understand allergen risks, including PAL.

7.3 Breakfast & After School Clubs

Food served at the **Breakfast Club** will follow the same allergen control procedures as those used during the school day:

- All ingredients used will be checked for both declared allergens and PAL.
- PAL-labelled products relating to known allergies in the setting will not be used.
- Staff will refer to each child's IHP to ensure individual safety requirements are followed.
- Children with allergies will be supervised during snack times, and alternative safe options will be made available.
- Shared eating areas will be cleaned appropriately to reduce cross-contact risk.

7.4 Catering Procedures – Nut and Other Allergen Management

As part of our allergen-aware approach:

- The school is a **NUT FREE School,** we do **not knowingly use products containing nuts** as ingredients in any food prepared or served on site.
- Products labelled **"may contain nuts"** will be avoided where any pupil in the group or class has a diagnosed nut allergy.
- A full list of ingredients is kept for all food served by the school kitchen or clubs.
- Allergen charts are available and updated regularly by the catering team

7.5 Food brought into school

To protect the health and wellbeing of all pupils—especially those with food allergies—our school follows a clear policy on any food brought into the school environment by pupils,

parents, staff, or visitors. This includes birthday treats, snacks, packed lunches and food for school events.

7.5.1 General Expectations

- All food brought into school must be **nut-free**. This includes foods that contain nuts as ingredients or are labelled **"may contain nuts."**
- Food containing other allergens (e.g. milk, egg, sesame, gluten) should be handled with caution, especially if relevant pupils have severe allergies.
- Pupils with food allergies should **never be offered homemade or unlabelled food** unless prior approval has been given by their parent/carer.

7.5.2 Birthday Cakes and Celebratory Food

- Families wishing to send in birthday treats must **contact the class teacher in advance**.
- Only **shop-bought items with full ingredients labels** will be permitted. Homemade treats will not be shared with pupils unless agreed in advance for specific settings.
- Teachers will check ingredient labels and avoid giving allergen-containing or **"may contain"** labelled foods to affected pupils.
- Where allergies are present in the class, safer alternatives may be provided for those children, or a non-food celebration (e.g. stickers or games) may be encouraged.

7.5.3 Packed Food for Trips and Sports Fixtures

- Food brought on trips or sports fixtures must comply with the school's **nut-free** policy.
- Pupils with food allergies must bring their own food unless a prior arrangement has been made with staff.
- Parents should not pack items with "may contain" warnings for allergens their child is allergic to, unless cleared by their healthcare plan.
- Staff will carry medical information, emergency medication (e.g. adrenaline auto-injectors), and be trained in its use.

7.5.4 Parent-Teacher Events and Fundraisers

- All food at school events must either be:
    - **Shop-bought with visible ingredient/allergen labels**, or
    - **Labelled clearly by the person providing the food**, listing all ingredients.
- Homemade items may be accepted at fundraising events (e.g. bake sales), but must **be clearly labelled with a full list of ingredients**.
- Staff supervising events will ensure allergen information is displayed where food is served.
- Pupils with food allergies will be supported in making safe choices or may be asked to bring their own treat.

7.6 Food bans or restrictions

While you may wish to restrict certain foods on site, messaging around this needs careful consideration. For example, bans are almost impossible to enforce but can lead to a sense of complacency or give a false sense of security. Reminding everyone to be allergy aware and to remain vigilant is vital. It is also important that you don't give the impression of one allergen being more dangerous than others.

If you would like to restrict certain foods recommended wording is as follows:

- This school is an Allergen Aware school. We have students with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food.
- We try to restrict peanuts and tree nuts [insert any other foods you want to restrict] as much as possible on the site and check all foods coming into the kitchen.
- All food coming onto school premises or taken on a school trip or to a match should be checked to ensure peanuts and tree nuts 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: packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces

7.7 Food hygiene for pupils

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

8. SCHOOL TRIPS AND SPORTS FIXTURES

- Staff leading the trip will have a register of pupils with allergies with medication details. They should also be aware of any members of staff with allergies who is accompanying the trip.
- Allergies will be considered on the risk assessment and catering provision put in place
- Parents may be consulted if considered necessary, or if the trip requires an overnight stay
- Staff (and some pupils, if appropriate) accompanying the trip will be trained to recognise and respond to an allergic reaction
- Allergens will be clearly labelled on catered packed lunches.
- See Adrenaline Pens Section for School Trips and Sports Fixtures

9. PREVENTING AND MANAGING INSECT STINGS

The school takes the risk of insect stings seriously, particularly for pupils and staff with a known allergy to insect venom. Preventive measures and clear procedures are in place to minimise risk and ensure prompt and appropriate treatment.

9.1 Preventive Measures

For pupils with a diagnosed insect venom allergy, the following precautions should be taken during outdoor activities:

- **Footwear and Clothing**: Pupils should avoid walking barefoot or in open sandals. Where possible, arms and legs should be covered during outdoor activities, particularly in warmer months.
- **Perfumes and Cosmetics**: Pupils should avoid wearing strong perfumes, scented lotions, hairsprays, or other fragranced products that may attract insects.

- **Food and Drink**: Food and drink consumed outdoors should be kept covered. Staff will ensure bins are securely closed and that food waste is cleared promptly to avoid attracting insects.
- **Outdoor Spaces**: Staff will visually inspect outdoor areas before activities to identify and avoid locations where insects are particularly active (e.g. near bins, flowers, or stagnant water).
- **Education and Awareness**: Pupils and staff will be made aware of these precautions, especially in the summer term, and reminded regularly. Staff supervising outdoor activities will be trained to recognise signs of insect stings and allergic reactions.

9.2. Emergency Preparedness and Response

- Pupils with known insect venom allergies will have an **Individual Healthcare Plan (IHP)** in place, including details of symptoms, emergency contacts, and medication.
- An **adrenaline auto-injector (e.g. EpiPen)** should be carried by the pupil or stored nearby according to the IHP. A second dose should also be available in line with medical advice.
- All relevant staff (e.g. playground duty, PE, trip leaders) will be trained in recognising anaphylaxis and administering emergency medication.
- In the event of a sting:
    - The pupil will be removed from the area immediately.
    - Staff will assess symptoms and administer medication if required.
    - Emergency services (999) will be called **immediately** if there are any signs of an allergic reaction (e.g. difficulty breathing, swelling, hives, dizziness).
    - The pupil's emergency contacts will be notified without delay.

9.3. Communication and Record-Keeping

- Parents of children with insect venom allergies are required to inform the school and provide up-to-date medication and medical documentation.
- All allergy information is recorded on the school's medical register and shared with relevant staff.
- Medication expiry dates will be monitored regularly, and parents will be notified when replacements are needed.

The school Site 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 is normally the dander 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 they are allergic to
- 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

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

11. ALLERGIC RHINITIS/ HAY FEVER

The school recognises that allergic rhinitis — including **seasonal hay fever** and **persistent nasal allergies** caused by triggers such as house dust mites, mould, or animal dander — can significantly affect a pupil's comfort, concentration, and overall well-being.

We are committed to supporting pupils with these conditions through the following measures:

11.1. Identification and Care Planning

- Parents/carers must inform the school if their child has **hay fever** or **allergic rhinitis**, whether seasonal or persistent.
- The school will record this in the pupil's **medical register** and, where necessary, create an **Individual Healthcare Plan (IHP)** to outline treatment, medication, and any adjustments required.

Any prescribed medications (e.g. antihistamines, nasal sprays, eye drops) must be provided by the parent and will be stored and administered according to the school's medication policy.

11.2 Support for Learning and Wellbeing

- Staff will monitor pupils with allergic rhinitis for signs of discomfort, tiredness, or poor concentration, particularly during peak allergy seasons.
- Reasonable adjustments (e.g. seating position away from open windows or animals, access to tissues and water) will be made to support comfort and learning.
- Pupils will be supported in understanding and managing their condition in age-appropriate ways.

11.3 Medication and Symptom Management

- Pupils may take prescribed or parent-approved antihistamines during the school day if symptoms are disruptive. Staff will supervise or assist younger pupils as appropriate.
- Parents are encouraged to administer **once-daily antihistamines** at home before school during high pollen seasons to help prevent symptoms

11.4 Staff Awareness and Training

- All staff are made aware of pupils with severe or disruptive allergic rhinitis through the school's medical needs register.
- Relevant staff will be trained on how to support pupils with allergies, including when and how to administer allergy relief medication.

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.
- Pupils with allergies may require additional pastoral support including regular check-ins from their teacher, designated Allergy Lead
- 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

13. ADRENALINE PENS

13.1 Storage of adrenaline pens

- Pupils prescribed with adrenaline pens will have easy access to two, in-date pens at all times (at least one if supply is restricted).
- Children who need medication in school and with them at all times, will be issued with a black bag to keep their medication in. Children will keep the bag with them at all times. For younger children, staff will ensure that bags are close by and accessible and all staff are aware of their location
- Spot checks will be made to ensure adrenaline pens are where they should be and in date
- Adrenaline pens must not be kept locked away
- 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)
- Used or out of date pens will be disposed of as sharps

13.2 Spare pens

This school has 2 spare adrenaline pens to be used in accordance with government guidance.

The adrenaline pens are clearly signposted and are stored in the School Office (Upper School and the Lower School Staff Kitchen Area.

The Designated Allergy Lead is responsible for:

- Deciding how many spare pens 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 pens which can be obtained at low cost from a local pharmacy.
- Distribution around the site and clear signage

13.3 Adrenaline pens on school trips and Events

- No child with a prescribed adrenaline pen will be able to go on a school trip without at least one of their own pens. It is the trip leader's responsibility to check they have this.

- Adrenaline pens will be kept close to the pupils at all times
- 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
- The Trip Leader/First Aider will carry a spare adrenaline pen

14. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

If a pupil has an allergic reaction, they will be treated in accordance with their Allergy Action Plan and a member of staff will instigate the school's Emergency Response Plan as outlined below:

- If anaphylaxis is suspected adrenaline will be administered without delay, lying the pupil down with their legs raised. They will be treated where they are and medication brought to them.
- A pupil's own prescribed medication will be used to treat allergic reactions if immediately available.
- This will be administered by the pupil themselves [if age appropriate] or by a member of staff. Ideally the member of staff will be trained, but in an emergency, **anyone** will administer adrenaline.
- If the pupil's own adrenaline pen is not available or misfires, then a spare adrenaline pen will be used.
- Another member of staff will call 999 -Emergency services.
- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or Allergy Action Plan, a member of staff will ensure they are lying down with their legs raised, call 999 and explain anaphylaxis is suspected. They will inform the operator that spare adrenaline pens are available and follow instructions from the operator. The MHRA says that in exceptional circumstances, a spare adrenaline pen can be administered to **anyone** for the purposes of saving their life.
- If, after 5 minutes, there is no improvement, use a second adrenaline pen and call the emergency services to tell them you have done so.
- The pupil will not be moved until a medical professional/ paramedic has arrived, even if they are feeling better.
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff will accompany the pupil in an ambulance and stay until a parent or guardian arrives.

15. TRAINING

The school is committed to training all staff annually to give them a good understanding of allergy. This includes:

- 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 the school manages allergy, for example Emergency Response Plan, documentation, communication etc

- Where adrenaline pens are kept (both prescribed pens and spare pens) 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
- Taking part in an anaphylaxis drill once a year. This will include 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. Please refer to the Supporting Children with Medical Conditions policy.

17. REPORTING ALLERGIC REACTIONS

The school is committed to maintaining a safe and supportive environment for all pupils, particularly those with allergies. To continually improve our procedures and minimise future risks, all allergic reactions and **near-miss incidents** will be thoroughly recorded, investigated, and reviewed.

17.1 Incident Reporting

- **All allergic reactions**, whether mild, moderate, or severe (including anaphylaxis), must be reported immediately to a senior member of staff and the Designated Safeguarding Lead.
- Affected pupils will be assessed and treated in line with their **Individual Healthcare Plan (IHP)**.
- The incident will be logged using the school's official **medical or incident reporting system** (e.g. First Aid Log, CPOMS, or equivalent digital/paper-based platform).
- A separate report may also be completed if the incident meets criteria for a **RIDDOR** (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) notification.

17.2 Near-Miss Reporting

- Any **near-miss** — where a pupil is exposed to a potential allergen but does not develop symptoms, or where a reaction is narrowly avoided — must also be reported and recorded.
- Examples of near-misses include:
  - A child with a nut allergy being handed a snack containing nuts but not eating it
  - Medication not being immediately available when needed, even if not used
  - Cross-contact identified in food preparation before it reaches the pupil

17.3 Parent Communication

- Parents/carers will be informed **as soon as possible** following any allergic reaction or near-miss involving their child.

- A full explanation of the circumstances, treatment given, and follow-up actions will be shared.

17.4 Investigation and Review

- All incidents and near-misses will be reviewed by the **Medical Lead and/or SLT (Senior Leadership Team)** to:
  - Confirm that all procedures were followed correctly
  - Identify any gaps in training, supervision, or communication
  - Recommend improvements to prevent recurrence
- Where necessary, the pupil's **IHP or risk assessment** will be updated.
- In more serious cases, a **multi-agency review** (involving parents, health professionals, catering staff, and others) may be arranged.

17.5 Staff Debrief and Learning

- Relevant staff involved in the incident will take part in a **debrief** to reflect on what happened and how future incidents can be prevented.
- Outcomes and lessons learned will be shared with all relevant staff, particularly those involved in:
  - Food handling
  - First aid and medication administration
  - Supervision of the pupil during school activities or clubs

17.6 Monitoring and Safeguarding

- All allergy-related incidents will be regularly monitored by the school's **Designated Allergy Lead and Headteacher** to identify patterns and improve overall safety.
- Any significant concern arising from repeated exposure or neglect of medical needs will be treated as a **safeguarding matter** and addressed according to school safeguarding procedures.