Allergy and Anaphylaxis Policy

Hampton Lakes Primary School

Policy last reviewed:	**September 2026**
Next review due:	**September 2027**
Date Ratified by Trustees / Local Governing Body:	**29 September 2026**

This policy will be agreed by trustees as a model policy for school leaders to adapt to include the details of their school and staff. No other changes will be made to the policy at school level but must be directed back to the trust board. Areas which need to be completed by the school are highlighted.

The information in this policy applies to all students. There is additional information which applies to all children in the Early Years settings. This information is shown in italics.

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

Katie Steel, SENCO
Ashleigh Watson, Administration Manager and PA to Head of School

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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 Hampton Lakes 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.

2. Role and responsibilities

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform reception staff of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- 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
  e.g. School nurse/GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, 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 anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- 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. Pupils unable to produce their required medication will not be able to attend the excursion.
- Engagement and Pastoral Support Coordinator *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 is in date however the School Engagement and Pastoral Support Coordinator will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- Data Administrator keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- Data Administrator ensures that any reaction or near misses is recorded and reported internally or in accordance with RIDDOR.

Early Years Foundation Stage (EYFS) - Staff Responsibilities

- *Children must always be within sight and hearing of a member of staff whilst eating. Where possible, staff should sit facing children whilst they eat so they can prevent food sharing and be aware of any unexpected allergic reactions.*
- *Before a child is admitted to the setting the Manager must obtain information about any food allergies that the child has. This information must be shared by the Manager with all staff involved in the preparing and handling of food.*
- *At each mealtime and snack time Managers must be clear about who is responsible for checking that the food being provided meets all the requirements for each child.*
- *Staff leading trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all children with medical conditions, including allergies, carry their medication. Children must not leave the setting without staff carrying the child's medication.*

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.

EYFS Child Responsibilities

- *Children are encouraged to learn about their allergies and be taught to ask an adult 'is this safe for me?'*
- *Children should be taught to let an adult know if they are feeling unwell.*

3. Allergy Action Plans

Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing 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. The allergy action plans are designed to function as an individual healthcare plan.

Organisations should not be devising their own allergy action plans but requiring parents to provide the plan created by the GP or allergy clinic.

4. Emergency Treatment and Management of Anaphylaxis

What to look for:
Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

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

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
- 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. In younger children, anaphylaxis often causes skin reactions, such as rashes and swelling, however a skin reaction may not be present in all children. In addition to swelling of the face, lips, tongue and eyes, hands and feet may also swell. The child may also experience vomiting and diarrhoea and they may display sudden behaviour changes such as inconsolable crying, become clingy and refuse food. 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 student 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.
- **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 students must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

Record Keeping and reporting:

Any treatment given for an allergic reaction, including the administration of an adrenaline auto-injector should be documented on Medical Tracker, and the Head of School must be informed as soon as possible. The Head of School will also document this on the Kitt Medical Portal.

It is also important that any 'near miss' incidents', for example a pupil accessing or being offered a known allergen, are also reported to the Head of School, who will record these 'near miss' incidents on the Kitt Medical Portal. Following a 'near miss' incident, the Head of School and Senior Leadership Team will review the incident and consider lessons learned, including where processes or procedures need to be adapted or changed to minimise the risk of future incidents occurring.

Any incidents or 'near misses' must also be reported to parents or carers, as soon as practicably possible. In addition, the Head of School will also need to inform the relevant authorities, following the outlined procedures in the statutory guidance.

5. Supply, storage and care of medication

At Hampton Lakes, each child who needs emergency medication will be provided with 2 kits. One kit will be stored in the First aid room and the other on the shelf in the classroom, each kit will be clearly labelled.

Children in early years settings need adults to be responsible for their emergency medication. Their medication/anaphylaxis kit must be kept within 5 minutes of them, not locked away or behind a locked door and **accessible to all staff at all times.**

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two AAIs i.e. EpiPen® or Jext®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the Engagement and Pastoral Support Coordinator 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.

Disposal
AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival.

6. 'Spare' adrenaline auto-injectors in school

Hampton Lakes 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 clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', are kept safely, not locked away and **accessible and known to all staff.**

Hampton Lakes Primary School holds **2** spare pens which are kept in the following location/s:-

Staffroom
First Aid Room

The Engagement and Pastoral Support Coordinator is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

Written parental permission for use of the spare AAIs is included in the pupil's allergy action plan.

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:-

Katie Steel, Deputy Head of School
Ashliegh Watson, Administration Manager and PA to Head of School

All staff will complete allergy and anaphylaxis training annually, and on an ad-hoc basis during induction of new staff.

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

Hampton Lakes 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

Hampton Lakes 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. The setting conforms to the Safer Eating requirements in Early Years Safeguarding 2025.

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 **termly** in advance with all ingredients listed and allergens highlighted on the organisation website at **www.hamptonlakesprimary.org.uk.** Parents are reminded through fortnightly newsletters.

The Data Administrator will inform the Catering Team of pupils with food allergies.

Photographic allergy cards are published by the Data Administrator and are provided to the catering team and school staff. Each child with a known allergy is identified with a yellow photo card which they hand over to the catering team as they collect their lunch.

Parents/carers are encouraged to meet with Cucina to discuss their child's needs.

The school adheres to the following Department of Health guidance recommendations:

- 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.
- If food is purchased from the school canteen/tuck shop, parents should check the appropriateness of foods by speaking directly to the catering manager.
- 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).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

EYFS - Food

The Provider adheres to safer eating as set out in the Early Years Safeguarding September 2025:

- *Information must be shared by the Manager with all staff involved in the preparing and handling of food.*
- *At each mealtime and snack time the provider/Manager must be clear about who is responsible for checking that the food being provided meets all the requirements for each child.*
- *Managers/providers must ensure that all staff are aware of the symptoms and treatments for allergies and anaphylaxis, the differences between allergies and intolerances and that children can develop allergies at any time, especially during the introduction of solid foods which is sometimes called complementary feeding or weaning.*
- *Children must always be within sight and hearing of a member of staff whilst eating. Where possible, staff will sit facing children whilst they eat so they can make sure children are prevented from food sharing and can be aware of any unexpected allergic reactions.*

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. Pupils with known allergies must have their prescribed emergency allergy medication with them, in order to attend a school trip.

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

Hampton Lakes 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

Hampton Lakes 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.

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

13. Arrangements for staff and visitors with allergies

Staff members at Hampton Lakes Primary School are responsible for informing the Head of School of any potential or diagnosed allergy that may require adjustments or emergency treatment while at work. Where appropriate, and with the staff member's consent, the school will agree a confidential individual risk assessment and emergency plan with the staff member, including arrangements for reducing exposure to known allergens, storing and accessing their own prescribed medication, and identifying colleagues who need to know how to respond. Staff must ensure that their own prescribed medication is available, in date and stored securely but accessibly.

Visitors, volunteers, contractors and other adults attending the school are responsible for managing their own allergies and carrying any prescribed emergency medication. Where a visitor will be on site for an extended period, attending a catered event or taking part in an activity that may involve allergen exposure, they should notify their school contact in advance so that reasonable precautions can be considered and the relevant action taken to minimise risk to the individual.

In an emergency, staff will call 999, state that anaphylaxis is suspected, follow the person's own emergency instructions where available, and provide appropriate assistance, including first aid. The school's spare adrenaline auto-injectors are supplied primarily for use in pupils, in accordance with the relevant statutory arrangements, and therefore must not be relied upon as emergency medication for staff or visitors. However, in a life-threatening emergency the spare adrenaline auto-injectors can be used for staff or visitors if their own adrenaline auto-injectors are unavailable or unusable.

14. Useful Links

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.allergywise.org.uk/p/allergywise-for-schools1

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

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

andmanagement

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

Spare Pens in Schools - http://www.sparepensinschools.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