St Martin and St Mary C of E Primary School

ALLERGEN AND ANAPHYLAXIS POLICY

Approved by	
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REVIEW SHEET

The information in the table below details earlier versions of this document with a brief description of each review and how to distinguish amendments made since the previous version date (if any).

Version Number	Version Description	Date of Revision
1	Policy taken from School Bus	04 May 2021
2	Updated format	10 December 2021
3	Routine update	13.4.2024
4	Review – items changed highlighted in yellow	26 February 2026
5	Reviewed in line with Benedict's Law due to be implemented in September 2026	28 August 2026

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Statement of intent

St Martin and St Mary C of E Primary School strives to ensure the safety and wellbeing of all members of the school community. For this reason, this policy is to be adhered to by all staff members, parents and pupils, with the intention of minimising the risk of anaphylaxis occurring whilst at school.

In order to effectively implement this policy and ensure the necessary control measures are in place, parents are responsible for working alongside the school in identifying allergens and potential risks, in order to ensure the health and safety of their children.

The school does not guarantee a completely allergen-free environment; however, this policy will be utilised to minimise the risk of exposure to allergens, encourage self-responsibility, and plan for an effective response to possible emergencies.

1. Legal framework

This policy has due regard to legislation and government guidance including, but not limited to, the following:

- The Human Medicines (Amendment) Regulations 2017
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- Benedict's Law

1.1. This policy will be implemented in conjunction with the following school policies and documents:

- **Health and Safety Policy**
- **Whole-School Food Policy**
- **Food Safety Policy**
- **Supporting Pupils with Medical Conditions Policy**
- **Animals in School Policy**
- **Educational Visits and School Trips Policy**
- **Register of Epi-pens**
- **Epi-pen Record**

2. Definitions

For the purpose of this policy:

2.1. **Allergy** – is a condition in which the body has an exaggerated response to a substance. This is also known as hypersensitivity.

2.2. **Allergen** – is a normally harmless substance that triggers an allergic reaction for a susceptible person.

2.3. **Allergic reaction** – is the body's reaction to an allergen and can be identified by, but not limited to, the following symptoms:

- Hives
- Generalised flushing of the skin
- Itching and tingling of the skin
- Tingling in and around the mouth
- Burning sensation in the mouth
- Swelling of the throat, mouth or face
- Feeling wheezy
- Abdominal pain
- Rising anxiety
- Nausea and vomiting
- Alterations in heart rate
- Feeling of weakness

2.4. **Anaphylaxis** – is also referred to as anaphylactic shock, which is a sudden, severe and potentially life-threatening allergic reaction. This kind of reaction may include the following symptoms:

- Difficulty breathing
- Feeling faint
- Reduced level of consciousness
- Lips turning blue
- Collapsing
- Becoming unresponsive

3. Roles and responsibilities

3.1. The headteacher is responsible for:

- The development, implementation and monitoring of the Allergen and Anaphylaxis Policy.
- Ensuring that parents are informed of their responsibilities in relation to their child's allergies.
- Ensuring that all school trips are planned in accordance with the **Educational Visits and School Trips Policy**, taking into account any potential risks the activities involved pose to pupils with known allergies.
- Ensuring that the **Whole-School Food Policy** and the associated protocols are effectively implemented, including those in relation to labelling foods that may contain common allergens, e.g. nuts.
- Ensuring that all staff members are provided with complete anaphylaxis training on a yearly basis and on an ad-hoc basis for any new members of staff, as well as the necessary precautions and action to take.
- Ensuring that catering and midday supervisor staff are aware of, and act in accordance with, the school's policies regarding food and hygiene, including this policy.
- Ensuring that catering staff and midday supervisors are aware of any pupils' allergies which may affect the school meals provided.

3.2. The **administration staff** are responsible for:

- Ensuring that there are effective processes in place for medical information to be regularly updated and disseminated to relevant staff members, including supply and temporary staff.
- Seeking up-to-date medical information about each pupil via a data capture form sent to parents on an **annual** basis, including information regarding any allergies.
- Contacting parents for required medical documentation regarding a child's allergy.
- Ensuring that the necessary staff members are informed about pupils' allergies.
- Understanding the action to take and processes to follow in the event of a pupil going into anaphylactic shock, and ensuring that this information is passed onto staff members.

3.3. All staff members are responsible for:

- Acting in accordance with the school's policies and procedures at all times.
- Attending relevant training regarding allergens and anaphylaxis.
- Being familiar with and implementing pupils' individual healthcare plans (IHPs) as appropriate.
- Responding immediately and appropriately in the event of a medical emergency.
- Reinforcing effective hygiene practices, including those in relation to the management of food.
- Promoting hand washing before and after eating.
- Monitoring all food supplied to pupils by both the school and parents, including snacks, ensuring food containing known allergens is not provided.
- Ensuring that pupils do not share food and drink in order to prevent accidental contact with an allergen.
- Ensuring that any necessary medication are out of the reach of pupils but still easily accessible to staff members.
- Liaising with the **office staff** and pupils' parents to ensure the necessary control measures are in place.

3.4. All parents are responsible for:

- Notifying the **school office/teaching staff** of the following information:
  - Their child's allergens
  - The nature of the allergic reaction
  - What medication to administer
  - Specified control measures and what can be done to prevent the occurrence of an allergic reaction
- Keeping the school up-to-date with their child's medical information.
- Providing the school with up-to-date emergency contact information.
- Providing the school with written medical documentation, including instructions for administering medication as directed by the child's doctor.
- Providing the school with any necessary medication, in line with the procedures outlined in the **Supporting Pupils with Medical Conditions Policy**.
- Communicating to the school any specific control measures which can be implemented in order to prevent the child from coming into contact with the allergen.
- Providing the school, in writing, any details regarding the child's allergies.
- Working alongside the school to develop an IHP to accommodate the child's needs, as well as undertaking the necessary risk assessments.

- Signing their child's IHP, where required.
- Acting in accordance with any allergy-related requests made by the school, such as not providing nut-containing items in their child's packed lunch.
- Ensuring their child is aware of allergy self-management, including being able to identify their allergy triggers and how to react.
- Providing a supply of 'safe' snacks for any individual attending school events.
- Raising any concerns they may have about the management of their child's allergies with the **classroom teacher or school office**.
- Ensuring that any food their child brings to school is safe for them to consume.
- Liaising with staff members, including those running breakfast and afterschool clubs, regarding the appropriateness of any food or drink provided.

3.5. All pupils are responsible for:

- Ensuring that they do not exchange food with other pupils.
- Avoiding food which they know they are allergic to, as well as any food with unknown ingredients.
- Being proactive in the care and management of their allergies.
- Notifying a member of staff immediately in the event they believe they are having an allergic reaction, even if the cause is unknown.
- Notifying a member of staff when they believe they may have come into contact with something containing an allergen.
- Learning to recognise personal symptoms of an allergic reaction.
- Keeping necessary medications in an agreed location which members of staff are aware of.
- Developing greater independence in keeping themselves safe from allergens.
- Notifying a staff member if they are being bullied or harassed as a result of their allergies.

4. Food allergies

4.1. Parents will provide the school with a written list of any foods that their child may have an adverse reaction to, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

4.2. Information regarding all pupils' food allergies will be collated, indicating whether they consume a school dinner or a packed lunch, and this will be passed on to the school's catering service.

4.3. Where a pupil who attends the school has a nut allergy, the school's catering service will be requested to eliminate nuts, and food items with nuts as ingredients, from meals as far as possible, not including foods which are labelled 'may contain traces of nuts'.

4.4. All food tables will be disinfected before and after being used.

4.5. Anti-bacterial wipes and cleaning fluid will be used.

4.6. Boards and knives used for fruit and vegetables will be a different colour to the rest of the kitchen knives in order to remind kitchen staff to keep them separate.

4.7. Food items containing bread and wheat will be stored separately.

4.8. The chosen catering service of the school is responsible for ensuring that the school's policies are adhered to at all times, including those in relation to the preparation of food, taking into account any allergens.

4.9. Learning activities which involve the use of food, such as food technology lessons, will be planned in accordance with pupils' IHPs, taking into account any known allergies of the pupils involved.

5. Animal allergies

5.1. Parents will be informed if an animal is visiting the school.

5.2. Pupils with known allergies to specific animals will have restricted access to those that may trigger a response.

5.3. In the event of an animal on the school site, where possible staff members will be made aware of any pupils who this may pose a risk to and will be responsible for ensuring that the pupil does not come into contact with the specified allergen.

6. Seasonal allergies

6.1. The term 'seasonal allergies' refers to common outdoor allergies, including hay fever and insect bites.

6.2. Precautions regarding the prevention of seasonal allergies include ensuring that the school field is not mown whilst pupils are outside.

6.3. Pupils with severe seasonal allergies will be provided with an indoor supervised space to spend their break and lunchtimes in, avoiding contact with outside allergens.

6.4. Staff members will monitor pollen counts, making a professional judgement as to whether the pupil should stay indoors.

6.5. Pupils will be encouraged to wash their hands after playing outside.

6.6. Staff members will be diligent in the management of wasp, bee and ant nests on school grounds and in the school's nearby proximity, reporting any concerns to the **janitor**

6.7. The **janitor** is responsible for ensuring the appropriate removal of wasp, bee and ant nests on and around the school premises.

6.8. Where a pupil with a known allergy is stung or bitten by an insect, medical attention will be given immediately.

7. Adrenaline auto-injectors (AAIs)

7.1. Pupils who suffer from severe allergic reactions may be prescribed an AAI for use in the event of an emergency.

7.2. All AAI's in school are prescribed to each child individually and are brought into school by the parents for us to keep in school at all times.

7.3. All staff have access to AAI devices for the necessary children, but these are out of reach and inaccessible to pupils – AAI devices are not locked away where access is restricted.

7.4. In line with manufacturer's guidelines, all AAI devices are stored at room temperature in line with manufacturer's guidelines, protected from direct sunlight and extreme temperature.

7.5. The following staff member is responsible for overseeing the protocol for the use of prescribed AAIs, its monitoring and implementation, and for maintaining the **Register of AAIs**: **Administrators.**

7.6. Any used or expired AAIs are disposed of after use in accordance with manufacturer's instructions, usually given to the parent or emergency services so they can dispose of them.

7.7. Used AAIs may also be given to paramedics upon arrival, in the event of a severe allergic reaction, in accordance with section 12 of this policy.

7.8. Where any AAIs are used, the following information will be recorded on the **AAI Record**:

- Where and when the reaction took place
- How much medication was given and by whom

8. Medical attention and required support

8.1. Once a pupil's allergies have been identified, a meeting will be set up between the pupil's parents, the relevant classroom teacher, the **school office or cook** and any other relevant staff members, in which the pupil's allergies will be discussed and a plan of appropriate action/support will be developed.

8.2. All medical attention, including that in relation to administering medication, will be conducted in accordance with the **Supporting Pupils with Medical Conditions Policy**.

8.3. Parents will provide the **school** with any necessary medication, ensuring that this is clearly labelled with the pupil's name, class, expiration date and instructions for administering it.

8.4. Pupils will not be able to attend school or educational visits without any life-saving medication that they may have, such as AAIs.

8.5. All members of staff involved with a pupil with a known allergy are aware of the location of emergency medication and the necessary action to take in the event of an allergic reaction.

8.6. Any specified support which the pupil may require is outlined in their IHP.

8.7. All staff members providing support to a pupil with a known medical condition, including those in relation to allergens, will be familiar with the pupil's IHP.

8.8. **The school office** is responsible for working alongside relevant staff members and parents in order to develop IHPs for pupils with allergies, ensuring that any necessary support is provided and the required documentation is completed, including risk assessments being undertaken.

8.9. **The school office** has overall responsibility for ensuring that IHPs are implemented, monitored and communicated to the relevant members of the school community.

9. Staff training

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

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

9.3. 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

10.In the event of a mild-moderate allergic reaction

10.1. Mild-moderate symptoms of an allergic reaction include the following:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash

- Abdominal pain or vomiting
- Sudden change in behaviour

10.2. If any of the above symptoms occur in a pupil, the nearest adult will stay with the pupil and call for help from the designated staff members able to administer AAIs and will contact the school office.

10.3. The pupil's prescribed AAI will be administered by the designated staff member.

10.4. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI.

10.5. A copy of the **Register of AAIs** will be held in **each classroom** for easy access in the event of an allergic reaction.

10.6. If necessary, other staff members may assist the designated staff members with administering AAIs.

10.7. The pupil's parents will be contacted immediately if a pupil suffers a mild-moderate allergic reaction, and if an AAI has been administered.

10.8. In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.

10.9. For mild-moderate allergy symptoms, the AAI will usually be sufficient for the reaction; however, the pupil will be monitored closely to ensure the reaction does not progress into anaphylaxis.

10.10. Should the reaction progress into anaphylaxis, the school will act in accordance with section 11 of this policy.

10.11. The **school** will refer any pupil who has been administered an AAI to the hospital for further monitoring.

10.12. The **headteacher** will ensure that any designated staff member required to administer an AAI has appropriate cover in place, e.g. if they were teaching a class at the time of the reaction.

11. In the event of anaphylaxis

11.1. Anaphylaxis symptoms include the following:

- Persistent cough
- Hoarse voice
- Difficulty swallowing, or swollen tongue
- Difficult or noisy breathing
- Persistent dizziness
- Becoming pale or floppy
- Suddenly becoming sleepy, unconscious or collapsing

11.2. In the event of anaphylaxis, the nearest adult will lay the pupil flat on the floor with their legs raised, and will call for help from a designated staff member.

11.3. The designated staff member will administer an AAI to the pupil if this is available.

11.4. Where there is any delay in contacting designated staff members, the nearest staff member will administer the AAI.

11.5. If necessary, other staff members may assist the designated staff members with administering AAIs.

11.6. The emergency services will be contacted immediately.

11.7. A member of staff will stay with the pupil until the emergency services arrive – the pupil will remain lay flat and still.

11.8. The **head teacher** will be contacted immediately, as well as a suitably trained individual, such as a **first aider**.

11.9. If the pupil stops breathing, a suitably trained member of staff will administer CPR.

11.10. If there is no improvement after five minutes, a further dose of adrenaline will be administered using another AAI, if available.

11.11. In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.

11.12. A designated staff member will contact the pupil's parents as soon as is possible.

11.13. Upon arrival of the emergency services, the following information will be provided:

- Any known allergens the pupil has
- The possible causes of the reaction, e.g. certain food
- The time the AAI was administered – including the time of the second dose, if this was administered

11.14. Any used AAIs will be given to paramedics.

11.15. Staff members will ensure that the pupil is given plenty of space, moving other pupils to a different room where necessary.

11.16. Staff members will remain calm, ensuring that the pupil feels comfortable and is appropriately supported.

11.17. A member of staff will accompany the pupil to hospital in the absence of their parents.

11.18. If a pupil is taken to hospital by car, **two** members of staff will accompany them.

11.19. Following the occurrence of an allergic reaction, the **senior leadership team**, in conjunction with the **school staff**, will review the adequacy of the school's response and will consider the need for any additional support, training or other corrective action.

12. 'Spare' adrenaline auto-injectors in school

12.1. St Martin and St Mary C of E 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.

12.2. These are stored in green first aid bags clearly labelled 'First Aid Epi- Pen', kept safely, not locked away and accessible and known to all staff.

12.3. St Martin and St Mary C of E School holds 2 pairs of spare pens which are kept in the following locations:- Lower Main Hall and Main Kitchen (near the Upper Hall).

12.4. The School First Aider is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

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

13. Monitoring and review

13.1. The **head teacher** is responsible for reviewing this policy.

13.2. Following each occurrence of an allergic reaction, this policy and pupils' IHPs will be updated and amended as necessary.