



Allergy and Anaphylaxis Policy

Ratification date:	June 2026
Chair of Governors:	Deborah Penny
Head Teacher:	Nuala Ferguson
Review Date:	June 2027

1. MISSION STATEMENT

CHRIST AT THE HEART OF ALL WE DO

At St. Anne's, we learn about God, ourselves, our church and how to pray.

We try to be a good friend, have fun, love each other and be kind to each other.

We want to let every child in our school have the same chance as everyone else.

When we make mistakes, we are forgiven, and each day is a new beginning.

We want everyone in our school to feel safe and happy

2. INTRODUCTION:

An allergy is a reaction by 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 severe systemic allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes often include foods, insect stings, or drugs.

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



St Anne's Catholic Primary School is committed to providing a safe, inclusive and supportive environment for all pupils with allergies. The school will take reasonable steps to minimise risk whilst ensuring that pupils with allergies are able to participate fully in all aspects of school life.

3. DEFINITION

Anaphylaxis is a severe life threatening generalised or systemic hypersensitivity reaction. This is characterised by rapidly developing life-threatening airway / breathing / circulatory problems usually associated with skin or mucosal changes. 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.

4. ROLES 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 severe 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. Schools 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 must be aware of the pupils in their care (regular or cover classes) 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.
- School First Aider 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 First Aider will check medication is kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- First Aider keeps a register of pupils who have been prescribed an AAI and a record of use of any AAI(s) and emergency treatment given.

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 auto-injectors will be encouraged to take responsibility for carrying them on their person at all times.

Allergy Lead Responsibilities

The Governing Body and Headteacher have appointed a designated Allergy Lead to oversee the implementation of this policy.

The responsibilities of the Allergy Lead include:

- Maintaining an up-to-date register of pupils with allergies and anaphylaxis.
- Ensuring Individual Healthcare Plans and Allergy Action Plans are current and readily accessible.
- Coordinating staff training and ensuring all relevant staff complete annual allergy awareness training.
- Monitoring the storage and expiry dates of adrenaline auto-injectors and other emergency medication.
- Recording and reviewing allergy incidents and near misses.
- Liaising with parents, healthcare professionals and catering providers where necessary.
- Reporting significant allergy matters to governors.

At St Anne's Catholic Primary School, the designated Allergy Lead is the Headteacher, Mrs Nuala Ferguson. In her absence, responsibility may be delegated to an appropriately trained member of staff.



5. 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.

St. Anne's Catholic Primary School recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plan to ensure continuity. This is a national plan that has been agreed by the BSACI, the Anaphylaxis Campaign and Allergy UK. It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

Individual Healthcare Plans and Allergy Action Plans will be reviewed at least annually and whenever there is a change in a pupil's medical needs, treatment or allergy status.

6. EMERGENCY TREATMENT AND MANAGEMENT OF ANAPHYLAXIS

What to look for:

- swelling of the mouth or throat
- Difficulty swallowing or speaking
- Difficulty breathing
- Sudden collapse / unconsciousness
- hives, rash anywhere on the body
- Abdominal pain, nausea, vomiting
- Sudden feeling of weakness
- Strong feelings of impending doom

Anaphylaxis is likely if all of the following 3 things happen:

- Sudden onset (a reaction can start within minutes) and rapid progression of symptoms
- Life threatening airway and/or breathing difficulties and/or circulation problems (e.g. alteration in heart rate, sudden drop in blood pressure, feeling of weakness)



- changes to the skin e.g. flushing, urticaria (an itchy, red, swollen skin eruption showing markings like nettle rash or hives), angioedema (swelling or puffing of the deeper layers of skin and/or soft tissues, often lips, mouth, face etc.)

Note: skin changes on their own are not a sign of an anaphylactic reaction, and in some cases don't occur at all. 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. Adrenaline should be administered by an injection into the muscle (intramuscular injection)

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure. Adrenaline must be administered with the minimum of delay as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once the symptoms have become severe.

7. ACTION

Stay with the child and call for help.

DO NOT MOVE CHILD OR LEAVE UNATTENDED

- Remove trigger if possible (e.g. Insect stinger)
- Lie child flat (with or without legs elevated) – A sitting position may make breathing easier
- **USE ADRENALINE WITHOUT DELAY** and note time given. (Inject at upper, outer thigh - through clothing if necessary)
- CALL 999 and state ANAPHYLAXIS
- If no improvement after 5 minutes, administer second adrenaline auto-injector
- If no signs of life commence CPR
- Phone parent/carer as soon as possible. All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.



8. SUPPLY, STORAGE AND CARE OF MEDICATION

(Around age 11 years +) Pupils will be encouraged to take responsibility for and to carry their own two adrenaline injectors on them at all times (in a suitable bag/ container).

For younger children or those assessed as not ready to take responsibility for their own medication there should be an anaphylaxis kit which is kept safely, not locked away and accessible to all staff. Medication should be stored in a rigid box and clearly labelled with the pupil's name and a photograph.

The pupil's medication storage box should contain:

- Adrenaline injectors i.e. EpiPen® or Jext® (two of the same type being prescribed)
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on plan)
- Spoon if required
- Asthma inhaler (if included on 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 /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 adrenaline auto-injectors 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 complete responsibility for their emergency kit under the responsibility 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 or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor/specialist collection service/local authority (delete as appropriate). The sharps bin is kept in the First Aid room.



9. SPARE ADRENALIN INJECTORS IN SCHOOL

St. Anne's Catholic primary School has purchased spare adrenaline auto-injector (AAI) devices 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). These are stored in a yellow colour rigid box, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and accessible and known to all staff. #

St. Anne's Catholic Primary School holds 3 spare pens which are kept in the following location/s:-

- The Main Office
- First Aid Room
- Staff Office

The First Aider 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 AAls is included in the pupil's Allergy Action Plan. If anaphylaxis is suspected in an undiagnosed individual call the emergency services and state you suspect **ANAPHYLAXIS**. Follow advice from them as to whether administration of the spare AAI is appropriate.

10. STAFF TRAINING

Mrs Nuala Ferguson is the designated Allergy Lead and is responsible for overseeing the implementation of this policy, coordinating allergy awareness and anaphylaxis training for staff, maintaining allergy records, and ensuring that appropriate procedures are in place to support pupils with allergies.

Mrs Adelle Mooney, First Aider, supports the Allergy Lead in the day-to-day management of allergy provision, emergency medication checks, staff communication and the implementation of individual healthcare plans.

The School Nurse/External First Aid trainer/other Healthcare professional will conduct a practical anaphylaxis training session at the start of every new academic year. All staff will complete online anaphylaxis awareness training at the start of every new academic year. Training is also available on an ad-hoc basis for any new members of 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 AAls) 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
- Associated conditions e.g. asthma
- Managing allergy action plans and ensuring these are up to date
- A practical session using trainer devices (these can be obtained from the manufacturers' websites www.epipen.co.uk and www.jext.co.uk)

11. COMMUNICATION OF ALLERGY INFORMATION

The school will ensure that all relevant staff are informed of pupils with severe allergies and understand the measures required to keep them safe.

Information will be shared, where appropriate, with:

- Class teachers
- Teaching assistants
- Lunchtime supervisors
- Kitchen staff
- Office staff
- Wraparound care staff
- Supply staff and temporary staff
- Educational visit leaders

The school will ensure that confidentiality is respected whilst maintaining the safety and wellbeing of pupils with allergies.



12. INCLUSION AND SAFEGUARDING

St. Anne's Catholic 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.

13. 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 menu is available for parents to view in advance with all ingredients listed and allergens highlighted on the school website at <http://www.stannes.cheshire.sch.uk/page/school-meals/114>

The First Aider will inform the Cook of pupils with food allergies. St. Anne's Catholic Primary School will ensure a photograph of the child with allergies is displayed in the kitchen and staff along with details of the allergy. Our first aid co-ordinator is responsible for keeping this information up to date.

Parents/carers are encouraged to meet with the Cook 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 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 school cook.

- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).



- Foods containing nuts are discouraged from being brought in to school.
- 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.

14. EDUCATIONAL VISITS

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.

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 may 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.

Risk assessments for educational visits will specifically consider allergy risks, emergency medication arrangements and access to emergency services where appropriate. Emergency medication must accompany the pupil at all times during the visit.

15. ALLERGY AWARENESS

St. Anne's Catholic Primary School supports the approach advocated by The Anaphylaxis Campaign and Allergy 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 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.

16. RISK ASSESSMENT

St. Anne's Catholic Primary School will conduct a detailed risk assessment to help identify any gaps in our systems and processes for keeping allergic children safe for all new joining pupils with allergies and any pupils newly diagnosed.

17. ALLERGY INCIDENTS AND NEAR MISSES

All allergy incidents, allergic reactions and near misses will be recorded and reviewed by the Allergy Lead and Headteacher.

A near miss may include situations where:

- A pupil is nearly exposed to an allergen.
- Incorrect food is provided but not consumed.
- Procedures are not followed but no harm occurs.

The purpose of reviewing incidents and near misses is to:

- Identify lessons learned.
- Improve school procedures.
- Prevent future occurrences.
- Ensure appropriate communication with parents and staff.

Where necessary, risk assessments, healthcare plans and control measures will be updated following any incident.



18. USEFUL LINKS

References and Further Guidance

- Allergy Safety in Schools (Department for Education, July 2026)
<https://www.gov.uk/government/publications/allergy-safety-in-schools>
- Anaphylaxis UK
<https://www.anaphylaxis.org.uk>
- Allergy Wise® for Schools (Anaphylaxis UK)
<https://anaphylaxis.org.uk/education/allergywise-for-schools-information/>
- Allergy UK
<https://www.allergyuk.org>
- Whole School Allergy Awareness and Management (Allergy UK)
<https://www.allergyuk.org>
- Spare Pens in Schools
<https://www.sparepensinschools.uk>
- National Institute for Health and Care Excellence (NICE)
Food Allergy Quality Standard (QS118)
<https://www.nice.org.uk/guidance/qs118>
- National Institute for Health and Care Excellence (NICE)
Anaphylaxis: Assessment and Referral After Emergency Treatment (CG134)
<https://www.nice.org.uk/guidance/cg134>
- Benedict's Law and Allergy Safety Requirements for Schools
<https://anaphylaxis.org.uk/education/benedicts-law/>

19. MONITORING AND REVIEW

The Governing Body will monitor the implementation and effectiveness of this policy.



The policy will be reviewed annually, or sooner if required following:

- A significant allergy incident.
- Changes to statutory guidance.
- Changes in school procedures.
- Recommendations arising from incident investigations.

Governors will receive updates regarding allergy management arrangements, staff training compliance and any significant incidents or trends identified through monitoring.

This policy will be made available to staff, governors, parents and carers through the school website and upon request from the school office.

Date	Version	Notes
July 22	Draft 1	Initial draft shared with full governing Body
June 2026	V2	<p>Key changes include:</p> <ul style="list-style-type: none">• Introduction of a designated Allergy Lead to oversee allergy management across the school.• Strengthened communication procedures to ensure all relevant staff are aware of pupils with serious allergies.• Formal arrangements for recording, investigating and reviewing allergy incidents and near misses.• Enhanced monitoring and governor oversight of allergy management arrangements.• Clarification of requirements relating to Individual Healthcare Plans, educational visits and emergency medication.• Reinforcement of the school's commitment to providing a safe, inclusive and supportive environment for pupils with allergies.